

✓ = New
formulary drugs



**Independence
Blue Cross**

SELECT DRUG PROGRAM[®] FORMULARY

EFFECTIVE JULY 1, 2010

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)
ampicillin (Principen)
 Augmentin XR
 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
 Mycobutin

Key

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1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION (cont.)

DRUG NAME

mycophenolate (Cellcept)
nitrofurantoin macrocrystals (Macrochantin)
Norvir
nystatin (Mycostatin)
ofloxacin (Floxin)
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
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
Q **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)
bupropion (Wellbutrin)
bupropion SR (Wellbutrin SR)
bupropion XR (Wellbutrin XR)

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

DRUG NAME

- 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
- desipramine** (Norpramin)
- dexmethylphenidate** (Focalin)
- diazepam** (Valium)
- diclofenac potassium** (Cataflam)
- diclofenac sodium** (Voltaren XR)
- diflunisal** (Dolobid)
- divalproex sodium** (Depakote)
- divalproex sodium ER** (Depakote ER)
- divalproex sprinkle cap** (Depakote Sprinkle Caps)
- doxepin** (Sinequan)
- ergotamine/tartrate/caffeine** (Cafergot)
- ethosuximide** (Zarontin)
- etodolac** (Lodine XL)
- fenoprofen calcium** (Nalfon)
- Q,PA fentanyl citrate OTFC** (Actiq)
- Q fentanyl transdermal** (Duragesic)
- fluoxetine** (Prozac)
- fluphenazine**
- flurbiprofen** (Ansaid)
- flvoxamine**
- gabapentin** (Neurontin)
- galantamine** (Razadyne)
- galantamine ER** (Razadyne ER)
- haloperidol**
- Q hydrocodone/acetaminophen** (Vicodin, Norco, Maxidone)
- Q hydrocodone/acetaminophen elixir** (Lortab)
- 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)
- maprotiline**
- Q** Maxalt, Maxalt-MLT
- meclofenamate**
- Q meperidine HCl** (Demerol)
- methadone** (Dolophine)
- methamphetamine** (Desoxyn)
- methylphenidate SR** (Ritalin SR)
- migergot** (Cafergot)
- mirtazapine** (Remeron)
- mirtazapine rapid dissolve tabs** (Remeron SolTab)

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

DRUG NAME

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 (Napreelan)
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)
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)
ropinirole (Requip)
salsalate
selegiline HCl (Eldepryl)
Seroquel
sertraline (Zoloft)
Strattera
sulindac (Clinoril)
Q sumatriptan (Imitrex)
Q temazepam (Restoril)
thioridazine
thiothixene (Navane)
tolmetin sodium
topiramate (Topamax)
topiramate sprinkle cap (Topamax Sprinkle Capsules)
tramadol (Ultram)

PA tramadol ER (Ultram ER)
tranylcypromine sulfate (Parnate)
trazodone (Desyrel)
trifluoperazine
trihexyphenidyl
valproic acid (Depakene)
venlafaxine (Effexor)
Q zaleplon (Sonata)
Q zolpidem tartrate (Ambien)
Q Zomig nasal spray
Q Zomig, Zomig ZMT
Zyprexa

4. HEART, BLOOD PRESSURE & CHOLESTEROL

DRUG NAME

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

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

DRUG NAME

✓ **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)
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

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

DRUG NAME

quinidine sulfate

ramipril (Altace)

simvastatin (Zocor)

sotalol HCl (Betapace AF)

spironolactone (Aldactone)

spironolactone/HCTZ (Aldactazide)

terazosin (Hytrin)

ticlopidine HCl (Ticlid)

timolol (Blocadren)

toremide (Demadex)

trandolapril (Mavik)

triamterene/HCTZ (Dyazide, Maxzide)

Tricor

✓ Trilipix

verapamil HCl (Calan, Verelan)

warfarin

Zetia

5. SKIN MEDICATIONS

DRUG NAME

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)

desoximetasone (Topicort)

diflorasone diacetate (Psorcon)

econazole (Spectazole)

Efudex cream

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)

✓ **protect topical emulsion** (Biafine)

