

**FORMULARY DELETIONS UPDATE:**

Sierra Spectrum (PPO) may remove drugs from our formulary or add rules about whether and when certain drugs are covered during the year. This chart lists upcoming changes to be **effective January 1, 2011 through November 1, 2011.**

For more information, please visit our Web site at [www.sierraspectrumppo.com](http://www.sierraspectrumppo.com) or call Member Services at 702-562-8021 or 877-559-4512 October 15 through March 1, seven days a week from 8 a.m. to 8 p.m. and March 2 through October 14 Monday through Friday from 8 a.m. to 8 p.m. Calls on Saturday, Sunday and holidays will be received by our automated phone system (where you can leave a detailed message, and a representative will return your call as soon as possible. TTY/TDD users should call 711.

**FORMULARY DELETIONS, CHANGES IN PREFERRED OR TIERED COST-SHARING STATUS, OR ADDITION OF UTILIZATION MANAGEMENT TO AN EXISTING FORMULARY DRUG**

Brand Name	Generic Name	Description of change	Reason for Change	Effective Date of Change	Alternative Drugs (Brand drugs appear in upper case, generic drugs appear in lower case)	Tier (Alternative Drug Co-pay / Coinsurance)
<b>LIORESAL INTRATHECAL INJECTION 0.05MG/1ML</b>	Baclofen intrathecal injection 0.05mg/ml	Formulary Removal	Not a Part D Covered Drug	1/1/2011	Consult Your Doctor	N/A
<b>MYOBLOC INJECTABLE 2500/0.5ML</b>	rimabotulinumtoxinb injection 2500 unit/0.5ml	Formulary Removal	Not a Part D Covered Drug	1/1/2011	Consult Your Doctor	N/A

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Material ID H2931\_H2961\_002\_011\_H2905\_R5674\_H4449\_21NVMED09631

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<b>QUTENZA KIT 8% 1-PCH, 2- PCH</b>	capsaicin patch 8% & cleansing gel kit	Formulary Removal	Not a Part D Covered Drug	3/1/2011	Consult Your Doctor	N/A
<b>AZMACORT AEROSOL 75MCG</b>	triamcinolone acetonide inhal aerosol 75mcg/act	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	QVAR	Tier 2 with QL
<b>BALACET 325 TABLET</b>	propoxyphene-n w/ apap tablet 100-325mg	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A
<b>DARVOCET A500 TABLET</b>	propoxyphene-n w/ apap tablet 100-500mg	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A
<b>DARVOCET-N 100 TABLET</b>	propoxyphene-n w/ apap tablet 100-650mg	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A
<b>DARVOCET-N 50 TABLET</b>	propoxyphene-n w/ apap tablet 50-325mg	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A
<b>DARVON CAPSULE 65MG</b>	propoxyphene hcl capsule 65mg	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A
<b>DARVON-N TABLET 100MG</b>	propoxyphene napsylate tablet 100mg	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A

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<b>PROPOXACET- N TABLET 100- 650MG</b>	propoxyphene-n w/ apap tablet 100-650mg	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A
<b>PROPOXYPHEN E HCL W/ APAP TAB 65-650MG</b>	propoxyphene hcl w/ apap tablet 65-650mg	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A
<b>PROPOXYPHEN E NAPSYLATE POWDER</b>	propoxyphene napsylate powder	Drug Not Available	Drug Discontinued by Manufacturer.	4/1/2011	Consult Your Doctor	N/A
<b>ACCOLATE TABLET 10MG, 20MG</b>	zafirlukast tablet 10mg, 20mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2011	zafirlukast tablet 10mg, 20mg	Tier 2 with QL
<b>EXELON CAPSULE 1.5MG, 3MG, 4.5MG, 6MG</b>	rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2011	rivastigmine capsule 1.5mg, 3mg, 4.5mg, 6mg	Tier 3 with QL
<b>MERREM INJECTION 500MG</b>	meropenem iv for solution 500mg	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2011	meropenem injection 500mg	Tier 4 with PA
<b>QUIXIN SOLUTION 0.5%</b>	levofloxacin ophthalmic solution 0.5%	Formulary Removal	Available in Generic. Only Generic is Covered.	6/1/2011	levofloxacin ophthalmic solution 0.5%	Tier 4

