

Unison PA PDL Modifications

Date Posted	Effective Date	Drug Name	Generic Name	Action (Addition/Deletion/Modification)	Notes
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	Creon	Pancrelipase	Addition	New formulation of pancrelipase added as an option for the treatment of pancreatic insufficiency.
3/1/2010	4/1/2010	Zenpep	Pancrelipase	Addition	New formulation of pancrelipase added as an option for the treatment of pancreatic insufficiency.
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	Prilosec 40mg capsules*	Omeprazole 40mg capsules	Addition	Additional strength added.
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	Prevacid 24 hour (OTC)	Lansoprazole	Addition	OTC formulation added. Step therapy applies.
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	Emla*	Lidocaine / Prilocaine 2.5% 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.
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	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	Campral	Acamprosate	Addition	Added as an alternative for the treatment of alcoholism.
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	Tikosyn	Dofetilide	Addition	Added as an alternative agent for the treatment of arrhythmias.
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	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	Betagan*	Levobunolol ophthalmic solution	Addition	Added as an alternative agent for the treatment of glaucoma or ocular hypertension.
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	Mydracyl*	Tropicamide ophthalmic solution	Addition	Added as an alternative agent for the treatment of uveitis.
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	Neumega	Oprelvekin	Addition	Added as an option for the prevention of severe chemotherapy-induced thrombocytopenia. Available through specialty pharmacy.

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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	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	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	Afinitor	Everolimus	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	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	Cough & Cold products*	n/a	Modification	Age edit applied. Not covered for members under the age 2.
3/1/2010	4/1/2010	Sonata*	Zaleplon	Modification	Step therapy requirement removed.
3/1/2010	4/1/2010	Aricept	Donepezil	Modification	Prior authorization removed.
3/1/2010	4/1/2010	Exelon	Rivastigmine	Modification	Prior authorization removed.
3/1/2010	4/1/2010	Razadyne	Galantamine	Modification	Prior authorization removed.
3/1/2010	4/1/2010	Namenda	Memantine	Modification	Prior authorization removed.
3/1/2010	4/1/2010	Ciprodex	Ciprofloxacin otic suspension	Modification	Prior authorization required.
3/1/2010	4/1/2010	DDAVP	Desmopressin	Modification	Prior authorization removed.
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	Xeloda	Capecitabine	Modification	Prior authorization required. Available through specialty pharmacy.
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	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	Neo-Decadron	Dexamethasone / Neomycin ophthalmic suspension	Deletion	Discontinued product.
3/1/2010	4/1/2010	FML-S	Fluorometholone / Sulfacetamide ophth. soln	Deletion	Discontinued 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.

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3/1/2010	4/1/2010	Propine	Dipivefrin ophthalmic soln	Deletion	Discontinued product.
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	DIMETAPP CLD ELX /ALLERGY	BROMPHENIRAMINE & PHENYLEPHRINE ELIXIR 1-2.5 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	DIMETAPP ELX CLD/ALLE	BROMPHENIRAMINE & PSEUDOEPHEDRINE ELIXIR 1-15 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	CARDEC SYP 4-45MG/5	BROMPHENIRAMINE & PSEUDOEPHEDRINE SYRUP 4-45 MG/5ML	Addition	Preferred Cough and Cold Product
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
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	R-TANNAMINE SUS PED	CHLORPHEN TAN-PYRILAMINE TAN-PE TAN SUSP 2-12.5-5 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
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	HISTEX LIQ	CHLORPHENIRAMINE & PSEUDOEPHEDRINE LIQUID 2-30 MG/5ML	Addition	Preferred Cough and Cold Product
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

