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San Mateo ACE Formulary Changes in 2010 (Monthly Updates of Changes to the Formulary)

Updated September 1, 2010

This addendum contains recent changes to the **2009-2010 San Mateo ACE Formulary (List of Covered Drugs)** handbook. Brand name drugs are CAPITALIZED. Generic name drugs are *italicized*.

Drug(s) – brand (generic)	Effective Date	Additional Details
ADDITIONS (Add to formulary)		
LANTUS SOLOSTAR (insulin glargine)	January 1, 2010	
<i>Fenofibrate</i>	February 5, 2010	
VALTrex (valcyclovir)	February 5, 2010	
<i>Morphine sulfate solution</i>	April 1, 2010	
Levonorgestrel 0.1 mg/EE 20mcg	June 1, 2010	Ex. ALESSE, AVIANE, LESSINA, LEVLITE, SRONYX, etc.
Norethindrone 1mg/EE 35 mcg	June 1, 2010	Ex. ORTHO NOVUM 1/35
RENAGEL	June 1, 2010	
<i>Ondansetron tabs, ODT</i>	August 1, 2010	
ACIPHEX (rabeprazole)	September 1, 2010	
TRUE-RESULT Test Strips	September 1, 2010	NDC 56151-1030-50 (50 Ct) NDC 56151-1030-01 (100 Ct)
TRUE-RESULT Lancets	September 1, 2010	NDC 56151-0142-60
<i>Vitamin D – OTC - tabs, caps</i>	September 1, 2010	
DELETIONS (Remove from formulary)		
OTHER MODIFICATIONS		

If you want more information about the new copay or requirements for a specific drug, please call a Member Services at 1-800-750-4776.