



Changes to Formulary

The following drugs are no longer considered eligible for Medicare Part D and are excluded:

Drug Name	Effective Date
ABER-FED 60/500 SR TABLET	February 1, 2009
ALTEX-PSE 600/120 TABLET SA	February 1, 2009
ALUMINUM ACETATE SOLUTION	February 1, 2009
AMBI 45/800 CAPLET	February 1, 2009
AMIDAL TABLET SA	February 1, 2009
AMI-TEX PSE 600/120 TAB SA	February 1, 2009
ANDEHIST DROPS	February 1, 2009
ANDEHIST NR ORAL DROPS	February 1, 2009
ANDEHIST SYRUP	February 1, 2009
AQUATAB D DOSE PACK	February 1, 2009
BACITRACIN 5 MILLION UNITS PWD	February 1, 2009
BACTERIOSTATIC SALINE VIAL	February 1, 2009
BACTERIOSTATIC WATER VIAL	February 1, 2009
BD POSIFLUSH SALINE SYRINGE	February 1, 2009
BIAFINE RE CREAM	February 1, 2009
BOCA-TEX PSE TABLET SA	February 1, 2009
BROMDEC DROPS	February 1, 2009
BRONCHOLATE SYRUP	February 1, 2009
CARBAXEFED RF ORAL DROPS	February 1, 2009
CARBIHIST 4 MG/5 ML LIQUID	February 1, 2009
CARBINOXAMINE 4 MG/5 ML LIQUID	February 1, 2009
CARBINOXAMINE DROPS	February 1, 2009
CARBINOXAMINE PD LIQUID	February 1, 2009
CARBINOXAMINE PSE SYRUP	February 1, 2009
CARBINOXAMINE SYRUP	February 1, 2009
CARBISSET TABLET	February 1, 2009
CARBODEC TABLET	February 1, 2009
CARDEC DROPS	February 1, 2009
CARDEC-S SYRUP	February 1, 2009
CENTEX-PSE ER TABLET	February 1, 2009
CLEMASTINE FUM 1.34 MG TAB	February 1, 2009
COLDEC D TABLET SA	February 1, 2009
COLDEC DS SYRUP	February 1, 2009
COLDEC TABLET	February 1, 2009
COLDEC TR TABLET SA	February 1, 2009
COLDMIST JR TABLET SA	February 1, 2009
COLDMIST LA TABLET SA	February 1, 2009
COMPLETE ALLERGY MEDICINE	February 1, 2009



Changes to Formulary

The following drugs are no longer considered eligible for Medicare Part D and are excluded: (continued)

Drug Name	Effective Date
COPD TABLET	February 1, 2009
CRANTEX LA TABLET	February 1, 2009
CRANTEX LIQUID	February 1, 2009
CYDEC SYRUP	February 1, 2009
DECONGESTANT II CAPLET SA	February 1, 2009
DEFEN-LA TABLET SA	February 1, 2009
D-FEDA II TABLET SA	February 1, 2009
DG 200 TABLET	February 1, 2009
D-G LIQUID	February 1, 2009
DIAB GEL	February 1, 2009
DILOR-G LIQUID	February 1, 2009
DIPHENHYDRAMINE 50 MG CAPS	February 1, 2009
D-PSE/GG TABLET	February 1, 2009
DRITUSS GP TABLET SA	February 1, 2009
DURASAL II TABLET SA	February 1, 2009
DYFILIN GG ELIXIR	February 1, 2009
DYFLEX-G TABLET	February 1, 2009
DY-G LIQUID	February 1, 2009
DYLINE-GG LIQUID	February 1, 2009
DYLINE-GG TABLET	February 1, 2009
DYPHYL-G SYRUP	February 1, 2009
DYPHYLLINE GG ELIXIR	February 1, 2009
DYPHYLLINE GG TABLET	February 1, 2009
DYPHYLLINE-GG ELIXIR	February 1, 2009
DYPHYLLINE-GG TABLET	February 1, 2009
DYPHYSIN LIQUID	February 1, 2009
ETOMIDATE 2 MG/ML VIAL	February 1, 2009
EUDAL-SR TABLET SA	February 1, 2009
EX-DEC-TR TABLET SA	February 1, 2009
FENTANYL-DROPERIDOL AMPUL	February 1, 2009
FLUORESCEIN-BENOX EYE DROP	February 1, 2009
FLUORESCEIN-BENOXINATE EYE DRP	February 1, 2009
FLUROX EYE DROPS	February 1, 2009
G P TEX TABLET	February 1, 2009
GFN 800/PSE 60 TABLET	February 1, 2009
GFN/PHENYLEPHRINE TAB SA	February 1, 2009
GFN/PSE TABLET	February 1, 2009
GP-500 TABLET SA	February 1, 2009



