

✓ = New  
Formulary Drugs



**Independence  
Blue Cross**

**SELECT DRUG PROGRAM<sup>®</sup> FORMULARY**

**EFFECTIVE JANUARY 1, 2008**

**[www.ibx.com](http://www.ibx.com)**

Dear Participant:

In an effort to continue our commitment to provide you with comprehensive prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary is a list of selected FDA-approved, prescription medications reviewed by the FutureScripts® Pharmacy and Therapeutics Committee. These prescription medications have been selected for their reported medical effectiveness, safety, and value while providing you with the highest level of coverage under your prescription program.

**The following information serves as a guide when reviewing the list of formulary drugs on the following pages.**

- **Bolded Drug** = Formulary Generic available at lowest copay
- Non-Bolded Drug = Formulary Brand available at middle copay
- Drug in Parenthesis ( ) = Non-Formulary Brand Drug available at the highest copay. It is displayed next to the equivalent Formulary Generic Drug that is available at the lowest copay. For example: amoxicillin is the formulary generic drug available at the lowest copay. (Amoxil) is the non-formulary brand available at the highest copay. In most cases when brand drugs have a generic equivalent, the generic version is formulary and the brand version is non-formulary.
- Covered Generic Drugs not listed are Formulary and are available at the lowest copay.
- Covered Brand Drugs not listed are Non-Formulary and are available at the highest copay.
- **PA** = Prior Authorization must be requested by the physician
- **Q** = Quantity Level Limits apply
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The above information is highlighted in a key box indicated on every other page of the formulary list.

Our Pharmacy Benefits Manager, FutureScripts®, continuously monitors effectiveness and safety of drugs and drug prescribing patterns.

Several procedures support safe prescribing patterns for our prescription drug programs, such as:

- Prior Authorization
- Age and Gender Limits
- Quantity Level Limits
- 96-Hour Temporary Supply Program
- Coverage for medications not on the formulary

These procedures are designed to optimize your prescription drug benefit by promoting appropriate utilization. These procedures are based on the Food and Drug Administration's (FDA) guidelines and the criteria are endorsed by the FutureScripts® Pharmacy and Therapeutics Committee.

A detailed description of the "Procedures that Support Safe Prescribing" is included at the end of the formulary list.

Please note: Because prescription drug programs vary by group, the inclusion of a drug in this formulary does *not* imply coverage. This formulary was current at the time of printing and is subject to change. Please call 1-888-678-7012 for any questions about your prescription drug benefit. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist. Select Drug Program® formulary information can also be obtained on the Independence Blue Cross Web site, **[www.ibx.com](http://www.ibx.com)**.

Dear Physician:

This is a listing of formulary medications to be considered for your patient, a Select Drug Program participant. Please refer to this formulary guide in order to choose a medication. Because prescription drug programs vary by group, the inclusion of a drug in this formulary does *not* imply coverage. This formulary was current at the time of printing and is subject to change.

Please understand that this formulary is not intended as a substitute for your independent professional judgment. Rather, it is offered as a tool to help our members recognize formulary drugs. We hope that you will refer to the formulary as a guide to prescribing formulary drugs.

## 1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION

### DRUG NAME

**acyclovir** (Zovirax)  
 Agenerase  
**amantadine** (Symmetrel)  
**amoxicillin** (Amoxil)  
**amoxicillin/clavulanate**  
**250mg/125mg**  
 (Augmentin)  
**amoxicillin/clavulanate**  
 (Augmentin)  
**ampicillin** (Principen)  
 Augmentin XR  
 Atripla  
**azithromycin 250mg,**  
**500mg, 600mg**  
 (Zithromax)  
**cefaclor** (Ceclor)  
**cefaclor ER**  
**cefadroxil for susp**  
**250mg/5ml** (Duricef)  
**cefadroxil 500mg/5ml**  
**suspension** (Duricef)  
**cefdinir** (Omnicef)  
**cefuroxime axetil** (Ceftin)

### DRUG NAME

**cephalexin** (Keflex)  
**chloroquine phosphate**  
 (Aralen)  
 Cipro oral suspension  
**ciprofloxacin tabs** (Cipro)  
**clarithromycin** (Biaxin)  
**clarithromycin SR 24 hr**  
 (Biaxin XL)  
**clindamycin** (Cleocin)  
**clotrimazole troches**  
 (Mycelex)  
 Combivir  
 Crixivan  
 Dapsone  
 Daraprim  
**demeclocycline**  
 (Declomycin)  
**dicloxacillin**  
**didanosine delayed-rel**  
**200mg, 250mg,**  
**400mg** (Videx EC)  
**doxycycline hyclate**  
 (Vibramycin, Periostat)  
**doxycycline**  
**monohydrate**  
 (Monodox)  
 Emtriva

## Key

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## 1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION (Cont.)

### DRUG NAME

Epivir

Epzicom

**erythromycin,  
delayed release**

(Eryc, Ery-Tab)

**erythromycin**

**ethylsuccinate** (EES,  
EryPed)

**erythromycin stearate**

(Erythrocin)

**erythromycin**

**suspension w/sulfa**  
(Pediazole)

**ethambutol** (Myambutol)

✓ **famciclovir** (Famvir)

Fansidar

Flagyl ER

**fluconazole** (Diflucan)

Fortovase

Fuzeon

**ganciclovir** (Cytovene)

Gris-PEG

**griseofulvin microsize**

**suspension** (Grifulvin V)

Grifulvin V tabs

Hepsera

HIVID

**hydroxychloroquine**

(Plaquenil)

**isoniazid**

**itraconazole** (Sporonax)

Kaletra

**ketoconazole tabs**

(Nizoral tabs)

Levaquin

Lexiva

**mebendazole** (Vermox)

**mefloquine** (Lariam)

### DRUG NAME

Mepron

**methenamine-hysoc-  
meth blue-sod**

**phosphenyl sal tab**

**120mg hyoscyamine**

(Urimar)

**methenamine hippurate**

(Hiprex, Urex)

**metronidazole** (Flagyl)

**minocycline caps**

(Minocin, Dynacin)

**minocycline tabs**

Mintezol

Mycobutin

**nitrofurantoin**

**macrocrystals**

(Macrochantin)

Norvir

**nystatin** (Mycostatin)

**ofloxacin** (Floxin)

**penicillin VK** (Veetids)

**phenazopyridine**

(Pyridium)

Prezista

Primaquine

**pyrazinamide**

Rescriptor

Reyataz

**ribavirin** (Rebetol)

**rifampin** (Rifadin)

Rifater

**rimantadine**

(Flumadine)

✓ Selzentry

**sulfamethoxazole/tmp**

(Septra DS)

**sulfisoxazole tabs**

Sustiva

Q Tamiflu

**terbinafine tablets**

Lamisil Tablets)

**tetracycline** (Sumycin)

## 1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION (Cont.)

### DRUG NAME

Tobi  
 Trizivir  
 Truvada  
 Valcyte  
 Valtrex  
 Vfend  
 Videx  
 Videx EC 125mg  
 Viracept  
 Viramune  
 Viread  
 Xifaxan  
 Zerit  
 Ziagen  
**zidovudine 300mg,  
 10mg/ml syrup**  
 (Retrovir)

## 2. CANCER & ORGAN TRANSPLANT DRUGS

### DRUG NAME

Alkeran  
 Aromasin

### DRUG NAME

**azathioprine** (Imuran)

Casodex

CeeNU

Cellcept

**cyclophosphamide**

(Cytoxan)

**cyclosporine**

(Sandimmune)

**cyclosporine modified**

(Neoral)

**danazol 200mg**

(Danocrine)

Emcyt

**etoposide** (VePesid)

Fareston

Femara

**flutamide** (Eulexin)

**PA** Gleevec

Hexalen

**hydroxyurea** (Hydrea)

**leucovorin calcium**

Leukeran

Lysodren

Matulane

**megestrol** (Megace)

**mercaptopurine**

(Purinethol)

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## 2. CANCER & ORGAN TRANSPLANT DRUGS (Cont.)

### DRUG NAME

#### **methotrexate**

Myleran

#### **prednisone** (Deltasone)

Prograf

Rapamune

#### **tamoxifen** (Nolvadex)

Targretin

Temodar

#### **thioguanine**

Xeloda

## 3. PAIN, NERVOUS SYSTEM & PSYCH

### DRUG NAME

Abilify

#### **acetaminophen with codeine** (Tylenol with Codeine #2, #3, #4)

#### **acetazolamide**

Adderall XR

#### **alprazolam** (Xanax)

#### **amantadine** (Symmetrel)

#### **amitriptyline**

#### **amoxapine**

#### **apap/butalbital**

(Phrenilin, Forte)

#### **apap-salicylamide-phenyltolox-caffeine cap 325-250-20-50mg**

(Durulac cap)

Aricept

Aricept ODT

#### **aspirin with codeine**

Q Avinza

#### **benztropine**

#### **bromocriptine mesylate**

(Parlodel)

#### **bupropion XL**

(Wellbutrin XL)

### DRUG NAME

#### **bupropion** (Wellbutrin)

#### **bupropion ER**

(Wellbutrin SR)

#### **bupirone** (BuSpar)

#### **butalbital/apap/**

**caffeine** (Fioricet)

#### **butalbital/aspirin/**

**caffeine** (Fiorinal)

#### **butalbital/aspirin/**

**caffeine/codeine**

(Fiorinal with Codeine)

#### **carbamazepine** (Tegretol)

#### **carbidopa/levodopa**

(Sinemet)

#### **carbidopa/levodopa CR**

(Sinemet CR)

Celontin

#### **chlorpromazine**

#### **choline magnesium**

**trisalicylate**

#### **citalopram** (Celexa)

#### **clomipramine HCl**

(Anafranil)

#### **clonazepam** (Klonopin)

#### **clonazepam wafer tablet**

(Klonopin wafer tablet)

#### **clozapine** (Clozaril)

#### Q **codeine tabs**

Comtan

Concerta

Depakote

Depakote ER

#### **desipramine** (Norpramin)

#### **dexmethylphenidate**

(Focalin)

#### **dextroamphetamine/amphetamine mixture**

(Adderall)

#### **diazepam** (Valium)

#### **diclofenac potassium**

(Cataflam)

### 3. PAIN, NERVOUS SYSTEM & PSYCH (Cont.)

#### DRUG NAME

**diclofenac sodium**

(Voltaren, XR)

**diflunisal** (Dolobid)

**doxepin** (Sinequan)

**Q** Duragesic 12mcg

**ergotamine/caffeine  
supp** (Cafergot)

**ergotamine/caffeine  
tabs** (Cafergot)

**ethosuximide** (Zarontin)

**etodolac** (Lodine, XL)

**fenoprofen calcium**  
(Nalfon)

**Q** **fentanyl citrate OTFC**  
(Actiq)

**Q** **fentanyl transdermal**  
(Duragesic)

**fluoxetine** (Prozac)

**fluphenazine**

**flurbiprofen** (Ansaid)

**fluvoxamine**

**gabapentin** (Neurontin)

**haloperidol**

#### DRUG NAME

**hydrocodone/  
acetaminophen**

(Vicodin, Norco,  
Maxidone)

**hydrocodone/  
acetaminophen elixir**  
(Lortab)

**hydrocodone/  
acetaminophen ES**  
(Vicodin ES)

**hydrocodone/ibuprofen**  
(Vicoprofen)

**hydromorphone HCl  
supps** (Dilaudid)

**Q** **hydromorphone HCl  
tabs** (Dilaudid)

**ibuprofen** (Motrin)

**imipramine** (Tofranil)

**Q** **Imitrex, NS**

**indomethacin** (Indocin, SR)

**isometheptene/  
dichloralphenazone/  
apap** (Midrin)

**ketoprofen** (Oruvail,  
Orudis)

**ketorolac** (Toradol oral)

Lamictal

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### 3. PAIN, NERVOUS SYSTEM & PSYCH (Cont.)

