

This document contains monthly updates to the **2010 Comprehensive Formulary** for PrimeWest Senior Health Complete (HMO) and Prime Health Complete (HMO). The updates are arranged alphabetically by drug name.

TRADE NAME (generic name) or generic name	Brand/ Generic Product	Effective Date	Nature of Change	Description of Change	Drug Alternative
ADCIRCA [®] (tadalafil) tabs, 20 mg	Brand	1/1/2010	Addition	Tier 4. Prior Authorization applies.	Not applicable
AMPYRA [™] (dalfampridine) extended-release tabs, 10 mg	Brand	6/1/2010	Addition	Tier 4. Prior Authorization and Quantity Limits apply.	Not applicable
anastrozole tabs, 1 mg	Generic	7/4/2010	Addition	Tier 1. First generic for ARIMIDEX [®] .	Not applicable
ARZERRA [™] (ofatumumab) IV inj, 100 mg/5 mL	Brand	1/1/2010	Addition	Tier 4. New antineoplastic.	Not applicable
ASTEPRO [®] (azelastine) nasal, 0.15% (205.5 mcg/spray)	Brand	1/1/2010	Addition	Tier 2. Quantity Limits apply.	Not applicable
azelastine nasal, 0.1%	Generic	6/27/2010	Addition	Tier 1. First generic for ASTELIN [®] . Quantity Limits apply.	Not applicable
aztreonam for inj, 1 g, 2 g	Generic	6/27/2010	Addition	Tier 1. First generic for AZACTAM [®] .	Not applicable
brimonidine ophth soln, 0.15%	Generic	1/1/2010	Addition	Tier 1. First generic for ALPHAGAN [®] P.	Not applicable
buprenorphine SL tabs, 2 mg, 8 mg	Generic	1/1/2010	Addition	Tier 1. First generic for SUBUTEX [®] .	Not applicable
CERVARIX [®] (human papillomavirus bivalent) inj	Brand	1/28/2010	Addition	Tier 3. New vaccine.	Not applicable
ciclopirox shampoo, 1%	Generic	5/30/2010	Addition	Tier 1	Not applicable
clozapine tabs, 200 mg	Generic	4/25/2010	Cost Share Reduction	Change to Tier 1 (was Tier 3). Quantity Limits apply.	Not applicable
COLCRYS [®] (colchicine) tabs, 0.6 mg	Brand	1/1/2010	Addition	Tier 3	Not applicable
dactinomycin inj, 0.5 mg	Generic	7/11/2010	Addition	Tier 4. First generic for COSMEGEN [®] .	Not applicable
daunorubicin inj, 5 mg/mL	Generic	4/28/2010	Cost Share Reduction	Change to Tier 1 (was Tier 3).	Not applicable
dexamethasone tabs, 1.5 mg taper pack, 10 day, 13 day	Generic	1/1/2010	Addition	Tier 1. First generic for DEXPAK [®] .	Not applicable

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dexamethasone tabs, 1.5 mg taper pack, 6 day	Generic	1/1/2010	Addition	Tier 1. First generic for DEXPAK®.	Not applicable
diltiazem caps, extended-release 24-hr, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	Generic	3/21/2010	Addition	Tier 1. First generic for these strengths of CARDIZEM® LA.	Not applicable
EFFIENT® (prasugrel) tabs, 5 mg, 10 mg	Brand	1/1/2010	Addition	Tier 2	Not applicable
famotidine susp, 40 mg/5 mL	Generic	5/30/2010	Addition	Tier 1	Not applicable
FANAPT™ (iloperidone) tabs titration pack, 1 mg, 2 mg, 4 mg, 6 mg	Brand	3/1/2010	Addition	Tier 3. Step Therapy and Quantity Limits apply.	Not applicable
FANAPT™ (iloperidone) tabs, 1 mg, 4 mg, 6 mg, 8 mg, 10 mg, 12 mg	Brand	3/1/2010	Addition	Tier 3. Step Therapy and Quantity Limits apply.	Not applicable
FEMARA® (letrozole) tabs, 2.5 mg	Brand	2/1/2010	Cost Share Reduction	Change to Tier 2 (was Tier 3).	Not applicable
FLUCONAZOLE in NaCl 0.9%, inj, 100 mg/50 mL	Brand	1/17/2010	Addition	Tier 3. Additional strength.	Not applicable
fluorouracil soln, 2%	Generic	6/6/2010	Cost Share Reduction	Change to Tier 1 (was Tier 3).	Not applicable
fluoxetine delayed-release caps, 90 mg	Generic	3/28/2010	Addition	Tier 1. First generic for PROZAC® WEEKLY™.	Not applicable
FOLOTYN® (pralatrexate) inj, 20 mg/mL	Brand	1/1/2010	Addition	Tier 4. New antineoplastic.	Not applicable
HIBERIX® (haemophilus B polysaccharide conjugate vaccine) for inj, 10-25 mcg	Brand	1/1/2010	Addition	Tier 3. Additional vaccine.	Not applicable
hydrocortisone/acetic acid otic soln, 1-2%	Generic	1/1/2010	Addition	Tier 1	Not applicable
ifosfamide inj, 50 mg/mL	Generic	5/16/2010	Addition	Tier 1	Not applicable
imipramine pamoate caps, 75 mg, 100 mg, 125 mg, 150 mg	Generic	4/25/2010	Cost Share Reduction	Change to Tier 1 (was Tier 3).	Not applicable
imiquimod cream, 5%	Generic	2/28/2010	Addition	Tier 1. Prior Authorization and Quantity Limits apply. First generic for ALDARA™.	Not applicable
INVEGA® (paliperidone) tabs, 1.5 mg	Brand	1/1/2010	Addition	Tier 3. Additional strength. Step Therapy and Quantity Limits apply.	Not applicable

