

TexanPlus® HMO

Medicare Advantage Health Plans
Southeast Texas

2010 Optimal Med 9/1/2010 Addendum

FORMULARY ADDITIONS

DRUG NAME	TIER	REQUIREMENTS	EFFECTIVE DATE
<i>acetic acid irrig soln</i>	G		1/1/2010
ADCIRCA	SP	QL, PA	1/1/2010
ADRENALICK INJ DEVICE	NPB	QL	6/1/2010
AFINITOR 2.5 MG	SP	QL, PA	9/1/2010
ALVESCO	NPB	QL	1/1/2010
<i>amantadine hcl syrup</i>	G		1/1/2010
AMOXICILLIN & K CLAVULANATE SR 1000-62.5 MG	PB		6/1/2010
AMPYRA	SP	QL, PA, LA	6/1/2010
<i>anastrozole</i>	G	QL	8/1/2010
ANTARA	NPB	QL	1/1/2010
<i>apraclonidine hcl ophth soln</i>	G		1/1/2010
ASTEPRO	PB	QL	5/1/2010
<i>atropine sulfate ophth soln, oint</i>	G		1/1/2010
AZELASTINE NASAL SOLN 137 MCG/SPRAY	PB	QL	8/1/2010
AZELASTINE OPHTH SOLN	PB	QL	1/1/2010
AZTREONAM INJ SOLN	SP		8/1/2010
BESIVANCE OPHTH SUSP	PB		6/1/2010
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	PB	QL	1/1/2010
BUDESONIDE INHAL SUSP 0.25 MG/2 ML, 0.5 MG/2 ML	NPB	QL, PA	1/1/2010
CEFDITOREN PIVOXIL 400 MG	NPB		6/1/2010
CERVARIX	NPB		3/1/2010
<i>choline and mag trisalicylate</i>	G		1/1/2010

TexanPlus® HMO is a Medicare-approved Medicare Advantage plan offered through the following organization that contracts with the Federal government: SelectCare of Texas, L.L.C., a member of the Universal American family of companies.

CLINDAMYCIN PALMITATE ORAL SOLN 75 MG/5ML	NPB		9/1/2010
COARTEM	PB	QL	1/1/2010
COLCRYS	NPB	QL	5/1/2010
CREON 5, 10, 20 CAP	PB		1/1/2010
E.E.S. GRANULES ORAL SUSP	PB		1/1/2010
EMBEDA	NPB	QL	7/1/2010
ENOXAPARIN SODIUM INJ 30 MG/0.3ML, 40 MG/0.4ML	PB	QL	9/1/2010
ENOXAPARIN SODIUM INJ 60 MG/0.6ML, 80 MG/0.8ML, 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 300 MG/3ML	SP	QL	9/1/2010
EPINEPHRINE INJ DEVICE	NPB	QL	6/1/2010
EXTAVIA	SP	QL, PA, ST	1/1/2010
FANAPT	NPB	QL, ST	3/1/2010
<i>galantamine hydrobromide soln</i>	G	QL	1/1/2010
GAMMAPLEX	SP	PA	6/1/2010
GANCICLOVIR SODIUM FOR INJ 500 MG	NPB	PA	9/1/2010
<i>gavilyte-c, gavilyte-n</i>	G		2/1/2010
GIANVI 3-0.02 MG	PB	QL	8/1/2010
IMIQUIMOD CREAM 5%	NPB		4/1/2010
INVEGA SUSTENNA 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML	SP	QL, PA	1/1/2010
INVEGA SUSTENNA 39 MG/0.25ML, 78 MG/0.5ML	NPB	QL, PA	1/1/2010
<i>ketorolac tromethamine ophth soln</i>	G	QL	1/1/2010
LEVETIRACETAM IV SOLN	SP		8/1/2010
LOSARTAN POTASSIUM	PB	QL	5/1/2010
<i>losartan potassium-hydrochlorothiazide 100-12.5 mg</i>	G	QL	5/1/2010
LOSARTAN POTASSIUM- HYDROCHLOROTHIAZIDE 50-12.5 MG, 100-25 MG	PB	QL	5/1/2010
MAXALT	PB	QL	1/1/2010
MAXALT-MLT	PB	QL	1/1/2010
MENVEO	NPB		7/1/2010
MEROPENEM IV SOLN	NPB		8/1/2010
<i>morphine sulfate soln, rectal supp</i>	G	QL	1/1/2010
MOZOBIL	SP	QL, PA	1/1/2010
MULTAQ	PB	QL	3/1/2010
NALFON 400 MG	PB		5/1/2010

