



**Independence
Blue Cross**

STANDARD DRUG PROGRAM FORMULARY

EFFECTIVE SEPTEMBER 2009

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.

Our pharmacy benefits manager, FutureScripts®, continuously monitors effectiveness and safety of drugs and drug prescribing patterns.

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

- prior authorization
- age and gender limits
- quantity level limits
- 96-Hour temporary supply program

These procedures are designed to optimize your prescription drug benefit by promoting appropriate utilization. These procedures are based on 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 for any questions about your prescription drug benefit. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist. Standard Drug Program formulary information can also be obtained on the Independence Blue Cross website, www.ibx.com.

LEGEND

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

- **Bolded drug** = Indicates generic availability; may not apply to every strength or dosage form
- **PA** = Prior authorization must be requested by the physician
- **Q** = Quantity level limits apply

I. ANALGESICS 1

Analgesics, Other
COX-2 Inhibitors
Gout
Narcotic Analgesics
Narcotic Analgesics, CII
Non-Narcotic Analgesics
NSAIDs

II. ANTI-INFECTIVES..... 3

Antibacterials
Antifungals
Antimalarials
Antiretroviral Agents
Antitubercular Agents
Antivirals
Miscellaneous

III. ANTINEOPLASTIC AGENTS 7

Hormonal Antineoplastic Agents
Oral Agents

IV. CARDIOVASCULAR..... 9

Ace Inhibitor/Calcium Channel Blocker
Combinations
Ace Inhibitor/Diuretic Combinations
Ace Inhibitors
Adrenolytics, Central
Aldosterone Receptor Antagonists
Alpha Blockers
Angiotensin II Receptor Antagonist
Combinations
Angiotensin II Receptor Antagonists
Antiarrhythmics
Antilipemics
Beta-Blocker/Diuretic Combinations
Beta-Blockers
Calcium Channel Blocker/Antilipemic
Combinations

Calcium Channel Blockers
Digitalis Glycosides
Diuretics
Endothelin Receptor Antagonists
Nitrates
Prostacyclins
Miscellaneous

V. CENTRAL NERVOUS SYSTEM 14

Antianxiety
Anticonvulsants
Antidementia
Antidepressants
Antiparkinsonian Agents
Antipsychotics
Attention Deficit Hyperactivity Disorder
Hypnotics
Migraine
Mood Stabilizers
Multiple Sclerosis
Musculoskeletal Therapy Agents
Myasthenia Gravis
Narcolepsy/Cataplexy
Psychotherapeutic Miscellaneous

VI. ENDOCRINE AND METABOLIC... 19

Anabolic Steroids
Androgens
Antidiabetics
Antiobesity
Bisphosphonates
Calcitonins
Contraceptives
Endometriosis
Estrogens
Estrogens/Progestins
Fertility Regulators
Glucocorticoids

ENDOCRINE AND METABOLIC...19	X. IMMUNOLOGIC AGENTS..... 29
<i>continued</i>	Disease-Modifying Anti-Rheumatic Drugs (DMARD)
Glucose Elevating Agents	Immunomodulators
Human Growth Hormones	Immunosuppressants
Parathyroid Hormones	
Phosphate Binder Agents	XI. NUTRITIONAL/SUPPLEMENTS ... 30
Progestins	Electrolytes
Selective Estrogen Receptor Modulators	Vitamins and Minerals
Thyroid Agents	
Vasopressins	XII. RESPIRATORY 31
Miscellaneous	Anaphylaxis Treatment Agents
VII. GASTROINTESTINAL.....25	Anticholinergic/Beta Agonist Combinations
Antidiarrheals	Anticholinergics
Antiemetics	Antihistamine/Decongestant Combinations
Antispasmodics	Antihistamines, Nonsedating
Cholelitholytics	Antihistamines, Sedating
H ₂ -Receptor Antagonists	Antitussive Combinations
Inflammatory Bowel Disease	Antitussives
Laxatives	Beta Agonists
Pancreatic Enzymes	Cystic Fibrosis
Prostaglandins	Decongestant/Expectorant Combinations
Proton Pump Inhibitor/Anti-Infective Combinations	Leukotriene Receptor Antagonists
Proton Pump Inhibitors	Mast Cell Stabilizers
Saliva Stimulants	Nasal Antihistamines
Steroids, Rectal	Nasal Steroids
Miscellaneous	Steroid/Beta Agonist Combinations
VIII. GENITOURINARY28	Steroid Inhalants
Benign Prostatic Hyperplasia	Xanthines
Erectile Dysfunction	Miscellaneous
Urinary Antispasmodics	
Vaginal Anti-Infectives	XIII. TOPICAL 35
Miscellaneous	Dermatology
IX. HEMATOLOGIC.....29	Mouth/Throat/Dental Agents
Anticoagulants	Ophthalmic
Hematopoietic Growth Factors	Otic
Platelet Aggregation Inhibitors	
Platelet Synthesis Inhibitors	
Miscellaneous	

I. ANALGESICS

Analgesics, Other

COX-2 Inhibitors

celecoxib	PA	CELEBREX
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Gout

allopurinol		ZYLOPRIM
colchicine		
febuxostat	PA	ULORIC
probenecid		

Narcotic Analgesics

aspirin/codeine	Q	
butalbital/aspirin/caffeine/ codeine	Q	FIORINAL WITH CODEINE
codeine/acetaminophen	Q	TYLENOL w/CODEINE
hydrocodone/acetaminophen	Q	LORCET, LORTAB, MAXIDONE, NORCO, VICODIN ES
hydrocodone/ibuprofen	Q	VICOPROFEN
propoxyphene napsylate/apap	Q	DARVOCET-N
propoxyphene hcl apap	Q	

Narcotic Analgesics, CII

codeine tabs	Q	
fentanyl buccal tabs	Q, PA	FENTORA
fentanyl citrate OTFC	Q, PA	ACTIQ
fentanyl transdermal	Q	DURAGESIC
hydromorphone	Q	DILAUDID
methadone	Q	DOLOPHINE
meperidine	Q	DEMEROL
morphine	Q	MSIR
morphine ext-rel	Q	AVINZA
morphine ext-rel	Q	MS CONTIN
morphine supp	Q	RMS

oxycodone	Q	OXYIR, ROXICODONE, OXYFAST
oxycodone/aspirin	Q	PERCODAN
oxycodone ext-rel	Q	OXYCONTIN
oxycodone/acetaminophen	Q	PERCOCET, TYLOX, ROXICET
	PA	MAGNACET
oxymorphone	Q, PA	OPANA
oxymorphone ext-rel	Q, PA	OPANA ER

Non-Narcotic Analgesics

apap/butalbital		FORTE, PHRENILIN
apap/salicylamide/ phenyltoxic/caffeine		DUROLAC CAP
butalbital/acetaminophen/caffeine		FIORICET
butalbital/aspirin/caffeine		FIORINAL
isometheptene/ dichloralphenazone/apap		MIDRIN
tramadol		ULTRAM
tramadol ext release	PA	ULTRAM ER, RYZOLT

NSAIDs

cozoline/magnesium/ trisalicylate		
diclofenac potassium		CATAFLAM
diclofenac sodium delayed-rel		VOLTAREN
diclofenac gel	PA	VOLTAREN GEL
diclofenac patch	PA	FLECTOR
diflunisal		DOLOBID
etodolac		LODINE
fenoprofen calcium		NALFON
flurbiprofen		ANSAID
ibuprofen		MOTRIN
indomethacin		INDOCIN
indomethacin ext-rel		INDOCIN SR
ketoprofen		ORUDIS
ketorolac		TORADOL
meclofanamate		
meloxicam		MOBIC
nabumetone		RELAFEN
naproxen		NAPROSYN
naproxen sodium sa		NAPRELAN

naproxen sodium	ANAPROX
oxaprozin	DAYPRO
piroxicam	FELDENE
salsalate	
sulindac	CLINORIL
tolmetin	

