

Unison PA PDL Modifications

Date Posted	Effective Date	Drug Name	Generic Name	Action (Addition/Deletion/Modification)	Notes
12/1/2010	1/1/2011	Lysteda	Tranexamic acid	Addition	Added as an alternative agent for the treatment of cyclic heavy menstrual bleeding. Prior authorization required.
12/1/2010	1/1/2011	Pancreaze	Pancrelipase	Addition	Added as an alternative agent for the treatment of exocrine pancreatic insufficiency due to cystic fibrosis or other conditions.
12/1/2010	1/1/2011	Zortress	Everolimus	Addition	Added as an alternative agent for the prophylaxis of organ rejection in adult patients at low-moderate immunologic risk receiving a kidney transplant.
12/1/2010	1/1/2011	Actoplus Met XR	Pioglitazone/ Metformin ER	Addition	Added as an alternative formulation for the treatment type 2 diabetes mellitus in patients who are already treated with pioglitazone and metformin or who have inadequate glycemic control on pioglitazone alone or metformin alone. Step therapy applies.
12/1/2010	1/1/2011	Dulera	Mometasone/ Formoterol	Addition	Added as an alternative combination agent for the treatment of asthma. Step therapy applies.
12/1/2010	1/1/2011	Lyrica Oral Solution	Pregabalin	Addition	Added as an alternative formulation for the treatment of neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia, partial onset seizures, and fibromyalgia. Prior authorization required.
12/1/2010	1/1/2011	Bayer Test Strips and Glucometers		Addition	Added as alternative supplies for blood glucose monitoring.
12/1/2010	1/1/2011	Celexa Oral Solution*	Citalopram	Addition	Added as an alternative formulation for the treatment of depression.
12/1/2010	1/1/2011	Hypercare 20%*	Aluminum chloride hexahydrate	Addition	Added as an alternative agent for the treatment of hyperhidrosis.
12/1/2010	1/1/2011	Simcor 40/500 and 40/1000 mg tablets	Simvastatin/Niacin	Addition	Added as alternative dosing formulations for the treatment of primary hypercholesterolemia and mixed dyslipidemia.
12/1/2010	1/1/2011	Amerge*	Naratriptan	Addition	Added as an alternative agent for the acute treatment of migraine with or without aura. Step therapy applies.
12/1/2010	1/1/2011	Omnitrope	Somatropin	Addition	Added as an alternative formulation for the treatment of growth hormone deficiency. Prior authorization required. Available through specialty pharmacy.
12/1/2010	1/1/2011	Microzide*	Hydrochlorothiazide 12.5mg capsules	Addition	Lower strength added for the treatment of hypertension.
12/1/2010	1/1/2011	Macrochantin 25mg capsules	Nitrofurantoin	Addition	Lower strength added for the treatment of urinary tract infections.
12/1/2010	1/1/2011	Methotrexate 25mg injection	Methotrexate injection	Addition	Alternative dosage form added for the treatment of rheumatoid arthritis.
12/1/2010	1/1/2011	Isoniazid syrup*	Isoniazid syrup	Addition	Alternative dosage form added for the treatment of tuberculosis.
12/1/2010	1/1/2011	Tigan 300mg capsule*	Trimethobenzamide	Addition	Added as an alternative for the treatment of nausea and vomiting.
12/1/2010	1/1/2011	Prednisone oral solution 5mg/5ml	Prednisone	Addition	Alternative dosage for added for the treatment of a variety of inflammatory conditions.
12/1/2010	1/1/2011	Cetaphil Cream and Lotion		Addition	Added as an alternative emollient for the treatment of atopic dermatitis.
12/1/2010	1/1/2011	Betacare Cream and Lotion		Addition	Added as an alternative emollient for the treatment of atopic dermatitis.
12/1/2010	1/1/2011	E-Ointment		Addition	Added as an alternative emollient for the treatment of atopic dermatitis.

