

**Pharmacy & Therapeutics Committee
ONECare Formulary Summary of Changes
Effective October 20, 2009**

Generic Name	Trade Name	Generic Available Y or N	Available Strengths	Formulary Status	Formulary Actions; Prescribing Guidelines	Notes
Anticonvulsants						
Lacosamide	Vimpat	N	50mg, 100mg, 150mg, 200mg, 200mg/20ml	F	A; PA	Added with Prior Authorization
Rufinamide	Banzel	N	200mg, 400mg	F	A;PA	Added with Prior Authorization
Antidepressants						
Milnacipran	Savella	N	12.5mg, 25mg, 50mg, 100mg	F	A;PA	Added with Prior Authorization
Antineoplastics						
Everolimus	Afinitor	N	5mg, 10mg	F	A;PA	Added with Prior Authorization

Key		
Formulary Actions	Prescribing Guidelines	Formulary Status
A – Added	AGE – Age Restriction	F - Formulary
D – Deleted	QL – Quantity Limit	NF – Non-Formulary
S – Sustained	ST – Step Therapy	
NONE – No Action	G – Gender Edit	
PAR – PA Removed	PA – Prior Authorization	
	CU – Concurrent Use Edit	
	MD – Specialty Edit	