Changes to Formulary

The following drugs are no longer considered eligible for Medicare Part D and are excluded: (continued)

Drug Name	Effective Date
G-PHED CAPSULE SA	February 1, 2009
G-PHED-PD CAPSULE SA	February 1, 2009
GUAIF/PHENYLPHRINE HCL TAB	February 1, 2009
GUAIFEN PSE 600/120 CPLT SA	February 1, 2009
GUAIFEN PSE 600/120 TAB SA	February 1, 2009
GUAIFEN PSE 600/120 TABLET	February 1, 2009
GUAIFEN/P-EPHED CAPLET SA	February 1, 2009
GUAIFEN/P-EPHED HCL SR TAB	February 1, 2009
GUAIFEN/P-EPHED HCL TABLET	February 1, 2009
GUAIFEN/P-EPHED TABLET	February 1, 2009
GUAIFEN/P-EPHED TABLET SA	February 1, 2009
GUAIFENESIN 600/PSE 120 TAB	February 1, 2009
GUAIFENESIN PSE TABLET	February 1, 2009
GUAIFENESIN/P-EPED TAB SA	February 1, 2009
GUAIFENESIN/P-EPHED CAP SA	February 1, 2009
GUAIFENESIN/P-EPHED CAPLET	February 1, 2009
GUAIFENESIN/P-EPHED TAB SA	February 1, 2009
GUAIFENESIN/P-EPHEDRINE TAB	February 1, 2009
GUAIFENESIN/PSE TABLET SA	February 1, 2009
GUAIFENESIN/PSEUD TABLET SR	February 1, 2009
GUAIFENESIN-P CAPSULE SA	February 1, 2009
GUAIFENESIN-P-PD CAPSULE SA	February 1, 2009
GUAIFENEX GP TABLET SA	February 1, 2009
GUAIFENEX PSE 600/120 TB SA	February 1, 2009
GUAIFENEX PSE 600/60 TAB SA	February 1, 2009
GUAIFENEX PSE 80 TABLET	February 1, 2009
GUAIFENEX-RX 14 TAB SR SEQ	February 1, 2009
GUAIFEN-PSE 600/120 CPLT SA	February 1, 2009
GUAIFEN-PSEUDOEPHE TAB SR	February 1, 2009
GUAIFEN-PSEUDOEPHE TAB TR	February 1, 2009
GUAIF-PHENYLEPHRINE HCL TAB SA	February 1, 2009
GUAIF-PHENYLPHRINE HCL LIQ	February 1, 2009
GUAIMAX-D TABLET SA	February 1, 2009
GUAIPAX PSE 600/120 TAB SA	February 1, 2009
GUAI-VENT/PSE 120/600 TB SA	February 1, 2009
GUAPETEX LIQUID	February 1, 2009
GUIADEX D TABLET	February 1, 2009
GUIADRINE GP TABLET SA	February 1, 2009



Changes to Formulary

The following drugs are no longer considered eligible for Medicare Part D and are excluded: (continued)

Drug Name	Effective Date
H 9600 SR TABLET SA	February 1, 2009
HISDEC LIQUID	February 1, 2009
HISTUSS PD 4 MG/5 ML LIQUID	February 1, 2009
HYDROCORTISONE 0.5% CREAM	February 1, 2009
HYDROCORTISONE 1% CREAM	February 1, 2009
HYDROCORTISONE 1% LOTION	February 1, 2009
HYDROCORTISONE 1% OINTMENT	February 1, 2009
HYDRO-TUSSIN CBX SYRUP	February 1, 2009
IOSAL II TABLET SA	February 1, 2009
IOTEX PSE 600/120 TABLET SA	February 1, 2009
JAY-PHYL SYRUP	February 1, 2009
KETALAR 50 MG/ML VIAL	February 1, 2009
KETAMINE 100 MG/ML VIAL	February 1, 2009
KETAMINE 50 MG/ML VIAL	February 1, 2009
KETAMINE 50 MG-ML VIAL	February 1, 2009
LOHIST-D LIQUID	February 1, 2009
LOVENOX EASYINJECTOR SYSTEM	February 1, 2009
MEDENT LD 800/60 TABLET SA	February 1, 2009
MED-RX 14 DAY TABLET SR SEQ	February 1, 2009
MINDAL TABLET	February 1, 2009
MINTAB D TABLET SA	February 1, 2009
MINTEX CT 8 MG TABLET	February 1, 2009
MINTEX PD LIQUID	February 1, 2009
MIRAPHEN PSE TABLET SA	February 1, 2009
MONOJECT PREFILL 0.9% FLUSH	February 1, 2009
NALEX JR CAPSULE SA	February 1, 2009
NASATAB LA TABLET SA	February 1, 2009
NITROGLYN 9 MG CAPSULE SA	February 1, 2009
NORMAL SALINE FLUSH	February 1, 2009
NORMAL SALINE FLUSH SYRINGE	February 1, 2009
NORMAL SALINE IV FLUSH SYR	February 1, 2009
NYSTATIN 150,000,000 UNITS PWD	February 1, 2009
PALGIC 4 MG/5 ML LIQUID	February 1, 2009
PANFIL G SYRUP	February 1, 2009
PANMIST LA 800/80 TABLET SA	February 1, 2009
PEDIOX 4 MG/5 ML LIQUID	February 1, 2009
P-EPD HCL/GUAIFEN TABLET LA	February 1, 2009
P-EPHED W/GUAIFEN CAPLET LA	February 1, 2009