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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 LIQ CGH/CLD	CHLORPHENIRAMINE-DM LIQUID 2-15MG/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	CORICIDIN TAB CGH&COLD	CHLORPHENIRAMINE-DM TAB 4-30 MG	Addition	Preferred Cough and Cold Product
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	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	ROBITUSSIN SYP MAX-ST	DEXTROMETHORPHAN HBR SYRUP 15 MG/5ML	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	DELSYM LIQ 30MG/5ML	DEXTROMETHORPHAN POLISTIREX LIQUID CR 30 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	TUSSIN DM LIQ CLEAR	DEXTROMETHORPHAN-GUAIFENESIN LIQUID 10-100 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	DURATUSS DM ELX	DEXTROMETHORPHAN-GUAIFENESIN SOLUTION 25-225 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	ROBITUSSN DM SYP	DEXTROMETHORPHAN-GUAIFENESIN SYRUP 10-100 MG/5ML	Addition	Preferred Cough and Cold Product
3/1/2010	4/1/2010	GG/DM CR TAB 600-30MG	DEXTROMETHORPHAN-GUAIFENESIN TAB SR 12HR 30-600 MG	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	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	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	M-CLEAR WC LIQ	GUAIFENESIN-CODEINE SOLN 100-6.3 MG/5ML	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

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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	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	ALAVERT ALRG TAB /SINUS	LORATADINE & PSEUDOEPHEDRINE TAB SR 12HR 5-120 MG	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	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	DIMETAPP DRO DECONGES	PHENYLEPHRINE HCL DROPS 1.25 MG/0.8ML	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	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	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	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	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	ROBITUSSIN LIQ CGH/ALRG	PHENYLEPHRINE- CHLORPHEN-DM LIQUID 5-2-10MG/5ML	Addition	Preferred Cough and Cold Product
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	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	MINTUSS DR SYP	PHENYLEPHRINE- CHLORPHEN-DM SYRUP 6-2-15 MG/5ML	Addition	Preferred Cough and Cold Product

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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
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	PROMETH VC/ SYP CODEINE	PHENYLEPHRINE- PROMETHAZINE W/ CODEINE SYRUP 5- 6.25-10 MG/5ML	Addition	Preferred Cough and Cold Product
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	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/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	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	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	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	BROMFED DM SYP	PSEUDOEPHED- BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Addition	Preferred Cough and Cold Product
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	CARBOFED DM SYP	PSEUDOEPHED- BROMPHEN-DM SYRUP 45-4-15 MG/5ML	Addition	Preferred Cough and Cold Product
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	ANAPLEX DM SYP	PSEUDOEPHED- BROMPHEN-DM SYRUP 60-4-30 MG/5ML	Addition	Preferred Cough and Cold Product
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	PEDIACARE LIQ MULTI-SY	PSEUDOEPHED- CHLORPHEN-DM LIQ 15-1-5 MG/5ML	Addition	Preferred Cough and Cold Product

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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	MAPAP COLD TAB	PSEUDOEPHEDRINE W/ APAP-DM TAB 30-325-15 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	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	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	ROBITUSSIN SYP PE	PSEUDOEPHEDRINE-GUAIFENESIN SYRUP 30-100 MG/5ML	Addition	Preferred Cough and Cold Product
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	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	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	CHILD IBUPRO SUS COLD	PSEUDOEPHEDRINE-IBUPROFEN SUSP 15-100 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	RYNA-12 S SUS	PYRILAMINE TAN-PHENYLEPH TAN SUSP 30-5 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	APHEDRID TAB 2.5-60MG	TRIPROLIDINE & PSEUDOEPHEDRINE TAB 2.5-60 MG	Addition	Preferred Cough and Cold Product
12/1/2009	1/1/2010	Amoxil* 200mg & 400mg chewables tablets	Amoxicillin chewable tablets	Addition	Additional strengths added.
12/1/2009	1/1/2010	Amoxil* 200mg/5ml & 400mg/5ml suspensions	Amoxicillin suspension	Addition	Additional strengths added.
12/1/2009	1/1/2010	Androderm	Testosterone 24hour transdermal patch	Modification	Prior authorization required.
12/1/2009	1/1/2010	Androgel	testosterone gel	Addition	Prior authorization required. Added as an alternative agent for the topical treatment of hypogonadism.
12/1/2009	1/1/2010	Azelex	azelaic acid	Deletion	Alternative agents are available on the PDL including Finacea. Current users will be grandfathered.