II. ANTI-INFECTIVES

ANTIBACTERIALS

CEPHALOSPORINS

First Generation

cefadroxil	DURICEF
cephalexin	KEFLEX

Second Generation

cefaclor ext-rel	CECLOR ER
cefaclor	CECLOR
cefprozil	CEFZIL
cefuroxime axetil	CEFTIN

Third Generation

cefdinir	OMNICEF
ceftibuten	CEDAX

ERYTHROMYCINS/MACROLIDES

azithromycin	PA	ZMAX, ZITHROMAX
clarithromycin		BIAXIN
clarithromycin ext-rel		BIAXIN XL
erythromycin delayed-rel		ERYC
erythromycin ethylsuccinate		E.E.S.
erythromycin stearate		ERYTHROCIN
erythromycin/sulfisoxazole		PEDIAZOLE

FLUOROQUINOLONES

ciprofloxacin ext-rel	CIPRO XR
ciprofloxacin susp	CIPRO susp
ciprofloxacin tabs	CIPRO tabs
levofloxacin	LEVAQUIN
ofloxacin	FLOXIN

KETOLIDES

telithromycin

KETEK

PENICILLINS

amoxicillin

AMOXIL

amoxicillin/clavulanate

AUGMENTIN

amoxicillin/clavulanate

AUGMENTIN ES-600

amoxicillin/clavulanate ext-rel

AUGMENTIN XR

ampicillin

PRINCIPEN

dicloxacillin

penicillin VK

VEETIDS

SULFONAMIDES

acetyl sulfisoxazole susp

GANTRISIN

TETRACYCLINES

demeclocycline

DECLOMYELIN

doxycycline

PA

ALODOX, AVIDOXY,
ORACEA

doxycycline hyclate

VIBRAMYCIN

doxycycline hyclate

PERIOSTAT

doxycycline monohydrate

MONODOX

doxycycline monohydrate

PA

NUTRIDOX

minocycline

MINOCIN

tetracycline

SUMYCIN

ANTIFUNGALS

clotrimazole troches

MYCELEX

fluconazole

DIFLUCAN

griseofulvin

GRIFULVIN V TABS

griseofulvin microsize susp

GRIFULVIN V

griseofulvin ultramicrosize

GRIS-PEG

itraconazole

SPORANOX

ketoconazole

NIZORAL

nystatin

MYCOSTATIN

posaconazole

PA

NOXAFIL

terbinafine tabs

LAMISIL

voriconazole

VFEND

ANTIMALARIALS

atovaquone/proguanil

MALARONE

chloroquine

ARALEN

hydroxychloroquine		PLAQUENIL
mefloquine		LARIAM
primaquine		
primethamine		DARAPRIM
quinine sulfate	PA	QUALAQUIN
sufadoxine/pyrimethamine		FANSIDAR

ANTIRETROVIRAL AGENTS

CELLULAR CHEMOKINE RECEPTOR ANTAGONIST

maraviroc		SELZENTRY
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FUSION INHIBITORS

enfuvirtide		FUZEON
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NON-NUCLEOSIDE REVERSE-TRANSCRIPTASE INHIBITORS

delavirdine		RESCRIPTOR
efavirenz		SUSTIVA
nevirapine		VIRAMUNE

NUCLEOSIDE REVERSE-TRANSCRIPTASE INHIBITORS

abacavir		ZIAGEN
didanosine		VIDEX
didanosine delayed-rel		VIDEX EC
emtricitabine		EMTRIVA
lamivudine		EPIVIR
stavudine		ZERIT
zalcitabine		HIVID
zidovudine		RETROVIR

NUCLEOSIDE REVERSE-TRANSCRIPTASE INHIBITOR COMBINATIONS

abacavir/lamivudine		EPZICOM
abacavir/lamivudine/zidovudine		TRIZIVIR
efavirenz/emtricitabine/ tenofovir disoproxil fumarate		ATRIPLA
emtricitabine/tenofovir		TRUVADA
lamivudine/zidovudine		COMBIVIR

NUCLEOTIDE REVERSE-TRANSCRIPTASE INHIBITORS

tenofovir		VIREAD
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PROTEASE INHIBITORS

amprenavir		AGENERASE
atazanavir		REYATAZ

darunavir ethanolate	PREZISTA
fosamprenavir	LEXIVA
indinavir	CRIXIVAN
lopinavir/ritonavir	KALETRA
nelfinavir	VIRACEPT
ritonavir	NORVIR
saquinavir	FORTOVASE
saquinavir mesylate	INVIRASE

ANTITUBERCULAR AGENTS

ethambutol	MYAMBUTOL
isoniazid	
pyrazinamide	
rifabutin	MYCOBOTN
rifampin	RIFADIN

ANTIVIRALS

CYTOMEGALOVIRUS AGENTS

ganciclovir	CYTOVENE
valganciclovir	VALCYTE

HEPATITIS AGENTS

adefovir dipivoxil	HEPSERA
entecavir	BARACLUDE
lamivudine	EPIVIR-HBV
peginterferon alpha-2b	PEG-INTRON
ribavirin caps, oral soln	REBETOL, COPEGUS

HERPES AGENTS

acyclovir	ZOVIRAX
famciclovir	FAMVIR
valacyclovir	VALTREX

INFLUENZA AGENTS

amantadine	
oseltamivir	Q TAMIFLU
rimantadine	FLUMADINE

MISCELLANEOUS

atovaquone	MEPRON
clindamycin	CLEOCIN
dapsone	

linezolid	PA	ZYVOX
mebendazole		VERMOX
methenamine		HIPREX, UREX
methenamine/hysol/meth blue/ sod phosphanyl sac tab		URIMAR
metronidazole		FLAGYL
metronidazole 24 hr		FLAGYL ER
nitazoxanide		ALINIA
nitrofurantoin ext-rel		MACROBID
nitrofurantoin macrocrystals		MACRODANTIN
nitrofurantoin susp		FURADANTIN
rifampin/isoniazid/pyrazinamide		RIFATER
rifaximin		XIFAXAN
sulfamethoxazole/trimethoprim		SEPTRA
thiabendazole		MINTEZOL
tinidazole		TINDAMAX
tobramylin		TOBI
trimethoprim		
vancomycin		VANCOCIN

III. ANTINEOPLASTIC AGENTS

HORMONAL ANTINEOPLASTIC AGENTS

ANTIANDROGENS

bicalutamide	CASODEX
flutamide	EULEXIN

ANTIESTROGENS

fulvestrant	FASLODEX
tamoxifen	NOLVADEX
toremifene	FARESTON

AROMATASE INHIBITORS

anastrozole	ARIMIDEX
exemestane	AROMASIN
letrozole	FEMARA

LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS

goserelin acetate	ZOLADEX
leuprolide acetate	LUPRON DEPOT

leuprolide acetate	LUPRON
triptorelin pamoate	TRELSTAR

PROGESTINS

megestrol acetate	MEGACE
megestrol acetate susp	MEGACE ES

ORAL AGENTS

ALKYLATING AGENTS

busulfan	MYLERAN
chlorambucil	LEUKERAN
cyclophosphamide	CYTOXAN
estramostine	EMCYT
lomustine	CEENU
melphalan	ALKERAN
temozolomide	TEMODAR

