

✓ = New  
Formulary Drugs



**Independence  
Blue Cross**

**SELECT DRUG PROGRAM® FORMULARY**

**EFFECTIVE OCTOBER 1, 2009**

**[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.

Refer to the *Procedures That Support Safe Prescribing* document, if applicable, for information on several procedures supporting safe prescribing patterns for our prescription drug programs, such as:

**PA** = Prior authorization must be requested by the physician.

**Q** = Quantity level limits apply.

✓ = New formulary drug.

The above information is highlighted in a key box on every other page of the formulary list.

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 benefits by promoting appropriate utilization. These procedures are based on U.S. Food and Drug Administration (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 if you have any questions about your prescription drug benefits. 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 website, **[www.ibx.com](http://www.ibx.com)**.

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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**  
(Augmentin)  
**ampicillin** (Principen)  
Augmentin XR  
Atripla  
**azithromycin** (Zithromax)  
**cefaclor** (Ceclor)  
**cefaclor ER**  
**cefadroxil** (Duricef)  
**cefdinir** (Omnicef)  
**cefuroxime axetil** (Ceftin)  
**cephalexin** (Keflex)  
**chloroquine phosphate**  
(Aralen)  
Cipro oral suspension  
**ciprofloxacin tabs** (Cipro)  
**ciprofloxacin ER tabs**  
(Cipro XR)  
**clarithromycin** (Biaxin)

### DRUG NAME

**clarithromycin SR** (Biaxin XL)  
**clindamycin** (Cleocin)  
**clotrimazole troches**  
(Mycelex)  
Combivir  
Crixivan  
Dapsone  
Daraprim  
**demeclocycline**  
(Declomycin)  
**dicloxacillin**  
**didanosine** (Videx EC)  
**doxycycline hyclate**  
(Vibramycin, Periostat)  
**doxycycline monohydrate**  
(Monodox)  
Emtriva  
Epivir  
Epzicom  
**erythromycin delayed  
release** (Eryc, Ery-Tab)  
**erythromycin  
ethylsuccinate** (EES,  
EryPed)  
**erythromycin stearate**  
(Erythrocin)

### Key

Type of covered drug*	You pay
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## 1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION (Cont.)

### DRUG NAME

**erythromycin susp w/sulfa**  
 (Pediazole)  
**ethambutol** (Myambutol)  
**famciclovir** (Famvir)  
 Fansidar  
 Flagyl ER  
**fluconazole** (Diflucan)  
**Fortovase**  
**Fuzeon**  
**ganciclovir** (Cytovene)  
 Gris-PEG  
**griseofulvin microsize  
 susp** (Grifulvin V)  
 Grifulvin V tabs  
 Hepsera  
 HIVID  
**hydroxychloroquine**  
 (Plaquenil)  
 Isentress  
**isoniazid** (Sporonax)  
**itraconazole**  
**ketoconazole tabs** (Nizoral  
 tabs)  
 Levaquin  
 Lexiva  
**mebendazole** (Vermox)  
**mefloquine** (Lariam)  
 Mepron  
**methenamine hippurate**  
 (Hiprex, Urex)  
**metronidazole** (Flagyl)  
**minocycline caps** (Minocin,  
 Dynacin)  
**minocycline tabs**  
 Mintezol  
 Mycobutin  
**nitrofurantoin macrocrystals**  
 (Macrochantin)

### DRUG NAME

Norvir  
**nystatin** (Mycostatin)  
**ofloxacin** (Floxin)  
**penicillin VK** (Veetids)  
**phenazopyridine**  
 (Pyridium)  
 Prezista  
 Primaquine  
**pyrazinamide**  
 Rescriptor  
 Reyataz  
**ribavirin** (Rebetol)  
**rifampin** (Rifadin)  
 Rifater  
**rimantadine** (Flumadine)  
 Selzentry  
**stavudine** (Zerit)  
**sulfamethoxazole/tmp**  
 (Bactrim, Bactrim DS,  
 Septra DS)  
**sulfisoxazole tabs**  
 Sustiva  
**Q** Tamiflu  
**terbinafine tabs** (Lamisil tabs)  
**tetracycline** (Sumycin)  
 Tobi  
**tinidazole** (Tindamax)  
 Trizivir  
 Truvada  
 Valcyte  
 Valtrex  
 Vfend  
 Videx  
 Viracept  
 Viramune  
 Viread  
 Xifaxan  
 Ziagen  
**zidovudine** (Retrovir)

## 2. CANCER & ORGAN TRANSPLANT DRUGS

### DRUG NAME

- Alkeran  
 Aromasin  
**azathioprine** (Imuran)  
 ✓ **bicalutamide** (Casodex)  
 CeeNU  
**cyclophosphamide**  
 (Cytoxan)  
**cyclosporine** (Sandimmune,  
 Neoral)  
**danazol** (Danocrine)  
 Emcyt  
**etoposide** (VePesid)  
 Fareston  
 Femara  
**flutamide** (Eulexin)  
 PA Gleevec  
 Hexalen  
**hydroxyurea** (Hydrea)  
**leucovorin calcium**  
 Leukeran  
 Lysodren  
 Matulane

### DRUG NAME

- megestrol** (Megace)  
**mercaptopurine**  
 (Purinethol)  
**methotrexate**  
 ✓ **mycophenolate** (Cellcept)  
 Myleran  
**prednisone** (Deltasone)  
 Prograf  
 Rapamune  
**tamoxifen** (Nolvadex)  
 Targretin  
 PA Temodar  
**thioguanine**  
 Xeloda

## 3. PAIN, NERVOUS SYSTEM, & PSYCH

### DRUG NAME

- Q **acetaminophen/codeine**  
**acetaminophen/butalbital**  
**acetazolamide**  
**alprazolam** (Xanax)  
**amantadine** (Symmetrel)  
**amitriptyline**  
**amoxapine**

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

#### DRUG NAME

- amphetamine aspartate/  
amphetamine sulfate/  
dextroamphetamine**  
(Adderall)
- amphetamine aspartate/  
amphetamine sulfate/  
dextroamphetamine ER**  
(Adderall XR)
- Aricept  
Aricept ODT
- Q **aspirin with codeine**
- Q Avinza
- benztropine**
- bromocriptine mesylate**  
(Parlodel)
- bupropion** (Wellbutrin)
- bupropion SR** (Wellbutrin SR)
- bupropion XR** (Wellbutrin XR)
- bupirone** (BuSpar)
- Q **butalbital/apap/caffeine**  
(Fioricet)
- Q **butalbital/aspirin/caffeine**  
(Fiorinal)
- carbamazepine** (Tegretol)
- ✓ **carbamazepine XR**  
(Tegretol XR)
- carbidopa/levodopa**  
(Sinemet)
- carbidopa/levodopa CR**  
(Sinemet CR)
- carbidopa/levodopa ODT**  
(Parcopa)
- Celontin
- chlorpromazine HCl**
- choline magnesium  
trisalicylate**
- citalopram** (Celexa)
- clomipramine HCl**  
(Anafranil)

#### DRUG NAME

- clonazepam** (Klonopin)
- clozapine** (Clozaril)
- codeine tabs**  
Comtan  
Concerta
- desipramine**  
(Norpramin)
- dexmethylphenidate**  
(Focalin)
- diazepam** (Valium)
- diclofenac potassium**  
(Cataflam)
- diclofenac sodium**  
(Voltaren XR)
- diflunisal** (Dolobid)
- divalproex sodium**  
(Depakote)
- divalproex sodium ER**  
(Depakote ER)
- divalproex sprinkle cap**  
(Depakote Sprinkle Caps)
- doxepin** (Sinequan)
- ergotamine/tartrate/  
caffeine** (Cafergot)
- ethosuximide** (Zarontin)
- etodolac** (Lodine XL)
- fenoprofen calcium**  
(Nalfon)
- Q, PA **fantanyl citrate OTFC**  
(Actiq)
- Q **fantanyl transdermal**  
(Duragesic)
- fluoxetine** (Prozac)
- fluphenazine**
- flurbiprofen** (Ansaid)
- fluvoxamine**
- gabapentin** (Neurontin)
- galantamine** (Razadyne)
- galantamine ER**  
(Razadyne ER)
- haloperidol**



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

#### DRUG NAME

- Q** **hydrocodone/acetaminophen** (Vicodin, Norco, Maxidone)
- Q** **hydrocodone/acetaminophen elixir** (Lortab)
- Q** **hydrocodone/acetaminophen ES** (Vicodin ES)
- Q** **hydrocodone/ibuprofen** (Vicoprofen)
- Q** **hydromorphone HCl** (Dilaudid)
- Q** **ibuprofen/oxycodone HCl** (Combunox)
- imipramine** (Tofranil)
- indomethacin** (Indocin SR)
- isometheptene/dichloralphenazone/apap** (Midrin)
- ketoprofen** (Oruvail, Orudis)
- ketorolac** (Toradol oral)
- lamotrigine** (Lamictal)

#### DRUG NAME

- levetiracetam** (Keppra)
- Lexapro
- lithium carbonate** (Eskalith)
- lithium carbonate SR** (Eskalith CR, Lithobid)
- lorazepam** (Ativan)
- loxapine** (Loxitane)
- maprotiline**
- Q** Maxalt, Maxalt-MLT
- meclufenamate**
- Q** **mepredine HCl** (Demerol)
- methadone** (Dolophine)
- methamphetamine** (Desoxyn)
- methylphenidate SR** (Ritalin SR)
- migergot** (Cafergot)
- Mirapex
- mirtazapine** (Remeron)
- mirtazapine rapid dissolve tabs** (Remeron SolTab)
- Q** **morphine sulfate** (MSIR)
- morphine sulfate supp** (RMS)