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12/1/2009	1/1/2010	Betaseron	Interferon beta-1b	Deletion	Alternative agents are available on the PDL including Avonex, Rebif, and Copaxone. Current users will be grandfathered.
12/1/2009	1/1/2010	Differin Gel and Cream	adapalene	Deletion	Alternative agents are available on the PDL including tretinoin gel and cream. Current users will be grandfathered.
12/1/2009	1/1/2010	Enjuvia	conjugated estrogens	Addition	Added as an alternative agent for the treatment of symptoms associated with menopause.
12/1/2009	1/1/2010	Estrace Cream	estradiol cream	Addition	Added as an alternative agent for the treatment of symptoms associated with menopause.
12/1/2009	1/1/2010	Estring	estradiol vaginal ring	Deletion	Alternative agents are available on the PDL including estradiol tablets, cream, and transdermal patches. Current users will be grandfathered.
12/1/2009	1/1/2010	Finacea	azelaic acid	Modification	Age edit removed. Finacea will be available for all members for the treatment of acne.
12/1/2009	1/1/2010	Infergen	Interferon alfacon-1	Addition	Prior authorization required. Added as an alternative agent for the treatment chronic hepatitis C.
12/1/2009	1/1/2010	Kineret	anakinra	Deletion	Alternative agents are available on the PDL including Enbrel and Humira. Current users will be grandfathered.
12/1/2009	1/1/2010	Klaron Lotion	sulfacetamide 10% lotion	Deletion	Alternative agents are available on the PDL including sulfacetamide 10% liquid wash. Current users will be grandfathered.
12/1/2009	1/1/2010	Renvela	sevelamer carbonate	Addition	Step therapy required. Added as an alternative agent for the management of hyperphosphatemia in patients with chronic renal disease. Renvela will be available to members who have an inadequate response or intolerance / contraindication to calcium acetate. Current RenaGel users will be able to transition directly to Renvela.
12/1/2009	1/1/2010	Roferon-A	Interferon alfa-2a	Deletion	Product is no longer on the market.
12/1/2009	1/1/2010	Rozerem	ramelteon	Deletion	Alternative agents are available on the PDL including zolpidem, zaleplon, temazepam, flurazepam, and triazolam. Current users will be grandfathered.
12/1/2009	1/1/2010	Soma	carisoprodol	Deletion	Alternative agents are available on the PDL including cyclobenzaprine, orphenadrine, tizanidine, and chlorzoxazone. Current users will be grandfathered.
12/1/2009	1/1/2010	Soma Compound	carisoprodol / aspirin	Deletion	Alternative agents are available on the PDL including cyclobenzaprine, orphenadrine, tizanidine, and chlorzoxazone. Current users will be grandfathered.

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12/1/2009	1/1/2010	Tolbutamide	tolbutamide	Addition	Added as an alternative for the treatment of diabetes.
12/1/2009	1/1/2010	Uloric	febuxostat	Addition	Step therapy required. Added as an alternative for the management of hyperuricemia in patients with gout. Uloric will be available for members who have an inadequate response or intolerance / contraindication to allopurinol.
12/1/2009	1/1/2010	Vectical	calcitriol ointment	Addition	Added as an alternative for the topical treatment of plaque psoriasis.
9/1/2009	10/12/2009	Detrol LA	tolterodine extended release	Deletion	Alternative agents are available on the PDL including oxybutynin, oxybutynin ER, Enablex, and Vesicare. Current users will not be grandfathered.
9/1/2009	10/12/2009	Loprox	ciclopirox	Deletion	Alternative topical antifungals are available on the PDL including clotrimazole, econazole, terbinafine, nystatin, and ketoconazole. Current users will not be grandfathered.
9/1/2009	10/12/2009	Methenamine mandelate	methenamine mandelate	Deletion	No longer available on the market. Methenamine hippurate added as an alternative.
9/1/2009	10/12/2009	Oxistat	oxiconazole	Deletion	Alternative topical antifungals are available on the PDL including clotrimazole, econazole, terbinafine, nystatin, and ketoconazole. Current users will not be grandfathered.
9/1/2009	10/12/2009	Proair HFA	albuterol	Deletion	Ventolin HFA is the preferred inhaled beta2-agonist
9/1/2009	10/12/2009	Suprax suspension	cefixime	Deletion	Alternative cephalosporin suspensions are available on the PDL including cefdinir, ceftiozil, cefuroxime, cefaclor, and cefadroxil. Current users will be allowed to complete the course of therapy.
9/1/2009	10/12/2009	Urised	atropine, benzoic acid, hyoscyamine, methenamine, methylene blue, phenyl salicylate	Deletion	No longer available on the market. Utira-C added as an alternative.
9/1/2009	10/12/2009	Vantin	cefpodoxime	Deletion	Alternative cephalosporins are available on the PDL including cefdinir, Suprax 400mg tablets, ceftiozil, cefuroxime, cefaclor, and cefadroxil. Current users will be allowed to complete the course of therapy.
9/1/2009	10/12/2009	Xopenex HFA	levalbuterol	Deletion	Ventolin HFA is the preferred inhaled beta2-agonist
9/1/2009	10/1/2009	Accolate	zafirlukast	Deletion	Singulair is the preferred leukotriene modifier. Current users will be grandfathered.
9/1/2009	10/1/2009	Banzel	rufinamide	Addition	Step Therapy is Required.
9/1/2009	10/1/2009	Biaxin*	clarithromycin	Addition	