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INVEGA® SUSTENNA™ (paliperidone) extended-release inj, 39 mg/0.25 mL	Brand	1/1/2010	Addition	Tier 3. Step Therapy and Quantity Limits apply.	Not applicable
ISTODAX® (romidepsin) for inj, 10 mg	Brand	2/28/2010	Addition	Tier 4. New antineoplastic.	Not applicable
IXIARO® (Japanese encephalitis vaccine inactivated) inj	Brand	5/26/2010	Addition	Tier 3	Not applicable
JEVTANA® (cabazitaxel) inj, 60 mg/1.5 mL	Brand	7/11/2010	Addition	Tier 4. New antineoplastic.	Not applicable
lamotrigine starter kit – taking carbamazepine/not taking valproate, tabs, 25 mg (84); 100 mg (14)	Generic	1/1/2010	Addition	Tier 1. First generic for LAMICTAL® Starter Kit – taking carbamazepine.	Not applicable
lamotrigine starter kit – taking valproate, tabs, 25 mg (35)	Generic	1/1/2010	Addition	Tier 1. First generic for LAMICTAL® Starter Kit – taking valproate.	Not applicable
lamotrigine starter kit – not taking carbamazepine, tabs, 25 mg (42); 100 mg (7)	Generic	1/1/2010	Addition	Tier 1. First generic for LAMICTAL® Starter Kit – not taking carbamazepine.	Not applicable
lansoprazole delayed-release caps, 15 mg, 30 mg	Generic	1/1/2010	Addition	Tier 1. First generic for PREVACID®. Quantity Limits apply.	Not applicable
levetiracetam inj, 500 mg/5 mL	Generic	6/27/2010	Addition	Tier 1. First generic for KEPPRA® injection.	Not applicable
losartan tabs, 25 mg, 50 mg, 100 mg	Generic	4/11/2010	Addition	Tier 1. First generic for COZAAR®.	Not applicable
losartan/hydrochlorothiazide tabs, 50-12.5 mg, 100-12.5 mg,	Generic	4/11/2010	Addition	Tier 1. First generic for HYZAAR®.	Not applicable
melphalan for inj, 50 mg	Generic	1/1/2010	Addition	Tier 4. First generic for ALKERAN®.	Not applicable
MENVEO® (meningococcal oligosaccharide conjugate vaccine) for inj	Brand	2/28/2010	Addition	Tier 3. New vaccine.	Not applicable
meropenem inj, 500 mg, 1 g	Generic	7/4/2010	Addition	Tier 1. First generic for MERREM®.	Not applicable
MULTAQ® (dronedarone) tabs, 400 mg	Brand	1/1/2010	Addition	Tier 2	Not applicable
mycophenolate tabs, 500 mg	Generic	3/29/2010	Cost Share Reduction	Change to Tier 1 (was Tier 4).	Not applicable

