



Drug Name	Tier	Effective Date	Action	PA Name	PA Type	Specialty
ACETASOL HC SOL OTIC	1	4/1/2010	FORMULARY ADDITION			N
A-METHAPRED INJ 125MG	1	4/1/2010	FORMULARY ADDITION	B VS. D	(3) B_VS_D_REQUIRED	N
A-METHAPRED INJ 40MG	1	4/1/2010	FORMULARY ADDITION	B VS. D	(3) B_VS_D_REQUIRED	N
AMOCLAN SUS 200/5ML	1	4/1/2010	FORMULARY ADDITION			N
AMOCLAN SUS 400/5ML	1	4/1/2010	FORMULARY ADDITION			N
ANESTACON GEL 2% JELLY	1	4/1/2010	FORMULARY ADDITION			N
ARZERRA CON 100/5ML	4	4/1/2010	FORMULARY ADDITION	B VS. D	(3) B_VS_D_REQUIRED	N
AUG BETAMET CRE 0.05%	1	4/1/2010	FORMULARY ADDITION			N
AUG BETAMET GEL 0.05%	1	4/1/2010	FORMULARY ADDITION			N
AUG BETAMET OIN 0.05%	1	4/1/2010	FORMULARY ADDITION			N
BYETTA INJ 5MCG	3	4/1/2010	FORMULARY ADDITION	BYETTA	(1) REQUIRED	N
CALCITONIN SPR 200/ACT	1	4/1/2010	FORMULARY ADDITION			N
CARBAMAZEPIN TAB 200MG	1	4/1/2010	FORMULARY ADDITION			N
CERVARIX INJ	2	4/1/2010	FORMULARY ADDITION	CERVARIX	(1) REQUIRED	N
CERVARIX INJ	2	4/1/2010	FORMULARY ADDITION	CERVARIX	(1) REQUIRED	N
CHOLESTYRAM POW 4GM LITE	1	4/1/2010	FORMULARY ADDITION			N
COLCRYS TAB 0.6MG	2	4/1/2010	FORMULARY ADDITION			N
COMPRO SUP 25MG	1	4/1/2010	FORMULARY ADDITION			N
CYCLOSPORINE CAP 100MG MD	1	4/1/2010	FORMULARY ADDITION			N
D5W/LR INJ	1	4/1/2010	FORMULARY ADDITION			N
DILT-CD CAP 300MG	1	4/1/2010	FORMULARY ADDITION			N
ENBREL SRCLK INJ 50MG/ML	4	4/1/2010	FORMULARY ADDITION	ENBREL	(1) REQUIRED	N
FANAPT PAK	2	4/1/2010	FORMULARY ADDITION			N
FANAPT TAB 10MG	2	4/1/2010	FORMULARY ADDITION			N
FANAPT TAB 12MG	2	4/1/2010	FORMULARY ADDITION			N
FANAPT TAB 1MG	2	4/1/2010	FORMULARY ADDITION			N
FANAPT TAB 2MG	2	4/1/2010	FORMULARY ADDITION			N
FANAPT TAB 4MG	2	4/1/2010	FORMULARY ADDITION			N
FANAPT TAB 6MG	2	4/1/2010	FORMULARY ADDITION			N
FANAPT TAB 8MG	2	4/1/2010	FORMULARY ADDITION			N
GENERLAC SOL 10GM/15	1	4/1/2010	FORMULARY ADDITION			N
HUMALOG PEN INJ 100/ML	2	4/1/2010	FORMULARY ADDITION			N
HUMALOG PEN INJ 50/50	2	4/1/2010	FORMULARY ADDITION			N
HUMALOG PEN INJ 75/25	2	4/1/2010	FORMULARY ADDITION			N
HUMIRA PEN KIT CROHNS	4	4/1/2010	FORMULARY ADDITION	HUMIRA	(1) REQUIRED	N
HUMULIN N PN INJ U-100	2	4/1/2010	FORMULARY ADDITION			N