ANTIMETABOLITES

capecitabine	XELODA
mercaptopurine	PURINETHOL
thioguanine	

KINASE INHIBITORS

dasatinib	PA	SPRYCEL
erlotinib	PA	TARCEVA
everolimus	PA	AFINITOR
gefitinib	PA	IRESSA
imatinib mesylate	PA	GLEEVEC
lapatinib	PA	TYKERB
nilotinib	PA	TASIGANA
sorafenib	PA	NEXAVAR
sunitib malate	PA	SUTENT

MISCELLANEOUS

altretamine		HEXALEN
bexarotene		TARGRETIN
etoposide		VEPESID
hydroxyurea		HYDREA
lenalidomide	PA	REVLIMID
leucovorin calcium		
methotrexate		
mitotane		LYSODREN

procarbazine		MATULANE
temozolomide	PA	TEMODAR ORAL
thalidomide	PA	THALOMID
topotecan	PA	HYCMTIN CAPSULES
tretinoin caps		VESANOID
vorinostat	PA	ZOLINZA

IV. CARDIOVASCULAR

ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/benazepril		LOTREL
trandolapril/verapamil ext-rel		TARKA

ACE INHIBITOR/DIURETIC COMBINATIONS

benazepril/hydrochlorothiazide		LOTENSIN HCT
captopril/hydrochlorothiazide		CAPOZIDE
enalapril/hydrochlorothiazide		VASERETIC
lisinopril/hydrochlorothiazide		ZESTORETIC, PRINZIDE
moexipril/hydrochlorothiazide		UNIRETIC
quinapril/hydrochlorothiazide		ACCURETIC

ACE INHIBITORS

benazepril		LOTENSIN
captopril		CAPOTEN
enalapril		VASOTEC
fosinopril		MONOPRIL
lisinopril		ZESTRIL, PRINIVIL
perindopril		ACEON
quinapril		ACCUPRIL
ramipril		ALTACE
trandolapril		MAVIK

ADRENOLYTICS, CENTRAL

clonidine		CATAPRES
clonidine transdermal		CATAPRES-TTS
guanabenz		
guanfacine		TENEX

ALDOSTERONE RECEPTOR ANTAGONISTS

eplerenone	INSPRA
spironolactone	ALDACTONE

ALPHA BLOCKERS

doxazosin	CARDURA
terazosin	HYTRIN
prazosin	MINIPRESS

ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS

candesartan/hydrochlorothiazide	PA	ATACAND HCT
irbesartan/hydrochlorothiazide	PA	AVALIDE
losartan/hydrochlorothiazide	PA	HYZAAR
olmesartan/amlopidine	PA	AZOR
olmesartan/hydrochlorothiazide	PA	BENICAR HCT
valsartan/amlopidine	PA	EXFORGE
valsartan/amlopidine/ hydrochlorothiazide	PA	EXFORGE HCT
valsartan/hydrochlorothiazide	PA	DIOVAN HCT

ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan	PA	ATACAND
eprosartan	PA	TEVETEN
irbesartan	PA	AVAPRO
losartan	PA	COZAAR
olmesartan	PA	BENICAR
telmisartan	PA	MICARDIS
valsartan	PA	DIOVAN

ANTIARRHYTHMICS

amiodarone	CORDARONE
disopyramide	NORPACE
disopyramide ext-rel	NORPACE CR
dofetilide	TIKOSYN
flecainide	TAMBOCOR
mexiletine	MEXITIL
procainamide	PRONESTYL
procainamide	PROCANBID
propafenone	RYTHMOL
propafenone ext-rel	RYTHMOL SR

quinidine gluconar extended release		
quinidine sulfate		
sotalol		BETAPACE AF
sotalol		BETAPACE

ANTILIPEMICS

ANTILIPEMIC COMBINATIONS

ezetimibe/simvastatin	PA	VYTORIN
niacin ext-rel/lovastatin		ADVICOR
niacin ext-rel/simvastatin	PA	SIMOR

BILE ACID RESINS

cholestyramine		QUESTRAN/QUESTRAN LIGHT
colesevelam		WELCHOL
colestipol		COLESTID

CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe		ZETIA
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FIBRATES

fenofibrate		TRICOR, LOFIBRA
fenofibrate	PA	TRILIPIX
gemfibrozil		LOPID

HMG-CoA REDUCTASE INHIBITORS

rosuvastatin		CRESTOR
atorvastatin	PA	LIPITOR
lovastatin		MEVACOR
pravastatin		PRAVACHOL
simvastatin		ZOCOR

NIACINS

niacin ext-rel		NIASPAN
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BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol/chlorthalidone		TENORETIC
bisoprolol/hydrochlorothiazide		ZIAC
metoprolol/hydrochlorothiazide		LOPRESSOR HCT
nadolol/bendroflumethiazide		CORZIDE
propranolol/hctz		INDERIDE

BETA-BLOCKERS

acebutolol		SECTRAL
atenolol		TENORMIN
betaxolol		KERLONE
bisoprolol		ZEBETA
carvedilol		COREG
labetalol		TRANDATE
metoprolol		LOPRESSOR
metoprolol ext-rel		TOPROL-XL
nadolol		CORGARD
nebivolol	PA	BYSTOLIC
pindolol		
propranolol		INDERAL
propranolol ext-rel		INDERAL LA
timolol		BLOCADREN

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

amlodipine/atorvastatin	PA	CADUET
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CALCIUM CHANNEL BLOCKERS

DIHYDROPYRIDINES

amlodipine		NORVASC
felodipine ext-rel		PLENDIL
isradipine		DYNACIRC
nifedipine ext-rel		ADALAT CC, PROCARDIA XL
nimodipine		NIMOTOP
nisoldipine		SULAR

NONDIHYDROPYRIDINES

diltiazem		CARDIZEM
diltiazem ext-rel		CARDIZEM CD, TIAZAC
diltiazem ext-rel		CARDIZEM LA
diltiazem sr		CARDIZEM SR
verapamil		CALAN
verapamil ext-rel		CALAN SR, VERELAN PM

DIGITALIS GLYCOSIDES

digoxin	LANOXIN
digoxin	LANOXIN PED ELIXIR
digoxin	LANOXICAPS

DIURETICS

amiloride	MIDAMOR
amiloride/ hydrochlorothiazide	MODURETIC
bumetanide	BUMEX
chloromiazide	
chlorthalidone	
ethacrynic acid	EDECRIN
furosemide	LASIX
hydrochlorothiazide	
indapamide	LOZOL
metolazone	ZAROXOLYN
spironolactone/ hydrochlorothiazide	ALDACTAZIDE
spironolactone	ALDACTONE
torsemide	DEMADEX
triamterene/ hydrochlorothiazide	DYAZIDE, MAXZIDE

ENDOTHELIN RECEPTOR ANTAGONISTS

bosentan	TRACLEER
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NITRATES

ORAL

isosorbide dinitrate ext-rel tabs	DILATRATE-SR
isosorbide dinitrate oral	ISORDIL
isosorbide mononitrate	ISMO
isosorbide mononitrate ext-rel	IMDUR
nitroglycerin oral extended release	

SUBLINGUAL

nitroglycerin sublingual	NITROSTAT
nitroglycerin sublingual spray	NITROLINGUAL
ointment nitroglycerin	NITRO-BID