Changes to Formulary

The following drugs are no longer considered eligible for Medicare Part D and are excluded: (continued)

Drug Name	Effective Date
P-EPHED W/GUAIFEN TABLET LA	February 1, 2009
P-EPHED W/GUAIFEN TABLET SR	February 1, 2009
P-EPHED/CARBINOX MAL SYRUP	February 1, 2009
P-EPHED/GUAIF 600/120 TA SA	February 1, 2009
P-EPHED-GUAIFEN TABLET LA	February 1, 2009
PHENOL LIQUID	February 1, 2009
PHENYLEPHRINE/GG TABLET	February 1, 2009
PHENYLEPHRINE/GG TABLET LA	February 1, 2009
PHENYLEPHRINE/GUAIF TAB SA	February 1, 2009
PHENYLEPHRINE-GUAIFENESIN TAB	February 1, 2009
PROFEN FORTE TABLET SA	February 1, 2009
PROPOFOL 1% EMULSION VIAL	February 1, 2009
PROPOFOL 10 MG/ML VIAL	February 1, 2009
PROPYLENE GLYCOL LIQUID	February 1, 2009
PROSET D SR TABLET	February 1, 2009
PSE 120 TABLET SA	February 1, 2009
PSE 60 CAPLET SA	February 1, 2009
PSEUDATEX TABLET	February 1, 2009
PSEUDO GG TABLET SA	February 1, 2009
PSEUDOEPHED/GUAIFEN TAB SA	February 1, 2009
PSEUDOEPHEDRINE 60 MG TABLET	February 1, 2009
PSEUDO-G/PSI TABLET SA	February 1, 2009
PSEUDOVENT CAPSULE SA	February 1, 2009
PSEUDOVENT PED CAPSULE SA	February 1, 2009
P-TANNA 12 SUSPENSION	February 1, 2009
QUINDAL TABLET SA	February 1, 2009
QUINTEX LIQUID	February 1, 2009
RADIAGEL	February 1, 2009
RESPIRE-120 SR CAPSULE	February 1, 2009
RHINATATE-12 PEDIATRIC SUSP	February 1, 2009
RONDAMINE TABLET	February 1, 2009
RONDAMINE TABLET SA	February 1, 2009
R-TANNA 12 SUSPENSION	February 1, 2009
R-TANNIC-S A/D SUSPENSION	February 1, 2009
RU-TUSS DE TABLET SA	February 1, 2009
RU-TUSS JR. TABLET	February 1, 2009
SALINE 0.45% SOLN-EXCEL CON	February 1, 2009
SALINE 0.9% SOLN-EXCEL CONT	February 1, 2009



Changes to Formulary

The following drugs are no longer considered eligible for Medicare Part D and are excluded: (continued)