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Unison PA PDL Modifications

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9/1/2009	10/1/2009	Celebrex	celecoxib	Addition	Prior authorization required. Added as an alternative NSAID for the treatment of inflammation and pain.
9/1/2009	10/1/2009	Daraprim	pyrimethamine	Addition	
9/1/2009	10/1/2009	Ditropan XL*	oxybutynin extended release	Addition	Step therapy applies. Oxybutynin ER will be available for members who have an inadequate response or intolerance to oxybutynin. For members ≥65 years of age, Oxybutynin ER will be available first line.
9/1/2009	10/1/2009	Enablex	darifenacin	Addition	Step therapy applies. Enablex will be available for members who have an inadequate response or intolerance to oxybutynin. For members ≥65 years of age, Enablex will be available first line.
9/1/2009	10/1/2009	Felbatol	felbamate	Deletion	Current users will be grandfathered.
9/1/2009	10/1/2009	Floxin*	ofloxacin	Modification	Prior authorization removed.
9/1/2009	10/1/2009	Flunisolide* 0.025% nasal spray	flunisolide	Addition	
9/1/2009	10/1/2009	Fuzeon	enfuvirtide	Addition	Prior Authorization required. Available through a specialty pharmacy.
9/1/2009	10/1/2009	Gabitril	tiagabine	Modification	Step Therapy applies. Gabitril will be available to members for the treatment of partial seizures who have an inadequate response to a minimum of 2 preferred agents.
9/1/2009	10/1/2009	Heparin	heparin	Addition	
9/1/2009	10/1/2009	Hiprex*	methenamine hippurate	Addition	
9/1/2009	10/1/2009	Keppra*	levetiracetam	Addition	Step Therapy applies. Keppra will be available for members who have an inadequate response or intolerance to a 1st line agent including carbamazepine, phenytoin, divalproex, lamotrigine, or topiramate.
9/1/2009	10/1/2009	Lamisil tablets*	terbinafine	Modification	Prior authorization removed. Terbinafine tablets will be available with a quantity limit of 12 weeks of treatment per 180 days.
9/1/2009	10/1/2009	Lexapro	escitalopram	Deletion	Current users will be grandfathered.
9/1/2009	10/1/2009	Lotrisone* cream and lotion	clotrimazole/betamethasone	Addition	
9/1/2009	10/1/2009	Lovenox	enoxaparin	Modification	Quantity limit of 14 days per 90 days allowed without prior authorization. Prior authorization required to exceed quantity limit.
9/1/2009	10/1/2009	Metadate CD	methylphenidate ext release	Deletion	Current users will be grandfathered.
9/1/2009	10/1/2009	Orap	pimozide	Deletion	Current users will be grandfathered.
9/1/2009	10/1/2009	Ovide	malathion	Modification	Step therapy removed. Ovide will be available with a quantity limit of 120ml per month.

