SELECT DRUG PROGRAM® FORMULARY

EFFECTIVE APRIL 1, 2012

www.ibx.com

Dear Valued Member:

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 drugs that are approved by the U.S. Food and Drug Administration (FDA) and reviewed by our Pharmacy and Therapeutics Committee. These prescription drugs have been selected for their reported medical effectiveness, safety, and value while providing you with the highest level of coverage under your prescription drug benefits.

Our pharmacy benefits manager, FutureScripts®, continuously monitors the 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 limits;
- 96-Hour Temporary Supply Program;
- coverage for medications not on the formulary.

These procedures are designed to optimize your prescription drug benefits by promoting appropriate utilization. They are based on FDA guidelines, and the criteria are endorsed by our 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 benefits vary by group, the inclusion of a drug in this formulary does not imply coverage. This formulary was current at the time of printing and is subject to change. Please call 1-888-678-7012 if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist. Select Drug Program® Formulary information can also be obtained on our website at www.ibx.com.

Brand drugs listed in the formulary with a “3” in the immediate column to the right are available at the highest level of cost-sharing (i.e., the highest cost to you). It is displayed next to the equivalent formulary generic drug, that is available at the lowest level of cost-sharing(i.e., the lowest cost to you). For example: amoxicillin is the formulary generic drug available at the lowest level of cost-sharing. Amoxil is the non-formulary brand available at the highest level of cost-sharing. 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 level of cost-sharing.
- Covered brand drugs not listed are non-formulary and are available at the highest level of cost-sharing.

Dear Valued Physician:

This is a listing of formulary drugs to be considered for your patient, a Select Drug Program® participant. Please refer to this formulary guide in order to choose a drug. Because prescription drug benefits 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.

Sincerely,

Independence Blue Cross

1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Adoxa	3	*doxycycline monohydrate*	1	***Yes***	
Agenerase	2				
Amoxil	3	*amoxicillin*	1	***Yes***	
Ancobon	3	*flucytosine*	1	***Yes***	
Aralen	3	*chloroquine phosphate*	1	***Yes***	
Atripla	2				
Augmentin	3	*amoxicillin/clavulanate*	1	***Yes***	
Augmentin XR	3	*amoxicillin/clavulanate extended-release*	1	***Yes***	
Bactrim, Bactrim DS, Septra DS	3	*sulfamethoxazole/tmp*	1	***Yes***	
Biaxin	3	*clarithromycin*	1	***Yes***	
Biaxin XL	3	*clarithromycin SR*	1	***Yes***	
Ceclor	3	*cefaclor*	1	***Yes***	
Ceftin	3	*cefuroxime axetil*	1	***Yes***	
Cellcept	3	*mycophenolate*	1	***Yes***	
Cipro	3	*ciprofloxacin tabs*	1	***Yes***	
Cipro oral suspension	2				
Cipro XR	3	*ciprofloxacin ER tabs*	1	***Yes***	
Cleocin	3	*clindamycin*	1	***Yes***	
Combivir	3	*lamivudine/zidovudine*	1	***Yes***	
Complera	2				
Crixivan	2				
Cytovene	3	*ganciclovir*	1	***Yes***	
Dapsone	2				
Daraprim	2				
Declomycin	3	*demeclocycline*	1	***Yes***	
Diflucan	3	*fluconazole*	1	***Yes***	
Doryx	3	*doxycycline*	1	***Yes***	
Duricef	3	*cefadroxil*	1	***Yes***	
EES, EryPed	3	*erythromycin ethylsuccinate*	1	***Yes***	
Edurant	2				
Emtriva	2				
Epivir	3	*lamivudine*	1	***Yes***	
Epzicom	2				
Eryc, Ery-Tab	3	*erythromycin delayed release*	1	***Yes***	
Erythrocin	3	*erythromycin stearate*	1	***Yes***	
Famvir	3	*famciclovir*	1	***Yes***	
Fansidar	2				

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QL = Quantity limits apply.

1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Flagyl	3	*metronidazole*	1	***Yes***	
Floxin	3	*ofloxacin*	1	***Yes***	
Flumadine	3	*rimantadine*	1	***Yes***	
Fortovase	2				
Fuzeon	2				
Grifulvin V susp	3	*griseofulvin microsize susp*	1	***Yes***	
Grifulvin V tabs	2				
Gris-PEG	2				
Hepsera	2				
Hiprex, Urex	3	*methenamine hippurate*	1	***Yes***	
HIVID	2				
Isentress	2				
Incivek	2				PA
Keflex	3	*cephalexin*	1	***Yes***	
Lamisil tabs	3	*terbinafine tabs*	1	***Yes***	
Lariam	3	*mefloquine*	1	***Yes***	
Levaquin	3	*levofloxacin*	1	***Yes***	
Lexiva	2				
Macrodantin	3	*nitrofurantoin macrocrystals*	1	***Yes***	
Malarone	3	*atovaquone/proguanil*	1	***Yes***	
Mepron	2				
Minocin, Dynacin	3	*minocycline caps*	1	***Yes***	
Monodox	3	*doxycycline monohydrate*	1	***Yes***	
Myambutol	3	*ethambutol*	1	***Yes***	
Mycelex	3	*clotrimazole troches*	1	***Yes***	
Mycobutin	2				
Mycostatin	3	*nystatin*	1	***Yes***	
Nizoral tabs	3	*ketoconazole tabs*	1	***Yes***	
Norvir	2				
Omnicef	3	*cefdinir*	1	***Yes***	
Oracea	2				
Pediazole	3	*erythromycin susp w/sulfa*	1	***Yes***	
Plaquenil	3	*hydroxychloroquine*	1	***Yes***	
Prezista	2				
Principen	3	*ampicillin*	1	***Yes***	
Pyridium	3	*phenazopyridine*	1	***Yes***	
Rebetol	3	*ribavirin*	1	***Yes***	PA
Rescriptor	2				

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1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Retrovir	3	*zidovudine*	1	***Yes***	
Reyataz	2				
Rifadin	3	*rifampin*	1	***Yes***	
Selzentry	2				
Spectracef	3	*cefditoren*	1	***Yes***	
Sporanox	3	*itraconazole*	1	***Yes***	
Sumycin	3	*tetracycline*	1	***Yes***	
Sustiva	2				
Symmetrel	3	*amantadine*	1	***Yes***	
Tamiflu	2				QL
Tindamax	3	*tinidazole*	1	***Yes***	
Tobi	2				
Trizivir	2				
Truvada	2				
Valcyte	2				
Valtrex	3	*valacyclovir tab*	1	***Yes***	
Veetids	3	*penicillin VK*	1	***Yes***	
Vermox	3	*mebendazole*	1	***Yes***	
Vfend	3	*voriconazole*	1	***Yes***	
Vibramycin, Periostat	3	*doxycycline hyclate*	1	***Yes***	
Victrelis	2				PA
Videx	2				
Videx EC	3	*didanosine*	1	***Yes***	
Viracept	2				
Viramune	2				
Viramune XR	2				
Viread	2				
Xifaxan	2				
Zerit	3	*stavudine*	1	***Yes***	
Ziagen	2				
Zithromax	3	*azithromycin*	1	***Yes***	
Zovirax	3	*acyclovir*	1	***Yes***	
		cefaclor ER	1	***Yes***	
		dicloxacillin	1	***Yes***	
		isoniazid	1	***Yes***	
		minocycline tabs	1	***Yes***	
		primaquine phosphate	1	***Yes***	
		pyrazinamide	1	***Yes***	
		sulfisoxazole tabs	1	***Yes***	

