



**FORMULARY DELETIONS UPDATE:**

Sierra VillageHealth (HMO) may remove drugs from our formulary or add rules about whether and when certain drugs are covered during the year. This chart lists upcoming changes to be **effective April 28, 2010 through November 1, 2010.**

For more information, please visit our Web site at [www.sierravillagehealth.com](http://www.sierravillagehealth.com) or call Member Services at 866-421-4386 November 15 through March 1, seven days a week from 8 a.m. to 8 p.m. and March 2 through November 14, Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible. TTY/TDD users should call 866-525-7833.

<b>FORMULARY DELETIONS, CHANGES IN PREFERRED OR TIERED COST-SHARING STATUS, OR ADDITION OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG</b>						
Brand Name	Generic Name	Description of change	Reason for Change	Effective Date of Change	Alternative Drugs (Brand drugs appear in upper case, generic drugs appear in lower case)	Tier (Alternative Drug Co-pay / Coinsurance)
<b>Unapproved Pancreatic Enzyme Products (PEPs)*</b>	Amylase-lipase- protease	Drug Not Available	Product No Longer Available	4/28/2010	Creon 12000unit, Creon 24000unit, Creon 6000unit	Tier 3
<b>ACCUNEB NEBULIZER SOLUTION</b>	Albuterol sulfate nebulizer solution	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Albuterol sulfate nebulizer solution	Tier 1 with B/D and QL

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<b>ACETASOL HC OTIC SOLUTION</b>	Ccetic acid/ hydrocortisone otic solution	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Acetic acid/ hydrocortisone otic solution	Tier 1
<b>ADOXA TABLET 50MG</b>	Doxycycline monohydrate tablet 50mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Doxycycline monohydrate tablet 50mg	Tier 3
<b>AXID SOLUTION 15MG/ML</b>	Nizatidine solution 15mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Nizatidine solution 15mg/ml	Tier 3
<b>CATAPRES-TTS</b>	Clonidine hcl patch	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Clonidine hcl patch	Tier 1
<b>DERMATOP</b>	Prednicarbate	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Prednicarbate	Tier 1

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<b>DILACOR XR CAPSULE 180MG</b>	Diltiazem hcl capsule 180mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Dilt-xr capsule 180mg	Tier 1 with QL
<b>ESTROSTEP FE TABLET</b>	Ethinyl estradiol/ferrous fumarate/norethingdrone acetate	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Tri-legest fe tablet	Tier 1 with QL
<b>FOCALIN</b>	Dexmethylphenidate hcl	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Dexmethylphenidate hcl	Tier 1 with QL
<b>IOPIDINE OPHTHALMIC SOLUTION 0.5%</b>	Apraclonidine ophthalmic solution 0.5%	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Apraclonidine ophthalmic solution 0.5%	Tier 1
<b>LAMICTAL STARTER KIT</b>	Lamotrigine starter kit	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Lamotrigine starter kit	Tier 1

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<b>MOBAN</b>	Molindone hcl	Drug Not Available	Drug Discontinued by Manufacturer.	6/1/2010	Consult Your Doctor	N/A
<b>PROGRAF CAPSULE</b>	Tacrolimus capsule	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Tacrolimus capsule	Tier 1 with B/D
<b>PULMICORT SUSPENSION 0.5MG/2ML</b>	Budesonide suspension 0.5mg/2ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Budesonide suspension 0.5mg/2ml	Tier 1 with B/D and QL
<b>RISPERDAL M TABLET 1MG</b>	Risperidone odt tablet 1mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Risperidone odt tablet 1mg	Tier 1
<b>SANDIMMUNE INJECTION 50MG/ML</b>	Cyclosporine injection 50mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Cyclosporine injection 50mg/ml	Tier 3 with B/D

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<b>STARLIX</b>	Nateglinide	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Nateglinide	Tier 3 with QL
<b>TOFRANIL-PM</b>	Imipramine pamoate	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Imipramine pamoate	Tier 3
<b>TRILEPTAL SUSPENSION 300MG/5ML</b>	Oxcarbazepine suspension 300mg/5ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Oxcarbazepine suspension 300mg/5ml	Tier 1 with QL
<b>URSO 250</b>	Ursodiol tablet 250mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Ursodiol tablet 250mg	Tier 3

