



Formulary Review & Changes Effective April 1, 2009

The LDI National Pharmacy & Therapeutics committee reviews drugs and drug classes quarterly. Upon review by the committee, a decision is made to ADD, NOT ADD, MAINTAIN or REMOVE the drugs to/from the LDI Preferred Drug formulary. The following is a list of drugs reviewed this quarter by the LDI National Pharmacy & Therapeutics committee and the formulary action that was taken.

Products Reviewed	Formulary Action
<i>Dry Eye Agents</i>	
FRESHKOTE	NOT ADDED
LACRISERT	NOT ADDED
RESTASIS	MAINTAINED
<i>Fenofibrate Antihyperlipidemics</i>	
TRICOR	MAINTAINED UNTIL 10/1/09, THEN REMOVED
TRILIPIX	ADDED
ANTARA	NOT ADDED
FENOGLIDE	NOT ADDED
LIPOFEN	NOT ADDED
TRIGLIDE	NOT ADDED
<i>Multiple Sclerosis</i>	
AVONEX	NOT ADDED
TYSABRI	NOT ADDED
COPAXONE	NOT ADDED
REBIF	NOT ADDED
BETASERON	NOT ADDED
H.P. ACTHAR GEL	NOT ADDED
<i>Bisphosphonates</i>	
FOSAMAX PLUS D	MAINTAINED
FOSAMAX SOLUTION	MAINTAINED
ACTONEL	MAINTAINED
ACTONEL W/ CALCIUM	MAINTAINED
BONIVA	MAINTAINED
RECLAST	NOT ADDED



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Products Reviewed	Formulary Action
<i>HMG CoA Reductase Inhibitors</i>	
LIPITOR	MAINTAINED
CADUET	MAINTAINED
CRESTOR	ADDED
ADVICOR	REMOVED
SIMCOR	REMOVED
LESCOL/XL	NOT ADDED
ALTOPREV	NOT ADDED
VYTORIN	NOT ADDED
<i>Miscellaneous Analgesics</i>	
CELEBREX	NOT ADDED
ARTHROTEC	NOT ADDED