



PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES

Generic Additions

These generic drugs recently became available in the marketplace. When these generic drugs became available, we began covering them at the appropriate generic formulary level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
alfuzosin	Uroxatral®	14. Urinary & Prostate Meds	July 22, 2011
atovaquone/proguanil	Malarone®	1. Antibiotics and Other Drugs Used for Infection	September 20, 2011
cyclobenzaprine	Fexmid®	3. Pain, Nervous System, & Psych	August 25, 2011
felbamate	Felbatol®	3. Pain, Nervous System, & Psych	September 15, 2011
fondaparinux	Arixtra®	9. Biotechnology	July 22, 2011
isometheptene/APAP/caffeine	Prodrin®	3. Pain, Nervous System, & Psych	July 28, 2011
levetiracetam	Keppra XR®	3. Pain, Nervous System, & Psych	September 15, 2011
metformin ER	Fortamet®	7. Diabetes, Thyroid, Steroids, and Other Misc. Hormones	October 3, 2011

Brand Addition

This brand drug was added to the formulary as of the date indicated below and is covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Azilect®	3. Pain, Nervous System, & Psych	October 1, 2011

These brand drugs will be added to the formulary and will be covered at the appropriate brand formulary level of cost sharing:

Effective January 1, 2012

Brand drug	Formulary chapter
Incivik™	1. Antibiotics and Other Drugs Used for Infection
Vitreliis™	1. Antibiotics and Other Drugs Used for Infection

Brand Deletion

This brand drug will be covered at the appropriate non-formulary level of cost-sharing:

Effective January 1, 2012

Brand drug	Formulary therapeutic alternatives	Formulary chapter
Comtan®	amantadine, selegeline, Azilect®	3. Pain, Nervous System, & Psych

There is no generic equivalent available for the above brand drug; however, there are formulary therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary level of cost-sharing. Contact your doctor to discuss formulary alternatives.



Drugs Requiring Prior Authorization

The prior authorization requirement for the following drugs was effective at the time the drugs became available in the marketplace:

Brand drug	Generic drug	Drug category	Effective date
Brilinta™	Not available	Heart, Blood Pressure & Cholesterol	October 4, 2011
Duexis®	Not available	Pain, Nervous System & Psych	September 23, 2011
Firazyr®	Not available	Heart, Blood Pressure & Cholesterol	August 26, 2011
Gralise™	Not available	Pain, Nervous System & Phych	August 19, 2011
Horizant™	Not available	Pain, Nervous System & Psych	July 27, 2011
Incivek™	Not available	Antibiotics and Other Drugs Used for Infection	August 8, 2011
Juvisync™	Not available	Diabetes & Cholesterol	October 4, 2011
Lazanda®	Not available	Pain, Nervous System & Psych	September 30, 2011
Orencia® SQ	Not available	Bones, Joints & Muscles	October 4, 2011
Victrelis™	Not available	Antibiotics and Other Drugs Used for Infection	August 8, 2011
Xalkori®	Not available	Cancer & Organ Transplant Drugs	September 2, 2011
Xarelto®	Not available	Heart, Blood Pressure & Cholesterol	August 29, 2011
Zelboraf®	Not available	Cancer & Organ Transplant Drugs	August 17, 2011

The following non-formulary drugs will be added to the list of drugs requiring prior authorization.

Members taking these drugs immediately prior to the effective date are not affected:

Effective December 1, 2011

Brand drug	Generic drug	Drug category
Nexiclon™ XR Suspension	Not available	Heart, Blood Pressure, & Cholesterol
Tradjenta™	Not available	Diabetes

Drugs With Quantity Limits

Quantity limits will be added for the following drugs:

Effective December 1, 2011

Brand drug	Generic drug	Quantity limit
Dificid™	Not available	20 tablets per 10 days
Sprix®	Not available	5 bottles per 30 days

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Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.