#### DRUG NAME

**lamotrigine Disp tabs**  
**5mg, 25mg** (Lamictal  
Chew tabs 5mg, 25mg)

Lexapro

**lithium carbonate**  
(Eskalith)

**lithium carbonate SR**  
(Eskalith CR, Lithobid)

**lorazepam** (Ativan)

**loxapine** (Loxitane)

**maprotiline**

Q Maxalt, Maxalt-MLT

**meclofenamate**

**meperidine HCl syrup**  
(Demerol)

Q **meperidine HCl tabs**  
(Demerol)

**methadone** (Dolophine)

**methamphetamine**  
(Desoxyn)

**methylphenidate, SR**  
(Ritalin, SR)

**migergot** (Cafergot)  
Mirapex

**mirtazapine** (Remeron)

**mirtazapine**  
**rapid dissolve tabs**  
(Remeron SolTab)

**morphine sulfate soln**  
(MSIR)

**morphine sulfate**  
**supp** (RMS)

Q **morphine sulfate tabs**  
(MSIR)

Q **morphine sulfate,**  
**extended release**  
(MS Contin)

**nabumetone** (Relafen)  
Namenda

#### DRUG NAME

**naproxen** (Naprosyn)

**naproxen sodium**  
(Anaprox, DS)

**naproxen sodium SA**  
(Naprelan)

Nardil

**nefazodone**

Neurontin soln

**nortriptyline** (Pamelor)

**oxaprozin** (Daypro)

**oxazepam** (Serax)

Q **oxycodone** (OxyIR)

Q **oxycodone/apap caps**  
(Tylox)

Q **oxycodone/apap tabs**  
(Roxicet, Percocet)

Q **oxycodone/aspirin**  
(Percodan)

Q **oxycodone CR 12 hour**  
**tabs** (OxyContin)

**paroxetine HCl susp**  
(Paxil susp)

Parnate

**paroxetine tabs** (Paxil)

**perphenazine**

**phenobarbital**

**phenytoin**

**piroxicam** (Feldene)

**primidone** (Mysoline)

**propoxyphene HCl/apap**

**propoxyphene**  
**napsylate/apap**  
(Darvocet-N)

Prostigmin

**pyridostigmine** (Mestinon)

Q Restoril 7.5mg

Risperdal

**salsalate**

**selegiline HCl** (Eldepryl)

Seroquel

**sertraline** (Zoloft)

### 3. PAIN, NERVOUS SYSTEM & PSYCH (Cont.)

#### DRUG NAME

- Q** Sonata  
Strattera  
**sulindac** (Clinoril)  
Tegretol XR
- Q** **temazepam 15mg, 30mg**  
(Restoril 15mg, 30mg)  
**thioridazine**  
**thiothixene** (Navane)  
**tolmetin**  
**tramadol** (Ultram)  
**trancypromine sulfate**  
(Parnate)  
**trazodone** (Desyrel)  
**trifluoperazine**  
**trihexyphenidyl**  
**valproic acid** (Depakene)  
**venlafaxine** (Effexor)
- Q** **zolpidem tartrate**  
(Ambien)
- Q** Zomig Nasal Spray
- Q** Zomig, Zomig ZMT  
Zyprexa

### 4. HEART, BLOOD PRESSURE & CHOLESTEROL

#### DRUG NAME

- acebutolol** (Sectral)  
Altace  
**amiloride** (Midamor)  
**amiloride/HCTZ**  
(Moduretic)  
**aminocaproic acid**  
(Amicar)  
**amiodarone HCl**  
(Cordarone)  
**amlodipine** (Norvasc)  
**amlodipine/benazepril**  
(Lotrel)  
**anagrelide** (Agrylin)  
**atenolol** (Tenormin)  
**benazepril** (Lotensin)  
**benazepril/HCTZ**  
(Lotensin HCT)  
**PA**, Benicar  
**PA**, Benicar HCT  
**betaxolol** (Kerlone)  
**bisoprolol/HCTZ** (Ziac)  
**bumetanide** (Bumex)  
**captopril** (Capoten)

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#### 4. HEART, BLOOD PRESSURE & CHOLESTEROL (Cont.)

DRUG NAME

**captopril/HCTZ**  
(Capozide)

✓ **carvedilol** (Coreg)

**chlorothiazide**

**chlorthalidone**

**chlorthalidone/atenolol**  
(Tenoretic)

**cholestyramine**  
(Questran, Light)

**cilostazol** (Pletal)

**clonidine** (Catapres tablets)

**colestipol hcl** (Colestid)  
Coumadin

**digoxin**  
Dilatrate-SR

**diltiazem** (Cardizem)

**diltiazem extended release** (Cardizem CD, Dilacor XR)

**diltiazem ER 24 hour**  
(Tiazac)

**diltiazem SR** (Cardizem SR)

PA Diovan

PA Diovan HCT

**dipyridamole** (Persantine)

**disopyramide** (Norpace)

**disopyramide CR**  
**150mg** (Norpace CR)

**doxazosin mesylate**  
(Cardura)  
Edocrin

**enalapril** (Vasotec)

**enalapril/HCTZ** (Vaseretic)

**felodipine ER** (Plendil)

DRUG NAME

**fenofibrate 67mg, 134mg, 200mg**  
(Lofibra)

**flecainide** (Tambacor)

**fosinopril** (Monopril)

**furosemide** (Lasix)

**gemfibrozil** (Lopid)

**guanabenz**

**guanfacine HCl** (Tenex)

**hydralazine**

**hydrochlorothiazide**  
(HCTZ)

**hydrochlorothiazide**  
**12.5mg** (Microzide)

**indapamide** (Lozol)  
Inderal LA

**isosorbide dinitrate**  
(Isordil tabs)

**isosorbide dinitrate extended release**

**isosorbide mononitrate**  
(Ismo)

**isosorbide mononitrate ER** (Imdur)

**isradipine** (DynaCirc)

**labetalol HCl** (Trandate)  
Lanoxin

**lisinopril** (Prinivil)

**lisinopril/HCTZ** (Prinzide)

**lovastatin** (Mevacor)  
Mephyton

**methyl dopa**

**metolazone** (Zaroxolyn)

**metoprolol** (Lopressor)

**metoprolol succinate**  
(Toprol XL)

**mexiletine HCl** (Mexitol)

**minoxidil** (Loniten)

**moexipril/HCTZ** (Uniretic)

**nadolol** (Corgard)

#### 4. HEART, BLOOD PRESSURE & CHOLESTEROL (Cont.)

##### DRUG NAME

- ✓ **nadolol-bendroflume thiazide** (Corzide)  
Niaspan
- nifedipine ER** (Adalat CC)
- nifedipine ER** (Procardia XL)
- Nimotop
- Nitro-Bid
- nitroglycerin patches**  
(Nitro-Dur)
- nitroglycerin SL** (Nitrostat SL)
- nitroglycerin, oral extended release**
- pentoxifylline** (Trental)
- pindolol**
- pravastatin 10mg, 20mg, 40mg** (Pravachol)
- prazosin** (Minipress)
- procainamide** (Pronestyl)  
Procanbid
- propafenone** (Rythmol)
- propranolol** (Inderal)
- propranolol/HCTZ**  
(Inderide)

##### DRUG NAME

- quinapril/HCTZ**  
(Accuretic)
- quinidine gluconate extended release**
- quinidine sulfate**
- simvastatin 5mg, 10mg, 20mg, 40mg, 80mg**  
(Zocor)
- sotalol HCl** (Betapace, AF)
- spironolactone**  
(Aldactone)
- spironolactone/HCTZ**  
(Aldactazide)
- Sular
- terazosin** (Hytrin)
- ticlopidine HCl** (Ticlid)
- timolol** (Blocadren)
- torsemide** (Demadex)
- trandolapril** (Mavik)
- triamterene/HCTZ**  
(Dyazide, Maxzide 25)
- Tricor
- verapamil** (Calan)
- verapamil extended-release** (Verelan)
- ✓ **verapamil extended-release PM** (Verelan PM)

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#### 4. HEART, BLOOD PRESSURE & CHOLESTEROL (Cont.)

##### DRUG NAME

**verapamil SR** (Calan SR,  
Isoptin SR)  
**warfarin**  
Zetia

#### 5. SKIN MEDICATIONS

##### DRUG NAME

**alclometasone dipropionate cream**  
(Aclovate)  
**amcinonide 0.1% cream, lotion, oint** (Cyclocort)  
**anthralin 1% cream**  
(Psoriatic)  
Bactroban cream  
**benzoyl peroxide/erythromycin**  
(Benzamycin Gel, except Benzamycin pak)  
**benzoyl peroxide/urea cream** (Zoderm)  
**betamethasone/clotrimazole**  
(Lotrisone)  
**betamethasone dipropionate 0.05% cream, lotion, oint**  
**betamethasone dipropionate augmented 0.05% gel, oint** (Diprolene)  
**betamethasone dipropionate augmented 0.05% cream** (Diprolene AF)  
**betamethasone valerate 0.1% cream, lotion, oint** (Beta-Val)

##### DRUG NAME

**ciclopirox cream, susp**  
(Loprox)  
✓ **ciclopirox solution**  
(Penlac)  
**clindamycin** (Cleocin T)  
**clobetasol 0.05% cream, lotion, oint, gel**  
(Temovate)  
**desoximetasone 0.05% cream**  
**desoximetasone 0.05% gel** (Topicort)  
**desoximetasone 0.25%, cream, oint** (Topicort)  
**diflorasone diacetate 0.05% cream, oint**  
(Psorcon)  
Dovonex  
**econazole** (Spectazole)  
Efudex cream  
**erythromycin gel** (Erygel, Emgel)  
**erythromycin solution**  
**erythromycin swabs**  
(Erycette)  
**fluocinolone acetonide 0.01% cream, soln**  
(Synalar)  
**fluocinolone acetonide 0.025% cream** (Synalar)  
**fluocinolone acetonide 0.025% oint** (Synalar)  
**fluocinonide 0.05% gel, oint, cream** (Lidex)  
**fluocinonide 0.05% gel, oint, cream** (Lidex E)  
Fluoroplex  
**flourouracil solution**  
(Efudex)  
**fluticasone propionate 0.05% cream, 0.005% oint** (Cutivate)

## 5. SKIN MEDICATIONS (Cont.)

### DRUG NAME

**gentamicin topical cream, oint**  
**hydrocortisone 2.5% cream, lotion, oint** (Hytone)  
**hydrocortisone butyrate 0.1% cream/soln** (Locoid)  
**hydrocortisone valerate 0.2% cream** (Westcort)  
**hydrocortisone valerate 0.2% oint** (Westcort)  
**isotretinoin** (Accutane) (derm consult suggested)  
**ketoconazole cream** (Nizoral cream)  
**ketoconazole shampoo 2%** (Nizoral shampoo)  
**lidocaine** (Xylocaine)  
**lindane lotion**  
 Loprox gel  
**mometasone cream** (Elocon)

### DRUG NAME

**metronidazole cream** (MetroCream)  
**metronidazole lotion** (Metrolotion)  
**mupirocin oint** (Bactroban)  
 Noritate  
**nystatin** (Mycostatin)  
**nystatin/triamcinolone** (Mycolog II)  
 Oxsoralen lotion 1%  
 Oxsoralen Ultra  
**permethrin** (Elimite)  
**podofilox soln** (Condylox)  
**prednicarbate ointment** (Dermatop)  
**prilocaine/lidocaine** (Emla cream)  
 Regranex  
**selenium sulfide** (Selsun Rx)  
**silver sulfadiazine** (Silvadene)  
**sodium sulfacetamide lotion** (Klaron)  
**sodium sulfacetamide/sulfur** (Sulfacet-R, Plexion)

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## 5. SKIN MEDICATIONS (Cont.)