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9/1/2009	10/1/2009	Pristiq	desvenlafaxine	Addition	Step therapy required. Pristiq will be available to members who have an inadequate response or intolerance to a generic SSRI, SNRI, mirtazapine, or bupropion.
9/1/2009	10/1/2009	Pulmicort respules	budesonide respules	Modification	Age edit modified. Pulmicort respules will be available for members < 8 years of age.
9/1/2009	10/1/2009	Risperdal Consta	risperidone injection	Addition	Quantity limit of 2 injections per 28 days.
9/1/2009	10/1/2009	Sporanox*	Itraconazole	Addition	Prior authorization required. Added as an option for the treatment of fungal infections including but not limited to aspergillosis, blastomycosis, or histoplasmosis.
9/1/2009	10/1/2009	Strattera	atomoxetine	Modification	Step therapy required. Strattera will be available for members who have an inadequate response or intolerance to a stimulant.
9/1/2009	10/1/2009	Suprax 400mg tablets	cefixime	Addition	A quantity limit of 1 tablet per month applies.
9/1/2009	10/1/2009	Toradol*	ketorolac	Addition	A quantity limit of 20 tablets per month applies.
9/1/2009	10/1/2009	Trileptal*	oxcarbazepine	Modification	Step therapy required. Oxcarbazepine will be available to members who have an inadequate response to a first line agent including carbamazepine, phenytoin, divalproex, lamotrigine, or topiramate.
9/1/2009	10/1/2009	Utira-C*	hyoscyamine, methenamine, methylene blue, phenyl salicylate, sodium biphosphate	Addition	
9/1/2009	10/1/2009	Vancocin	vancomycin	Modification	Step therapy required. Vancocin will be available for members with an inadequate response or intolerance to metronidazole.
9/1/2009	10/1/2009	Ventolin HFA	albuterol	Addition	
9/1/2009	10/1/2009	Vesicare	solifenacin	Addition	Step therapy applies. Vesicare will be available for members who have an inadequate response or intolerance to oxybutynin. For members ≥65 years of age, Vesicare will be available first line.
9/1/2009	10/1/2009	Vospire ER	albuterol ext release	Deletion	Alternative oral beta2-agonists are available on the PDL including albuterol tablets and syrup. Current users will be grandfathered.
9/1/2009	10/1/2009	Xopenex respules	levalbuterol respules	Addition	Step therapy required. Xopenex respules will be available to members who have an inadequate response or intolerance to albuterol.
9/1/2009	10/1/2009	Zithromax* tablets and suspension	azithromycin	Modification	Quantity limits increased to the following: 250mg tabs – 12/mo; 500mg tabs – 6/mo; 600mg tabs – 8 tabs/mo; susp – 75ml/mo
9/1/2009	10/1/2009	Zoloft* 50mg tablets	sertraline	Addition	
7/1/2009	7/1/2009	Crestor	rosuvastatin	Modification	90 day trial of simvastatin 80mg within previous 180 days is required first.