### Key

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

#### DRUG NAME

- Q** **morphine sulfate, extended release**  
(MS Contin)  
**nabumetone** (Relafen)  
Namenda  
**naproxen** (Naprosyn)  
**naproxen sodium** (Anaprox DS)  
**naproxen sodium SA**  
(Naprelan)  
Nardil  
**nefazodone**  
Neurontin soln  
**nortriptyline** (Pamelor)  
**oxaprozin** (Daypro)  
**oxazepam** (Serax)  
**oxcarbazepine** (Trileptal)  
**Q** **oxycodone** (OxyIR)  
**Q** **oxycodone/apap** (Roxicet, Percocet, Tylox)  
**Q** **oxycodone/aspirin**  
(Percodan)  
**Q** **oxycodone CR 12 hour tabs** (OxyContin)  
Parnate  
**paroxetine** (Paxil)  
**paroxetine HCl ext-release**  
(Paxil CR)  
**perphenazine**  
**phenobarbital**  
**phenytoin**  
**piroxicam** (Feldene)  
**primidone** (Mysoline)  
**Q** **propoxyphene HCl/apap**  
**Q** **propoxyphene napsylate/apap** (Darvocet-N)  
Prostigmin  
**pyridostigmine** (Mestinon)

#### DRUG NAME

- risperidone** (Risperdal, Risperdal M-Tab)  
**ropinirole** (Requip)  
**salsalate**  
**selegiline HCl** (Eldepryl)  
**Seroquel**  
**sertraline** (Zoloft)  
Strattera  
**sulindac** (Clinoril)  
**Q** **sumatriptan** (Imitrex)  
**Q** **temazepam** (Restoril)  
**thioridazine**  
**thiothixene** (Navane)  
**tolmetin sodium**  
**topiramate** (Topamax)  
**topiramate sprinkle cap** (Topamax Sprinkle Capsules)  
**tramadol** (Ultram)  
**tranycpromine sulfate**  
(Parnate)  
**trazodone** (Desyrel)  
**trifluoperazine**  
**trihexyphenidyl**  
**valproic acid** (Depakene)  
**venlafaxine** (Effexor)  
**Q** **zaleplon** (Sonata)  
**Q** **zolpidem tartrate** (Ambien)  
**Q** Zomig nasal spray  
**Q** Zomig, Zomig ZMT  
Zyprexa

### 4. HEART, BLOOD PRESSURE, & CHOLESTEROL

#### DRUG NAME

- acebutolol** (Sectral)  
**amiloride** (Midamor)  
**amiloride/HCTZ**  
(Moduretic)  
**aminocaproic acid**  
(Amicar)

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

DRUG NAME

**amiodarone HCl**  
(Cordarone)

**amlodipine** (Norvasc)

**amlodipine/benazepril**  
(Lotrel)

**anagrelide** (Agrylin)

**atenolol** (Tenormin)

**atenolol/chlorthalidone**  
(Tenoretic)

PA Azor

**benazepril** (Lotensin)

**benazepril/HCTZ** (Lotensin HCT)

PA Benicar

PA Benicar HCT

**betaxolol** (Kerlone)

**bisoprolol/HCTZ** (Ziac)  
Bystolic

**bumetanide** (Bumex)

**captopril** (Capoten)

**captopril/HCTZ** (Capozide)

**carvedilol** (Coreg)

**chlorothiazide**

DRUG NAME

**chlorthalidone**

**cholestyramine** (Questran Light)

**cilostazol** (Pletal)

**clonidine** (Catapres tablets)

**colestipol HCl** (Colestid)

**Coumadin**

PA Crestor

**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)

Edecrin

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

##### DRUG NAME

**enalapril** (Vasotec)  
**enalapril/HCTZ** (Vaseretic)  
**eplerenone** (Inspra)  
**felodipine ER** (Plendil)  
**fenofibrate** (Lofibra)  
**flecainide** (Tambacor)  
**fosinopril** (Monopril)  
**furosemide** (Lasix)  
**gemfibrozil** (Lopid)  
**guanabenz** (Tenex)  
**guanfacine HCl**  
**hydralazine**  
**hydrochlorothiazide**  
(Microzide)  
**indapamide** (Lozol)  
**isosorbide dinitrate**  
(Isordil tabs)  
**isosorbide dinitrate ER**  
**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 tartrate**  
(Lopressor)  
**metoprolol succinate**  
(Toprol XL)  
**mexiletine HCl** (Mexitol)  
**minoxidil** (Loniten)  
**moexipril/HCTZ** (Uniretic)

##### DRUG NAME

**nadolol** (Corgard)  
**nadolol-bendroflume  
thiazide** (Corzide)  
Niaspan  
**nifedipine ER** (Adalat CC,  
Procardia XL)  
Nimotop  
**nisoldipine** (Sular)  
Nitro-Bid  
**nitroglycerin patches**  
(Nitro-Dur)  
**nitroglycerin SL** (Nitrostat SL)  
**nitroglycerin ER**  
**pentoxifylline** (Trental)  
**pindolol** (Visken)  
**pravastatin** (Pravachol)  
**prazosin** (Minipress)  
**procainamide** (Pronestyl)  
Procanbid  
**propafenone** (Rythmol)  
**propranolol** (Inderal,  
Inderal LA)  
**propranolol/HCTZ**  
(Inderide)  
**quinapril HCl** (Accupril)  
**quinapril/HCTZ** (Accuretic)  
**quinapril gluconate**  
**quinidine gluconate ER**  
**quinidine sulfate**  
**ramipril** (Altace)  
**simvastatin** (Zocor)  
**sotalol HCl** (Betapace AF)  
**spironolactone** (Aldactone)  
**spironolactone/HCTZ**  
(Aldactazide)  
**terazosin** (Hytrin)  
**ticlopidine HCl** (Ticlid)  
**timolol** (Blocadren)  
**torseamide** (Demadex)  
**trandolapril** (Mavik)

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

##### DRUG NAME

**triamterene/HCTZ** (Dyazide, Maxzide)  
**Tricor**  
**verapamil HCl** (Calan, Verelan)  
**warfarin**  
**Zetia**

#### 5. SKIN MEDICATIONS

##### DRUG NAME

**alclometasone dipropionate cream** (Aclovate)  
**amcinonide** (Cyclocort)  
**anthralin** (Psoriatec)  
**Bactroban cream**  
**benzoyl peroxide gel** (Brevoxyl gel)  
**benzoyl peroxide/erythromycin** (Benzamycin gel)

##### DRUG NAME

**benzoyl peroxide/urea cream** (Zoderm)  
**betamethasone/clotrimazole** (Lotrisone)  
**betamethasone dipropionate** (Diprosone)  
**betamethasone dipropionate augmented** (Diprolene, Diprolene AF)  
**betamethasone valerate** (Beta-Val)  
**calcipotriene soln** (Dovonex Soln)  
**ciclopirox cream, susp** (Loprox)  
**ciclopirox solution** (Penlac)  
**clindamycin** (Cleocin T)  
**clobetasol** (Temovate)  
**desoximetasone** (Topicort)  
**diflorasone diacetate** (Psorcon)  
**econazole** (Spectazole)  
**Efudex cream**

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## 5. SKIN MEDICATIONS (Cont.)

### DRUG NAME

- erythromycin gel** (Erygel, Emgel)  
**erythromycin solution**  
**erythromycin swabs** (Erycette)  
**fluocinolone acetonide cream, soln** (Synalar)  
**fluocinonide gel, oint, cream** (Lidex, Lidex E)  
Fluoroplex  
**fluorouracil solution** (Efudex)  
**fluticasone propionate** (Cutivate)  
**gentamicin topical cream, oint**  
**HC acetate/lidocaine HCl** (Senatec HC)  
**hydrocortisone 2.5%** (Hytone)  
**hydrocortisone butyrate 0.1%** (Locoid)  
**hydrocortisone valerate 0.2%** (Westcort)  
**isotretinoin** (Accutane)  
**ketoconazole cream** (Nizoral cream)  
**ketoconazole shampoo** (Nizoral shampoo)  
**lidocaine** (Xylocaine)  
**lindane lotion**  
Loprox gel  
✓ **malathion lotion** (Ovide)  
**mometasone cream** (Elocon)  
**metronidazole cream** (MetroCream)  
**metronidazole lotion** (Metrolotion)  
**mupirocin oint** (Bactroban)

### DRUG NAME

- 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)  
**sulfacetamide sodium** (Sebizon)  
**sulfacetamide sodium/urea lotion** (Carmol scalp lotion)  
**tretinoin** (Retin-A, Avita)  
**triamcinolone** (Kenalog)  
**urea cream** (Keralac cream)  
Zovirax oint

## 6. EAR, NOSE, THROAT MEDICATIONS

### DRUG NAME

- acetic acid HC** (Acetasol HC)  
Bactroban nasal oint  
**benzocaine/antipyrine** (Benzotic)  
**chlorhexidine gluconate** (Peridex)  
Cipro HC Otic  
**flunisolide** (Nasarel)

## 6. EAR, NOSE, THROAT MEDICATIONS (Cont.)

### DRUG NAME

**fluticasone propionate nasal susp** (Flonase)  
**ipratropium** (Atrovent nasal spray)  
 Nasacort AQ  
 Nasonex  
**neomycin/polymyxin/hydrocortisone** (Cortisporin Otic)  
**ofloxacin otic** (Floxin Otic)  
**triamcinolone** (Kenalog in Orabase)

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

### DRUG NAME

**acarbose** (Precose)  
 Actoplus Met  
 Actos  
 Androgel

### DRUG NAME

- ✓ Autodisc Test Strips
- Avandamet
- Avandaryl
- Avandia
- BD Insulin Syringe Micro-Fine
- ✓ Breeze 2 Test Strips
- PA Byetta
- calcitriol capsules** (Rocaltrol capsules)
- ✓ Contour Test Strips
- danazol** (Danocrine)
- desmopressin acetate** (DDAVP)
- dexamethasone** (Decadron)
- fludrocortisone acetate** (Florinef)
- ✓ FreeStyle Lite Test Strips
- glimepiride** (Amaryl)
- glipizide** (Glucotrol)
- glipizide ER** (Glucotrol XL)
- Glucagon emergency kit

## Key

Type of covered drug*	You pay
<ul style="list-style-type: none"> <li>• <b>Bolded drug</b> is a formulary generic.</li> <li>• Non-bolded drug is a formulary brand.</li> <li>• Drug in parenthesis ( ) is a non-formulary brand drug. It is displayed to help you identify the equivalent formulary generic drug that is available at the lowest copay.</li> <li>• Covered generic drugs not listed are formulary.</li> <li>• Covered brand drugs not listed are non-formulary.</li> </ul>	Lowest copay Middle copay Highest copay
	Lowest copay Highest copay

PA = Prior authorization must be requested by the physician.

Q = Quantity level limits apply.

✓ = New formulary drug.

