

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 |
|--------------------------------------|----------------------|---|-------------------|
| acetazolamide ER | Diamox Sequels® | 12. Eye Medications | December 12, 2008 |
| calcitonin-salmon 200 units spray | Miacalcin® | 10. Bones, Joints, & Muscles | December 12, 2008 |
| didanosine 125mg DR | Videx® EC 125mg | 1. Antibiotics & Other Drugs Used for Infection | November 26, 2008 |
| dorzolamide HCl 2% | Trusopt® | 12. Eye Medications | October 29, 2008 |
| dorzolamide-timolol | Cosopt® | 12. Eye Medications | October 29, 2008 |
| levetiracetam | Keppra® | 3. Pain, Nervous System, & Psych | November 7, 2008 |
| stavudine | Zerit® | 1. Antibiotics & Other Drugs Used for Infection | December 31, 2008 |
| sumatriptan injection | Imitrex® Injection | 3. Pain, Nervous System, & Psych | November 7, 2008 |
| sumatriptan nasal spray | Imitrex® Nasal Spray | 3. Pain, Nervous System, & Psych | December 19, 2008 |
| sumatriptan tablets | Imitrex® Tablets | 3. Pain, Nervous System, & Psych | November 26, 2008 |
| tobramycin-dexamethasone | Tobradex® | 12. Eye Medications | November 7, 2008 |

Brand Deletions

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

| Brand Drug | Generic Drug | Formulary Chapter |
|----------------------|--------------------------------------|---|
| Cosopt® | dorzolamide-timolol | 12. Eye Medications |
| Diamox Sequels® | acetazolamide ER | 12. Eye Medications |
| Imitrex® Injection | sumatriptan injection | 3. Pain, Nervous System, & Psych |
| Imitrex® Nasal Spray | sumatriptan nasal spray | 3. Pain, Nervous System, & Psych |
| Imitrex® Tablets | sumatriptan tablets | 3. Pain, Nervous System, & Psych |
| Miacalcin® | calcitonin-salmon 200 units spray | 10. Bones, Joints, & Muscles |
| Tobradex® | tobramycin-dexamethasone | 12. Eye Medications |
| Trusopt® | dorzolamide HCl 2% | 12. Eye Medications |
| Videx® EC 125mg | didanosine 125mg DR | 1. Antibiotics & Other Drugs Used For Infection |
| Zerit® | stavudine | 1. Antibiotics & Other Drugs Used For Infection |

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



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 |
|------------|---------------|---------------|-------------------|
| PrandiMet™ | not available | Diabetes | December 31, 2008 |
| Trilipix™ | not available | Cholesterol | January 2, 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 April 1, 2009

| Brand Drug | Generic Drug | Drug Category |
|---------------|---------------|----------------------|
| Keppra XR™ | not available | Pain, Nervous System |
| Requip® XL™ | not available | Pain, Nervous System |
| Voltaren® Gel | not available | Pain, Nervous System |

Drugs With Quantity Limits

Quantity limits will be added for the following narcotic drugs:
Effective May 1, 2009

| Brand Drug | Generic Drug | Quantity Limit (per 30 days) |
|--|--|------------------------------|
| Darvocet-N® | propoxyphene/acetaminophen | 180 tablets |
| Darvon N® 100 | not available | 180 tablets |
| Darvon® | propoxyphene 65mg | 180 tablets |
| Demerol® Syrup | meperidine 50mg/5ml syrup | 2000ml |
| Dilaudid® Liquid | hydromorphone 1mg/ml liquid | 1500ml |
| ETH-Oxydose™, OxyFAST®, Roxicodone IntenSol® | oxycodone 20mg/ml liquid | 180ml |
| Fioricet® w/codeine | codeine/butalbital/acetaminophen/caffeine 30mg/50mg/325mg/40mg | 180 capsules |
| Fiorinal® | butalbital/aspirin/caffeine 50mg/325mg/40mg | 180 capsules |
| Fiorinal® w/codeine | codeine/butalbital/aspirin/caffeine 30mg/50mg/325mg/40mg | 180 capsules |
| Hycet® Oral Solution | hydrocodone/acetaminophen oral solution 7.5mg/325mg/15ml | 2700ml |
| Ibudone™, Vicoprofen® | hydrocodone/ibuprofen | 150 tablets |
| Lortab® Elixir | hydrocodone/acetaminophen 7.5mg/500mg/15ml elixir | 2700ml |
| Lortab®, Norco®, Vicodin® | hydrocodone/acetaminophen (acetaminophen less than 750mg) | 180 tablets |
| Maxidone®, Vicodin ES® | hydrocodone/acetaminophen 7.5mg/750mg and 10mg/750mg | 150 tablets |
| MSIR® Oral Solution | morphine 10mg/5ml and 20mg/5ml oral solution | 1000ml |
| Roxanol™ Oral Solution | morphine 20mg/1ml, 10mg/0.5ml, 5mg/0.25ml oral solution | 180ml |
| Roxicet™ Oral Solution | not available | 1000ml |
| Roxicodone® Oral Solution | oxycodone 5mg/5ml oral solution | 2700ml |
| Tylenol® w/codeine | acetaminophen/codeine | 180 tablets |
| Tylenol® with codeine elixir | acetaminophen/codeine elixir | 2700ml |
| Zamiset™ Oral Solution | hydrocodone/acetaminophen 10mg/325mg/15ml oral solution | 2700ml |
| not available | aspirin/codeine | 180 tablets |
| not available | hydrocodone/acetaminophen 10mg/500mg/15ml oral solution | 2700ml |
| not available | hydrocodone/acetaminophen 2.5mg/167mg/5ml oral solution | 2700ml |
| not available | hydrocodone/acetaminophen 5mg/333mg/10ml oral solution | 1800ml |

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