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2. CANCER & ORGAN TRANSPLANT DRUGS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Alkeran	2				
Arimidex	3	*anastrazole*	1	***Yes***	
Aromasin	3	*exemestane*	1	***Yes***	
Casodex	3	*bicalutamide*	1	***Yes***	
CeeNU	2				
Cellcept	3	*mycophenolate*	1	***Yes***	
Cytoxan	3	*cyclophosphamide*	1	***Yes***	
Danocrine	3	*danazol*	1	***Yes***	
Deltasone	3	*prednisone*	1	***Yes***	
Emcyt	2				
Eulexin	3	*flutamide*	1	***Yes***	
Fareston	2				
Femara	3	*letrozole*	1	***Yes***	
Gleevec	2				PA
Hexalen	2				
Hydrea	3	*hydroxyurea*	1	***Yes***	
Imuran	3	*azathioprine*	1	***Yes***	
Leukeran	2				
Lysodren	2				
Matulane	2				
Megace	3	*megestrol*	1	***Yes***	
Myleran	2				
Nolvadex	3	*tamoxifen*	1	***Yes***	
Prograf	3	*tacrolimus*	1	***Yes***	
Purinethol	3	*mercaptopurine*	1	***Yes***	
Rapamune	2				
Rheumatrex, Trexall	3	*methotrexate*	1	***Yes***	
Sandimmune, Neoral	3	*cyclosporine*	1	***Yes***	
Tabloid	3	*thioguanine*	1	***Yes***	
Targretin	2				
Temodar	2				
VePesid	3	*etoposide*	1	***Yes***	
Xeloda	2				
		leucovorin calcium	1	***Yes***	

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3. PAIN, NERVOUS SYSTEM, & PSYCH					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Abilify	2				
Abilify Discmelt	2				
Actiq	3	*fentanyl citrate OTFC*	1	***Yes***	QL, PA
Adderall	3	*amphetamine aspartate/ amphetamine sulfate/ dextroamphetamine*	1	***Yes***	QL
Adderall XR	3	*amphetamine aspartate/ amphetamine sulfate/ dextroamphetamine ER*	1	***Yes***	QL
Alsuma	3	*sumatriptan succinate*	1	***Yes***	
Ambien	3	*zolpidem tartrate*	1	***Yes***	QL
Ambien CR	3	*zolpidem tartrate controlled release*	1	***Yes***	PA
Amerge	3	*naratriptan*	1	***Yes***	QL, PA
Amrix	3	*cyclobenzaprine*	1	***Yes***	
Anafranil	3	*clomipramine HCl*	1	***Yes***	
Anaprox DS	3	*naproxen sodium*	1	***Yes***	
Ansaid	3	*flurbiprofen*	1	***Yes***	
Aricept	3	*donepezil hydrochloride*	1	***Yes***	
Ativan	3	*lorazepam*	1	***Yes***	
Avinza	2				QL
Azilect	2				
BuSpar	3	*buspirone*	1	***Yes***	
Cafergot	3	*ergotamine tartrate/caffeine*	1	***Yes***	
Cafergot	3	*migergot*	1	***Yes***	
Cataflam	3	*diclofenac potassium*	1	***Yes***	
Celexa	3	*citalopram*	1	***Yes***	
Celontin	2				
Clinoril	3	*sulindac*	1	***Yes***	
Clozaril	3	*clozapine*	1	***Yes***	
Combunox	3	*ibuprofen/oxycodone HCl*	1	***Yes***	
Concerta	3	*methylphenidate*	1	***Yes***	QL
Cymbalta	2				
Darvocet-N	3	*propoxyphene napsylate/apap*	1	***Yes***	QL
Daypro	3	*oxaprozin*	1	***Yes***	
Demerol	3	*meperidine HCl*	1	***Yes***	QL
Depakene	3	*valproic acid*	1	***Yes***	
Depakote	3	*divalproex sodium*	1	***Yes***	
Depakote ER	3	*divalproex sodium ER*	1	***Yes***	

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3. PAIN, NERVOUS SYSTEM, & PSYCH					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Depakote Sprinkle Caps	3	*divalproex sprinkle cap*	1	***Yes***	
Desoxyn	3	*methamphetamine*	1	***Yes***	QL
Desyrel	3	*trazodone*	1	***Yes***	
Diastat	3	*diazepam rectal gel*	1	***Yes***	
Diastat AcuDial	3	*diazepam rectal gel*	1	***Yes***	
Dilaudid	3	*hydromorphone HCl*	1	***Yes***	QL
Dolobid	3	*diflunisal*	1	***Yes***	
Dolophine	3	*methadone*	1	***Yes***	
Duragesic	3	*fentanyl transdermal*	1	***Yes***	QL
Effexor	3	*venlafaxine*	1	***Yes***	
Effexor XR	3	*venlafaxine ER*	1	***Yes***	
Eldepryl	3	*selegiline HCl*	1	***Yes***	
Eskalith	3	*lithium carbonate*	1	***Yes***	
Eskalith CR, Lithobid	3	*lithium carbonate SR*	1	***Yes***	
Exelon	3	*rivastigmine*	1	***Yes***	
Felbatol	3	*felbamate*	1	***Yes***	
Feldene	3	*piroxicam*	1	***Yes***	
Fexmid	3	*cyclobenzaprine*	1	***Yes***	
Fioricet	3	*butalbital/apap/caffeine*	1	***Yes***	QL
Fiorinal	3	*butalbital/aspirin/caffeine*	1	***Yes***	
Focalin	3	*dexmethylphenidate*	1	***Yes***	QL
Geodon	2				
Imitrex	3	*sumatriptan*	1	***Yes***	QL, PA
Indocin SR	3	*indomethacin*	1	***Yes***	
Kadian	3	*morphine extended release*	1	***Yes***	QL
Keppra	3	*levetiracetam*	1	***Yes***	
Keppra XR	3	*levetiracetam*	1	***Yes***	
Klonopin	3	*clonazepam*	1	***Yes***	
Lamictal	3	*lamotrigine*	1	***Yes***	
Lexapro	2				
Lodine XL	3	*etodolac*	1	***Yes***	
Lortab	3	*hydrocodone/acetaminophen elixir*	1	***Yes***	QL
Loxitane	3	*loxapine*	1	***Yes***	
Lunesta	2				
Maxalt, Maxalt-MLT	2				QL, PA
Mestinon	3	*pyridostigmine*	1	***Yes***	
Midrin	3	*isometheptene/ dichloralphenazone/apap*	1	***Yes***	

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3. PAIN, NERVOUS SYSTEM, & PSYCH					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Mirapex	3	*pramipexole*	1	***Yes***	
Mirapex ER	2				
MS Contin	3	*morphine sulfate, extended release*	1	***Yes***	QL
MSIR	3	*morphine sulfate*	1	***Yes***	QL
Mysoline	3	*primidone*	1	***Yes***	
Nalfon	3	*fenoprofen calcium*	1	***Yes***	
Namenda	2				
Naprelan	3	*naproxen sodium SA*	1	***Yes***	
Naprosyn	3	*naproxen*	1	***Yes***	
Nardil	3	*phenelzine*	1	***Yes***	
Navane	3	*thiothixene*	1	***Yes***	
Neurontin	3	*gabapentin*	1	***Yes***	
Neurontin solution	3	*gabapentin solution*	1	***Yes***	
Norpramin	3	*desipramine*	1	***Yes***	
Opana	3	*oxymorphone*	1	***Yes***	QL
Oruvail, Orudis	3	*ketoprofen*	1	***Yes***	
OxyContin	2				QL
OxyIR	3	*oxycodone*	1	***Yes***	QL
Pamelor	3	*nortriptyline*	1	***Yes***	
Parcopa	3	*carbidopa/levodopa ODT*	1	***Yes***	
Parlodel	3	*bromocriptine mesylate*	1	***Yes***	
Parnate	3	*tranycypromine sulfate*	1	***Yes***	
Paxil	3	*paroxetine*	1	***Yes***	
Paxil CR	3	*paroxetine HCl ext-release*	1	***Yes***	
Percodan	3	*oxycodone/aspirin*	1	***Yes***	QL
Phenytek	3	*phenytoin sodium*	1	***Yes***	
Prodrin	3	*isometheptene/APAP/caffeine*	1	***Yes***	
Prostigmin	2				
Prozac	3	*fluoxetine*	1	***Yes***	
Razadyne	3	*galantamine*	1	***Yes***	
Razadyne ER	3	*galantamine ER*	1	***Yes***	
Relafen	3	*nabumetone*	1	***Yes***	
Remeron	3	*mirtazapine*	1	***Yes***	
Remeron SolTab	3	*mirtazapine rapid dissolve tabs*	1	***Yes***	
Requip	3	*ropinirole*	1	***Yes***	
Restoril	3	*temazepam*	1	***Yes***	QL
Risperdal, Risperdal M-Tab	3	*risperidone*	1	***Yes***	

