

2006 Preferred Formulary Drug List Update

p.t.i. managed care concepts



The following list is a summary of updates to the National Pharmaceutical Services (NPS) Formulary. The Pharmacy and Therapeutics Committee has approved and reviewed these changes. Please note that the listing of a product does not imply a guarantee of coverage, as covered products and/or categories are subject to individual plan restrictions and/or limitations. Please check your individual plan coverage to determine if a product is covered under your specific benefit plan.

NEW GENERIC MEDICATIONS

(Trade names are indicated in italics.) Some of the generics listed may not currently be available in the market, however have been tentatively approved.)

ANTIBIOTICS Clarithromycin (<i>Biaxin</i>) Ceftriaxone (<i>Rocephin</i>)	ANTIVIRALS Zidovudine (<i>Retrovir</i>)	MUSCLE RELAXANTS Dantrolene (<i>Dantrium</i>)	TOPICAL PRODUCTS Alclometasone ointment (<i>Aclovate</i>) Ciclopirox Suspension (<i>Loprox</i>) Mometasone lotion (<i>Elocon</i>)
ANTIDEPRESSANTS Citalopram (<i>Celexa</i>)	BLOOD MODIFIERS Anagrelide (<i>Agrylin</i>) Cilostazol (<i>Pletal</i>)	NARCOTIC ANALGESICS Oxycodone ER (<i>Oxycontin</i>) Fentanyl patches (<i>Duragesic</i>) Tramadol/APAP (<i>Ultracet</i>)	MISCELLANEOUS AGENTS Desmopressin tablets (<i>DDAVP</i>)
ANTIFUNGALS Itraconazole (<i>Sporanox</i>)	DIABETIC ORAL AGENTS Glimepiride (<i>Amaryl</i>)	NON-SEDATING ANTIHISTAMINES Fexofenadine (<i>Allegra</i>)	
ANTI-RHEUMATIC AGENTS Leflunomide (<i>Arava</i>)	GASTROINTESTINAL AGENTS Glycopyrrolate (<i>Robinul</i>)		

NEW PREFERRED FORMULARY AGENTS

ANTIBIOTICS Zmax	DIABETIC ORAL AGENTS Actoplus	Pancrelipase Pangestyme Panokase	OSTEOPOROSIS Boniva Monthly Fosamax Plus D
ANTICONVULSANTS Lyrica	DIABETIC SUPPLIES Ascensia Breeze Ascensia Contour	HIGH BLOOD PRESSURE Aceon Diovan Diovan HCT Lotrel	SEDATIVE/HYPNOTIC AGENTS Ambien CR
ANTIPSYCHOTICS Zyprexa Zyprexa Zydys	DIGESTANTS Creon Digase Lipram		URINARY INCONTINENCE Enablex
ANTIVIRALS Aptivus			

NON-PREFERRED FORMULARY AGENTS

ALZHEIMER'S MEDICATION Razadyne ER	DIABETIC SUPPLIES One Touch monitors and strips	MIGRAINE MEDICATIONS Ergomar**	OSTEOPOROSIS AGENTS Fortical
ANTIBIOTICS Cedax**	GASTROINTESTINAL AGENTS Helidac**	NARCOTIC ANALGESICS Actiq** Darvon-N** DHC Plus** Panlor** Zydene** Combunox	SEDATIVE/HYPNOTIC AGENTS Lunesta Niravam Rozerem
ANTI-CONVULSANTS Equetro	HIGH BLOOD PRESSURE AGENTS BiDil Teveten** Teveten HCT** Uniretic**	NON-SEDATING ANTIHISTAMINES Clarinet D	URINARY PRODUCTS Vesicare
ASTHMA Albuterol HFA Asmanex	INSULINS Novolin N, R, 70/30** Novolog** Novolog Mix**	OPHTHALMIC PRODUCTS Nevanac Zylet	SPECIALTY PHARMACY Baraclude Byetta Revatio Symlin
CHOLESTEROL LOWERING Antara Triglide			

Medications listed as Non-Preferred Formulary Agents are subject to higher, non-preferred formulary copayments. Non-Preferred Formulary Agents listed with an asterisk (**) are medications that were previously listed as a Preferred Formulary Agent and have been re-evaluated to a Non-Preferred Formulary status. Members who were previously utilizing these medications will receive written letters of notification, and a grace period before the higher, non-preferred formulary copayments are applied. The grace period will be until January 1, 2006, after this point, the copayment for these medications will be at the Third Tier or non-preferred level.

Members will receive notices regarding any Drug Benefit Plan or Preferred Formulary Drug List modifications regarding drugs or therapies at such time that they present a prescription that is impacted by modifications to the Formulary. Network pharmacies are charged to communicate these updates or changes to the program, which may impact a member. The P&T committee will review new drugs approved by the FDA on a monthly basis. New products with an FDA designation of 1P (FDA priority review - therapeutic advance over currently marketed drugs) will automatically be considered for addition to the formulary, even if not requested.

For the most current formulary information, please contact the National Pharmaceutical Services Customer Service Center at 1-800-546-5677 or visit www.pti-nps.com.