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12/1/2010	1/1/2011	Dermaphor ointment		Addition	Added as an alternative emollient for the treatment of atopic dermatitis.
12/1/2010	1/1/2011	Alginic Acid/Sodium Bicarbonate		Addition	Added as an alternative agent for the treatment of acid indigestion.
12/1/2010	1/1/2011	Aluminum Acetate		Addition	Added as an alternative topical astringent for inflammatory conditions of the skin.
12/1/2010	1/1/2011	Calamine Lotion		Addition	Added as an alternative topical agent for the treatment of pruritus and contact dermatitis.
12/1/2010	1/1/2011	Capsaicin		Addition	Added as an alternative topical agent for the treatment of mild or moderate pain.
12/1/2010	1/1/2011	Docusate Calcium Plus		Addition	Added as an alternative agent for the treatment of occasional constipation.
12/1/2010	1/1/2011	Docusate Potassium		Addition	Added as an alternative agent for the treatment of occasional constipation.
12/1/2010	1/1/2011	Docusate Sodium/Casanthranol		Addition	Added as an alternative agent for the treatment of occasional constipation.
12/1/2010	1/1/2011	Naphazoline/Antazoline		Addition	Added as an alternative agent for the treatment of allergic conjunctivitis, conjunctival hyperemia, and vernal keratoconjunctivitis.
12/1/2010	1/1/2011	Providone-Iodine		Addition	Added as an alternative agent for wound cleansing and wound infection antiseptics.
12/1/2010	1/1/2011	Saliva Substitute		Addition	Added as an alternative for the treatment of xerostomia.
12/1/2010	1/1/2011	Vitamin A		Addition	Added as alternative for vitamin supplementation.
12/1/2010	1/1/2011	Vitamin B1		Addition	Added as alternative for vitamin supplementation.
12/1/2010	1/1/2011	Vitamin B6		Addition	Added as alternative for vitamin supplementation.
12/1/2010	1/1/2011	Vitamin C		Addition	Added as alternative for vitamin supplementation.
12/1/2010	1/1/2011	Zinc		Addition	Added as alternative for mineral supplementation.
12/1/2010	1/1/2011	Lupron, Lupron Depot, Lupron Depot-PED	Leuprolide	Modification	Lupron will be covered under the pharmacy benefit. Prior authorization required. Available through specialty pharmacy.
12/1/2010	1/1/2011	Lifescan Test Strips and Glucometers		Deletion	Alternative diabetic testing supplies are available on the PDL including Roche and Bayer test strips and glucometers. Current users will <u>not</u> be grandfathered.
12/1/2010	1/1/2011	Dexilant	Dexlansoprazole	Deletion	Alternative proton pump inhibitors are available on the PDL including omeprazole and lansoprazole (step therapy applies). Current users will <u>not</u> be grandfathered.
12/1/2010	1/1/2011	Frova	Frovatriptan	Deletion	Alternative triptans are available on the PDL including sumatriptan, naratriptan (step therapy applies), and Maxalt (step therapy applies). Current users will <u>not</u> be grandfathered.
12/1/2010	1/1/2011	Symbicort	Budesonide/ Formoterol	Deletion	Alternative agents are available on the PDL including Flovent, Asmanex, Qvar, Advair (step therapy applies), Dulera (step therapy applies), Foradil, and Serevent. Current users will be grandfathered.