TRANSDERMAL

nitroglycerin transdermal

NITRO-DUR, NITREK

PROSTACYCLINS

epoprostenol sodium

FLOLAN

treprostinil

REMODULIN

MISCELLANEOUS

aliskiren

PA

TEKTURNA

aliskiren/HCT

PA

TEKTURNA HCT

hydralazine

isosorbide dinitrate/hydralazine

PA

BIDIL

methyldopa

midodrine

PROAMATINE

minoxidil

LONITEN

ranolazine

PA

RANEXA

sildenafil

PA

REVATIO

tadalafil

PA

ADCIRCA

V. CENTRAL NERVOUS SYSTEM

ANTI-ANXIETY

BENZODIAZEPINES

alprazolam

XANAX

clonazepam tabs

KLONOPIN

clonazepam wafer tab

KLONOPIN WAFER TAB

diazepam

VALIUM

lorazepam

ATIVAN

oxazepam

SERAX

MISCELLANEOUS

bupirone

BUSPAR

clomipramine

ANAFRANIL

fluvoxamine

LUVOX

fluvoxamine ext-rel

PA

LUVOX CR

ANTICONVULSANTS

abapentin solution

NEURONTIN SOLUTION

acetazolamide

carbamazepine

TEGRETOL

carbamazepine ext-rel		CARBATROL
carbamazepine ext-rel		TEGRETOL-XR
diazepam rectal gel		DIASTAT
divalproex sodium delayed-rel		DEPAKOTE
divalproex sodium ext-rel		DEPAKOTE ER
divalproex sodium sprinkle caps		DEPAKOTE SPRINKLE CAPS
ethosuximide		ZARONTIN
gabapentin		NEURONTIN
lacosamide	PA	VIMPAT
lamotrigine		LAMICTAL
levetiracetam		KEPPRA
levetiracetam ext-rel	PA	KEPPRA XR
methsuximide		CELONTIN
oxcarbazepine		TRILEPTAL
phenobarbital		
phenytoin		DILANTIN INFATABS
phenytoin sodium extended		DILANTIN
primidone		MYSOLINE
pregabalin	PA	LYRICA
rufinamide	PA	BANZEL
tiagabine		GABITRIL
topiramate		TOPAMAX
topiramate sprinkle caps		TOPAMAX SPRINKLE CAPS
valproic acid		DEPAKENE
zonisamide		ZONEGRAN

ANTIDEMENTIA

donepezil		ARICEPT
galantamine		RAZADYNE
galantamine ext-rel		RAZADYNE ER
memantine		NAMENDA
rivastigmine		EXELON

ANTIDEPRESSANTS

MONOAMINE OXIDASE INHIBITORS (MAOIs)

phenelzine		NARDIL
tranylcypromine		PARNATE

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram		CELEXA
escitalopram		LEXAPRO
fluoxetine		PROZAC
paroxetine ext-rel	PA	PAXIL CR
paroxetine HCl		PAXIL
sertraline		ZOLOFT

SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

desvenlafaxine	PA	PRISTIQ
duloxetine	PA	CYMBALTA
milnacipran	PA	SAVELLA
venlafaxine		EFFEXOR
venlafaxine ext-rel		EFFEXOR XR

TRICYCLIC ANTIDEPRESSANTS (TCAs)

amitriptyline		ELAVIL
amoxapine		
desipramine		NORPRAMIN
doxepin		SINEQUAN
imipramine HCl		TOFRANIL
nortriptyline		PAMELOR

MISCELLANEOUS AGENTS

bupropion		WELLBUTRIN
bupropion ext-rel		WELLBUTRIN SR, WELLBUTRIN XL
bupropion ext-rel	PA	APLENZIN
maprotiline		
mirtazapine		REMERON
mirtazapine rapid dissolve tabs		RENRON SOL TABS
nefazodone		
trazodone		DESYREL

ANTIPARKINSONIAN AGENTS

amantadine		SYMMETREL
apomorphine		APOKYN
benztropine		
bromocriptine		PARLODEL
carbidopa/levodopa		SINEMET, PARCOPA
carbidopa/levodopa ext-rel		SINEMET CR
carbidopa/levodopa/entacapone		STALEVO
entacapone		COMTAN

pergolide		PERMAX
pramipexole		MIRAPEX
ropinirole		REQUIP
ropinirole XL	PA	REQUIP XL
selegiline	PA	ZELAPAR, ELDEPRYL
trihexyphenidyl		

ANTIPSYCHOTICS

ATYPICALS

aripiprazole		ABILIFY
clozapine		CLOZARIL
olanzapine		ZYPREXA
paliperidone	PA	INVEGA
quetiapine		SEROQUEL
risperidone		RISPERDAL
risperidone ODT		RISPERDAL M-TAB

MISCELLANEOUS

chlorpromazine		
fluphenazine		
haloperidol		
loxapine		LOXITANE
perphenazine		
thioridazine		
thiothixene		NAVANE
trifluoperazine		

ATTENTION DEFICIT HYPERACTIVITY DISORDER

amphetamine/dextroamphetamine mixed salts ext-rel		ADDERALL XR
atomoxetine		STRATTERA
dexmethylphenidate		FOCALIN
dextroamphetamine		DEXEDRINE
dextroamphetamine/ amphethmine mixture		ADDERALL
dextroamphetamine ext-rel		DEXEDRINE SPANSULE
lisdexamfetamine	PA	VYVANSE
methamphetamine		DESOXYN
methylphenidate		RITALIN, METHYLIN

methylphenidate ext-rel		CONCERTA, METADATE CD, METADATE ER, RITALIN LA
methylphenidate patch	PA	DAYTRANA

HYPNOTICS

BENZODIAZEPINES

temazepam	Q	RESTORIL
triazolam		HALCION

NON-BENZODIAZEPINES

eszopiclone	Q, PA	LUNESTA
ramelteon	Q, PA	ROZEREM
zaleplon	Q	SONATA
zolpidem	Q	AMBIEN
zolpidem ext-rel	Q, PA	AMBIEN CR

MIGRAINE

ERGOTAMINE DERIVATIVES

dihydroergotamine inj		D.H.E. 45
dihydroergotamine spray		MIGRANAL
ergotamine/caffeine		CAFERGOT

SELECTIVE SEROTONIN AGONISTS

eletriptan	Q	RELPAX
frovatriptan	Q	FROVA
rizatriptan	Q	MAXALT
sumatriptan	Q	IMITREX
sumatriptan/naproxen	PA	TREXIMET
zolmitriptan	Q	ZOMIG

MOOD STABILIZERS

lithium carbonate	Q	ESKALITH
lithium carbonate ext-rel	Q	ESKALITH CR, LITHOBID

MULTIPLE SCLEROSIS

glatiramer		COPAXONE
interferon beta-1a		AVONEX

MUSCULOSKELETAL THERAPY AGENTS

baclofen		
carisoprodol		SOMA
chlorzoxazone		PARAFON FORTE DSC
cyclobenzaprine		FLEXERIL
cyclobenzaprine ext-rel	PA	AMRIX
dantrolene		DANTRIUM
metaxalone		SKELAXIN
methocarbamol		ROBAXIN
methocarbamol/aspirin		
orphenadrine/aspirin/caffeine		NORGESIC
tetrabenazine	PA	XENAZINE
tizanidine		ZANAFLEX

MYASTHENIA GRAVIS

pyridostigmine	PA	MESTINON
pyridostigmine ext-rel		MESTINON TIMESPAN

NARCOLEPSY/CATAPLEXY

armodafinil	PA	NUVIGIL
modafinil	PA	PROVIGIL
sodium oxybate		XYREM

PSYCHOTHERAPEUTIC MISCELLANEOUS

ALCOHOL DETERRENTS

acamprosate calcium		CAMPRAL
disulfiram		ANTABUSE

NARCOTIC ANTAGONISTS

naltrexone		REVIA
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SMOKING DETERRENTS

bupropion ext-rel		ZYBAN
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Smoking deterrents are only covered under certain benefits programs. Please check your booklet/member handbook to determine coverage.