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3. PAIN, NERVOUS SYSTEM, & PSYCH					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Ritalin LA	3	*methylphenidate ER*	1	***Yes***	QL
Ritalin SR	3	*methylphenidate SR*	1	***Yes***	QL
RMS	3	*morphine sulfate supp*	1	***Yes***	
Roxicet, Percocet, Tylox	3	*oxycodone/apap*	1	***Yes***	QL
Ryzolt	3	*tramadol ER*	1	***Yes***	
Serax	3	*oxazepam*	1	***Yes***	
Seroquel	2				
Seroquel XR	2				
Sinemet	3	*carbidopa/levodopa*	1	***Yes***	
Sinemet CR	3	*carbidopa/levodopa CR*	1	***Yes***	
Sinequan	3	*doxepin*	1	***Yes***	
Sonata	3	*zaleplon*	1	***Yes***	QL
Strattera	2				QL
Surmontil	3	*trimipramine*	1	***Yes***	
Symmetrel	3	*amantadine*	1	***Yes***	
Tegretol	3	*carbamazepine*	1	***Yes***	
Tegretol XR	3	*carbamazepine XR*	1	***Yes***	
Tofranil	3	*imipramine*	1	***Yes***	
Topamax	3	*topiramate*	1	***Yes***	
Topamax Sprinkle Capsules	3	*topiramate sprinkle cap*	1	***Yes***	
Toradol oral	3	*ketorolac*	1	***Yes***	
Treximet	2				QL, PA
Trileptal	3	*oxcarbazepine*	1	***Yes***	
Ultram	3	*tramadol*	1	***Yes***	
Ultram ER	3	*tramadol ER*	1	***Yes***	PA(brand only)
Valium	3	*diazepam*	1	***Yes***	
Vicodin ES	3	*hydrocodone/acetaminophen ES*	1	***Yes***	QL
Vicodin, Norco, Maxidone	3	*hydrocodone/acetaminophen*	1	***Yes***	QL
Vicoprofen	3	*hydrocodone/ibuprofen*	1	***Yes***	QL
Voltaren XR	3	*diclofenac sodium*	1	***Yes***	
Wellbutrin	3	*bupropion*	1	***Yes***	
Wellbutrin SR	3	*bupropion SR*	1	***Yes***	
Wellbutrin XR	3	*bupropion XR*	1	***Yes***	
Xanax	3	*alprazolam*	1	***Yes***	
Zarontin	3	*ethosuximide*	1	***Yes***	
Zoloft	3	*sertraline*	1	***Yes***	

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3. PAIN, NERVOUS SYSTEM, & PSYCH					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Zyprexa	3	*olanzapine*	1	***Yes***	
Zyprexa Zydis	3	*olanzapine ODT*	1	***Yes***	
		acetaminophen/butalbital	1	***Yes***	
		acetaminophen/codeine	1	***Yes***	QL
		acetazolamide	1	***Yes***	
		amitriptyline	1	***Yes***	
		amoxapine	1	***Yes***	
		aspirin with codeine	1	***Yes***	QL
		benztropine	1	***Yes***	
		chlorpromazine HCl	1	***Yes***	
		choline magnesium trisalicylate	1	***Yes***	
		codeine tabs	1	***Yes***	QL
		fluphenazine	1	***Yes***	
		fluvoxamine	1	***Yes***	
		haloperidol	1	***Yes***	
		maprotiline	1	***Yes***	
		meclofenamate	1	***Yes***	
		nefazodone	1	***Yes***	
		perphenazine	1	***Yes***	
		phenobarbital	1	***Yes***	
		phenytoin	1	***Yes***	
		propoxyphene HCl/apap	1	***Yes***	QL
		salsalate	1	***Yes***	
		thioridazine	1	***Yes***	
		tolmetin sodium	1	***Yes***	
		trifluoperazine	1	***Yes***	
		trihexyphenidyl	1	***Yes***	

4. HEART, BLOOD PRESSURE, & CHOLESTEROL					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Accupril	3	*quinapril HCl*	1	***Yes***	
Accuretic	3	*quinapril/HCTZ*	1	***Yes***	
Aceon	3	*perindopril*	1	***Yes***	
Adalat CC, Procardia XL	3	*nifedipine ER*	1	***Yes***	
Agrylin	3	*anagrelide*	1	***Yes***	
Aldactazide	3	*spironolactone/HCTZ*	1	***Yes***	
Aldactone	3	*spironolactone*	1	***Yes***	
Altace	3	*ramipril*	1	***Yes***	
Amicar	3	*aminocaproic acid*	1	***Yes***	
Azor	2				
Benicar	2				
Benicar HCT	2				
Betapace AF	3	*sotalol HCl*	1	***Yes***	
Blocadren	3	*timolol*	1	***Yes***	
Bumex	3	*bumetanide*	1	***Yes***	
Bystolic	2				
Caduet	3	*atorvastatin/amlodipine*	1	***Yes***	
Calan, Verelan	3	*verapamil HCl*	1	***Yes***	
Capoten	3	*captopril*	1	***Yes***	
Capozide	3	*captopril/HCTZ*	1	***Yes***	
Cardizem	3	*diltiazem*	1	***Yes***	
Cardizem CD, Dilacor XR	3	*diltiazem extended release*	1	***Yes***	
Cardizem LA	3	*diltiazem HCL*	1	***Yes***	
Cardizem SR	3	*diltiazem SR*	1	***Yes***	
Cardura	3	*doxazosin mesylate*	1	***Yes***	
Catapres tablets	3	*clonidine*	1	***Yes***	
Catapres-TTS	3	*clonidine patch*	1	***Yes***	
Colestid	3	*colestipol HCl*	1	***Yes***	
Cordarone	3	*amiodarone HCl*	1	***Yes***	
Coreg	3	*carvedilol*	1	***Yes***	
Corgard	3	*nadolol*	1	***Yes***	
Corzide	3	*nadolol-bendroflume thiazide*	1	***Yes***	
Coumadin	3	*warfarin*	1	***Yes***	
Cozaar	3	*losartan*	1	***Yes***	PA (Brand only)
Crestor	2				
Demadex	3	*torsemide*	1	***Yes***	
Dilatrate-SR	2				

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4. HEART, BLOOD PRESSURE, & CHOLESTEROL					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Diovan	2				
Diovan HCT	2				
Dyazide, Maxzide	3	*triamterene/HCTZ*	1	***Yes***	
DynaCirc	3	*isradipine*	1	***Yes***	
Edecrin	2				
Fibricor	3	*fenofibric acid*	1	***Yes***	
Hytrin	3	*terazosin*	1	***Yes***	
Hyzaar	3	*losartan-HCTZ*	1	***Yes***	PA (Brand only)
Imdur	3	*isosorbide mononitrate ER*	1	***Yes***	
Inderal, Inderal LA	3	*propranolol*	1	***Yes***	
Inderide	3	*propranolol/HCTZ*	1	***Yes***	
Inspra	3	*eplerenone*	1	***Yes***	
Ismo	3	*isosorbide mononitrate*	1	***Yes***	
Isordil tabs	3	*isosorbide dinitrate*	1	***Yes***	
Kerlone	3	*betaxolol*	1	***Yes***	
Lanoxin	2	*digoxin*	1	***Yes***	
Lasix	3	*furosemide*	1	***Yes***	
Lipitor	1				
Lofibra	3	*fenofibrate*	1	***Yes***	
Loniten	3	*minoxidil*	1	***Yes***	
Lopid	3	*gemfibrozil*	1	***Yes***	
Lopressor	3	*metoprolol tartrate*	1	***Yes***	
Lotensin	3	*benazepril*	1	***Yes***	
Lotensin HCT	3	*benazepril/HCTZ*	1	***Yes***	
Lotrel	3	*amlodipine/benazepril*	1	***Yes***	
Lovaza	2				
Lozol	3	*indapamide*	1	***Yes***	
Mavik	3	*trandolapril*	1	***Yes***	
Mephyton	2				
Mevacor	3	*lovastatin*	1	***Yes***	
Mexitil	3	*mexiletine HCl*	1	***Yes***	
Microzide	3	*hydrochlorothiazide*	1	***Yes***	
Midamor	3	*amiloride*	1	***Yes***	
Minipress	3	*prazosin*	1	***Yes***	
Moduretic	3	*amiloride/HCTZ*	1	***Yes***	
Monopril	3	*fosinopril*	1	***Yes***	
Multaq	2				
Niaspan	2				

PA = Prior authorization must be requested by the physician.

