

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	Formulary Status	Effective Date
<b>New generic drugs</b>				
Mirapex <sup>®</sup> (g)	Pramipexole Di-HCl	Central nervous system	Formulary Preferred (Tier 1)	1/2010
<b>New brand-name drugs</b>				
Lipsovir <sup>®</sup>	Hydrocortisone/acyclovir	Dermatology	Nonformulary – Not covered (Tier 3)**	1/2010
Pennsaid <sup>™*</sup>	Diclofenac topical	Central nervous system	Nonformulary – Not covered (Tier 3)**	1/2010
Zirgan <sup>™</sup>	Ganciclovir	Ophthalmology	Formulary Option (Tier 2)	1/2010

(g) indicates generic availability

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

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

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### Other Changes

BCN monitors the use of certain medications to ensure that our members receive the most appropriate and cost-effective drug therapy. This 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>				
Pennsaid <sup>TM*</sup>	Diclofenac topical	Central nervous system	Requires treatment failure of or intolerance to Voltaren(g)/XR(g) tablets AND OTC topical analgesics (Myoflex AND Aspercreme)	1/2010
Twynsta <sup>®*</sup>	Telmisartan/Amlodipine	Cardiovascular	Requires successful treatment of at least three months of therapy with the individual agents contained in the requested medication at the prescribed dosage.	1/2010
Valturna <sup>®*</sup>	Aliskiren/Valsartan	Cardiovascular	Requires successful treatment of at least three months of therapy with the individual agents contained in the requested medication at the prescribed dosage.	1/2010
Votrient <sup>TM*</sup>	Pazopanib	Oncology	Requires diagnosis of advanced renal cell carcinoma OR documentation of enrollment in a Phase II-IV investigative study approved by an appropriate investigational review board.	1/2010
<b>Formulary status changes</b>				
Focalin <sup>®</sup> (g)	Dexamethylphenidate HCl	Central nervous system	Formulary status changed to Tier 1 (from Tier 3). Generic available, shortage resolved.	1/2010
Votrient <sup>TM*</sup>	Pazopanib	Oncology	Formulary status changed to Tier 2 (from Tier 3)	1/2010
Xalatan <sup>®</sup>	Latanoprost	Ophthalmology	Formulary status changed to Tier 2 (from Tier 3)	1/2010
<b>Drugs withdrawn from the market</b>				
None				

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<b>Drug recalls</b>				
None				
<b>New Quantity Limits</b>				
Twynsta <sup>®*</sup>	Telmisartan/Amlodipine	Cardiovascular	1 tablet per day	1/2010
Valturna <sup>®*</sup>	Aliskiren/Valsartan	Cardiovascular	1 tablet per day	1/2010

(g) indicates generic availability

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

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