

## Custom Formulary Updates

To help ensure that we offer the highest quality, most affordable care, we routinely assess new and existing drugs to determine their safety and effectiveness.

This list is meant to supplement our Custom Formulary, which is updated every January and July. For a comprehensive list of drugs, please refer to the Custom Formulary.

The following drugs are new or their formulary status has recently changed. This list is intended to keep you up-to-date and help you select the most medically appropriate and affordable therapy.

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
Aceon <sup>®</sup> tablet (perindopril erbumine) <i>Generic available</i>	High blood pressure; Coronary Artery Disease (CAD)	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
ACTOplus Met <sup>®</sup> XR (pioglitazone metformin + extended- release)	Diabetes – Type 2	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Acular <sup>®</sup> 0.5% ophthalmic solution (ketorolac tromethamine) <i>Generic available</i>	Seasonal allergic conjunctivitis; Inflammation after cataract surgery	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
Acular <sup>®</sup> LS 0.4% ophthalmic solution (ketorolac tromethamine) <i>Generic available</i>	Ocular pain after surgery	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
Acuvail <sup>™</sup> 0.45% ophthalmic solution (ketorolac)	Ocular pain and inflammation following cataract surgery	3: Nonformulary Brand	4 <sup>th</sup>	2009
Adcirca <sup>™</sup> tablet (tadalafil)	Pulmonary arterial hypertension	3: Nonformulary Brand	3 <sup>rd</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**



## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
Adderall XR™ capsule (amphetamine + dextroamphetamine) <i>Generic available</i>	ADHD	3: Nonformulary Brand 1: Generic	1 <sup>st</sup>	2009
Afinitor® tablet (everolimus)	Kidney cancer	2: Formulary Brand	2 <sup>nd</sup>	2009
Allegra-D® 12 Hour extended-release tablet (fexofenadine / pseudoephedrine) <i>Generic available</i>	Seasonal allergic rhinitis	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
Alphagan® P 0.15% ophthalmic solution (brimonidine tartrate) <i>Generic available</i>	Glaucoma	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
Alvesco® inhalation aerosol (ciclesonide)	Allergic rhinitis	2: Formulary Brand	4 <sup>th</sup>	2009
Analpram HC® 1% cream (hydrocortisone / pramoxine) <i>Generic available</i>	Topical relief of inflammation and itching	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
Apriso™ capsule (mesalamine extended- release)	Ulcerative colitis	3: Nonformulary Brand	2 <sup>nd</sup>	2009
Aptivus® capsule (tipranavir oral solution)	HIV Infection	2: Formulary Brand	1 <sup>st</sup>	2009
Astepro® 0.15% nasal spray (azelastine HCl)	Allergic rhinitis	2: Formulary Brand	4 <sup>th</sup>	2009
Banzel™ tablet (rufinamide)	Seizures	2: Formulary Brand	2 <sup>nd</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**



## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
Bepreve™ 1.5% ophthalmic solution (bepotastine)	Ocular itching associated with allergic conjunctivitis	3: Nonformulary Brand	4 <sup>th</sup>	2009
Besivance™ ophthalmic suspension (besifloxacin)	Bacterial conjunctivitis	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Cambia™ oral solution (diclofenac powder)	Migraines	3: Nonformulary Brand	4 <sup>th</sup>	2009
Casodex® tablet (bicalutamide) <i>Generic available</i>	Prostate cancer	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009
CellCept® tablet & capsule (mycophenolate mofetil) <i>Generic available</i>	Kidney, heart and liver transplant	3: Nonformulary Brand 1: Generic	2 <sup>nd</sup>	2009
Cetraxal® otic solution (ciprofloxacin 0.2%)	Acute otitis externa	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Cimzia® injection (certolizumab)	Rheumatoid arthritis; Crohn's disease	3: Nonformulary Brand	4 <sup>th</sup>	2009
Coartem® tablet (artemether + lumefantrine)	Malaria	2: Formulary Brand	4 <sup>th</sup>	2009
Cytomel® tablet (liothyronine) <i>Generic available</i>	Hypothyroidism	3: Nonformulary Brand 1: Generic	1 <sup>st</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**

## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
Depakote® Sprinkle capsule and ER tablet (divalproex) <i>Generic available</i>	Seizures; Bipolar mania; Migraines	3: Nonformulary Brand 1: Generic	1 <sup>st</sup>	2009
Durezol™ 0.05% drops (difluprednate ophthalmic emulsion)	Ocular inflammation and pain after surgery	3: Nonformulary Brand	1 <sup>st</sup>	2009
Edluar® tablet (zolpidem sublingual)	Insomnia	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Effient™ tablet (prasugrel)	Anticoagulant	2: Formulary Brand	4 <sup>th</sup>	2009
Embeda™ extended-release capsule (morphine / naltrexone)	Pain management	3: Nonformulary Brand	4 <sup>th</sup>	2009
Epiduo™ topical gel (adapalene 0.1% + benzoyl peroxide 2.5%)	Acne	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Exforge HCT® tablet (amlodipine + valsartan + hydrochlorothiazide)	Hypertension	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Fanapt™ tablet (iloperidone)	Schizophrenia	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Fibricor™ 35mg, 105mg tablet (fenofibric acid) <i>Generic available</i>	Triglyceride and cholesterol management	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**



## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
Gelnique™ topical gel (oxybutynin 10%)	Overactive bladder	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Intuniv™ tablet (guanfacine extended- release)	ADHD	3: Nonformulary Brand	4 <sup>th</sup>	2009
Iopidine® 0.5% ophthalmic drops (apraclonidine) <i>Generic available</i>	Lowering intraocular pressure	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009
Kapidex™ capsule (dexlansoprazole delayed-release)	Heartburn caused by acid reflux; Erosive esophagitis	3: Nonformulary Brand	2 <sup>nd</sup>	2009
Keppra XR™ tablet (levetiracetam extended-release)	Seizures	3: Nonformulary Brand	2 <sup>nd</sup>	2009
Lamictal® ODT tablet (lamotrigine)	Seizures; Bipolar disorder	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Lamictal® XR™ tablet (lamotrigine extended- release)	Seizures	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Livalo® tablet (pitavastatin oral tablet)	High cholesterol	3: Nonformulary Brand	4 <sup>th</sup>	2009
Locoid Lipocream® 0.1% (hydrocortisone butyrate) <i>Generic available</i>	Dermatitis	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**



## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
LoSeasonique™ tablet (levonorgestrel 0.10 mg + ethinyl estradiol 0.02 mg + ethinyl estradiol 0.01 mg)	Birth control	3: Nonformulary Brand	2 <sup>nd</sup>	2009
Multaq® tablet (dronedarone)	Arrhythmias-atrial fibrillation; atrial flutter	3: Nonformulary Brand	4 <sup>th</sup>	2009
Niravam™ tablet (alprazolam) <i>Generic available</i>	Anxiety; Panic disorder	3: Nonformulary Brand 1: Generic	1 <sup>st</sup>	2009
Nucynta® tablet (tapentadol)	Acute pain management	3: Nonformulary Brand	4 <sup>th</sup>	2009
Nuvigil™ tablet (armodafinil)	Narcolepsy; Shift work sleep disorder; Sleep apnea	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Oforta™ tablet (fludarabine)	B-cell chronic lymphocytic leukemia	2: Formulary Brand	3 <sup>rd</sup>	2009
Onglyza™ tablet (saxagliptin)	Diabetes – Type 2	3: Nonformulary Brand	4 <sup>th</sup>	2009
Onsolis™ buccal soluble film (fentanyl)	Breakthrough pain management	3: Nonformulary Brand	4 <sup>th</sup>	2009
Optivar 0.05% ophthalmic solution (azelastine HCl) <i>Generic available</i>	Allergic conjunctivitis	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
Ovide® 0.5% lotion (malathion) <i>Generic available</i>	Head lice	3: Nonformulary Brand 1: Generic	2 <sup>nd</sup>	2009
Plan B® tablet (levonorgestrel) <i>Generic available</i>	Emergency contraception	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**



## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
PrandiMet™ tablet (repaglinide + metformin)	Diabetes – Type 2	3: Nonformulary Brand	1 <sup>st</sup>	2009
Prevacid® capsule (lansoprazole delayed- release) <i>Generic available</i>	Ulcers; Heartburn caused by acid reflux; Erosive esophagitis	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
Prograf® capsule (tacrolimus anhydrous) <i>Generic available</i>	Kidney, heart and liver transplant	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009
Promcata® tablet (eltrombopag)	Chronic idiopathic thrombocytopenic purpura (ITP)	2: Formulary Brand	2 <sup>nd</sup>	2009
Rapaflo™ capsule (silodosin)	BPH	3: Nonformulary Brand	2 <sup>nd</sup>	2009
Razadyne® oral solution (galantamine hydrobromide) <i>Generic available</i>	Alzheimer disease	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009
Requip XL™ tablet (ropinirole extended- release)	Parkinson's Disease	3: Nonformulary Brand	1 <sup>st</sup>	2009
Risperdal® M-tab® orally disintegrating tablet (risperidone) <i>Generic available</i>	Bipolar disorder; Autistic irritability; Schizophrenia	3: Nonformulary Brand 1: Generic	1 <sup>st</sup>	2009
Sabril® tablet (vigabatrin)	Infantile spasms; Refractory complex partial seizures	2: Formulary Brand	4 <sup>th</sup>	2009
Samsca™ tablet (tolvaptan)	Hyponatremia	2: Formulary Brand	3 <sup>rd</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**



## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
Sancuso <sup>®</sup> patch (granisetron transdermal system)	Nausea and vomiting associated with chemotherapy	3: Nonformulary Brand	1 <sup>st</sup>	2009
Saphris <sup>®</sup> sublingual tablet (asenapine)	Schizophrenia; Bipolar disorder	3: Nonformulary Brand	4 <sup>th</sup>	2009
Savella <sup>™</sup> tablet (milnacipran)	Fibromyalgia	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Simponi <sup>™</sup> injection (golimumab)	Rheumatoid arthritis; Psoriatic arthritis; Ankylosing spondylitis	3: Nonformulary Brand	4 <sup>th</sup>	2009
Solodyn <sup>®</sup> tablet (minocycline extended- release) <i>Generic available</i>	Acne	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009
Starlix <sup>®</sup> tablet (nateglinide) <i>Generic available</i>	Diabetes – Type 2	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009
Sumavel <sup>™</sup> DosePro <sup>™</sup> needle-free injection (sumatriptan)	Migraines	3: Nonformulary Brand	4 <sup>th</sup>	2009
Sumaxin <sup>™</sup> Cleansing Pads (sodium sulfacetamide / sulfur) <i>Generic available</i>	Acne; Rosacea; Dermatitis	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009
Tegretol <sup>®</sup> -XR tablet (carbamazepine) <i>Generic available</i>	Seizures; Trigeminal neuralgia	3: Nonformulary Brand 1: Generic	2 <sup>nd</sup>	2009
Topamax <sup>®</sup> tablet and Sprinkle capsule (topiramate) <i>Generic available</i>	Seizures; Migraines	3: Nonformulary Brand 1: Generic	2 <sup>nd</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**



## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
Toviaz™ tablet (fesoterodine extended-release)	Overactive bladder	3: Nonformulary Brand	2 <sup>nd</sup>	2009
TriLipix™ capsule (fenofibric acid delayed-release)	Triglyceride and cholesterol management	3: Nonformulary Brand	2 <sup>nd</sup>	2009
Tyvaso™ oral inhalation solution (treprostinil)	Pulmonary arterial hypertension	2: Formulary Brand	4 <sup>th</sup>	2009
Ulesfia™ lotion (benzyl alcohol 5%)	Head lice	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Uloric® tablet (febuxostat)	Gout	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Ultram® ER tablet (tramadol HCl extended-release) <i>Generic available</i>	Chronic pain	3: Nonformulary Brand 1: Generic	4 <sup>th</sup>	2009
URSO® tablet (ursodiol) <i>Generic available</i>	Primary biliary cirrhosis	3: Nonformulary Brand 1: Generic	2 <sup>nd</sup>	2009
URSO Forte® tablet (ursodiol) <i>Generic available</i>	Primary biliary cirrhosis	3: Nonformulary Brand 1: Generic	2 <sup>nd</sup>	2009
Vectical™ ointment (calcitriol ointment)	Psoriasis	3: Nonformulary Brand	2 <sup>nd</sup>	2009
Vimpat® tablet (lacosamide)	Seizures	2: Formulary Brand	4 <sup>th</sup>	2009
Xenazine® tablet (tetrabenazine tablet)	Chorea associated with Huntington's disease	2: Formulary Brand	1 <sup>st</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**



## Custom Formulary Updates

Drug Name (Chemical Name)	FDA Approved Indications	Tier	Updated	
			Quarter	Year
Xopenex <sup>®</sup> 1.25mg/0.5mL inhalation solution (levalbuterol HCl) <i>Generic available</i>	Bronchospasm	3: Nonformulary Brand 1: Generic	3 <sup>rd</sup>	2009
Zerit <sup>®</sup> capsule, solution (stavudine) <i>Generic available</i>	HIV infection	3: Nonformulary Brand 1: Generic	1 <sup>st</sup>	2009
Zolpimist <sup>®</sup> oral spray (zolpidem tartrate)	Insomnia	3: Nonformulary Brand	3 <sup>rd</sup>	2009
Zomig <sup>®</sup> tablet, nasal spray and Zomig-ZMT <sup>®</sup> Orally Disintegrating tablet (zolmitriptan)	Migraines	3: Nonformulary Brand	2 <sup>nd</sup>	2009

**Note: If you're not sure if a drug is covered under your plan, check your prescription drug benefit packet or contact customer service.**