

Important Prescription Drug Formulary Changes Effective January 1, 2010

Effective January 1, 2010, HealthAmerica will be making the following changes to our formulary:

We added 17 drugs to the 2010 formulary and removed 18 (mostly infrequently used drugs). The list of formulary changes is reprinted below for your information. The 2010 Member formulary is available at www.healthamerica.cvtv.com.

Formulary Additions

Brand Name	Brand Name	Brand Name
Adcirca [^] PA/SP	Ocupress [*]	Ulesfia [^]
AndroGel [^] PA	Testosterone Inj [*]	Vagifem [^]
Keppra [*]	Topamax [*]	Ventolin HFA
Lamictal ^{*~}	TriLeptal [*]	Verelan SR [*]
Levemir [^]	TriLipix [^]	Zonegran [*]
Nexium [^]	Trusopt [*]	

* Generic available on Tier 1 ^ Added to Tier 2 PA/SP – Prior Auth req'd/limited to Specialty Pharmacy ~ generic forms only added

2010 Formulary Deletions with Alternatives

Brand Name	Generic Name	Comment/ Formulary Alternatives
Advicor	lovastatin + niacin	Zocor [*] , Mevacor [*] with or without Niacin, Simcor
Alomide	Iodoxamide	Any OTC Ketotifen eye drop (Alaway, Zaditor OTC, etc) covered with rx
Betoptic-S	betaxolol	Betoptic [*] , Timoptic [*] , Betagan [*]
Estratest/HS [*]	Estrogen/testosterone	Estrace [*]
Forteo (PA/ SP)	teriparatide	Fosamax [*] , Miacalcin Spray [*] Fosamax-D
Metrogel 1% (ST)	metronizadole topical	Metrogel [*] 0.75% topical
Premarin Vag Cream	Conjugated estrogen	Estrace Vaginal Cream
Prevpac	lansoprazole + amoxicillin + clarithromycin	Prilosec OTC/omeprazole 20mg + amoxicillin + clarithromycin
ProAir HFA	albuterol HFA	Ventolin HFA
Protonix [*] (ST)	pantoprazole	Prilosec OTC [*] , omeprazole 20mg, Nexium
Renagel	selevamer	Phoslo [*] , Renvela
Suprax	cefixime	Various anti-infectives
Testim (PA)	testosterone	Testosterone inj [*] , AndroGel (PA)
Other testosterone agents	Testosterone (Androderm, Striant)	topical testosterone coverage will be limited to AndroGel (PA)
Trizivir	abacavir/lamivudine/zidovudine	Ziagen + Epivir + Retrovir [*] or Ziagen + Combivir
Vancocin (PA)	vancomycin	Flagyl [*]
Zylet	loteprednol + tobramycin	Tobradex [*] , Maxitrol [*]

* Generic available on Tier 1

PA – Prior Authorization required

PA/SP – Prior Auth req'd/limited to Specialty Pharmacy

ST –Step Therapy required

For more information contact your account manager or account executive.