✓ = New formulary drugs

Independence Blue Cross

Select Drug Program® Formulary

Effective January 1, 2011

www.ibx.com

Dear Participant:

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

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

- **Bolded drug** = Formulary generic available at lowest copay.
- Non-bolded drug = Formulary brand available at middle copay.
- Drug in parenthesis ( ) = Non-formulary brand drug available at the highest copay. It is displayed next to the equivalent formulary generic drug that is available at the lowest copay. For example: **amoxicillin** is the formulary generic drug available at the lowest copay. (Amoxil) is the non-formulary brand available at the highest copay. In most cases when brand drugs have a generic equivalent, the generic version is formulary and the brand version is non-formulary.
- Covered generic drugs not listed are formulary and are available at the lowest copay.
- Covered brand drugs not listed are non-formulary and are available at the highest copay.

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

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

Our pharmacy benefits manager, FutureScripts, continuously monitors effectiveness and safety of drugs and drug prescribing patterns. Several procedures support safe prescribing patterns for our prescription drug programs, such as:

- prior authorization;
- age and gender limits;
- quantity level limits;
- 96-Hour Temporary Supply Program;
- coverage for medications not on the formulary.

These procedures are designed to optimize your prescription drug benefit by promoting appropriate utilization. These procedures are based on 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 benefit. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist. Select Drug Program formulary information can also be obtained on the Independence Blue Cross 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 plan 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)
amoxicillin/clavulanate extended-release (Augmentin XR)
ampicillin (Principen)
Atripla
azithromycin (Zithromax)
cefaclor (Ceclor)
cefaclor ER
cefadroxil (Duricef)
cefdinir (Omnicef)
cefditoren (Spectracef)
cefuroxime axetil (Ceftin)
cephalexin (Keflex)
chloroquine phosphate (Aralen)
Cipro oral suspension
ciprofloxacin ER tabs (Cipro XR)
ciprofloxacin tabs (Cipro)
clarithromycin (Biaxin)
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)
erythromycin susp w/sulfa (Pediazole)
ethambutol (Myambutol)
famciclovir (Famvir)
Fansidar
fluconazole (Diflucan)
Fortovase
Fuzeon
ganciclovir (Cytovene)
Grifulvin V tabs
griseofulvin microsize susp (Grifulvin V susp)
Gris-PEG
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

Key	
Type of covered drug*	**You pay**
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• 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.	Highest copay
• Covered generic drugs not listed are formulary.	Lowest copay
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1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION (cont.)

DRUG NAME

Mycobutin
mycophenolate (Cellcept)
nitrofurantoin macrocrystals (Macrodantin)
Norvir
nystatin (Mycostatin)
ofloxacin (Floxin)
✓ Oracea
penicillin VK (Veetids)
phenazopyridine (Pyridium)
Prezista
Primaquine
pyrazinamide
Rescriptor
Reyataz
ribavirin (Rebetol)
rifampin (Rifadin)
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
valacyclovir tab (Valtrex)
Valcyte
Vfend
Videx
Viracept
Viramune
Viread
Xifaxan
Ziagen
zidovudine (Retrovir)

2. CANCER & ORGAN TRANSPLANT DRUGS

DRUG NAME

Alkeran
anastrazole (Arimidex)
Aromasin
azathioprine (Imuran)
bicalutamide (Casodex)
CeeNU
Cellcept
cyclophosphamide (Cytoxan)
cyclosporine (Sandimmune, Neoral)
danazol (Danocrine)
Emcyt
etoposide (VePesid)
Fareston
Femara
flutamide (Eulexin)
PA Gleevec
Hexalen
hydroxyurea (Hydrea)
leucovorin calcium
Leukeran
Lysodren
Matulane
megestrol (Megace)
mercaptopurine (Purinethol)
methotrexate
Myleran
prednisone (Deltasone)
Rapamune
tacrolimus (Prograf)
tamoxifen (Nolvadex)
Targretin
Temodar
thioguanine
Xeloda

3. PAIN, NERVOUS SYSTEM & PSYCH

DRUG NAME

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

3. PAIN, NERVOUS SYSTEM & PSYCH (cont.)

DRUG NAME

bupropion (Wellbutrin)
bupropion SR (Wellbutrin SR)
bupropion XR (Wellbutrin XR)
buspirone (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)
clonazepam (Klonopin)
clozapine (Clozaril)
codeine tabs
Comtan
Concerta
Cymbalta
desipramine (Norpramin)
dexmethylphenidate (Focalin)
diazepam (Valium)
✓ **diazepam rectal gel** (Diastat)
✓ **diazepam rectal gel** (Diastat AcuDial)
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
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)
ibuprofen/oxycodone HCl (Combunox)
imipramine (Tofranil)
indomethacin (Indocin SR)
isometheptene/dichloralphenazone/apap (Midrin)
ketoprofen (Oruvail, Orudis)
ketorolac (Toradol oral)
lamotrigine (Lamictal)
levetiracetam (Keppra)
Lexapro
lithium carbonate (Eskalith)
lithium carbonate SR (Eskalith CR, Lithobid)
lorazepam (Ativan)
loxapine (Loxitane)
✓ Lunesta
maprotiline
Q, PA Maxalt, Maxalt-MLT
meclofenamate

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3. PAIN, NERVOUS SYSTEM & PSYCH (cont.)

	DRUG NAME
Q	**meperidine HCl** (Demerol)
	methadone (Dolophine)
	methamphetamine (Desoxyn)
	methylphenidate SR (Ritalin SR)
	migergot (Cafergot)
	Mirapex ER
	mirtazapine (Remeron)
	mirtazapine rapid dissolve tabs (Remeron SolTab)
Q	**morphine sulfate, extended release** (MS Contin)
Q	**morphine sulfate** (MSIR)
	morphine sulfate supp (RMS)
	nabumetone (Relafen)
	Namenda
	naproxen (Naprosyn)
	naproxen sodium (Anaprox DS)
	naproxen sodium SA (Naprelan)
Q, PA	**naratriptan** (Amerge)
	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)
Q, ✓	**oxymorphone** (Opana)
	paroxetine (Paxil)
	paroxetine HCl ext-release (Paxil CR)
	perphenazine
	phenobarbital
	phenytoin
	phenytoin sodium (Phenytek)
	piroxicam (Feldene)
	pramipexole (Mirapex)
	primidone (Mysoline)
	propoxyphene HCl/apap
Q	**propoxyphene napsylate/apap** (Darvocet-N)
	Prostigmin
	pyridostigmine (Mestinon)
	risperidone (Risperdal, Risperdal M-Tab)
	rivastigmine (Exelon)
	ropinirole (Requip)
	salsalate
	selegiline HCl (Eldepryl)
	Seroquel
	sertraline (Zoloft)
	Strattera
	sulindac (Clinoril)
Q, PA	**sumatriptan** (Imitrex)
Q	**temazepam** (Restoril)
	thioridazine
	thiothixene (Navane)
	tolmetin sodium
	topiramate (Topamax)
	topiramate sprinkle cap (Topamax Sprinkle Capsules)
	tramadol (Ultram)
PA	**tramadol ER** (Ultram ER)
	tranycypromine sulfate (Parnate)
	trazodone (Desyrel)
Q, PA	Treximet
	trifluoperazine
	trihexyphenidyl
	valproic acid (Depakene)
	venlafaxine (Effexor)
	venlafaxine ER (Effexor XR)
Q	**zaleplon** (Sonata)
Q	**zolpidem tartrate** (Ambien)
	Zyprexa

4. HEART, BLOOD PRESSURE & CHOLESTEROL

	DRUG NAME
	acebutolol (Sectral)
	amiloride (Midamor)
	amiloride/HCTZ (Moduretic)
	aminocaproic acid (Amicar)
	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
	chlorthalidone