<i>nateglinide</i>	G	QL	1/1/2010
NORVIR TAB	PB		4/1/2010
NUTROPIN AQ NUSPIN 5 SC SOLN 5 MG/2ML	SP	QL, PA	2/1/2010
NUTROPIN AQ NUSPIN 10 SC SOLN 10 MG/2ML, 20 SC SOLN 20 MG/2ML	SP	QL, PA	8/1/2010
ONGLYZA	PB	QL	1/1/2010
OPANA ER	NPB	QL	1/1/2010
<i>oxcarbazepine susp 300 mg/5ml</i>	G	QL, ST	2/1/2010
<i>oxyCODONE hcl 5 mg cap, conc 20 mg/ml, soln 5 mg/5ml</i>	G	QL	1/1/2010
<i>phenytoin sodium extended capsule 200 mg, 300 mg</i>	G		5/1/2010
<i>pilocarpine hcl ophth soln</i>	G		1/1/2010
<i>piperacillin sodium-tazobactam sodium for inj</i>	G		1/1/2010
<i>polyethylene glycol 3350 packet, powder</i>	G		1/1/2010
<i>pot bicarb-pot chloride effervescent 25 meq tab</i>	G		1/1/2010
<i>potassium bicarbonate effervescent 25 meq tab</i>	G		1/1/2010
<i>potassium chloride liquid, packet 20 meq</i>	G		1/1/2010
PROLASTIN-C IV SOLN 1000 MG	SP	PA	5/1/2010
RENACIDIN IRRIG SOLN	NPB		1/1/2010
REVELA 0.8 GM PACKET	PB	QL	1/1/2010
REVELA 2.4 GM PACKET	PB		1/1/2010
<i>rivastigmine caps</i>	G	QL	8/1/2010
SABRIL	SP	QL, PA, LA	2/1/2010
<i>salsalate</i>	G		1/1/2010
SAMSCA	SP	QL, PA	2/1/2010
SAPHRIS	NPB	QL, ST	2/1/2010
SAVELLA	PB	QL	8/1/2010
SIMCOR 500-40 MG, 1000-40 MG	PB	QL	9/1/2010
SORIATANE 10 MG	NPB	ST	2/1/2010
SORIATANE 25 MG	SP	ST	2/1/2010
SORIATANE 17.5 MG, 22.5 MG	SP	ST	3/1/2010
SUMATRIPTAN NASAL SOLN 20 MG/ACT	PB	QL	1/1/2010
SUMATRIPTAN SUCCINATE SC KIT 4 MG/0.5ML, 6 MG/0.5ML	PB	QL	1/1/2010
SURMONTIL 25 MG, 50 MG CAP	NPB		1/1/2010
<i>tamsulosin hcl 0.4 mg</i>	G	QL	5/1/2010
TASIGNA 150 MG	SP	QL, ST	8/1/2010
<i>topiragen</i>	G		8/1/2010
TREXIMET	PB	QL	1/1/2010