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<b>VALTRES</b>	Valacyclovir hcl	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Valacyclovir hcl	Tier 3 with QL
<b>VIBRAMYCIN SUSPENSION 25MG/5ML</b>	Doxycycline monohydrate suspension 25mg/5ml	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Doxycycline monohydrate suspension 25mg/5ml	Tier 1
<b>ZOSYN INJECTION 3-0.375GM</b>	Piperacillin sodium/tazobactam sodium injection 3-0.375GM	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2010	Piperacillin sodium/tazobactam sodium injection 3-0.375GM	Tier 3 with PA
<b>AXID SOLUTION 15MG/ML</b>	Nizatidine solution 15mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2010	Nizatidine solution 15mg/ml	Tier 1
<b>MIRAPEX</b>	Pramipexole	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2010	Pramipexole	Tier 3 with QL

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<b>NITROSTAT SUBLINGUAL TABLET</b> 0.3MG, 0.4MG, 0.6MG	<b>Nitroglycerin sublingual tablet</b> <b>0.3mg, 0.4mg, 0.6mg</b>	Drug Not Available	Product No Longer Available	9/12/2010	Nitrostat sublingual tablet 0.3mg, 0.4mg, 0.6mg	Tier 2
<b>ALDARA CRE 5%</b>	Imiquimod cream 5%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Imiquimod cre 5%	Tier 1 with QL
<b>ACEON TAB 2MG. 4MG, 8MG</b>	Perindopril 2mg, 4mg, 8mg	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Perindopril 2mg, 4mg, 8mg	Tier 3 with QL
<b>ACULAR SOL 0.5% OP</b>	Ketorolac 0.5%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Ketorolac sol 0.5%	Tier 1 with QL
<b>ACULAR LS SOL 0.4%</b>	Ketorolac 0.4%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Ketorolac sol 0.4%	Tier 1 with QL

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<b>FLOMAX</b>	Tamsulosin 0.4 mg	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Tamsulosin 0.4 mg	Tier 1 with QL
<b>OPTIVAR DRO 0.05%</b>	Azelastine 0.05%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Azelastine Dro 0.05%	Tier 3 with QL
<b>PREVACID CAP DR 15MG, 30MG</b>	Lansoprazole 15mg, 30mg	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Lansoprazole 15mg, 30mg	Tier 3
<b>SOLODYN</b>	Minocycline hcl	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Minocycline hcl	Tier 3 with PA
<b>SUBUTEX</b>	Buprenorphine	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2010	Buprenorphine	Tier 3

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<b>AUGMENTIN</b>	Amoxicillin 1000mg/ clavulanate 62.5mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Amoxicillin 1000mg/ clavulanate 62.5mg	Tier 3 with QL
<b>COZAAR</b>	Losartan 25mg, 50mg, 100mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Losartan 25mg, 50mg, 100mg	Tier 3 with QL
<b>HYZAAR</b>	Hydrochlorothiazide/ Losartan 12.5mg/50mg, 12.5mg/100mg, 25mg/100mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Hydrochlorothiazide/ Losartan 12.5mg/50mg, 12.5mg/100mg, 25mg/100mg	Tier 3 with QL
<b>PROZAC</b>	Fluoxetine enteric coated 90mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Fluoxetine enteric coated 90mg	Tier 3 with QL
<b>SKELAXIN</b>	Metaxalone 800mg	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2010	Metaxalone 800mg	Tier 3 with QL

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\*The following is a list of FDA unapproved PEPs:

Creon 5/10/20, Dygase, Kutrase, Ku-Zyme, Ku-Zyme-HP, Lapase, Lipram, Lipram-PN, Lipram-UL, Palcaps, Pancrease MT, Pancrecarb MS, Pancrelipase, Pancrelipase MST, Pancron Panges CN, Panges MT, Panges UL, Pangestym EC, Panocaps, Panocaps MT, Panokase, Plaretase, Ultracaps MT, Ultrase, Viokase

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