4. HEART, BLOOD PRESSURE & CHOLESTEROL (cont.)

DRUG NAME

cholestyramine (Questran Light)
cilostazol (Pletal)
clonidine (Catapres tablets)
clonidine patch (Catapres-TTS)
colestipol HCl (Colestid)
Coumadin
PA Crestor
digoxin
Dilatrate-SR
diltiazem (Cardizem)
diltiazem extended release (Cardizem CD, Dilacor XR)
diltiazem ER 24 hour (Tiazac)
diltiazem HCL (Cardizem LA)
diltiazem SR (Cardizem SR)
PA Diovan
PA Diovan HCT
dipyridamole (Persantine)
disopyramide (Norpace)
disopyramide CR 150mg (Norpace CR)
doxazosin mesylate (Cardura)
Edecrin
enalapril (Vasotec)
enalapril/HCTZ (Vaseretic)
eplerenone (Inspra)
felodipine ER (Plendil)
fenofibrate (Lofibra)
fenofibric acid (Fibricor)
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)
PA **losartan** (Cozaar)
PA **losartan-HCTZ** (Hyzaar)
lovastatin (Mevacor)
Mephyton
methyldopa
metolazone (Zaroxolyn)
metoprolol tartrate (Lopressor)
metoprolol succinate (Toprol XL)
mexiletine HCl (Mexitil)
minoxidil (Loniten)
moexipril/HCTZ (Uniretic)
Multaq
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)
perindopril (Aceon)

Key

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4. HEART, BLOOD PRESSURE & CHOLESTEROL (cont.)

DRUG NAME

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)
torsemide (Demadex)
trandolapril (Mavik)
trandolapril-verapamil extended-release (Tarka)
triamterene/HCTZ (Dyazide, Maxzide)
PA Tribenzor
Tricor
Trilipix
PA Valturna
verapamil HCl (Calan, Verelan)
warfarin
Zetia

5. SKIN MEDICATIONS

DRUG NAME

adapalene gel (Differin)
alclometasone dipropionate cream (Aclovate)
amcinonide (Cyclocort)
anthralin (Psoriatec)
Bactroban cream
bencort lotion kit (Vanoxide-HC)
benzoyl peroxide gel (Brevoxyl gel)
benzoyl peroxide/erythromycin (Benzamycin gel)
benzoyl peroxide/urea cream (Zoderm)
betamethasone dipropionate (Diprosone)
betamethasone dipropionate augmented (Diprolene, Diprolene AF)
betamethasone valerate (Beta-Val)
betamethasone/clotrimazole (Lotrisone)
calcipotriene soln (Dovonex Soln)
ciclopirox cream, susp (Loprox)
ciclopirox shampoo (Loprox shampoo)
ciclopirox solution (Penlac)
clindamycin (Cleocin T)
clindamycin-benzoyl peroxide gel (BenzaClin)
clindamycin phosphate (Evoclin)
clobetasol (Temovate)
✓ Clobex lotion, shampoo, spray
desoximetasone (Topicort)
diflorasone diacetate (Psorcon)
econazole (Spectazole)
Efudex cream
✓ Epiduo
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)
imiquimod cream (Aldara)
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)
nystatin (Mycostatin)
nystatin/triamcinolone (Mycolog II)
Oxsoralen lotion 1%
Oxsoralen Ultra
permethrin (Elimite)
podofilox soln (Condylox)
prednicarbate ointment (Dermatop)
prilocaine/lidocaine (Emla cream)
prutect topical emulsion (Biafine)
Regranex
selenium sulfide (Selsun Rx)

5. SKIN MEDICATIONS (cont.)

DRUG NAME

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)
✓ Vectical
Zovirax oint

6. EAR, NOSE & THROAT MEDICATIONS

DRUG NAME

acetic acid HC (Acetasol HC)
Astepro
Bactroban nasal oint
benzocaine/antipyrine (Benzotic)
chlorhexidine gluconate (Peridex)
Cipro HC Otic
flunisolide (Nasarel)
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)
Ascenscia Autodisc Test Strips
Ascenscia Breeze 2 Test Strips
Ascensia Contour Test Strips
Ascensia Elite Test Strips
Ascenscia Glucometer
Androgel
BD Insulin Syringe Micro-Fine
PA Byetta
calcitriol capsules (Rocaltrol capsules)
danazol (Danocrine)
desmopressin acetate (DDAVP)
dexamethasone (Decadron)
fludrocortisone acetate (Florinef)
FreeStyle Meter
FreeStyle Test Strips
FreeStyle Lite Glucometer
FreeStyle Lite Test Strips
glimepiride (Amaryl)
glipizide (Glucotrol)
glipizide ER (Glucotrol XL)
Glucagon emergency kit
glyburide (Diabeta, Micronase)
glyburide micronized (Glynase)
PA Humatrope
hydrocortisone (Cortef)
Insulin syringes
Janumet
Januvia
Lancets
Levemir
levothyroxine (Levoxyl, Synthroid)
liothyronine (Cytomel)
metformin (Glucophage)
metformin ER (Glucophage XR)
metformin/glyburide (Glucovance)
methimazole (Tapazole)
methylprednisolone (Medrol)

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

DRUG NAME

nateglinide (Starlix)
PA Norditropin
Novolin
Novolog
Novolog mix
Onglyza
oxandrolone (Oxandrin)
Prandin
Precision XTRA Glucometer
Precision XTRA Test Strips
prednisolone sodium phosphate (Pediapred, Orapred)
prednisolone syrup (Prelone)
prednisone tabs (Deltasone)
propylthiouracil
Sensipar
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)
famotidine suspension (Pepcid suspension)
Gastrocrom
granisetron (Kytril)
hydrocortisone (Anusol-HC)
hydrocortisone/pramoxine kit (Analpram E Kit)
hydrocortisone retention enema (Colocort)
hyoscyamine (Levsin, Levsinex, Levbid)
Kristalose
lactulose soln
PA **lansoprazole** (Prevacid)
mesalamine rectal susp (Rowasa)
metoclopramide (Reglan)
misoprostol (Cytotec)
PA Nexium
nizatidine (Axid)
omeprazole (Prilosec)
PA **omeprazole-sodium bicarbonate** (Zegerid)
ondansetron HCl (Zofran)
pancrelipase EC/SA (Pancrease, Pancrease MT)
PA **pantoprazole** (Protonix)
PEG 3350 & electrolytes (Nulytely)
Pentasa
phenobarb/hyoscyamine/atrop/scop (Donnatal)
prochlorperazine (Compazine)
Proctofoam-HC
promethazine (Phenergan)
ranitidine 300mg (Zantac)
sucralfate tabs (Carafate)
sulfasalazine (Azulfidine)
trimethobenzamide (Tigan)
ursodiol (Actigall)

9. BIOTECHNOLOGY

DRUG NAME

Avonex
Copaxone
enoxaparin (Lovenox)
✓ Fragmin
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 trisalicylate
colchicine
cyclobenzaprine (Flexeril)
dexamethasone (Decadron)
diazepam (Valium)
diclofenac potassium (Cataflam)
diclofenac sodium (Voltaren XR)
diflunisal (Dolobid)
Enbrel kit, disp syr
etodolac (Lodine XL)
Evista
fenoprofen calcium (Nalfon)
flurbiprofen (Ansaid)
PA Humira

10. BONES, JOINTS & MUSCLES (cont.)

DRUG NAME

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)
metaxalone (Skelaxin)
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
sulfasalazine (Azulfidine)
sulfinpyrazone sulindac (Clinoril)
tizanidine (Zanaflex)
tolmetin

11. FEMALE, HORMONE REPLACEMENT & BIRTH CONTROL

DRUG NAME

Bravelle
Cenestin
clindamycin cream (Cleocin)
Depo-Provera
Depo SubQ 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
Gianvi (YAZ)
levonorgestrel/ethinyl estradiol (Seasonale, Triphasil)
Lunelle
medroxyprogesterone acetate (Provera)
Menopur
Methergine
✓ Metrogel Combo Pack
metronidazole vaginal gel (Metrogel)
norethindrone
norethindrone acetate (Aygestin)
norethindrone acetate/ethinyl estradiol/ ferrous fumarate (Estrostep FE)
norethindrone/ethinyl estradiol

Key

Type of covered drug*	You pay
• **Bolded drug** is a formulary generic.	Lowest copay
• Non-bolded drug is a formulary brand.	Middle copay
• 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.	Highest copay
• Covered generic drugs not listed are formulary.	Lowest copay
• Covered brand drugs not listed are non-formulary.	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.

