



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 level of cost-sharing:

Generic drug	Brand drug	Formulary chapter	Effective date
bencort lotion kit	Vanoxide®-HC	5. Skin Medications	September 2, 2009
brimonidine tartrate	Alphagan® P	12. Eye Medications	October 9, 2009
clindamycin-benzoyl peroxide gel	BenzaClin®	5. Skin Medications	August 31, 2009
clonidine patch	Catapres TTS®	4. Heart, Blood Pressure, & Cholesterol	August 19, 2009
fenofibric acid	Fibricor™	4. Heart, Blood Pressure, & Cholesterol	September 26, 2009
lansoprazole 30mg	Prevacid® 30mg	8. Stomach, Ulcer, & Bowel Meds	November 12, 2009
levalbuterol inhalation solution	Xopenex® Inhalation Solution	13. Allergy, Cough & Cold, Lung Meds	September 1, 2009
nateglinide	Starlix®	7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones	September 10, 2009
tacrolimus	Prograf®	2. Cancer & Organ Transplant Drugs	August 10, 2009
Tri-Lo-Sprintec	Ortho Tri-Cyclen® Lo	11. Female, Hormone Replacement, Birth Control	July 2, 2009

Brand additions

These brand drugs will be covered at the appropriate brand formulary level of cost-sharing:

Effective October 1, 2009

Brand drug	Formulary chapter
ADVAIR® HFA	13. Allergy, Cough & Cold, Lung Meds
Symbicort®	13. Allergy, Cough & Cold, Lung Meds

Brand deletions

These brand drugs will be covered at the appropriate non-formulary level of cost-sharing:

Effective January 1, 2010

Brand drug	Generic drug	Formulary chapter
Alphagan® P	brimonidine tartrate	12. Eye Medications
Prevacid®	lansoprazole	8. Stomach, Ulcer, & Bowel Meds
Prograf®	tacrolimus	2. Cancer & Organ Transplant Drugs
Starlix®	nateglinide	7. Diabetes, Thyroid, Steroids, & Other Miscellaneous Hormones
Voltaren Ophthalmic®	diclofenac sodium	12. Eye Medications

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

Brand drug	Generic drug	Formulary therapeutic alternative
Noritrate®	Not available	metronidazole

There is no generic equivalent available for the above brand drug; however, there is a formulary generic therapeutic alternative drug. This therapeutic alternative drug is available at the generic formulary level of cost-sharing. You may contact your doctor to discuss formulary alternatives.



PRESCRIPTION DRUG PROGRAM FORMULARY UPDATES

Over-the-counter exclusion

This brand drug will no longer be covered under the prescription drug benefit because it is available over the counter:

Effective November 12, 2009

Brand drug	Generic drug	Drug category
Prevacid® 24HR	Not available	Stomach, Ulcer, & Bowel Meds

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
Edluar™	Not available	Pain, Nervous System, & Psych	July 2, 2009
Effient™	Not available	Heart, Blood Pressure, & Cholesterol	July 17, 2009
Nucynta™	Not available	Pain, Nervous System, & Psych	June 23, 2009
Onglyza™	Not available	Diabetes	August 3, 2009
Onsolis™	Not available	Pain, Nervous System, & Psych	October 5, 2009
Sabril®	Not available	Pain, Nervous System, & Psych	September 3, 2009
Saphris®	Not available	Pain, Nervous System, & Psych	September 2, 2009
Valturna®	Not available	Heart, Blood Pressure, & Cholesterol	September 26, 2009

Effective January 1, 2010

Prior authorization will be required for the following drugs. If you currently have a prior authorization approval under your AmeriHealth medical program for one of these drugs it will be transferred over to your AmeriHealth prescription drug program:

Brand drug	Generic drug	Drug category
Genotropin®	Not available	Hormones
Humatrope®	Not available	Hormones
Norditropin®	Not available	Hormones
Nutropin®	Not available	Hormones
Nutropin AQ®	Not available	Hormones
Omnitrope®	Not available	Hormones
Saizen®	Not available	Hormones
Serostim®	Not available	Hormones
Tev-Tropin®	Not available	Hormones
Zorbtive®	Not available	Hormones

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