

2008 Optimal Comprehensive Formulary

7/1/08 Addendum

Formulary Additions

Drug Name	Tier	Requirements
<i>calcipotriene external solution 0.005 %</i>	G	QL
<i>fluorouracil external cream 5 %</i>	G	
<i>ramipril 1.25 MG</i>	G	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML	PB	QL, PA
PROSOL INTRAVENOUS SOLUTION 20 %	B	PA
XYZAL ORAL SOLUTION 2.5 MG/5ML	B	QL

Formulary Deletions

Drug Name	Tier	Requirements
ETHMOZINE	PB	
FOSAMAX 35 MG, 70 MG	PB	QL
FOSAMAX PLUS D 70 MG-2800 UNIT (NEW STARTS ONLY)	PB	QL
VOLTAREN OPHTHALMIC SOLUTION 0.1 %	PB	QL
COREG ORAL TABLET	B	QL

Requirement Changes

Drug Name	Tier	Requirements
ZEMPLAR ORAL CAPSULE (NEW STARTS ONLY)	B	ST change - failure of calcitriol and Hectorol
SENSIPAR (NEW STARTS ONLY)	SP	PA addition

Tier Changes

Drug Name	Tier*
COLAZAL 750 MG	G
ULTRASE	PB
ULTRASE MT	PB

* Lower cost sharing tier

Community CCRxSM
Customer Service Center
1-866-684-5353 (TTY/TDD 1-866-684-5351)
8:00 a.m. to 8:00 p.m., every day

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