

GREAT-WEST HEALTHCARE PREFERRED DRUG LIST CHANGES

PERFORMANCE FORMULARY

January 2008

An asterisk (*) indicates that a generic alternative is or soon will be available for the brand-name drug

Brand Additions

These drugs are moving from non-preferred (3rd tier) copayment status and will now be covered at the preferred (2nd tier) copayment.

Focalin XR
Humatrope
Lialda
Reclast

Rythmol SR
Selzentry
Soliris
Torisel

Brand Deletions

These drugs are moving from preferred (2nd tier) copayment status and will now be covered at the non-preferred (3rd tier) copayment.

Caverject
Clarinet
Clarinet-D
Coreg*
Cytosan*
Drisdol 50,000 units cap*
Duoneb*
Floxin 0.3% ear drops*
Genotropin
Hydrea*
Lamisil tabs*
Maxair Autohaler
Medrol 16 mg tablet*
Megace 40 mg/mL suspension*
Metadate CD
Metadate ER

Natafort tablet*
Nimotop*
Omnicef*
Paxil CR
Proventil HFA
Purinethol*
Saizen
Soma 350*
Toprol XL*
Trileptal*
Vesanoid*
Zantac 150 mg/10 mL*
Zantac 15 mg/mL*
Wellbutrin XL 150 mg
Wellbutrin XL 300 mg*