

Upcoming Changes to UPMC *for Life's* Formulary

UPMC *for Life* may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary. The table below outlines upcoming changes to our formulary that will impact you: *Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate listed here is appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is an appropriate drug for you.

Effective Date of Change	Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug*	Alternative Drug Copayment / Coinsurance
03/01/2010	ACETIC ACID-ALUMINUM	Addition	Drug Added to Tier 1	NA	NA
06/01/2010	ACTEMRA INJECTABLE SOLUTION (20 MG/ML)	Addition	Drug added to tier 4-PA,QLL of 40 per 28 days	N/A	N/A
06/01/2010	ACULAR EYE DROPS (0.5%)	Removal	Newly added generic available	KETOROLAC (0.5%)	Tier 1
06/01/2010	ACULAR LS OPHTHALMIC SOLUTION (0.4%)	Removal	Newly added generic available	KETOROLAC (0.4%)	Tier 1
06/01/2010	ACUVAIL OPHTHALMIC SOLUTION (4.5 MG/ML)	Addition	Drug added to tier 3-QLL of 30 per 365 days	N/A	N/A

09/01/2010	ALDARA TOPICAL CREAM (50 MG/ML)	Removal	Newly added generic available	IMIQUIMOD	Tier 1
06/01/2010	AMANTADINE HYDROCHLORIDE ORAL SOLUTION (10 MG/ML)	Addition	Drug added to tier 1	N/A	N/A
03/01/2010	AMINESS 5.2% IV SOLUTION	Deletion	NA	NA	NA
03/01/2010	AMINOSYN II 3.5 % M IN 5 % DEXTROSE	Addition	New Drug Added to Tier 3	NA	NA
07/01/2010	AMOXICILLIN CLAVULANATE EXTENDED RELEASE TABLET (1000 MG/62.5 MG)	Addition	New drug added to tier 3	N/A	N/A
06/01/2010	AMPYRA EXTENDED RELEASE TABLET (10 MG)	Addition	Drug added to tier 4-PA, QLL of 62 per 31 days	N/A	N/A
10/01/2010	AMYLASE/ENDOPEPTIDASE /LIPASE ORAL TABLET	Removal	Deletion from formulary by CMS	N/A	N/A
03/01/2010	ANAGRELIDE CAPSULE (0.5MG, 1MG)	Addition	Move to Tier 1	NA	NA
03/01/2010	APAP-CAFFEINE-DIHYDROCODEINE	Addition	Drug Added to Tier 1	NA	NA
06/01/2010	ASMANEX DRY POWDER INHALER (0.1 MG/ACTUAT)	Addition	Drug added to tier 3	N/A	N/A
05/01/2010	ASTEPRO	Addition	Drug added to tier 2	N/A	N/A

06/01/2010	AXID ORAL SOLUTION	Removal	Newly added generic available	NIZATIDINE ORAL SOLUTION	Tier 1
09/01/2010	AZELASTINE HYDROCHLORIDE NASAL INHALER (0.137 MG/ACTUAT)	Addition	New drug added to tier 1	N/A	N/A
04/01/2010	BEPREVE (15MG/ML)	Addition	New drug added to tier 3	N/A	N/A
07/01/2010	BUPHENYL ORAL POWDER	Addition	Drug added to tier 4-PA	N/A	N/A
05/01/2010	Buprenorphine Tablet (2mg, 8mg)	Addition	New drug added to tier 1	N/A	N/A
03/01/2010	BYETTA DOSE PEN INJ (5MCG)	Addition	New Drug Added to Tier 2-QLL	NA	NA
03/01/2010	CEFOXITIN SODIUM INJECTABLE SOLUTION (20MG/ML, 40MG/ML)	Addition	Drug Added to Tier 1	NA	NA
03/01/2010	CERVARIX VACCINE SYRINGE	Addition	New Drug Added to Tier 2-PA	NA	NA
03/01/2010	CERVARIX VACCINE VIAL	Addition	New Drug Added to Tier 2-PA	NA	NA
04/01/2010	CIMZIA SYRINGE KIT	Addition	New drug added to tier 4-PA, QLL	N/A	N/A
06/01/2010	COARTEM ORAL TABLET (20 MG/120	Addition	Drug added to	N/A	N/A