VI. ENDOCRINE AND METABOLIC

ANABOLIC STEROIDS

oxandrolone		ANAVAR
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ANDROGENS

testosterone buccal		STRIANT
testosterone gel		TESTIM, ANDROGEL
testosterone transdermal		ANDRODERM

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose		PRECOSE
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BIGUANIDES

metformin		GLUCOPHAGE
metformin ext-rel		GLUCOPHAGE XR
metformin ext-rel	PA	GLUMETZA

COMBINATION PRODUCTS

glipizide/metformin		METAGLIP
glyburide/metformin		GLUCOVANCE
pioglitazone/metformin		ACTOPLUS MET
repaglinide/metformin	PA	PRANDIMET
rosiglitazone/glimepiride		AVANDARYL
rosiglitazone/metformin		AVANDAMET
sitagliptin/metformin	PA	JANUMET

INSULINS

insulin aspart		NOVOLOG
insulin aspart protamine		
insulin aspart		NOVOLOG MIX
insulin detemir		LEVEMIR
insulin glargine		LANTUS
insulin human		HUMULIN R, NOVOLIN R
insulin isophane human		NOVOLIN N, HUMULIN N
insulin isophane human regular		NOVOLIN, HUMULIN
insulin lispro		HUMALOG
insulin lispro protamine		
75%/insulin lispro 25%		HUMALOG MIX 75/25

INSULIN SENSITIZERS

pioglitazone		ACTOS
rosiglitazone		AVANDIA

MEGLITINIDES

repaglinide		PRANDIN
nateglinide		STARLIX

SULFONYLUREAS

glimepiride	AMARYL
glipizide	GLUCOTROL
glipizide ext-rel	GLUCOTROL XL
glyburide	MICRONASE
glyburide, micronized	GLYNASE
tolbutamide	ORINASE

SUPPLIES

All diabetic test strips require prior authorization except the following:
Autodisc, Breeze 2, Contour, FreeStyle Lite, and Precision Xtra.

Lancets

Insulin syringes and needles

MISCELLANEOUS

exenatide	PA	BYETTA
pramlintide	PA	SYMLIN
sitagliptin	PA	JANUVIA

ANTIOBESITY

FAT ABSORPTION DECREASING AGENTS

orlistat	PA	XENICAL
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MONOAMINE REUPTAKE INHIBITORS

sibutramine	PA	MERIDIA
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Weight-loss agents are only covered under certain benefits programs. Please check your booklet/member handbook to determine coverage.

BISPHOSPHONATES

alendronate	Q	FOSAMAX
alendronate/vitamin D3	Q	FOSAMAX PLUS D
etidronate		DIDRONEL
ibandronate	Q	BONIVA
risedronate	Q	ACTONEL

CALCITONINS

calcitonin-salmon	MIACALCIN
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CONTRACEPTIVES

BIPHASIC

desogestrel/EE	MIRCETTE
norethindrone/EE	ORTHO-NOVUM

EMERGENCY CONTRACEPTION

levonorgestrel

PLAN B

INJECTABLEmedroxyprogesterone acetate
150 mg/mL

DEPO-PROVERA

MONOPHASIC

desogestrel/EE

ORTHO-CEPT

drospirenone/EE

YAZ

drospirenone/EE

YASMIN

ethynodiol diacetate/EE

DEMULEN, ZOVIA

levonorgestrel/EE

LEVLITE, LEVORA, LEVLEN

norethindrone/EE

MODICON, BREVICON,
ORTHO-NOVUM,
NORINYL

norethindrone/ME

ORTHO-NOVUM,
NORINYL

norethindrone acetate/EE

LOESTRIN

norethindrone acetate/EE/iron

LOESTRIN FE

norgestimate/EE

ORTHO-CYCLEN

norgestrel/EE

LOW-OGESTREL

Extended cycle

levonorgestrel/EE

SEASONALE

levonorgestrel/EE

SEASONIQUE, LYBREL

PROGESTIN ONLY

norethindrone

ORTHO MICRONOR.
NOR-QD**TRANSDERMAL**

norelgestromin/EE

ORTHO EVRA

TRIPHASIC

desogestrel/EE

CYCLESSA

levonorgestrel/EE

TRI-LEVLEN, TRIVORA

norethindrone acetate/EE/iron

ESTROSTEP FE

norethindrone/EE

TRI-NORINYL,
ORTHO-NOVUM 7/7/7

norgestimate/EE

ORTHO TRI-CYCLEN

VAGINAL

etonogestrel/EE ring

NUVARING

ENDOMETRIOSIS

danazol	DANOCRINE
nafarelin	SYNAREL

ESTROGENS

ORAL

estradiol	ESTRACE
estrogens, conjugated, synthetic A	CENESTIN
estrogens, conjugated	PREMARIN
estropipate	OGEN

TRANSDERMAL

estradiol	VIVELLE-DOT
estradiol	CLIMARA, ALORA, ESTRADERM, VIVELLE

VAGINAL

estradiol vaginal crm	ESTRACE
estradiol vaginal ring	ESTRING, FEMRING
estradiol vaginal tabs	VAGIFEM
estrogens, conjugated crm	PREMARIN crm

ESTROGENS/PROGESTINS

ORAL

EE/norethindrone acetate	FEMHRT
estradiol/norgestimate	PREFEST
estrogens, conjugated/ medroxyprogesterone	PREMPHASE PREMPRO

TRANSDERMAL

estradiol/levonorgestrel	CLIMARA PRO
estradiol/norethindrone acetate	COMBIPATCH

FERTILITY REGULATORS

cetorelix	CETROTIDE
choriogonadotropin alfa	OVIDREL
chorionic gonadotropin	PREGNYL
clomiphene	CLOMID
follitropin alfa	GONAL-F RFF
follitropin beta	FOLLISTIM AQ
ganirelix	

menotropins		MENOPUR, REPRONEX
urofollitropin		BRAVELLE

GLUCOCORTICOIDS

dexamethasone		DECADRON
fludrocortisone		FLORINEF
hydrocortisone		CORTEF
methylprednisolone		MEDROL
prednisolone sodium phosphate		ORAPRED, PEDIAPRED
prednisolone syrup		PRELONE
prednisone		

GLUCOSE ELEVATING AGENTS

glucagon, human recombinant		GLUCAGON
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HUMAN GROWTH HORMONES

somatropin	PA	SAIZEN, NUTROPIN/ NUTROPIN AQ, HUMATROPE, GENOTROPIN, NORDITROPIN
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PARATHYROID HORMONES

teriparatide	PA	FORTEO
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PHOSPHATE BINDER AGENTS

calcium acetate		PHOSLO
sevelamer		RENAGEL
sevelamer	PA	REVELA

PROGESTINS

medroxyprogesterone acetate		PROVERA
norethindrone acetate		AYGESTIN
progesterone, micronized		PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

raloxifene		EVISTA
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THYROID AGENTS

ANTITHYROID AGENTS

methimazole		TAPAZOLE
propylthiouracil		

THYROID SUPPLEMENTS

levothyroxine		SYNTHROID, LEVOXYL
liothyronine		CYTOMEL

VASOPRESSINS

desmopressin spray, tabs		DDAVP spray, tabs
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MISCELLANEOUS

cabergoline		DOSTINEX
deferasirox	PA	EXJADE
levocarnitine		CARNITOR
miglustat	PA	ZAVESCA