\* Unless specifically excluded from your contract.

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

### DRUG NAME

- glyburide** (Diabeta, Micronase)  
**glyburide micronized** (Glynase)  
 Humalog  
 Humulin insulins  
**hydrocortisone** (Cortef)  
 Iletin insulins  
 insulin syringes  
 lancets  
 Lantus vial, cartridge  
 Levemir  
**levothyroxine** (Levoxy, Synthroid)  
**liothyronine** (Cytomel)  
**metformin** (Glucophage)  
**metformin ER** (Glucophage XR)  
**metformin/glyburide** (Glucovance)  
**methimazole** (Tapazole)  
**methylprednisolone** (Medrol)  
 Novolin  
 Novolog  
 Novolog mix  
**oxandrolone** (Oxandrin)  
 Prandin  
 ✓ Precision XTRA Test Strips  
**prednisolone**  
**sodium phosphate** (Pediapred, Orapred)  
**prednisolone syrup** (Prelone)  
**prednisone tabs** (Deltasone)  
**propylthiouracil** Sensipar

### DRUG NAME

- Starlix  
 PA Symlin  
**tolbutamide**  
 Zavesca

## 8. STOMACH, ULCER, & BOWEL MEDS

### DRUG NAME

- Asacol  
**balsalazide** (Colazal)  
 Canasa supp  
 Carafate susp  
**chlordiazepoxide/clidinium**  
**cimetidine** (Tagamet)  
**dicyclomine** (Bentyl)  
**diphenoxylate HCl/atropine** (Lomotil)  
**dronabinol** (Marinol)  
 Q Emend  
**famotidine 40mg** (Pepcid)  
 Gastrocrom  
**granisetron** (Kytril)  
**hydrocortisone** (Anusol-HC)  
**hydrocortisone retention enema** (Colocort)  
**hyoscyamine** (Levsin, Levsinex, Levid)  
 Kristalose  
**lactulose soln**  
**mesalamine rectal susp** (Rowasa)  
**metoclopramide** (Reglan)  
**misoprostol** (Cytotec)  
 PA Nexium  
**nizatidine** (Axid)  
**omeprazole** (Prilosec)  
**ondansetron HCl** (Zofran)  
**pancrelipase EC/SA** (Pancrease, Pancrease MT)  
 PA **pantoprazole** (Protonix)



## 8. STOMACH, ULCER, & BOWEL MEDS (Cont.)

### DRUG NAME

- PEG 3350 & electrolytes**  
(Nulytely)  
Pentasa  
**phenobarb/hyoscyamine/  
atrop/scop** (Donnatal)
- PA Prevacid  
**prochlorperazine**  
(Compazine)  
Proctofoam-HC  
**promethazine** (Phenergan)  
**ranitidine 300mg** (Zantac)  
**sucralfate tabs** (Carafate)  
**sulfasalazine** (Azulfidine)  
**trimethobenzamide** (Tigan)  
**ursodiol** (Actigall)  
Zantac syrup

## 9. BIOTECHNOLOGY

### DRUG NAME

- Avonex  
Copaxone  
Lovenox  
Peg-Intron  
Procrit

## 10. BONES, JOINTS, & MUSCLES

### DRUG NAME

- Q Actonel  
Q **alendronate** (Fosamax)  
**allopurinol** (Zyloprim)  
**azathioprine** (Imuran)  
**baclofen**  
**calcitonin-salmon (rDNA  
origin) nasal spray**  
(Miacalcin)  
**carisoprodol** (Soma)  
**chlorzoxazone** (Parafon  
Forte)  
**choline magnesium  
trisalcylate**  
**colchicine**  
**cyclobenzaprine** (Flexeril)  
**dexamethasone** (Decadron)  
**diazepam** (Valium)  
**diclofenac potassium**  
(Cataflam)  
**diclofenac sodium**  
(Voltaren XR)  
**diflunisal** (Dolobid)
- PA Enbrel kit, disp syr  
**etodolac** (Lodine XL)

## Key

Type of covered drug*	You pay
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PA = Prior authorization must be requested by the physician.

Q = Quantity level limits apply.

✓ = New formulary drug.

\* Unless specifically excluded from your contract.

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

### DRUG NAME

Evista

**fenoprofen calcium**

(Nalfon)

**flurbiprofen** (Ansaid)

PA Humira

**hydrocortisone** (Cortef)

**hydroxychloroquine**

(Plaquenil)

**ibuprofen** (Motrin)

**indomethacin** (Indocin)

**indomethacin SR** (Indocin SR)

**ketoprofen** (Orudis)

**ketoprofen SR** (Oruvail)

**ketorolac** (Toradol oral)

**leflunomide** (Arava)

**meclofenamate**

PA **meloxicam** (Mobic)

**methocarbamol** (Robaxin)

**methotrexate**

**methylprednisolone**

(Medrol)

**nabumetone** (Relafen)

**naproxen** (Naprosyn)

**naproxen sodium** (Anaprox DS)

**naproxen sodium SA**

(Naprelan)

**oxaprozin** (Daypro)

**piroxicam** (Feldene)

**prednisolone sodium**

**phosphate** (Pediapred,

Orapred)

**prednisolone syrup**

(Prelone)

**prednisone tabs**

(Deltasone)

**probenecid**

**salsalate**

Skelaxin

**sulfasalazine** (Azulfidine)

### DRUG NAME

**sulfapyrazone sulindac**

(Clinoril)

**tizanidine** (Zanaflex)

**tolmetin**

## 11. FEMALE, HORMONE REPLACEMENT, BIRTH CONTROL

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

### DRUG NAME

Bravelle

Cenestin

**clindamycin cream**

(Cleocin)

Depo-Provera

Depo Sub Q Provera

**desogestrel/ethinyl**

**estradiol**

**esterified estrogens/**

**methyltestosterone**

Estraderm

**estradiol** (Estrace)

**estradiol transdermal**

(Climara)

Estratest HS

Estring

**estropipate** (Ogen)

**ethinyl estradiol/**

**drospirenone** (Yasmin)

Femhrt

**fluconazole 150mg**

(Diflucan)

Follistim

Follistim AQ

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

### DRUG NAME

**levonorgestrel/ethinyl estradiol** (Seasonale, Triphasil)

Lunelle

**medroxyprogesterone acetate** (Provera)

**medroxyprogesterone acetate**

Menopur

Methergine

**metronidazole vaginal gel** (Metrogel)

✓ **Next Choice** (Plan B)

**norethindrone**

**norethindrone acetate** (Aygestin)

**norethindrone/ethinyl estradiol**

**norethindrone/ethinyl estradiol, Fe**

**norethindrone acetate/ethinyl estradiol/ferrous fumarate** (Estrostep FE)

**norethindrone/mestranol**

### DRUG NAME

**norgestimate/ethinyl estradiol**

**norgestrel/ethinyl estradiol**

Novarel

Nuvaring

**nystatin**

Ortho Evra

Premarin

Premarin vaginal cream

Premphase

Prempro

Prometrium

Repronex

**terconazole cream** (Terazol 3)

Vivelle, Vivelle Dot

✓ Yaz

## 12. EYE MEDICATIONS

### DRUG NAME

**acetazolamide**

**acetazolamide ER** (Diamox Sequels)

Acular, LS, PF

Alphagan P

Alrex

## Key

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- Covered generic drugs not listed are formulary.
- Covered brand drugs not listed are non-formulary.

### You pay

Lowest copay  
Middle copay  
Highest copay

Lowest copay  
Highest copay

**PA** = Prior authorization must be requested by the physician.

**Q** = Quantity level limits apply.

✓ = New formulary drug.

\* Unless specifically excluded from your contract.

## 12. EYE MEDICATIONS (Cont.)

### DRUG NAME

**atropine sulfate** (Isopto Atropine)  
Azopt  
**bacitracin ophth**  
**bacitracin/polymyxin B ophth oint** (Polysporin)  
**betaxolol**  
Betimol  
Betoptic S  
Blephamide  
**brimonidine**  
**carbachol 3%** (Isopto Carbachol 3%)  
**carteolol**  
**ciprofloxacin** (Ciloxan)  
**cromolyn ophth** (Crolom)  
**cyclopentolate HCl** (Cyclogyl)  
**dexamethasone ophth**  
**dipivefrin HCl** (Propine)  
**dorzolamide HCl 2%** (Trusopt)  
**dorzolamide-timolol** (Cosopt)  
**erythromycin**  
**fluorometholone** (FML, Liquifilm)  
**gentamicin ophth** (Gentak) HMS  
**homatropine 5%** (Isopto Homatropine)  
**levobunolol** (Betagan)  
Lotemax  
Lumigan  
**methazolamide**  
**neomycin/polymyxin B/dexamethasone** (Maxitrol)  
**ofloxacin** (Ocuflox)  
Optivar  
Patanol

### DRUG NAME

Phospholine Iodide  
**pilocarpine** (Pilocar, Isopto Carpine)  
Pilopine HS gel  
**polymyxin B/neo/bacitracin** (Neosporin oint)  
**polymyxin B/neo/gramicidin** (Neosporin soln)  
**prednisolone acetate** (Econopred Plus, Pred-Forte)  
**prednisolone sodium phosphate** (Inflamase Forte)  
**prednisolone/sodium sulfacetamide** (Vasocidin oint)  
**sulfacetamide** (Bleph 10)  
**timolol ophth** (Timoptic)  
**timolol XE** (Timoptic XE)  
**tobramycin** (Tobrex)  
**tobramycin-dexamethasone** (Tobradex)  
**trifluridine** (Viroptic)  
**trimethoprim sulfate/polymyxin B** (Polytrim)  
**tropicamide** (Mydracil)  
Vexol  
Vigamox  
Voltaren  
Xalatan

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

### DRUG NAME

**acetylcysteine** (Mucomyst)  
Advair Diskus  
**albuterol inhaler** (Proventil, Ventolin)  
**albuterol soln**  
Alupent aerosol  
**aminophylline tabs**  
Astelin

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

#### DRUG NAME

Atrovent HFA  
 Azmacort  
**benzonatate** (Tessalon Perles)  
**brompheniramine/phenylephrine** (Brovex D)  
**chlorpheniramine/phenylephrine** (Rynatan)  
**chlorpheniramine/phenylephrine/methscopolamine**  
**chewable tabs, syrup** (Extendryl)  
**chlorpheniramine/phenylephrine/methscopolamine extended release** (Hista-Vent DA)  
 Combivent MDI  
**cromolyn inhalation soln** (Intal soln)  
**cyproheptadine**  
**dexamethasone** (Decadron)  
 Elixophyllin  
 EpiPen

#### DRUG NAME

EpiPen Jr. Auto-Injector/E\*Z  
 Extendryl SR  
**fexofenadine** (Allegra)  
 Flovent HFA  
**flunisolide** (Nasarel)  
 Foradil  
**guaifenesin/codeine** (Guiatuss AC)  
**guaifenesin/codeine/pseudoephedrine** (Guiatuss)  
**guaifenesin/hydrocodone**  
**guaifenesin/phenylephrine/hydrocodone** (Duratuss HD elixir)  
**guaifenesin/pseudoephedrine/codeine** (Guiatuss DAC, Novahistine)  
**hydrocodone/homatropine syrup** (Hycodan)  
**hydrocortisone** (Cortef)  
**hydroxyzine HCl**  
**hydroxyzine pamoate** (Vistaril)  
 Intal

#### Key

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<b>PA</b> = Prior authorization must be requested by the physician. <b>Q</b> = Quantity level limits apply. <b>✓</b> = New formulary drug.	

