

SELECT DRUG PROGRAM® FORMULARY UPDATES

BRAND ADDITIONS

THESE DRUGS ARE COVERED AT THE APPROPRIATE BRAND FORMULARY COPAYMENT EFFECTIVE IMMEDIATELY

Brand Drug	Formulary Chapter
Avalide®	4. Heart, Blood Pressure, & Cholesterol
Avandamet®	7. Diabetes, Thyroid, Steroids & Other Miscellaneous Hormones
Avapro®	4. Heart, Blood Pressure, & Cholesterol
Avinza®	3. Pain, Nervous System, & Psych
Cenestin®	11. Female Hormone Replacement, Birth Control
Cyclessa®	11. Female Hormone Replacement, Birth Control
Epzicom®	1. Antibiotics and Other Drugs Used for Infection
Fosamax® solution	10. Bones, Joints, & Muscles
Novo® insulin products	7. Diabetes, Thyroid, Steroids & Other Miscellaneous Hormones
Nuvaring®	11. Female Hormone Replacement, Birth Control
Seasonale®	11. Female Hormone Replacement, Birth Control
Sensipar®	7. Diabetes, Thyroid, Steroids & Other Miscellaneous Hormones
Tri-Norinyl®	11. Female Hormone Replacement, Birth Control
Truvada®	1. Antibiotics and Other Drugs Used for Infection
Vfend® suspension	1. Antibiotics and Other Drugs Used for Infection
Vivelle®/Vivelle Dot®	11. Female Hormone Replacement, Birth Control
Xifaxan®	1. Antibiotics and Other Drugs Used for Infection
Yasmin®	11. Female Hormone Replacement, Birth Control

Once a brand name drug is approved by AmeriHealth's Pharmacy and Therapeutics (P&T) Committee, it will be added to the formulary effective immediately and available at the brand formulary copayment. The brand name drugs listed above have been added since the last printing of the Select Drug Program® formulary.

BRAND DELETIONS

THESE DRUGS ARE COVERED AT THE APPROPRIATE NON-FORMULARY COPAYMENT † EFFECTIVE JULY 1, 2005

Brand Drug	Generic Drug
*Augmentin ES-600® suspension	amoxicillin/clavulanate
Fludara®	fludarabine
*Cafergot® 1mg/100mg tablets	ergotamine tartrate/caffeine
*Cafergot® 2mg/100mg suppositories	migergot (ergotamine tartrate/caffeine)
*Celexa® 10mg, 20mg, 40mg tablets and 10mg/5mL solution	citalopram
*Cipro Cystitis® 100mg tablets	ciprofloxacin
*Cleocin® 2% vaginal cream	clindamycin
† *Depo-Provera® 150mg/mL injection	medroxyprogesterone acetate
*Diflucan® tablets and suspension	fluconazole
*Extendryl® 10mg/2mg/1.25mg chewable tablets	phenylephrine/chlorpheniramine/methscopolamine
*Loprox® 0.77% cream and suspension	ciclopirox olamine
*Lotrisone® lotion	betamethasone/clotrimazole
*Maxidone® tablets	hydrocodone/acetaminophen
*MiraLax® powder for oral solution (except packet)	PEG 3350

BRAND DELETIONS (CONTINUED)

Brand Drug	Generic Drug
*Mycelex® troche	clotrimazole
*Neurontin® 100mg, 300mg, 400mg capsules 600mg, 800mg tablets	gabapentin
*Orapred® 15mg/5mL	prednisolone
*Parlodel® 2.5mg tablets	bromocriptine mesylate
*Plendil® 2.5mg, 5mg, 10mg CR tablets	felodipine
*Pletal® 50mg, 100mg tablets	cilostazol
*Remeron SolTab® 15mg, 30mg, 45mg	mirtazapine
*Rowasa® enema	mesalamine
*Sandimmune® solution	cyclosporine
*Wellbutrin SR® 100mg, 150mg, 200mg tablets	bupropion
*Zantac® 75mg/5mL syrup	ranitidine syrup

*The generic equivalents for all of these brand drugs are on our formulary and are available at the generic formulary copayment. You may contact your doctor to discuss formulary alternatives.

†Non-Formulary injectables (including Depo-Provera) are not covered.

ADDITIONAL BRAND DELETIONS

**THESE DRUGS ARE NO LONGER AVAILABLE ON THE MARKET
EFFECTIVE JULY 1, 2005**

Brand Drug	Generic Drug
Mykrox® 0.5mg tablets	Not Available
Parlodel® 5mg tablets	Not Available

“Not Available” in the generic drug column indicates that there is no generic drug for the brand drug being removed. Therapeutic alternatives are available on our formulary. You may contact your doctor to discuss formulary alternatives.