### DRUG NAME

**sulfacetamide sodium  
10% lotion** (Sebizon)  
**sulfacetamide sodium/  
urea lotion** (Carmol scalp  
lotion)  
**tretinoin** (Retin-A, Avita)  
**triamcinolone 0.025%  
cream, lotion** (Kenalog)  
**triamcinolone acetamide  
0.1% lotion, cream,  
ointment** (Kenalog)  
**triamcinolone 0.5%  
cream, ointment** (Kenalog)  
**urea cream** (Keralac  
cream)  
Zovirax ointment

## 6. EAR, NOSE, THROAT MEDICATIONS

### DRUG NAME

**acetic acid/HCl** (Acetasol  
HCl)  
Bactroban Nasal Ointment  
**benzocaine/antipyrine**  
(Benzotic)  
**chlorhexidine gluconate**  
(Peridex)  
Cipro HC Otic  
Floxin Otic  
**flunisolide** (Nasarel)  
**fluticasone propionate  
nasal suspension**  
(Flonase)  
**ipratropium** (Atrovent  
Nasal Spray)  
Nasacort AQ  
Nasonex

### DRUG NAME

**neomycin/polymyxin/  
hydrocortisone**  
(Cortisporin Otic)  
(For patients allergic to  
neomycin, tobramycin  
ophthalmic or gentamicin  
ophthalmic are useful  
alternatives.)  
**ofloxacin**  
**triamcinolone** (Kenalog  
in Orabase)

## 7. DIABETES, THYROID, STEROIDS & OTHER MISCELLANEOUS HORMONES

### DRUG NAME

Accu-Check Monitor  
Accu-Check Test Strips  
Actoplus Met  
Actos  
Androgel  
Avandamet  
Avandaryl  
Avandia  
PA Byetta  
**calcitriol capsules**  
(Rocaltrol capsules)  
Cortef 5mg, 10mg  
Cytadren  
Cytomel  
**danazol** (Danocrine)  
**desmopressin acetate  
aerosol spray/nasal  
solution/tabs** (DDAVP)  
**dexamethasone**  
(Decadron)  
**fludrocortisone acetate**  
(Florinef)  
**glimepiride 1mg,  
2mg, 4mg** (Amaryl)

## 7. DIABETES, THYROID, STEROIDS & OTHER MISCELLANEOUS HORMONES (Cont.)

### DRUG NAME

**glipizide** (Glucotrol)  
**glipizide ER** (Glucotrol XL)  
 Glucagon Emergency Kit  
**glyburide** (Diabeta, Micronase)  
**glyburide micronized** (Glynase)  
 Humalog  
 Humulin insulins  
**hydrocortisone 20mg tabs** (Cortef)  
 Iletin insulins  
 Insulin Syringes  
 Lancets  
 Lantus  
**levothyroxine** (Levoxyl, Synthroid)  
**metformin** (Glucophage)  
**metformin ER** (Glucophage XR)  
**metformin/glyburide** (Glucovance)

### DRUG NAME

**methimazole** (Tapazole)  
**methylprednisolone** (Medrol)  
 Novolin  
 Novolog  
 Novolog mix  
 OneTouch Monitor  
 OneTouch Test Strips  
**oxandrolone** (Oxandrin)  
 Prandin  
**prednisolone sodium phosphate** (Pediapred, Orapred)  
**prednisolone syrup** (Prelone)  
**prednisone tabs** (Deltasone)  
**propylthiouracil**  
 Sensipar  
 Starlix  
 PA Symlin  
 PA **tolbutamide**  
 Zavesca

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## 8. STOMACH, ULCER & BOWEL MEDS

### DRUG NAME

Asacol  
Canasa supp  
Carafate susp  
**chlordiazepoxide/  
clidinium**  
**cimetidine** (Tagamet)  
**dicyclomine** (Bentyl)  
**diphenoxylate HCl/  
atropine** (Lomotil)

- Q** Emend  
**famotidine 40mg**  
(Pepcid)  
Gastrocrom  
**hydrocortisone**  
(Anusol-HC Rectal cream,  
supp)  
**hydrocortisone  
retention enema**  
(Colocort)  
**hyoscyamine** (Levsin,  
Levsinex, Levid)  
Kristalose  
Kytril tabs  
**lactulose soln**  
**mesalamine rectal susp**  
(Rowasa)  
**metoclopramide** (Reglan)  
**misoprostol** (Cytotec)  
**PA** Nexium  
**PA** Nexium For Delayed-Release  
Oral Suspension  
**nizatidine** (Axid)  
**omeprazole** (Prilosec)  
**ondansetron HCl**  
(Zofran)  
**Pancrelipase EC/SA**  
(Pancrease, Pancrease MT)  
**PEG 3350 & electrolytes**  
(GoLytely, Colyte, Nulytely)

### DRUG NAME

- Pentasa  
**phenobarb/hyoscyamine/  
atrop/scop** (Donnatal)  
**PA** Prevacid  
**PA** Prevacid Granules For Oral  
Suspension  
**PA** Prevacid Orally Disintegrating  
Tablets  
**prochlorperazine**  
(Compazine tabs, supp)  
Proctofoam-HC  
**promethazine** (Phenergan  
tab, supp)  
**ranitidine 300mg**  
(Zantac)  
**sucralfate tabs** (Carafate)  
**sulfasalazine** (Azulfidine)  
**trimethobenzamide**  
(Tigan oral, supp)  
**ursodiol** (Actigall)  
Zantac syrup

## 9. BIOTECHNOLOGY

### DRUG NAME

- Q** Avonex  
**Q** Copaxone  
Peg-Intron  
Procrit

## 10. BONES, JOINTS & MUSCLES

### DRUG NAME

- Q** Actonel  
**allopurinol** (Zyloprim)  
**azathioprine** (Imuran)  
**baclofen**  
**calcitonin-salmon  
(rDNA origin) nasal  
spray** (Miacalcin)  
**carisoprodol** (Soma)

## 10. BONES, JOINTS & MUSCLES (Cont.)

### DRUG NAME

**chlorzoxazone** (Parafon Forte)

**choline magnesium trisalicylate**

**colchicine**

Cortef 5mg, 10mg

**cyclobenzaprine hcl 10mg** (Flexeril 10mg)

**cyclobenzaprine hcl 5mg** (Flexeril 5mg)

**dexamethasone** (Decadron)

**diazepam** (Valium)

**diclofenac potassium** (Cataflam)

**diclofenac sodium** (Voltaren, XR)

**diflunisal** (Dolobid)

**PA** Enbrel

**etodolac** (Lodine, XL) Evista

**fenoprofen calcium** (Nalfon)

**flurbiprofen** (Ansaid)

### DRUG NAME

**Q** Fosamax

Fosamax soln

**Q** Fosamax Plus D

**hydrocortisone 20mg tabs** (Cortef)

**hydroxychloroquine** (Plaquenil)

**ibuprofen** (Motrin)

**indomethacin** (Indocin)

**indomethacin SR** (Indocin SR)

**ketoprofen** (Orudis)

**ketoprofen SR** (Oruvail)

**ketorolac** (Toradol oral)

**leflunomide 10mg, 20mg**, (Arava)

**meclofenamate**

**meloxicam** (Mobic)

**methocarbamol** (Robaxin)

**methotrexate**

**methylprednisolone** (Medrol)

**nabumetone** (Relafen)

**naproxen** (Naprosyn)

**naproxen sodium** (Anaprox, DS)

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## 10. BONES, JOINTS & MUSCLES (Cont.)

### DRUG NAME

**naproxen sodium SA**  
(Naprelan)  
**oxaprozin** (Daypro)  
**piroxicam** (Feldene)  
**prednisolone sodium phosphate** (Pediapred, Orapred)  
**prednisolone syrup**  
(Prelone)  
**prednisone tabs**  
(Deltasone)  
**probenecid**  
**salsalate**  
Skelaxin  
**sulfasalazine** (Azulfidine)  
**sulfinpyrazone, sulindac**  
(Clinoril)  
**tizanidine** (Zanaflex)  
**tolmetin**

## 11. FEMALE, HORMONE REPLACEMENT, BIRTH CONTROL

*The Injectable Fertility Agents in this section are only covered under certain benefits programs. Please check your booklet/member handbook to determine coverage.*

### DRUG NAME

Bravelle  
Cenestin  
**clindamycin cream**  
(Cleocin)  
Depo-Provera 150mg  
Depo Sub Q Provera 104mg

### DRUG NAME

**desogestrel/ethinyl estradiol esterified estrogens/methyltestosterone**  
Estraderm  
**estradiol** (Estrace)  
**estradiol transdermal**  
(Climara)  
Estratest, HS  
Estring  
**estropipate** (Ogen)  
Femhrt  
**fluconazole 150mg**  
(Diflucan)  
Follistim  
Follistim AQ  
**levonorgestrel/ethinyl estradiol** (Seasonale, Triphasil)  
Lunelle  
**medroxyprogesterone acetate** (Provera)  
**medroxyprogesterone acetate 150mg/mL**  
(Depo-Provera)  
Menopur  
Methergine  
**metronidazole vaginal gel 0.75%** (Metrogel)  
**norethindrone**  
**norethindrone acetate**  
(Aygestin)  
**norethindrone/ethinyl estradiol**  
**norethindrone/ethinyl estradiol, Fe**  
**norethindrone/mestranol**  
**norgestimate/ethinyl estradiol**  
**norgestrel/ethinyl estradiol**  
Novarel

## 11. FEMALE, HORMONE REPLACEMENT, BIRTH CONTROL (Cont.)

### DRUG NAME

Nuvaring  
**nystatin**  
 Ortho Evra  
 Premarin  
 Premarin Vaginal Cream  
 Premphase  
 Prempro  
 Prometrium  
 Repronex  
**terconazole cream**  
 (Terazol 3)  
 Vivelle, Vivelle Dot

## 12. EYE MEDICATIONS

### DRUG NAME

**acetazolamide**  
 Acular  
 Alphagan P  
 Alex  
**atropine sulfate** (Isopto  
 Atropine)  
 Azopt  
**bacitracin ophth**

### DRUG NAME

**bacitracin/polymyxin B ophth oint** (Polysporin)  
**betaxolol**  
 Betimol  
 Betoptic S  
 Blephamide  
**brimonidine**  
**carbachol 3%** (Isopto  
 Carbachol 3%)  
**carteolol**  
**ciprofloxacin** (Ciloxan)  
 Cosopt  
**cromolyn ophth** (Crolom)  
**cyclopentolate HCl**  
 (Cyclogyl)  
**dexamethasone ophth**  
 Diamox sequels  
**dipivefrin HCl** (Propine)  
**erythromycin**  
**fluorometholone** (FML,  
 Liquifilm)  
**gentamicin ophth**  
 (Gentak)  
 HMS  
**homatropine 5%** (Isopto  
 Homatropine)  
 Isopto Homatropine

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## 12. EYE MEDICATIONS (Cont.)