VII. GASTROINTESTINAL

ANTIDIARRHEALS

diphenoxylate/atropine		LOMOTIL
loperamide		IMODIUM

ANTIEMETICS

aprepitant	Q	EMEND
dronabinol		MARINOL
granisetron		KYTRIL
meclizine		ANTIVERT
metoclopramide		REGLAN
nabilone		CESAMET
ondansetron		ZOFRAN
prochlorperazine	PA	COMPAZINE
promethazine		PHENERGAN
scopolamine		TRANSDERM-SCOP
trimethobenzamide		TIGAN

ANTISPASMODICS

chlordiazepoxide/clidinium		
dicyclomine		BENTYL

hyoscyamine sulfate	PA	LEVSIN, NULEV, NEOSOL
hyoscyamine sulfate ext-rel		LEVSINEX, LEVBID

CHOLELITHOLYTICS

ursodiol		URSO
ursodiol		ACTIGALL

H₂-RECEPTOR ANTAGONISTS

cimetidine		TAGAMET
famotidine		PEPCID
ranitidine		ZANTAC

INFLAMMATORY BOWEL DISEASE

ORAL AGENTS

balsalazide		COLAZAL
budesonide		ENTOCORT EC
mesalamine delayed-rel tabs		ASACOL
mesalamine ext-rel caps		PENTASA
olsalazine		DIPENTUM
sulfasalazine		AZULFIDINE
sulfasalazine delayed-rel		AZULFIDINE EN-TABS

RECTAL AGENTS

hydrocortisone acetate foam		CORTIFOAM
hydrocortisone enema		COLOCORT
mesalamine rectal susp		ROWASA
mesalamine supp		CANASA

LAXATIVES

lactulose		KRISTALOSE
lactulose		
peg 3350/electrolytes		GOLYTELY
peg 3350/sodium bicarbonate/ sodium chloride/potassium chloride		NULYTELY
peg 3350/sodium bicarbonate/ sodium chloride/potassium chloride + bisacodyl		HALFLYTELY
sodium phosphates		VISICOL

PANCREATIC ENZYMES

pancrelipase		VIOKASE
pancrelipase delayed-rel		ULTRASE MT, CREON, ULTRASE
pancrelipase EC/SA		PANCREASE, PANCREASE MT

PROSTAGLANDINS

misoprostol		CYTOTEC
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PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS

lansoprazole/amoxicillin/ clarithromycin		PREVPAC
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PROTON PUMP INHIBITORS

dexlansoprazole	PA	KAPIDEX
esomeprazole	PA	NEXIUM
lansoprazole	PA	PREVACID
omeprazole		PRILOSEC
omeprazole	PA	PRILOSEC SUSPENSION
pantoprazole		PROTONIX
rabeprazole	PA	ACIPHEX

SALIVA STIMULANTS

cevimeline		EVOXAC
pilocarpine		SALAGEN

STEROIDS, RECTAL

hydrocortisone acetate/ pramoxine crm		ANALPRAM-HC
hydrocortisone acetate/ pramoxine foam		PROCTOFOAM-HC
hydrocortisone crm		PROCTOCREAM-HC, ANUSOL HC

MISCELLANEOUS

sucralfate		CARAFATE
bismuth, metronidazole	PA	PYLERA, HELIDAC

VIII. GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

dutasteride	AVODART
finasteride	PROSCAR
tamsulosin	FLOMAX

ERECTILE DYSFUNCTION

ALPROSTADIL AGENTS

alprostadil inj	Q, PA	EDEX, PA	CAVERJET
alprostadil supp	Q, PA	MUSE	

PHOSPHODIESTERASE INHIBITORS

sildenafil	Q, PA	VIAGRA
tadalafil	Q, PA	CIALIS
varденаfil	Q, PA	LEVITRA

URINARY ANTISPASMODICS

darifenucin		ENABLEX
fesoterodine	PA	TOVIAZ
oxybutynin		DITROPAN
oxybutynin ext-rel		DITROPAN XL
oxybutynin transdermal		OXYTROL
solifenacin		VESICARE
tolterodine		DETROL
tolterodine ext-rel		DETROL LA
tropium		SANCTURA
tropium ext-rel		SANTURA XR

VAGINAL ANTI-INFECTIVES

clindamycin crm	CLEOCIN
clindamycin crm	CLINDESSE
clindamycin supp	CLEOCIN
metronidazole	METROGEL-VAGINAL
terconazole	TERAZOL

MISCELLANEOUS

bethanechol	URECHOLINE
pentosan polysulfate sodium	ELMIRON
phenazopyridine	PYRIDIUM
potassium citrate	UROCIT-K

IX. HEMATOLOGIC

ANTICOAGULANTS

INJECTABLE

enoxaparin	LOVENOX
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ORAL

warfarin	COUMADIN
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HEMATOPOIETIC GROWTH FACTORS

darbepoetin alfa	ARANESP
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epoetin alfa	PROCRIT
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filgrastim	NEUPOGEN
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pegfilgrastim	NEULASTA
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PLATELET AGGREGATION INHIBITORS

clopidogrel	PLAVIX
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dipyridamole	PERSANTINE
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dipyridamole ext-rel/aspirin	AGGRENOX
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PLATELET SYNTHESIS INHIBITORS

anagrelide	AGRYLIN
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MISCELLANEOUS

cilostazol	PLETAL
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X. IMMUNOLOGIC AGENTS

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)

adalimumab	PA	HUMIRA
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anakinra	PA	KINERET
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auranofin		RIDAURA
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certolizumab	PA	CIMZIA
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etanercept	PA	ENBREL
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golimumab	PA	SIMPONI
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hydroxychloroquine		PLAQUENIL
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leflunomide		ARAVA
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methotrexate		TREXALL
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penicillamine		CUPRIMINE
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IMMUNOMODULATORS

INTERFERON/ANTIVIRAL COMBINATIONS

ribavirin + interferon alfa-2b	REBETRON
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INTERFERONS

interferon alfa-2a	ROFERON-A
interferon alfa-2b	INTRON A
interferon alfacon-1	INFERGEN
peginterferon alfa-2a	PEGASYS
peginterferon alfa-2b	PEG-INTRON

IMMUNOSUPPRESSANTS

ANTIMETABOLITES

azathioprine	AZASAN
azathioprine	IMURAN
mycophenolate mofetil	CELLCEPT

CALCINEURIN INHIBITORS

cyclosporine	SANDIMMUNE
cyclosporine, modified	NEORAL
tacrolimus	PROGRAF

RAPAMYCIN DERIVATIVES

sirolimus	RAPAMUNE
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XI. NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

POTASSIUM

potassium chloride ext-rel	KLOR-CON, K-DUR, MICRO-K
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VITAMINS AND MINERALS

FOLIC ACID AGENTS

folic acid	
folic acid/vitamin B6/vitamin B12	FOLTX

PRENATAL VITAMINS

prenatal vitamins w/folic acid

DUET, PRENATE ELITE,
CITRACAL PRENATAL RX,
MATERNA, TRICARE, ETC.

MISCELLANEOUS

calcitriol (1,25-D3)	ROCALTROL
cyanocobalamin inj	VITAMIN B-12
ergocalciferol (D2)	DRISDOL
fluoride drops	LURIDE
fluoride tabs	LURIDE LOZI-TABS
multivitamins/fluoride/ ± iron drops, tabs	POLY-VI-FLOR
multigen	CHROMAGEN
multigen plus	CHROMAGEN FORTE
phytonadione	MEPHYTON
vitamin ADC/fluoride/ ±iron drops	TRI-VI-FLOR

XII. RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

epinephrine	EIPEN
epinephrine	EIPEN JR.

