

CAREOREGON (OHP) FORMULARY CHANGES



Abbreviations: PA = Prior Authorization Required; QL = Quantity Limit; ST = Step Therapy Required

DATE POSTED	EFFECTIVE DATE	FORMULARY CHANGE	DRUG NAME	STRENGTH	DOSAGE FORM	DESCRIPTION
11/24/09	2/1/10	Removed	PrevPac (amox-clarithro-lansop)		THERAPY PACK	On 1/1/10, PrevPac will no longer be covered. Form alts include omeprazole, amoxicillin, clarithromycin as separate agents.
11/24/09	11/30/09	Added with PA	Sabril (vigabatrin)	500MG	TAB, PACK	PA Required
11/24/09	11/30/09	Added	Colcrys	0.6MG	TAB	
8/3/09	10/5/09	Removed	Prilosec OTC and generics (omeprazole magnesium)	20MG	TAB	On 10/5/09, Prilosec OTC or omeprazole magnesium OTC tablets will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered indefinitely (except those who have primary prescription coverage through a Medicare Part D drug plan other than CareOregon). The formulary alternative is prescription omeprazole 20mg.
8/3/09	10/5/09	Added ST	Nifedipine	30MG, 60MG, 90MG	TAB SR 24HR, TAB SR 24HR OSMOTIC	On 10/5/09, nifedipine long-acting tablets will require previous trial of amlodipine for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered indefinitely.
8/3/09	10/5/09	Removed	Nifedipine	10MG, 20MG	CAP	On 10/5/09, nifedipine capsules will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Hydromorphone	2MG, 4MG, 8MG	TAB	On 10/5/09, hydromorphone tablets will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.

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8/3/09	10/5/09	Removed	Propoxyphene/ Acetaminophen, Propoxyphene-N/ Acetaminophen	65MG-650MG, 100MG-650MG	TAB	On 10/5/09, propoxyphene combinations will be nonformulary and no longer covered for new Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Levorphanol	2MG	TAB	On 10/5/09, levorphanol tablets will be nonformulary and no longer covered for new Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.
8/3/09	10/5/09	Added QL	Methadone	5MG	TAB	On 10/5/09, all new Rx's for methadone 5mg tablets will be limited to 600 tablets per month. Members receiving quantities in excess of the quantity limit before 10/5/09 will be grandfathered indefinitely.
8/3/09	10/5/09	Added QL	Methadone	10MG	TAB	On 10/5/09, all new Rx's for methadone 10mg tablets will be limited to 300 tablets per month. Members receiving quantities in excess of the quantity limit before 10/5/09 will be grandfathered indefinitely.
8/3/09	10/5/09	Removed	Trimethobenzamide	250MG, 300MG	CAP	On 10/5/09, trimethobenzamide capsules will be nonformulary and no longer covered for new Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Chlorpropamide	100MG, 250MG	TAB	On 10/5/09, chlorpropamide tablets will be nonformulary and no longer covered for new Rx's. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Removed	Dipyridamole	25MG, 50MG, 75MG	TAB	On 10/5/09, dipyridamole tablets will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Mephobarbital	32MG, 50MG, 100MG	TAB	On 10/5/09, mephobarbital tablets will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Removed	Belladonna Alkaloids-Phenobarbital	16MG/5ML, 16.2MG	ELIXIR, TAB	On 10/5/09, belladonna alkaloids will be nonformulary and no longer covered for new Rxs. Members with a Rx claims history prior to 10/5/09 will be grandfathered indefinitely.*
8/3/09	10/5/09	Removed	Isometheptene-dichloralphenazone-acetaminophen	65-100-325MG	CAP	On 10/5/09, isometheptene-dichloralphenazone-acetaminophen will be nonformulary and no longer covered for new Rxs. Members with Rx claims history prior to 10/5/09 will be grandfathered indefinitely.*
8/3/09	10/5/09	Removed	Ergotamine-caffeine Ergotamine-phenobarbital-belladonna	1-100MG, 2-100MG, 0.6-40-0.2MG	TAB, SR TAB, SUPP	On 10/5/09, ergotamine combinations will be nonformulary and no longer covered for new Rxs. Members with a Rx claims history prior to 10/5/09 will be grandfathered indefinitely.*
8/3/09	10/5/09	Added age restriction	Cyproheptadine	4MG, 2MG/5ML	TAB, SYRUP	On 10/5/09, cyproheptadine will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Diphenhydramine	12.5MG, 25MG, 50MG, 12.5MG/ML	CHEW TAB, TAB, CAP, ELIXIR, LIQUID, SYRUP	On 10/5/09, diphenhydramine will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Hydroxyzine hcl Hydroxyzine pamoate	10MG/5ML, 25MG, 50MG, 100MG	SYRUP, CAP	On 10/5/09, hydroxyzine will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Promethazine	12.5MG, 25MG, 50MG, 6.25MG/ML	TAB, SYRUP	On 10/5/09, promethazine will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Amphetamine-Dextroamphetamine	5MG, 7.5MG, 10MG, 12.5MG, 15MG, 20MG, 30MG	TAB	On 10/5/09, amphetamine-dextroamphetamine tablets will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Methylphenidate	5MG, 10MG, 20MG	TAB, TAB CR	On 10/5/09, methylphenidate tablets will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Dextroamphetamine	5MG, 10MG, 15 MG	TAB, CAP CR, CAP ER	On 10/5/09, dextroamphetamine will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Dexmethylphenidate	2.5MG, 5MG, 10MG	TAB	On 10/5/09, dexmethylphenidate tablets will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Phenobarbital	15MG, 30MG, 32.4MG, 60MG, 64.8mg, 97.2MG, 100MG, 20MG/5ML	TAB, ELIXIR	On 10/5/09, phenobarbital will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Flurazepam	15MG, 30MG	CAP	On 10/5/09, flurazepam capsules will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Dicyclomine	10MG, 20MG, 10MG/5ML	CAP, TAB, SOLN	On 10/5/09, dicyclomine will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Hyoscyamine	0.375MG, 0.125MG, 0.15MG, 0.125MG/ML	CAP SR 12HR, TAB SR 12HR, TAB, TAB DISP, TAB SL, SOLN	On 10/5/09, hyoscyamine will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Propantheline	15MG	TAB	On 10/5/09, propantheline tablets will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Chlorzoxazone	250MG, 500MG	TAB	On 10/5/09, chlorzoxazone tablets will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Methocarbamol	500MG, 750MG	TAB	On 10/5/09, methocarbamol tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Cyclobenzaprine	5MG, 10MG	TAB	On 10/5/09, cyclobenzaprine tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Menest (Esterified Estrogen)	0.3MG, 0.625MG, 1.25MG, 2.5MG	TAB	On 10/5/09, Menest tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Estropipate	0.75MG, 1.5MG, 3MG	TAB	On 10/5/09, estropipate tablets will have an age restriction for all new Rxs and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*