### DRUG NAME

**levobunolol** (Betagan)  
Lotemax  
Lumigan  
**methazolamide**  
**neomycin/polymyxin B/  
dexamethasone**  
(Maxitrol)  
**ofloxacin** (Ocuflox)  
Optivar  
Patanol  
Phospholine Iodide  
**pilocarpine** (Pilocar, Isopto  
Carpine)  
Pilopine HS gel  
**polymyxin B/neo/  
bacitracin** (Neosporin  
ointment)  
**polymyxin B/neo/  
gramicidin** (Neosporin  
solution)  
**prednisolone acetate**  
(Econopred Plus,  
Pred-Forte)  
**prednisolone sodium  
phosphate** (Inflamase  
Forte)  
**prednisolone/sodium  
sulfacetamide** (Vasocidin  
ointment)  
**sulfacetamide** (Bleph 10)  
**timolol ophth** (Timoptic)  
**timolol XE** (Timoptic XE)  
Tobradex  
**tobramycin** (Tobrex)  
**trifluridine** (Viroptic)  
**trimethoprim sulfate/  
polymyxin B** (Polytrim)  
**tropicamide** (Mydracil)  
Trusopt

### DRUG NAME

Vexol  
Vigamox  
Voltaren  
Xalatan

## 13. ALLERGY, COUGH & COLD, LUNG MEDS

### DRUG NAME

**acetylcysteine** (Mucomyst)  
Advair Diskus  
**albuterol inhaler**  
(Proventil, Ventolin)  
**albuterol syrup, soln,  
tabs** (Proventil, Ventolin)  
Alupent aerosol  
**aminophylline tabs**  
Astelin  
Atrovent HFA aerosol  
Azmacort  
**benzonatate** (Tessalon  
Perles)  
**brompheniramine/  
phenlephrine**  
(Brovex D)  
**chlorpheniramine/  
phenylephrine**  
(Rynatan)  
**chlorpheniramine/  
phenylephrine/  
methscopolamine  
chewable tabs**  
(Extendryl)  
**chlorpheniramine/  
phenylephrine/  
methscopolamine  
syrup** (Extendryl)  
**chlorpheniramine/  
phenylephrine/  
methscopolamine  
extended release**  
(Hista-Vent DA)

### 13. ALLERGY, COUGH & COLD, LUNG MEDS (Cont.)

#### DRUG NAME

Combivent MDI  
 Cortef 5mg, 10mg  
**cromolyn inhalation soln** (Intal soln)  
**cyproheptadine dexamethasone** (Decadron)  
 Elixophyllin  
 EpiPen  
 EpiPen Jr. Auto-Injector/E\*Z  
 Extendryl SR  
**fexofenadine** (Allegra)  
 Flovent HFA  
**flunisolide** (Nasarel)  
 Foradil  
**guaifenesin/codeine** (Guiatuss AC)  
**guaifenesin/hydrocodone**  
**guaifenesin/phenylephrine/hydrocodone** (Duratuss HD elixir)

#### DRUG NAME

**guaifenesin/pseudoephedrine/codeine**  
 (Guiatuss DAC, Novahistine)  
**hydrocodone/homatropine syrup** (Hycodan)  
**hydrocortisone 20mg tabs** (Cortef)  
**hydroxyzine HCl hydroxyzine pamoate** (Vistaril)  
 Intal oral inhaler  
**ipratropium-albuterol** (Duoneb)  
**ipratropium inhalation soln** (Atrovent soln)  
 Maxair  
**metaproterenol tabs, syrup**  
**metaproterenol inhalation soln**  
**methylprednisolone** (Medrol)  
 Nasacort AQ  
 Nasonex

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### 13. ALLERGY, COUGH & COLD, LUNG MEDS (Cont.)

#### DRUG NAME

**phenylephrine-carbinoxamine w/ hydrocodone liqd 8-4-5mg/5ml** (Max HC)  
**phenylephrine/cpm/ hydrocodone** (Histussin-HC)  
**phenylephrine HCL/ COD/prometh** (Phenergan VC w/codeine)  
**phenylephrine/ hydrocodone/BPM** (Flutuss HC liquid)  
**phenylephrine/ hydrocodone/CP** (Maxituss HC)  
**prednisolone sodium phosphate** (Pediapred, Orapred)  
**prednisolone syrup** (Prelone)  
**prednisone tabs** (Deltason)  
**promethazine** (Phenergan)  
**promethazine/codeine**  
**promethazine/ dextromethorphan**  
**promethazine/ phenylephrine/ codeine**  
Proventil HFA  
**pseudoephedrine/ brompheniramine/ hydrocodone liquid** (Brovex HC)  
**pseudoephedrine/cpm/ codeine** (Novahistine DH)

#### DRUG NAME

**pseudoephedrine/ chlorpheniramine** (Kronofed A Jr.)  
**pseudoephedrine/ guaifenesin extended release** (Zephrex LA)  
Pulmicort Respules, Turbuhaler  
Pulmozyme  
Serevent Diskus  
**PA** Singulair  
Spiriva  
**terbutaline sulfate tabs** (Brethine)  
Theo-24  
**theophylline extended release caps 12H**  
**theophylline extended release tabs** (Theochron, Uniphyll)  
Tilade  
Tracleer  
Vospire ER

### 14. URINARY AND PROSTATE MEDS

#### DRUG NAME

**bethanechol** (Urecholine)  
**doxazosin mesylate** (Cardura)  
**finasteride** (Proscar)  
**flavoxate** (Urispas)  
**methenamine/ methylene blue/ benzoic acid/ salicylic acid/atropine** (Prosed EC tab)  
**methenamine/ phenylsalicylate/ atropine/hyoscyamine/ benzoic acid/ methylene blue** (Urised)

## 14. URINARY AND PROSTATE MEDS (Cont.)

### DRUG NAME

- Q, PA** Muse  
**oxybutynin** (Ditropan)  
**oxybutynin chloride**  
 (Ditropan XL)  
**phenazopyridine**  
 (Pyridium)  
**potassium citrate**  
 (Urocit-K)  
**terazosin** (Hytrin)

**Q, PA** Viagra

## 15. VITAMINS & ELECTROLYTES

### DRUG NAME

- ergocalciferol** (Calciferol)  
**fluoride**  
**folic acid**  
**iron, carbonyl 15mg**  
 (Icar)  
**multivitamin with fluoride drops, tabs**  
 (Tri-Vi-Flor, Poly-Vi-Flor with and without iron)

### DRUG NAME

- potassium bicarbonate/potassium citrate effervescent 25mEq**  
 (K-Lyte), (K-Dur)  
**potassium chloride 10mEq**  
 (Klor-Con 10, Kaon-CL 10, Klotrix, K-Tab, K-Dur, Micro-K)  
**potassium chloride 8mEq** (Klor-Con 8)  
**potassium chloride liquid**  
**potassium powder 20mEq** (K-Lor)  
 Micro-K 8mEq  
**prenatal vitamins with folic acid**  
 (Stuartnatal Plus with or without iron)  
**sodium fluoride drops**  
 (Luride drops)  
**vitamin D** (Drisdol)

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## 16. DIAGNOSTICS & MISCELLANEOUS AGENTS

### DRUG NAME

Antabuse

**benzoyl peroxide**

**urea cream**

Chemet

**etidronate 200mg,**

**400mg** (Didronel)

### DRUG NAME

**midodrine** (ProAmatine)

PhosLo

**pilocarpine 5mg**

(Salagen)

**pilocarpine**

**hydrochloride 7.5mg**

(Salagen)

**sodium fluoride**

**solution rinse**

## PROCEDURES THAT SUPPORT SAFE PRESCRIBING

Independence Blue Cross utilizes a Pharmacy Benefits Management (PBM) company, FutureScripts®, to manage the administration of our commercial prescription drug programs. As our PBM, FutureScripts is responsible for providing a network of participating pharmacies, administering pharmacy benefits and providing customer service to our members and providers.

### **Prior Authorization**

Independence Blue Cross requires prior authorization of certain covered drugs to ensure that the drug prescribed is medically necessary and appropriate and is being prescribed according to the Food and Drug Administration (FDA) guidelines. The approval criteria were developed and endorsed by the FutureScripts® Pharmacy and Therapeutics Committee, which is an established group of Medical Directors and practicing area physicians and pharmacists.

Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's prescribing physician, and the member's available prescription drug therapy history. Their review includes a determination that there are no drug interactions or contraindications, that dosing and length of therapy are appropriate, and that other drug therapies were utilized, if necessary.

Without prior authorization, the member's prescription will not be covered at the retail or mail order pharmacy. (See 96-Hour Temporary Supply Program on the following pages.) The prior authorization process may take up to two working days once *complete information* from the prescribing physician has been received. Incomplete information will result in a delayed decision.

Currently, the drugs listed below are a part of the prior authorization program. Prior authorization applies to all formulations of these specific drugs, including but not limited to, tablet, capsule and oral suspension.