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nateglinide tabs, 60 mg, 120 mg	Generic	1/1/2010	Addition	Tier 1. First generic for STARLIX®.	Not applicable
NORVIR® (ritonavir) tabs, 100 mg	Brand	2/21/2010	Addition	Tier 3. New formulation.	Not applicable
ONGLYZA™ (saxagliptin) tabs, 2.5 mg, 5 mg	Brand	1/1/2010	Addition	Tier 2. Quantity Limits apply.	Not applicable
oxaliplatin for inj, 50 mg, 100 mg	Generic	1/17/2010	Addition	Tier 4. New formulation.	Not applicable
oxaliplatin inj, 5 mg/mL	Generic	1/1/2010	Addition	Tier 4. First generic for ELOXATIN®.	Not applicable
phenytoin sodium extended caps, 200 mg, 300 mg	Generic	1/1/2010	Addition	Tier 1. First generic for PHENYTEK®.	Not applicable
piperacillin-tazobactam for inj, 2-0.25 g, 3-0.375 g, 4-0.5 g	Generic	1/1/2010	Addition	Tier 1. First generic for ZOSYN®.	Not applicable
pramipexole tabs, 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg	Generic	1/4/2010	Addition	Tier 1. First generic for MIRAPEX®.	Not applicable
PROLASTIN®-C (proteinase inhibitor human) for inj, 1000 mg	Brand	1/1/2010	Addition	Tier 4. New formulation.	Not applicable
RAPAMUNE® (sirolimus) tabs, 0.5 mg	Brand	4/25/2010	Addition	Tier 2	Not applicable
rivastigmine caps, 1.5 mg, 3 mg, 4.5 mg, 6 mg	Generic	7/4/2010	Addition	Tier 1. First generic for EXELON®.	Not applicable
SABRIL® (vigabatrin) tabs, 500 mg; powder pack, 500 mg	Brand	1/1/2010	Addition	Tier 3	Not applicable
SAPHRIS® (asenapine) SL tabs, 5 mg, 10 mg	Brand	1/1/2010	Addition	Tier 3. Step Therapy and Quantity Limits apply.	Not applicable
selegiline tabs, 5 mg	Generic	3/14/2010	Addition	Tier 1	Not applicable
sumatriptan inj, 4 mg/0.5 mL	Generic	2/21/2010	Addition	Tier 1. Quantity Limits apply. Additional strength.	Not applicable
tacrolimus caps, 5 mg	Generic	2/1/2010	Cost Share Reduction	Change to Tier 1 (was Tier 4).	Not applicable
tamsulosin extended-release caps, 0.4 mg	Generic	3/7/2010	Addition	Tier 1. First generic for FLOMAX®.	Not applicable
TASIGNA® (nilotinib) caps, 150 mg	Brand	6/27/2010	Addition	Tier 4. Additional strength. Prior Authorization applies.	Not applicable
trandolapril-verapamil extended-release tabs, 2-180 mg, 2-240 mg	Generic	6/21/2010	Addition	Tier 1. First generic for TARKA®.	Not applicable
trandolapril-verapamil extended-release tabs, 4-240 mg	Generic	6/13/2010	Addition	Tier 1. First generic for TARKA®.	Not applicable

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TREANDA [®] (bendamustine) for inj, 25 mg	Brand	12/28/2009	Addition	Tier 4. Additional strength.	Not applicable
TRELSTAR [®] MIXJECT [®] (triptorelin pamoate) inj, 22.5 mg	Brand	4/18/2010	Addition	Tier 4	Not applicable
VAGIFEM [®] (estradiol) vaginal tabs, 10 mcg	Brand	1/17/2010	Addition	Tier 2. Additional strength.	Not applicable
valacyclovir tabs, 500 mg, 1000 mg	Generic	1/1/2010	Addition	Tier 1. First generic for VALTREX [®] .	Not applicable
VALCYTE [®] (valganciclovir) for oral soln, 50 mg/mL	Brand	1/31/2010	Addition	Tier 4. New dosage form.	Not applicable
VALTURN [®] (aliskiren/valsartan) tabs, 150 mg/160 mg, 300 mg/320 mg	Brand	4/1/2010	Addition	Tier 2. Step Therapy applies.	Not applicable
venlafaxine extended-release 24 hr caps, 37.5 mg, 75 mg, 150 mg	Generic	7/4/2010	Addition	Tier 1. First generic for EFFEXOR XR [®] . Step Therapy applies.	Not applicable
VIMPAT [®] (lacosamide) soln, 10 mg/mL	Brand	6/6/2010	Addition	Tier 3. Step Therapy applies.	Not applicable
VOTRIENT [™] (pazopanib) tabs, 200 mg	Brand	1/1/2010	Addition	Tier 4. New antineoplastic. Prior Authorization applies.	Not applicable
VPRIV [™] (velaglucerase alfa) for inj, 400 unit	Brand	6/1/2010	Addition	Tier 4	Not applicable
ZEMPLAR [®] (paricalcitol) caps, 1 mcg, 2 mcg, 4 mcg	Brand	6/1/2010	Cost Share Reduction	Change to Tier 2 (was Tier 3).	Not applicable
ZENPEP [®] (pancrelipase) caps, 5000 u; 10,000 u; 15,000 u; 20,000 u	Brand	2/15/2010	Addition	Tier 3	Not applicable
ZYPREXA [®] RELPREVV [™] (olanzapine pamoate) extended-release for inj, 210 mg, 300 mg, 405 mg	Brand	6/1/2010	Addition	Tier 4. Step Therapy and Quantity Limits apply.	Not applicable