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HUMULIN PEN INJ 70/30	2	4/1/2010	FORMULARY ADDITION			N
INVEGA SUST INJ 117/0.75	4	4/1/2010	FORMULARY ADDITION	RISPERDAL CONST	(2) NEW_START_REQUIRED	N
INVEGA SUST INJ 156MG/ML	4	4/1/2010	FORMULARY ADDITION	RISPERDAL CONST	(2) NEW_START_REQUIRED	N
INVEGA SUST INJ 234/1.5	4	4/1/2010	FORMULARY ADDITION	RISPERDAL CONST	(2) NEW_START_REQUIRED	N
INVEGA SUST INJ 39/0.25	3	4/1/2010	FORMULARY ADDITION	RISPERDAL CONST	(2) NEW_START_REQUIRED	N
INVEGA SUST INJ 78/0.5ML	3	4/1/2010	FORMULARY ADDITION	RISPERDAL CONST	(2) NEW_START_REQUIRED	N
KIONEX POW USP	1	4/1/2010	FORMULARY ADDITION			N
KURIC CRE 2%	1	4/1/2010	FORMULARY ADDITION			N
LACTATED RIN INJ	1	4/1/2010	FORMULARY ADDITION			N
LACTULOSE SOL 10GM/15	1	4/1/2010	FORMULARY ADDITION			N
LANSOPRAZOLE CAP 15MG	1	4/1/2010	FORMULARY ADDITION			N
LANSOPRAZOLE CAP 30MG	1	4/1/2010	FORMULARY ADDITION			N
LANTUS INJ SOLOSTAR	2	4/1/2010	FORMULARY ADDITION			N
LEVEMIR INJ FLEXPEN	2	4/1/2010	FORMULARY ADDITION			N
LEVETIRACETA SOL 100MG/ML	1	4/1/2010	FORMULARY ADDITION			N
LEVETIRACETA TAB 1000MG	1	4/1/2010	FORMULARY ADDITION			N
LEVETIRACETA TAB 250MG	1	4/1/2010	FORMULARY ADDITION			N
LEVETIRACETA TAB 500MG	1	4/1/2010	FORMULARY ADDITION			N
LEVETIRACETA TAB 750MG	1	4/1/2010	FORMULARY ADDITION			N
LIDOCAINE GEL 2%	1	4/1/2010	FORMULARY ADDITION			N
MAXAIR AUTOH AER 200MCG	2	4/1/2010	FORMULARY ADDITION			N
METHYLPRED TAB 4MG	1	4/1/2010	FORMULARY ADDITION			N
MORPHINE SUL INJ 1MG/ML	1	4/1/2010	FORMULARY ADDITION	B VS. D	(3) B_VS_D_REQUIRED	N
NAPROXEN SOD TAB 275MG	1	4/1/2010	FORMULARY ADDITION			N
NAPROXEN SOD TAB 550MG	1	4/1/2010	FORMULARY ADDITION			N
NOVOLIN 70/ INJ 30 INNLT	2	4/1/2010	FORMULARY ADDITION			N
NOVOLIN N INJ INNOLET	2	4/1/2010	FORMULARY ADDITION			N
NOVOLIN R INJ INNOLET	2	4/1/2010	FORMULARY ADDITION			N
NOVOLOG MIX INJ FLEXPEN	2	4/1/2010	FORMULARY ADDITION			N
NYAMYC POW 100000	1	4/1/2010	FORMULARY ADDITION			N
POLYETH GLYC POW 3350 NF	1	4/1/2010	FORMULARY ADDITION			N
PREVALITE POW 4GM	1	4/1/2010	FORMULARY ADDITION			N
RENAGEL TAB 400MG	2	4/1/2010	FORMULARY ADDITION			N
RENAGEL TAB 800MG	2	4/1/2010	FORMULARY ADDITION			N
SABRIL POW 500MG	4	4/1/2010	FORMULARY ADDITION	SABRIL	(2) NEW_START_REQUIRED	N
SABRIL TAB 500MG	4	4/1/2010	FORMULARY ADDITION	SABRIL	(2) NEW_START_REQUIRED	N



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SAPHRIS SUB 10MG	2	4/1/2010	FORMULARY ADDITION	INVEGA	(2) NEW_START_REQUIRED	N
SAPHRIS SUB 5MG	2	4/1/2010	FORMULARY ADDITION	INVEGA	(2) NEW_START_REQUIRED	N
SAVELLA MIS TITR PAK	2	4/1/2010	FORMULARY ADDITION			N
SAVELLA TAB 100MG	2	4/1/2010	FORMULARY ADDITION			N
SAVELLA TAB 12.5MG	2	4/1/2010	FORMULARY ADDITION			N
SAVELLA TAB 25MG	2	4/1/2010	FORMULARY ADDITION			N
SAVELLA TAB 50MG	2	4/1/2010	FORMULARY ADDITION			N
SIMPONI INJ 50MG	4	4/1/2010	FORMULARY ADDITION	B VS. D	(3) B_VS_D_REQUIRED	N
SOD BICARB INJ 8.4%	1	4/1/2010	FORMULARY ADDITION			N
SPRYCEL TAB 100MG	4	4/1/2010	FORMULARY ADDITION	SPRYCEL	(2) NEW_START_REQUIRED	N
SRONYX TAB	1	4/1/2010	FORMULARY ADDITION			N
TACROLIMUS CAP 0.5MG	1	4/1/2010	FORMULARY ADDITION	B VS. D	(3) B_VS_D_REQUIRED	N
TACROLIMUS CAP 1MG	1	4/1/2010	FORMULARY ADDITION	B VS. D	(3) B_VS_D_REQUIRED	N
TACROLIMUS CAP 5MG	1	4/1/2010	FORMULARY ADDITION	B VS. D	(3) B_VS_D_REQUIRED	N
TIMOLOL GEL SOL 0.25% OP	1	4/1/2010	FORMULARY ADDITION			N
TIMOLOL GEL SOL 0.5% OP	1	4/1/2010	FORMULARY ADDITION			N
UNITHROID TAB 137MCG	1	4/1/2010	FORMULARY ADDITION			N
ZAZOLE SUP 80MG	1	4/1/2010	FORMULARY ADDITION			N
ZENPEP CAP 10000UNT	2	4/1/2010	FORMULARY ADDITION			N
ZENPEP CAP 15000UNT	2	4/1/2010	FORMULARY ADDITION			N
ZENPEP CAP 20000UNT	2	4/1/2010	FORMULARY ADDITION			N
ZENPEP CAP 5000UNIT	2	4/1/2010	FORMULARY ADDITION			N