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8/3/09	10/5/09	Added age restriction	Armour Thyroid and Thyroid (Desiccated Thyroid)	15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG	TAB	On 10/5/09, Armour Thyroid and Desiccated Thyroid tablets will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Nitrofurantoin	25MG, 50MG, 100MG, 25MG/ML	CAP, SUSP	On 10/5/09, nitrofurantoin will have an age restriction for all new Rx's and will be covered for age < 65 years only. Members > 65 years with Rx claims history prior to 10/5/09 will be grandfathered for a limited time period until 12/31/09 to allow time for conversion to a formulary alternative or to request a formulary exception for continued coverage beyond 12/31/09.*
8/3/09	10/5/09	Added age restriction	Cleocin (clindamycin palmitate)	75MG/5ML	SOLN	On 10/5/09, Cleocin Solution will be covered only for members whose current age is ≤ 5 years.
8/3/09	10/5/09	Removed	Clindamycin	300MG	CAP	On 10/5/09, clindamycin 300mg capsules will be nonformulary. The formulary alternative is clindamycin 150mg capsules.
9/28/09	10/2/09	Added	Influenza A (H1N1) 2009 Monovalent Vaccines		IM, IN	H1N1 administered by a Pharmacist will be covered as follows: Intranasal: age ≥ 15 years and < 50 years; IM for age ≥ 15 years. Note: seasonal Influenza Vaccine administered by a Pharmacist is covered for age ≥ 19 years. Members < 19 years must receive seasonal Influenza Vaccine through VFC.
9/28/09	10/2/09	Removed	Cefuroxime	125MG/ML, 250MG/ML	SUSP	Generic cefuroxime suspension will no longer be manufactured. Formulary alternatives include CEFPROZIL SUS 125/5ML, CEFPROZIL SUS 250/5ML, CEFACTOR SUS 125/5ML, CEFACTOR SUS 375/5ML.
9/28/09	10/2/09	Added with PA	Adcirca	20MG	TAB	PA Required
9/28/09	10/2/09	Added with PA	Multaq	400MG	TAB	PA Required
9/28/09	9/18/09	Increased QL	Tamiflu	30MG	CAP	QL increased to #20 caps per 31 days.
9/28/09	8/13/09	Added	Creon	120000-24000-6000 UNIT; 30000-6000-19000 UNIT	CPEP	
9/28/09	8/6/09	Added	Rimantadine	100MG	CAP	