GENERIC ADDITIONS

**THESE DRUGS ARE COVERED AT THE APPROPRIATE GENERIC FORMULARY COPAYMENT
EFFECTIVE IMMEDIATELY**

Generic Drug	Brand Drug	Formulary Chapter
amoxicillin/clavulanate	Augmentin ES-600® suspension	1. Antibiotics and Other Drugs Used for Infection
betamethasone/clotrimazole	Lotrisone® lotion	5. Skin Medications
bromocriptine mesylate	Parlodel® 2.5mg tablets	3. Pain, Nervous System, & Psych
bupropion	Wellbutrin SR® 100mg tablets	3. Pain, Nervous System, & Psych
ciclopirox olamine	Loprox® 0.77% cream and suspension	5. Skin Medications
cilostazol	Pletal® 50mg, 100mg tablets	4. Heart, Blood Pressure, & Cholesterol
ciprofloxacin	Cipro Cystitis® 100mg tablets	1. Antibiotics and Other Drugs Used for Infection
citalopram	Celexa® 10mg, 20mg, 40mg tablets and 10mg/5mL solution	3. Pain, Nervous System, & Psych

GENERIC ADDITIONS (CONTINUED)

Generic Drug	Brand Drug	Formulary Chapter
clindamycin	Cleocin® 2% vaginal cream	11. Female Hormone Replacement, Birth Control
clotrimazole	Mycelex® troche	1. Antibiotics and Other Drugs Used for Infection
cyclosporine	Sandimmune® solution	2. Cancer & Organ Transplant Drugs
desogestrel/ethinyl estradiol	Cyclessa®	11. Female Hormone Replacement, Birth Control
didanosine	Videx® EC 200mg, 250mg, 400mg capsules	2. Cancer & Organ Transplant Drugs
ergotamine tartrate/caffeine	Cafergot® 1mg/100mg tablets	3. Pain, Nervous System, & Psych
felodipine	Plendil® 2.5mg, 5mg, 10mg CR tablets	4. Heart, Blood Pressure, & Cholesterol
fluconazole	Diflucan® tablets and suspension	1. Antibiotics and Other Drugs Used for Infection
gabapentin	Neurontin® 100mg, 300mg, 400mg capsules and 600mg, 800mg tablets	3. Pain, Nervous System, & Psych
hydrocodone/acetaminophen	Maxidone® tablets	3. Pain, Nervous System, & Psych
medroxyprogesterone acetate	Depo-Provera® 150mg/mL injection	11. Female Hormone Replacement, Birth Control
mesalamine	Rowasa® enema	8. Stomach, Ulcer & Bowel Meds
migergot (ergotamine tartrate/caffeine)	Cafergot® 2mg/100mg suppositories	3. Pain, Nervous System, & Psych
mirtazapine	Remeron SolTab® 45mg	3. Pain, Nervous System, & Psych
norethindrone/ethinyl estradiol	Tri-Norinyl®	11. Female Hormone Replacement, Birth Control
PEG 3350	MiraLax® powder for oral solution (except packet)	8. Stomach, Ulcer & Bowel Meds
phenylephrine/chlorpheniramine/methscopolamine	Extendryl® 10mg/2mg/1.25mg chewable tablets	13. Allergy, Cough & Cold, Lung Meds
pilocarpine	Salagen® 5mg tablets	16. Diagnostic & Miscellaneous Agents
prednisolone	Orapred® 15mg/5mL	7. Diabetes, Thyroid, Steroids & Other Miscellaneous Hormones
ranitidine syrup	Zantac® 75mg/5mL syrup	8. Stomach, Ulcer & Bowel Meds

Once a generic product becomes available, upon approval of the FDA and the carrier, it will be added to the formulary and available at the generic formulary copayment. The generic drugs listed above have been added since the last printing of the Select Drug Program® formulary.

OVER THE COUNTER (OTC) EXCLUSIONS

EFFECTIVE JULY 1, 2005

The following drugs will not be covered under the prescription drug benefit because an over-the-counter alternative is available:

Brand Drug

Amibid DM®
Humibid-DM®
Guaifen DM®
Guaifenex DM®
Aquabid-DM®
Iobid DM®
GG/DM CR®
Zantac® 150 mg

Generic Drug

dextromethorphan 30mg/guaifenesin 600mg SR 12 hr tablet
dextromethorphan 30mg/guaifenesin 600mg SR 12 hr tablet
dextromethorphan 30mg/guaifenesin 600mg SR 12 hr tablet
dextromethorphan 30mg/guaifenesin 600mg SR 12 hr tablet
dextromethorphan 30mg/guaifenesin 600mg SR 12 hr tablet
dextromethorphan 30mg/guaifenesin 600mg SR 12 hr tablet
dextromethorphan 30mg/guaifenesin 600mg SR 12 hr tablet
ranitidine 150mg tablets and capsule

All brands and generics of these products are no longer covered; over-the-counter alternatives are available. Please consult with your physician or pharmacist.

DRUGS WITH PRIOR AUTHORIZATION

EFFECTIVE FEBRUARY 17, 2005

The following non-formulary drug has been added to the list of drugs requiring Prior Authorization for new prescriptions:

Brand Drug

Tarceva®

Generic Drug

erlotinib

