



Altius Health Plans, Inc.
 Care Management Resources
 Carelink Health Plans, Inc.
 Coventry Health Care Plans
 Coventry Health and Life Insurance Company
 Group Health Plan, Inc.
 HealthAmerica Pennsylvania, Inc.
 HealthAssurance Pennsylvania, Inc.
 PersonalCare Insurance of Illinois, Inc.
 Southern Health Services, Inc.
 WellPath Select, Inc.
 Vista Healthplan, Inc.
 Vista Healthplan of South Florida, Inc.

Formulary Changes 2010

Formulary Additions

Aclovate*	Levemir (pen PA)	Ulesfia
Adcirca (PA)	Nexium	Vagifem
Androgel (PA)	Ocupress*	Ventolin HFA
Cutivate* cr/oint (lot Tier 3)	Topamax*	Verelan SR*
Keppra*	Trileptal*	Zonegran*
Lamictal* (Starter Pack tier 3, ODT(PA) tier 3, XR (PA) tier 3)	Trilipix	
	Trusopt*	

Formulary Deletions

Moved to third tier coverage for selected plans
(unless otherwise indicated)

Advicor.....
Alomide.....
Betoptic-S.....
Estratest HS (discontinued).....
Forteo (PA).....
Metrogel 1% (ST).....
Prevpac.....
Proair HFA.....
Protonix* (ST).....
Raptiva (discontinued).....
Renagel (will be discontinued).....
Suprax.....
Testim (not covered).....
Other testosterone products, Androderm and Striant will not be covered
Trizivir.....
Vancocin (PA).....
Zylet.....

Formulary Alternatives

Zocor*, Mevacor* with or without Niacin
Zaditor OTC or Alaway* (with a prescription – Tier 1 copy), Crolom*
Betoptic*, Timoptic*, Timoptic XE*, Betagan*
Estrace*, Estratab*, Ogen*, Menest
Fosamax*, Fosamax Plus D, Miacalcin nasal spray*
Metrogel 0.75%*
Prilosec OTC*20 mg (with a prescription – Tier 1 copy) or omeprazole 20 mg, + amoxicillin & clarithromycin
Ventolin HFA
Prilosec OTC*20 mg (with a prescription – Tier 1 copy), omeprazole 20 mg, Nexium
Humira (PA), Enbrel (PA)
Phoslo*, Renvela
Several oral antibiotics available on the Formulary
Testosterone Inj (Tier 1), Androgel (PA)
Ziagen, Epivir, and Retrovir* or Ziagen + Combivir
Flagyl*
Tobradex*

(PA) indicates prior authorization required
 (ST) indicates step therapy required
 * indicates generic is on the Formulary

Please refer to your health plan documents
 regarding any limitations or exclusions that
 may apply to your pharmacy benefit.