



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
alendronate	Fosamax®	10. Bones, Joints, & Muscles	February 6, 2008
balsalazide	Colazal®	8. Stomach, Ulcer, & Bowel Meds	December 28, 2007
granisetron	Kytril®	8. Stomach, Ulcer, & Bowel Meds	January 2, 2008
ibuprofen/oxycodone HCl	Combunox®	3. Pain, Nervous System, & Psych	November 27, 2007
norethindrone acetate/ethinyl estradiol/ferrous fumarate	Estrostep® FE	11. Female, Hormone Replacement, Birth Control	October 23, 2007
ofloxacin otic drops	Floxin® Otic	6. Ear, Nose, Throat Medications	September 28, 2007
oxcarbazepine	Trileptal®	3. Pain, Nervous System, & Psych	October 9, 2007
pantoprazole	Protonix®	8. Stomach, Ulcer, & Bowel Meds	December 24, 2007
ramipril	Altace®	4. Heart, Blood Pressure, & Cholesterol	December 21, 2007

Brand Additions

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

Brand Drug	Formulary Chapter	Effective Date
Isentress™	1. Antibiotics & Other Drugs Used For Infection	October 15, 2007
Lovenox®	9. Biotechnology	April 1, 2008

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 April 1, 2008

Brand Drug	Generic Drug	Formulary Chapter
Altace®	ramipril	4. Heart, Blood Pressure, & Cholesterol
Floxin® Otic	ofloxacin otic drops	6. Ear, Nose, Throat Medications
Fosamax®	alendronate	10. Bones, Joints, & Muscles
Kytril®	granisetron	8. Stomach, Ulcer, & Bowel Meds

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

Over-the-Counter Exclusions

These brand drugs will no longer be covered under the prescription drug benefit because they are available over-the-counter:
Effective April 1, 2008

Brand Drug	Generic Drug	Drug Category
Zyrtec®	Not Available	Allergy
Zyrtec-D 12 Hour®	Not Available	Allergy

SELECT DRUG PROGRAM® FORMULARY UPDATES

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
Azor™	Not available	Heart, Blood Pressure, & Cholesterol	October 5, 2007
Tasigna®	Not available	Cancer & Organ Transplant	November 9, 2007

The following non-formulary drug will be added to the list of drugs requiring prior authorization. Members taking this drug immediately prior to the effective date can continue to receive this drug without obtaining prior authorization until May 31, 2008.

Effective April 1, 2008

Brand Drug	Generic Drug	Drug Category
Altabax™	Not available	Skin Medications



**Independence
Blue Cross**

www.ibx.com

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.