

**Pharmacy & Therapeutics Committee
ONECare Formulary Summary of Changes
Effective August 1, 2010**

Generic Name	Trade Name	Generic Available Y or N	Available Strengths	Formulary Status	Formulary Actions; Prescribing Guidelines	Notes
Antihyperglycemic						
Liraglutide	Victoza	N	6mg/ml Injection	F	A; PA	Add Medicare tier 4 with PA. Do not add to other LOB - use PA guidelines
Antineoplastic						
Romidepsin	Istodax	N	10mg Injection	F	A;PA	Add to Medicare formulary w PA (Specialty Tier)
Everolimus	Zortress	Y	0.25mg, 0.5mg, 0.75mg	F	A;PA	Add to Medicare formulary w qty limit of 60 per 30 day and PA 0.25mg at tier 4, 0.5mg and 0.75mg at tier 5.(PA B vs D Clinical) Do not add to any other LOB, use PA guidelines
Enzyme Replacement-Gaucher Disease						
Velaglucerase	Vpriv	N	200 units and 400 units Injection	F	A;PA	Add to Medicare

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Alfa						formulary w PA (Specialty Tier)
Pulmonary Arterial Hypertention (PAH)						
Sildenafil	Revatio IV	Y	10mg/12.5ml injection	F	A;PA	Add to Medicare formulary only tier 5, with PA: B vs D clinical
Thyroid Hormones						
Levothyroxine	Tirosint	Y	13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112 mcg, 125 mcg, 137mcg, 150mcg	F	A;PA	Add to Medicare formulary at tier 4 only

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	