



SELECT 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 copayment:

Generic Drug	Brand Drug	Formulary Chapter	Effective Date
amlodipine/benazepril	Lotrel®	4. Heart, Blood Pressure & Cholesterol	May 21, 2007
cefdinir	Omnicef®	1. Antibiotics & Other Drugs Used For Infection	May 7, 2007
dexamethylphenidate	Focalin®	3. Pain, Nervous System & Psych	June 8, 2007
ipratropium-albuterol	Duoneb®	13. Allergy, Cough & Cold	July 1, 2007
isradipine	Dynacirc®	4. Heart, Blood Pressure & Cholesterol	May 1, 2007
metoprolol succinate 50, 100, 200 mg	Toprol-XL® 50, 100, 200 mg	4. Heart, Blood Pressure & Cholesterol	July 26, 2007
terbinafine tablets	Lamisil® Tablets	1. Antibiotics & Other Drugs Used For Infection	July 2, 2007

Brand Additions

These brand drugs will be covered at the appropriate brand formulary copayment:

Effective October 1, 2007

Brand Drug	Formulary Chapter
Peg-Intron®	9. Biotechnology
Procrit®	9. Biotechnology

Once a brand drug becomes available in the marketplace, and is approved by the Pharmacy and Therapeutics Committee as a formulary drug, it will be added to the formulary and will be available at the brand formulary copayment.

Brand Deletions

These brand drugs will be covered at the appropriate non-formulary copayment:

Effective October 1, 2007

Brand Drug	Generic Drug	Formulary Chapter
Lotrel®	amlodipine/benazepril	4. Heart, Blood Pressure & Cholesterol
Omnicef®	cefdinir	1. Antibiotics & Other Drug Used for Infection
Toprol-XL® 50, 100, 200 mg	metoprolol succinate 50, 100, 200 mg	4. Heart, Blood Pressure & Cholesterol

The generic drugs for the above brand drugs are on our formulary and available at the generic formulary copayment.

Drugs Requiring Prior Authorization

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

Brand Drug	Generic Drug	Drug Category	Effective Date
Exforge®	Not available	Heart, Blood Pressure & Cholesterol	June 20, 2007
Symbicort®	Not available	Allergy, Cough & Cold	May 7, 2007
Veramyst™	Not available	Ear, Nose & Throat	May 1, 2007
Vyvanse™	Not available	Pain, Nervous System & Psych	May 7, 2007

The following non-formulary drugs have been 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, 2007

Brand Drug	Generic Drug	Drug Category
Magnacet™	Not available	Pain, Nervous System & Psych
Pataday™	Not available	Eye Medications
Quaaliquin®	Not available	Antibiotics & Other Drugs Used for Infection



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