

ADDITIONS	THERAPEUTIC CATEGORY	INDICATION	ALTERNATIVES/COMMENTS
BRAND-NAME AGENTS			
Amturnide (aliskiren/amlodipine/hydrochlorothiazide)	Major Category Cardiovascular Subcategory Direct Renin Inhibitor/Calcium Channel Blocker/Diuretic Combinations	Amturnide is indicated for the treatment of hypertension.	To provide an additional fixed-dose triple combination antihypertensive therapy option.
Enbrel (etanercept)	Major Category Immunologic Agents Subcategory Biologic Disease-Modifying Agents	Enbrel is indicated for the treatment of: <ul style="list-style-type: none"> • Rheumatoid Arthritis. • Polyarticular Juvenile Idiopathic Arthritis in patients aged 2 years or older. • Psoriatic Arthritis. • Ankylosing Spondylitis. • Plaque Psoriasis. 	To provide a therapy option with multiple FDA-approved indications.
Genotropin (somatropin)	Major Category Endocrine and Metabolic Subcategory Human Growth Hormones	Genotropin is indicated for: <ul style="list-style-type: none"> • Pediatric: Treatment of children with growth failure due to growth hormone deficiency, Prader-Willi syndrome, Small for Gestational Age, Turner syndrome and Idiopathic Short Stature. • Adult: Treatment of adults with either adult onset or childhood onset growth hormone deficiency. 	To provide a therapy option with multiple FDA-approved indications.
Humira (adalimumab)	Major Category Immunologic Agents Subcategory Biologic Disease-Modifying Agents	Humira is indicated for the treatment of: <ul style="list-style-type: none"> • Rheumatoid Arthritis. • Juvenile Idiopathic Arthritis. • Psoriatic Arthritis. • Ankylosing Spondylitis. • Crohn's Disease. • Plaque Psoriasis. 	To provide a therapy option with multiple FDA-approved indications.
Norditropin (somatropin)	Major Category Endocrine and Metabolic Subcategory Human Growth Hormones	Norditropin is indicated for: <ul style="list-style-type: none"> • Pediatric: Treatment of children with growth failure due to growth hormone deficiency, short stature associated with Noonan syndrome, short stature associated with Turner syndrome and short stature born SGA with no catch-up growth by age 2-4 years. • Adult: Treatment of adults with either adult onset or childhood onset growth hormone deficiency. 	To provide a therapy option with multiple FDA-approved indications.



GENERIC AGENTS

flunisolide spray	Major Category Respiratory Subcategory Nasal Steroids	Flunisolide is indicated for the management of the nasal symptoms of seasonal or perennial rhinitis.	To provide an additional generic steroid nasal spray therapy option for management of nasal symptoms of seasonal or perennial rhinitis.
latanoprost	Major Category Topical Subcategory Ophthalmic, Prostaglandins	Latanoprost is indicated for the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.	The "A"-rated generic latanoprost will replace the branded agent Xalatan (latanoprost) on the Performance Drug List.
nateglinide	Major Category Endocrine and Metabolic Subcategory Antidiabetics, Meglitinides	Nateglinide is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.	To provide a generic meglitinide therapy option for improving glycemic control.
omeprazole/ sodium bicarbonate capsule (Rx only)	Major Category Gastrointestinal Subcategory Proton Pump Inhibitors	Omeprazole/sodium bicarbonate is indicated for: <ul style="list-style-type: none"> • short-term treatment of active duodenal ulcer. • short-term treatment of active benign gastric ulcer. • symptomatic treatment of Gastroesophageal Reflux Disease (GERD). • short-term healing of erosive GERD. • maintenance of healing of erosive or ulcerative GERD. • risk reduction of upper gastrointestinal bleeding in critically ill patients. 	To provide a single-capsule combination generic product that includes a proton pump inhibitor and an antacid.
zafirlukast	Major Category Respiratory Subcategory Leukotriene Receptor Antagonists	Zafirlukast is indicated for the prophylaxis and chronic treatment of asthma in adults and children 5 years of age and older.	To provide a generic leukotriene receptor antagonist therapy option.



SCRIPT CARE

Your Prescription for Excellence in Pharmacy Benefits Management

2011 Performance Drug List
Deletions
July 2011

DELETIONS	THERAPEUTIC CATEGORY	INDICATION	ALTERNATIVES/COMMENTS
Xalatan (latanoprost)	Major Category Topical Subcategory Ophthalmic, Prostaglandins	<i>BRAND-NAME AGENTS</i> Xalatan is indicated for the reduction of elevated intraocular pressure in patients with open-angle glaucoma or ocular hypertension.	Xalatan (latanoprost) will be replaced on the Performance Drug List by the "A"-rated generic latanoprost. Alternatives on the Primary/Preferred Drug List include Lumigan (bimatoprost) and Travatan Z (travoprost).