|   |                            |                                    |                           |
|---|----------------------------|------------------------------------|---------------------------|
| Aciphex <sup>®</sup>                      | Exforge <sup>®</sup>       | Neosol <sup>®</sup>                | Sutent <sup>®</sup>       |
| Ambien CR <sup>®</sup>                    | Exjade <sup>®</sup>        | Nexavar <sup>®</sup>               | Symbicort <sup>®</sup>    |
| Amevive <sup>®</sup>                      | Exubera <sup>®</sup>       | Nexium <sup>®</sup>                | Symlin <sup>®</sup>       |
| Atacand <sup>®</sup>                      | Fentora <sup>®</sup>       | Noxafil <sup>®</sup>               | Taclonex <sup>®</sup>     |
| /Atacand HCT <sup>®</sup>                 | Forteo <sup>®</sup>        | NuLev <sup>®</sup>                 | Tarceva <sup>®</sup>      |
| Avapro <sup>®</sup> /Avalide <sup>®</sup> | Gleevec <sup>®</sup>       | Opana <sup>®</sup>                 | Tekturna <sup>®</sup>     |
| Benicar <sup>®</sup>                      | Glumetza <sup>™</sup>      | Oracea <sup>™</sup>                | Teveten <sup>®</sup>      |
| /Benicar HCT <sup>®</sup>                 | Humira <sup>®</sup>        | Pataday <sup>™</sup>               | /Teveten HCT <sup>®</sup> |
| BiDil <sup>®</sup>                        | Invega <sup>™</sup>        | Paxil CR <sup>®</sup>              | Thalomid <sup>®</sup>     |
| Botox <sup>®</sup>                        | Iressa <sup>®</sup>        | Prevacid <sup>®</sup>              | Tykerb <sup>®</sup>       |
| Byetta <sup>®</sup>                       | Janumet <sup>™</sup>       | Prevacid/<br>NapraPAC <sup>®</sup> | Ultram ER <sup>®</sup>    |
| Caduet <sup>®</sup>                       | Januvia <sup>®</sup>       | Protonix <sup>®</sup>              | Veramyst <sup>™</sup>     |
| Caverject <sup>®</sup>                    | Kineret <sup>®</sup>       | Protonix <sup>®</sup>              | Viagra <sup>®</sup>       |
| Celebrex <sup>®</sup>                     | Levitra <sup>®</sup>       | Provigil <sup>®</sup>              | Vyvanse <sup>™</sup>      |
| Cesamet <sup>®</sup>                      | Lipitor <sup>®</sup>       | Pylera <sup>™</sup>                | Xyzal <sup>®</sup>        |
| Cialis <sup>®</sup>                       | Lunesta <sup>®</sup>       | Qualaquin <sup>®</sup>             | Zavesca <sup>®</sup>      |
| Cozaar <sup>®</sup> /Hyzaar <sup>®</sup>  | Lyrica <sup>®</sup>        | Ranexa <sup>®</sup>                | Zelapar <sup>®</sup>      |
| Cymbalta <sup>®</sup>                     | Magnacet <sup>™</sup>      | Raptiva <sup>®</sup>               | Zmax <sup>®</sup>         |
| Daytrana <sup>®</sup>                     | Micardis <sup>®</sup>      | Revatio <sup>®</sup>               | Zolinza <sup>®</sup>      |
| Diovan <sup>®</sup>                       | /Micardis HCT <sup>®</sup> | Revlimid <sup>®</sup>              | Zyvox <sup>®</sup>        |
| /Diovan HCT <sup>®</sup>                  | Mobic <sup>®</sup>         | Rozerem <sup>®</sup>               |                           |
| Edex <sup>®</sup>                         | Muse <sup>®</sup>          | Singulair <sup>®</sup>             |                           |
| Enbrel <sup>®</sup>                       | Myobloc <sup>®</sup>       | Sprycel <sup>®</sup>               |                           |

This list is subject to change.

### **Age and Gender Limits**

The FDA has established specific procedures that govern prescription prescribing practices. These rules are designed to prevent potential harm to patients and ensure that the medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals over age 14, such as ciprofloxacin, or prescribed only for females, such as prenatal vitamins. The pharmacist's computer provides up-to-date information about FDA rules. If the member's prescription falls outside of the FDA guidelines, it will not be covered until prior authorization is obtained. The prescribing physician may request pre-approval of restricted medications when medically

necessary. The approval criteria for this review were developed and endorsed by the FutureScripts® Pharmacy and Therapeutics Committee, which is an established group of Medical Directors and practicing area physicians and pharmacists. The member should contact the prescribing physician to request that he/she initiate the pre-approval process. To determine if a covered prescription drug prescribed for you has an age or gender limit, call FutureScripts at 1-888-678-7012.

### **Quantity Level Limits**

Quantity level limits are designed to allow a sufficient supply of medication based on FDA-approved maximum daily doses and length of therapy of a particular drug. The first type of quantity limit is based on a 30-day supply of a medication per fill. Examples of quantity level limits per fill include:

**Avonex® 1 kit (4 injections), Fosamax Plus D® 5 tablets**

**Betaseron® 15 vials, Rebif® 12 injections**

**Copaxone® 32 vials**

In addition, sedative hypnotic drugs, such as:

**Sonata® 14 capsules, Ambien® 14 tablets**

and oral narcotic drugs, such as:

**OxyContin® 90 units, Percodan® 180 units**

**Percocet® 180 units**

If the member's prescription exceeds the quantity limit, the pharmacist will fill for the 30-day supply and then the member must follow up with his or her physician regarding future prescriptions. The member's physician may request a quantity limit override if the member's therapy requires him or her to receive a larger daily dose of medication. The member should request that the prescribing physician initiate the pre-approval request for an override.

Another type of quantity limit is based on FDA dosing guidelines over a rolling 30-day period. Examples of quantity level limits per rolling 30-day period are Emend® (125mg 4 capsules + 80mg 8 capsules or 4 tri-fold packs [125mg 1 capsules + 80mg 2 capsules]), Boniva (150mg 2 tablets), and also migraine drugs such as:

**Amerge® 2.5mg 9 tablets, Migranal® 4mg nasal spray 8 units**

**Imitrex® 50mg 36 tablets, Stadol NS® 10mg 4 units**

**Maxalt® 10mg 12 tablets, Zomig® 5mg 9 tablets**

Also included in this rolling 30-day period are some fertility agents (if covered under the group contract) such as:

**Fertinex® 60 ampules, Humegon® 60 ampules**

**Follistim® 60 ampules, Pergonal® 60 ampules**

**Gonal-F® 60 ampules, Repronex® 60 ampules**

For example, if a member went to the pharmacy on October 1, 2007, for one of these medications, the computer system would have looked back 30 days to September 1, 2007, to see how much medication was dispensed. If the quantity exceeded the FDA recommendations, the member's physician would have been required to submit information to explain why the increased quantity was needed. The member would have been required to contact the prescribing physician to initiate the pre-approval request for an override. The purpose of these limits is to make certain that these drugs are being used appropriately and to guard against overuse or stock piling.

Another type of quantity limit is the "Refill Too Soon." If a member has used less than 75% of the total day supply dispensed, the claim will be rejected at the pharmacy. This will ensure that the medication is being taken in accordance with the prescribed dose and frequency of administration.

To determine if a covered prescription drug prescribed for you has a quantity level limit, call FutureScripts® at 1-888-678-7012.

### **96-Hour Temporary Supply Program**

The 96-Hour Temporary Supply Program applies to the following covered medications:

- Most medications that require prior authorization.
- Medications that are subject to age limits (pre-approval required for ages outside of recommended ranges).
- Migraine medications with quantity level limits such as Amerge®, Imitrex®, Maxalt®, Migranal®, Stadol NS® and Zomig® (pre-approval of quantity override required for amounts over the quantity level limits).

Under the 96-Hour Temporary Supply Program, if a member's doctor writes a prescription for a drug that requires prior authorization, has an age limit, or exceeds the quantity level limit for a medication and prior authorization/pre-approval has not been obtained by the doctor, the following steps will occur:

1. The participating retail pharmacy will be instructed to release a 96-hour supply of the drug to the member with no out-of-pocket cost sharing<sup>1</sup> at that time.
2. By the next business day, our PBM will contact the member's doctor to request that he or she submit the necessary documentation of medical necessity or medical appropriateness for review.
3. Once the completed medical documentation is received by our PBM, the review will be completed and the medication will be approved or denied.
4. If approved, the remainder of the prescription order will be filled and the appropriate prescription drug out-of-pocket cost sharing will be applied<sup>1</sup>.
5. If denied, notification will be sent to the doctor and the member.

<sup>1</sup> Members with an integrated drug benefit (e.g., CMM and Major Medical) will pay the discounted cost of the 96-hour supply as well as the remainder of the prescription order (if approved) at the time of purchase and the medical claim for reimbursement will be processed through standard procedures.

**Obtaining a 96-hour temporary supply does not guarantee that the prior authorization/pre-approval request will be approved.** Some medications are not eligible for the 96-Hour Temporary Supply Program due to packaging or other limitations such as Retin-A (tube), Enbrel (2-week injection kit), medroxyprogesterone acetate (monthly injectable), and erectile dysfunction drugs. Additionally, certain drugs to treat hemophilia (antihemophilic factors) are not usually purchased at the pharmacy and must be special-ordered; therefore, they are not eligible for the 96-hour temporary supply.

**The process for requesting a Prior Authorization/Pre-Approval or Override is as follows:**

- The physician prescribing the medication completes a prior authorization form or writes a letter of medical necessity and submits it to our PBM by fax at 215-241-3073 or 1-888-671-5285. A member's physician can request the form by calling 1-888-678-7012. Members can request the form through Member Services on behalf of their physician, but it must be completed and submitted by the doctor.
- The PBM will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the

request based on established criteria, a medical director will review the document.

- A decision is made regarding the request.
- If approved, the prescribing physician will be notified of approval via fax or telephone and the claim system will be coded with the approval.
- The member can call the member service phone number on his/her identification card to determine if the prescription is approved.
- If denied, the prescribing physician will be notified via letter, fax, or telephone.
- The member is also notified of all denied requests via letter.
- The appeals process will be detailed on the denial letters sent to the members and physicians.

### **Coverage for medications not on the Formulary (specific to Select Drug Program members only)**

Providers may request formulary coverage of a covered non-formulary medication when all formulary alternatives have been exhausted or there are contraindications to using the formulary alternatives. The provider should complete the covered non-formulary appeal form providing detail to support use of the covered non-formulary medication and fax the request to 215-241-3073 or 1-888-671-5285. If the non-formulary request is approved, the drug will be paid at the appropriate formulary benefit level. If the request is denied, the member and provider will receive a denial letter with the appropriate appeal language. Whether or not an appeal is filed, the member may always obtain benefits for the covered non-formulary drug at the appropriate non-formulary benefit level. Out-of-pocket expenses for non-formulary drugs are higher than for formulary drugs.

### **Appealing a Decision**

If a request for prior authorization/pre approval or override results in a denial, the member or physician, on the member's behalf, may file an appeal. Both the member and their provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. In all cases, the physician needs to be involved in the appeal process to provide the required medical information for the basis of the appeal.

**A**

- Abilify, 6  
Accu-Check Test Strips, 14  
Accuretic, 11  
Accutane, 13  
acebutolol, 9  
acetaminophen with codeine, 6  
Acetasol HC, 14  
acetazolamide, 6, 19  
acetic acid/HC, 14  
acetylcysteine, 20  
Aciphex, 25  
Aclovate, 10  
Actigall, 16  
Actiq, 7  
Actonel, 16  
Actoplus Met, 14  
Actos, 14  
Acular, 19  
acyclovir, 3  
Adalat CC, 11  
Adderall, 6  
Adderall XR, 6  
Advair Diskus, 20  
Agenerase, 3  
Agrylin, 9  
albuterol, 20  
alclometasone, 12  
Aldactazide, 11  
Aldactone, 11  
Alkeran, 5  
Allegra, 21  
allopurinol, 16  
Alphagan P, 19  
alprazolam, 6  
Alrex, 19  
Altace, 9  
Alupent, 20  
amantadine, 3, 6  
Amaryl, 14  
Ambien, 9  
Ambien CR, 25  
amcinonide, 12  
Amevive, 25  
Amicar, 9  
amiloride, 9  
amiloride/HCTZ, 9  
aminocaproic acid, 9  
aminophylline, 20  
amiodarone HCl, 9  
amitriptyline, 6  
amlodipine, 9  
amlodipine/benazepril, 9  
amoxapine, 6  
amoxicillin, 3  
amoxicillin/clavulanate, 3  
Amoxil, 3  
ampicillin, 3  
Anafranil, 6  
anagrelide, 9  
Anaprox, DS, 8, 17  
Androgel, 14  
Ansaid, 7, 17  
Antabuse, 24  
anthralin cream, 12  
Anusol-HC Rectal, 16  
apap/butalbital, 6  
apap-salicylamide-phenyltolox-  
caffeine, 6  
Aralen, 3  
Arava, 17  
Aricept, 6  
Aromasin, 5  
Asacol, 16  
aspirin with codeine, 6  
Astelin, 20  
Atacand, 25  
Atacand HCT, 25  
atenolol, 9  
Ativan, 8  
Atripla, 3  
atropine sulfate, 19  
Atrovent HFA, 20  
Atrovent Nasal Spray, 14  
Atrovent soln, 21  
Augmentin, 3