	MG)		tier 2		
06/01/2010	COLYTE WITH FLAVOR PACKETS	Removal	Newly added generic available	GAVILYTE-C	Tier 1
10/01/2010	COZAAR ORAL TABLET (25 MG, 50 MG, 100 MG)	Removal	Newly added generic available	LOSARTAN	Tier 1
09/01/2010	CREON ENTERIC COATED CAPSULE	Change	Drug moved from tier 3 to tier 2	N/A	N/A
03/01/2010	DESMOPRESSIN ACETATE NASAL SPRAY	Addition	Drug Added to Tier 1	NA	NA
07/01/2010	DEXILANT ENTERIC COATED CAPSULE (30 MG, 60 MG)	Addition	New drug added to tier 3-ST	N/A	N/A
03/01/2010	DEXTROSE 5%-LR IV SOLUTION	Addition	New Drug Added to Tier 1	NA	NA
07/01/2010	DILTIAZEM HYDROCHLORIDE EXTENDED RELEASE TABLET (180 MG, 240 MG, 300 MG, 360 MG, 420 MG)	Addition	New drug added to tier 1	N/A	N/A
03/01/2010	DOXYCYCLINE HYCLATE 10MG/ML	Addition	Drug Added to Tier 1	NA	NA
09/01/2010	DYSPORT VIAL	Change	Drug moved to tier 3-PA	N/A	N/A
03/01/2010	EFFIENT	Addition	Drug Added to	NA	NA

			Tier 2-QLL		
05/01/2010	ENBREL PREFILLED SYRINGE (50MG/ML)	Addition	Drug added to tier 4-PA, QLL	N/A	N/A
03/01/2010	ENDODAN	Addition	Drug Added to Tier 1	NA	NA
09/01/2010	EPIPEN JR PREFILLED SYRINGE (0.5 MG/ML)	Change	Drug moved from tier 3 to tier 2	N/A	N/A
09/01/2010	EPIPEN PREFILLED SYRINGE (1 MG/ML)	Change	Drug moved from tier 3 to tier 2	N/A	N/A
03/01/2010	EXTAVIA	Addition	Drug Added to Tier 4-ST, QLL	NA	NA
03/01/2010	FAMOTIDINE	Addition	Drug Added to Tier 1	NA	NA
03/01/2010	FANAPT (1MG, 2MG, 4MG, 6MG, 8MG, 10MG, 12MG)	Addition	New Drug Added to Tier 3-PA, QLL	NA	NA
03/01/2010	FANAPT TITRATION PACK	Addition	New Drug Added to Tier 3-PA	NA	NA
09/01/2010	FLOMAX ORAL CAPSULE (0.4 MG)	Removal	Newly added generic available	TAMSULOSIN HYDROCHLORIDE	Tier 1
06/01/2010	FORTAZ (170MG/ML, 200MG/ML,	Removal	Newly added	CEFTAZIDIME (170MG/ML, 200MG/ML,	Tier 1

	280MG/ML)		generic available	280MG/ML)	
03/01/2010	HUMIRA SYRINGE (20MG/0.4ML)	Addition	New Drug Added to Tier 4-PA, QLL	NA	NA
03/01/2010	HYDROCODONE-ACETAMINOPHEN	Addition	Drug Added to Tier 1	NA	NA
09/01/2010	HYZAAR ORAL TABLET (12.5 MG/100 MG, 12.5 MG/50 MG, 25 MG/100 MG)	Removal	Newly added generic available	LOSARTAN-HYDROCHLOROTHIAZIDE	Tier 1
09/01/2010	IMIQUIMOD TOPICAL CREAM (50 MG/ML)	Addition	Drug added to tier 1	N/A	N/A
09/01/2010	INNOHEP	Removal	N/A	FRAGMIN, LOVENOX, ARIXTRA	Tier 4
03/01/2010	INVEGA ER TABLET (1.5MG)	Addition	New Drug Added to Tier 3-PA, QLL	NA	NA
07/01/2010	INVEGA SUSTENNA PREFILLED SYRINGE (0.25 ML, 0.5 ML)	Addition	Drug added to tier 3-PA, QLL	N/A	N/A
07/01/2010	INVEGA SUSTENNA PREFILLED SYRINGE (0.75 ML, 1 ML, 1.5 ML)	Addition	Drug added to tier 4-PA, QLL	N/A	N/A
07/01/2010	IXIARO PREFILLED SYRINGE (0.5 ML)	Addition	New drug added to tier 2	N/A	N/A
03/01/2010	LACTATED RINGERS INJECTION	Addition	New Drug Added to Tier 1	NA	NA