QL = Quantity limits apply.

4. HEART, BLOOD PRESSURE, & CHOLESTEROL					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Nimotop	2				
Nitro-Bid	2				
Nitro-Dur	3	*nitroglycerin patches*	1	***Yes***	
Nitrostat SL	3	*nitroglycerin SL*	1	***Yes***	
Norpace	3	*disopyramide*	1	***Yes***	
Norpace CR	3	*disopyramide CR 150mg*	1	***Yes***	
Norvasc	3	*amlodipine*	1	***Yes***	
Persantine	3	*dipyridamole*	1	***Yes***	
Plendil	3	*felodipine ER*	1	***Yes***	
Pletal	3	*cilostazol*	1	***Yes***	
Pravachol	3	*pravastatin*	1	***Yes***	
Prinivil	3	*lisinopril*	1	***Yes***	
Prinzide	3	*lisinopril/HCTZ*	1	***Yes***	
Pronestyl	3	*procainamide*	1	***Yes***	
Questran Light	3	*cholestyramine*	1	***Yes***	
Rythmol	3	*propafenone*	1	***Yes***	
Rythmol SR	3	*propafenone SR*	1	***Yes***	
Sectral	3	*acebutolol*	1	***Yes***	
Sular	3	*nisoldipine*	1	***Yes***	
Tambocor	3	*flecainide*	1	***Yes***	
Tarka	3	*trandolapril-verapamil extended-release*	1	***Yes***	
Tenex	3	*guanfacine*	1	***Yes***	
Tenoretic	3	*atenolol/chlorthalidone*	1	***Yes***	
Tenormin	3	*atenolol*	1	***Yes***	
Teveten	3	*eprosartan*	1	***Yes***	
Tiazac	3	*diltiazem ER 24 hour*	1	***Yes***	
Ticlid	3	*ticlopidine HCl*	1	***Yes***	
Toprol XL	3	*metoprolol succinate*	1	***Yes***	
Trandate	3	*labetalol HCl*	1	***Yes***	
Trental	3	*pentoxifylline*	1	***Yes***	
Tribenzor	2				
Tricor	2				
Trilipix	2				
Uniretic	3	*moexipril/HCTZ*	1	***Yes***	
Valturna	3				
Vaseretic	3	*enalapril/HCTZ*	1	***Yes***	
Vasotec	3	*enalapril*	1	***Yes***	
Visken	3	*pindolol*	1	***Yes***	
Zaroxolyn	3	*metolazone*	1	***Yes***	
Zetia	2				
Ziac	3	*bisoprolol/HCTZ*	1	***Yes***	

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4. HEART, BLOOD PRESSURE, & CHOLESTEROL					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Zocor	3	*simvastatin*	1	***Yes***	
		chlorothiazide	1	***Yes***	
		chlorthalidone	1	***Yes***	
		guanfacine HCl	1	***Yes***	
		hydralazine	1	***Yes***	
		isosorbide dinitrate ER	1	***Yes***	
		methyldopa	1	***Yes***	
		nitroglycerin ER	1	***Yes***	

5. SKIN MEDICATIONS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Accutane	3	*isotretinoin*	1	***Yes***	
Aclovate	3	*alclometasone dipropionate cream*	1	***Yes***	
Aldara	3	*imiquimod cream*	1	***Yes***	
Bactroban ointment	3	*mupirocin ointment*	1	***Yes***	
Bactroban cream	2				
BenzaClin	3	*clindamycin-benzoyl peroxide gel*	1	***Yes***	
Benzamycin gel	3	*benzoyl peroxide/erythromycin*	1	***Yes***	
Beta-Val	3	*betamethasone valerate*	1	***Yes***	
Biafine	3	*prutect topical emulsion*	1	***Yes***	
Brevoxyl gel	3	*benzoyl peroxide gel*	1	***Yes***	
Carmol scalp lotion	3	*sulfacetamide sodium/urea lotion*	1	***Yes***	
Cleocin T	3	*clindamycin*	1	***Yes***	
Clobex lotion, shampoo, spray	2				
Condylox	3	*podofilox soln*	1	***Yes***	
Cutivate	3	*fluticasone propionate*	1	***Yes***	
Cyclocort	3	*amcinonide*	1	***Yes***	
Dermatop	3	*prednicarbate ointment*	1	***Yes***	
Differin	3	*adapalene gel*	1	***Yes***	
Diprolene, Diprolene AF	3	*betamethasone dipropionate augmented*	1	***Yes***	
Diprosone	3	*betamethasone dipropionate*	1	***Yes***	
Dovonex Soln	3	*calcipotriene soln*	1	***Yes***	
Efudex	3	*fluorouracil solution*	1	***Yes***	
Efudex cream	2				
Elimite	3	*permethrin*	1	***Yes***	
Elocon	3	*mometasone cream*	1	***Yes***	
Emla cream	3	*prilocaine/lidocaine*	1	***Yes***	
Epiduo	2				
Erycette	3	*erythromycin swabs*	1	***Yes***	
Erygel, Emgel	3	*erythromycin gel*	1	***Yes***	
Evoclin	3	*clindamycin phosphate*	1	***Yes***	
Fluoroplex	2				
Hytone	3	*hydrocortisone 2.5%*	1	***Yes***	
Kenalog	3	*triamcinolone*	1	***Yes***	
Keralac cream	3	*urea cream*	1	***Yes***	

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QL = Quantity limits apply.

5. SKIN MEDICATIONS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Klaron	3	*sodium sulfacetamide lotion*	1	***Yes***	
Lidex, Lidex E	3	*fluocinonide gel, oint, cream*	1	***Yes***	
Locoid	3	*hydrocortisone butyrate 0.1%*	1	***Yes***	
Loprox	3	*ciclopirox cream, susp*	1	***Yes***	
Loprox gel	2				
Loprox shampoo	3	*ciclopirox shampoo*	1	***Yes***	
Lotrisone	3	*betamethasone/clotrimazole*	1	***Yes***	
MetroCream	3	*metronidazole cream*	1	***Yes***	
Metrolotion	3	*metronidazole lotion*	1	***Yes***	
Mycolog II	3	*nystatin/triamcinolone*	1	***Yes***	
Mycostatin	3	*nystatin*	1	***Yes***	
Nizoral cream	3	*ketoconazole cream*	1	***Yes***	
Nizoral shampoo	3	*ketoconazole shampoo*	1	***Yes***	
Ovide	3	*malathion lotion*	1	***Yes***	
Oxsoralen lotion 1%	2				
Oxsoralen Ultra	2				
Penlac	3	*ciclopirox solution*	1	***Yes***	
Psorcon	3	*diflorasone diacetate*	1	***Yes***	
Psoriatec	3	*anthralin*	1	***Yes***	
Regranex	2				
Retin-A, Avita	3	*tretinoin*	1	***Yes***	
Sebizon	3	*sulfacetamide sodium*	1	***Yes***	
Selsun Rx	3	*selenium sulfide*	1	***Yes***	
Senatec HC	3	*HC acetate/lidocaine HCl*	1	***Yes***	
Silvadene	3	*silver sulfadiazine*	1	***Yes***	
Spectazole	3	*econazole*	1	***Yes***	
Sulfacet-R, Plexion	3	*sodium sulfacetamide/sulfur*	1	***Yes***	
Synalar	3	*fluocinolone acetonide cream, soln*	1	***Yes***	
Temovate	3	*clobetasol*	1	***Yes***	
Topicort	3	*desoximetasone*	1	***Yes***	
Vanoxide-HC	3	*bencort lotion kit*	1	***Yes***	
Vectical	2				
Westcort	3	*hydrocortisone valerate 0.2%*	1	***Yes***	
Xylocaine	3	*lidocaine*	1	***Yes***	
Zoderm	3	*benzoyl peroxide/urea cream*	1	***Yes***	
Zovirax oint	2				