11. FEMALE, HORMONE REPLACEMENT & BIRTH CONTROL (cont.)

DRUG NAME

norethindrone/ethinyl estradiol, Fe
norethindrone/mestranol
norgestimate/ethinyl estradiol
norgestrel/ethinyl estradiol
Novarel
Nuvaring
nystatin
Ortho Evra
Premarin
Premarin vaginal cream
Premphase
Prempro
Prometrium
Repronex
terconazole cream (Terazol 3)
tri-lo-sprintec (Ortho Tri-Cyclen Lo)
Vivelle, Vivelle Dot

12. EYE MEDICATIONS

DRUG NAME

acetazolamide
acetazolamide ER (Diamox Sequels)
Alrex
atropine sulfate (Isopto Atropine)
azelastine HCL drops (Optivar)
Azopt
bacitracin ophth
bacitracin/polymyxin B ophth oint (Polysporin)
Besivance
betaxolol
Betimol
Betoptic S
Blephamide
brimonidine tartrate (Alphagan P)
carbachol 3% (Isopto Carbachol 3%)
carteolol
ciprofloxacin (Ciloxan)
cromolyn ophth (Crolom)
cyclopentolate HCl (Cyclogyl)
dexamethasone ophth
diclofenac sodium (Voltaren)
dipivefrin HCl (Propine)
dorzolamide HCl 2% (Trusopt)
dorzolamide-timolol (Cosopt)
erythromycin
fluorometholone (FML, Liquifilm)
gentamicin ophth (Gentak)
HMS
homatropine 5% (Isopto Homatropine)
ketorolac opth soln (Acular/Acular LS)
levobunolol (Betagan)
Lotemax
Lumigan
methazolamide
neomycin/polymyxin B/dexamethasone (Maxitrol)
ofloxacin (Ocuflox)
Patanol
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 (Mydriacyl)
Vexol
Vigamox
Xalatan

13. ALLERGY, COUGH, COLD & LUNG MEDS

DRUG NAME

acetylcysteine (Mucomyst)
Advair Diskus
Advair HFA
albuterol inhaler (Proventil, Ventolin)
albuterol soln
Alupent aerosol
aminophylline tabs
Atrovent HFA
azelastine nasal spray (Astelin Nasal Spray)
Azmacort
benzonatate (Tessalon Perles)
brompheniramine/phenylephrine (Brovex D)
budesonide (Pulmicort Respules)
chlorpheniramine/phenylephrine (Rynatan)
chlorpheniramine/phenylephrine/ methscopolamine chewable tabs, syrup (Extendryl)
chlorpheniramine/phenylephrine/ methscopolamine extended release (Hista-Vent DA)
Combivent MDI

13. ALLERGY, COUGH, COLD & LUNG MEDS (cont.)

DRUG NAME

cromolyn inhalation soln (Intal soln)
cyproheptadine
dexamethasone (Decadron)
Elixophyllin
epinephrine pen injector (AdrenaClick)
✓ EpiPen
EpiPen Jr. Auto-Injector/E*Z
Extendryl SR
fexofenadine (Allegra)
fexofenadine-PSE ER (Allegra D 12 Hour)
Flovent Diskus
Flovent HFA
flunisolide (Nasarel)
Foradil
guaifenesin/codeine (Guiatuss AC)
guaifenesin/codeine/pseudopephedrine (Guiatuss DAC)
guaifenesin/hydrocodone
guaifenesin/phenylephrine/hydrocodone (Duratuss HD elixir)
guaifenesin/pseudoephedrine/codeine (Guiatuss DAC, Novahistine)
✓ **hydrocodone-chlorpheniramine susp** (Tussionex)
hydrocodone/homatropine syrup (Hycodan)
hydrocortisone (Cortef)
hydroxyzine HCl
hydroxyzine pamoate (Vistaril)
Intal
ipratropium-albuterol (Duoneb)
ipratropium inhalation soln (Atrovent soln)
levalbuterol inhalation solution (Xopenex inhalation solution)
Maxair
metaproterenol tabs, syrup, inh soln
methylprednisolone (Medrol)
Nasacort AQ
Nasonex
phenylephrine HCl/COD/prometh (Phenergan VC w/codeine)
phenylephrinecarbinoxamine w/hydrocodone liquid (Max HC)
phenylephrine/cpm/hydrocodone (Histussin-HC)
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
pseudoephedrine/brompheniramine/hydrocodone liquid (Brovex HC)
pseudoephedrine/chlorpheniramine (Kronofed-A Jr.)
pseudoephedrine/cpm/codeine (Novahistine DH)
pseudoephedrine/guaifenesin extended release (Zephrex LA)
Pulmicort Flexhaler
Pulmozyme
✓ Qvar
Serevent Diskus
PA Singulair
Spiriva
Symbicort
terbutaline sulfate tabs (Brethine)
Theo-24
theophylline extended release (Theochron, Uniphyl)
Tilade
Tracleer

Key	
Type of covered drug*	**You pay**
• **Bolded drug** is a formulary generic.	Lowest copay
• Non-bolded drug is a formulary brand.	Middle copay
• 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.	Highest copay
• Covered generic drugs not listed are formulary.	Lowest copay
• Covered brand drugs not listed are non-formulary.	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

Vospire ER

14. URINARY & PROSTATE MEDS

DRUG NAME

bethanechol (Urecholine)
doxazosin mesylate (Cardura)
Enablex
finasteride (Proscar)
flavoxate (Urispas)
methenamine/methylene blue/benzoic acid/ salicylic acid/atropine (Prosed EC tab)
methenamine/phenylsalicylate/atropine/ hyoscyamine/benzoic acid/methylene blue (Urised)
Q, PA Muse
oxybutynin (Ditropan)
oxybutynin ER (Ditropan XL)
phenazopyridine (Pyridium)
potassium citrate (Urocit-K)
✓ Rapaflo
tamsulosin (Flomax)
terazosin (Hytrin)
✓ VESIcare
Q, PA Viagra

15. VITAMINS & ELECTROLYTES

DRUG NAME

ergocalciferol (Calciferol)
fluoride
folic acid
iron, carbonyl 15mg (Icar)
Multigen (Chromagen)
Multigen Plus (Chromagen Forte)
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
Q, PA **buprenorphine** (Subutex)
calcium acetate (PhosLo)
Chemet
etidronate disodium (Didronel)
midodrine HCl (ProAmatine)
pilocarpine HCl (Salagen)
Q, PA Suboxone
Q, PA Suboxone Sublingual Film

