

FORMULARY CHANGE NOTICE 2010

JUNE

Drug Name	Dosage Form	Strength	Alternative Medicine*	Formulary Status of Alternative Medication		Formulary Change and Reason	Updated Status On Formulary	
AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	1000MG; 62.5MG				Addition	T1	
DEXILANT	CPDR	30MG				Addition	T2	ST
DEXILANT	CPDR	60MG				Addition	T2	ST
FLUOXETINE DR	CPDR	90MG				Addition	T1	PA
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG; 100MG				Addition	T1	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	12.5MG;50MG				Addition	T1	
LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	25MG;100MG				Addition	T1	
IXIARO	SUSP	0				Addition	T2	
LOSARTAN POTASSIUM	TABS	100MG				Addition	T1	
LOSARTAN POTASSIUM	TABS	25MG				Addition	T1	
LOSARTAN POTASSIUM	TABS	50MG				Addition	T1	
METAXALONE	TABS	800MG				Addition	T1	PA
LOCOID LIPOCREAM	CREA	0.10%				Removal of Prior Authorization	T3	

Key
T1 = Tier One Cost Share
T2 = Tier Two Cost Share
T3 = Tier Three Cost Share
T4 = Tier Four Cost Share
PA = Prior Authorization Required
ST = Step Therapy Required
QL = Quantity Limits
Addition = Drug Was Added To Formulary
Deletion= Drug Was Removed From Formulary
Drug Name= Name of the affected Part D drug
Alternative Medicine= Drugs in the same therapeutic category, class or cost-sharing tier
Formulary Status of Alternative Medication= The expected cost-sharing for alternative medicine
Formulary Change and Reason= Description of the formulary change and reason if the covered part D drug is being removed from the formulary
 *Alternative drugs listed here are only suggestions. Only your physician can determine if the alternative listed here is appropriate for you. Please consult to your physician as to whether this is an appropriate drug for you.