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12/1/2010	1/1/2011	Saizen	Somatropin	Deletion	Alternative growth hormone replacement formulations are available on the PDL including Tev-Tropin and Omnitrope (both require prior authorization and are available through specialty pharmacy). Current users will <u>not</u> be grandfathered.
9/1/2010	10/1/2010	Arava*	Leflunomide	Modification	Prior authorization removed.
9/1/2010	10/1/2010	Flomax*	Tamsulosin	Addition	Added as an alternative agent for the treatment of benign prostatic hyperplasia.
9/1/2010	10/1/2010	Norvir tablets	Ritonavir	Addition	Added as an alternative formulation for the treatment of human immunodeficiency virus (HIV).
9/1/2010	10/1/2010	Sensipar	Cinacalcet	Addition	Added as an alternative agent for the treatment of secondary hyperparathyroidism in patients with chronic kidney disease on dialysis. Prior authorization required.
9/1/2010	10/1/2010	TOBI	Tobramycin	Addition	Added as an alternative agent for the treatment of cystic fibrosis patients with <i>pseudomonas aeruginosa</i> . Available through specialty pharmacy.
9/1/2010	10/1/2010	Victoza	Liraglutide	Addition	Added as an alternative agent for the treatment of type 2 diabetes mellitus. Prior authorization required.
9/1/2010	10/1/2010	Zofran*	Ondansetron	Modification	Quantity limit revised. Increase to 30 tablets per fill and 90 tablets per month.
6/1/2010	7/1/2010	Arcalyst	Riloncept	Addition	Added as an alternative agent for the treatment of cryopyrin-associated periodic syndromes including Familial Cold Autoinflammatory Syndrome and Muckle-Wells Syndrome. Prior authorization required. Available through specialty pharmacy.
6/1/2010	7/1/2010	Atabex EC	Prenatal vit w/ DSS-iron carbonyl-FA tab DR 29-1 mg	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Atabex Prenatal	Prenatal vit w/ iron carbonyl-FA tab 65-1mg	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Complete Natalcare Pak DHA	Prenat-FE Bis-FE prot succ-FA-CA tab & omega 3 cap 250 pk	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Ed A-Hist tablets and liquid	Chlorpheniramine maleate; phenylephrine HCl	Addition	Added as an alternative for the treatment of cough and cold. Age edit for patients ≤ 2 years old applies.
6/1/2010	7/1/2010	Edge OB Chw	Prenatal vit w/ FE polysac cmplx-FA chew tab 29-1 mg	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Foltabs Pak Plus DHA RE OB + DHA Pak	Prenat w/o A w/fecbn-fegl-DSS-FA tab & DHA cap 250 mg pack	Addition	Added as alternative for prenatal vitamin supplementation.

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6/1/2010	7/1/2010	Foltabs Prenatal Tri RX	Prenatal w/o A w/ FE carbonyl- FE gluc-DSS-FA tab 27-1 mg	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Gentex ADE 28-1mg	Prenatal vit w/ FE bisglycinate chelate- FA tab 28-1 mg	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Ilaris	Canakinumab	Addition	Added as an alternative agent for the treatment of cryopyrin-associated periodic syndromes including Familial Cold Autoinflammatory Syndrome and Muckle-Wells Syndrome. Prior authorization required. Available through specialty pharmacy.
6/1/2010	7/1/2010	Intuniv	Guanfacine	Addition	Added as an alternative agent for the treatment of attention-deficit hyperactivity disorder. Step therapy applies.
6/1/2010	7/1/2010	Invega Sustenna	Paliperidone	Addition	Added as an alternative agent for the treatment of schizophrenia. A quantity limit of 1 injection per month applies.
6/1/2010	7/1/2010	Oforta	Fludarabine	Addition	Added as an alternative agent for the treatment of chronic lymphocytic leukemia. Prior authorization required. Available through specialty pharmacy.
6/1/2010	7/1/2010	Pruet DHA Pak Setonet Pak	Prenat- FE bis-FE prot succ-FA-CA tab & omega 3 cap 430 pk and 400pk	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Pruet DHAEC Pak	Prenat- FE bis-FE prot succ-FA-CA tab & omega cap DR 430 pk and 400pk	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Sabril	Vigabatrin	Addition	Added as an alternative agent for the treatment of pediatric patients with infantile spasms and adult patients with refractory complex partial seizures. Prior authorization required to steer through specialty pharmacy.
6/1/2010	7/1/2010	Trust Natalcare Pak DHA	Prenat- FE bis-FE prot succ-FA-CA tab & omega 3 cap 250 pk	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Urea 40% cream and lotion*	Urea	Addition	Added as an alternative for the treatment dry skin conditions.
6/1/2010	7/1/2010	Vinate AZ EX	Prenatal vit w/ FE bisglycinate chelate- FA tab 29-1 mg	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Vinate III	Prenatal vit w/ FE bisglyc- FE prot succ-FA tab 29-1mg	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Vitaphil	Prenatal vit w/ FE bisglycinate chelate- FA tab 25-1 mg	Addition	Added as alternative for prenatal vitamin supplementation.
6/1/2010	7/1/2010	Votrient	Pazopanib	Addition	Added as an alternative agent for the treatment of advanced renal cell carcinoma. Prior authorization required. Available through specialty pharmacy.
3/1/2010	4/1/2010	Adcirca	Tadalafil	Addition	Added as an alternative agent for the treatment of pulmonary arterial hypertension. Prior authorization required. Available through specialty pharmacy.
3/1/2010	4/1/2010	Afinitor	Everolimus	Addition	Added as an alternative agent for the treatment of advanced renal cell carcinoma. Prior authorization required. Available through specialty pharmacy.