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

Prior authorization is a requirement that your physician obtain approval from your health plan for coverage of, or payment for, your medication. 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 17). 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®
Actiq®
Adcirca™
Afinitor®
Alodox™
Altabax™
Ambien CR®
Amerge®
Ampyra™
AMRIX®
Apidra®
Apidra® SoloSTAR®
Aplenzin™
Atacand®/Atacand HCT®
Avapro®/Avalide®
Avidoxy™ DK
Axert®
AZOR®
Banzel™
Benicar®/Benicar HCT®
Bepreve™
BiDil®
Byetta®
Caduet®
Caverject®
Cayston™
Celebrex®
Cesamet®
Cialis®
Cimzia®
Colcrys™
Cozaar®/Hyzaar®
Crestor®
Daytrana™
Dexilant™
Diabetic test strips*
Diovan®/Diovan HCT®
Edex®
Edluar™
Effient™
Enbrel®
Exforge®/Exforge HCT®
Exjade®
Fanapt™
Fentora®
Flector® patch
Forteo™
Frova®
Genotropin®
Gleevec®
Glumetza™
Humalog®
Humatrope®
Humira®
Humulin®
HYCAMTIN® capsules
Imitrex®
Intuniv™
Invega™
Iressa®
Keppra XR™
Kineret®
Lantus®
Levitra®
Lipitor®
Livalo®
Lyrica®
Magnacet™
Maxalt®
Micardis®/Micardis HCT®
Mobic®
MUSE®
Nexavar®
Nexium®
Norditropin®
Noxafil®
Nucynta™
NutriDox™
Nutropin®/Nutropin AQ®
Nuvigil®
Oforta™
Omnitrope®
Onsolis™
Pennsaid®
PrandiMet™
Prevacid®
Prevacid/NapraPAC®
Prilosec® suspension
Pristiq™
Protonix®
Provigil®
Pylera™
Qualaquin®
Ranexa®
ReliOn®/Novolin®
Relpax®
Renvela®
Requip® XL™
Revatio™
Revlimid®
Rozerem™
Rybix™ ODT
Ryzolt™
Sabril®
Saizen®
Samsca™
Saphris®
Savella™
Seroquel XR®
Serostim®
Silenor®
Simponi™
Singulair®
Sprycel®
Suboxone®
Suboxone® Sublingual Film
Subutex®
Sumavel™
Sutent®
Symlin®

(continued)

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

(continued from page 15)

Taclonex®
Taclonex Scalp® Suspension
Tarceva®
Tasigna®
Tekturna®/Tekturna HCT®
Temodar® Oral
Teveten®/Teveten HCT®
Tev-Tropin®
Thalomid®
Toviaz™
Treximet™
Tribenzor™
Twynsta®
Tykerb®
Uloric®
Ultram® ER
Valturna®
Veramyst™
Viagra®
Victoza®
Vimovo™
Vimpat™
Voltaren® Gel
Votrient™
Vytorin®
Vyvanse®
Xenazine™
Xifaxan® 550mg
Xyzal®
Zegerid®
Zipsor™
Zmax™
Zolinza®
Zomig®
Zorbtive™
Zyvox®

The above 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);

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);

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, 2010, for one of these medications, the computer system would have looked back 30 days to September 1, 2010, 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.*
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.*
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.

* 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.

- 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 ID card to determine if the prescription is approved.
- **If denied**, the prescribing physician will be notified via letter, fax, or telephone.
- The member is also notified of all denied requests via letter.
- The appeals process will be detailed on the denial letters sent to the members and physicians.

Coverage for medications not on the formulary (specific to Select Drug Program members only)

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

Appealing a decision

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

A

Abilify 4
Abilify Discmelt 4
acarbose 9
Accupril 8
Accuretic 8
Accutane 8
acebutolol 6
Aceon 7
acetaminophen/butalbital 4
acetaminophen/codeine 4
Acetasol HC 9
acetazolamide 4, 12
acetazolamide ER 12
acetic acid HC 9
acetylcysteine 12
AcipHex 15
Aclovate 8
Actigall 10
Actiq 15
Actonel 10
Acular/Acular LS 12
acyclovir 3
Adalat CC 7
adapalene gel 8
Adcirca 15
Adderall 4
Adderall XR 4
AdrenaClick 13
Advair Diskus 12
Advair HFA 12
Afinitor 15
Agenerase 3
Agrylin 6
albuterol inhaler 12
albuterol soln 12
alclometasone dipropionate cream 8
Aldactazide 8
Aldactone 8
Aldara 8
alendronate 10
Alkeran 4
Allegra 13
Allegra D 12 Hour 13
allopurinol 10
Alodox 15
Alphagan P 12
alprazolam 4
Alrex 12
Altabax 15
Altace 8
Alupent aerosol 12
amantadine 3, 4
Amaryl 9
Ambien 6, 16
Ambien CR 15
amcinonide 8
Amerge 6, 15, 16, 17
Amicar 6
amiloride 6
amiloride/HCTZ 6
aminocaproic acid 6
aminophylline tabs 12
amiodarone HCl 6
amitriptyline 4
amlodipine 6
amlodipine/benazepril 6
amoxapine 4
amoxicillin 3
amoxicillin/clavulanate 3
amoxicillin/clavulanate extended-release 3
Amoxil 3
ampicillin 3
Ampyra 15
AMRIX 15
Anafranil 5
anagrelide 6
Analpram E Kit 10
Anaprox DS 6, 11
anastrazole 4
Androgel 9
Ansaid 5, 10
anthralin 8
Anusol-HC 10
Apidra 15
Apidra SoloSTAR 15
Aplenzin 15
Aralen 3
Arava 11
Aricept 4
Aricept ODT 4
Arimidex 4
Aromasin 4
Asacol 10
Ascenscia Autodisc Test Strips 9
Ascenscia Breeze 2 Test Strips 9

Ascenscia Glucometer 9
Ascensia Contour Test Strips 9
Ascensia Elite Test Strips 9
aspirin with codeine 4
Astelin Nasal Spray 12
Astepro 9
Atacand/Atacand HCT 15
atenolol 6
atenolol/chlorthalidone 6
Ativan 5
Atripla 3
atropine sulfate 12
Atrovent HFA 12
Atrovent nasal spray 9
Atrovent soln 13
Augmentin 3
Augmentin XR 3
Autodisc 9, 15
Avapro/Avalide 15
Avidoxy DK 15
Avinza 4
Avita 9
Avonex 10, 16
Axert 15
Axid 10
Aygestin 11
azathioprine 4, 10
azelastine HCL drops 12
azelastine nasal spray 12
azithromycin 3
Azmacort 12
Azopt 12
Azor 6
AZOR 15
Azulfidine 10, 11

B

bacitracin ophth 12
bacitracin/polymyxin B ophth oint 12
baclofen 10
Bactrim 4
Bactrim DS 4
Bactroban 8, 9
Bactroban cream 8
Bactroban nasal oint 9
balsalazide 10
Banzel 15
BD Insulin Syringe Micro-Fine 9
benazepril 6
benazepril/HCTZ 6
bencort lotion kit 8
Benicar 6
Benicar/Benicar HCT 15
Benicar HCT 6
Bentyl 10
BenzaClin 8
Benzamycin gel 8
benzocaine/antipyrine 9
benzonatate 12
Benzotic 9
benzoyl peroxide 8, 14
benzoyl peroxide/erythromycin 8
benzoyl peroxide gel 8
benzoyl peroxide/urea cream 8
benztropine 4
Bepreve 15
Besivance 12
Betagan 12
betamethasone/clotrimazole 8
betamethasone dipropionate 8
betamethasone dipropionate augmented 8
betamethasone valerate 8
Betapace AF 8
Betaseron 16
Beta-Val 8
betaxolol 6, 12
bethanechol 14
Betimol 12
Betoptic S 12
Biafine 8
Biaxin 3
Biaxin XL 3
bicalutamide 4
BiDil 15
bisoprolol/HCTZ 6
Bleph 10 12
Blephamide 12
Blocadren 8
Boniva 16
Bravelle 11
Breeze 2 15
Brethine 13
Brevoxyl gel 8
brimonidine tartrate 12
bromocriptine mesylate 4
brompheniramine/phenylephrine 12

Brovex D 12
Brovex HC 13
budesonide 12
bumetanide 6
Bumex 6
buprenorphine 14
bupropion 5
bupropion SR 5
bupropion XR 5
BuSpar 5
buspirone 5
butalbital/apap/caffeine 5
butalbital/aspirin/caffeine 5
Byetta 9, 15
Bystolic 6