Augmentin XR, 3  
Avalide, 25  
Avandamet, 14  
Avandaryl, 14  
Avandia, 14  
Avapro, 25  
Avinza, 6  
Avita, 14  
Avonex, 16  
Axid, 16  
Aygestin, 18  
azathioprine, 5, 16  
azithromycin, 3  
Azmacort, 20  
Azopt, 19  
Azulfidine, 16, 18

## **B**

bacitracin ophth, 19  
bacitracin/polymyxin B ophth, 19  
baclofen, 16  
Bactroban, 12, 13, 14  
benazepril, 9  
benazepril/HCTZ, 9  
Benicar, 9, 25  
Benicar HCT, 9, 25  
Bentyl, 16  
Benzamycin Gel, 12  
benzocaine/antipyrine, 14  
benzonatate, 20  
Benzotic, 14  
benzoyl peroxide urea cream, 24  
benzoyl peroxide/erythromycin  
gel, 12  
benzoyl peroxide/urea cream, 12  
benztropine, 6  
Betagan, 20  
betamethasone dipropionate, 12  
betamethasone dipropionate  
augmented, 12  
betamethasone valerate, 12  
betamethasone/clotrimazole, 12  
Betapace, AF, 11

Beta-Val, 12  
betaxolol, 9, 19  
bethanechol, 22  
Betimol, 19  
Betoptic S, 19  
Biaxin, 3  
Biaxin XL, 3  
BiDil, 25  
bisoprolol/HCTZ, 9  
Bleph 10, 20  
Blephamide, 19  
Blocadren, 11  
Botox, 25  
Bravelle, 18  
Brethine, 22  
brimonidine, 19  
bromocriptine mesylate, 6  
brompheniramine/  
phenlephrine, 20  
Brovex D, 20  
Brovex HC, 22  
bumetanide, 9  
Bumex, 9  
bupropion, ER, XL, 6  
BuSpar, 6  
buspirone, 6  
butalbital/apap/caffeine, 6  
butalbital/aspirin/caffeine, 6  
butalbital/aspirin/caffeine/  
codeine, 6  
Byetta, 14, 25

## **C**

Caduet, 25  
Cafegot, 7, 8  
Calan, SR, 11, 12  
Calciferol, 23  
calcitonin-salmon nasal spray, 16  
calcitriol, 14  
Canasa, 16  
Capoten, 9  
Capozide, 10  
captopril, 9

captopril/HCTZ, 10  
 Carafate, 16  
 carbachol, 19  
 carbamazepine, 6  
 carbidopa/levodopa, CR, 6  
 Cardizem, CD, SR, 10  
 Cardura, 10, 22  
 carisoprodol, 16  
 Carmol scalp lotion, 14  
 carteolol, 19  
 carvedilol, 10  
 Casodex, 5  
 Cataflam, 6, 17  
 Catapres, 10  
 Caverject, 25  
 Ceclor, 3  
 CeeNU, 5  
 cefaclor, ER, 3  
 cefadroxil, 3  
 cefdinir, 3  
 Ceftin, 3  
 cefuroxime axetil, 3  
 Celebrex, 25  
 Celexa, 6  
 Cellcept, 5  
 Celontin, 6  
 Cenestin, 18  
 cephalixin, 3  
 Cesamet, 25  
 Chemet, 24  
 chlordiazepoxide/clidinium, 16  
 chlorhexidine gluconate, 14  
 chloroquine phosphate, 3  
 chlorothiazide, 10  
 chlorpheniramine/  
     phenylephrine, 20  
 chlorpheniramine/phenylephrine/  
     methscopolamine, ER, 20  
 chlorpromazine, 6  
 chlorthalidone, 10  
 chlorthalidone/atenolol, 10  
 chlorzoxazone, 17  
 cholestyramine, 10  
 choline magnesium  
     trisalicylate, 6, 17  
 Cialis, 25  
 ciclopirox, 12  
 cilostazol, 10  
 Ciloxan, 19  
 cimetidine, 16  
 Cipro, 3  
 Cipro HC Otic, 14  
 ciprofloxacin, 3, 19  
 citalopram, 6  
 clarithromycin, SR 24 HR, 3  
 Cleocin, 3, 18  
 Cleocin T, 12  
 Climara, 18  
 clindamycin, 3, 12, 18  
 Clinoril, 9, 18  
 clobetasol, 12  
 clomipramine HCl, 6  
 clonazepam, 6  
 clonidine, 10  
 clotrimazole troches, 3  
 clozapine, 6  
 Clozaril, 6  
 codeine, 6  
 colchicine, 17  
 Colestid, 10  
 colestipol hcl, 10  
 Colocort, 16  
 Colyte, 16  
 Combivent MDI, 21  
 Combivir, 3  
 Compazine, 16  
 Comtan, 6  
 Concerta, 6  
 Condylox, 13  
 Copaxone, 16  
 Cordarone, 9  
 Coreg, 10  
 Corgard, 10  
 Cortef, 14, 15, 17, 21  
 Cortisporin Otic, 14

Corzide, 11  
Cosopt, 19  
Coumadin, 10  
Cozaar, 25  
Crixivan, 3  
Crolom, 19  
cromolyn inhalation soln, 21  
cromolyn ophth, 19  
Cutivate, 12  
cyclobenzaprine hcl, 17  
Cyclocort, 12  
Cyclogyl, 19  
cyclopentolate HCl, 19  
cyclophosphamide, 5  
cyclosporine, 5  
cyclosporine modified, 5  
Cymbalta, 25  
cyproheptadine, 21  
Cytadren, 14  
Cytomel, 14  
Cytotec, 16  
Cytovene, 4  
Cytoxan, 5

## D

danazol, 5, 14  
Danocrine, 5, 14  
Dapsone, 3  
Daraprim, 3  
Darvocet-N, 8  
Daypro, 8, 18  
Daytrana, 25  
DDAVP, 14  
Decadron, 14, 17, 21  
Declomycin, 3  
Deltasone, 6, 15, 18, 22  
Demadex, 11  
demeclocycline, 3  
Demerol, 8  
Depakene, 9  
Depakote, ER, 6  
Depo Sub Q Provera, 18  
Depo-Provera, 18

Dermatop, 13  
desipramine, 6  
desmopressin acetate, 14  
desogestrel/ethinyl estradiol, 18  
desoximetasone, 12  
Desoxyn, 8  
Desyrel, 9  
dexamethasone, 14, 17, 19, 21  
dexmethylphenidate, 6  
dextroamphetamine/  
amphetamine, 6  
Diabeta, 15  
Diamox sequels, 19  
diazepam, 6, 17  
diclofenac potassium, 6, 17  
diclofenac sodium, 7, 17  
dicloxacillin, 3  
dicyclomine, 16  
didanosine delayed-rel, 3  
Didronel, 24  
diflorasone diacetate, 12  
Diflucan, 4, 18  
diflunisal, 7, 17  
digoxin, 10  
Dilacor XR, 10  
Dilatrate-SR, 10  
Dilaudid, 7  
diltiazem, ER, SR, 10  
Diovan, 10, 25  
Diovan HCT, 10, 25  
diphenoxylate HCl/atropine, 16  
dipivefrin HCl, 19  
Diprolene, AF, 12  
dipropionate, 10  
dipyridamole, 10  
disopyramide, CR, 10  
Ditropan, XL, 23  
Dolobid, 7, 17  
Dolophine, 8  
Donnatal, 16  
Dovonex, 12  
doxazosin mesylate, 10, 22  
doxepin, 7

doxycycline hyclate, 3  
doxycycline monohydrate, 3  
Drisdol, 23  
Duoneb, 21  
Duragesic, 7  
Duratuss HD elixir, 21  
Duricef, 3  
Durulac, 6  
Dyazide, 11  
Dynacin, 4  
DynaCirc, 10

## **E**

econazole, 12  
Econopred Plus, 20  
Edocrin, 10  
Edex, 25  
EES, 4  
Effexor, 9  
Efudex, 12  
Eldepryl, 8  
Elimite, 13  
Elixophyllin, 21  
Elocon, 13  
Emcyt, 5  
Emend, 16  
Emgel, 12  
Emla, 13  
Emtriva, 3  
enalapril, 10  
enalapril/HCTZ, 10  
Enbrel, 17, 25  
EpiPen, 21  
EpiPen Jr. Auto-Injector/E\*Z, 21  
Epivir, 4  
Epzicom, 4  
ergocalciferol, 23  
ergotamine/cafeine, 7  
Eryc, 4  
Erycette, 12  
Erygel, 12  
EryPed, 4  
Ery-Tab, 4

Erythrocin, 4  
erythromycin, 12, 19  
erythromycin ethylsuccinate, 4  
erythromycin stearate, 4  
erythromycin suspension w/  
sulfa, 4  
erythromycin, delayed release, 4  
Eskalith, CR, 8  
esterified estrogens/  
methyltestosterone, 18  
Estrace, 18  
Estraderm, 18  
estradiol, 18  
estradiol transdermal, 18  
Estratest HS, 18  
Estring, 18  
estropipate, 18  
ethambutol, 4  
ethosuximide, 7  
etidronate, 24  
etodolac, 7, 17  
etoposide, 5  
Eulexin, 5  
Evista, 17  
Exforge, 25  
Exjade, 25  
Extendryl, SR, 20, 21  
Exubera, 25

## **F**

famciclovir, 4  
famotidine, 16  
Famvir, 4  
Fansidar, 4  
Fareston, 5  
Feldene, 8, 18  
felodipine ER, 10  
Femara, 5  
Femhrt, 18  
fenofibrate, 10  
fenoprofen calcium, 7, 17  
fentanyl citrate, 7  
fentanyl transdermal, 7  
Fentora, 25

fexofenadine, 21  
finasteride, 22  
Fioricet, 6  
Fiorinal, 6  
Fiorinal with Codeine, 6  
Flagyl, 4  
Flagyl ER, 4  
flavoxate, 22  
flecainide, 10  
Flexeril, 17  
Flonase, 14  
Florinef, 14  
Flovent HFA, 21  
Floxin, 4  
Floxin Otic, 14  
fluconazole, 4, 18  
fludrocortisone acetate, 14  
Flumadine, 4  
flunisolide, 14, 21  
fluocinolone acetonide, 12  
fluocinonide, 12  
fluoride, 23  
fluorometholone, 19  
Fluoroplex, 12  
fluorouracil solution, 12  
fluoxetine, 7  
fluphenazine, 7  
flurbiprofen, 7, 17  
flutamide, 5  
fluticasone propionate, 12, 14  
Flutuss HC liquid, 22  
fluvoxamine, 7  
FML, 19  
Focalin, 6  
folic acid, 23  
Follistim, AQ, 18  
Foradil, 21  
Forte, 6  
Forteo, 25  
Fortovase, 4  
Fosamax, 17  
Fosamax Plus D, 17  
Fosamax soln, 17

fosinopril, 10  
furosemide, 10  
Fuzeon, 4

## G

gabapentin, 7  
ganciclovir, 4  
Gastrocrom, 16  
gemfibrozil, 10  
Gentak, 19  
gentamicin, 13, 19  
Gleevec, 5, 25  
glimepiride, 14  
glipizide, ER, 15  
Glucagon Emergency Kit, 15  
Glucophage, XR, 15  
Glucotrol, XL, 15  
Glucovance, 15  
Glumetza, 25  
glyburide, micronized, 15  
Glynase, 15  
GoLytely, 16  
Grifulvin V, 4  
griseofulvin micro susp, 4  
Gris-PEG, 4  
guaifenesin/codeine, 21  
guaifenesin/hydrocodone, 21  
guaifenesin/phenylephrine/  
hydrocodone, 21  
guaifenesin/pseudoephedrine/  
codeine, 21  
guanabenz, 10  
guanfacine HCl, 10  
Guiatuss AC, 21  
Guiatuss DAC, 21

