

✓ = New  
formulary drugs



**Independence  
Administrators**

# PRESCRIPTION DRUG PROGRAM FORMULARY

EFFECTIVE JULY 1, 2010

**[www.MyIBXTPA.com](http://www.MyIBXTPA.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 benefits by promoting appropriate utilization. These procedures are based on 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 1-888-678-7013 if have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist. Prescription Drug Program Formulary information can also be obtained at [www.myibxtpa.com](http://www.myibxtpa.com)**

Dear Physician:

This is a listing of formulary medications to be considered for your patient, a Prescription 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

| Type of covered drug*   | You pay  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Bolded drug</b> is a formulary generic.</li> <li>• Non-bolded drug is a formulary brand.</li> <li>• 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.</li> <li>• Covered generic drugs not listed are formulary.</li> <li>• Covered brand drugs not listed are non-formulary.</li> </ul> | Lowest copay<br>Middle copay<br>Highest copay<br><br>Lowest copay<br>Highest copay |
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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)

#### Key

| Type of covered drug*   | You pay  |
|---|--|
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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**

#### Key

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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)

**torseamide** (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** (Metro lotion)

**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

## Key

| Type of covered drug*   | You pay  |
|---|--|
| <ul style="list-style-type: none"> <li>• <b>Bolded drug</b> is a formulary generic.</li> <li>• Non-bolded drug is a formulary brand.</li> <li>• 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.</li> <li>• Covered generic drugs not listed are formulary.</li> <li>• Covered brand drugs not listed are non-formulary.</li> </ul> | <p>Lowest copay<br/>Middle copay<br/>Highest copay</p> <p>Lowest copay<br/>Highest copay</p> |
| <p><b>PA</b> = Prior authorization must be requested by the physician.<br/> <b>Q</b> = Quantity level limits apply.<br/> <b>✓</b> = New formulary drug.</p>   |  |

\* Unless specifically excluded from your contract.

## 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

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| <b>PA</b> = Prior authorization must be requested by the physician.<br><b>Q</b> = Quantity level limits apply.<br><b>✓</b> = New formulary drug.  |  |

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## 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** (Mydracil)

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

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| <b>PA</b> = Prior authorization must be requested by the physician.<br><b>Q</b> = Quantity level limits apply.<br>✓ = 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 Administrators administers your health benefits program. We utilize an independent pharmacy benefits management (PBM) company, FutureScripts, to manage the administration of your prescription drug programs. As your plan's PBM, FutureScripts is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to plan members and health care 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. Your health benefits program requires prior authorization of certain covered drugs to ensure that the drug prescribed is medically necessary and appropriate and is being prescribed according to the U.S. Food and Drug Administration (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 physicians and pharmacists.

Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the plan member's prescribing physician, and the plan 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 plan member's prescription will not be covered at your health benefits program's retail or mail-order pharmacy. (See "96-hour Temporary Supply Program" on page 18.)** The prior authorization process may take up to two working days once FutureScripts receives complete information from the prescribing physician. 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 plan 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.

**Drugs that require prior authorization**

Currently, the drugs listed below are 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.

Because prescription drug programs vary by group, the inclusion of a drug in this list does not imply coverage. This list is subject to change. Please call 1-888-678-7013 for any questions about your prescription drug benefit.

|                       |                       |                       |                         |                        |
|-----------------------|-----------------------|-----------------------|-------------------------|------------------------|
| AcipHex®              | Bepreve™              | Edex®                 | Intuniv™                | Nexium®                |
| Actiq®                | BiDil®                | Edluar™               | Invega™                 | Norditropin®           |
| Adcirca™              | Botox®                | Effient™              | Iressa®                 | Noxafil®               |
| Afinitor®             | Byetta®               | Enbrel®               | Janumet™                | Nucynta™               |
| Alodox™               | Caduet®               | Exalgo™               | Januvia™                | NutriDox™              |
| Altanax™              | Caverject®            | Exforge®/Exforge HCT® | Kapidex™                | Nutropin®/Nutropin AQ® |
| Ambien CR®            | Cayston™              | Exjade®               | Keppra XR™              | Nuvigil®               |
| Amevive™              | Celebrex®             | Fanapt™               | Kineret®                | Oforta™                |
| Ampyra™               | Cesamet®              | Fentora®              | Levitra®                | Omnitrope®             |
| AMRIX®                | Cialis®               | Flector® patch        | Lipitor®                | Onglyza™               |
| Apidra®               | Cimzia®               | Forteo™               | Lunesta®                | Onsolis™               |
| Apidra® SoloSTAR®     | Colcrys™              | Genotropin®           | Lyrica®                 | Opana®/Opana® ER       |
| Aplenzin™             | Cozaar®/Hyzaar®       | Gleevec®              | Magnacet™               | Oracea®                |
| Atacand®/Atacand HCT® | Crestor®              | Glumetza™             | Micardis®/Micardis HCT® | Pataday™               |
| Avapro®/Avalide®      | Cymbalta®             | Humalog®              | Mirapex ER®             | Pennsaid®              |
| Avidoxy™ DK           | Daytrana™             | Humatrope®            | Mobic®                  | PrandiMet™             |
| AZOR®                 | Dexilant™             | Humira®               | MUSE®                   | Prevacid®              |
| Banzel™               | Diabetic test strips* | Humulin®              | Myobloc®                | Prevacid/NapraPAC®     |
| Benicar®/Benicar HCT® | Diovan®/Diovan HCT®   | HYCAMTIN® capsules    | Nexavar®                | Prilosec® suspension   |