C

Caduet 15
Cafergot 5, 6
Calan 8
Calciferol 14
calcipotriene soln 8
calcitriol capsules 9
calcium acetate 14
Canasa supp 10
Capoten 6
Capozide 6
captopril 6
captopril/HCTZ 6
Carafate 10
Carafate susp 10
carbachol 3% 12
carbamazepine 5
carbamazepine XR 5
carbidopa/levodopa 5
carbidopa/levodopa CR 5
carbidopa/levodopa ODT 5
Cardizem 7
Cardizem CD 7
Cardizem LA 7
Cardizem SR 7
Cardura 7, 14
carisoprodol 10
Carmol scalp lotion 9
carteolol 12
carvedilol 6
Casodex 4
Cataflam 5, 10
Catapres tablets 7
Catapres-TTS 7
Caverject 15
Cayston 15
Ceclor 3
CeeNU 4
cefaclor 3
cefaclor ER 3
cefadroxil 3
cefdinir 3
cefditoren 3
Ceftin 3
cefuroxime axetil 3
Celebrex 15
Celexa 5
Cellcept 4
Celontin 5
Cenestin 11
cephalexin 3
Cesamet 15
Chemet 14
chlordiazepoxide/clidinium 10
chlorhexidine gluconate 9
chloroquine phosphate 3
chlorothiazide 6
chlorpheniramine/phenylephrine 12
chlorpromazine HCl 5
chlorthalidone 6
chlorzoxazone 10
cholestyramine 7
choline magnesium trisalicylate 5, 10
Chromagen 14
Chromagen Forte 14
Cialis 15
ciclopirox cream, susp 8
ciclopirox shampoo 8
ciclopirox solution 8
cilostazol 7
Ciloxan 12
cimetidine 10
Cimzia 15
Cipro 3, 9
ciprofloxacin 3, 12
ciprofloxacin ER tabs 3
ciprofloxacin tabs 3
Cipro HC Otic 9
Cipro oral suspension 3
Cipro XR 3

citalopram 5
clarithromycin 3
clarithromycin SR 3
Cleocin 3, 8, 11
Cleocin T 8
Climara 11
clindamycin 3, 8, 11
clindamycin-benzoyl peroxide gel 8
clindamycin cream 11
clindamycin phosphate 8
Clinoril 6, 11
clobetasol 8
Clobex lotion, shampoo, spray 8
clomipramine HCl 5
clonazepam 5
clonidine 7
clonidine patch 7
clotrimazole troches 3
clozapine 5
Clozaril 5
codeine tabs 5
Colazal 10
colchicine 10
Colcrys 15
Colestid 7
colestipol HCl 7
Colocort 10
Combivent MDI 12
Combivir 3
Combunox 5
Compazine 10
Comtan 5
Concerta 5
Condylox 8
Contour 15
Copaxone 10, 16
Cordarone 6
Coreg 6
Corgard 7
Cortef 9, 11, 13
Cortisporin Otic 9
Corzide 7
Cosopt 12
Coumadin 7
Cozaar 7
Cozaar/Hyzaar 15
Crestor 7, 15
Crixivan 3
Crolom 12
cromolyn inhalation soln 13
cromolyn ophth 12
Cutivate 8
cyclobenzaprine 10
Cyclocort 8
Cyclogyl 12
cyclopentolate HCl 12
cyclophosphamide 4
cyclosporine 4
Cymbalta 5
cyproheptadine 13
Cytomel 9
Cytotec 10
Cytovene 3
Cytoxan 4

D

danazol 4, 9
Danocrine 4, 9
Dapsone 3
Daraprim 3
Darvocet-N 6
Daypro 6, 11
Daytrana 15
DDAVP 9
Decadron 9, 10, 13
Declomycin 3
Deltasone 4, 10, 11, 13
Demadex 8
demeclocycline 3
Demerol 6
Depakene 6
Depakote 5
Depakote ER 5
Depakote Sprinkle Caps 5
Depo-Provera 11
Depo SubQ Provera 11
Dermatop 8
desipramine 5
desmopressin acetate 9
desogestrel/ethinyl estradiol 11
desoximetasone 8
Desoxyn 6
Desyrel 6
dexamethasone 9, 10, 12, 13
dexamethasone ophth 12
Dexilant 15

dexmethylphenidate 5
Diabeta, Micronase 9
Diabetic test strips 15
Diamox Sequels 12
Diastat 5
Diastat AcuDial 5
diazepam 5, 10
diazepam rectal gel 5
diclofenac potassium 5, 10
diclofenac sodium 5, 10, 12
dicloxacillin 3
dicyclomine 10
didanosine 3
Didronel 14
Differin 8
diflorasone diacetate 8
Diflucan 3, 11
diflunisal 5, 10
digoxin 7
Dilacor XR 7
Dilatrate-SR 7
Dilaudid 5
diltiazem 7
diltiazem ER 24 hour 7
diltiazem extended release 7
diltiazem HCL 7
diltiazem SR 7
Diovan 7
Diovan/ Diovan HCT 15
Diovan HCT 7
diphenoxylate HCl/atropine 10
dipivefrin HCl 12
Diprolene, Diprolene AF 8
Diprosone 8
dipyridamole 7
disopyramide 7
disopyramide CR 150mg 7
Ditropan 14
Ditropan XL 14
divalproex sodium 5
divalproex sodium ER 5
divalproex sprinkle cap 5
Dolobid 5, 10
Dolophine 6
Donnatal 10
dorzolamide HCl 2% 12
dorzolamide-timolol 12
Dovonex Soln 8
doxazosin mesylate 7, 14
doxepin 5
doxycycline hyclate 3
doxycycline monohydrate 3
dronabinol 10
Duoneb 13
Duragesic 5
Duratuss HD elixir 13
Duricef 3
Dyazide 8
Dynacin 3
DynaCirc 7

E

econazole 8
Econopred Plus 12
Edecrin 7
Edex 15
Edluar 15
EES 3
Effexor 6
Effexor XR 6
Effient 15
Efudex 8
Efudex cream 8
Eldepryl 6
Elimite 8
Elixophyllin 13
Elocon 8
Emcyt 4
Emend 10, 16
Emgel 8
Emla cream 8
Emtriva 3
Enablex 14
enalapril 7
enalapril/HCTZ 7
Enbrel 15, 17
Enbrel kit, disp syr 10
enoxaparin 10
Epiduo 8
epinephrine pen injector 13
EpiPen 13
EpiPen Jr. Auto-Injector/E*Z 13
Epivir 3
eplerenone 7
Epzicom 3
ergocalciferol 14

ergotamine/tartrate/caffeine 5
Eryc 3
Erycette 8
Erygel 8
EryPed 3
Ery-Tab 3
Erythrocin 3
erythromycin 3, 8, 12
erythromycin delayed release 3
erythromycin ethylsuccinate 3
erythromycin gel 8
erythromycin solution 8
erythromycin stearate 3
erythromycin susp w/sulfa 3
erythromycin swabs 8
Eskalith 5
Eskalith CR 5
esterified estrogens/methyltestosterone 11
Estrace 11
Estraderm 11
estradiol 11
estradiol transdermal 11
Estratest HS 11
Estring 11
estropipate 11
Estrostep FE 11
ethambutol 3
ethinyl estradiol/drospirenone 11
ethosuximide 5
etidronate disodium 14
etodolac 5, 10
etoposide 4
Eulexin 4
Evista 10
Evoclin 8
Exelon 6
Exforge/Exforge HCT 15
Exjade 15
Extendryl 12, 13
Extendryl SR 13