03/01/2010	LANSOPRAZOLE (15MG, 30MG)	Addition	New Drug Added to Tier 1-ST, QLL	NA	NA
08/15/2010	LEVEMIR INJECTABLE SOLUTION (100 UNIT/ML)	Change	Drug moved from tier 3 to tier 3	N/A	N/A
08/15/2010	LEVEMIR PREFILLED SYRINGE (100 UNIT/ML)	Change	Drug moved from tier 3 to tier 2	N/A	N/A
03/01/2010	LIDOCAINE 0.02 MG/MG	Addition	Drug Added to Tier 1	NA	NA
03/01/2010	LIDOCAINE HCL VISCOUS	Addition	Drug Added to Tier 1	NA	NA
03/01/2010	LIPOSYN II	Addition	New Drug Added to Tier 3	NA	NA
03/01/2010	LIPOSYN III	Addition	New Drug Added to Tier 1	NA	NA
10/01/2010	LIPRAM 4500 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	LIPRAM PN10	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	LIPRAM PN16 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by	N/A	N/A

			CMS		
10/01/2010	LIPRAM PN20 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	LIPRAM UL 18 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	LIPRAM UL12 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	LIPRAM UL20 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	LOSARTAN ORAL TABLET (25 MG, 50 MG, 100 MG)	Addition	Drug added to tier 1	N/A	N/A
09/01/2010	LOSARTAN-HYDROCHLOROTHIAZIDE ORAL TABLET (12.5 MG/100 MG, 12.5 MG/50 MG, 25 MG/100 MG)	Addition	Drug added to tier 1	N/A	N/A
03/01/2010	MAXAIR (AUTOHALER 0.2MG AERO)	Addition	New Drug Added to Tier 3-ST	NA	NA
03/01/2010	MEPERIDINE HCL	Addition	Drug Added to Tier 1	NA	NA
08/01/2010	METHAMPHETAMINE HYDROCHLORIDE ORAL TABLET (5 MG)	Addition	New Drug Added to Tier 1	N/A	N/A

03/01/2010	METHYLPREDNISOLONE	Addition	Drug Added to Tier 1	NA	NA
09/01/2010	MIRAPEX ORAL TABLET (0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 1.5 MG)	Removal	Newly added generic available	PRAMIPEXOLE DIHYDROCHLORIDE	Tier 1
04/01/2010	MORPHINE SULFATE (20MG/ML) ORAL SOLUTION	Addition	New drug added to tier 1	N/A	N/A
04/01/2010	MOZOBIL INJECTABLE SOLUTION (20MG/ML)	Addition	New drug added to tier 4-PA, QLL	N/A	N/A
03/01/2010	NAPROXEN SODIUM TAB (275MG, 550MG)	Addition	New Drug Added to Tier 1	NA	NA
03/01/2010	NICARDIPINE HCL	Addition	Drug Added to Tier 1	NA	NA
08/01/2010	NORVIR ORAL TABLET (100 MG)	Addition	New Drug Added to Tier 3	N/A	N/A
06/01/2010	NULYTELY WITH FLAVOR PACKS	Removal	Newly added generic available	GAVILYTE-N	Tier 1
03/01/2010	NUTROPIN PREFILLED SYRINGE (5MG/ML,10MG/ML)	Addition	New Drug Added to Tier 4-PA	NA	NA
03/01/2010	NUVIGIL TABLET (50MG, 150MG, 250MG)	Addition	New Drug Added to Tier 3-PA	NA	NA