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5. SKIN MEDICATIONS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
		erythromycin solution	1	***Yes***	
		gentamicin topical cream, oint	1	***Yes***	
		lindane lotion	1	***Yes***	

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6. EAR, NOSE, THROAT MEDICATIONS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Acetasol HC	3	*acetic acid HC*	1	***Yes***	
Astepro	2				
Atrovent nasal spray	3	*ipratropium*	1	***Yes***	
Bactroban nasal oint	2				
Benzotic	3	*benzocaine/antipyrine*	1	***Yes***	
Cipro HC Otic	2				
Cortisporin Otic	3	*neomycin/polymyxin/ hydrocortisone*	1	***Yes***	
Flonase	3	*fluticasone propionate nasal susp*	1	***Yes***	PA (Brand only)
Floxin Otic	3	*ofloxacin otic*	1	***Yes***	
Kenalog in Orabase	3	*triamcinolone*	1	***Yes***	
Nasarel	3	*flunisolide*	1	***Yes***	
Nasonex	2				
Peridex	3	*chlorhexidine gluconate*	1	***Yes***	

7. DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Actos	2				
Actosplus Met	2				
Amaryl	3	*glimepiride*	1	***Yes***	
Androgel	2				
Ascenscia Autodisc Test Strips	2				
Ascenscia Breeze 2 Test Strips	2				
Ascenscia Glucometer	2				
Ascensia Contour Test Strips	2				
Ascensia Contour Test Strips	2				
BD Insulin Syringe Micro-Fine	2				
Byetta	2				PA
Cortef	3	*hydrocortisone*	1	***Yes***	
Cytomel	3	*liothyronine*	1	***Yes***	
Danocrine	3	*danazol*	1	***Yes***	
DDAVP	3	*desmopressin acetate*	1	***Yes***	
Decadron	3	*dexamethasone*	1	***Yes***	
Deltasone	3	*prednisone tabs*	1	***Yes***	
Diabeta, Micronase	3	*glyburide*	1	***Yes***	
Florinef	3	*fludrocortisone acetate*	1	***Yes***	
Fortamet	3	*metformin ER*	1	***Yes***	
FreeStyle Lite Glucometer	2				
FreeStyle Lite Test Strips	2				
FreeStyle Meter	2				
FreeStyle Test Strips	2				
Glucagon emergency kit	2				

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QL = Quantity limits apply.

7. DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Glucophage	3	*metformin*	1	***Yes***	
Glucophage XR	3	*metformin ER*	1	***Yes***	
Glucotrol	3	*glipizide*	1	***Yes***	
Glucotrol XL	3	*glipizide ER*	1	***Yes***	
Glucovance	3	*metformin/glyburide*	1	***Yes***	
Glynase	3	*glyburide micronized*	1	***Yes***	
Humatrope	2				PA
Insulin syringes	2				
Janumet	2				
Januvia	2				
Juvisync	2				
Kombiglyze XR	2				
Lancets	2				
Levemir	2				
Levoxyl, Synthroid	3	*levothyroxine*	1	***Yes***	
Medrol	3	*methylprednisolone*	1	***Yes***	
Norditropin	2				PA
Novolin	2				
Novolog	2				
Novolog mix	2				
Onglyza	2				
Oxandrin	3	*oxandrolone*	1	***Yes***	
Pediapred, Orapred	3	*prednisolone sodium phosphate*	1	***Yes***	
Prandin	2				
Precision XTRA Glucometer	2				
Precision XTRA Test Strips	2				
Precose	3	*acarbose*	1	***Yes***	
Prelone	3	*prednisolone syrup*	1	***Yes***	
Rocaltrol capsules	3	*calcitriol capsules*	1	***Yes***	
Sensipar	2				
Starlix	3	*nateglinide*	1	***Yes***	
Symlin	2				PA
Tapazole	3	*methimazole*	1	***Yes***	

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QL = Quantity limits apply.

7. DIABETES, THYROID, STEROIDS, & OTHER MISCELLANEOUS HORMONES					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Zavesca	2				
		propylthiouracil	1	***Yes***	
		tolbutamide	1	***Yes***	

8. STOMACH, ULCER, & BOWEL MEDS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Actigall	3	*ursodiol*	1	***Yes***	
Analpram E Kit	3	*hydrocortisone/pramoxine kit*	1	***Yes***	
Anusol-HC	3	*hydrocortisone*	1	***Yes***	
Asacol	2				
Avonex	2				
Axid	3	*nizatidine*	1	***Yes***	
Azulfidine	3	*sulfasalazine*	1	***Yes***	
Bentyl	3	*dicyclomine*	1	***Yes***	
Canasa supp	2				
Carafate tabs	3	*sucralfate tabs*	1	***Yes***	
Carafate susp	2				
Colazal	3	*balsalazide*	1	***Yes***	
Colocort	3	*hydrocortisone retention enema*	1	***Yes***	
Compazine	3	*prochlorperazine*	1	***Yes***	
Copaxone	2				
Cytotec	3	*misoprostol*	1	***Yes***	
Donnatal	3	*phenobarb/hyoscyamine/atropine/ scopolamine*	1	***Yes***	
Emend	2				QL
Entocort EC	3	*budesonide*	1	***Yes***	
Fragmin	2				
Gastrocrom	2				
Kristalose	2				
Kytril	3	*granisetron*	1	***Yes***	
Levsin, Levsinex, Levbid	3	*hyoscyamine*	1	***Yes***	
Lomotil	3	*diphenoxylate HCl/atropine*	1	***Yes***	
Marinol	3	*dronabinol*	1	***Yes***	
Nexium	2				QL
Nulytely	3	*PEG 3350 & electrolytes*	1	***Yes***	
Pancrease, Pancrease MT	3	*pancrelipase EC/SA*	1	***Yes***	
Peg-Intron	2				PA
Pentasa	2				
Pepcid	3	*famotidine 40mg*	1	***Yes***	
Pepcid suspension	3	*famotidine suspension*	1	***Yes***	
Phenergan	3	*promethazine*	1	***Yes***	

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QL = Quantity limits apply.

8. STOMACH, ULCER, & BOWEL MEDS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Prevacid	3	*lansoprazole*	1	***Yes***	PA (Brand only), QL
Prevacid SoluTab	3	*lansoprazole ODT*	1	***Yes***	PA (Brand only), QL
Prilosec	3	*omeprazole*	1	***Yes***	QL
Proctofoam-HC	2				
Protonix	3	*pantoprazole*	1	***Yes***	PA (Brand only), QL
Reglan	3	*metoclopramide*	1	***Yes***	
Rowasa	3	*mesalamine rectal susp*	1	***Yes***	
Tagamet	3	*cimetidine*	1	***Yes***	
Tigan	3	*trimethobenzamide*	1	***Yes***	
Zantac	3	*ranitidine 300mg*	1	***Yes***	
Zegerid	3	*omeprazole-sodium bicarbonate*	1	***Yes***	PA (Brand only), QL
Zofran	3	*ondansetron HCl*	1	***Yes***	
		chlordiazepoxide/clidinium	1	***Yes***	
		lactulose soln	1	***Yes***	

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QL = Quantity limits apply.

