

✓ = New
Formulary Drugs



AmeriHealth[®]
NEW JERSEY

SELECT DRUG PROGRAM[®] FORMULARY

EFFECTIVE JANUARY 1, 2008

www.amerihealth.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 indicated 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 the Food and Drug Administration's (FDA) guidelines and the criteria are endorsed by the FutureScripts® Pharmacy and Therapeutics Committee.

A detailed description of the "Procedures that Support Safe Prescribing" is included at the end of the formulary list.

Please note: Because prescription drug programs vary by group, the inclusion of a drug in this formulary does *not* imply coverage. This formulary was current at the time of printing and is subject to change. Please call 1-888-678-7012 for any questions about your prescription drug benefit. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist. Select Drug Program® formulary information can also be obtained on the AmeriHealth Web site, **www.amerihealth.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 our 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
250mg/125mg
 (Augmentin)
amoxicillin/clavulanate
 (Augmentin)
ampicillin (Principen)
 Augmentin XR
 Atripla
azithromycin 250mg,
500mg, 600mg
 (Zithromax)
cefactor (Ceclor)
cefactor ER
cefadroxil for susp
250mg/5ml (Duricef)
cefadroxil 500mg/5ml
suspension (Duricef)
cefdinir (Omnicef)
cefuroxime axetil (Ceftin)

DRUG NAME

cephalexin (Keflex)
chloroquine phosphate
 (Aralen)
 Cipro oral suspension
ciprofloxacin tabs (Cipro)
clarithromycin (Biaxin)
clarithromycin SR 24 hr
 (Biaxin XL)
clindamycin (Cleocin)
clotrimazole troches
 (Mycelex)
 Combivir
 Crixivan
 Dapsone
 Daraprim
demeclocycline
 (Declomycin)
dicloxacillin
didanosine delayed-rel
200mg, 250mg,
400mg (Videx EC)
doxycycline hyclate
 (Vibramycin, Periostat)
doxycycline
monohydrate
 (Monodox)
 Emtriva

Key

Type of Covered Drug*, You pay

- | | |
|--|--|
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Middle copay
Highest copay

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

DRUG NAME

Epivir

Epzicom

erythromycin,
delayed release

(Eryc, Ery-Tab)

erythromycin

ethylsuccinate (EES,
EryPed)

erythromycin stearate
(Erythrocin)

erythromycin suspension
w/sulfa (Pediazole)

ethambutol (Myambutol)

✓ **famciclovir** (Famvir)

Fansidar

Flagyl ER

fluconazole (Diflucan)

Fortovase

Fuzeon

ganciclovir (Cytovene)

Gris-PEG

griseofulvin microsize
suspension (Grifulvin V)

Grifulvin V tabs

Hepsera

HIVID

hydroxychloroquine
(Plaquenil)

isoniazid

itraconazole (Sporonax)

Kaletra

ketoconazole tabs
(Nizoral tabs)

Levaquin

Lexiva

mebendazole (Vermox)

mefloquine (Lariam)

Mepron

DRUG NAME

methenamine-hysoc-

meth blue-sod

phosphenyl sal tab

120mg hyoscyamine

(Urimar)

methenamine hippurate

(Hiprex, Urex)

metronidazole (Flagyl)

minocycline caps

(Minocin, Dynacin)

minocycline tabs

Mintezol

Mycobutin

nitrofurantoin

macrocrystals

(Macrochantin)

Norvir

nystatin (Mycostatin)

ofloxacin (Floxin)

penicillin VK (Veetids)

phenazopyridine

(Pyridium)

Prezista

Primaquine

pyrazinamide

Rescriptor

Reyataz

ribavirin (Rebetol)

rifampin (Rifadin)

Rifater

rimantadine

(Flumadine)

✓ Selzentry

sulfamethoxazole/tmp

(Septra DS)

sulfisoxazole tabs

Sustiva

Q Tamiflu

terbinafine tablets

(Lamisil Tablets)

tetracycline (Sumycin)