F

famciclovir 3
famotidine 40mg 10
famotidine suspension 10
Famvir 3
Fanapt 15
Fansidar 3
Fareston 4
Feldene 6, 11
felodipine ER 7
Femara 4
Femhrt 11
fenofibrate 7
fenofibric acid 7
fenoprofen calcium 5, 10
fentanyl citrate OTFC 5
fentanyl transdermal 5
Fentora 15
fexofenadine 13
fexofenadine-PSE ER 13
Fibricor 7
finasteride 14
Fioricet 5
Fiorinal 5
Flagyl 3
flavoxate 14
flecainide 7
Flector patch 15
Flexeril 10
Flomax 14
Flonase 9
Florinef 9
Flovent Diskus 13
Flovent HFA 13
Floxin 4, 9
Floxin Otic 9
fluconazole 3, 11
fluconazole 150mg 11
fludrocortisone acetate 9
Flumadine 4
flunisolide 9, 13
fluocinolone acetonide cream, soln 8
fluocinonide gel, oint, cream 8
fluoride 14
fluorometholone 12
Fluoroplex 8
fluorouracil solution 8
fluoxetine 5
fluphenazine 5
flurbiprofen 5, 10
flutamide 4
fluticasone propionate 8, 9
fluticasone propionate nasal susp 9
Flutuss HC liquid 13
fluvoxamine 5

FML 12
Focalin 5
folic acid 14
Follistim 11
Follistim AQ 11
Foradil 13
Forteo 15
Fortovase 3
Fosamax 10
Fosamax Plus D 16
fosinopril 7
Fragmin 10
FreeStyle Lite 15
FreeStyle Lite Glucometer 9
FreeStyle Lite Test Strips 9
FreeStyle Meter 9
FreeStyle Test Strips 9
Frova 15
furosemide 7
Fuzeon 3

G

gabapentin 5
galantamine 5
galantamine ER 5
ganciclovir 3
Gastrocrom 10
gemfibrozil 7
Genotropin 15
Gentak 12
gentamicin ophth 12
gentamicin topical cream, oint 8
Gianvi 11
Gleevec 4, 15
glimepiride 9
glipizide 9
glipizide ER 9
Glucagon emergency kit 9
Glucophage 9
Glucophage XR 9
Glucotrol 9
Glucotrol XL 9
Glucovance 9
Glumetza 15
glyburide 9
glyburide micronized 9
Glynase 9
granisetron 10
Grifulvin V susp 3
Grifulvin V tabs 3
griseofulvin microsize susp 3
Gris-PEG 3
guaifenesin/codeine 13
guaifenesin/codeine/pseudopephedrine 13
guaifenesin/hydrocodone 13
guaifenesin/phenylephrine/hydrocodone 13
guaifenesin/pseudoephedrine/codeine 13
guanabenz 7
guanfacine HCl 7
Guiatuss AC 13
Guiatuss DAC 13

H

haloperidol 5
HC acetate/lidocaine HCl 8
Hepsera 3
Hexalen 4
Hiprex 3
Hista-Vent DA 12
Histussin-HC 13
HIVID 3
HMS 12
homatropine 5% 12
Humalog 15
Humatrope 9, 15
Humira 10, 15
Humulin 15
HYCAMTIN capsules 15
Hycodan 13
hydralazine 7
Hydrea 4
hydrochlorothiazide 7
hydrocodone/acetaminophen 5
hydrocodone/acetaminophen elixir 5
hydrocodone/acetaminophen ES 5
hydrocodone-chlorpheniramine susp 13
hydrocodone/homatropine syrup 13
hydrocodone/ibuprofen 5
hydrocortisone 8, 9, 10, 11, 13
hydrocortisone 2.5% 8
hydrocortisone butyrate 0.1% 8
hydrocortisone/pramoxine kit 10
hydrocortisone retention enema 10
hydrocortisone valerate 0.2% 8
hydromorphone HCl 5
hydroxychloroquine 3, 11

hydroxyurea 4
hydroxyzine HCl 13
hydroxyzine pamoate 13
hyoscyamine 10, 14
Hytone 8
Hytrin 8, 14
Hyzaar 7

I

ibuprofen 5, 11
ibuprofen/oxycodone HCl 5
Icar 14
Imdur 7
imipramine 5
imiquimod cream 8
Imitrex 6, 15, 16, 17
Imuran 4, 10
indapamide 7
Inderal 8
Inderal LA 8
Inderide 8
Indocin 5, 11
Indocin SR 5, 11
indomethacin 5, 11
indomethacin SR 11
Inflamase Forte 12
Inspra 7
Insulin syringes 9
Intal 13
Intal soln 13
Intuniv 15
Invega 15
ipratropium 9, 13
ipratropium-albuterol 13
ipratropium inhalation soln 13
Iressa 15
iron, carbonyl 15mg 14
Isentress 3
Ismo 7
isometheptene/dichloralphenazone/apap 5
isoniazid 3
Isopto Atropine 12
Isopto Carbachol 3% 12
Isopto Carpine 12
Isopto Homatropine 12
Isordil tabs 7
isosorbide dinitrate 7
isosorbide dinitrate ER 7
isosorbide mononitrate 7
isosorbide mononitrate ER 7
isotretinoin 8
isradipine 7
itraconazole 3

J

Janumet 9
Januvia 9

K

Keflex 3
Kenalog 9
Kenalog in Orabase 9
Keppra 5
Keppra XR 15
Keralac cream 9
Kerlone 6
ketoconazole cream 8
ketoconazole shampoo 8
ketoconazole tabs 3
ketoprofen 5, 11
ketoprofen SR 11
ketorolac 5, 11, 12
ketorolac opth soln 12
Kineret 15
Klaron 9
Klonopin 5
K-Lyte 14
Kristalose 10
Kronofed-A Jr. 13
Kytril 10

L

labetalol HCl 7
lactulose soln 10
Lamictal 5
Lamisil tabs 4
lamotrigine 5
Lancets 9
Lanoxin 7
lansoprazole 10
Lantus 15
Lariam 3
Lasix 7
leflunomide 11
leucovorin calcium 4
Leukeran 4

levalbuterol inhalation solution 13
Levaquin 3
Levbid 10
Levemir 9
levetiracetam 5
Levitra 15
levobunolol 12
levonorgestrel/ethinyl estradiol 11
levothyroxine 9
Levoxyl 9
Levsin 10
Levsinex 10
Lexapro 5
Lexiva 3
Lidex 8
Lidex E 8
lidocaine 8
lindane lotion 8
liothyronine 9
Lipitor 15
Liquifilm 12
lisinopril 7
lisinopril/HCTZ 7
lithium carbonate 5
lithium carbonate SR 5
Lithobid 5
Livalo 15
Locoid 8
Lodine XL 5, 10
Lofibra 7
Lomotil 10
Loniten 7
Lopid 7
Lopressor 7
Loprox 8
Loprox gel 8
Loprox shampoo 8
lorazepam 5
Lortab 5
losartan 7
losartan-HCTZ 7
Lotemax 12
Lotensin 6
Lotensin HCT 6
Lotrel 6
Lotrisone 8
lovastatin 7
Lovenox 10
loxapine 5
Loxitane 5
Lozol 7
Lumigan 12
Lunelle 11
Lunesta 5
Luride drops 14
Lyrica 15
Lysodren 4

