

**January 2008 Medicare Part D Ideal Formulary**

<b>generic name (TRADE NAME)</b>	<b>Brand/ Generic Product</b>	<b>Effective Date</b>	<b>Nature of Change</b>	<b>Description of Change</b>	<b>Drug Alternative</b>
acetaminophen/caffeine/dihydrocodeine caps, 356.4-30-16 mg	Generic	1/1/08	Addition	First generic for Panlor DC, Tier 1	Not applicable
acitretin caps, 10 mg, 25 mg + moisturizer (SORIATANE CK KIT)	Brand	1/1/08	Addition	Kit will replace capsules alone. Tier 3	Not applicable
carvedilol tabs, 3.125 mg, 6.25 mg, 12.5 mg, 25 mg	Generic	1/1/08	Addition	First generic for Coreg, Tier 1	Not applicable
ciclopirox soln, 8%	Generic	1/1/08	Addition	First generic for Penlac Nail Lacquer, Tier 1	Not applicable
clarithromycin for susp, 125 mg/5 mL, 250 mg/5 mL	Generic	1/1/08	Addition	First generic for Biaxin, Tier 1	Not applicable
doxycycline DR caps, 40 mg (ORACEA)	Brand	1/1/08	Addition	Tier 2	Not applicable
estradiol gel, 0.1% (DIVIGEL)	Brand	1/1/08	Addition	Tier 2	Not applicable
fomepizole inj, 1 g/mL	Generic	1/1/08	Addition	First generic for Antizol, Tier 4	Not applicable
haloperidol tabs, 20 mg	Generic	1/1/08	Cost Share Reduction	Brand to generic change - Tier 3 to 1	Not applicable
ibandronate inj, 3 mg/3 mL (BONIVA)	Brand	1/1/08	Addition	Tier 3. Quantity limits apply	Not applicable
insulin lispro (human) inj, 100 units/mL; insulin lispro protamine/lispro (human) (50-50%) inj, 100 units/mL; insulin lispro protamine/lispro (human) (75-25%) inj, 100 units/mL (HUMALOG KWIKPEN, HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25 KWIKPEN)	Brand	1/1/08	Addition	Additional pen for administration. Tier 2	Not applicable
ixabepilone for inj, 15 mg, 45 mg (IXEMPRA)	Brand	1/1/08	Addition	Tier 4	Not applicable

lapatinib tabs, 250 mg (TYKERB)	Brand	1/1/08	Addition	Tier 4	Not applicable
lopinavir/ritonavir tabs, 100-25 mg (KALETRA)	Brand	1/1/08	Addition	Additional strength. Tier 3	Not applicable
malathion lotn, 0.5% (OVIDE)	Brand	1/1/08	Addition	Tier 3	Not applicable
maraviroc tabs, 150 mg, 300 mg (SELZENTRY)	Brand	1/1/08	Addition	Tier 3	Not applicable
methimazole tabs, 15 mg, 20 mg (NORTHYX)	Brand	1/1/08	Addition	Additional strengths. Tier 3	Not applicable
methylergonovine tabs, 0.2 mg (METHERGINE)	Brand	1/1/08	Addition	Tier 2	Not applicable
nilotinib caps, 200 mg (TASIGNA)	Brand	1/1/08	Addition	Tier 4	Not applicable
ofloxacin otic soln, 0.3%	Generic	1/1/08	Addition	First generic for Floxin Otic, Tier 1	Not applicable
olopatadine ophth soln, 0.1% (PATANOL)	Brand	1/1/08	Addition	Tier 2	Not applicable
oseltamivir caps, 30 mg, 45 mg (TAMIFLU)	Brand	1/1/08	Addition	Additional strengths. Tier 3	Not applicable
oxcarbazepine tabs, 150 mg, 300 mg, 600 mg	Generic	1/1/08	Addition	First generic for Trileptal, Tier 1	Not applicable
pramipexole tabs, 0.75 mg (MIRAPEX)	Brand	1/1/08	Addition	Additional strength. Tier 2	Not applicable
pramlintide inj, 1000 mcg/mL (SYMLINPEN 60, SYMLINPEN 120)	Brand	1/1/08	Addition	Tier 2	Not applicable
quetiapine ER tabs (24hr), 200 mg, 300 mg, 400 mg (SEROQUEL XR)	Brand	1/1/08	Addition	Tier 2	Not applicable
raltegravir tabs, 400 mg (ISENTRRESS)	Brand	1/1/08	Addition	Tier 3	Not applicable
ramipril caps, 2.5 mg, 5 mg, 10 mg	Generic	1/1/08	Addition	First generic for Altace, Tier 1	Not applicable
valrubicin soln, 40 mg/mL (VALSTAR)	Brand	1/1/08	Addition	Tier 4	Not applicable
pemetrexed disodium for inj, 100 mg (ALIMTA)	Brand	1/13/08	Addition	Additional strength. Tier 4	Not applicable
oxycodone ER tabs (12hr), 15 mg, 30 mg, 60 mg (OXYCONTIN)	Brand	1/20/08	Addition	Additional strengths. Tier 2. Quantity limits apply	Not applicable

procainamide ER tabs, 500 mg (PRONESTYL SR)	Brand	1/20/08	Addition	Replaces obsolete generic. Tier 3	Not applicable
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***February 2008 Medicare Part D Formulary Changes***

<b>generic name (TRADE NAME)</b>	<b>Brand/ Generic Product</b>	<b>Effective Date</b>	<b>Nature of Change</b>	<b>Description of Change</b>	<b>Drug Alternative</b>
alendronate tabs, 5 mg, 10 mg, 35 mg, 40 mg, 70 mg	Generic	2/8/08	Addition	First generic for Fosamax, Tier 1. Quantity limits apply	Not applicable
cefuroxime axetil for susp, 125 mg/5 mL, 250 mg/5 mL	Generic	2/10/08	Addition	First generic for Ceftin, Tier 1	Not applicable
etravirine tabs, 100 mg (INTELENCE)	Brand	1/27/08	Addition	Tier 3	Not applicable
pantoprazole DR tabs, 20 mg, 40 mg	Generic	2/3/08	Addition	First generic for Protonix, Tier 1. Quantity limits apply	Not applicable
pentamidine for inj, 300 mg (PENTAM 300)	Brand	1/27/08	Addition	Replaces obsolete generic. Tier 3	Not applicable
somatropin inj, 20 mg/2mL (NUTROPIN AQ PEN)	Brand	1/27/08	Addition	Additional strength. Tier 4. Prior authorization applies	Not applicable