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Unison PA PDL Modifications

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7/1/2009	7/1/2009	Prevacid	lansoprazole	Modification	30 day trial of omeprazole 20mg twice a day within previous 90 days is required first. For SoluTabs, Step Therapy does not apply to members less than 10 years of age.
7/1/2009	7/1/2009	Protonix	pantoprazole	Modification	30 day trial of Prevacid within previous 90 days is required first.
7/1/2009	7/1/2009	Vytorin	ezetimibe/simvastatin	Modification	30 day trial of simvastatin 40mg within previous 180 days is required first.
6/4/2009	7/1/2009	fenofibrate caps/tabs	fenofibrate	Modification	1 month trial of a statin in previous 30 days is required first. Current users will be grandfathered.
6/1/2009	7/1/2009	butorphanol nasal spray	butorphanol nasal spray	Addition	Quantity limit of 10ml per month
6/1/2009	7/1/2009	Cozaar	losartan	Addition	Quantity limit of 60 tablets per month. Trial of ace inhibitor required first.
6/1/2009	7/1/2009	diltiazem ext release (Cardizem CD)	diltiazem ext release	Addition	Quantity limit of 1 daily
6/1/2009	7/1/2009	diltiazem ext release (Cardizem SR)	diltiazem ext release	Addition	Quantity limit of 2 daily
6/1/2009	7/1/2009	diltiazem ext release (Tiazac)	diltiazem ext release	Addition	Quantity limit of 1 daily
6/1/2009	7/1/2009	fentanyl transdermal patches	fentanyl transdermal patches	Modification	1 month trial of a minimum dose of Morphine Sulfate ER 200mg required first. Quantity limit of 20 patches per month for 200mcg patches and 10 per month for all other strengths.
6/1/2009	7/1/2009	Fioricet w/codeine	butalbital/apap /caff/cod	Addition	Quantity limit of 180 tablets per month
6/1/2009	7/1/2009	Fiorinal w/codeine	butalbital/asa/caff/cod	Addition	Quantity limit of 180 tablets per month
6/1/2009	7/1/2009	Frova	frovatriptan	Modification	1 month trial of sumatriptan tablets required first.
6/1/2009	7/1/2009	Glucagon kit		Modification	Quantity limit of 2 kits per month
6/1/2009	7/1/2009	hydrocodone 7.5mg/apap 500mg/15ml sol	hydrocodone 7.5mg/apap 500mg/15ml	Addition	Quantity limit of 3600ml per month.
6/1/2009	7/1/2009	Hyzaar	losartan/hctz	Addition	Quantity limit of 60 tablets per month. Trial of ace inhibitor required first.
6/1/2009	7/1/2009	Lotrel	amlodipine/benazepril	Deletion	Current users will be grandfathered
6/1/2009	7/1/2009	Maxalt/MLT	rizatriptan	Modification	1 month trial of sumatriptan tablets required first.
6/1/2009	7/1/2009	methadone tablets	methadone tablets	Addition	Prior authorization is required.
6/1/2009	7/1/2009	nicardipine	nicardipine	Addition	
6/1/2009	7/1/2009	nifedipine capusles	nifedipine	Addition	
6/1/2009	7/1/2009	nimodipine	nimodipine	Addition	Quantity limit of 252 capsules per 180 days.
6/1/2009	7/1/2009	Opana ER	oxymorphone ext release	Modification	1 month trial of a minimum dose of Morphine Sulfate ER 200mg required first.
6/1/2009	7/1/2009	Prezista 75mg tablets	darunavir	Addition	
6/1/2009	7/1/2009	Promacta	eltromobopag	Addition	Prior authorization is required
6/1/2009	7/1/2009	propranolol ER	propranolol ER	Deletion	Current users will be grandfathered
6/1/2009	7/1/2009	Relenza	zanamivir	Modification	Age Edit is removed

