

## **Drug Formulary Update**

Dear Member,

The list below details the current and upcoming changes to your formulary. These changes include those drugs that will be available at the preferred copay, as well as those drugs that will be moving from preferred status to non-preferred status.

**Drugs moving to Non-Preferred** (generic equivalent / PREFERRED BRAND ALTERNATIVE)

ARIMIDEX (anastrozole) - 8/1/2010 ASTELIN (azelastine) - 8/1/2010 EXELON (rivastigmine tartrate) - 8/1/2010 DIFFERIN (adapalene) - 9/1/2010 ONE TOUCH ULTRA (BAYER CONTOUR or BAYER BREEZE)

## **Drugs moving to Preferred Status**

ASACOL HD - 5/1/2009 AVODART - 7/1/2010 SUBOXONE - 8/15/2010 COLCRYS - 9/1/2010

 $R_x$ EDO's Pharmacy & Therapeutics (P&T) Committee continually evaluates all drugs available in the market. Updates are based on those drugs that produce the best medical outcomes for our members. Please review and discuss these changes with your physician. Should you have any questions please contact our member services department toll free at (888) 879-7336.

Thanks!

The R<sub>x</sub>EDO Member Services Team

