RXEDO
Rx Education & Design Organization

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Drug Formulary Update

Dear Member,

Effective May 1, 2009, your Preferred Drug List will be updated to include the following preferred brand drug deletion. **Vytorin** will be moving from preferred status to non-preferred status. There are several safe and effective statin medications including generics that are available. All statins work in the same way to lower LDL (bad) cholesterol but using a generic or a preferred brand medication can save you money. The following options are available at a preferred or generic copay.

- **lovastatin** (Mevacor®) is a good value for moderate cholesterol lowering (21 to 31 %).
- **pravastatin** (Pravachol®) is a good value for moderate cholesterol lowering (21 to 31 %).
- **simvastatin** (Zocor®) is the best value for high cholesterol lowering (<40 %).
- **Crestor®** is the least expensive when the greatest cholesterol reducing (>40%) is needed.

R_xEDO'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_xEDO Member Services Team

Non-Preferred Brands ($$$)	RxEDO Preferred Alternatives ($ or $$) *
ACIPHEX	omeprazole, PREVACID
AEROBID	FLOVENT, PULMICORT, QVAR
ALTOPREV	lovastatin, pravastatin, simvastatin
AMBIEN	zolpidem tartrate
AVAPRO	BENICAR, MICARDIS
AVINZA	morphine sulfate SA
CADUET	verapamil SR/pravastatin
CONCERTA	ADDERALL XL, METADATE CD
COZAAR	BENICAR, MICARDIS, verapamil SR
CLARINEX	fexofenadine
DETROL	oxybutynin, DETROL LA
DIOVAN	BENICAR, MICARDIS, verapamil SR
DYNABAC	AVELOX, ciprofloxacin
DYNACIRC CR	BENICAR, MICARDIS, verapamil SR
FLOMAX	doxazosin, finasteride, terazosin
FROVA	MAXALT, sumatriptan succinate
INDERAL LA	propranolol
LAMISIL	itraconazole
LEVAQUIN	AVELOX, ciprofloxacin
LEXAPRO	fluoxetine, paroxetine
LEXXEL	amlodipine/benazepril
LIPITOR	lovastatin, pravastatin, simvastatin
MOBIC	fenoprofen, ketoprofen, meloxicam
NEXIUM	omeprazole, PREVACID
NORVASC	amlodipine
OXYTROL	oxybutynin, DETROL LA
PRAVACHOL	pravastatin
PROTONIX	omeprazole, PREVACID
PROZAC WEEKLY	fluoxetine
RESCULA	TRAVATAN, TRAVATAN Z
TEQUIN	AVELOX, ciprofloxacin
TRICOR	lofibra, gemfibrozil, lovastatin
TRINASAL	NASACORT AQ, mometasone furoate
VANCENASE	NASACORT AQ, mometasone furoate
XOPENEX	albuterol
ZOCOR	simvastatin
ZOLOFT	sertraline
ZYRTEC	fexofenadine

*Please note that the preferred alternatives listed here are not a complete listing of all alternatives, only those medications that are most commonly prescribed.

Formulary Disclaimer:
Please be sure your prescription drug benefit is offered through RxEDO before consulting this list. Coverage for some drugs may be limited to specific dosage forms and/or strengths. Your benefit design determines what is covered for you and what your co-payment will be. Please refer to your benefit materials for specific coverage information. The medications listed on this formulary are subject to change pursuant to the formulary management activities of RxEDO. The presence of a medication on this formulary does not guarantee that you as a plan member will be prescribed that drug by your primary care physician or contracting provider for a particular medical condition. These medications may be subject to Prior Authorization. As new generics become available the corresponding brand name drug will no longer be considered a preferred agent.

ReTHINK
ReEVALUATE
ReDEFINE

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Preferred Drug List

Select

Dear Member:
Please review this Preferred Drug List (PDL) with your physician at the time he or she writes your prescription. This PDL, which includes both brand and generic medications, is not a complete list, but a summary of the most commonly prescribed medications. Your plan's benefit design determines which medications are included or excluded from coverage. Please refer to your benefit information for applicable copays and medication coverage.

Dear Physician:
Please refer to this list when prescribing for your patient. The medications listed and all generic equivalents are Preferred Drug Choices under the patient's prescription benefit. The PDL is not intended as a substitute for your professional judgment; however, when you prescribe Preferred Drugs for your patients, out-of-pocket expense and plan costs may be lowered. When applicable, generic prescribing is optimal. As generic equivalents become available in the marketplace brand named drugs may be removed from this list.

You can access this list via our member portal at our website: www.rxedo.com

2009 Edition

R_xEDO Preferred Drug List

05/01/09

Allergy
ASTELIN
budesonide
cyproheptadine
fexofenadine
fluticasone
hydroxyzine
ipratropium nasal spray
mometasone furoate
NASACORT AQ

Antibiotics
amoxicillin
amoxicillin/clavulanate
ampicillin
AVELOX
cefaclor, cefaclor CD
cefadroxil
cefdinir
cefpodoxime
cefuroxime
cephalexin
ciprofloxacin
CIPRODEX
CIPRO HC
dicloxacillin
doxycycline
erythromycin
metronidazole
minocycline
nitrofurantoin
penicillin VK
sulfamethoxazole/
trimethoprim
tetracycline

Antidepressants
amitriptyline
bupropion
citalopram
clomipramine
desipramine
doxepin
fluoxetine
fluvoxamine
imipramine
maprotiline
mirtazapine
nortriptyline
paroxetine
sertraline
trazodone
venlafaxine XR