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3/1/2010	4/1/2010	ALAVERT ALRG TAB /SINUS	LORATADINE & PSEUDOEPHEDRINE TAB SR 12HR 5-120 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Aldoril*	Methyldopa / HCTZ	Addition	Added as an alternative agent for the treatment of hypertension.
3/1/2010	4/1/2010	ALLANHIST SYP PDX	PHENYLEPH-BROMPHEN-DM-GUAIFENESIN SYRUP 5-2-5-50 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ALLERGY/CONG TAB RELIEF	LORATADINE & PSEUDOEPHEDRINE TAB SR 24HR 10-240 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Alomide	Lodoxamide ophthalmic soln	Deletion	Alternative agents are available on the PDL including ketotifen OTC, cromolyn sodium, and Optivar (ST). Current users will be required to switch to a preferred agent.
3/1/2010	4/1/2010	ANAPLEX DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 60-4-30 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	APHEDRID TAB 2.5 60MG	TRIPROLDINE & PSEUDOEPHEDRINE TAB 2.5-60 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Aricept	Donepezil	Modification	Prior authorization removed.
3/1/2010	4/1/2010	BENZONATATE CAP 100MG	BENZONATATE CAP 100 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	BENZONATATE CAP 200MG	BENZONATATE CAP 200 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Betagan*	Levobunolol ophthalmic solution	Addition	Added as an alternative agent for the treatment of glaucoma or ocular hypertension.
3/1/2010	4/1/2010	Blephamide	Prednisolone 0.2% / Sulfacetamide 10%	Deletion	Alternative agents are available on the PDL including prednisolone 0.25% / Sulfacetamide 10% (generic Vasocidin). Current users will be allowed to finish treatment.
3/1/2010	4/1/2010	BROMALINE DM ELX 15-1-5/5	PSEUDOEPHED-BROMPHEN-DM ELIXIR 15-1-5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	BROMFED DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	BROMFENEX PD CAP 6-60MGCR	BROMPHENIRAMINE & PSEUDOEPHEDRINE CAP CR 6-60 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Campral	Acamprosate	Addition	Added as an alternative for the treatment of alcoholism.
3/1/2010	4/1/2010	CARBOFED DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 45-4-15 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	CARDEC DRO	CHLORPHENIRAMINE & PHENYLEPHRINE LIQUID 1-3.5 MG/ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	CARDEC SYP 4-12.5MG	CHLORPHENIRAMINE & PHENYLEPHRINE SYRUP 4-12.5 MG/5ML	Addition	Preferred Cough and Cold Product

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3/1/2010	4/1/2010	CARDEC SYP 4-45MG/5	BROMPHENIRAMINE & PSEUDOEPHEDRINE SYRUP 4-45 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	CARDEC DM DRO	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 3.5-1-3 MG/ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	CARDEC DM SYP	PHENYLEPHRINE-CHLORPHEN-DM SYRUP 12.5-4-15 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	CHILD IBUPRO SUS COLD	PSEUDOEPHEDRINE-IBUPROFEN SUSP 15-100 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Ciprodex	Ciprofloxacin otic suspension	Modification	Prior authorization required.
3/1/2010	4/1/2010	CODAL-DM	PHENYLEPHRINE-PYRILAMINE-DM SYRUP 5-8.33-10 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	CORICIDIN TAB CGH&COLD	CHLORPHENIRAMINE-DM TAB 4-30 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Cough & Cold products*	n/a	Modification	Age edit applied. Not covered for members under the age 2.
3/1/2010	4/1/2010	CPM/PSE CAP 8-120 CR	CHLORPHENIRAMINE & PSEUDOEPHEDRINE CAP CR 8-120 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Creon	Pancrelipase	Addition	New formulation of pancrelipase added as an option for the treatment pancreatic insufficiency.
3/1/2010	4/1/2010	DALLERGY DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-3-15 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DDAVP	Desmopressin	Modification	Prior authorization removed.
3/1/2010	4/1/2010	DELSYM LIQ 30MG/5ML	DEXTROMETHORPHAN POLISTIREX LIQUID CR 30 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DIHYRDO-PE SYP	PHENYLEPHRINE-CHLORPHEN-DIHYDROCODEINE SYRUP 7.5-2-3 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DIMETAPP ELX CLD/ALLE	BROMPHENIRAMINE & PSEUDOEPHEDRINE ELIXIR 1-15 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DIMETAPP SYP CGH/COLD	CHLORPHENIRAMINE-DM SYRUP 1-7.5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DIMETAPP CLD ELX /ALLERGY	BROMPHENIRAMINE & PHENYLEPHRINE ELIXIR 1-2.5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DIMETAPP DM ELX COLD/CGH	PHENYLEPHRINE-BROMPHENIRAMINE-DM ELIXIR 2.5-1-5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DIMETAPP DM ELX COLD/CGH	PHENYLEPHRINE-BROMPHENIRAMINE-DM ELIXIR 2.5-1-5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DIMETAPP DRO DCON/CGH	PHENYLEPHRINE-DM DROPS 1.25-2.5 MG/0.8ML	Addition	Preferred Cough and Cold Product