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

ipratropium/albuterol	COMBIVENT
ipratropium/albuterol soln	DUONEB

ANTICHOLINERGICS

ipratropium inhaler	ATROVENT, ATROVENT HFA
ipratropium soln	ATROVENT
tiotropium	SPIRIVA

ANTI-HISTAMINE/DECONGESTANT COMBINATIONS

brompheniramine/ pseudoephedrine ext-rel 12 mg/120 mg	BROMFENEX
brompheniramine/ pseudoephedrine ext-rel 6 mg/60 mg	BROMFENEX-PD

brompheniramine/ pseudoephedrine 4 mg/45 mg per 5 mL	
carbinoxamine/pseudoephedrine 1 mg/15 mg per mL	
chlorpheniramine/phenylephrine 1 mg/3.5 mg per mL	RONDEC DROPS
chlorpheniramine/phenylephrine 4 mg/12.5 mg per 5 mL	RONDEC SYRUP
chlorpheniramine/ pseudoephedrine ext-rel 8 mg/120 mg	DECONAMINE SR
fexofenadine/pseudoephedrine ext-rel	ALLEGRA-D

ANTI-HISTAMINES, NONSEDATING

desloratadine		CLARINEX
levocetirizine	PA	XYZAL
fexofenadine		ALLEGRA

ANTI-HISTAMINES, SEDATING

clemastine 2.68 mg		TAVIST
cyproheptadine		
diphenhydramine		BENADRYL
hydroxyzine HCl		

ANTITUSSIVE COMBINATIONS

NARCOTIC

codeine/chlorpheniramine/ pseudoephedrine		DIHISTINE DH
codeine/guaifenesin		GUIATUSS AC
codeine/guaifenesin/ pseudoephedrine		GUIATUSS DAC
codeine/promethazine		PROMETHAZINE w/ CODEINE
codeine/promethazine/ phenylephrine		PROMETHAZINE VC w/ CODEINE
hydrocodone/chlorpheniramine/ phenylephrine		HISTUSSIN HC
hydrocodone/homatropine		HYCODAN

NON-NARCOTIC

dextromethorphan/ brompheniramine/ pseudoephedrine	BROMETANE DX
dextromethorphan/ carbinoxamine/pseudoephedrine drops, syrup	
dextromethorphan/ chlorpheniramine/phenylephrine drops, syrup	RONDEC-DM
dextromethorphan/ promethazine	PROMETHAZINE w/ DEXTROMETHORPHAN

ANTITUSSIVES

benzonatate	TESSALON
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BETA AGONISTS

INHALANTS

albuterol sulfate, CFC-free aerosol	VENTOLIN HFA, PROAIR HFA, PROVENTIL HFA
albuterol soln	ACCUNEB, PROVENTIL
formoterol inhalation caps	FORADIL
levalbuterol soln	XOPENEX
pirbuterol	MAXAIR
salmeterol xinafoate	SEREVENT

ORAL AGENTS

albuterol	
albuterol ext-rel	VOSPIRE ER
terbutaline	BRETHINE

CYSTIC FIBROSIS

dornase alfa	PULMOZYME
tobramycin inhalation soln	TOBI

DECONGESTANT/EXPECTORANT COMBINATIONS

pseudoephedrine/ guaifenesin ext-rel	ENTEX PSE
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LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast	PA SINGULAIR
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MAST CELL STABILIZERS

cromolyn		INTAL
cromolyn soln		INTAL
nedocromil		TILADE

NASAL ANTIHISTAMINES

azelastine spray		ASTELIN
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NASAL STEROIDS

ciclesonide	PA	OMNARIS
flunisolide spray		NASAREL
fluticasone propionate	PA	VERAMYST
fluticasone spray		FLOXONASE
mometasone spray		NASONEX
triamcinolone acetonide spray		NASACORT AQ

STEROID/BETA AGONIST COMBINATIONS

budesonide/formoterol	PA	SYMBICORT
fluticasone/salmeterol		ADVAIR

STEROID INHALANTS

beclomethasone, CFC-free aerosol		QVAR
budesonide		PULMICORT
ciclesonide	PA	ALVESCO
fluticasone		FLOVENT HFA
triamcinolone		AZMACORT

XANTHINES

theophylline		
theophylline ext-rel caps		THEO-24
theophylline ext-rel tabs		UNIPHYL, THEOCHRON

MISCELLANEOUS

ipratropium spray		ATROVENT spray
omalizumab	PA	XOLAIR

XIII. TOPICAL

DERMATOLOGY

ACNE

Oral

isotretinoin	AC CUTANE
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Topical

adapalene	DIFFERIN
azelaic acid	AZELEX
benzoyl peroxide	BENZAC AC, BREVOXYL GEL
clindamycin/benzoyl peroxide	BENZA CLIN, DUAC
clindamycin gel, lotion, soln	CLEOCIN T
erythromycin/benzoyl peroxide	BENZAMYCIN
erythromycin gel	ERYGEL
erythromycin soln	
sulfacetamide	KLARON
sulfacetamide/sulfur	
tretinoin	PA AVITA
tretinoin	PA RETIN-A
tretinoin gel microsphere	PA RETIN-A MICRO

ACTINIC KERATOSIS

fluorouracil	CARAC
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ANTIBIOTICS

gentamicin	
mupirocin	BACTROBAN
silver sulfadiazine	SILVADENE
vetapamulin	PA ALTABAX

ANTIFUNGALS

butenafine	MENTAX
ciclopirox	LOPROX
ciclopirox solution	PENLAC
clotrimazole	
econazole	SPECTAZOLE
ketoconazole	NIZORAL
miconazole	MONISTAT-DERM
nystatin	MYCOSTATIN
oxiconazole	OXISTAT

ANTIPSORIATICS

acitretin		SORIATANE
alefacept	PA	AMEVIVE
anthralin		PSORiatec
calcipotriene		DOVONEX
calcipotriene/betomethosone	PA	TACLONEX
calcitriol	PA	VECTICAL
efalizumab	PA	RAPTIVA
methoxsalen oral		OXSORALEN-ULTRA
tazarotene		TAZORAC

ANTISEBORRHEICS

ketoconazole shampoo		NIZORAL SHAMPOO
selenium sulfide shampoo		SELSUN
sodium sulfacetamide wash		OVACE

CORTICOSTEROIDS

Low Potency

alclometasone crm, oint 0.05%		ACLOVATE
desonide crm, lotion, oint 0.05%		DESOWEN
fluocinolone acetonide soln 0.01%		SYNALAR
hydrocortisone crm 2.5%		HYTONE
hydrocortisone lotion 1%		NUTRACORT

Medium Potency

amcinonide crm, lot, oint		CYCLOCORT
betamethasone valerate crm, lotion, oint 0.1%		BETA-VAL
betamethasone valerate foam 0.12%		LUXIQ
desoximetasone crm 0.05%		TOPICORT
fluocinolone acetonide crm, oint 0.025%		SYNALAR
flurandrenolide lotion 0.05%, tape		CORDRAN
fluticasone propionate crm 0.05%, oint 0.005%		CUTIVATE
hydrocortisone butyrate crm, oint, soln 0.1%		LOCOID
hydrocortisone valerate crm, oint 0.2%		WESTCORT

mometasone crm, lotion, oint 0.1%	ELOCON
prednicarbate	DERMATOP
triamcinolone acetonide crm, oint, lotion 0.025%, 0.1%	KENALOG

High Potency

betamethasone dipropionate augmented crm 0.05%	DIPROLENE AF
betamethasone dipropionate augmented lotion 0.05%	DIPROLENE
betamethasone dipropionate crm, lotion, oint 0.05%	
desoximetasone crm, oint 0.25%, gel 0.05%	TOPICORT
diflorasone diacetate crm 0.05%	PSORCON
fluocinonide crm, gel, oint 0.05%	LIDEX
triamcinolone acetonide crm 0.5%	KENALOG