09/01/2010	ONGLYZA ORAL TABLET (2.5 MG, 5 MG)	Change	Drug moved from tier 3 to tier 2	N/A	N/A
7/15/2010	ONGLYZA ORAL TABLET (2.5 MG, 5 MG)	Change	Drug moved from tier 3 to tier 2.	NA	NA
03/01/2010	ONGLYZA TABLET (2.5MG, 5MG)	Addition	Drug Added to Tier 3-ST	NA	NA
03/01/2010	ONSOLIS	Addition	Drug Added to Tier 4-QLL	NA	NA
06/01/2010	OPTIVAR DROPS	Removal	Newly added generic available	AZELASTINE	Tier 1
03/01/2010	OXYCODONE HCL-ACETAMINOPHEN	Addition	Drug Added to Tier 1	NA	NA
10/01/2010	PANCREASE MT 10 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	PANCREASE MT 16 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	PANCREASE MT 20 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	PANCREASE MT 4 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A

09/01/2010	PANCREAZE ENTERIC COATED CAPSULE	Addition	New drug added to tier 3	N/A	N/A
10/01/2010	PANCRECARB MS 16 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	PANCRECARB MS-4 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	PANCRECARB MS-8 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	PANCRELIPASE MT 16 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	PANCRON 10	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	PANCRON 20 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
03/01/2010	PERINDOPRIL ERBUMINE (2MG, 4MG, 8MG)	Addition	New Drug Added to Tier 1-ST	NA	NA
05/01/2010	PHENYTOIN SODIUM EXT CAP (200MG, 300MG)	Addition	Drug added to tier 1	N/A	N/A
03/01/2010	POLYETHYLENE GLYCOL 3350 POWD	Addition	New Drug Added to Tier	NA	NA

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09/01/2010	PRAMIPEXOLE DIHYDROCHLORIDE ORAL TABLET (0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 1.5 MG)	Addition	Drug added to tier 1	N/A	N/A
01/01/2010	PRISTIQ (100 MG)	Change	Step therapy no longer required	NA	NA
05/01/2010	PRIVIGEN VIAL (10%)	Addition	Drug added to tier 4	N/A	N/A
03/01/2010	RENAGEL TABLET (400MG, 800MG)	Addition	New Drug Added to Tier 2	NA	NA
03/01/2010	RIBAVIRIN TABLET (400MG, 600MG)	Addition	Drug Added to Tier 4	NA	NA
06/01/2010	RISPERDAL M-TAB	Removal	Newly added generic available	RISPERIDONE ODT	Tier 1
03/01/2010	RISPERIDONE (1 MG ODT)	Addition	New Drug Added to Tier 1-QLL	NA	NA
06/01/2010	ROXICODONE ORAL TABLET (5 MG)	Addition	Drug added to tier 3	N/A	N/A
03/01/2010	SABRIL (500MG TABLET, 50MG/ML ORAL SOLUTION)	Addition	Drug Added to Tier 4-PA, QLL	NA	NA
03/01/2010	SAMSCA TABLET (15MG, 30MG)	Addition	New Drug Added to Tier	NA	NA

			4-PA, QLL		
09/01/2010	SANCUSO TRANSDERMAL PATCH (0.129 MG/HR)	Change	Drug moved from tier 4 to tier 2	N/A	N/A
03/01/2010	SAPHRIS	Addition	Drug Added to Tier 3-ST, QLL	NA	NA
03/01/2010	SODIUM BICARBONATE (8.4% SYRING)	Addition	New Drug Added to Tier 1	NA	NA
01/01/2010	SOLU-MEDROL (40 MG/ML, 62.5 MG/ML, 125 MG/ML)	Addition	New drug added to tier 3	NA	NA
05/01/2010	SOMATULINE SYRINGE	Addition	Drug added to tier 4-QLL	N/A	N/A
07/01/2010	SORIATANE ORAL CAPSULE (17.5 MG, 22.5 MG)	Addition	New drug added to tier 4	N/A	N/A
06/01/2010	STARLIX	Removal	Newly added generic available	NATEGLINIDE	Tier 1
05/01/2010	STELARA SYRINGE (45MG/0.5ML, 90MG/ML)	Addition	Drug added to tier 4-PA, QLL	N/A	N/A
05/01/2010	STELARA VIAL (45MG/0.5ML)	Addition	Drug added to tier 4-PA, QLL	N/A	N/A
05/01/2010	SUBUTEX TABLET (2MG, 8MG)	Removal	Newly added generic available	BUPRENORPHINE TABLET	Tier 1