Drug Name	Effective Date
SIL-TEX LIQUID	February 1, 2009
SINUFED TIMECELLES	February 1, 2009
SODIUM CHL 2.5 MEQ/ML VIAL	February 1, 2009
SODIUM CHLORID 0.9% SYR P/F	February 1, 2009
SODIUM CHLORID 0.9% SYR P-F	February 1, 2009
SODIUM CHLORIDE 0.45% SOLN	February 1, 2009
SODIUM CHLORIDE 0.9% AMPUL	February 1, 2009
SODIUM CHLORIDE 0.9% FLUSH	February 1, 2009
SODIUM CHLORIDE 0.9% SOLN	February 1, 2009
SODIUM CHLORIDE 0.9% SOLN.	February 1, 2009
SODIUM CHLORIDE 0.9% SYRING	February 1, 2009
SODIUM CHLORIDE 0.9% SYRINGE	February 1, 2009
SODIUM CHLORIDE 0.9% SYRNGE	February 1, 2009
SODIUM CHLORIDE 0.9% VIAL	February 1, 2009
SODIUM CHLORIDE 3% IV SOLN	February 1, 2009
SODIUM CHLORIDE 4 MEQ/ML VL	February 1, 2009
SODIUM CHLORIDE 5% IV SOLN	February 1, 2009
SODIUM CL 2.5 MEQ/ML ADD SOL	February 1, 2009
SODIUM CL 2.5 MEQ/ML VIAL	February 1, 2009
S-PACK 14 DAY TABLET SR SEQ	February 1, 2009
STAMOIST E TABLET	February 1, 2009
STAMOIST E TABLET SA	February 1, 2009
STERILE DILUENT VIAL	February 1, 2009
STERILE WATER FOR INJECTION	February 1, 2009
STERILE WATER,IRRIGATION	February 1, 2009
SUDAL 60/500 TABLET SA	February 1, 2009
SYREX SODIUM CHL 0.9% SYR	February 1, 2009
TOURO LA CAPLET SA	February 1, 2009
TUSNEL PEDIATRIC DROPS	February 1, 2009
V-DEC-M 500/120 TABLET SA	February 1, 2009
VERSACAPS 300/60	February 1, 2009
WATER FOR INJECTION AMPUL	February 1, 2009
WATER FOR INJECTION FLIPTOP	February 1, 2009
WATER FOR INJECTION VIAL	February 1, 2009
WE MIST II LA TABLET SA	February 1, 2009
WE MIST LA TABLET SA	February 1, 2009



The following drugs are being removed from the Medicare formulary:

Drug Name	Effective Date
MINTEZOL 500 MG TAB CHEW	March 1, 2009
MINTEZOL 500 MG/5 ML SUSP	March 1, 2009
NICOTINE 14 MG/24HR PT24	May 24, 2009
NICOTINE 21 MG/24HR PT24	May 24, 2009
NICOTINE 7 MG/24HR PT24	May 24, 2009
RAPTIVA 125 MG KIT	July 23, 2009
COLCHICINE 0.6 MG TABLET	November 23, 2009
TRI-LO-SPRINTEC TABS	December 22, 2009

The following drugs will now be subject to Prior Authorization:

Drug Name	Effective Date
ATGAM 50 MG/ML INJ	June 1, 2009
AZASAN 75 MG TABS	June 1, 2009
AZASAN 100 MG TABS	June 1, 2009
AZATHIOPRINE 50 MG TABS	June 1, 2009
AZATHIOPRINE SODIUM 100 MG SOLR	June 1, 2009
CARIMUNE NANOFILTERED 1 GM SOLR	June 1, 2009
CARIMUNE NANOFILTERED 3 GM SOLR	June 1, 2009
CARIMUNE NANOFILTERED 6 GM SOLR	June 1, 2009
CARIMUNE NANOFILTERED 12 GM SOLR	June 1, 2009
CESAMET 1 MG CAPS	June 1, 2009
CYTOXAN 500 MG SOLR	June 1, 2009
CYTOXAN 50 MG TABS	June 1, 2009
CYTOXAN 25 MG TABS	June 1, 2009
CYTOXAN 1 GM SOLR	June 1, 2009
CYTOXAN 2 GM SOLR	June 1, 2009
GAMMAGARD LIQUID 10 % SOLN	June 1, 2009
GAMMAGARD LIQUID 2.5 GM/25ML SOLN	June 1, 2009
GAMMAGARD LIQUID 5 GM/50ML SOLN	June 1, 2009
GAMMAGARD LIQUID 10 GM/100ML SOLN	June 1, 2009
GAMMAGARD LIQUID 20 GM/200ML SOLN	June 1, 2009
GAMUNEX 10 % SOLN	June 1, 2009
GENGRAF 25 MG CAPS	June 1, 2009
GENGRAF 100 MG CAPS	June 1, 2009
GENGRAF 100 MG/ML SOLN	June 1, 2009
GRANISOL 2 MG/10ML SOLN	June 1, 2009
IVEEGAM EN 5 GM SOLR	June 1, 2009
KYTRIL 2 MG/10ML SOLN	June 1, 2009



The following drugs will now be subject to Prior Authorization: (continued)