## H

haloperidol, 7  
HCTZ, 10  
Hepsera, 4  
Hexalen, 5  
Hiprex, 4  
Hista-Vent DA, 20

Histussin-HC, 22  
HIVID, 4  
HMS, 19  
homatropine, 19  
Humalog, 15  
Humira, 25  
Humulin insulins, 15  
Hycodan, 21  
hydralazine, 10  
Hydrea, 5  
hydrochlorothiazide, 10  
hydrocodone, 22  
hydrocodone/acetaminophen,  
ES, 7  
hydrocodone/homatropine, 21  
hydrocodone/ibuprofen, 7  
hydrocortisone, 13  
hydrocortisone butyrate, 13  
hydrocortisone rectal, 16  
hydrocortisone tabs, 15, 17, 21  
hydrocortisone valerate, 13  
hydromorphone HCl, 7  
hydroxychloroquine, 4, 17  
hydroxyurea, 5  
hydroxyzine HCl, 21  
hydroxyzine pamoate, 21  
hyoscyamine, 16  
Hytone, 13  
Hytrin, 11, 23  
Hyzaar, 25

## **I**

ibuprofen, 7, 17  
Icar, 23  
Iletin insulins, 15  
Imdur, 10  
imipramine, 7  
Imitrex, 7  
Imuran, 5, 16  
indapamide, 10  
Inderal, 11  
Inderal LA, 10  
Inderide, 11

Indocin, SR, 7, 17  
indomethacin, SR, 7, 17  
Inflamase Forte, 20  
Insulin Syringes, 15  
Intal, 21  
Invega, 25  
758, ipratropium, 14, 21  
ipratropium-albuterol, 21  
Iressa, 25  
iron, carbonyl, 23  
Ismo, 10  
isometheptene/  
dichloralphenazone/apap, 7  
isoniazid, 4  
Isoptin SR, 12  
Isopto Atropine, 19  
Isopto Carbachol, 19  
Isopto Carpine, 20  
Isopto Homatropine, 19  
Isordil, 10  
isosorbide dinitrate, ER, 10  
isosorbide mononitrate, ER, 10  
isotretinoin, 13  
isradipine, 10  
itraconazole, 4

## **J**

Janumet, 25  
Januvia, 25

## **K**

Kaletra, 4  
Kaon-CL 10, 23  
K-Dur, 23  
Keflex, 3  
Kenalog, 14  
766, Kenalog in Orabase, 14  
Keralac cream, 14  
Kerlone, 9  
ketoconazole, 4, 13  
ketoprofen, SR, 7, 17  
ketorolac, 7, 17  
Kineret, 25

Klaron, 13  
Klonopin, 6  
K-Lor, 23  
Klor-Con, 23  
Klotrix, 23  
K-Lyte, 23  
Kristalose, 16  
Kronofed A Jr., 22  
K-Tab, 23  
Kytril tabs, 16

## L

labetalol HCl, 10  
lactulose, 16  
Lamictal, 7,8  
Lamisi, 4  
lamotrigine, 8  
Lancets, 15  
Lanoxin, 10  
Lantus, 15  
Lariam, 4  
Lasix, 10  
leflunomide, 17  
leucovorin calcium, 5  
Leukeran, 5  
Levaquin, 4  
Levbid, 16  
Levitra, 25  
levobunolol, 20  
levonorgestrel/ethinyl  
estradiol, 18  
levothyroxine, 15  
Levoxyl, 15  
Levsin, 16  
Levsinex, 16  
Lexapro, 8  
Lexiva, 4  
Lidex, 12  
Lidex E, 12  
lidocaine, 13  
lindane, 13  
Lipitor, 25

Liquifilm, 19  
lisinopril, 10  
lisinopril/HCTZ, 10  
lithium carbonate, SR, 8  
Lithobid, 8  
Locoid, 13  
Lodine XL, 7, 17  
Lofibra, 10  
Lomotil, 16  
Loniten, 10  
Lopid, 10  
Lopressor, 10  
Loprox, 12, 13  
lorazepam, 8  
Lortab, 7  
Lotemax, 20  
Lotensin, 9  
Lotensin HCT, 9  
Lotrel, 9  
Lotrisone, 12  
lovastatin, 10  
loxapine, 8  
Loxitane, 8  
Lozol, 10  
Lumigan, 20  
Lunelle, 18  
Lunesta, 25  
Luride, 23  
Lyrica, 25  
Lysodren, 5

## M

Macrodantin, 4  
Magnacet, 25  
maprotiline, 8  
Matulane, 5  
Mavik, 11  
Max HC, 22  
Maxair, 21  
Maxalt, 8  
Maxidone, 7  
Maxitrol, 20  
Maxituss HC, 22

Maxzide, 11  
 mebendazole, 4  
 meclufenamate, 8, 17  
 Medrol, 15, 17, 21  
 medroxyprogesterone acetate, 18  
 mefloquine, 4  
 Megace, 5  
 megestrol, 5  
 meloxicam, 17  
 Menopur, 18  
 meperidine, 8  
 Mephyton, 10  
 Mepron, 4  
 mercaptopurine, 5  
 mesalamine rectal, 16  
 Mestinon, 8  
 metaproterenol, 21  
 metformin/glyburide, 15  
 metformin, ER, 15  
 methadone, 8  
 methamphetamine, 8  
 methazolamide, 20  
 methenamine hippurate, 4  
 methenamine/methylene blue/  
   benzoic acid/salicylic acid/  
   atropine, 22  
 methenamine/phenylsalicylate/  
   atropine/hyoscyamine/benzoic  
   acid/methylene blue, 22  
 methenamine-hyosc-meth  
   blue-sod phospheryl  
   hyoscyamine, 4  
 Methergine, 18  
 methimazole, 15  
 methocarbamol, 17  
 methotrexate, 6, 17  
 methyl dopa, 10  
 methylphenidate, SR, 8  
 methylprednisolone, 15, 17, 21  
 metoclopramide, 16  
 metolazone, 10  
 metoprolol, 10  
 metoprolol succinate, 10  
 MetroCream, 13  
 Metrogel, 18  
 Metrolotion, 13  
 metronidazole, 4, 13, 18  
 Mevacor, 10  
 mexiletine HCl, 10  
 Mexitil, 10  
 Miacalcin, 16  
 Micardis, 25  
 Micardis HCT, 25  
 Micro-K, 23  
 Micronase, 15  
 Microzide, 10  
 Midamor, 9  
 midodrine, 24  
 Midrin, 7  
 migergot, 8  
 Minipress, 11  
 Minocin, 4  
 minocycline, 4  
 minoxidil, 10  
 Mintezol, 4  
 Mirapex, 8  
 mirtazapine, 8  
 misoprostol, 16  
 Mobic, 17, 25  
 Moduretic, 9  
 moexipril/HCTZ, 10  
 mometasone, 13  
 Monodox, 3  
 Monopril, 10  
 morphine sulfate, ER, 8  
 Motrin, 7, 17  
 MS Contin, 8  
 MSIR, 8  
 Mucomyst, 20  
 multivitamin with fluoride, 23  
 mupirocin, 13  
 Muse, 23, 25  
 Myambutol, 4  
 Mycelex, 3  
 Mycobutin, 4  
 Mycolog II, 13

Mycostatin, 4, 13  
Mydriacyl, 20  
Myleran, 6  
Myobloc, 25  
Mysoline, 8

## N

nabumetone, 8, 17  
nadolol, 10  
nadolol-bendroflumethiazide, 11  
Nalfon, 7, 17  
Namenda, 8  
NapraPac, 25  
Naprelan, 8, 18  
Naprosyn, 8, 17  
naproxen, 8, 17  
naproxen sodium, SA, 8, 17, 18  
Nardil, 8  
Nasacort AQ, 14, 21  
Nasarel, 14, 21  
Nasonex, 14, 21  
Navane, 9  
nefazodone, 8  
neomycin/polymyxin B/  
dexamethasone, 20  
neomycin/polymyxin/  
hydrocortisone, 14  
Neoral, 5  
Neosol, 25  
Neosporin, 20  
Neurontin, 7, 8  
Nexavar, 25  
Nexium, 16, 25  
Niaspan, 11  
nifedipine ER, 11  
Nimotop, 11  
Nitro-Bid, 11  
Nitro-Dur, 11  
nitrofurantoin macrocrystals, 4  
nitroglycerin, 11  
Nitrostat SL, 11  
nizatidine, 16  
Nizoral, 4, 13

Nolvadex, 6  
Norco, 7  
norethindrone, 18  
norethindrone acetate, 18  
norethindrone/ethinyl  
estradiol, 18  
norethindrone/mestranol, 18  
norgestimate/ethinyl estradiol, 18  
norgestrel/ethinyl estradiol, 18  
Noritate, 13  
Norpace, 10  
Norpace CR, 10  
Norpramin, 6  
nortriptyline, 8  
Norvasc, 9  
Norvir, 4  
Novahistine, 21  
Novahistine DH, 22  
Novarel, 18  
Novolin, 15  
Novolog, 15  
Novolog mix, 15  
Noxafil, 25  
NuLev, 25  
Nulytely, 16  
Nuvaring, 19  
nystatin, 4, 13, 19  
nystatin/triamcinolone, 13

## O

Ocuflox, 20  
ofloxacin, 4, 14, 20  
Ogen, 18  
omeprazole, 16  
Omnicef, 3  
ondansetron HCL, 16  
OneTouch Monitor, 15  
OneTouch Test Strips, 15  
Opana, 25  
Optivar, 20  
Oracea, 25  
Orapred, 15, 18, 22  
Ortho Evra, 19

Orudis, 7, 17  
Oruvail, 7, 17  
Oxandrin, 15  
oxandrolone, 15  
oxaprozin, 8, 18  
oxazepam, 8  
Oxsoralen, 13  
Oxsoralen Ultra, 13  
oxybutynin, 23  
oxybutynin chloride, 23  
oxycodone, CR, 8  
oxycodone/apap, 8  
oxycodone/aspirin, 8  
OxyContin, 8  
OxyIR, 8

