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Drug Formulary Update

Dear Member,

Effective January 1, 2007 your Preferred Drug List will be updated to include the following preferred brand drug additions and deletions. The list below details those drugs that will now be available at the preferred copay, as well as those drugs that will be moving from preferred status to non-preferred status.

New Preferred Drugs:

TAMIFLU TRAVATAN Z

Drugs moving to Non-Preferred with Preferred Brand Alternatives (PREFERRED BRANDS)

LESCOL/XL (CRESTOR, NIASPAN, VYTORIN)

Drugs moving to Non-Preferred with Generic Available (generic equivalent)

COLESTID (colestipol)

DIPROLENE/AF (betamethasone dipropionate/augmented)

EFFEXOR (venlafaxine)

FLONASE (fluticasone propionate)

GRIFULVIN V (griseofulvin)

NIZORAL (ketoconazole)

PARNATE (tranylcypromine sulfate)

PERIOSTAT (doxycycline hyclate)

PERMAX (pergolide)

PLEXION (sulfacetamide sodium/sulfur)

REBETOL (ribavirin)

SPORANOX (itraconazole)

ZADITOR (ketotifen)

ZAROXOLYN (metolazone)

ZITHROMAX (azithromycin)

 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_xEDO Member Services Team

