



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
Amethia™	Seasonique®	11. Female, Hormone Replacement, Birth Control	August 1, 2011
budesonide	Entocort® EC	8. Stomach, Ulcer, & Bowel Meds	July 1, 2011
cyclobenzaprine	Amrix®	3. Pain, Nervous System, & Psych	May 20, 2011
doxycycline monohydrate	Adoxa®	1. Antibiotics & Other Drugs Used for Infection	June 3, 2011
epinastine HCl	Elestat®	12. Eye Medications	May 6, 2011
latanoprost	Xalatan®	12. Eye Medications	March 18, 2011
levofloxacin	Levaquin®	1. Antibiotics & Other Drugs Used for Infection	June 24, 2011
methylergonovine maleate	Methergine®	11. Female, Hormone Replacement, Birth Control	June 17, 2011
sumatriptan succinate	Alsuma™	3. Pain, Nervous System, & Psych	July 1, 2011
triamcinolone acetonide	Nasacort® AQ	13. Allergy, Cough & Cold, Lung Meds	June 17, 2011

Brand Additions

These brand drugs were added to the formulary as of the dates indicated below and are covered at the appropriate brand formulary level of cost-sharing:

Brand drug	Formulary chapter	Effective date
Campral®	16. Diagnostic & Miscellaneous Agents	September 1, 2011
Edurant™	1. Antibiotics & Other Drugs Used for Infection	May 23, 2011
Viramune XR®	1. Antibiotics & Other Drugs Used for Infection	September 1, 2011

Brand Deletions

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

Effective October 1, 2011

Brand drug	Generic drug	Formulary chapter
Levaquin®	levofloxacin	1. Antibiotics & Other Drugs Used for Infection
Methergine®	methylergonovine maleate	11. Female, Hormone Replacement, Birth Control
Xalatan®	latanoprost	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.



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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
Caprelsa®	Not available	Cancer & Organ Transplant Drugs	April 22, 2011
Zytiga™	Not available	Cancer & Organ Transplant Drugs	May 6, 2011

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 are not affected:

Effective October 1, 2011

Brand drug	Generic drug	Drug category
Staxyn™	Not available	Urinary & Prostate Meds

The following non-formulary drugs will be added to the list of drugs requiring prior authorization for new prescriptions*.

Effective October 1, 2011

Brand drug	Generic drug	Drug category
Androderm®	Not available	Hormones
Axiron®	Not available	Hormones
Fortesta™	Not available	Hormones
Striant®	Not available	Hormones
Testim®	Not available	Hormones

*For members currently taking these drugs, the prior authorization requirement will not be effective until January 1, 2012.

Drugs With Quantity Limits

Quantity limits will be added for the following drug:

Effective October 1, 2011

Brand drug	Generic drug	Quantity Limit (per 30 days)
Staxyn™	Not available	8 tablets

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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.