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

#### DRUG NAME

**ipratropium-albuterol**  
(Duoneb)  
**ipratropium inhalation soln** (Atrovent soln)  
Maxair  
**metaproterenol tabs, syrup, inh soln**  
**methylprednisolone**  
(Medrol)  
Nasacort AQ  
Nasonex  
**phenylephrine-carbinoxamine w/ hydrocodone liquid**  
(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**  
(Deltasone)  
ProAir HFA  
**promethazine** (Phenergan)  
**promethazine/codeine**  
**promethazine/dextromethorphan**  
**promethazine/phenylephrine/codeine**  
Proventil HFA

#### DRUG NAME

**pseudoephedrine/brompheniramine/hydrocodone liquid**  
(Brovex HC)  
**pseudoephedrine/cpm/codeine** (Novahistine DH)  
**pseudoephedrine/chlorpheniramine**  
(Kronofed-A Jr.)  
**pseudoephedrine/guaifenesin extended release** (Zephrex LA)  
Pulmicort  
Pulmozyme  
Serevent Diskus  
PA **Singulair**  
Spiriva  
**terbutaline sulfate tabs**  
(Brethine)  
Theo-24  
**theophylline extended release** (Theochron, Uniphyll)  
Tilade  
Tracleer  
Vospire ER

### 14. URINARY & PROSTATE MEDS

#### DRUG NAME

**bethanechol** (Urecholine)  
**doxazosin mesylate** (Cardura)  
✓ **Enblex**  
**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 & PROSTATE MEDS (Cont.)

### DRUG NAME

- Q, PA Muse  
**oxybutynin** (Ditropan)  
**oxybutynin ER** (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)  
**Multigen** (Chromagen)  
**Multigen Plus**  
 (Chromagen Forte)

### DRUG NAME

- multivitamin with fluoride drops, tabs** (Tri-Vi-Flor, Poly-Vi-Flor with and without iron)  
**potassium bicarbonate/potassium citrate effervescent** (K-Lyte)  
**potassium chloride** (Klor-Con, Kaon-CL, Klotrix, K-Tab, K-Dur, Micro-K)  
**sodium fluoride drops**  
 (Luride drops)

## 16. DIAGNOSTICS & MISCELLANEOUS AGENTS

### DRUG NAME

- benzoyl peroxide**  
**calcium acetate** (PhosLo)  
 Chemet  
**etidronate disodium**  
 (Didronel)  
**midodrine HCl**  
 (ProAmatine)  
**pilocarpine HCl** (Salagen)

## Key

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- Covered brand drugs not listed are non-formulary.

### You pay

- Lowest copay  
 Middle copay  
 Highest copay
- Lowest copay  
 Highest copay

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## PROCEDURES THAT SUPPORT SAFE PRESCRIBING

Independence Blue Cross utilizes an independent pharmacy benefits management (PBM) company, FutureScripts, to manage the administration of its 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 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, if necessary, were utilized.

**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 page 26).**

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.

Prior authorization approvals for some drugs may be limited to 6 to 12 months. If the prior authorization for a drug is limited to a certain time frame, an expiration date will be given at the time the approval is made. If the physician wants a member to continue the drug therapy after the expiration date, a new prior authorization request will need to be submitted and approved in order for coverage to continue.

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>	Daytrana <sup>™</sup>	Myobloc <sup>®</sup>	Symlin <sup>®</sup>
Actiq <sup>®</sup>	diabetic test strips*	Nexavar <sup>®</sup>	Taclonex <sup>®</sup>
Adcirca <sup>™</sup>	Diovan <sup>®</sup> /Diovan	Nexium <sup>®</sup>	Taclonex Scalp <sup>®</sup>
Afinitor <sup>®</sup>	HCT <sup>®</sup>	Noxafil <sup>®</sup>	Suspension
Alodox <sup>™</sup>	Edex <sup>®</sup>	NutriDox <sup>™</sup>	Tarceva <sup>®</sup>
Altabax <sup>™</sup>	Enbrel <sup>®</sup>	Nuvigil <sup>®</sup>	Tasigna <sup>®</sup>
Alvesco <sup>®</sup>	Exforge <sup>®</sup> /	Opana <sup>®</sup> /Opana <sup>®</sup> ER	Tekturna <sup>®</sup> /
Ambien CR <sup>®</sup>	Exforge HCT <sup>®</sup>	Oracea <sup>®</sup>	Tekturna HCT <sup>®</sup>
Amevive <sup>™</sup>	Exjade <sup>®</sup>	Pataday <sup>™</sup>	Temodar <sup>®</sup> Oral
AMRIX <sup>®</sup>	Fentora <sup>®</sup>	PrandiMet <sup>™</sup>	Teveten <sup>®</sup> /
Aplenzin <sup>™</sup>	Flector <sup>®</sup> patch	Prevacid <sup>®</sup>	Teveten HCT <sup>®</sup>
Atacand <sup>®</sup> /	Forteo <sup>™</sup>	Prevacid/NapraPAC <sup>®</sup>	Thalomid <sup>®</sup>
Atacand HCT <sup>®</sup>	Gleevec <sup>®</sup>	Prilosec <sup>®</sup> suspension	Toviaz <sup>™</sup>
Avapro <sup>®</sup> /	Glumetza <sup>™</sup>	Pristiq <sup>™</sup>	Treximet <sup>™</sup>
Avalide <sup>®</sup>	Humira <sup>®</sup>	Protonix <sup>®</sup>	Trilipix <sup>™</sup>
Avidoxy <sup>™</sup> DK	HYCAMTIN <sup>®</sup>	Provigil <sup>®</sup>	Tykerb <sup>®</sup>
AZOR <sup>®</sup>	capsules	Pylera <sup>™</sup>	Uloric <sup>®</sup>
Banzel <sup>™</sup>	Invega <sup>™</sup>	Quaaliquin <sup>®</sup>	Ultram <sup>®</sup> ER
Benicar <sup>®</sup> /	Iressa <sup>®</sup>	Ranexa <sup>®</sup>	Vectical <sup>™</sup>
Benicar HCT <sup>®</sup>	Janumet <sup>™</sup>	Renvela <sup>®</sup>	Veramyst <sup>™</sup>
BiDil <sup>®</sup>	Januvia <sup>™</sup>	Requip <sup>®</sup> XL <sup>™</sup>	Viagra <sup>®</sup>
Botox <sup>®</sup>	Kapidex <sup>™</sup>	Revatio <sup>™</sup>	Vimpat <sup>™</sup>
Byetta <sup>®</sup>	Keppra XR <sup>™</sup>	Revlimid <sup>®</sup>	Voltaren <sup>®</sup> Gel
Caduet <sup>®</sup>	Kineret <sup>®</sup>	Rozerem <sup>™</sup>	Vytorin <sup>®</sup>
Caverject <sup>®</sup>	Levitra <sup>®</sup>	Ryzolt <sup>™</sup>	Vyvanse <sup>®</sup>
Celebrex <sup>®</sup>	Lipitor <sup>®</sup>	Savella <sup>™</sup>	Xenazine <sup>™</sup>
Cesamet <sup>®</sup>	Lunesta <sup>®</sup>	Seroquel XR <sup>®</sup>	Xyzal <sup>®</sup>
Cialis <sup>®</sup>	Lyrica <sup>®</sup>	Simcor <sup>®</sup>	Zelapar <sup>®</sup>
Cimzia <sup>®</sup>	Magnacet <sup>™</sup>	Simponi <sup>™</sup>	Zmax <sup>™</sup>
Cozaar <sup>®</sup> /	Micardis <sup>®</sup> /	Singulair <sup>®</sup>	Zolinza <sup>®</sup>
Hyzaar <sup>®</sup>	Micardis HCT <sup>®</sup>	Sprycel <sup>®</sup>	Zyvox <sup>®</sup>
Crestor <sup>®</sup>	Mobic <sup>®</sup>	Sutent <sup>®</sup>	
Cymbalta <sup>®</sup>	MUSE <sup>®</sup>	Symbicort <sup>®</sup>	

The above list is subject to change.

\*All diabetic test strips require prior authorization except the following: Autodisc<sup>®</sup>, Breeze<sup>®</sup> 2, Contour<sup>®</sup>, FreeStyle Lite<sup>®</sup>, and Precision XTRA<sup>®</sup>.

## **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 to ensure that the medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals age 14 and older, 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 preapproval 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 or she initiate the preapproval 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 upon FDA-approved maximum daily doses and length of therapy of a particular drug. We have several different types of quantity level limits that are explained in detail below.