M

Macrodantin 4
Magnacet 15
malathion lotion 8
maprotiline 5
Marinol 10
Matulane 4
Mavik 8
Maxair 13
Maxalt 5, 15, 16, 17
Maxalt-MLT 5
Max HC 13
Maxidone 5
Maxitrol 12
Maxituss HC 13
Maxzide 8
mebendazole 3
meclofenamate 5, 11
Medrol 9, 11, 13
medroxyprogesterone acetate 11, 17
mefloquine 3
Megace 4
megestrol 4
meloxicam 11
Menopur 11
meperidine HCl 6
Mephyton 7
Mepron 3
mercaptopurine 4
mesalamine rectal susp 10
Mestinon 6
metaproterenol tabs, syrup, inh soln 13
metaxalone 11
metformin 9
metformin ER 9
metformin/glyburide 9
methadone 6
methamphetamine 6

methazolamide 12
methenamine hippurate 3
Methergine 11
methimazole 9
methocarbamol 11
methotrexate 4, 11
methyldopa 7
methylphenidate SR 6
methylprednisolone 9, 11, 13
metoclopramide 10
metolazone 7
metoprolol succinate 7
metoprolol tartrate 7
MetroCream 8
Metrogel 11
Metrogel Combo Pack 11
Metrolotion 8
metronidazole 3, 8, 11
metronidazole cream 8
metronidazole lotion 8
metronidazole vaginal gel 11
Mevacor 7
mexiletine HCl 7
Mexitil 7
Miacalcin 10
Micardis/Micardis HCT 15
Microzide 7
Midamor 6
midodrine HCl 14
Midrin 5
migergot 6
Migranal 16, 17
Minipress 8
Minocin 3
minocycline caps 3
minocycline tabs 3
minoxidil 7
Mintezol 3
Mirapex 6
Mirapex ER 6
mirtazapine 6
mirtazapine rapid dissolve tabs 6
misoprostol 10
Mobic 11, 15
Moduretic 6
moexipril/HCTZ 7
mometasone cream 8
Monodox 3
Monopril 7
morphine sulfate 6
morphine sulfate, extended release 6
morphine sulfate supp 6
Motrin 11
MS Contin 6
MSIR 6
Mucomyst 12
Multaq 7
Multigen 14
Multigen Plus 14
multivitamin with fluoride drops, tabs 14
mupirocin oint 8
Muse 14, 15
Myambutol 3
Mycelex 3
Mycobutin 4
Mycolog II 8
mycophenolate 4
Mycostatin 4, 8
Mydriacyl 12
Myleran 4
Mysoline 6

N

nabumetone 6, 11
nadolol 7
nadolol-bendroflume thiazide 7
Nalfon 5, 10
Namenda 6
Naprelan 6, 11
Naprosyn 6, 11
naproxen 6, 11
naproxen sodium 6, 11
naproxen sodium SA 6, 11
naratriptan 6
Nardil 6
Nasacort AQ 9, 13
Nasarel 9, 13
Nasonex 9, 13
nateglinide 10
Navane 6
nefazodone 6
neomycin/polymyxin B/dexamethasone 12
neomycin/polymyxin/hydrocortisone 9
Neoral 4
Neosporin oint 12
Neosporin soln 12

Neurontin 5, 6
Neurontin soln 6
Nexavar 15
Nexium 10, 15
Niaspan 7
nifedipine ER 7
Nimotop 7
nisoldipine 7
Nitro-Bid 7
Nitro-Dur 7
nitrofurantoin macrocrystals 4
nitroglycerin ER 7
nitroglycerin patches 7
nitroglycerin SL 7
Nitrostat SL 7
nizatidine 10
Nizoral cream 8
Nizoral shampoo 8
Nizoral tabs 3
Nolvadex 4
Norco 5
Norditropin 10, 15
norethindrone 11, 12
norethindrone acetate 11
norethindrone/ethinyl estradiol 11, 12
norethindrone/ethinyl estradiol, Fe 12
norethindrone/mestranol 12
norgestimate/ethinyl estradiol 12
norgestrel/ethinyl estradiol 12
Norpace 7
Norpace CR 7
Norpramin 5
nortriptyline 6
Norvasc 6
Norvir 4
Novahistine 13
Novahistine DH 13
Novarel 12
Novolin 10
Novolog 10
Novolog mix 10
Noxafil 15
Nucynta 15
Nulytely 10
NutriDox 15
Nutropin/Nutropin AQ 15
Nuvaring 12
Nuvigil 15
nystatin 4, 8, 12
nystatin/triamcinolone 8

O

Ocuflox 12
ofloxacin 4, 9, 12
ofloxacin otic 9
Oforta 15
Ogen 11
omeprazole 10
omeprazole-sodium bicarbonate 10
Omnicef 3
Omnitrope 15
ondansetron HCl 10
Onglyza 10
Onsolis 15
Opana 6
Optivar 12
Oracea 4
Orapred 10, 11, 13
Ortho Evra 12
Ortho Tri-Cyclen Lo 12
Orudis 11
Oruvail 5, 11
Oruvail, Orudis 5
Ovide 8
Oxandrin 10
oxandrolone 10
oxaprozin 6, 11
oxazepam 6
oxcarbazepine 6
Oxsoralen lotion 1% 8
Oxsoralen Ultra 8
oxybutynin 14
oxybutynin ER 14
oxycodone 6
oxycodone/apap 6
oxycodone/aspirin 6
oxycodone CR 12 hour tabs 6
OxyContin 6, 16
OxyIR 6
oxymorphone 6

P

Pamelor 6
Pancrease 10
Pancrease MT 10

pancrelipase EC/SA 10
pantoprazole 10
Parafon Forte 10
Parcopa 5
Parlodel 4
Parnate 6
paroxetine 6
paroxetine HCl ext-release 6
Patanol 12
Paxil 6
Paxil CR 6
Pediapred 10, 11, 13
Pediazole 3
PEG 3350 & electrolytes 10
Peg-Intron 10
penicillin VK 4
Penlac 8
Pennsaid 15
Pentasa 10
pentoxifylline 7
Pepcid 10
Pepcid suspension 10
Percocet 6, 16
Percodan 6, 16
Peridex 9
perindopril 7
Periostat 3
permethrin 8
perphenazine 6
Persantine 7
phenazopyridine 4, 14
Phenergan 10, 13
Phenergan VC w/codeine 13
phenobarb/hyoscyamine/atrop/scop 10
phenobarbital 6
phenylephrine/cpm/hydrocodone 13
phenylephrine HCl/COD/prometh 13
phenylephrine/hydrocodone/BPM 13
phenylephrine/hydrocodone/CP 13
Phenytek 6
phenytoin 6
phenytoin sodium 6
PhosLo 14
Phospholine Iodide 12
Pilocar 12
pilocarpine 12, 14
pilocarpine HCl 14
Pilopine HS gel 12
pindolol 8
piroxicam 6, 11
Plaquenil 3, 11
Plendil 7
Pletal 7
Plexion 9
podofilox soln 8
polymyxin B/neo/bacitracin 12
polymyxin B/neo/gramicidin 12
Polysporin 12
Polytrim 12
potassium chloride 14
potassium citrate 14
pramipexole 6
PrandiMet 15
Prandin 10
Pravachol 8
pravastatin 8
prazosin 8
Precision XTRA 15
Precision XTRA Glucometer 10
Precision XTRA Test Strips 10
Precose 9
Pred-Forte 12
prednicarbate ointment 8
prednisolone acetate 12
prednisolone sodium phosphate 10, 11, 12, 13
prednisolone/sodium sulfacetamide 12
prednisolone syrup 10, 11, 13
prednisone 4, 10, 11, 13
prednisone tabs 10, 11, 13
Prelone 10, 11, 13
Premarin 12
Premarin vaginal cream 12
Premphase 12
Prempro 12
Prevacid 10, 15
Prevacid/NapraPAC 15
Prezista 4
prilocaine/lidocaine 8
Prilosec 10
Prilosec suspension 15
Primaquine 4
primidone 6
Principen 3
Prinivil 7
Prinzide 7
Pristiq 15

ProAir HFA 13
ProAmatine 14
probenecid 11
procainamide 8
Procanbid 8
Procardia XL 7
prochlorperazine 10
Procrit 10
Proctofoam-HC 10
Prograf 4
promethazine 10, 13
promethazine/codeine 13
promethazine/dextromethorphan 13
promethazine/phenylephrine/codeine 13
Prometrium 12
Pronestyl 8
propafenone 8
Propine 12
propoxyphene HCl/apap 6
propoxyphene napsylate/apap 6
propranolol 8
propranolol/HCTZ 8
propylthiouracil 10
Proscar 14
Prosed EC tab 14
Prostigmin 6
Protonix 10, 15
Proventil 12, 13
Proventil HFA 13
Provera 11
Provigil 15
Prozac 5
prutect topical emulsion 8
pseudoephedrine/chlorpheniramine 13
pseudoephedrine/cpm/codeine 13
pseudoephedrine/guaifenesin extended release 13
Psorcon 8
Psoriatec 8
Pulmicort Flexhaler 13
Pulmicort Respules 12
Pulmozyme 13
Purinethol 4
Pylera 15
pyrazinamide 4
Pyridium 4, 14
pyridostigmine 6