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3/1/2010	4/1/2010	DIMETAPP DRO DECONGES	PHENYLEPHRINE HCL DROPS 1.25 MG/0.8ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Droxia	Hydroxyurea	Addition	Added as an option for the treatment of sickle cell disease and various types of cancer.
3/1/2010	4/1/2010	DURADRYL SYP	CHLORPHENIRAMINE- PE- METHSCOPOLAMINE SYRUP 2-10-1.25 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	DURATUSS DM ELX	DEXTROMETHORPHA N-GUAIFENESIN SOLUTION 25-225 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Emla*	Lidocaine / Prilocaine 2.5% cream	Addition	Added as an alternative agent for topical anesthesia.
3/1/2010	4/1/2010	Exelon	Rivastigmine	Modification	Prior authorization removed.
3/1/2010	4/1/2010	FML-S	Fluorometholone / Sulfacetamide ophth. soln	Deletion	Discontinued product.
3/1/2010	4/1/2010	GG/CODEINE SOL 100-10/5	GUAIFENESIN- CODEINE SOLN 100- 10 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	GG/DM CR TAB 600-30MG	DEXTROMETHORPHA N-GUAIFENESIN TAB SR 12HR 30-600 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	GG/PSE CR TAB 600-60MG	PSEUDOEPHEDRINE- GUAIFENESIN TAB SR 12HR 60-600 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	GUIATUSS DAC SOL	PSEUDOEPHEDRINE W/ COD-GG SOLN 30- 10-100 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Hexalen	Altretamine	Addition	Added as an option for the palliative treatment of ovarian cancer.
3/1/2010	4/1/2010	HISTACOL DM SYP	PSEUDOEPHED- BROMPHEN-DM-GG SYRUP 30-2-5-50 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	HISTEX LIQ	CHLORPHENIRAMINE & PSEUDOEPHEDRINE LIQUID 2-30 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	HYDROCOD/GG SYP 5-100/5	HYDROCODONE- GUAIFENESIN SYRUP 5-100 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	HYDROCODONE/ TAB HOMATROP	HYDROCODONE W/ HOMATROPINE TAB 5- 1.5 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	HYDROMET SYP 5- 1.5/5	HYDROCODONE W/ HOMATROPINE SYRUP 5-1.5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	IBUPROFEN TAB COLD/SIN	PSEUDOEPHEDRINE- IBUPROFEN TAB 30- 200 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Kapidex	Dexlansoprazole	Addition	Added as an alternative agent for the treatment of erosive esophagitis and symptoms associated with GERD. Step therapy applies.
3/1/2010	4/1/2010	Leukine	Sargramostim	Addition	Added as an alternative agent for the treatment of neutropenia. Prior authorization required. Available through specialty pharmacy.
3/1/2010	4/1/2010	LidaMantle*	Lidocaine 3% cream	Addition	Added as an alternative agent for topical anesthesia.
3/1/2010	4/1/2010	Lifescan blood glucose monitoring products	n/a	Addition	Additional blood glucose monitoring system added.