9. BIOTECHNOLOGY					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Arixtra	3	*fondaparinux*	1	***Yes***	
Avonex	2				
Copaxone	2				
Fragmin	2				
Lovenox	3	*enoxaparin*	1	***Yes***	
Peg-Intron	2				PA
Procrit	2				
Sylatron	3				PA

10. BONE, JOINT, & MUSCLE					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Actonel	2				QL
Anaprox DS	3	*naproxen sodium*	1	***Yes***	
Ansaid	3	*flurbiprofen*	1	***Yes***	
Arava	3	*leflunomide*	1	***Yes***	
Azulfidine	3	*sulfasalazine*	1	***Yes***	
Cataflam	3	*diclofenac potassium*	1	***Yes***	
Clinoril	3	*sulfinpyrazone sulindac*	1	***Yes***	
Colcrys	2				
Cortef	3	*hydrocortisone*	1	***Yes***	
Daypro	3	*oxaprozin*	1	***Yes***	
Decadron	3	*dexamethasone*	1	***Yes***	
Deltasone	3	*prednisone tabs*	1	***Yes***	
Dolobid	3	*diflunisal*	1	***Yes***	
Enbrel kit, disp syr	2				
Evista	2				
Feldene	3	*piroxicam*	1	***Yes***	
Flexeril	3	*cyclobenzaprine*	1	***Yes***	
Fosamax	3	*alendronate*	1	***Yes***	QL
Humira	2				PA
Imuran	3	*azathioprine*	1	***Yes***	
Indocin	3	*indomethacin*	1	***Yes***	
Indocin SR	3	*indomethacin SR*	1	***Yes***	
Lodine XL	3	*etodolac*	1	***Yes***	
Medrol	3	*methylprednisolone*	1	***Yes***	
Miacalcin	3	*calcitonin-salmon (rDNA origin) nasal spray*	1	***Yes***	
Mobic	3	*meloxicam*	1	***Yes***	PA (Brand only)
Motrin	3	*ibuprofen*	1	***Yes***	
Nalfon	3	*fenoprofen calcium*	1	***Yes***	
Naprelan	3	*naproxen sodium SA*	1	***Yes***	
Naprosyn	3	*naproxen*	1	***Yes***	
Orudis	3	*ketoprofen*	1	***Yes***	
Oruvail	3	*ketoprofen SR*	1	***Yes***	
Parafon Forte	3	*chlorzoxazone*	1	***Yes***	
Pediapred, Orapred	3	*prednisolone sodium phosphate*	1	***Yes***	
Plaquenil	3	*hydroxychloroquine*	1	***Yes***	
Prelone	3	*prednisolone syrup*	1	***Yes***	

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QL = Quantity limits apply.

10. BONE, JOINT, & MUSCLE					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Relafen	3	*nabumetone*	1	***Yes***	
Robaxin	3	*methocarbamol*	1	***Yes***	
Skelaxin	3	*metaxalone*	1	***Yes***	
Soma	3	*carisoprodol*	1	***Yes***	
Toradol oral	3	*ketorolac*	1	***Yes***	
Valium	3	*diazepam*	1	***Yes***	
Voltaren XR	3	*diclofenac sodium*	1	***Yes***	
Zanaflex	3	*tizanidine*	1	***Yes***	
Zyloprim	3	*allopurinol*	1	***Yes***	
		baclofen	1	***Yes***	
		choline magnesium trisalicylate	1	***Yes***	
		colchicine	1	***Yes***	
		meclofenamate	1	***Yes***	
		methotrexate	1	***Yes***	
		probenecid	1	***Yes***	
		salsalate	1	***Yes***	
		tolmetin	1	***Yes***	

11. FEMALE, HORMONE REPLACEMENT, & BIRTH CONTROL

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

BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Aygestin	3	*norethindrone acetate*	1	***Yes***	
Bravelle	2				
Cenestin	2				
Cleocin	3	*clindamycin cream*	1	***Yes***	
Climara	3	*estradiol transdermal*	1	***Yes***	
Depo SubQ Provera	2				
Depo-Provera	2				
Diflucan	3	*fluconazole 150mg*	1	***Yes***	
Estrace	3	*estradiol*	1	***Yes***	
Estraderm	2				
Estratest HS	2				
Estring	2				
Estrostep FE	3	*norethindrone acetate/ethinyl estradiol/ferrous fumarate*	1	***Yes***	
Femcon Fe	3	*ethinyl estradiol/norethindrone*	1	***Yes***	
Femhrt	3	*norethindrone acetate/ethinyl estradiol*	1	***Yes***	
Follistim	2				
Follistim AQ	2				
LoSeasonique	3	*amethia lo/camrese lo*	1	***Yes***	
Lunelle	2				
Menopur	2				
Methergine	3	*methylergonovine maleate*	1	***Yes***	
Metrogel	3	*metronidazole vaginal gel*	1	***Yes***	
Metrogel Combo Pack	2				
Novarel	2				
Nuvaring	2				
Ogen	3	*estropipate*	1	***Yes***	
Ortho Evra	2				
Ortho Tri-Cyclen Lo	3	*tri-lo-sprintec*	1	***Yes***	
Premarin	2				
Premarin vaginal cream	2				
Premphase	2				
Prempro	2				

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11. FEMALE, HORMONE REPLACEMENT, & BIRTH CONTROL					
The Injectable Fertility Agents in this section are covered only under certain benefits programs. Please check your handbook to determine coverage.					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Prometrium	2				
Provera	3	*medroxyprogesterone acetate*	1	***Yes***	
Repronex	2				
Seasonale, Triphasil	3	*levonorgestrel/ethinyl estradiol*	1	***Yes***	
Seasonique	3	*amethia*	1	***Yes***	
Terazol 3	3	*terconazole cream*	1	***Yes***	
Vivelle, Vivelle Dot	2				
Yasmin	3	*ethinyl estradiol/drospirenone*	1	***Yes***	
YAZ	3	*Gianvi*	1	***Yes***	
		desogestrel/ethinyl estradiol	1	***Yes***	
		esterified estrogens/ methyltestosterone	1	***Yes***	
		norethindrone	1	***Yes***	
		norethindrone/ethinyl estradiol	1	***Yes***	
		norethindrone/ethinyl estradiol, Fe	1	***Yes***	
		norethindrone/mestranol	1	***Yes***	
		norgestimate/ethinyl estradiol	1	***Yes***	
		norgestrel/ethinyl estradiol	1	***Yes***	
		nystatin	1	***Yes***	

12. EYE MEDICATIONS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Acular/Acular LS	3	*ketorolac opth soln*	1	***Yes***	
Alphagan P	3	*brimonidine tartrate*	1	***Yes***	
Alrex	2				
Azopt	2				
Besivance	2				
Betagan	3	*levobunolol*	1	***Yes***	
Betimol	2				
Betoptic S	2				
Bleph 10	3	*sulfacetamide*	1	***Yes***	
Blephamide	2				
Ciloxan	3	*ciprofloxacin*	1	***Yes***	
Cosopt	3	*dorzolamide-timolol*	1	***Yes***	
Crolom	3	*cromolyn ophth*	1	***Yes***	
Cyclogyl	3	*cyclopentolate HCl*	1	***Yes***	
Diamox Sequels	3	*acetazolamide ER*	1	***Yes***	
Econopred Plus, Pred-Forte	3	*prednisolone acetate*	1	***Yes***	
Elestat	3	*epinastine HCl*	1	***Yes***	
FML, Liquifilm	3	*fluorometholone*	1	***Yes***	
Gentak	3	*gentamicin ophth*	1	***Yes***	
HMS	2				
Inflamase Forte	3	*prednisolone sodium phosphate*	1	***Yes***	
Isopto Atropine	3	*atropine sulfate*	1	***Yes***	
Isopto Carbachol 3%	3	*carbachol 3%*	1	***Yes***	
Isopto Homatropine	3	*homatropine 5%*	1	***Yes***	
Lotemax	2				
Lumigan	2				
Maxitrol	3	*neomycin/polymyxin B/ dexamethasone*	1	***Yes***	
Mydriacyl	3	*tropicamide*	1	***Yes***	
Neosporin oint	3	*polymyxin B/neo/bacitracin*	1	***Yes***	
Neosporin soln	3	*polymyxin B/neo/gramicidin*	1	***Yes***	
Ocuflox	3	*ofloxacin*	1	***Yes***	
Optivar	3	*azelastine HCL drops*	1	***Yes***	
Patanol	2				

PA = Prior authorization must be requested by the physician.

QL = Quantity limits apply.