### **Rolling 30-day period**

This quantity limit is based on dosing guidelines over a rolling 30-day period. Examples of quantity level limits per rolling 30-day period are:

**Emend® (four 125mg capsules + eight 80mg capsules or four trifold packs [one 125mg capsule + two 80mg capsules]);  
Boniva® (two 150mg tablets); Avonex® (one kit, four injections);  
Betaseron® (15 vials); Copaxone® (32 vials); Fosamax Plus D™  
(five tablets); and Rebif®(12 injections);**

migraine drugs, such as:

**Amerge® (nine 2.5mg tablets), Imitrex® (36 50mg tablets),  
Maxalt® (12 10mg tablets), Migranal® (eight 4mg nasal spray  
units), Stadol NS® (four 10mg units), and Zomig® (nine 5mg  
tablets);**

fertility agents (if covered under the group contract), such as:

**Fertinex® (60 ampules), Follistim® (60 ampules), Gonal-F® (60 ampules), Humegon® (60 ampules), Pergonal® (60 ampules), and Repronex® (60 ampules);**

sedative hypnotic drugs, such as:

**Sonata® (14 capsules) and Ambien® (14 tablets);**

and oral narcotic drugs, such as:

**OxyContin® (90 units), Percocet® (180 units), and Percodan® (180 units).**

For example, if a member went to the pharmacy on October 1, 2009, for one of these medications, the computer system would have looked back 30 days to September 1, 2009, to see how much medication was dispensed. The purpose of these limits is to make certain that these drugs are being used appropriately and to guard against overuse or stockpiling.

- **Refill too soon**

With this quantity level limit, if a member used less than 75 percent 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.

- **Therapeutic drug class**

This quantity level limit applies to some classes of drugs, such as narcotics (i.e., short-acting and long-acting). If a member uses more than one drug within the same class, he or she may be unsafely duplicating medications and would be affected by the total quantity limits for a therapeutic drug class. Members will be able to obtain only a 30-day total supply of any combination of drugs in the same therapeutic drug class each month.

If a physician requires that a member needs a medication therapy that exceeds any of the quantity level limits described above, the physician must request a quantity limit override. The member is required to contact the prescribing physician to initiate a preapproval request for an override.

Some drugs may have a time period for quantity limit exceptions of 6 to 12 months. If the exception for a drug is limited to a certain time frame, an expiration date will be given at the time the approval is made. If the physician wants a member to continue the drug therapy that exceeds a quantity limit after the expiration date, a new request for a quantity limit exception will need to be submitted and approved in order for coverage to continue.

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 (preapproval required for ages outside of recommended ranges);
- migraine medications with quantity level limits, such as Amerge<sup>®</sup>, Imitrex<sup>®</sup>, Maxalt<sup>®</sup>, Migranal<sup>®</sup>, Stadol NS<sup>®</sup>, and Zomig<sup>®</sup> (preapproval 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/preapproval 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 at that time.<sup>1</sup>
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.

<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.**

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.

**Obtaining a 96-hour temporary supply does not guarantee that the prior authorization/preapproval 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® (two-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/preapproval 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 may request the form by calling 1-888-678-7012. Members may request the form through Customer Service 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 claims system will be coded with the approval.
- The member may call the Customer Service phone number on his or 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 should 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 appeals 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/preapproval or override results in a denial, the member, or physician on the member's behalf, may file an appeal. Both the member and his or her 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 appeals process to provide the required medical information for the basis of the appeal.

## A

- acarbose 13
- Accupril 10
- Accuretic 10
- Accutane 12
- acebutolol 8
- acetaminophen/butalbital 5
- acetaminophen/codeine 5
- Acetasol HC 12
- acetazolamide 5, 17
- acetazolamide ER 17
- acetic acid HC 12
- acetylcysteine 18
- AcipHex 23
- Aclovate 11
- Actigall 15
- Actiq 6, 23
- Actonel 15
- Actoplus Met 13
- Actos 13
- Acular, LS, PF 17
- acyclovir 3
- Adalat CC 10
- Adcirca 23
- Adderall 6
- Adderall XR 6
- Advair Diskus 18
- Afinitor 23
- Agenerase 3
- Agrylin 9
- albuterol inhaler 18
- albuterol soln 18
- alclometasone dipropionate cream 11
- Aldactazide 10
- Aldactone 10
- alendronate 15
- Alkeran 5
- Allegra 19
- allopurinol 15
- Alodox 23
- Alphagan P 17
- alprazolam 5
- Alrex 17
- Altabax 23
- Altace 10
- Alupent aerosol 18
- Alvesco 23
- amantadine 3, 5
- Amaryl 13
- Ambien 8
- Ambien CR 23
- amcinonide 11
- Amevive 23
- Amicar 8
- amiloride 8
- amiloride/HCTZ 8
- aminocaproic acid 8
- aminophylline tabs 18
- amiodarone HCl 9
- amitriptyline 5
- amlodipine 9
- amlodipine/benazepril 9
- amoxapine 5
- amoxicillin 3
- amoxicillin/clavulanate 3
- Amoxil 3
- amphetamine aspartate/  
amphetamine sulfate/  
dextroamphetamine 6
- amphetamine aspartate/  
amphetamine sulfate/  
dextroamphetamine ER 6
- ampicillin 3
- AMRIX 23
- Anafranil 6
- anagrelide 9
- Anaprox DS 8, 16
- Androgel 13
- Ansaid 6, 16
- anthralin 11
- Anusol-HC 14
- Aplenzin 23
- Aralen 3
- Arava 16

Aricept 6  
Aricept ODT 6  
Aromasin 5  
Asacol 14  
aspirin with codeine 6  
Astelin 18  
Atacand/Atacand HCT 23  
atenolol 9  
atenolol/chlorthalidone 9  
Ativan 7  
Atripila 3  
atropine sulfate 18  
Atrovent HFA 19  
Atrovent nasal spray 13  
Atrovent soln 20  
Augmentin 3  
Augmentin XR 3  
Autodisc Test Strips 13, 23  
Avalide 23  
Avandamet 13  
Avandaryl 13  
Avandia 13  
Avapro 23  
Avidoxy DK 23  
Avinza 6  
Avita 12  
Avonex 15  
Axid 14  
Aygestin 17  
azathioprine 5, 15  
azithromycin 3  
Azmacort 19  
Azopt 18  
Azor 9, 23  
Azulfidine 15, 16

## B

bacitracin ophth 18  
bacitracin/polymyxin  
    B ophth oint 18  
baclofen 15  
Bactrim 4

Bactrim DS 4  
Bactroban 11, 12  
Bactroban cream 11  
Bactroban nasal oint 12  
balsalazide 14  
Banzel 23  
BD Insulin Syringe Micro-Fine 13  
benazepril 9  
benazepril/HCTZ 9  
Benicar 9  
Benicar/Benicar HCT 23  
Benicar HCT 9  
Bentyl 14  
Benzamycin gel 11  
benzocaine/antipyrine 12  
benzonatate 19  
Benzotic 12  
benzoyl peroxide 11, 21  
benzoyl peroxide/  
    erythromycin 11  
benzoyl peroxide gel 11  
benzoyl peroxide/urea cream 11  
bentropine 6  
Betagan 18  
betamethasone/clotrimazole 11  
betamethasone dipropionate 11  
betamethasone dipropionate  
    augmented 11  
betamethasone valerate 11  
Betapace AF 10  
Beta-Val 11  
betaxolol 9, 18  
bethanechol 20  
Betimol 18  
Betoptic S 18  
Biaxin 3  
Biaxin XL 3  
bicalutamide 5  
BiDil 23  
bisoprolol/HCTZ 9  
Bleph 10 18  
Blephamide 18  
Blocadren 10



Botox 23  
Bravelle 16  
Breeze 2 Test Strips 13, 23  
Brethine 20  
Brevoxyl gel 11  
brimonidine 18  
bromocriptine mesylate 6  
brompheniramine/  
phenylephrine 19  
Brovex D 19  
Brovex HC 20  
bumetanide 9  
Bumex 9  
bupropion 6  
bupropion SR 6  
bupropion XR 6  
BuSpar 6  
buspirone 6  
butalbital/apap/caffeine 6  
butalbital/aspirin/caffeine 6  
Byetta 13, 23  
Bystolic 9

## C

Caduet 23  
Cafergot 6, 7  
Calan 11  
Calciferol 21  
calcipotriene soln 11  
calcitriol capsules 13  
calcium acetate 21  
Canasa supp 14  
Capoten 9  
Capozide 9  
captopril 9  
captopril/HCTZ 9  
Carafate 14, 15  
Carafate susp 14  
carbachol 3% 18  
carbamazepine 6  
carbamazepine XR 6  
carbidopa/levodopa 6

carbidopa/levodopa CR 6  
carbidopa/levodopa ODT 6  
Cardizem 9  
Cardizem CD 9  
Cardizem SR 9  
Cardura 9, 20  
carisoprodol 15  
Carmol scalp lotion 12  
carteolol 18  
carvedilol 9  
Casodex 5  
Cataflam 6, 15  
Catapres tablets 9  
Caverject 23  
Ceclor 3  
CeeNU 5  
cefaclor 3  
cefaclor ER 3  
cefadroxil 3  
cefdinir 3  
Ceftin 3  
cefuroxime axetil 3  
Celebrex 23  
Celexa 6  
Cellcept 5  
Celontin 6  
Cenestin 16  
cephalexin 3  
Cesamet 23  
Chemet 21  
chlordiazepoxide/clidinium 14  
chlorhexidine gluconate 12  
chloroquine phosphate 3  
chlorothiazide 9  
chlorpheniramine/  
phenylephrine 19  
chlorpheniramine/phenylephrine/  
methscopolamine chewable  
tabs, syrup 19  
chlorpheniramine/phenylephrine/  
methscopolamine extended  
release 19  
chlorpromazine HCl 6  
chlorthalidone 9

chlorzoxazone 15  
 cholestyramine 9  
 choline magnesium 6, 15  
 Chromagen 21  
 Chromagen Forte 21  
 Cialis 23  
 ciclopirox cream, susp 11  
 ciclopirox solution 11  
 cilostazol 9  
 Ciloxan 18  
 cimetidine 14  
 Cimzia 23  
 Cipro 3, 12  
 ciprofloxacin 3, 18  
 ciprofloxacin ER tabs 3  
 ciprofloxacin tabs 3  
 Cipro HC Otic 12  
 Cipro oral suspension 3  
 Cipro XR 3  
 citalopram 6  
 clarithromycin 3  
 clarithromycin SR 3  
 Cleocin 3, 11, 16  
 Cleocin T 11  
 Climara 16  
 clindamycin 3, 11, 16  
 clindamycin cream 16  
 Clinoril 8, 16  
 clobetasol 11  
 clomipramine HCl 6  
 clonazepam 6  
 clonidine 9  
 clotrimazole troches 3  
 clozapine 6  
 Clozaril 6  
 codeine tabs 6  
 Colazal 14  
 colchicine 15  
 Colestid 9  
 colestipol HCl 9  
 Colocort 14  
 Combivent MDI 19  
 Combivir 3  
 Combunox 7  
 Compazine 15  
 Comtan 6  
 Concerta 6  
 Condylox 12  
 Contour Test Strips 13, 23  
 Copaxone 15  
 Cordarone 9  
 Coreg 9  
 Corgard 10  
 Cortef 14, 16, 19  
 Cortisporin Otic 13  
 Corzide 10  
 Cosopt 18  
 Coumadin 9  
 Cozaar 23  
 Crestor 9, 23  
 Crixivan 3  
 Crolom 18  
 cromolyn inhalation soln 19  
 cromolyn ophth 18  
 Cutivate 12  
 cyclobenzaprine 15  
 Cyclocort 11  
 Cyclogyl 18  
 cyclopentolate HCl 18  
 cyclophosphamide 5  
 cyclosporine 5  
 Cymbalta 23  
 cyproheptadine 19  
 Cytomel 14  
 Cytotec 14  
 Cytovene 4  
 Cytoxan 5