Anti-Fungals
ANCOBON
fluconazole
itraconazole
ketoconazole
MYCELEX
V FEND

Anti-Inflammatory
choline mag trisalicylate
diclofenac
diflunisal
ENBREL
etodolac
fenoprofen
ibuprofen
indomethacin
ketoprofen
ketorolac
meloxicam
nabumetone
naproxen
oxaprozin
piroxicam
salsalate
sulindac
tolmetin

Anti-Migraine Agents
MAXALT
RELPAX
sumatriptan succinate
ZOMIG

Anti-Virals
ATRIPLA
acyclovir
BARACLUDE
CRIXIVAN
famciclovir
PEGASYS
PEG-INTRON
PREZISTA
TAMIFLU
VALTREX

Asthma/COPD
ACCOLATE
ADVAIR
albuterol
ATROVENT INHALER
AZMACORT ORAL INH.
BECLOVENT
COMBIVENT
cromolyn inh. sol.
FLOVENT
FLOVENT HFA
FORADIL
INTAL INHALER
ipratropium inh. sol.
metaproterenol
PROVENTIL HFA ORAL INH.
PULMICORT
QVAR
SEREVENT
SINGULAIR
SPIRIVA
UNIPHYL
VENTOLIN HFA

Atypical Antipsychotics
ABILIFY
GEODON
risperidone
SEROQUEL
ZYPREXA

Blood Glucose Diagnostics
ASCENSIA PRODUCTS
NOVOFINE NEEDLES

Cholesterol Reduction
cholestyramine
CRESTOR
gemfibrozil
lofibra
lovastatin
NIASPAN
pravastatin
simvastatin

CNS-Anxiety
alprazolam
buspirone
clorazepate
diazepam
lorazepam
oxazepam

CNS-Nausea
prochlorperazine
promethazine
trimethobenzamide

CNS-Parkinson's
amantadine
benztropine
bromocriptine
carbidopa/levodopa/CR
COMTAN
selegiline

CNS-Seizures
carbamazepine
clonazepam
DEPAKOTE/ER
DILANTIN
gabapentin
lamotrigine
MEBARAL
phenytoin
primidone
TEGRETOL/XR
valproic acid

CNS-Stimulants
ADDERALL XR
amphetamine mixtures
dextroamphetamine
METADATE CD
methylphenidate

Contraceptives
All generic oral contraceptives
DEMULEN
LOESTRIN
LO OVRAL
MICRONOR
MODICON
NORDETTE
NORINYL
ORTHO-CEPT
ORTHO EVRA
ORTHO NOVUM
ORTHO TRI-CYCLEN TAB
ORTHO TRI-CYCLEN LO
PLAN B
TRI-NORINYL
TRIPHASIL

Estrogens
alora
CENESTIN
ESTRADERM TRANSDERMAL
estradiol patch
estradiol tablet
FEMHRT
estropipate
PREMARIN
PREMPRO, PREMPHASE
VAGIFEM
VIVELLE TRANSDERMAL
VIVELLE-DOT TRANSDERMAL

Gastrointestinal
ANZEMET
cimetidine
CREON
famotidine
nizatidine
omeprazole
PREVACID
PREVPAC
ranitidine
sucralfate

Growth Hormones
NUTROPIN
NUTROPIN AQ
SAIZEN

Heart Disease/Blood Pressure
acebutolol
amlodipine
atenolol
benazepril,
benazepril/HCTZ
BENICAR, BENICAR HCT
bisoprolol
captopril,
captopril/HCTZ
carvedilol
diltiazem
enalapril,
enalapril/HCTZ
fosinopril
furosemide
hydrochlorothiazide
(HCTZ)
INNOPRAN XL
K-DUR
labetalol
LANOXIN
lisinopril,
lisinopril/HCTZ
metolazone
metoprolol
metoprolol succinate
MICARDIS, MICARDIS HCT
moexipril
nadolol
nifedipine
nimodipine
propranolol
quinapril,
quinapril/HCTZ
sotalol, sotalol AF
spironolactone
SULAR
torsemide
triamterene/HCTZ
verapamil

Insulin
HUMALOG
HUMULIN
LANTUS
NOVOLIN
NOVOLOG

Multiple Sclerosis Agents
AVONEX
AVONEX ADMIN PACK
COPAXONE
REBIF

Oral Anti-Diabetic Agents
ACTOS
AVANDIA
glipizide, glipizide ER
glyburide,
glyburide micronized
glyburide-metformin
metformin, metformin ER
PRANDIN

Osteoporosis Agents
ACTONEL
ACTONEL W/CALCIUM
alendronate sodium
alendronate sodium/
viitamin D3
etidronate disodium
EVISTA

Ophthalmics
ACULAR
ALOCRIL
ALPHAGAN P
AZOPT
BETOPTIC S
LUMIGAN
PATANOL
TOBRADEX
TRAVATAN

Overactive Bladder
DETROL LA
oxybutynin

Prostate Agents
doxazosin
finasteride
terazosin
UROXATRAL

Sleep Aids
flurazepam
temazepam
triazolam
zolpidem tartrate

Topical Preparations
CUTIVATE
ELOCON
SORIATANE CK
TAZORAC

$ - Generic drugs (listed in all **lowercase** letters) have the lowest copay

$$ - Preferred brand name drugs (listed in all **CAPITAL** letters) have the middle copay

$$$ - Non-preferred brand name drugs (listed in all **CAPITAL** letters on the front of this handout) have the highest copay