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Date Posted	Effective Date	Drug Name	Generic Name	Action (Addition/Deletion/Modification)	Notes
6/1/2009	7/1/2009	Seroquel XR 200mg	quetiapine ext release	Modification	Quantity Limit of 30 tablets per month.
6/1/2009	7/1/2009	Seroquel XR 50mg and 150mg	quetiapine ext release	Addition	Quantity limit of 30 per month.
6/1/2009	7/1/2009	Tamiflu	oseltamivir	Modification	Age Edit is removed
6/1/2009	7/1/2009	timolol tablets	timolol	Addition	
2/4/2009	4/1/2009	desonide 0.05% cream, ointment, lotion	desonide	Addition	
2/4/2009	4/1/2009	Finacea 15% gel	azelaic acid	Addition	Prior authorization is required for members with an age greater than or equal to 21.
2/4/2009	4/1/2009	fluocinolone 0.01% cream	fluocinolone	Addition	
2/4/2009	4/1/2009	flurbiprofen ophth sol	flurbiprofen	Addition	
2/4/2009	4/1/2009	HMS Liquifilm	medrysone ophth sol	Deletion	no longer on market
2/4/2009	4/1/2009	hydrocortisone 1% lotion	hydrocortisone	Addition	
2/4/2009	4/1/2009	Inflamase Mild	prednisolone sodium phosphate	Deletion	no longer on market
2/4/2009	4/1/2009	Insulin		Modification	Quantity limit has been increased to 3 vials per month
2/4/2009	4/1/2009	Ortho Tri Cyclen Lo	ethinyl estradiol/norgestimate	Deletion	
2/4/2009	4/1/2009	Prezista 400mg tablets	darunavir ethanolate	Addition	
2/4/2009	4/1/2009	Xenazine tablets	tetrabenazine	Addition	Prior authorization is required
2/4/2009	3/4/2009	Second Generation Antipsychotics		Modification	will require Prior Authorization for Abilify, Zyprexa, Invega, Seroquel. Quantity limit for non-insulin dependent members will be reduced
12/1/2008	2/1/2009	Diabetes Test Strips		Modification	
12/1/2008	2/1/2009	Janumet tabs	sitagliptan/metformin	Addition	Quantity limit of 60 per month. A 90 day trial of at least 1500mg of metformin per day is required prior to the use of this agent.
12/1/2008	2/1/2009	Januvia tabs	sitagliptan	Addition	Quantity limit of 30 per month. A 90 day trial of at least 1500mg of metformin per day is required prior to the use of this agent.
12/1/2008	2/1/2009	zaleplon caps	zaleplon	Addition	Quantity limit of 60 per month. A 30 day supply of zolpidem is required prior to use of this agent.
12/1/2008	1/1/2009	LMX 4 crm	lidocaine 4%	Addition	Quantity limit of 15 grams per month
12/1/2008	1/1/2009	Relistor inj	methylnaltrexone	Addition	Prior authorizations is required. Quantity limit of 15 injections per month
10/14/2008	11/17/2008	Oxycontin ER tabs	oxycodone ER tabs	Modification	Prior authorization is now required
9/17/2008	10/20/2008	Condylox Gel	podofilox .5%	Deletion	
9/1/2008	10/1/2008	Arcalyst Inj.	riloncept	Addition	Prior authorization is required
9/1/2008	10/1/2008	Asmanex 110mcg	mometasone	Addition	Quantity Limit of 1 inhaler per month
9/1/2008	10/1/2008	Baraclude tabs,sol	entecavir	Addition	
9/1/2008	10/1/2008	Calan SR 120mg tabs	verapamil SR	Modification	Addition of a QL of 30/month
9/1/2008	10/1/2008	Hepsera tabs	adefovir	Addition	
9/1/2008	10/1/2008	Lyrica caps	pregabalin	Addition	Prior authorization is required

