



PRESCRIPTION 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 cost-sharing:

Generic Drug	Brand Drug	Formulary Chapter	Effective Date
bicalutamide	Casodex®	2. Cancer & Organ Transplant Drugs	July 13, 2009
carbamazepine XR	Tegretol® XR	3. Pain, Nervous System, & Psych	May 7, 2009
malathion lotion	Ovide®	5. Skin Medications	May 22, 2009
mycophenolate	Cellcept®	2. Cancer & Organ Transplant Drugs	May 4, 2009
Next Choice™	Plan B®	11. Female, Hormone Replacement, Birth Control	July 10, 2009

Brand Additions

These brand drugs will be covered at the appropriate brand formulary cost-sharing:
Effective October 1, 2009

Brand Drug	Formulary Chapter
Autodisc® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
Breeze® 2 Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
Contour® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
FreeStyle Lite® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
Precision Xtra® Test Strips	7. Diabetes, Thyroid, Steroids & Other Misc Hormones

These brand drugs were previously added to the formulary and covered at the appropriate brand formulary cost-sharing:

Brand Drug	Formulary Chapter	Effective Date
Enablex®	14. Urinary & Prostate Meds	July 1, 2009
YAZ®	11. Female, Hormone Replacement, Birth Control	July 1, 2009

Brand Deletions

These brand drugs will be covered at the appropriate non-formulary cost-sharing:
Effective October 1, 2009

Brand Drug	Generic Drug	Formulary Chapter
Casodex®	bicalutamide	2. Cancer & Organ Transplant Drugs
Cellcept®	mycophenolate	2. Cancer & Organ Transplant Drugs
Tegretol® XR	carbamazepine XR	3. Pain, Nervous System, & Psych

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary cost-sharing.

These brand drugs will be covered at the appropriate non-formulary cost-sharing with prior authorization approval:
Effective October 1, 2009

Brand Drug	Generic Drug	Formulary Chapter
Accu-Chek® Test Strips	Not Available	7. Diabetes, Thyroid, Steroids & Other Misc Hormones
One Touch® Test Strips	Not Available	7. Diabetes, Thyroid, Steroids & Other Misc Hormones

There is no generic equivalent on our formulary for the above brand drugs; however, there are formulary brand therapeutic alternative drugs. These therapeutic alternative drugs are available at the appropriate formulary cost-sharing. You may contact your doctor to discuss formulary alternatives.



Drugs Requiring Prior Authorization

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

Brand Drug	Generic Drug	Drug Category	Effective Date
Adcirca™	Not Available	Heart, Blood Pressure, & Cholesterol	July 10, 2009
Cimzia®	Not Available	Stomach, Ulcer, & Bowel Meds	May 14, 2009
EXFORGE HCT®	Not Available	Heart, Blood Pressure, & Cholesterol	May 15, 2009
Nuvigil®	Not Available	Pain, Nervous System, & Psych	May 1, 2009
Simponi™	Not Available	Bones, Joints, & Muscles	May 8, 2009
Vectical™	Not Available	Skin Medications	February 6, 2009

The following non-formulary drugs will be added to the list of drugs requiring prior authorization for new prescriptions. Members taking these drugs immediately prior to the effective date are not affected:
Effective October 1, 2009

Brand Drug	Generic Drug	Drug Category
Aplenzin™	Not Available	Pain, Nervous System, & Psych
Avidoxy™ DK	Not Available	Antibiotics & Other Drugs Used for Infection
Temodar® Oral	Not Available	Cancer & Organ Transplant Drugs
Toviaz™	Not Available	Urinary & Prostate Meds

All diabetic test strips will require prior authorization except the following formulary test strips:
Effective October 1, 2009

Brand Drug
Autodisc® Test Strips
Breeze® 2 Test Strips
Contour® Test Strips
FreeStyle Lite® Test Strips
Precision Xtra® Test Strips

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