Regranex

selenium sulfide (Selsun Rx)

silver sulfadiazine (Silvadene)

sodium sulfacetamide lotion (Klaron)

sodium sulfacetamide/sulfur (Sulfacet-R, Plexion)

sulfacetamide sodium (Sebizon)

sulfacetamide sodium/urea lotion

(Carmol scalp lotion)

tretinoin (Retin-A, Avita)

triamcinolone (Kenalog)

urea cream (Keralac cream)

Zovirax oint

6. EAR, NOSE, THROAT MEDICATIONS

DRUG NAME

acetic acid HC (Acetasol HC)

Astepro

Bactroban nasal oint

benzocaine/antipyrine (Benzotic)

chlorhexidine gluconate (Peridex)

6. EAR, NOSE, THROAT MEDICATIONS (cont.)

DRUG NAME

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)

Ascensia Autodisc Test Strips

Ascensia Breeze 2 Test Strips

Ascensia Contour Test Strips

Ascensia Elite Test Strips

Ascensia Glucometer

Actoplus Met

Actos

Androgel

Avandamet

Avandaryl

Avandia

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

Lancets

Lantus vial, cartridge

Levemir

levothyroxine (Levoxyl, Synthroid)

liothyronine (Cytomel)

metformin (Glucophage)

metformin ER (Glucophage XR)

metformin/glyburide (Glucovance)

methimazole (Tapazole)

methylprednisolone (Medrol)

nateglinide (Starlix)

PA Norditropin

Novolin

Novolog

Novolog mix

oxandrolone (Oxandrin)

Prandin

Precision XTRA Glucometer

Precision XTRA Test Strips

prednisolone sodium phosphate (Pediapred, Orapred)

prednisolone syrup (Prelone)

prednisone tabs (Deltasone)

propylthiouracil

Sensipar

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

DRUG NAME

PA Symlin
tolbutamide
Zavesca

8. STOMACH, ULCER & BOWEL MEDS

DRUG NAME

Asacol
balsalazide (Colazal)
Canasa supp
Carafate susp
chlordiazepoxide/clidinium
cimetidine (Tagamet)
dicyclomine (Bentyl)
diphenoxylate HCl/atropine (Lomotil)
dronabinol (Marinol)
Q Emend
famotidine 40mg (Pepcid)
Gastrocrom
granisetron (Kytril)
hydrocortisone (Anusol-HC)
✓ **hydrocortisone/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)
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
Lovenox
Peg-Intron
Procrit

10. BONES, JOINTS & MUSCLES

DRUG NAME

Q Actonel
Q **alendronate** (Fosamax)
allopurinol (Zyloprim)
azathioprine (Imuran)
baclofen
calcitonin-salmon (rDNA origin) nasal spray
(Miacalcin)
carisoprodol (Soma)
chlorzoxazone (Parafon Forte)
choline magnesium 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
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)

10. BONES, JOINTS & MUSCLES (cont.)

DRUG NAME

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
levonorgestrel/ethinyl estradiol (Seasonale, Triphasil)
 Lunelle
medroxyprogesterone acetate (Provera)
 Menopur
 Methergine
metronidazole vaginal gel (Metrogel)
norethindrone
norethindrone acetate (Aygestin)
norethindrone acetate/ethinyl estradiol/ferrous fumarate (Estrostep Fe)
norethindrone/ethinyl estradiol
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
 Yaz

Key

Type of covered drug*	You pay
<ul style="list-style-type: none"> • Bolded drug is a formulary generic. • Non-bolded drug is a formulary brand. • Drug in parenthesis () is a non-formulary brand drug. It is displayed to help you identify the equivalent formulary generic drug that is available at the lowest copay. • Covered generic drugs not listed are formulary. • Covered brand drugs not listed are non-formulary. 	Lowest copay Middle copay Highest copay Lowest copay Highest copay
PA = Prior authorization must be requested by the physician. Q = Quantity level limits apply. ✓ = New formulary drug.	

* Unless specifically excluded from your contract.