## D

danazol 5, 13  
 Danocrine 5, 13  
 Dapsone 3  
 Daraprim 3  
 Darvocet-N 8  
 Daypro 8, 16

Daytrana 23  
 DDAVP 13  
 Decadron 13, 15, 19  
 Declomycin 3  
 Deltasone 5, 14, 16, 20  
 Demadex 10  
 demeclocycline 3  
 Demerol 7  
 Depakene 8  
 Depakote 6  
 Depakote ER 6  
 Depakote Sprinkle Caps 6  
 Depo-Provera 16  
 Depo Sub Q Provera 16  
 Dermatop 12  
 desipramine 6  
 desmopressin acetate 13  
 desogestrel/ethinyl estradiol 16  
 desoximetasone 11  
 Desoxyn 7  
 Desyrel 8  
 dexamethasone 13, 15, 18, 19  
 dexamethasone ophth 18  
 dexmethylphenidate 6  
 Diabeta 14  
 Diamox Sequels 17  
 diazepam 6, 15  
 diclofenac potassium 6, 15  
 diclofenac sodium 6, 15  
 dicloxacillin 3  
 dicyclomine 14  
 didanosine 3  
 Didronel 21  
 diflorasone diacetate 11  
 Diflucan 4, 16  
 diflunisal 6, 15  
 digoxin 9  
 Dilacor XR 9  
 Dilatrate-SR 9  
 Dilaudid 7  
 diltiazem 9  
 diltiazem ER 24 hour 9  
 diltiazem extended release 9  
 diltiazem SR 9  
 Diovan 9, 23  
 Diovan HCT 9, 23  
 diphenoxylate HCl/atropine 14  
 dipivefrin HCl 18  
 Diprolene 11  
 Diprolene AF 11  
 Diprosone 11  
 dipyridamole 9  
 disopyramide 9  
 disopyramide CR 150mg 9  
 disp syr 15  
 Ditropan 21  
 Ditropan XL 21  
 divalproex sodium 6  
 divalproex sodium ER 6  
 divalproex sprinkle cap 6  
 Dolobid 6, 15  
 Dolophine 7  
 Donnatal 15  
 dorzolamide HCl 2% 18  
 dorzolamide-timolol 18  
 Dovonex Soln 11  
 doxazosin mesylate 9, 20  
 doxepin 6  
 doxycycline hyclate 3  
 doxycycline monohydrate 3  
 dronabinol 14  
 Duoneb 20  
 Duragesic 6  
 Duratuss HD elixir 19  
 Duricef 3  
 Dyazide 11  
 Dynacin 4  
 DynaCirc 10

## **E**

econazole 11  
 Econopred Plus 18  
 Edecrin 9  
 Edex 23  
 EES 3

Effexor 8  
Efudex 11, 12  
Efudex cream 11  
Eldepryl 8  
Elimite 12  
Elixophyllin 19  
Elocon 12  
Emcyt 5  
Emend 14  
Emgel 12  
Emla cream 12  
Emtriva 3  
Enablex 20  
enalapril 10  
enalapril/HCTZ 10  
Enbrel 23  
Enbrel kit 15  
EpiPen 19  
EpiPen Jr. Auto-Injector/E\*Z 19  
Epivir 3  
eplerenone 10  
Epzicom 3  
ergocalciferol 21  
ergotamine/tartrate/caffeine 6  
Eryc 3  
Erycette 12  
Erygel 12  
EryPed 3  
Ery-Tab 3  
Erythrocin 3  
erythromycin 3, 4, 12, 18  
erythromycin delayed release 3  
erythromycin ethylsuccinate 3  
erythromycin gel 12  
erythromycin solution 12  
erythromycin stearate 3  
erythromycin susp w/sulfa 4  
erythromycin swabs 12  
Eskalith 7  
Eskalith CR 7  
esterified estrogens/  
methyltestosterone 16  
Estrace 16

Estraderm 16  
estradiol 16  
estradiol transdermal 16  
Estratest HS 16  
Estring 16  
estropiate 16  
Estrostep FE 17  
ethambutol 4  
ethinyl estradiol/drospirenone 16  
ethosuximide 6  
etidronate disodium 21  
etodolac 6, 15  
etoposide 5  
Eulexin 5  
Evista 16  
Exforge 23  
Exforge HCT 23  
Exjade 23  
Extendryl 19  
Extendryl SR 19

## F

famciclovir 4  
famotidine 40mg 14  
Famvir 4  
Fansidar 4  
Fareston 5  
Feldene 8, 16  
felodipine ER 10  
Femara 5  
Femhrt 16  
fenofibrate 10  
fenoprofen calcium 6, 16  
fentanyl citrate OTFC 6  
fentanyl transdermal 6  
Fentora 23  
fexofenadine 19  
finasteride 20  
Fioricet 6  
Fiorinal 6  
Flagyl 4  
Flagyl ER 4

flavoxate 20  
flecainide 10  
Flector patch 23  
Flexeril 15  
Flonase 13  
Florinef 13  
Flovent HFA 19  
Floxin 4, 13  
Floxin Otic 13  
fluconazole 4, 16  
fluconazole 150mg 16  
fludrocortisone acetate 13  
Flumadine 4  
flunisolide 12, 19  
fluocinolone acetonide  
cream, soln 12  
fluocinonide gel, oint, cream 12  
fluoride 21  
fluorometholone 18  
Fluoroplex 12  
fluorouracil solution 12  
fluoxetine 6  
fluphenazine 6  
flurbiprofen 6, 16  
flutamide 5  
fluticasone propionate 12, 13  
fluticasone propionate  
nasal susp 13  
Flutuss HC liquid 20  
fluvoxamine 6  
FML 18  
Focalin 6  
folic acid 21  
Follistim 16  
Follistim AQ 16  
Foradil 19  
Forteo 23  
Fortovase 4  
Fosamax 15  
fosinopril 10  
FreeStyle Lite Test Strips 13, 23  
furosemide 10  
Fuzeon 4

## G

gabapentin 6  
galantamine 6  
galantamine ER 6  
ganciclovir 4  
Gastrocrom 14  
gemfibrozil 10  
Gentak 18  
gentamicin ophth 18  
gentamicin topical cream, oint 12  
Gleevec 5, 23  
glimepiride 13  
glipizide 13  
glipizide ER 13  
Glucagon emergency kit 13  
Glucophage 14  
Glucophage XR 14  
Glucotrol 13  
Glucotrol XL 13  
Glucovance 14  
Glumetza 23  
glyburide 14  
glyburide micronized 14  
Glynase 14  
granisetron 14  
Grifulvin V 4  
Grifulvin V tabs 4  
griseofulvin microsize susp 4  
Gris-PEG 4  
guaifenesin/codeine 19  
guaifenesin/codeine/  
pseudoephedrine 19  
guaifenesin/hydrocodone 19  
guaifenesin/phenylephrine/  
hydrocodone 19  
guaifenesin/pseudoephedrine/  
codeine 19  
guanabenz 10  
guanfacine HCl 10  
Guiatuss AC 19  
Guiatuss DAC 19

## H

haloperidol 6  
HC acetate/lidocaine HCl 12  
Hepsera 4  
Hexalen 5  
Hiprex 4  
Hista-Vent DA 19  
Histussin-HC 20  
HIVID 4  
HMS 18  
homatropine 5% 18  
Humalog 14  
Humira 16, 23  
Humulin insulins 14  
HYCANTIN capsules 23  
Hycodan 19  
hydralazine 10  
Hydrea 5  
hydrochlorothiazide 10  
hydrocodone/acetaminophen 7  
hydrocodone/  
acetaminophen elixir 7  
hydrocodone/acetaminophen ES 7  
hydrocodone/homatropine  
syrup 19  
hydrocodone/ibuprofen 7  
hydrocortisone 12, 14, 16, 19  
hydrocortisone 2.5% 12  
hydrocortisone butyrate 0.1% 12  
hydrocortisone retention enema 14  
hydrocortisone valerate 0.2% 12  
hydromorphone HCl 7  
hydroxychloroquine 4, 16  
hydroxyurea 5  
hydroxyzine HCl 19  
hydroxyzine pamoate 19  
hyoscyamine 14  
Hytone 12  
Hytrin 10, 21  
Hyzaar 23