(continued)

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

(continued from page 15)

|                  |              |                          |               |           |
|------------------|--------------|--------------------------|---------------|-----------|
| Pristiq™         | Sabril®      | Sumavel™                 | Toviaz™       | Votrient™ |
| Protonix®        | Saizen®      | Sutent®                  | Treximet™     | Vytorin®  |
| Provigil®        | Samsca™      | Symlin®                  | Twynsta®      | Vyvanse®  |
| Pylera™          | Saphris®     | Synagis®                 | Tykerb®       | Xenazine™ |
| Qualaquin®       | Savella™     | Taclonex®                | Uloric®       | Xyzal®    |
| Ranexa®          | Seroquel XR® | TaclonexScalp®Suspension | Ultram® ER    | Zegerid®  |
| ReliOn®/Novolin® | Serostim®    | Tarceva®                 | Valturna®     | Zelapar®  |
| Renvela®         | Simcor®      | Tasigna®                 | Vectical™     | Zipsor™   |
| Requip® XL™      | Simponi™     | Tekturna®/Tekturna HCT®  | Veramyst™     | Zmax™     |
| Revatio™         | Singulair®   | Temodar® Oral            | Viagra®       | Zolinza®  |
| Revlimid®        | Sprycel®     | Teveten®/Teveten HCT®    | Victoza®      | Zorbtive™ |
| Rozerem™         | Suboxone®    | Tev-Tropin®              | Vimpat™       | Zyvox®    |
| Ryzolt™          | Subutex®     | Thalomid®                | Voltaren® Gel |           |

The above list is subject to change.

### **Age and gender limits**

The FDA has established specific procedures that govern prescribing practices. These rules are designed to prevent potential harm to patients and to ensure that the medication is prescribed according to FDA guidelines. For example, some drugs, such as ciprofloxacin, are approved by the FDA only for individuals age 14 and older; other drugs, such as prenatal vitamins, are prescribed only for females.

The pharmacist's computer provides up-to-date information about FDA rules. If the plan 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 physicians and pharmacists. The plan 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 1-888-678-7013.

### **If the request is approved:**

- FutureScripts notifies the prescribing physician by fax or telephone and enters the approval in the claims processing system.
- The plan member may call FutureScripts Customer Service at 1-888-678-7013 to determine if the prescription is approved.

### **If the request is denied:**

- FutureScripts notifies the prescribing physician by letter, fax, or telephone.
- FutureScripts also notifies the plan member by letter.
- The denial letters sent to the plan member and physician explain the appeals process.

### **Appealing a decision**

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

## 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. Your plan includes 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. 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 level limits per rolling 30-day period include:

- 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);
- 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);
- Fosamax Plus D™ (five tablets);
- Rebif® (12 injections);
- 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).

For example, if a plan member went to the pharmacy on October 1, 2009, for one of these medications, the computer system would look back 30 days to September 1, 2009, to see how much medication was dispensed.

### Refill too soon

With this quantity level limit, if a plan 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.

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

For some drugs, FutureScripts may approve a quantity limit exception for a limited period of 6 to 12 months. If so, they will state the date on which the quantity limit exception expires when they give the approval. If the physician wants a plan member to continue drug therapy that exceeds a quantity limit after that expiration date, he or she must submit a new request for a quantity limit exception and obtain approval to continue coverage of that drug. To determine if a covered prescription drug prescribed for you has a quantity level limit, call FutureScripts at 1-888-678-7013.

### Therapeutic drug class

This quantity level limit applies to some classes of drugs, such as narcotics (that is, short-acting and long-acting). If a plan 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. Plan 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.