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<b>AEROBID-M AEROSOL 250MCG</b>	flunisolide inhalation aerosol 250mcg/act	Drug Not Available	Drug Discontinued by Manufacturer	7/1/2011	QVAR	Tier 2 with QL
<b>ALKERAN TABLET 2MG</b>	melphalan tablet 2mg	Formulary Removal	Not a Part D Covered Drug	7/1/2011	Consult Your Doctor	N/A
COLCRYS TABLET 0.6MG	<b>colchicine tablet 0.6mg</b>	Formulary Removal	Not a Part D Covered Drug	7/1/2011	COLCRYS TABLET 0.6MG	Tier 4
<b>UROQID #2 TABLET</b>	methenamine mandelate-sod phosphate monobasic tablet 500-500 mg	Formulary Removal	Not a Part D Covered Drug	7/1/2011	Consult Your Doctor	N/A
<b>UTAC TABLET 500-500 MG</b>	methenamine mandelate-sod phosphate monobasic tablet 500-500 mg	Formulary Removal	Not a Part D Covered Drug	7/1/2011	Consult Your Doctor	N/A

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<b>VISQID A/A TABLET</b>	methenamine mandelate-sod phosphate monobasic tablet 500-500 mg	Formulary Removal	Not a Part D Covered Drug	7/1/2011	Consult Your Doctor	N/A
<b>EFFEXOR XR CAPSULE 37.5MG, 75MG, 150MG</b>	venlafaxine hcl er capsule 37.5mg, 75mg, 150mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	venlafaxine hcl er capsule 37.5mg, 75mg, 150mg	Tier 4 with QL
<b>LOVENOX INJECTION 60MG/0.6ML, 80MG/0.8ML, 120MG/0.8ML, 100MG/ML, 150MG/ML</b>	enoxaparin injection 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	enoxaparin injection 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Tier 5 with PA
<b>AMBIEN CR TABLET 6.25MG</b>	zolpidem tartrate er tablet 6.25mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	zolpidem tartrate er tablet 6.25mg	Tier 4 with QL

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<b>AMERGE TABLET 1MG, 2.5MG</b>	naratriptan tablet 1mg, 2.5mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	naratriptan tablet 1mg, 2.5mg	Tier 4 with QL, ST
<b>ARIMIDEX TABLET 1MG</b>	anastrozole tablet 1mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	anastrozole tablet 1mg	Tier 2 with QL
<b>DIFFERIN CREAM 0.1%</b>	adapalene cream 0.1%	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	adapalene cream 0.1%	Tier 4
<b>DIFFERIN GEL 0.1%</b>	adapalene gel 0.1%	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	adapalene gel 0.1%	Tier 4
<b>DORYX TABLET 75MG, 100MG</b>	doxycycline hyclate delayed release tablet 75mg, 100mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	doxycycline hyclate delayed release tablet 75mg, 100mg	Tier 4

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<b>OPANA TABLET 5MG, 10MG</b>	oxymorphone hcl tablet 5mg, 10mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	oxymorphone hcl tablet 5mg, 10mg	Tier 4 with QL
<b>PREVACID STB TABLET 15MG, 30MG</b>	lansoprazole odt tablet 15mg, 30mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	lansoprazole odt tablet 15mg, 30mg	Tier 4 with ST
<b>RYTHMOL SR CAPSULE 225MG, 325MG, 425MG</b>	propafenone er capsule 225mg, 325mg, 425mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	propafenone er capsule 225mg, 325mg, 425mg	Tier 3
<b>ZEGERID CAPSULE 40-1100MG</b>	omeprazole-sodium bicarbonate capsule 40-1100mg	Formulary Removal	Available in Generic. Only Generic is Covered.	8/1/2011	omeprazole-sodium bicarbonate capsule 40-1100mg	Tier 4 with QL, ST
<b>ALLEGRA TABLET 60MG, 180MG</b>	fexofenadine hydrochloride 60mg, 180mg	Drug Not Available	Drug Discontinued by Manufacturer.	9/1/2011	fexofenadine tablet 60mg, 180 mg	Tier 2 with QL

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<b>ALLEGRA-D TABLET</b>	fexofenadine hydrochloride; pseudoephedrine hydrochloride	Drug Not Available	Drug Discontinued by Manufacturer.	9/1/2011	fexofenadine tablet 60mg, 180 mg	Tier 2 with QL
<b>AMBIEN CR TABLET 12.5MG</b>	zolpidem tartrate cr 12.5mg tablet	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	zolpidem tartrate cr 12.5mg tablet	Tier 4 with QL
<b>ANAMANTLE HC KIT</b>	lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%	Formulary Removal	Not a Part D Covered Drug	9/1/2011	lidocaine hcl jelly	Tier 2
<b>ARICEPT TABLET 5MG, 10MG</b>	donepezil hydrochloride tablet 5mg, 10mg	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	donepezil hydrochloride tablet 5mg, 10mg	Tier 2 with QL
<b>ARICEPT ODT TABLET 5MG, 10MG</b>	donepezil hydrochloride orally disintegrating tablet 5mg, 10mg	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	donepezil hydrochloride orally disintegrating tablet 5mg, 10mg	Tier 2 with QL