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3/1/2010	4/1/2010	MAPAP COLD TAB	PSEUDOEPHEDRINE W/ APAP-DM TAB 30-325-15 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	M-CLEAR WC LIQ	GUAIFENESIN-CODEINE SOLN 100-6.3 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Metaproterenol Syrup*	Metaproterenol	Addition	Added as an alternative to albuterol oral solution for the treatment of acute bronchospasm.
3/1/2010	4/1/2010	MINTUSS DR SYP	PHENYLEPHRINE-CHLORPHEN-DM SYRUP 6-2-15 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Mozobil	Plerixafor	Addition	Added as an option for peripheral blood stem cell mobilization for collection and subsequent autologous transplantation in patients with non-Hodgkin's lymphoma and multiple myeloma; in combination with a granulocyte colony stimulating factor. Prior authorization required.
3/1/2010	4/1/2010	MUCINEX TAB 1200MG	GUAIFENESIN TAB SR 12HR 1200 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	MUCINEX TAB 600MG ER	GUAIFENESIN TAB SR 12HR 600 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	MUCINEX D TAB 120-1200	PSEUDOEPHEDRINE-GUAIFENESIN TAB SR 12HR 120-1200 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	MULT SYMPTOM TAB COLD RLF	PSEUDOEPHEDRINE-DM-GG W/ APAP TAB 30-15-200-325 MG	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Mydracil*	Tropicamide ophthalmic solution	Addition	Added as an alternative agent for the treatment of uveitis.
3/1/2010	4/1/2010	Namenda	Memantine	Modification	Prior authorization removed.
3/1/2010	4/1/2010	NEO DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 50-3-30 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Neo-Decadron	Dexamethasone / Neomycin ophthalmic suspension	Deletion	Discontinued product.
3/1/2010	4/1/2010	Neumega	Oprelvekin	Addition	Added as an option for the prevention of severe chemotherapy-induced thrombocytopenia. Available through specialty pharmacy.
3/1/2010	4/1/2010	Optivar*	Azelastine ophthalmic solution	Addition	Added as an alternative agent for the treatment of allergic conjunctivitis. Step therapy applies.
3/1/2010	4/1/2010	PEDIACARE LIQ MULTI-SY	PSEUDOEPHED-CHLORPHEN-DM LIQ 15-1-5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	PHENYLHIST LIQ DH	PSEUDOEPHEDRINE-CHLORPHEN W/ CODEINE LIQ 30-2-10 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Prevacid 24 hour (OTC)	Lansoprazole	Addition	OTC formulation added. Step therapy applies.
3/1/2010	4/1/2010	Prevacid Solutabs	Lansoprazole orally disintegrating tablets	Modification	Step therapy removed. Members ≥ 10 years of age will require prior authorization.
3/1/2010	4/1/2010	Prilosec 40mg capsules*	Omeprazole 40mg capsules	Addition	Additional strength added.
3/1/2010	4/1/2010	PROMETH VC SYP 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	PROMETH VC/ SYP CODEINE	PHENYLEPHRINE-PROMETHAZINE W/ CODEINE SYRUP 5-6.25-10 MG/5ML	Addition	Preferred Cough and Cold Product