## **P**

Pamelor, 8  
Pancrease, MT, 16  
Pancrelipase EC/SA, 16  
Parafon Forte, 17  
Parlodel, 6  
Parnate, 8, 9  
paroxetine, 8  
Pataday, 25  
Patanol, 20  
Paxil, 8  
Paxil CR, 25  
Pediapred, 15, 18, 22  
Pediazole, 4  
PEG 3350 & electrolytes, 16  
Peg-Intron, 16  
penicillin VK, 4  
Penlac, 12  
Pentasa, 16  
pentoxifylline, 11  
Pepcid, 16  
Percocet, 8  
Percodan, 8  
Peridex, 14  
Periostat, 3  
permethrin, 13  
perphenazine, 8  
Persantine, 10  
phenazopyridine, 4, 23  
Phenergan, 16, 22  
Phenergan VC w/codeine, 22  
phenobarb/hyoscyamine/atrop/  
scop, 16  
phenobarbital, 8  
phenylephrine HCL/COD/  
prometh, 22  
phenylephrine/cpm/  
hydrocodone, 22  
phenylephrine/hydrocodone/  
BPM, 22  
phenylephrine/hydrocodone/  
CP, 22  
phenylephrine-carbinoxamine  
w/hydrocodone, 22  
phenytoin, 8  
PhosLo, 24  
Phospholine Iodide, 20  
Phrenilin, 6  
Pilocar, 20  
pilocarpine, 20, 24  
pilocarpine hydrochloride, 24  
Pilopine HS gel, 20  
pindolol, 11  
piroxicam, 8, 18  
Plaquenil, 4, 17  
Plendil, 10  
Pletal, 10  
Plexion, 13  
podofilox, 13  
polymyxin B/neo/bacitracin, 20  
polymyxin B/neo/gramicidin, 20  
Polysporin, 19  
Polytrim, 20  
Poly-Vi-Flor, 23  
potassium bicarbonate/potassium  
citrate, 23  
potassium chloride, 23  
potassium citrate, 23  
potassium powder, 23  
Prandin, 15

Pravachol, 11  
 pravastatin , 11  
 prazosin, 11  
 Pred-Forte, 20  
 prednicarbate , 13  
 prednisolone, 15, 18, 22  
 prednisolone acetate, 20  
 prednisolone sodium phosphate,  
     15, 18, 20,22  
 prednisolone/sodium  
     sulfacetamide, 20  
 prednisone, 6, 15, 18, 22  
 Prelone, 15, 18, 22  
 Premarin, 19  
 Premarin Vaginal Cream, 19  
 Premphase, 19  
 Prempro, 19  
 prenatal vitamins with folic  
     acid, 23  
 Prevacid, 16, 25  
 Prezista, 4  
 prilocaine/lidocaine, 13  
 Prilosec, 16  
 Primaquine, 4  
 primidone, 8  
 Principen, 3  
 Prinivil, 10  
 Prinzide, 10  
 ProAmatine, 24  
 probenecid, 18  
 procainamide, 11  
 Procanbid, 11  
 Procardia XL, 11  
 prochlorperazine, 16  
 Procrit, 16  
 Proctofoam-HC, 16  
 Prograf, 6  
 promethazine, 16, 22  
 promethazine/codeine, 22  
 promethazine/  
     dextromethorphan, 22  
 promethazine/phenylephrine/  
     codeine, 22  
 Prometrium, 19  
 Pronestyl, 11  
 propafenone, 11  
 Propine, 19  
 propoxyphene HCl/apap, 8  
 propoxyphene napsylate/apap, 8  
 propranolol, 11  
 propranolol/HCTZ, 11  
 propylthiouracil, 15  
 Proscar, 22  
 Prosed EC, 22  
 Prostigmin, 8  
 Protonix, 25  
 Proventil, 20  
 Proventil HFA, 22  
 Provera, 18  
 Provigil, 25  
 Prozac, 7  
 pseudoephedrine/  
     brompheniramine, 22  
 pseudoephedrine/  
     chlorpheniramine, 22  
 pseudoephedrine/cpm/codeine, 22  
 pseudoephedrine/guaifenesin  
     ER, 22  
 Psorcon, 12  
 Psoriatec, 12  
 Pulmicort Respules,  
     Turbuhaler, 22  
 Pulmozyme, 22  
 Purinethol, 5  
 Pylera, 25  
 pyrazinamide, 4  
 Pyridium, 4, 23  
 pyridostigmine, 8

## Q

Quaaluaquin, 25  
 Questran, 10  
 quinapril/HCTZ, 11  
 quinidine gluconate extended  
     release, 11  
 quinidine sulfate, 11

**R**

Ranexa, 25  
ranitidine, 16  
Rapamune, 6  
Raptiva, 25  
Rebetol, 4  
Reglan, 16  
Regranex, 13  
Relafen, 8, 17  
Remeron, 8  
Repronex, 19  
Rescriptor, 4  
Restoril, 8, 9  
Retin-A, 14  
Retrovir, 5  
Revatio, 25  
Revlimid, 25  
Reyataz, 4  
ribavirin, 4  
Rifadin, 4  
rifampin, 4  
Rifater, 4  
rimantadine, 4  
Risperdal, 8  
Ritalin, SR, 8  
Robaxin, 17  
Rocaltrol, 14  
Rowasa, 16  
Roxicet, 8  
Rozerem, 25  
Rynatan, 20  
Rythmol, 11

**S**

Salagen, 24  
salsalate, 8, 18  
Sandimmune, 5  
Seasonale, 18  
Sebizon, 14  
Sectral, 9  
selegiline HCl, 8  
selenium sulfide, 13  
Selsun Rx, 13

Selzentry, 4  
Sensipar, 15  
Septra DS, 4  
Serax, 8  
Serevent Diskus, 22  
Seroquel, 8  
sertraline, 8  
Silvadene, 13  
silver sulfadiazine, 13  
simvastatin, 11  
Sinemet, CR, 6  
Sinequan, 7  
Singulair, 22, 25  
Skelaxin, 18  
sodium fluoride, 23, 24  
sodium sulfacetamide lotion, 13  
sodium sulfacetamide/sulfur, 13  
Soma, 16  
Sonata, 9  
sotalol HCl, 11  
Spectazole, 12  
Spiriva, 22  
spironolactone, 11  
spironolactone/HCTZ, 11  
Sporonax, 4  
Sprycel, 25  
Starlix, 15  
Strattera, 9  
Stuartnatal Plus, 23  
sucralfate, 16  
Sular, 11  
sulfacetamide, 20  
sulfacetamide sodium, 14  
sulfacetamide sodium/urea, 14  
Sulfacet-R, 13  
sulfamethoxazole/tmp, 4  
sulfasalazine, 16, 18  
sulfipyrazone, 18  
sulfisoxazole, 4  
sulindac, 9, 18  
Sumycin, 4  
Sustiva, 4  
Sutent, 25

Symbicort, 25  
Symlin, 15, 25  
Symmetrel, 3, 6  
Synalar, 12  
Synthroid, 15

## T

Taclonex, 25  
Tagamet, 16  
Tambocor, 10  
Tamiflu, 4  
tamoxifen, 6  
Tapazole, 15  
Tarceva, 25  
Targretin, 6  
Tegretol, 6  
Tegretol XR, 9  
Tekturna, 25  
temazepam, 9  
Temodar, 6  
Temovate, 12  
Tenex, 10  
Tenoretic, 10  
Tenormin, 9  
Terazol 3, 19  
terazosin, 11, 23  
terbinafine, 4  
terbutaline sulfate, 22  
terconazole, 19  
Tessalon Perles, 20  
tetracycline, 4  
Teveten, 25  
Teveten HCT, 25  
Thalomid, 25  
Theo-24, 22  
Theochron, 22  
theophylline extended release, 22  
thioguanine, 6  
thioridazine, 9  
thiothixene, 9  
Tiazac, 10  
Ticlid, 11

ticlopidine HCl, 11  
Tigan, 16  
Tilade, 22  
timolol, XE, 11, 20  
Timoptic, XE, 20  
tizanidine, 18  
Tobi, 5  
Tobradex, 20  
tobramycin, 20  
Tobrex, 20  
Tofranil, 7  
tolbutamide, 15  
tolmetin, 9, 18  
Topicort, 12  
Toprol XL, 10  
Toradol, 7, 17  
torsemide, 11  
Tracleer, 22  
tramadol, 9  
Trandate, 10  
trandolapril, 11  
tranycypromine sulfate, 9  
trazodone, 9  
Trental, 11  
tretinoin, 14  
triamcinolone, 14  
triamcinolone acetonide, 14  
triamterene/HCTZ, 11  
Tricor, 11  
trifluoperazine, 9  
trifluridine, 20  
trihexyphenidyl, 9  
trimethobenzamide, 16  
trimethoprim sulfate/  
polymyxin B, 20  
Triphasil, 18  
Tri-Vi-Flor, 23  
Trizivir, 5  
tropicamide, 20  
Trusopt, 20  
Truvada, 5  
Tykerb, 25

Tylenol with Codeine #2, #3, #4, 6  
Tylox, 8

## U

Ultram, 9  
Ultram ER, 25  
Uniphyl, 22  
Uniretic, 10  
urea cream, 14  
Urecholine, 22  
Urex, 4  
Urimar, 4  
Urised, 22  
Urispas, 22  
Urocit-K, 23  
ursodiol, 16

## V

Valcyte, 5  
Valium, 6, 17  
valproic acid, 9  
Valtrex, 5  
Vaseretic, 10  
Vasocidin oint, 20  
Vasotec, 10  
Veetids, 4  
venlafaxine, 9  
Ventolin, 20  
VePesid, 5  
Veramyst, 25  
verapamil extended release,  
PM, 11  
verapamil, SR, 11, 12  
Verelan, PM, 11  
Vermox, 4  
Vexol, 20  
Vfend, 5  
Viagra, 23  
Viagra, 25  
Vibramycin, 3  
Vicodin, ES, 7  
Vicoprofen, 7  
Videx EC, 3, 5

Vigamox, 20  
Viracept, 5  
Viramune, 5  
Viread, 5  
Viroptic, 20  
Vistaril, 21  
vitamin D, 23  
Vivelle, Dot, 19  
Voltaren, XR, 7, 17, 20  
Vospire ER, 22  
Vyvanse, 25

## W

warfarin, 12  
Wellbutrin, SR, XL, 6  
Westcort, 13

## X

Xalatan, 20  
Xanax, 6  
Xeloda, 6  
Xifaxan, 5  
Xylocaine, 13  
Xyzal, 25

## Z

Zanaflex, 18  
Zantac, 16  
Zarontin, 7  
Zaroxolyn, 10  
Zavesca, 15, 25  
Zelapar, 25  
Zephrex LA, 22  
Zerit, 5  
Zetia, 12  
Ziac, 9  
Ziagen, 5  
zidovudine, 5  
Zithromax, 3  
Zmax, 25  
Zocor, 11  
Zoderm, 12  
Zofran, 16

Zolinza, 25  
Zoloft, 8  
zolpidem tartrate, 9  
Zomig, Zomig ZMT, 9  
Zovirax, 3, 14  
Zyloprim, 16  
Zyprexa, 9  
Zyvox, 25

## **Prescription Drug Program Provider Payment Information**

A pharmacy benefits management company (PBM), which is affiliated with Independence Blue Cross, administers our prescription drug benefits, and is responsible for providing a network of participating pharmacies and processing pharmacy claims. The PBM also negotiates price discounts with pharmaceutical manufacturers and provides drug utilization and quality reviews. Price discounts may include rebates from a drug manufacturer based on the volume purchased. Independence Blue Cross anticipates that it will pass on a high percentage of the expected rebates it receives from its PBM through reductions in the overall cost of pharmacy benefits. Under most benefit plans, prescription drugs are subject to a member copayment.



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.



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