

✓ = New
Formulary Drugs



**Independence
Blue Cross**

SELECT DRUG PROGRAM[®] FORMULARY

EFFECTIVE OCTOBER 1, 2009

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**.

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)
cefactor (Ceclor)
cefactor 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
<ul style="list-style-type: none"> • Bolded drug is a formulary generic. • Non-bolded drug is a formulary brand. • 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. • Covered generic drugs not listed are formulary. • Covered brand drugs not listed are non-formulary. 	<p>Lowest copay Middle copay Highest copay</p> <p>Lowest copay Highest copay</p>

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

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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)
tranycypromine 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 (Tambocor)
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

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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, Levbid)
 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*

- **Bolded drug** is a formulary generic.
- Non-bolded drug is a formulary brand.
- 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.
- 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.

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

Type of covered drug*

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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

Type of covered drug*	You pay
<ul style="list-style-type: none"> • Bolded drug is a formulary generic. • Non-bolded drug is a formulary brand. • 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. • Covered generic drugs not listed are formulary. • Covered brand drugs not listed are non-formulary. 	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.

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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You pay

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 Middle copay
 Highest copay
- Lowest copay
 Highest copay

PA = Prior authorization must be requested by the physician.

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✓ = New formulary drug.

* Unless specifically excluded from your contract.

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

The above list is subject to change.

*All diabetic test strips require prior authorization except the following: Autodisc[®], Breeze[®] 2, Contour[®], FreeStyle Lite[®], and Precision XTRA[®].

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[®], Imitrex[®], Maxalt[®], Migranal[®], Stadol NS[®], and Zomig[®] (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.¹
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.

¹ **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.¹
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.

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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.



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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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