<i>valacyclovir tab</i>	G	QL	1/1/2010
VAGIFEM VAGINAL TABLET 10 MCG	PB	QL	3/1/2010
VALCYTE ORAL SOLN 50 MG/ML	SP	QL, PA	5/1/2010
VALTURNA	PB	QL, ST	1/1/2010
VIMPAT ORAL SOLN	NPB	QL, PA	8/1/2010
VOTRIENT	SP	QL, PA	3/1/2010
WELCHOL PACKET 3.75 GM	PB	QL	3/1/2010
ZEMAIRA	SP	PA, LA	1/1/2010
ZENPEP	PB		3/1/2010
ZORTRESS 0.25 MG	NPB	PA	7/1/2010
ZORTRESS 0.5 MG, 0.75 MG	SP	PA	7/1/2010
ZYPREXA RELPREVV	SP	QL, PA, LA	6/1/2010

REQUIREMENT CHANGES

DRUG NAME	TIER	REQUIREMENTS	EFFECTIVE DATE
<i>amlodipine 2.5 mg</i>	G	QL increased to 45 tablets per 30 days	1/1/2010
AVINZA	NPB	ST removed	7/1/2010
AZASITE	PB	QL removed	2/1/2010
BARACLUDE TAB, SOLN	PB	PA removed	1/1/2010
BYETTA	PB	ST removed	6/1/2010
CUBICIN	SP	PA removed	1/1/2010
CYMBALTA	PB	ST removed	5/1/2010
EFFEXOR XR	G	ST removed	8/1/2010
EPIVIR HBV TAB, SOLN	PB	PA removed	1/1/2010
HEPSERA	SP	PA removed	1/1/2010
HECTOROL	NPB	QL removed	9/1/2010
LOVAZA	NPB	PA removed	5/1/2010
PRISTIQ	PB	ST removed	9/1/2010
REYATAZ	PB	QL removed	9/1/2010
SYNERCID	SP	PA removed	1/1/2010
TYGACIL	SP	PA removed	1/1/2010
TYKERB	SP	QL increased to 180 tablets per 30 days	4/1/2010
TYZEKA	NPB	PA removed	1/1/2010
VFEND SUSP	SP	QL increased to 450 mL per 30 days	1/1/2010
ZEMPLAR	PB	QL removed	9/1/2010

ZORBTIVE 8.8 MG	SP	QL increased to 28 vials per 28 days	3/1/2010
ZYPREXA RELPREVV 210 MG	SP	QL increased to 2 vials per 28 days	9/1/2010

TIER CHANGES

DRUG NAME	TIER*		EFFECTIVE DATE
ACTOS	PB		1/1/2010
ACTOPLUS MET	PB		1/1/2010
ASACOL	PB		8/1/2010
ASACOL HD	PB		8/1/2010
BARACLUDE TABS	PB		1/1/2010
BYETTA	PB		6/1/2010
CREON	PB		1/1/2010
CYMBALTA	PB		5/1/2010
DUETACT	PB		1/1/2010
EFFEXOR XR	G		8/1/2010
<i>malathion external lotion</i>	G		1/1/2010
PRANDIN	PB		1/1/2010
PRISTIQ	PB		9/1/2010
<i>risperidone m-tab 1 mg</i>	G		1/1/2010

* Lower cost sharing tier

DELETIONS

DRUG NAME	TIER	REQUIREMENTS	EFFECTIVE DATE
ACULAR OPHTH SOLN 0.5%	NPB	QL	5/1/2010
AMINESS IV SOLN 5.2%	NPB		3/1/2010
<i>colchicine</i>	G		6/1/2010
FLOMAX	PB	QL	6/1/2010
HIBTITER	PB		1/1/2010
HOMATROPINE HBR OPHTH SOLN 5%	PB		6/1/2010
HYZAAR 100-12.5 MG	PB	QL	7/1/2010
ISOPTO HOMATROPINE OPHTH SOLN 2%, 5%	PB		8/1/2010
RISPERDAL M-TAB 1 MG	NPB	QL, PA	5/1/2010
<i>sulf-10 ophth soln</i>	G		1/1/2010



TexanPlus

1-866-230-2513

(TTY users call 1-800-958-2692)

8:00 a.m. to 8:00 p.m. in your local time zone, every day

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