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 ophth 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 (Mydracyl)

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

Astelin

Atrovent HFA

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

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/pseudoephedrine

(Guiatuss DAC)

guaifenesin/hydrocodone

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

DRUG NAME

guaifenesin/phenylephrine/hydrocodone

(Duratuss HD elixir)

guaifenesin/pseudoephedrine/codeine

(Guiatuss DAC, Novahistine)

hydrocodone/homatropine syrup (Hycodan)

hydrocortisone (Cortef)

hydroxyzine HCl

hydroxyzine pamoate (Vistaril)

Intal

ipratropium-albuterol (Duoneb)

ipratropium inhalation soln (Atrovent soln)

levabuterol 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

Serevent Diskus

PA Singulair

Spiriva

Symbicort

terbutaline sulfate tabs (Brethine)

Theo-24

theophylline extended release (Theochron, Uniphyll)

Tilade

Tracleer

Vospire ER

14. URINARY & PROSTATE MEDS

DRUG NAME

bethanechol (Urecholine)

doxazosin mesylate (Cardura)

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)

✓ **tamsulosin** (Flomax)

Key

Type of covered drug*	You pay
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PA = Prior authorization must be requested by the physician. Q = Quantity level limits apply. ✓ = New formulary drug.	

* Unless specifically excluded from your contract.

14. URINARY & PROSTATE MEDS (cont.)

DRUG NAME

terazosin (Hytrin)

Q,PA Viagra

15. VITAMINS & ELECTROLYTES

DRUG NAME

ergocalciferol (Calciferol)

fluoride

folic acid

iron, carbonyl 15mg (Icar)

Multigen (Chromagen)

Multigen Plus (Chromagen Forte)

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

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®	Cesamet®	Humira®	Nutropin®/Nutropin AQ®	Sabril®
Actiq®	Cialis®	Humulin®	Nuvigil®	Saizen®
Adcirca™	Cimzia®	HYCAMTIN® capsules	Oforta™	Samsca™
Afinitor®	Colcrys™	Intuniv™	Omnitrope®	Saphris®
Alodox™	Cozaar®/Hyzaar®	Invega™	Onglyza™	Savella™
Altabax™	Crestor®	Iressa®	Onsolis™	Seroquel XR®
Ambien CR®	Cymbalta®	Janumet™	Opana®/Opana® ER	Serostim®
Amevive™	Daytrana™	Januvia™	Oracea®	Simcor®
Ampyra™	Dexilant™	Kapidex™	Pataday™	Simponi™
AMRIX®	Diabetic test strips*	Keppra XR™	Pennsaid®	Singulair®
Apidra®	Diovan®/Diovan HCT®	Kineret®	PrandiMet™	Sprycel®
Apidra® SoloSTAR®	Edex®	Levitra®	Prevacid®	Suboxone®
Aplenzin™	Eduvar™	Lipitor®	Prevacid/NapraPAC®	Subutex®
Atacand®/Atacand HCT®	Effient™	Lunesta®	Prilosec® suspension	Sumavel™
Avapro®/Avalide®	Enbrel®	Lyrica®	Pristiq™	Sutent®
Avidoxy™ DK	Exalgo™	Magnacet™	Protonix®	Symlin®
AZOR®	Exforge®/Exforge HCT®	Micardis®/Micardis HCT®	Provigil®	Taclonex®
Banzel™	Exjade®	Mirapex ER®	Pylera™	Taclonex Scalp® Suspension
Benicar®/Benicar HCT®	Fanapt™	Mobic®	Qualaquin®	Tarceva®
Bepreve™	Fentora®	MUSE®	Ranexa®	Tasigna®
BiDil®	Flector® patch	Myobloc®	ReliOn®/Novolin®	Tekturna®/Tekturna HCT®
Botox®	Forteo™	Nexavar®	Renvela®	Temodar® Oral
Byetta®	Genotropin®	Nexium®	Requip® XL™	Teveten®/Teveten HCT®
Caduet®	Gleevec®	Norditropin®	Revatio™	Tev-Tropin®
Caverject®	Glumetza™	Noxafil®	Revlimid®	Thalomid®
Cayston™	Humalog®	Nucynta™	Rozerem™	Toviaz™
Celebrex®	Humatrope®	NutriDox™	Ryzolt™	Treximet™