Q

Qualaquin 15
Questran Light 7
quinapril gluconate 8
quinapril HCl 8
quinapril/HCTZ 8
quinidine gluconate ER 8
quinidine sulfate 8
Qvar 13

R

ramipril 8
Ranexa 15
ranitidine 300mg 10
Rapaflo 14
Rapamune 4
Razadyne 5
Razadyne ER 5
Rebetol 4
Rebif 16
Reglan 10
Regranex 8
Relafen 6, 11
ReliOn/Novolin 15
Relpax 15
Remeron 6
Remeron SolTab 6
Renvela 15
Repronex 12
Requip 6
Requip XL 15
Rescriptor 4
Restoril 6
Retin-A 9, 17
Retrovir 4
Revatio 15
Revlimid 15
Reyataz 4
ribavirin 4
Rifadin 4
rifampin 4
rimantadine 4
Risperdal, Risperdal M-Tab 6
risperidone 6
Ritalin SR 6
rivastigmine 6
RMS 6
Robaxin 11

Rocaltrol capsules 9
ropinirole 6
Rowasa 10
Roxicet 6
Rozerem 15
Rybix ODT 15
Rynatan 12
Rythmol 8
Ryzolt 15

S

Sabril 15
Saizen 15
Salagen 14
salsalate 6, 11
Samsca 15
Sandimmune 4
Saphris 15
Savella 15
Seasonale 11
Sebizon 9
Sectral 6
selegiline HCl 6
selenium sulfide 8
Selsun Rx 8
Selzentry 4
Senatec HC 8
Sensipar 10
Septra DS 4
Serax 6
Serevent Diskus 13
Seroquel 6
Seroquel XR 15
Serostim 15
sertraline 6
Silenor 15
Silvadene 9
silver sulfadiazine 9
Simponi 15
simvastatin 8
Sinemet 5
Sinemet CR 5
Sinequan 5
Singulair 13, 15
Skelaxin 11
sodium fluoride drops 14
sodium sulfacetamide lotion 9
sodium sulfacetamide/sulfur 9
Soma 10
Sonata 6, 16
sotalol HCl 8
Spectazole 8
Spectracef 3
Spiriva 13
spironolactone 8
spironolactone/HCTZ 8
Sporonax 3
Sprycel 15
Stadol NS 16, 17
Starlix 10
stavudine 4
Strattera 6
Suboxone 14, 15
Suboxone Sublingual Film 14, 15
Subutex 14, 15
sucralfate tabs 10
Sular 7
sulfacetamide 9, 12
sulfacetamide sodium 9
sulfacetamide sodium/urea lotion 9
Sulfacet-R 9
sulfamethoxazole/tmp 4
sulfasalazine 10, 11
sulfinpyrazone sulindac 11
sulfisoxazole tabs 4
sulindac 6
sumatriptan 6
Sumavel 15
Sumycin 4
Sustiva 4
Sutent 15
Symbicort 13
Symlin 10, 15
Symmetrel 3, 4
Synalar 8
Synthroid 9

T

Taclonex 16
Taclonex Scalp Suspension 16
tacrolimus 4
Tagamet 10
Tambocor 7
Tamiflu 4
tamoxifen 4
tamsulosin 14

Tapazole 9
Tarceva 16
Targretin 4
Tarka 8
Tasigna 16
Tegretol 5
Tegretol XR 5
Tekturna/Tekturna HCT 16
temazepam 6
Temodar 4
Temodar Oral 16
Temovate 8
Tenex 7
Tenoretic 6
Tenormin 6
Terazol 3 12
terazosin 8, 14
terbinafine tabs 4
terbutaline sulfate tabs 13
terconazole cream 12
Tessalon Perles 12
tetracycline 4
Teveten/Teveten HCT 16
Tev-Tropin 16
Thalomid 16
Theo-24 13
Theochron 13
theophylline extended release 13
thioguanine 4
thioridazine 6
thiothixene 6
Tiazac 7
Ticlid 8
ticlopidine HCl 8
Tigan 10
Tilade 13
timolol 8, 12
timolol ophth 12
timolol XE 12
Timoptic 12
Timoptic XE 12
Tindamax 4
tinidazole 4
tizanidine 11
Tobi 4
Tobradex 12
tobramycin 12
tobramycin-dexamethasone 12
Tobrex 12
Tofranil 5
tolbutamide 10
tolmetin 6, 11
tolmetin sodium 6
Topamax 6
Topamax Sprinkle Capsules 6
Topicort 8
topiramate 6
topiramate sprinkle cap 6
Toprol XL 7
Toradol oral 5, 11
torsemide 8
Toviaz 16
Tracleer 13
tramadol 6
tramadol ER 6
Trandate 7
trandolapril 8
trandolapril-verapamil extended-release 8
tranycypromine sulfate 6
trazodone 6
Trental 7
tretinoin 9
Treximet 6, 16
triamcinolone 9
triamterene/HCTZ 8
Tribenzor 8, 16
Tricor 8
trifluoperazine 6
trifluridine 12
trihexyphenidyl 6
Trileptal 6
Trilipix 8
tri-lo-sprintec 12
trimethobenzamide 10
trimethoprim sulfate/polymyxin B 12
Triphasil 11
Tri-Vi-Flor, Poly-Vi-Flor with and without iron 14
Trizivir 4
tropicamide 12
Trusopt 12
Truvada 4
Tussionex 13
Twynsta 16
Tykerb 16
Tylox 6

U

Uloric 16
Ultram 6
Ultram ER 6, 16
Uniphyl 13
Uniretic 7
urea cream 9
Urecholine 14
Urex 3
Urised 14
Urispas 14
Urocit-K 14
ursodiol 10

V

valacyclovir tab 4
Valcyte 4
Valium 5, 10
valproic acid 6
Valtrex 4
Valturna 8, 16
Vanoxide-HC 8
Vaseretic 7
Vasocidin oint 12
Vasotec 7
Vectical 9
Veetids 4
venlafaxine 6
venlafaxine ER 6
Ventolin 12
VePesid 4
Veramyst 16
verapamil HCl 8
Verelan 8
Vermox 3
VESIcare 14
Vexol 12
Vfend 4
Viagra 14, 16
Vibramycin 3
Vicodin 5
Vicodin ES 5
Vicoprofen 5
Victoza 16
Videx 3, 4
Videx EC 3
Vigamox 12
Vimovo 16
Vimpat 16
Viracept 4
Viramune 4
Viread 4
Viroptic 12
Visken 8
Vistaril 13
Vivelle, Vivelle Dot 12
Voltaren 5, 10, 12
Voltaren Gel 16
Voltaren XR 5, 10
Vospire ER 14
Votrient 16
Vytorin 16
Vyvanse 16

W

warfarin 8
Wellbutrin 5
Wellbutrin SR 5
Wellbutrin XR 5
Westcort 8

X

Xalatan 12
Xanax 4
Xeloda 4
Xenazine 16
Xifaxan 4
Xifaxan 550mg 16
Xopenex inhalation solution 13
Xylocaine 8
Xyzal 16

Y

Yasmin 11
YAZ 11

Z

zaleplon 6
Zanaflex 11
Zantac 10
Zarontin 5
Zaroxolyn 7
Zavesca 10
Zegerid 10, 16
Zephrex LA 13
Zerit 4

Zetia 8
Ziac 6
Ziagen 4
zidovudine 4
Zipsor 16
Zithromax 3
Zmax 16
Zocor 8
Zoderm 8
Zofran 10
Zolinza 16
Zoloft 6
zolpidem tartrate 6
Zomig 16, 17
Zorbtive 16
Zovirax 3, 9
Zovirax oint 9
Zyloprim 10
Zyprexa 6
Zyvox 16

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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