

This page shows monthly updates to our [Custom Formulary](#). These changes are incorporated in the Formulary when it is updated every January and July.

### New generic and brand-name drugs

The table below shows drugs that are now available as generics and can be dispensed at the lowest copayment. The brand-name version of the drug will no longer be covered unless your physician documents its medical necessity and BCN approves the prescription. If a dispense-as-written prescription is not authorized, you must pay the difference in cost between the brand-name product and the generic drug, in addition to the required copayment for a brand-name medication.

The table also includes new FDA-approved drugs that BCN has reviewed for the Formulary. New drugs that have not been reviewed are not covered.

| Brand Name                                 | Generic Name                               | Category             | Change to Formulary Status   | Effective Date |
|--|--|----------------------|------------------------------|----------------|
| <b>New Generic Drugs</b>                   |  |                      |                              |                |
| Alphagan <sup>®</sup> P(g)                 | Brimonidine Tartrate                       | Ophthalmic           | Formulary Preferred (Tier 1) | 10/2009        |
| Augmentin <sup>®</sup> Suspension 250mg(g) | Amox TR/Potassium Clavulanate              | Anti-infectives      | Formulary Preferred (Tier 1) | 8/2009         |
| BenzaClin <sup>®</sup> (g)                 | Benzoyl Peroxide/<br>Clindamycin Phosphate | Acne                 | Formulary Preferred (Tier 1) | 9/2009         |
| Casodex <sup>®</sup> (g)                   | Bicalutamide                               | Cancer               | Formulary Preferred (Tier 1) | 7/2009         |
| Catapres-TTS <sup>®</sup> (g)              | Clonidine HCL                              | Cardiovascular       | Formulary Preferred (Tier 1) | 8/2009         |
| Fibricor <sup>™</sup> (g)                  | Fenofibric Acid                            | Cholesterol-Lowering | Formulary Preferred (Tier 1) | 10/2009        |
| Imdur <sup>®</sup> 120 mg(g)               | Isosorbide Mononitrate                     | Cardiovascular       | Formulary Preferred (Tier 1) | 8/2009         |
| Iopidine <sup>®</sup> (g)                  | Apraclonidine HCL                          | Ophthalmology        | Formulary Preferred (Tier 1) | 8/2009         |
| Locoid LipoCream <sup>®</sup> (g)          | Hydrocortisone Butyrate                    | Dermatology          | Formulary Preferred (Tier 1) | 8/2009         |

(g) Indicates generic availability

\*Step therapy or prior authorization required. Clinical criteria must be met.

\*\*Depending on member's drug rider.

## Blue Care Network Custom Formulary Updates – November 2009

| Brand Name                               | Generic Name                       | Category                       | Change to Formulary Status            | Effective Date |
|--|------------------------------------|--------------------------------|---------------------------------------|----------------|
| <b>New Generic Drugs</b>                 |                                    |                                |                                       |                |
| Plan B <sup>®</sup> (g)                  | Levonorgestrel                     | Oral Contraceptive             | Formulary Preferred (Tier 1)          | 7/2009         |
| Prograf <sup>®</sup> (g)                 | Tacrolimus Anhydrous               | Immunosuppressant              | Formulary Preferred (Tier 1)          | 8/2009         |
| Solodyn <sup>®</sup> 45, 90 and 135mg(g) | Minocycline HCL                    | Anti-infectives                | Formulary Preferred (Tier 1)          | 8/2009         |
| Starlix <sup>®</sup> (g)                 | Nateglinide                        | Diabetes                       | Formulary Preferred (Tier 1)          | 9/2009         |
| Toprol-XL <sup>®</sup> (g)               | Metoprolol Succinate               | Cardiovascular                 | Formulary Preferred (Tier 1)          | 8/2009         |
| Xopenex <sup>®</sup> (g) solution        | Levalbuterol HCL                   | Respiratory                    | Formulary Preferred (Tier 1)          | 9/2009         |
| <b>New Brand Name Drugs</b>              |                                    |                                |                                       |                |
| Acuvail <sup>™</sup>                     | Ketorolac                          | Ophthalmic Pain                | Nonformulary – not covered (Tier 3)** | 10/2009        |
| Actoplus met <sup>®</sup> XR*            | Pioglitazone HCL-<br>Metformin HCL | Diabetes                       | Nonformulary – not covered (Tier 3)** | 7/2009         |
| Adcirca <sup>™*</sup>                    | Tadalafil                          | Respiratory                    | Nonformulary – not covered (Tier 3)** | 7/2009         |
| Afinitor <sup>®*</sup>                   | Everolimus                         | Cancer                         | Formulary Option (Tier 2)             | 6/2009         |
| Bepreve <sup>™</sup>                     | Bepotastine                        | Ophthalmic<br>Antihistamine    | Nonformulary – not covered (Tier 3)** | 10/2009        |
| Besivance <sup>™</sup>                   | Besifloxacin HCL                   | Ophthalmic Anti-<br>Infectives | Nonformulary – not covered (Tier 3)** | 7/2009         |
| Cetraxal <sup>®</sup>                    | Ciprofloxacin HCL                  | Otic Anti-infectives           | Nonformulary – not covered (Tier 3)** | 7/2009         |
| Edluar <sup>®*</sup>                     | Zolpidem sublingual                | Sedative/Hypnotics             | Nonformulary – not covered (Tier 3)** | 7/2009         |
| Effient <sup>™</sup>                     | Prasugrel                          | Antiplatelet                   | Nonformulary – not covered (Tier 3)** | 10/2009        |
| Embeda <sup>™</sup>                      | Morphine/Naltrexone                | Pain                           | Nonformulary – not covered (Tier 3)** | 10/2009        |
| Intuniv <sup>™*</sup>                    | Guanfacine extended-<br>release    | Central Nervous<br>System      | Nonformulary – not covered (Tier 3)** | 10/2009        |