* Only Generics are covered

Unison PA PDL Modifications

Date Posted	Effective Date	Drug Name	Generic Name	Action (Addition/Deletion/Modification)	Notes
3/1/2010	4/1/2010	PROMETH/COD SYP 6.25-10	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	PROMETHAZINE SYP DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Propine	Dipivefrin ophthalmic soln	Deletion	Discontinued product.
3/1/2010	4/1/2010	Protonix	Pantoprazole	Deletion	Alternative agents are available on the PDL including omeprazole and lansoprazole. Current users will be grandfathered.
3/1/2010	4/1/2010	PSE/GG SYP 40-200MG	PSEUDOEPHEDRINE-GUAIFENESIN SYRUP 40-200 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	QUAL-TUSSIN SYP DC	PHENYLEPHRINE W/ HYDROCODONE-GG SYRUP 7.5-2.5-50 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	QV-ALLERGY SYP	CHLORPHEN-PE-METHSCOPOLAMINE SYRUP 2-10-0.625 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Razadyne	Galantamine	Modification	Prior authorization removed.
3/1/2010	4/1/2010	RESPERAL-DM DRO 12-1-5MG	PSEUDOEPHED-BROMPHEN-DM LIQUID 12-1-5 MG/ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSS PED SYP 7.5/5ML	DEXTROMETHORPHAN HBR SYRUP 7.5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN LIQ CGH/CONG	DEXTROMETHORPHAN-GUAIFENESIN LIQUID 10-200 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN LIQ PED NGHT	PSEUDOEPHED-CHLORPHEN-DM LIQ 15-1-7.5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN SYP CHST CNG	GUAIFENESIN SYRUP 100 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN SYP MAX-ST	DEXTROMETHORPHAN HBR SYRUP 15 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN SYP PE	PSEUDOEPHEDRINE-GUAIFENESIN SYRUP 30-100 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN LIQ CGH/ALRG	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 5-2-10MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN LIQ CGH/CLD	CHLORPHENIRAMINE-DM LIQUID 2-15MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN LIQ CGH/CLD	PHENYLEPHRINE W/ DM-GG LIQUID 5-10-100MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN LIQ HD/CHST	PHENYLEPHRINE-GUAIFENESIN LIQD 5-100MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN PED LIQ CGH/COLD	CHLORPHENIRAMINE-DM LIQUID 1-7.5MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSIN DM SYP	DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	R-TANNAMINE SUS PED	CHLORPHEN TANNYRILAMINE TAN-PE TAN SUSP 2-12.5-5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	RYNA-12 S SUS	PYRILAMINE TANNYRILAMINE TAN-PE TAN SUSP 30-5 MG/5ML	Addition	Preferred Cough and Cold Product

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Date Posted	Effective Date	Drug Name	Generic Name	Action (Addition/Deletion/Modification)	Notes
3/1/2010	4/1/2010	RYNATAN PED SUS	CHLORPHENIRAMINE TAN-PHENYLEPHRINE TAN SUSP 4.5-5 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Sonata*	Zaleplon	Modification	Step therapy requirement removed.
3/1/2010	4/1/2010	STATUSS DM SYP	PHENYLEPHRINE- CHLORPHEN-DM SYRUP 10-2-15 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Tambocor*	Flecainide	Addition	Added as an alternative agent for the treatment of arrhythmias.
3/1/2010	4/1/2010	Tarceva	Erlotinib	Addition	Added as an alternative agent for the treatment of lung cancer and pancreatic cancer. Prior authorization required. Available through specialty pharmacy.
3/1/2010	4/1/2010	Tikosyn	Dofetilide	Addition	Added as an alternative agent for the treatment of arrhythmias.
3/1/2010	4/1/2010	Timoptic XE*	Timolol gel forming solution	Addition	Added as an alternative agent for the treatment of glaucoma or ocular hypertension.
3/1/2010	4/1/2010	TRI-FED X SUS	PSEUDOEPHED TAN- DEXCHLORPHEN TAN- DM TAN SUS 75-2.5-25 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	TRIPROL/PSE SYP 1.25-30	TRIPROLIDINE & PSEUDOEPHEDRINE SYRUP 1.25-30 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	TUSSI-12 S SUS 4- 30MG/5	CHLORPHEN TANNATE- CARBETAPENTANE TANNATE SUSP 4-30 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	TUSSIN DM LIQ CLEAR	DEXTROMETHORPHA N-GUAIFENESIN LIQUID 10-100 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	UNI-HIST DRO	BROMPHENIRAMINE & PSEUDOEPHEDRINE LIQUID 1-12.5 MG/ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	Vimpat	Lacosamide	Addition	Added as an alternative for the treatment of partial onset seizures. Step therapy applies.
3/1/2010	4/1/2010	Xeloda	Capecitabine	Modification	Prior authorization required. Available through specialty pharmacy.
3/1/2010	4/1/2010	Zenpep	Pancrelipase	Addition	New formulation of pancrelipase added as an option for the treatment pancreatic insufficiency.
3/1/2010	4/1/2010	Zovirax Cream	Acyclovir cream	Addition	Alternative formulation added for the treatment of cold sores.
3/1/2010	4/1/2010	ZYRTEC-D TAB 5- 120MG	CETIRIZINE- PSEUDOEPHEDRINE TAB SR 12HR 5-120 MG	Addition	Preferred Cough and Cold Product