## 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 is required for amounts over the quantity level limits).

Under the 96-hour Temporary Supply Program, if a plan 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 the physician has not obtained prior authorization/preapproval, the following steps occur:

1. The participating retail pharmacy is instructed to release a 96-hour supply of the drug to the plan member with no cost-sharing at that time.
2. The plan member's physician submits the necessary documentation of medical necessity or medical appropriateness for review.
3. Once FutureScripts receives the completed medical documentation, they complete the review and approve or deny the request.
4. **If approved**, the pharmacy fills the remainder of the prescription order and the plan member will pay the appropriate prescription drug cost-sharing.
5. **If denied**, FutureScripts will notify the physician and the plan member.

*Obtaining a 96-hour temporary supply does not guarantee approval of the prior authorization/preapproval request.*

Some medications are not eligible for the 96-hour temporary supply program due to packaging or other limitations. These drugs include but are not limited to: Retin-A® (tube); Enbrel® (2-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.

### How to request a prior authorization/preapproval or override

- The physician prescribing the medication completes a prior authorization form or writes a letter of medical necessity and faxes it to FutureScripts at 215-241-3073 or 1-888-671-5285. Or the physician may request the form by calling 1-888-678-7013. Plan members may request the form through Customer Service on their physician's behalf, but the physician must complete and submit it.
- 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 it.
- A decision is made regarding the request.

**A**

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 Abilify Discmelt 4  
 acarbose 9  
 Accupril 7  
 Accuretic 7  
 Accutane 8  
 acebutolol 6  
 Aceon 7  
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 acetaminophen/codeine 4  
 Acetasol HC 8  
 acetazolamide 4, 12  
 acetazolamide ER 12  
 acetic acid HC 8  
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 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  
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 Alphagan P 12  
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 Altabax 15  
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 Alupent aerosol 12  
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 Amaryl 9  
 Ambien 6, 17  
 Ambien CR 15  
 amcinonide 8  
 Amerge 17, 18  
 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  
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 Anaprox DS 6, 11  
 Androgel 9  
 Ansaid 5, 10  
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 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  
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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  
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AZOR 6, 15  
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Bactrim, Bactrim DS, Septra DS 4  
Bactroban 8  
Bactroban cream 8  
Bactroban nasal oint 8  
balsalazide 10  
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BD Insulin Syringe Micro-Fine 9  
benazepril 6  
benazepril/HCTZ 6  
bencort lotion kit 8  
Benicar 6  
Benicar/Benicar HCT 15  
Benicar HCT 6  
Bentyl 10  
BenzaClin 8  
Benzamycin gel 8  
benzocaine/antipyrine 8  
benzonatate 12  
Benzotic 8  
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benzoyl peroxide gel 8  
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Bepreve 15  
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Betagan 12  
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betamethasone dipropionate augmented 8  
betamethasone valerate 8  
Betapace AF 8  
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Betimol 12  
Betoptic S 12  
Biafine 8  
Biaxin 3  
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bisoprolol/HCTZ 6  
Bleph 10 12  
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Blocadren 8  
Boniva 17  
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Breeze 2 15  
Brethine 13  
Brevoxyl gel 8  
brimonidine tartrate 12

bromocriptine mesylate 4  
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Brovex D 12  
Brovex HC 13  
budesonide 12  
bumetanide 6  
Bumex 6  
buprenorphine 14  
bupropion 4  
bupropion SR 4  
bupropion XR 4  
BuSpar 5  
buspirone 5  
butalbital/apap/caffeine 5  
butalbital/aspirin/caffeine 5  
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Cafergot 5  
Calan, Verelan 8  
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Capoten 6  
Capozide 6  
captopril 6  
captopril/HCTZ 6  
Carafate 10  
Carafate susp 10  
carbachol 3% 12  
carbamazepine 5  
carbamazepine XR 5  
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carbidopa/levodopa CR 5  
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Carmol scalp lotion 8  
carteolol 12  
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CeeNU 4  
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cefadroxil 3  
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Ceftin 3  
cefuroxime axetil 3  
Celebrex 15  
Celexa 5  
Cellcept 4  
Celontin 5  
Cenestin 11  
cephalexin 3  
Cesamet 15  
Chemet 14  
chlordiazepoxide/clidinium 10  
chlorhexidine gluconate 8  
chloroquine phosphate 3  
chlorothiazide 6  
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chlorpromazine HCl 5  
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Ciloxan 12  
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Clozaril 5  
codeine tabs 5  
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Colcrys 15  
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Fentora 15  
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Fiorinal 5  
Flagyl 3  
flavoxate 13  
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Isordil tabs 7  
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Lamisil tabs 4  
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Lotrisone 8  
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Lovenox 10  
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