Very High Potency

betamethasone dipropionate augmented gel, oint 0.05%	DIPROLENE
clobetasol propionate crm, oint 0.05%	TEMOVATE
clobetasol propionate foam 0.05%	OLUX
diflorasone diacetate oint 0.05%	PSORCON
halobetasol propionate crm, oint 0.05%	ULTRAVATE

IMMUNOMODULATORS

pimecrolimus	ELIDEL
tacrolimus	PROTOPIC

LOCAL ANALGESICS

lidocaine patch	LIDODERM
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LOCAL ANESTHETICS

lidocaine/prilocaine	EMLA
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ROSACEA

azelaic acid gel	FINACEA
metronidazole crm	METROCREAM, NORITATE
metronidazole gel	METROGEL
metronidazole lotion	METROLOTION
sulfacetamide/sulfur	PLEXION

SCABICIDES AND PEDICULICIDES

crotamiton	EURAX
gamma benzene hexachloride	LINDANE
malathion	OVIDE
permethrin 5%	ELIMITE

MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

imiquimod	ALDARA
podofilox	CONDYLOX

MOUTH/THROAT/DENTAL AGENTS

ANESTHETICS - TOPICAL ORAL

lidocaine viscous	XYLOCAINE VISCOUS
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STEROIDS - MOUTH/THROAT

triamcinolone paste	KENALOG IN ORABASE
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OPHTHALMIC

ANTIALLERGICS

azelastine	OPTIVAR
cromolyn sodium	CROLOM
lodoxamide	ALOMIDE
loteprednol 0.2%	ALREX
nedocromil	ALOCRIIL
olopatadine	PATANOL
olopatadine	PA PATADAY

ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS

neomycin/polymyxin B/ dexamethasone	MAXITROL
neomycin/polymyxin B/ hydrocortisone	CORTISPORIN
sulfacetamide/prednisolone acetate oint 10%/0.2%	BLEPHAMIDE SOP
sulfacetamide/prednisolone phosphate 10%/0.25%	VASOCIDIN
tobramycin/dexamethasone	TOBRADEX

ANTI-INFECTIVES

azithromycin	AZASITE
bacitracin	
ciprofloxacin	CILOXAN

erythromycin	
gatifloxacin	ZYMAR
gentamicin	GENTAK
levofloxacin	QUIXIN
moxifloxacin	VIGAMOX
neomycin/polymyxin B/gramicidin	NEOSPORIN
ofloxacin	OCUFLOX
polymyxin B/bacitracin	POLYSPORIN
polymyxin B/trimethoprim	POLYTRIM
sulfacetamide 10%	BLEPH-10
tobramycin	TOBEX

ANTI-INFLAMMATORIES

Nonsteroidal

bromfenac	XIBROM
diclofenac sodium	VOLTAREN
ketorolac 0.5%	ACULAR
nepafenac	NEVANAC

Steroidal

dexamethasone sodium phosphate	
fluorometholone	FML
loteprednol 0.5%	LOTEMAX
prednisolone acetate 0.12%	PRED MILD
prednisolone acetate 1%	PRED FORTE
prednisolone phosphate 1%	INFLAMASE FORTE

ANTIVIRALS

trifluridine	VIROPTIC
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BETA-BLOCKERS

Nonselective

cortedol	OCUPRESS
levobunolol	BETAGAN
metipranolol	OPTIPRANOLOL
timolol hemihydrate	BETIMOL
timolol maleate	TIMOPTIC
timolol maleate gel	TIMOPTIC-XE

Selective

betaxolol

BETOPTIC S

CARBONIC ANHYDRASE INHIBITORS

Oral

acetazolamide

acetazolamide ext-rel

DIAMOX SEQUELS

methazolamide

Topical

brinzolamide

AZOPT

dorzolamide

TRUSOPT

CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS

dorzolamide/timolol maleate

COSOPT

IMMUNOMODULATORS

cyclosporine, emulsion

RESTASIS

PARASYMPATHOMIMETICS

pilocarpine

ISOPTO CARPINE

PROSTAGLANDINS

bimatoprost

LUMIGAN

latanoprost

XALATAN

travoprost

TRAVATAN Z

travoprost/timolol

DUOTRAV

SYMPATHOMIMETICS

brimonidine 0.15%

ALPHAGAN P

brimonidine 0.2%

brimonidine/timolol

COMBIGN

dipivefrin

PROPINE

OTIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY COMBINATIONS

acetic acid/hydrocortisone

ciprofloxacin/dexamethasone

CIPRODEX

ciprofloxacin/hydrocortisone

CIPRO HC OTIC

neomycin/polymyxin B/
hydrocortisone

CORTISPORIN OTIC

ANTI-INFECTIVES

acetic acid

acetic acid/aluminum acetate

DOMEBORO OTIC

ofloxacin otic

FLOXIN OTIC

MISCELLANEOUS

benzocaine/antipyrine

BENZOTIC

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 44).

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®	Banzel™	diabetic test strips*	Iressa®
Actiq®	Benicar®/	Diovan®/ Diovan	Janumet™
Adcirca™	Benicar HCT®	HCT®	Januvia™
Afinitor®	BiDil®	Edex®	Kapidex™
Alodox™	Botox®	Enbrel®	Keppra XR™
Altabax™	Byetta®	Exforge®/	Kineret®
Alvesco®	Caduet®	Exforge HCT®	Levitra®
Ambien CR®	Caverject®	Exjade®	Lipitor®
Amevive™	Celebrex®	Fentora®	Lunesta®
AMRIX®	Cesamet®	Flector® patch	Lyrica®
Aplenzin™	Cialis®	Forteo™	Magnacet™
Atacand®/	Cimzia®	Gleevec®	Micardis®/
Atacand HCT®	Cozaar®/	Glumetza™	Micardis HCT®
Avapro®/	Hyzaar®	Humira®	Mobic®
Avalide®	Crestor®	HYCAMTIN®	MUSE®
Avidoxy™ DK	Cymbalta®	capsules	Myobloc®
AZOR®	Daytrana™	Invega™	Nexavar®

Nexium®	Ranexa®	Taclonex®	Ultram® ER
Noxafil®	Renvela®	Taclonex Scalp®	Vectical™
NutriDox™	Requip® XL™	Suspension	Veramyst™
Nuvigil®	Revatio™	Tarceva®	Viagra®
Opana®/Opana® ER	Revlimid®	Tasigna®	Vimpat™
Oracea®	Rozerem™	Tekturna®/	Voltaren® Gel
Pataday™	Ryzolt™	Tekturna HCT®	Vytorin®
PrandiMet™	Savella™	Temodar® Oral	Vyvanse®
Prevacid®	Seroquel XR®	Teveten®/	Xenazine™
Prevacid/NapraPAC®	Simcor®	Teveten HCT®	Xyzal®
Prilosec® suspension	Simponi™	Thalomid®	Zelapar®
Pristiq™	Singulair®	Toviaz™	Zmax™
Protonix®	Sprycel®	Treximet™	Zolinza®
Provigil®	Sutent®	Trilipix™	Zyvox®
Pylera™	Symbicort®	Tykerb®	
Qualaquin®	Symlin®	Uloric®	

This list is subject to change.

Age and gender limits

The FDA has established specific procedures that govern prescription prescribing practices. These rules are designed to prevent potential harm to patients and 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);

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

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), Gonadotropin® (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.
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.

¹Members 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.

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.