05/01/2010	Subutex Tablet (2mg, 8mg)	Deletion	Newly added generic available	Buprenorphine Tablet	N/A
04/01/2010	SUMATRIPTAN (12MG/ML)	Addition	New drug added to tier 1-QLL	N/A	N/A
07/01/2010	SYMBICORT METERED DOSE INHALER (0.08 MG/ 0.0045 MG, 0.16 MG/0.0045 MG)	Change	Drug moved from tier 3 to tier 2	N/A	N/A
03/01/2010	SYMLIN (120 PEN INJECTOR)	Addition	New Drug Added to Tier 2-ST, QLL	NA	NA
09/01/2010	TAMSULOSIN HYDROCHLORIDE ORAL CAPSULE (0.4 MG)	Addition	Drug added to tier 1	N/A	N/A
03/01/2010	TIMOLOL GEL-SOLUTION (0.25%, 0.5%)	Addition	New Drug Added to Tier 1	NA	NA
08/01/2010	TORSEMIDE INJECTABLE SOLUTION (10 MG/ML)	Addition	New Drug Added to Tier 1	N/A	N/A
09/01/2010	TRANDOLAPRIL / VERAPAMIL HYDROCHLORIDE EXTENDED RELEASE TABLET (2 MG/180 MG, 2 MG/240 MG, 4 MG/240 MG)	Addition	New drug added to tier 1	N/A	N/A
06/01/2010	TRILEPTAL	Removal	Newly added generic available	OXCARBAZEPINE	Tier 1

07/01/2010	TWYNSTA ORAL TABLET (5 MG/40 MG, 5 MG/80 MG, 10 MG/40 MG, 10 MG/80 MG)	Addition	Drug added to tier 2	N/A	N/A
10/01/2010	ULTRASE ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	ULTRASE MT 12 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	ULTRASE MT 18 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	ULTRASE MT 20 ENTERIC COATED CAPSULE	Removal	Deletion from formulary by CMS	N/A	N/A
05/01/2010	VAGIFEM	Addition	Drug added to tier 2	N/A	N/A
05/01/2010	VALCYTE SOLUTION (50MG/ML)	Addition	Drug added to tier 4-QLL	N/A	N/A
07/01/2010	VALTREX	Removal	Newly added generic available	VALACYCLOVIR	Tier 1
03/01/2010	VALTURNA TABLET (150-160MG, 300-230MG)	Addition	New Drug Added to Tier 2-ST	NA	NA
03/01/2010	VIBATIV (250MG VIAL)	Addition	New Drug Added to Tier	NA	NA

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06/01/2010	VICTOZA PREFILLED SYRINGE (3 ML)	Addition	Drug added to tier 3-ST,QLL of 6 per 30	N/A	N/A
09/01/2010	VIMPAT ORAL SOLUTION (10 MG/ML)	Addition	New drug added to tier 3-PA	N/A	N/A
10/01/2010	VIOKASE 16 ORAL TABLET	Removal	Deletion from formulary by CMS	N/A	N/A
10/01/2010	VIOKASE ORAL POWDER	Removal	Deletion from formulary by CMS	N/A	N/A
03/01/2010	VOTRIENT TABLET (200MG)	Addition	New Drug Added to Tier 4-PA	NA	NA
07/01/2010	VPRIV INJECTABLE SOLUTION (100 UNIT/ML)	Addition	New drug added to tier 4-PA	N/A	N/A
05/01/2010	WELCHOL POWDER PACKET	Addition	Drug added to tier 2	N/A	N/A
03/01/2010	ZENPEP CAPSULE (5,000 UNITS, 10,000 UNITS, 15,000 UNITS, 20,000 UNITS)	Addition	New Drug Added to Tier 2	NA	NA
06/01/2010	ZIRGAN OPHTHALMIC SOLUTION (0.0015 MG/MG)	Addition	Drug added to tier 3	N/A	N/A

06/01/2010	ZOSYN	Removal	Newly added generic available	PIPERACILLIN-TAZOBACTAM	Tier 1
09/01/2010	ZYMAXID OPHTHALMIC SOLUTION (5 MG/ML)	Change	Drug added to tier 3	N/A	N/A

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