12. EYE MEDICATIONS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Phospholine Iodide	2				
Pilocar, Isopto Carpine	3	*pilocarpine*	1	***Yes***	
Pilopine HS gel	2				
Polysporin	3	*bacitracin/polymyxin B ophth oint*	1	***Yes***	
Polytrim	3	*trimethoprim sulfate/polymyxin B*	1	***Yes***	
Propine	3	*dipivefrin HCl*	1	***Yes***	
Timoptic	3	*timolol ophth*	1	***Yes***	
Timoptic XE	3	*timolol XE*	1	***Yes***	
Tobradex	3	*tobramycin-dexamethasone*	1	***Yes***	
Tobrex	3	*tobramycin*	1	***Yes***	
Trusopt	3	*dorzolamide HCl 2%*	1	***Yes***	
Vasocidin oint	3	*prednisolone/sodium sulfacetamide*	1	***Yes***	
Vexol	2				
Vigamox	2				
Viroptic	3	*trifluridine*	1	***Yes***	
Voltaren	3	*diclofenac sodium*	1	***Yes***	
Xalatan	3	*latanoprost*	1	***Yes***	
		acetazolamide	1	***Yes***	
		bacitracin ophth	1	***Yes***	
		betaxolol	1	***Yes***	
		carteolol	1	***Yes***	
		dexamethasone ophth	1	***Yes***	
		erythromycin	1	***Yes***	
		methazolamide	1	***Yes***	

13. ALLERGY, COUGH & COLD, LUNG MEDS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Accolate	3	*zafirlukast*	1	***Yes***	
AdrenaClick	3	*epinephrine pen injector*	1	***Yes***	
Advair Diskus	2				
Advair HFA	2				
Alupent aerosol	2				
Astelin Nasal Spray	3	*azelastine nasal spray*	1	***Yes***	
Atrovent HFA	2				
Atrovent soln	3	*ipratropium inhalation soln*	1	***Yes***	
Brethine	3	*terbutaline sulfate tabs*	1	***Yes***	
Brovex D	3	*brompheniramine/phenylephrine*	1	***Yes***	
Brovex HC	3	*pseudoephedrine/ brompheniramine/hydrocodone liquid*	1	***Yes***	
Combivent MDI	2				
Cortef	3	*hydrocortisone*	1	***Yes***	
Decadron	3	*dexamethasone*	1	***Yes***	
Deltasone	3	*prednisone tabs*	1	***Yes***	
Duoneb	3	*ipratropium-albuterol*	1	***Yes***	
Duratuss HD elixir	3	*guaifenesin/phenylephrine/ hydrocodone*	1	***Yes***	
Elixophyllin	2				
EpiPen	2				
EpiPen Jr. Auto-Injector/ E*Z	2				
Extendryl	3	*chlorpheniramine/phenylephrine/ methscopolamine chewable tabs, syrup*	1	***Yes***	
Extendryl SR	2				
Flovent Diskus	2				
Flovent HFA	2				
Flutuss HC liquid	3	*phenylephrine/hydrocodone/BPM*	1	***Yes***	
Foradil	2				
Guiatuss AC	3	*guaifenesin/codeine*	1	***Yes***	
Guiatuss DAC	3	*guaifenesin/pseudoephedrine/ codeine*	1	***Yes***	
Guiatuss DAC, Novahistine	3	*guaifenesin/pseudoephedrine/ codeine*	1	***Yes***	

PA = Prior authorization must be requested by the physician.

QL = Quantity limits apply.

13. ALLERGY, COUGH & COLD, LUNG MEDS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Hista-Vent DA	3	*chlorpheniramine/phenylephrine/ methscopolamine extended release*	1	***Yes***	
Histussin-HC	3	*phenylephrine/cpm/hydrocodone*	1	***Yes***	
Hycodan	3	*hydrocodone/homatropine syrup*	1	***Yes***	
Intal soln	3	*cromolyn inhalation soln*	1	***Yes***	
Kronofed-A Jr.	3	*pseudoephedrine/ chlorpheniramine*	1	***Yes***	
Max HC	3	*phenylephrinecarbinoxamine w/ hydrocodone liquid*	1	***Yes***	
Maxair	2				
Maxituss HC	3	*phenylephrine/hydrocodone/CP*	1	***Yes***	
Medrol	3	*methylprednisolone*	1	***Yes***	
Mucomyst	3	*acetylcysteine*	1	***Yes***	
Nasacort AQ	3	*triamcinolone acetonide*	1	***Yes***	
Nasarel	3	*flunisolide*	1	***Yes***	
Nasonex	2				
Novahistine DH	3	*pseudoephedrine/cpm/codeine*	1	***Yes***	
Pediapred, Orapred	3	*prednisolone sodium phosphate*	1	***Yes***	
Phenergan	3	*promethazine*	1	***Yes***	
Phenergan VC w/codeine	3	*phenylephrine HCl/COD/ promethazine*	1	***Yes***	
Prelone	3	*prednisolone syrup*	1	***Yes***	
ProAir HFA	2				
Proventil HFA	2				
Proventil, Ventolin	3	*albuterol inhaler*	1	***Yes***	
Pulmicort Flexhaler	2				
Pulmicort Respules	3	*budesonide*	1	***Yes***	
Pulmozyme	2				
Qvar	2				
Rynatan	3	*chlorpheniramine/phenylephrine*	1	***Yes***	
Serevent Diskus	2				
Singulair	2				
Spiriva	2				
Symbicort	2				
Tessalon Perles	3	*benzonatate*	1	***Yes***	
Theo-24	2				

PA = Prior authorization must be requested by the physician.

QL = Quantity limits apply.

13. ALLERGY, COUGH & COLD, LUNG MEDS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Theochron, Uniphyl	3	*theophylline extended release*	1	***Yes***	
Tilade	2				
Tracleer	2				
Tussionex	3	*hydrocodone-chlorpheniramine susp*	1	***Yes***	
Vistaril	3	*hydroxyzine pamoate*	1	***Yes***	
Vospire ER	2				
Xopenex inhalation solution)	3	*levalbuterol inhalation solution*	1	***Yes***	
Xyzal	3	*levocetirizine dihydrochloride*	1	***Yes***	PA (Brand only)
Zephrex LA	3	*pseudoephedrine/guaifenesin extended release*	1	***Yes***	
		albuterol soln	1	***Yes***	
		aminophylline tabs	1	***Yes***	
		cyproheptadine	1	***Yes***	
		guaifenesin/hydrocodone	1	***Yes***	
		hydroxyzine HCl	1	***Yes***	
		metaproterenol tabs, syrup, inh soln	1	***Yes***	
		promethazine/codeine	1	***Yes***	
		promethazine/dextromethorphan	1	***Yes***	
		promethazine/phenylephrine/ codeine	1	***Yes***	

14. URINARY & PROSTATE MEDS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Cardura	3	*doxazosin mesylate*	1	***Yes***	
Ditropan	3	*oxybutynin*	1	***Yes***	
Ditropan XL	3	*oxybutynin ER*	1	***Yes***	
Enablex	2				
Flomax	3	*tamsulosin*	1	***Yes***	
Hytrin	3	*terazosin*	1	***Yes***	
Muse	2				QL, PA
Proscar	3	*finasteride*	1	***Yes***	
Prosed EC tab	3	*methenamine/methylene blue/ benzoic acid/salicylic acid/ atropine*	1	***Yes***	
Pyridium	3	*phenazopyridine*	1	***Yes***	
Rapaflo	2				
Urecholine	3	*bethanechol*	1	***Yes***	
Urised	3	*methenamine/phenylsalicylate/ atropine/hyoscyamine/benzoic acid/methylene blue*	1	***Yes***	
Urispas	3	*flavoxate*	1	***Yes***	
Urocit-K	3	*potassium citrate*	1	***Yes***	
Uroxatral	3	*alfuzosin*	1	***Yes***	
VESIcare	2				
Viagra	2				QL, PA

PA = Prior authorization must be requested by the physician.

QL = Quantity limits apply.