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| Brand Name                  | Generic Name            | Category               | Change to Formulary Status            | Effective Date |
|-----------------------------|-------------------------|------------------------|---------------------------------------|----------------|
| <b>New Brand Name Drugs</b> |                         |                        |                                       |                |
| Multaq <sup>®</sup>         | Dronedarone             | Cardiovascular         | Nonformulary – not covered (Tier 3)** | 10/2009        |
| Onglyza <sup>™*</sup>       | Saxagliptin             | Diabetes               | Nonformulary – not covered (Tier 3)** | 10/2009        |
| Onsolis <sup>®*</sup>       | Fentanyl Citrate buccal | Cancer Pain            | Nonformulary – not covered (Tier 3)** | 10/2009        |
| Sabril <sup>®</sup>         | Vigabatrin              | Seizures               | Formulary Option (Tier 2)             | 10/2009        |
| Samsca <sup>™</sup>         | Tolvaptan               | Diagnostics & Misc.    | Formulary Option (Tier 2)             | 7/2009         |
| Saphris <sup>®</sup>        | Asenapine               | Central Nervous System | Nonformulary – not covered (Tier 3)** | 10/2009        |
| Tyvaso <sup>™</sup>         | Treprostinil            | Respiratory            | Formulary Option (Tier 2)             | 10/2009        |
| Ulesfia <sup>™</sup>        | Benzyl Alcohol 5%       | Dermatology            | Nonformulary – not covered (Tier 3)** | 7/2009         |
| ZolpiMist <sup>™*</sup>     | Zolpidem oral spray     | Sedative/Hypnotics     | Nonformulary – not covered (Tier 3)** | 7/2009         |

### Other Changes

BCN monitors the use of certain medications to ensure that our members receive the most appropriate and cost-effective drug therapy. This next table reflects changes to drugs currently on the formulary based on current medical information and the recommendations of BCN's Pharmacy and Therapeutics Committee.

| Brand Name  | Generic Name                             | Category               | Change to Formulary status  | Effective Date |
|---|--|------------------------|---|----------------|
| <b>New prior authorization/step therapy criteria</b>  |  |                        |   |                |
| Afinitor <sup>®*</sup>  | Everolimus                               | Cancer                 | New prior authorization criteria. Requires clinical criteria to be met.   | 8/2009         |
| Intuniv <sup>™*</sup>   | Guanfacine extended-release              | Central Nervous System | New step therapy criteria. Requires treatment failure or intolerance to either stimulants OR guanfacine IR OR clonidine depending on diagnosis. | 10/2009        |
| Hepatitis C Drugs*:<br>Infergen <sup>®</sup> , Intron-A <sup>®</sup><br>Pegasys <sup>®</sup> , Peg-Intron <sup>®</sup><br>Copegus <sup>®</sup> (g),<br>Rebetol <sup>®</sup> (g) | Interferon<br>Peginterferon<br>Ribavirin | Hepatitis C            | New prior authorization criteria. Requires clinical criteria to be met.   | 10/2009        |