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9/1/2008	10/1/2008	Opana ER tab	oxymorphone ER	Addition	Quantity Limit of 60/month
9/1/2008	10/1/2008	oxcarbazepine tabs	oxcarbazepine	Addition	Quantity Limit of 90/month for 150mg and 300mg and Quantity Limit of 120 per month for 600mg
9/1/2008	10/1/2008	Plavix 300mg	clopidogrel	Addition	Quantity Limit of 1 tablet per fill
9/1/2008	10/1/2008	ropinirole tabs	ropinirole	Addition	
9/1/2008	10/1/2008	Simcor tabs	simvastatin/niacin er	Addition	
9/1/2008	10/1/2008	venlafaxine IR tabs	venlafaxine IR tabs	Modification	Quantity Limit of 90/month for 25mg,37.5mg, and 100mg and Quantity Limit of 120/month for 75mg
9/1/2008	10/1/2008	Zymar ophth sol	gatifloxacin	Addition	Prior authorization is required
8/6/2008	9/6/2008	Prilosec OTC	omeprazole	Deletion	Deletion of brand name drug - effective September 6 2008. Members may use omeprazole 20mg caps as a formulary alternative.
6/13/2008	7/20/2008	Avandamet Tabs	metformin hydrochloride and rosiglitazone maleate	Deletion	Deletion of brand name drug - effective July 20 2008
6/13/2008	7/20/2008	Avandia Tabs	rosiglitazone maleate	Deletion	Deletion of brand name drug - effective July 20 2008
6/13/2008	7/20/2008	Avodart Caps	dutasteride	Deletion	Deletion of brand name drug - effective July 20 2008
6/13/2008	7/20/2008	Fosamax + D tabs	alendronate sodium and cholecalciferol	Deletion	Deletion of brand name drug - effective July 20 2008
6/13/2008	7/20/2008	Skelaxin Tabs	metaxalone	Deletion	Deletion of brand name drug - effective July 20 2008
6/13/2008	7/20/2008	Sular tabs	nisoldipine	Deletion	Deletion of brand name drug - effective July 20 2008
5/21/2008	6/16/2008	Nasacort AQ	triamcinolone acetonide	Deletion	Deletion date has been changed from 6/1/2008 to 6/16/08
5/21/2008	6/16/2008	Nasonex	mometasone furoate	Deletion	Deletion date has been changed from 6/1/2008 to 6/16/08
5/21/2008	6/16/2008	Rhinocort Aqua	budesonide	Deletion	Deletion date has been changed from 6/1/2008 to 6/16/08
5/21/2008	6/16/2008	Triglide tablets	fenofibrate	Deletion	Deletion date has been changed from 4/1/2008 to 6/16/08
5/19/2008	7/1/2008	acebutolol capsules	acebutolol	Addition	
5/19/2008	7/1/2008	balsalazide capsules	balsalazide	Addition	
5/19/2008	7/1/2008	cyclobenzaprine 5mg tablets	cyclobenzaprine	Addition	
5/19/2008	7/1/2008	Humira kit	adalimumab	Addition	Prior authorization is required
5/19/2008	7/1/2008	Intelence tablets	etravirine	Addition	
5/19/2008	7/1/2008	Kuvan tablets	sapropterin	Addition	Prior authorization is required
5/19/2008	7/1/2008	Levemir vials	insulin detemir vials	Addition	2 vials per month quantity limit
5/19/2008	7/1/2008	metoprolol succinate ER 100mg tablets	metoprolol succinate ER 100mg tablets	Addition	
5/19/2008	7/1/2008	propranolol/ HCTZ tablets	propranolol/HCTZ	Addition	
5/19/2008	7/1/2008	Suprax 200mg/5ml suspension	cefixime	Addition	Maximum age of 12 years of age.
5/19/2008	7/1/2008	Tamiflu 30 and 45 mg capsules	oseltamivir	Addition	Maximum age of 4 years of age. 20 capsules per year quantity limit.
5/19/2008	7/1/2008	Vitamin D 400 IU OTC	Vitamin D 400 IU OTC	Addition	
5/1/2008	6/1/2008	Nasacort AQ	triamcinolone acetonide	Deletion	

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5/1/2008	6/1/2008	Nasonex	mometasone furoate	Deletion	
5/1/2008	6/1/2008	Rhinocort Aqua	budesonide	Deletion	
5/1/2008	4/1/2008	Asmanex 30	mometasone furoate	Addition	
5/1/2008	4/1/2008	Triglide tablets	fenofibrate	Deletion	
4/11/2008	4/1/2008	cetirizine tabs/chew tabs/syrup	cetirizine	Addition	
4/11/2008	4/1/2008	cetirizine-D	cetirizine/loratadine	Addition	
4/11/2008	4/1/2008	fenofibrate caps/tabs	fenofibrate	Addition	30 caps/tabs per month QL
4/11/2008	4/1/2008	Hycamtin capsules	topotecan hydrochloride	Addition	
4/11/2008	4/1/2008	Isentress Tablets	raltegravir	Addition	60 tablets per month QL
4/11/2008	4/1/2008	Kaletra 100/25MG tablets	lopinavir and ritonavir	Addition	
4/11/2008	4/1/2008	Pulmicort 1mg/2ml Respules	budesonide	Addition	60 respules per month QL. Prior authorization is required
4/11/2008	4/1/2008	quinapril/HCTZ tablets	quinapril/hctz	Addition	30 per month QL for 12.5/10mg. 60 per month QL for 12.5/20mg and 25/20mg tablets per month.
4/11/2008	4/1/2008	Tasigna Capsules	nilotinib	Addition	Prior authorization is required
4/11/2008	4/1/2008	zonisamide capsules	zonisamide	Addition	