## I

ibuprofen 7, 16  
ibuprofen/oxycodone HCl 7  
Icar 21  
Iletin insulins 14  
Imdur 10  
imipramine 7  
Imitrex 8  
Imuran 5, 15  
indapamide 10  
Inderal 10  
Inderal LA 10  
Inderide 10  
Indocin 7, 16  
Indocin SR 7, 16  
indomethacin 7, 16  
indomethacin SR 16  
Inflamase Forte 18  
Inspra 10  
Intal 19  
Intal soln 19  
Invega 23  
ipratropium 13, 20  
ipratropium-albuterol 20  
ipratropium inhalation soln 20  
Iressa 23  
iron, carbonyl 15mg 21  
Isentress 4  
Ismo 10  
isometheptene/  
dichloralphenazone/apap 7  
isoniazid 4  
Isopto Atropine 18  
Isopto Carbachol 3% 18  
Isopto Carpine 18  
Isopto Homatropine 18  
Isordil tabs 10  
isosorbide dinitrate 10  
isosorbide dinitrate ER 10  
isosorbide mononitrate 10  
isosorbide mononitrate ER 10  
isotretinoin 12

isradipine 10  
itraconazole 4

## J

Janumet 23  
Januvia 23

## K

Kaon-CL 21  
Kapidex 23  
K-Dur 21  
Keflex 3  
Kenalog 12, 13  
Kenalog in Orabase 13  
Keppra 7  
Keppra XR 23  
Keralac cream 12  
Kerlone 9  
ketoconazole cream 12  
ketoconazole shampoo 12  
ketoconazole tabs 4  
ketoprofen 7, 16  
ketoprofen SR 16  
ketorolac 7, 16  
Kineret 23  
Klaron 12  
Klonopin 6  
Klor-Con 21  
Klotrix 21  
K-Lyte 21  
Kristalose 14  
Kronofed-A Jr. 20  
K-Tab 21  
Kytril 14

## L

labetalol HCl 10  
lactulose soln 14  
Lamictal 7  
Lamisil tabs 4  
lamotrigine 7  
Lanoxin 10  
Lantus vial, cartridge 14  
Lariam 4  
Lasix 10  
leflunomide 16  
leucovorin calcium 5  
Leukeran 5  
Levaquin 4  
Levbid 14  
Levemir 14  
levetiracetam 7  
Levitra 23  
levobunolol 18  
levonorgestrel/ethinyl estradiol 17  
levothyroxine 14  
Levoxyl 14  
Levsin 14  
Levsinex 14  
Lexapro 7  
Lexiva 4  
Lidex, Lidex E 12  
lidocaine 12  
lindane lotion 12  
liothyronine 14  
Lipitor 23  
Liquifilm 18  
lisinopril 10  
lisinopril/HCTZ 10  
lithium carbonate 7  
lithium carbonate SR 7  
Lithobid 7  
Locoid 12  
Lodine XL 6, 15  
Lofibra 10  
Lomotil 14  
Loniten 10  
Lopid 10

Lopressor 10  
Loprox 11, 12  
Loprox gel 12  
lorazepam 7  
Lortab 7  
Lotemax 18  
Lotensin 9  
Lotensin HCT 9  
Lotrel 9  
Lotrisone 11  
lovastatin 10  
Lovenox 15  
loxapine 7  
Loxitane 7  
Lozol 10  
Lumigan 18  
Lunelle 17  
Lunesta 23  
Luride drops 21  
Lyrica 23  
Lysodren 5

## M

Macrodantin 4  
Magnacet 23  
malathion lotion 12  
maprotiline 7  
Marinol 14  
Matulane 5  
Mavik 10  
Maxair 20  
Maxalt 7  
Maxalt-MLT 7  
Max HC 20  
Maxidone 7  
Maxitrol 18  
Maxituss HC 20  
Maxzide 11  
mebendazole 4  
meclofenamate 7, 16  
Medrol 14, 16, 20  
medroxyprogesterone acetate 17

mefloquine 4  
Megace 5  
megestrol 5  
meloxicam 16  
Menopur 17  
meperidine HCl 7  
Mephyton 10  
Meproin 4  
mercaptapurine 5  
mesalamine rectal susp 14  
Mestinon 8  
metformin 14  
metformin ER 14  
metformin/glyburide 14  
methadone 7  
methamphetamine 7  
methazolamide 18  
methenamine hippurate 4  
methenamine/methylene blue/  
benzoic acid/salicylic acid/  
atropine 20  
methenamine/phenylsalicylate/  
atropine/hyoscyamine/  
benzoic acid/methylene blue 20  
Methergine 17  
methimazole 14  
methocarbamol 16  
methotrexate 5, 16  
methyl dopa 10  
methylphenidate SR 7  
methylprednisolone 14, 16, 20  
metoclopramide 14  
metolazone 10  
metoprolol succinate 10  
metoprolol tartrate 10  
MetroCream 12  
Metrogel 17  
Metrolotion 12  
metronidazole 4, 12, 17  
metronidazole cream 12  
metronidazole lotion 12  
metronidazole vaginal gel 17  
Mevacor 10



mexiletine HCl 10  
Mexitil 10  
Miacalcin 15  
Micardis/Micardis HCT 23  
Micro-K 21  
Micronase 14  
Microzide 10  
Midamor 8  
midodrine HCl 21  
Midrin 7  
migergot 7  
Minipress 10  
Minocin 4  
minocycline caps 4  
minocycline tabs 4  
minoxidil 10  
Mintezol 4  
Mirapex 7  
mirtazapine 7  
mirtazapine rapid dissolve tabs 7  
misoprostol 14  
Mobic 16, 23  
Moduretic 8  
moexipril/HCTZ 10  
mometasone cream 12  
Monodox 3  
Monopril 10  
morphine sulfate 7, 8  
morphine sulfate,  
extended release 8  
morphine sulfate supp 7  
Motrin 16  
MS Contin 8  
MSIR 7  
Mucomyst 18  
Multigen 21  
Multigen Plus 21  
multivitamin with fluoride drops,  
tabs 21  
mupirocin oint 12  
Muse 21  
MUSE 23  
Myambutol 4

Mycelex 3  
Mycobutin 4  
Mycolog II 12  
mycophenolate 5  
Mycostatin 4, 12  
Mydriacyl 18  
Myleran 5  
Myobloc 23  
Mysoline 8

## N

nabumetone 8, 16  
nadolol 10  
nadolol-bendroflume thiazide 10  
Nalfon 6, 16  
Namenda 8  
Naprelan 8, 16  
Naprosyn 8, 16  
naproxen 8, 16  
naproxen sodium 8, 16  
naproxen sodium SA 8, 16  
Nardil 8  
Nasacort AQ 13, 20  
Nasarel 12, 19  
Nasonex 13, 20  
Navane 8  
nefazodone 8  
neomycin/polymyxin B/  
dexamethasone 18  
neomycin/polymyxin/  
hydrocortisone 13  
Neoral 5  
Neosporin oint 18  
Neosporin soln 18  
Neurontin 6, 8  
Neurontin soln 8  
Nexavar 23  
Nexium 14, 23  
Next Choice 17  
Niaspan 10  
nifedipine ER 10  
Nimotop 10

nisoldipine 10  
Nitro-Bid 10  
Nitro-Dur 10  
nitrofurantoin macrocrystals 4  
nitroglycerin ER 10  
nitroglycerin patches 10  
nitroglycerin SL 10  
Nitrostat SL 10  
nizatidine 14  
Nizoral cream 12  
Nizoral shampoo 12  
Nizoral tabs 4  
Nolvadex 5  
Norco 7  
norethindrone 17  
norethindrone acetate 17  
norethindrone acetate/ethinyl  
  estradiol/ferrous fumarate 17  
norethindrone/  
  ethinyl estradiol 17  
norethindrone/  
  ethinyl estradiol, Fe 17  
norethindrone/mestranol 17  
norgestimate/ethinyl estradiol 17  
norgestrel/ethinyl estradiol 17  
Noritate 12  
Norpace 9  
Norpace CR 9  
Norpramin 6  
nortriptyline 8  
Norvasc 9  
Norvir 4  
Novahistine 19, 20  
Novahistine DH 20  
Novarel 17  
Novolin 14  
Novolog 14  
Novolog mix 14  
Noxafil 23  
Nulytely 15  
NutriDox 23  
Nuvaring 17  
Nuvigil 23

nystatin 4, 12, 17  
nystatin/triamcinolone 12

## O

Ocuflox 18  
ofloxacin 4, 13, 18  
ofloxacin otic 13  
Ogen 16  
omeprazole 14  
Omnicef 3  
ondansetron HCl 14  
Opana/Opana ER 23  
Optivar 18  
Oracea 23  
Orapred 14, 16, 20  
Ortho Evra 17  
Orudis 7, 16  
Oruvail 7, 16  
Ovide 12  
Oxandrin 14  
oxandrolone 14  
oxaprozin 8, 16  
oxazepam 8  
oxcarbazepine 8  
Oxsoralen lotion 1% 12  
Oxsoralen Ultra 12  
oxybutynin 21  
oxybutynin ER 21  
oxycodone 8  
oxycodone/apap 8  
oxycodone/aspirin 8  
oxycodone CR 12 hour tabs 8  
OxyContin 8  
OxyIR 8

## P

Pamelor 8  
Pancrease 14  
Pancrease MT 14  
pancrelipase EC/SA 14

pantoprazole 14  
 Parafon Forte 15  
 Parcopa 6  
 Parlodel 6  
 Parnate 8  
 paroxetine 8  
 paroxetine HCl ext-release 8  
 Pataday 23  
 Patanol 18  
 Paxil 8  
 Paxil CR 8  
 Pediapred 14, 16, 20  
 Pediazole 4  
 PEG 3350 & electrolytes 15  
 Peg-Intron 15  
 penicillin VK 4  
 Penlac 11  
 Pentasa 15  
 pentoxifylline 10  
 Pepcid 14  
 Percocet 8  
 Percodan 8  
 Peridex 12  
 Periostat 3  
 permethrin 12  
 perphenazine 8  
 Persantine 9  
 phenazopyridine 4, 21  
 Phenergan 15, 20  
 Phenergan VC w/codeine 20  
 phenobarb/hyoscyamine/  
   atrop/scop 15  
 phenobarbital 8  
 phenylephrine/cpm/  
   hydrocodone 20  
 phenylephrine HCl/  
   COD/prometh 20  
 phenylephrine/  
   hydrocodone/BPM 20  
 phenylephrine/  
   hydrocodone/CP 20  
 phenytoin 8  
 PhosLo 21  
 Phospholine Iodide 18  
 Pilocar 18  
 pilocarpine 18, 21  
 pilocarpine HCl 21  
 Pilopine HS gel 18  
 pindolol 10  
 piroxicam 8, 16  
 Plan B 17  
 Plaquenil 4, 16  
 Plendil 10  
 Pletal 9  
 Plexion 12  
 podofilox soln 12  
 polymyxin B/neo/bacitracin 18  
 polymyxin B/neo/gramicidin 18  
 Polysporin 18  
 Polytrim 18  
 Poly-Vi-Flor with and without  
   iron 21  
 potassium bicarbonate/potassium  
   citrate effervescent 21  
 potassium chloride 21  
 potassium citrate 21  
 PrandiMet 23  
 Prandin 14  
 Pravachol 10  
 pravastatin 10  
 prazosin 10  
 Precision XTRA Test Strips 14, 23  
 Precose 13  
 Pred-Forte 18  
 prednicarbate ointment 12  
 prednisolone acetate 18  
 prednisolone sodium  
   phosphate 14, 16, 18, 20  
 prednisolone/sodium  
   sulfacetamide 18  
 prednisolone syrup 14, 16, 20  
 prednisone 5, 14, 16, 20  
 prednisone tabs 14, 16, 20  
 Prelone 14, 16, 20  
 Premarin 17