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| Brand Name   | Generic Name                   | Category                    | Change to Formulary status   | Effective Date |
|--|--------------------------------|-----------------------------|--|----------------|
| <b>New prior authorization/step therapy criteria</b> |                                |                             |  |                |
| Onsolis <sup>®*</sup>                                | Fentanyl Citrate               | Cancer Pain                 | New prior authorization criteria. Requires a cancer diagnosis for coverage, tolerance to high doses of narcotics and current use of a long-acting narcotic.  | 10/2009        |
| Onglyza <sup>*™</sup>                                | Saxagliptin                    | Diabetes                    | New prior authorization criteria. Requires documentation that member has experienced failure with or is intolerant to three of the following treatments: metformin, basal insulin, sulfonylurea and a TZD. | 10/2009        |
| <b>Formulary status changes</b>                      |                                |                             |  |                |
| Armour <sup>®</sup> Thyroid                          | Thyroid Hormone, USP           | Thyroid Hormone Replacement | Formulary status changed to Tier 3 (from Tier 2)   | 10/2009        |
| Cipro <sup>®</sup> 500mg                             | Ciprofloxacin HCL              | Anti-infectives             | Formulary status changed to Tier 2 (from Tier 1) due to a temporary shortage of generic Cipro 500mg  | 10/2009        |
| Coartem <sup>®</sup>                                 | Artemether/Lumefantrine        | Anti-infectives             | Formulary status changed to Tier 3 (from Tier 2)   | 10/2009        |
| Dilaudid <sup>®</sup> 4mg                            | Hydromorphone HCL              | Pain                        | Formulary status changed to Tier 2 (from Tier 1) due to a temporary shortage of generic Dilaudid 4mg   | 10/2009        |
| Ortho Tri-Cyclen Lo                                  | Norgestimate-Ethinyl Estradiol | Oral contraceptive          | Formulary status changed to Tier 2 (from Tier 1)   | 8/2009         |

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## Blue Care Network Custom Formulary Updates – November 2009

| Brand Name                             | Generic Name                              | Category                          | Change to Formulary status   | Effective Date |
|--|---|-----------------------------------|--|----------------|
| <b>Drug Recalls</b>                    |   |                                   |  |                |
| Accusure <sup>®</sup> Insulin Syringes | Insulin Syringes                          | Diabetes                          | Qualitest Pharmaceuticals recalled all Accusure insulin syringes due to the potential of needle detachment from the syringe.         | 10/2009        |
| Adderall <sup>®</sup> (g)              | Dextroamphetamine/Amphetamine mixed salts | Central nervous system stimulants | Barr laboratories recalled one lot of generic dextroamphetamine/amphetamine 20mg tablets due to the potential for oversized tablets. | 8/2009         |
| Duragesic <sup>®</sup> (g)             | Fentanyl patch                            | Pain                              | Watson Pharmaceutical, Inc. recalled one lot of generic fentanyl 100mcg patch due to a small number of patches leaking fentanyl gel. | 8/2009         |
| <b>New quantity limits</b>             |   |                                   |  |                |
| Afinitor <sup>®*</sup>                 | Everolimus                                | Cancer                            | 1 tablet per day   | 8/2009         |
| Edluar <sup>®*</sup>                   | Zolpidem sublingual                       | Sedative/Hypnotics                | 1 tablet per day   | 7/2009         |
| Embeda <sup>™</sup>                    | Morphine/Naltrexone                       | Pain                              | 2 tablets per day  | 10/2009        |
| Intuniv <sup>™*</sup>                  | Guanfacine extended-release               | Central Nervous System            | 1 tablet per day   | 10/2009        |
| Multaq <sup>®</sup>                    | Dronedarone                               | Cardiovascular                    | 2 tablets per day  | 10/2009        |
| Onsolis <sup>™*</sup>                  | Fentanyl Citrate buccal                   | Cancer Pain                       | 4 tablets per day  | 10/2009        |
| Savella <sup>®*</sup>                  | Milnacipran HCl                           | Fibromyalgia                      | 1 tablet per day   | 7/2009         |
| Saphris <sup>®</sup>                   | Asenapine                                 | Central Nervous System            | 2 tablets per day  | 10/2009        |
| Triaz <sup>®</sup> Towelettes          | Benzoyl Peroxide                          | Acne                              | 60 towelettes/30 days  | 7/2009         |
| Tyvaso <sup>™</sup>                    | Treprostinil                              | Respiratory                       | 1 ampule per day   | 10/2009        |
| Valturna <sup>®*</sup>                 | Aliskiren/Valsartan                       | Cardiovascular                    | 1 tablet per day   | 10/2009        |

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