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<b>FEMHRT 1/5 TABLET</b>	norethindrone acetate-ethinyl estradiol tablet 1 mg-5mcg	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	Jinteli tablet 1 mg-5mcg	Tier 2 with QL
<b>LACTIC ACID LOTION 10%</b>	lactic acid (ammonium lactate) lotion 10%	Formulary Removal	Not a Part D Covered Drug	9/1/2011	ammonium lactate lotion 12% (rx only)	Tier 2
<b>LACTINOL LOTION 10%</b>	lactic acid (ammonium lactate) lotion 10%	Formulary Removal	Not a Part D Covered Drug	9/1/2011	ammonium lactate lotion 12% (rx only)	Tier 2
<b>LIDAZONE HC KIT</b>	lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%	Formulary Removal	Not a Part D Covered Drug	9/1/2011	lidocaine hcl jelly	Tier 2
<b>LIDOCAINE/HC KIT 3%-0.5%</b>	lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%	Formulary Removal	Not a Part D Covered Drug	9/1/2011	lidocaine hcl jelly	Tier 2

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<b>MALDEMAR TABLET 0.4MG</b>	scopolamine hydrobromide tablet 0.4mg	Formulary Removal	Not a Part D Covered Drug	9/1/2011	Consult Your Doctor	N/A
<b>METHYLIN SOLUTION 10MG/5ML</b>	methylphenidate hcl solution 10mg/5ml	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	methylphenidate hcl solution 10mg/5ml	Tier 4
<b>NEURONTIN SOLUTION 250MG/5ML</b>	gabapentin oral solution 250mg/5ml	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	gabapentin oral solution 250mg/5ml	Tier 3 with QL
<b>ROSULA EMULSION 10-5%</b>	sulfacetamide sodium-sulfur in urea emulsion 10-5%	Formulary Removal	Not a Part D Covered Drug	9/1/2011	Consult Your Doctor	N/A
<b>SCOPACE TABLET 0.4MG</b>	scopolamine hydrobromide tablet 0.4mg	Formulary Removal	Not a Part D Covered Drug	9/1/2011	Consult Your Doctor	N/A

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<b>SODIUM SULFACETAMIDE/SULFUR EMULSION 10-5%</b>	sulfacetamide sodium-sulfur in urea emulsion 10-5%	Formulary Removal	Not a Part D Covered Drug	9/1/2011	Consult Your Doctor	N/A
<b>SULAR TABLET 8.5MG, 17MG, 25.5MG, 34MG</b>	nisoldipine tablet sr 24hr 8.5 mg, 17mg, 25.5mg, 34mg	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	nisoldipine tablet sr 24hr 8.5 mg, 17mg, 25.5mg, 34mg	Tier 4 with QL
<b>SULFATOL EMULSION 10-5%</b>	sulfacetamide sodium-sulfur in urea emulsion 10-5%	Formulary Removal	Not a Part D Covered Drug	9/1/2011	Consult Your Doctor	N/A
<b>TARKA TABLET 1-240 CR</b>	trandolapril-verapamil hcl tablet cr 1-240mg	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	trandolapril-verapamil hcl tablet cr 1-240mg	Tier 4 with QL
<b>VAGIFEM TABLET 25 MCG</b>	estradiol vaginal tablet 25 mcg	Drug Not Available	Drug Discontinued by Manufacturer.	9/1/2011	Consult Your Doctor	N/A

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<b>XYZAL TABLET 5MG</b>	levocetirizine dihydrochloride tablet 5mg	Formulary Removal	Available in Generic. Only Generic is Covered.	9/1/2011	levocetirizine dihydrochloride tablet 5mg	Tier 4 with QL
<b>XALATAN SOLUTION 0.005%</b>	latanoprost solution 0.005%	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2011	latanoprost solution 0.005%	Tier 2 with QL
<b>AROMASIN TABLET 25MG</b>	exemestane tablet 25mg	Formulary Removal	Available in Generic. Only Generic is Covered.	10/1/2011	exemestane tablet 25mg	Tier 3
<b>ELESTAT DROPS 0.05%</b>	epinastine drops 0.05%	Formulary Removal	Available in Generic. Only Generic is Covered.	11/1/2011	epinastine drops 0.05%	Tier 3 with QL

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