Drug Name	Effective Date
NEORAL 25 MG CAPS	June 1, 2009
NEORAL 100 MG CAPS	June 1, 2009
NEORAL 100 MG/ML SOLN	June 1, 2009
OCTAGAM 1 GM/20ML SOLN	June 1, 2009
OCTAGAM 2.5 GM/50ML SOLN	June 1, 2009
OCTAGAM 5 GM/100ML SOLN	June 1, 2009
OCTAGAM 10 GM/200ML SOLN	June 1, 2009
PANGLOBULIN 12 GM SOLR	June 1, 2009
PANGLOBULIN 1 GM SOLR	June 1, 2009
PANGLOBULIN 3 GM SOLR	June 1, 2009
PANGLOBULIN NF 6 GM SOLR	June 1, 2009
PANGLOBULIN NF 12 GM SOLR	June 1, 2009
PANGLOBULIN. 6 GM SOLR	June 1, 2009
SANDIMMUNE 50 MG/ML SOLN	June 1, 2009
SANDIMMUNE 100 MG/ML SOLN	June 1, 2009
SANDIMMUNE 25 MG CAPS	June 1, 2009
SANDIMMUNE 100 MG CAPS	June 1, 2009
THYMOGLOBULIN 25 MG SOLR	June 1, 2009
TREXALL 5 MG TABS	June 1, 2009
TREXALL 7.5 MG TABS	June 1, 2009
TREXALL 10 MG TABS	June 1, 2009
TREXALL 15 MG TABS	June 1, 2009



Changes to Formulary

**The following drugs will have an increase in the member cost share.
For each of them a generic is now available.**

Drug Name	Effective Date	New Tier	Additional Information
KEPPRA 250 MG TABS	July 1, 2009	3	
KEPPRA 500 MG TABS	July 1, 2009	3	
KEPPRA 750 MG TABS	July 1, 2009	3	
PHOSLO 667 MG CAPS	July 1, 2009	3	
VIDEX EC 125 MG CPDR	July 1, 2009	3	
VIVACTIL 10 MG TABS	July 1, 2009	3	
VIVACTIL 5 MG TABS	July 1, 2009	3	
ZERIT 15 MG CAPS	July 1, 2009	3	
ZERIT 20 MG CAPS	July 1, 2009	3	
ZERIT 30 MG CAPS	July 1, 2009	3	
ZERIT 40 MG CAPS	July 1, 2009	3	
IMITREX 100 MG TABLET	July 1, 2009	3	
IMITREX 25 MG TABLET	July 1, 2009	3	
IMITREX 50 MG TABLET	July 1, 2009	3	
IMITREX 6 MG/0.5 ML VIAL	July 1, 2009	3	
RISPERDAL 1 MG/ML SOLUTION	July 1, 2009	3	
KEPPRA 1,000 MG TABLET	July 1, 2009	3	
KEPPRA 100 MG/ML ORAL SOLN	July 1, 2009	3	
DEPAKOTE 125 MG SPRINKLE CA	July 1, 2009	3	
DEPAKOTE 500 MG TABLET EC	July 1, 2009	3	
DEPAKOTE ER 250 MG TAB SA	July 1, 2009	3	
TOPAMAX 25 MG TABS	September 1, 2009	3	
TOPAMAX 50 MG TABS	September 1, 2009	3	
TOPAMAX 100 MG TABS	September 1, 2009	3	
TOPAMAX 200 MG TABS	September 1, 2009	3	
DEPAKOTE 125 MG TBEC	August 1, 2009	3	Applies to New Starts Only
DEPAKOTE 250 MG TBEC	August 1, 2009	3	Applies to New Starts Only
DEPAKOTE 500 MG TBEC	August 1, 2009	3	Applies to New Starts Only
CELLCEPT 250 MG CAPS	October 1, 2009	3	
CELLCEPT 500 MG TABS	October 1, 2009	3	
TEGRETOL-XR 400 MG TB12	October 1, 2009	3	
TEGRETOL-XR 200 MG TB12	October 1, 2009	3	
TOPAMAX SPRINKLE 25 MG CPSP	October 1, 2009	3	
TOPAMAX SPRINKLE 15 MG CPSP	October 1, 2009	3	
ZERIT 1 MG/ML SOLR	October 1, 2009	3	
TEGRETOL 100 MG/5ML SUSP	October 1, 2009	3	Applies to New Starts Only
TEGRETOL 200 MG TABS	October 1, 2009	3	Applies to New Starts Only
TEGRETOL 100 MG CHEW	October 1, 2009	3	Applies to New Starts Only



**The following drugs will have an increase in the member cost share.
For each of them a generic is now available. (continued)**

Drug Name	Effective Date	New Tier	Additional Information
URSO 250 MG TABLET	November 1, 2009	3	
URSO FORTE 500 MG TABLET	November 1, 2009	3	
CASODEX 50 MG TABLET	December 1, 2009	3	