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8/3/09	7/27/09	Removed	Methadone	40MG	TAB	On 7/27/09, methadone 40mg tablets will be removed from the formulary. Methadone 40mg tablets can be dispensed only by Methadone Maintenance Treatment programs.
8/3/09	7/28/09	Added	Malarone (atovaquone/proguanil)	250MG/100MG, 62.5MG/25MG	TAB	
8/3/09	7/28/09	Added	Coartem (artemether/lumefantrine)	20mg/120MG	TAB	
8/3/09	7/28/09	Added with PA and QL	Afinitor (everolimus)	5MG, 10MG	TAB	Qty Limit 5mg tab: #60/mo; 10mg tab: #30/mo month
8/3/09	7/27/09	Changed from PA to ST	Flunisolide	29MCG/ACT	NASAL SOLN	Changed from PA to ST. This change will allow members with asthma Rx claims history in the past 90 days to receive Flunisolide Nasal without a PA request. A PA request will continue to be required for members who do not have asthma Rx claims history with CareOregon. Allergic rhinitis in the absence of comorbidities is not covered by the OHP.
8/3/09	7/27/09	Changed from PA to ST	Fluticasone	50MCG/ACT	NASAL SUSP	Changed from PA to ST. This change will allow members with asthma Rx claims history in the past 90 days to receive Fluticasone Nasal without a PA request. A PA request will continue to be required for members who do not have asthma Rx claims history with CareOregon. Allergic rhinitis in the absence of comorbidities is not covered by the OHP.
6/1/09	7/1/09	Removed	Felodipine	2.5MG, 5MG, 10MG	TAB SR 24HR	Removed from formulary. Current users prior to 6/8/09 were grandfathered. Formulary alternative is amlodipine.
6/1/09	7/1/09	Removed	Caduet (amlodipine besylate- atorvastatin calcium)	All strengths	TAB	Removed from formulary. Current users prior to 6/8/09 were grandfathered. Formulary alternative is amlodipine and simvastatin.
4/15/09	7/13/09	Added ST	Actonel (Risedronate)	5MG, 30MG, 35MG, 75MG	TAB	Requires Step Therapy for new starts and PA for continuation for current users as of 7/13/09. Generic alendronate is available on formulary unrestricted as a cost-effective alternative.
4/15/09	7/13/09	Added ST	Boniva (Ibandronate)	2.5 MG, 150 MG	TAB	Requires Step Therapy for new starts and PA for continuation for current users as of 7/13/09. Generic alendronate is available on formulary unrestricted as a cost-effective alternative.

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4/15/09	7/13/09	Added ST	Fosamax-D (Alendronate sodium and cholecalciferol)	70-2800 MG, 70-5600 MG	TAB	Requires Step Therapy for new starts and PA for continuation for current users as of 7/13/09. Generic alendronate and Vitamin D is available on formulary unrestricted as a cost-effective alternative.
	6/1/09	Removed PA	Ofloxacin	0.3%	OTIC SOLN	On formulary, unrestricted.
	5/1/09	Added with PA	Vimpat (lacosamide)	50MG, 100MG, 150MG, 200MG	TAB	Added with PA for adjunctive therapy for partial onset seizures.
	5/1/09	Added with QL	Degarelix (degarelix aspartate)	80MG, 120MG	SOLR	Qty Limit 80MG #1 inj/month; 120MG #2 inj/mo.
4/15/09	3/25/09	Added	Prenatal Vitamin w/ Iron Carbonyl-FA	29-1 MG, 50-1 MG	TAB	
4/15/09	4/22/09	Removed	Cenestin (synthetic conjugated estrogens)	0.625	TAB	Removed from formulary. Current users prior to 4/15/09 were grandfathered. Formulary alternatives include estradiol.
2/24/09	3/2/09	Added with PA and QL	Pantoprazole sodium	20MG, 40MG	EC TAB	Added with PA. PA requires step therapy with omeprazole 20mg BID. Qty Limit #30 tablets/mo.
2/24/09	4/1/09	Removed	Hydrocortisone	2.5%	LOTION	Removed from formulary. Formulary alternatives include Hydrocortisone 2.5% oint, cream or 1% lotion.
2/24/09	4/1/09	Removed	Trimacinolone acetonide	0.10%	LOTION	Removed from formulary. Formulary alternatives include triamcinolone acetonide 0.1% cream, oint, or betamethasone valerate 0.1% lotion.
2/24/09	4/1/09	Removed	Trimacinolone acetonide	0.025%	LOTION	Removed from formulary. Formulary alternatives include triamcinolone acetonide 0.025% cream, oint, or hydrocortisone 0.1% lotion.
2/24/09	2/23/09	Added	Augmented betamethasone dipropionate	0.05%	OINT	
2/24/09	2/23/09	Added	Clobetasol propionate	0.05%	OINT	
2/24/09	2/23/09	Added	Clobetasol propionate	0.05%	CREAM, EMOLL BASE CRE	
2/24/09	2/23/09	Added	Clobetasol propionate	0.05%	SOLN	
2/24/09	2/23/09	Added	Apriso (Mesalamine)	0.375g	CAP	
2/24/09	1/13/09	Added	Temodar (Temozolamide)	140MG, 180MG	CAP	
9/8/08	1/5/09	Added PA	All Insulin Pens		PEN	Added PA restriction for new starts for new starts only. Current users were grandfathered.

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12/2/08	12/10/08	Removed PA	Morphine Sulfate Tab SR 12hr	15MG, 30MG, 60MG	TAB 12HR	Removed PA restriction for new starts on strengths listed only (100 MG and 200MG continue to require PA). Applies to generic only. Brand is not covered. Qty Limit #90 tablets/mo.
12/2/08	12/10/08	Removed PA	Acyclovir	200MG, 400MG, 800MG , 200MG/5ML	CAP, TAB, SUSP	