



Independence  
Blue Cross

## SELECT 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 copayment:

Generic Drug	Brand Drug	Formulary Chapter	Effective Date
carvedilol	Coreg®	4. Heart, Blood Pressure & Cholesterol	September 5, 2007
ciclopirox solution	Penlac®	5. Skin Medications	September 18, 2007
famciclovir	Famvir®	1. Antibiotics & Other Drugs Used For Infection	September 5, 2007
flunisolide	Nasarel®	6. Ear, Nose, Throat Medications	August 9, 2007
nadolol-bendroflumethiazide	Corzide®	4. Heart, Blood Pressure & Cholesterol	August 23, 2007
verapamil extended-release PM	Verelan® PM	4. Heart, Blood Pressure & Cholesterol	August 9, 2007

### Brand Addition

This brand drug is covered at the appropriate brand formulary copayment:

**Effective September 4, 2007**

Brand Drug	Formulary Chapter
Selzentry™	1. Antibiotics & Other Drugs Used For Infection

Once a brand drug becomes available in the marketplace, and is approved by the Pharmacy and Therapeutics Committee as a formulary drug, it will be added to the formulary and will be available at the brand formulary copayment.

### Brand Deletion

This brand drug will be covered at the appropriate non-formulary copayment:

**Effective January 1, 2008**

Brand Drug	Generic Drug	Formulary Chapter
Coreg®	carvedilol	4. Heart, Blood Pressure & Cholesterol

The generic drug for the above brand drug is on our formulary and available at the generic formulary copayment.

### Drugs Requiring Prior Authorization

The prior authorization requirement for the following non-formulary drug was effective at the time the drug became available in the marketplace:

**Effective September 1, 2007**

Brand Drug	Generic Drug	Drug Category
Xyzal®	Not available	Allergy, Cough & Cold

The following non-formulary drug will be added to the list of drugs requiring prior authorization for new prescriptions. Members taking this drug immediately prior to the effective date are not affected.

**Effective January 1, 2008**

Brand Drug	Generic Drug	Drug Category
Taclonex®	Not available	Skin Medications



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