Premarin vaginal cream 17  
Premphase 17  
Prempro 17  
Prevacid 15, 23  
Prevacid/NapraPac 23  
Prezista 4  
prilocaine/lidocaine 12  
Prilosec 14  
Prilosec suspension 23  
Primaquine 4  
primidone 8  
Principen 3  
Prinivil 10  
Prinzide 10  
Pristiq 23  
ProAir HFA 20  
ProAmatine 21  
probenecid 16  
procainamide 10  
Procanbid 10  
Procardia XL 10  
prochlorperazine 15  
Procrit 15  
Proctofoam-HC 15  
Prograf 5  
promethazine 15, 20  
promethazine/codeine 20  
promethazine/  
dextromethorphan 20  
promethazine/  
phenylephrine/codeine 20  
Prometrium 17  
Pronestyl 10  
propafenone 10  
Propine 18  
propoxyphene HCl/apap 8  
propoxyphene napsylate/apap 8  
propranolol 10  
propranolol/HCTZ 10  
propylthiouracil 14  
Proscar 20  
Prosed EC tab 20  
Prostigmin 8

Protonix 14, 23  
Proventil 18, 20  
Proventil HFA 20  
Provera 17  
Provigil 23  
Prozac 6  
pseudoephedrine/  
brompheniramine/  
hydrocodone liquid 20  
pseudoephedrine/  
chlorpheniramine 20  
pseudoephedrine/cpm/codeine 20  
pseudoephedrine/guaifenesin  
extended release 20  
Psorcon 11  
Psoriatec 11  
Pulmicort 20  
Pulmozyme 20  
Purinethol 5  
Pylera 23  
pyrazinamide 4  
Pyridium 4, 21  
pyridostigmine 8

## Q

Qualaquin 23  
Questran Light 9  
quinapril gluconate 10  
quinapril HCl 10  
quinapril/HCTZ 10  
quinidine gluconate ER 10  
quinidine sulfate 10

## R

ramipril 10  
Ranexa 23  
ranitidine 300mg 15  
Rapamune 5  
Razadyne 6

Razadyne ER 6  
 Rebetal 4  
 Reglan 14  
 Regranex 12  
 Relafen 8, 16  
 Remeron 7  
 Remeron SolTab 7  
 Renvela 23  
 Repronex 17  
 Requip 8  
 Requip XL 23  
 Rescriptor 4  
 Restoril 8  
 Retin-A 12  
 Retrovir 4  
 Revatio 23  
 Revlimid 23  
 Reyataz 4  
 ribavirin 4  
 Rifadin 4  
 rifampin 4  
 Rifater 4  
 rimantadine 4  
 Risperdal, Risperdal M-Tab 8  
 risperidone 8  
 Ritalin SR 7  
 RMS 7  
 Robaxin 16  
 Rocaltrol capsules 13  
 ropinirole 8  
 Rowasa 14  
 Roxicet 8  
 Rozerem 23  
 Rynatan 19  
 Rythmol 10  
 Ryzolt 23

**S**

Salagen 21  
 salsalate 8, 16  
 Sandimmune 5  
 Savella 23

Seasonale 17  
 Sebizon 12  
 Sectral 8  
 selegiline HCl 8  
 selenium sulfide 12  
 Selsun Rx 12  
 Selzentry 4  
 Senatec HC 12  
 Sensipar 14  
 Septra DS 4  
 Serax 8  
 Serevent Diskus 20  
 Seroquel 8  
 Seroquel XR 23  
 sertraline 8  
 Silvadene 12  
 silver sulfadiazine 12  
 Simcor 23  
 Simponi 23  
 simvastatin 10  
 Sinemet 6  
 Sinemet CR 6  
 Sinequan 6  
 Singulair 20, 23  
 Skelaxin 16  
 sodium fluoride drops 21  
 sodium sulfacetamide lotion 12  
 sodium sulfacetamide/sulfur 12  
 Soma 15  
 Sonata 8  
 sotalol HCl 10  
 Spectazole 11  
 Spiriva 20  
 spironolactone 10  
 spironolactone/HCTZ 10  
 Sporonax 4  
 Sprycel 23  
 Starlix 14  
 stavudine 4  
 Strattera 8  
 sucralfate tabs 15  
 Sular 10  
 sulfacetamide 12, 18

sulfacetamide sodium 12  
sulfacetamide sodium/  
urea lotion 12  
Sulfacet-R 12  
sulfamethoxazole/tmp 4  
sulfasalazine 15, 16  
sulfipyrazone sulindac 16  
sulfisoxazole tabs 4  
sulindac 8  
sumatriptan 8  
Sumycin 4  
Sustiva 4  
Sutent 23  
Symbicort 23  
Symlin 14, 23  
Symmetrel 3, 5  
Synalar 12  
Synthroid 14

## T

Taclonex 23  
Taclonex Scalp Suspension 23  
Tagamet 14  
Tambacor 10  
Tamiflu 4  
tamoxifen 5  
Tapazole 14  
Tarceva 23  
Targretin 5  
Tasigna 23  
Tegretol 6  
Tegretol XR 6  
Tekturna/Tekturna HCT 23  
temazepam 8  
Temodar 5  
Temodar Oral 23  
Temovate 11  
Tenex 10  
Tenoretic 9  
Tenormin 9  
Terazol 3 17  
terazosin 10, 21

terbinafine tabs 4  
terbutaline sulfate tabs 20  
terconazole cream 17  
Tessalon Perles 19  
tetracycline 4  
Teveten/Teveten HCT 23  
Thalomid 23  
Theo-24 20  
Theochron 20  
theophylline extended release 20  
thioguanine 5  
thioridazine 8  
thiothixene 8  
Tiazac 9  
Ticlid 10  
ticlopidine HCl 10  
Tigan 15  
Tilade 20  
timolol 10, 18  
timolol ophth 18  
timolol XE 18  
Timoptic 18  
Timoptic XE 18  
Tindamax 4  
tinidazole 4  
tizanidine 16  
Tobi 4  
Tobradex 18  
tobramycin 18  
tobramycin-dexamethasone 18  
Tobrex 18  
Tofranil 7  
tolbutamide 14  
tolmetin 8, 16  
tolmetin sodium 8  
Topamax 8  
Topamax Sprinkle Capsules 8  
Topicort 11  
topiramate 8  
topiramate sprinkle cap 8  
Toprol XL 10  
Toradol oral 7, 16  
torsemide 10

Toviaz 23  
Tracleer 20  
tramadol 8  
Trandate 10  
trandolapril 10  
tranycypromine sulfate 8  
trazodone 8  
Trental 10  
tretinoin 12  
Treximet 23  
triamcinolone 12, 13  
triamterene/HCTZ 11  
Tricor 11  
trifluoperazine 8  
trifluridine 18  
trihexyphenidyl 8  
Trileptal 8  
Trilipix 23  
trimethobenzamide 15  
trimethoprim sulfate/  
polymyxin B 18  
Triphasil 17  
trisalicylate 6, 15  
Tri-Vi-Flor 21  
Trizivir 4  
tropicamide 18  
Trusopt 18  
Truvada 4  
Tykerb 23  
Tylox 8

## U

Uloric 23  
Ultram 8  
Ultram ER 23  
Uniphyl 20  
Uniretic 10  
urea cream 12  
Urecholine 20  
Urex 4  
Urised 20  
Urispas 20

Urocit-K 21  
ursodiol 15

## V

Valcyte 4  
Valium 6, 15  
valproic acid 8  
Valtrex 4  
Vaseretic 10  
Vasocidin oint 18  
Vasotec 10  
Vectical 23  
Veetids 4  
venlafaxine 8  
Ventolin 18  
VePesid 5  
Veramyst 23  
verapamil HCl 11  
Verelan 11  
Vermox 4  
Vexol 18  
Vfend 4  
Viagra 21, 23  
Vibramycin 3  
Vicodin 7  
Vicodin ES 7  
Vicoprofen 7  
Videx 3, 4  
Videx EC 3  
Vigamox 18  
Vimpat 23  
Viracept 4  
Viramune 4  
Viread 4  
Viroptic 18  
Visken 10  
Vistaril 19  
Vivelle 17  
Vivelle Dot 17  
Voltaren 6, 15, 18  
Voltaren Gel 23  
Voltaren XR 6, 15

Vospire ER 20  
Vytorin 23  
Vyvanse 23

## W

warfarin 11  
Wellbutrin 6  
Wellbutrin SR 6  
Wellbutrin XR 6  
Westcort 12

## X

Xalatan 18  
Xanax 5  
Xeloda 5  
Xenazine 23  
Xifaxan 4  
Xylocaine 12  
Xyzal 23

## Y

Yasmin 16  
Yaz 17

## Z

zaleplon 8  
Zanaflex 16  
Zantac 15  
Zantac syrup 15  
Zarontin 6  
Zaroxolyn 10  
Zavesca 14  
Zelapar 23  
Zephrex LA 20  
Zerit 4  
Zetia 11  
Ziac 9

Ziagen 4  
zidovudine 4  
Zithromax 3  
Zmax 23  
Zocor 10  
Zoderm 11  
Zofran 14  
Zolinza 23  
Zoloft 8  
Zomig 8  
Zomig nasal spray 8  
Zomig ZMT 8  
Zovirax 3, 12  
Zovirax oint 12  
Zyloprim 15  
Zyprexa 8  
Zyvox 23



## Notes

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## **Prescription Drug Program provider payment information**

A pharmacy benefits management (PBM) company 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 benefits plans, prescription drugs are subject to a member copayment.



**Independence  
Blue Cross**

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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