15. VITAMINS & ELECTROLYTES					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Calciferol	3	*ergocalciferol*	1	***Yes***	
Chromagen	3	*Multigen*	1	***Yes***	
Chromagen Forte	3	*Multigen Plus*	1	***Yes***	
Icar	3	*iron, carbonyl 15mg*	1	***Yes***	
Klor-Con, Kaon-CL, Klotrix, K-Tab, K-Dur, Micro-K	3	*potassium chloride*	1	***Yes***	
K-Lyte	3	*potassium bicarbonate/potassium citrate effervescent*	1	***Yes***	
Luride drops	3	*sodium fluoride drops*	1	***Yes***	
Tri-Vi-Flor, Poly-Vi-Flor with and without iron	3	*multivitamin with fluoride drops, tabs*	1	***Yes***	
		fluoride	1	***Yes***	
		folic acid	1	***Yes***	

16. DIAGNOSTICS & MISCELLANEOUS AGENTS					
BRAND	Formulary Tier	*GENERIC*	Formulary Tier	***Generic Available***	Additional Requirements
Campral	2				
Chemet	2				
Didronel	3	*etidronate disodium*	1	***Yes***	
PhosLo	3	*calcium acetate*	1	***Yes***	
ProAmatine	3	*midodrine HCl*	1	***Yes***	
Salagen	3	*pilocarpine HCl*	1	***Yes***	
Suboxone	2				QL, PA
Suboxone Sublingual Film	2				QL, PA
Subutex	3	*buprenorphine*	1	***Yes***	QL, PA
		benzoyl peroxide	1	***Yes***	

PA = Prior authorization must be requested by the physician.

QL = Quantity limits apply.

PROCEDURES THAT SUPPORT SAFE PRESCRIBING

Independence Blue Cross (IBC) 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, prescription drugs. IBC 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 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. The prior authorization process may take up to two business 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.

Prior authorization applies to all formulations of specific drugs, including but not limited to, tablet, capsule, and oral suspension.*

PTSSP
Prior Authorized Drugs
Abstral®
AcipHex®
Actiq®
Adcirca™
Afinitor®
Alodox™
Altabax™
Ambien CR®
Amerge®
Ampyra™
AMRIX®
Amturnide™
Androderm ®
Apidra®
Apidra® SoloSTAR®
Aplenzin™
Atacand®/Atacand HCT®
Avapro®/Avalide®
Avidoxy™ DK
Axert®
Axiron ®
Banzel™
Beconase AQ®
Bepreve™
BiDil®
Byetta®
Caprelsa®
Caverject®
Cayston™
Celebrex®
Cesamet®
Cialis®
Cimzia®
Copegus®
Cozaar®/Hyzaar®
Daytrana™
Dexilant™
Diabetic test strips*
Edarbi™
Edex®
Edluar™
Enbrel®
Exforge®/Exforge HCT®
Exjade®
Fanapt™
Fentora®
Ferriprox®
Firazyr ®
Flector® patch
Flonase®
Forteo™
Fortesta™
Frova®
Genotropin®
Gilenya®
Gleevec®
Gralise™
Glumetza™
Horizant™
Humalog®
Humatrope®
Humira®
Humulin®
HYCAMTIN® capsules
Imitrex®
Incivek™
Intuniv™
Invega™
Jakafi™
Kineret®
Lantus®
Lazanda ®
Levitra®
Livalo®
Lyrica®
Magnacet™
Maxalt®
Micardis®/Micardis HCT®
Mobic®
MUSE®
Nasacort® AQ
Nexavar®
Nexiclon™XR
Norditropin®
Noxafil®
Nucynta™
Nuedexta™
NutriDox™
Nutropin®/Nutropin AQ®
Nuvigil®
Oforta™
Omnaris®
Omnitrope®
Onsolis™
Orencia® SQ
Peg-Intron®
Pegasys®
Pegasys ProClick®
Pradaxa®
PrandiMet™
Prevacid®
Prevacid/ NapraPAC®
Prilosec® suspension
Pristiq™
Protonix®
Provigil®
Pylera™
Qualaquin®
Rebetol®
ReliOn®/Novolin®
Relpax®
Renvela®
Requip® XL™
Revatio™
Revlimid®
RibaPak®
Ribasphere®
RibaTab®
ribavirin
Rhinocort Aqua®
Rozerem™
Rybix™ ODT
Ryzolt™
Sabril®
Saizen®
Samsca™
Savella™
Serostim®
Silenor®
Simponi™
Sprycel®
Staxyn™
Striant ®
Suboxone®
Suboxone® Sublingual
Subutex®
Sumavel™
Sutent®
Sylatron™
Symlin®
Synagis® *(applies to AHA/IA/ICHP only)*
Taclonex®
Taclonex Scalp®
Tarceva®
Tasigna®
Tekamlo™
Tekturna®/Tekturna HCT®
Temodar® Oral
Testim ®
Teveten®/Teveten HCT®
Tev-Tropin®
Thalomid®
Toviaz™
Tradjenta™
Treximet™
Twynsta®
Tykerb®
Uloric®
Ultram® ER
Valturna®
Veramyst™
Viagra®
Victoza®
Victrelis™
Vimovo™
Vimpat™
Voltaren® Gel
Votrient™
Vytorin®
Vyvanse®
Xalkori ®
Xarelto ®
Xenazine™
Xifaxan® 550mg
Xyzal®
Zegerid®
Zelboraf ®
Zipsor™
Zmax™
Zolinza®
Zolpimist™
Zomig®
Zorbtive™
Zortress®
Zytiga™
Zyvox®

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

Age and gender limits
The FDA has established specific procedures that govern prescription prescribing practices. These rules are designed to prevent potential harm to patients and to ensure that the medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals age 14 and older, such as ciprofloxacin, or prescribed only for females, such as prenatal vitamins. The pharmacist's computer provides up-to-date information about FDA rules. If the member's prescription falls outside of the FDA guidelines, it will not be covered until prior authorization is obtained. The prescribing physician may request consideration for preapproval of restricted medications when medically necessary. The approval criteria for this review were developed and endorsed by the Pharmacy and Therapeutics Committee. 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 limits
Quantity 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 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. For example, if a member went to the pharmacy on July 1, 2011, for one of these medications, the computer system would have looked back 30 days to June 1, 2011, 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.

Examples of quantity 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);**
- oral narcotic drugs, such as **OxyContin® (90 units), Percocet® (180 units), and Percodan® (180 units).**

Refill too soon
With this quantity 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 drug is being taken in accordance with the prescribed dose and frequency of administration.

Therapeutic drug class
This quantity 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 drugs 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 uses a drug therapy that exceeds any of the quantity limits described above, the physician must request consideration for 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 limit, call FutureScripts at 1-888-678-7012.

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

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

Under the 96-Hour Temporary Supply Program, if a member's physician writes a prescription for a drug that requires prior authorization, has an age limit, or exceeds the quantity limit for a medication, and prior authorization has not been obtained by the physician, 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 (i.e., no cost to the member) at that time.*
2. By the next business day, FutureScripts will contact the member's physician 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 FutureScripts, 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 both the physician and the member.

Obtaining a 96-hour temporary supply does not guarantee that the prior authorization/preapproval request will be approved. Some drugs 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 under the 96-Hour Temporary Supply Program.

**Members with an integrated drug benefit (e.g., Comprehensive Major Medical 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 process for requesting a prior authorization/preapproval or override is as follows:

- The physician prescribing the drug completes a prior authorization form or writes a letter of medical necessity and submits it to FutureScripts by fax at 1-888-671-5285. The forms are available online at: www.futurescripts.com/for_health_care_professionals/prior_authorization. The form must be completed and submitted by the physician, not the member.
- FutureScripts 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 within the denial letters sent to the member and physician.

Coverage for drugs not on the formulary (specific to Select Drug Program members only)
Providers may request consideration for 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 1-888-671-5285. If the non-formulary exception request is approved, the drug will be paid at the appropriate formulary level of cost-sharing. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language. Whether an appeal is filed, the member may always obtain benefits for the covered non-formulary drug at the appropriate non-formulary level of cost-sharing. 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 exception results in a denial, the member, or physician on the member's behalf, may file an appeal. Both the member and his or her physician 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.

Prescription drug program provider payment information
FutureScripts administers our prescription drug benefits and is responsible for providing a network of participating pharmacies and processing pharmacy claims. FutureScripts 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. IBC anticipates that it will pass along a high percentage of the expected rebates it receives from FutureScripts through reductions in the overall cost of pharmacy benefits. Under most benefits plans, prescription drugs are subject to a member cost-sharing.

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.

04/12
IBC