(continued)

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

(continued from page 15)

Twynsta®	Vectical™	Voltaren® Gel	Xyzal®	Zolinza®
Tykerb®	Veramyst™	Votrient™	Zegerid®	Zorbitive™
Uloric®	Viagra®	Vytorin®	Zelapar®	Zyvox®
Ultram® ER	Victoza®	Vyvanse®	Zipsor™	
Valturna®	Vimpat™	Xenazine™	Zmax™	

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

Refill too soon

With this quantity level limit, if a member used less than 75 percent of the total day supply dispensed, the claim will be rejected at the pharmacy. This will ensure that the medication is being taken in accordance with the prescribed dose and frequency of administration.

Therapeutic drug class

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

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

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

To determine if a covered prescription drug prescribed for you has a quantity level limit, call FutureScripts at 1-888-678-7012.

96-Hour Temporary Supply Program

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

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

Under the 96-Hour Temporary Supply Program, if a member's doctor writes a prescription for a drug that requires prior authorization, has an age limit, or exceeds the quantity level limit for a medication, and prior authorization/preapproval has not been obtained by the doctor, the following steps will occur:

1. The participating retail pharmacy will be instructed to release a 96-hour supply of the drug to the member with no out-of-pocket cost-sharing at that time.*
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.

* 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 process for requesting a prior authorization/preapproval or override is as follows:

- The physician prescribing the medication completes a prior authorization form or writes a letter of medical necessity and submits it to our PBM by fax at 215-241-3073 or 1-888-671-5285. A member's physician may request the form by calling 1-888-678-7012. Members may request the form through Customer Service on behalf of their physician, but it must be completed and submitted by the doctor.
- The PBM will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
- A decision is made regarding the request.
- **If approved**, the prescribing physician will be notified of approval via fax or telephone, and the claims system will be coded with the approval.
- The member may call the Customer Service phone number on his or her 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 7
 Accuretic 7
 Accutane 8
 acebutolol 6
 Aceon 7
 acetaminophen/butalbital 4
 acetaminophen/codeine 4
 Acetasol HC 8
 acetazolamide 4, 12
 acetazolamide ER 12
 acetic acid HC 8
 acetylcysteine 12
 AcipHex 15
 Aclovate 8
 Actigall 10
 Actiq 5, 15
 Actonel 10
 Actoplus Met 9
 Actos 9
 Acular/Acular LS 12
 acyclovir 3
 Adalat CC, Procardia XL 7
 Adcirca 15
 Adderall 4
 Adderall XR 4
 AdrenaClick 12
 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 12
 Allegra D 12 Hour 12
 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 16, 17
 Amevive 15
 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
 Amoxil 3
 amphetamine aspartate/amphetamine sulfate/
 dextroamphetamine 4
 amphetamine aspartate/amphetamine sulfate/
 dextroamphetamine ER 4
 ampicillin 3
 Ampyra 15
 AMRIX 15
 Anafranil 5
 anagrelide 6
 Analpram E Kit 10
 Anaprox DS 6, 11
 Androgel 9
 Ansaid 5, 10
 anthralin 8
 Anusol-HC 10
 Apidra 15
 Apidra SoloSTAR 15
 Aplenzin 15
 Aralen 3
 Arava 10
 Aricept 4
 Aricept ODT 4
 Aromasin 4

Asacol 10
Ascensia Autodisc Test Strips 9
Ascensia Breeze 2 Test Strips 9
Ascensia Glucometer 9
Ascensia Contour Test Strips 9
Ascensia Elite Test Strips 9
aspirin with codeine 4
Astelin 12
Astepro 8
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 15
Avandamet 9
Avandaryl 9
Avandia 9
Avapro/Avalide 15
Avidoxy DK 15
Avinza 4
Avonex 10, 16
Axid 10
Aygestin 11
azathioprine 4, 10
azelastine HCl drops 12
azithromycin 3
Azmacort 12
Azopt 12
AZOR 6, 15
Azulfidine 10, 11

B

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