Tobi

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

DRUG NAME

Trizivir
 Truvada
 Valcyte
 Valtrex
 Vfend
 Videx
 Videx EC 125mg
 Viracept
 Viramune
 Viread
 Xifaxan
 Zerit
 Ziagen
**zidovudine 300mg,
 10mg/ml syrup**
 (Retrovir)

2. CANCER & ORGAN TRANSPLANT DRUGS

DRUG NAME

Alkeran
 Aromasin
azathioprine (Imuran)

DRUG NAME

Casodex
 CeeNU
 Cellcept
cyclophosphamide
 (Cytoxan)
cyclosporine
 (Sandimmune)
cyclosporine modified
 (Neoral)
danazol 200mg
 (Danocrine)
 Emcyt
etoposide (VePesid)
 Fareston
 Femara
flutamide (Eulexin)
PA Gleevec
 Hexalen
hydroxyurea (Hydrea)
leucovorin calcium
 Leukeran
 Lysodren
 Matulane
megestrol (Megace)
mercaptopurine
 (Purinethol)

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2. CANCER & ORGAN TRANSPLANT DRUGS (Cont.)

DRUG NAME

methotrexate

Myleran

prednisone (Deltasone)

Prograf

Rapamune

tamoxifen (Nolvadex)

Targretin

Temodar

thioguanine

Xeloda

3. PAIN, NERVOUS SYSTEM & PSYCH

DRUG NAME

Abilify

acetaminophen with codeine (Tylenol with Codeine #2, #3, #4)

acetazolamide

Adderall XR

alprazolam (Xanax)

amantadine (Symmetrel)

amitriptyline

amoxapine

apap/butalbital

(Phrenilin, Forte)

apap-salicylamide-

phenyltolox-caffeine

cap 325-250-20-50mg

(Durulac cap)

Aricept

Aricept ODT

aspirin with codeine

Q Avinza

benztropine

bromocriptine mesylate

(Parlodel)

bupropion XL

(Wellbutrin XL)

DRUG NAME

bupropion (Wellbutrin)

bupropion ER

(Wellbutrin SR)

buspirone (BuSpar)

butalbital/apap/

caffeine (Fioricet)

butalbital/aspirin/

caffeine (Fiorinal)

butalbital/aspirin/

caffeine/codeine

(Fiorinal with Codeine)

carbamazepine (Tegretol)

carbidopa/levodopa

(Sinemet)

carbidopa/levodopa CR

(Sinemet CR)

Celontin

chlorpromazine

choline magnesium

trisalicylate

citalopram (Celexa)

clomipramine HCl

(Anafranil)

clonazepam (Klonopin)

clonazepam wafer tablet

(Klonopin wafer tablet)

clozapine (Clozaril)

Q **codeine tabs**

Comtan

Concerta

Depakote

Depakote ER

desipramine (Norpramin)

dexmethylphenidate

(Focalin)

dextroamphetamine/

amphetamine mixture

(Adderall)

diazepam (Valium)

diclofenac potassium

(Cataflam)

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

DRUG NAME

diclofenac sodium

(Voltaren, XR)

diflunisal (Dolobid)

doxepin (Sinequan)

Q Duragesic 12mcg

ergotamine/cafeine

supp (Cafergot)

ergotamine/cafeine

tabs (Cafergot)

ethosuximide (Zarontin)

etodolac (Lodine, XL)

fenoprofen calcium

(Nalfon)

Q **fantanyl citrate OTFC**

(Actiq)

Q **fantanyl transdermal**

(Duragesic)

fluoxetine (Prozac)

fluphenazine

flurbiprofen (Ansaid)

fluvoxamine

gabapentin (Neurontin)

haloperidol

DRUG NAME

hydrocodone/

acetaminophen

(Vicodin, Norco, Maxidone)

hydrocodone/

acetaminophen elixir

(Lortab)

hydrocodone/

acetaminophen ES

(Vicodin ES)

hydrocodone/ibuprofen

(Vicoprofen)

hydromorphone HCl

supps (Dilaudid)

Q **hydromorphone HCl**

tabs (Dilaudid)

ibuprofen (Motrin)

imipramine (Tofranil)

Q **Imitrex, NS**

indomethacin (Indocin, SR)

isometheptene/

dichloralphenazone/

apap (Midrin)

ketoprofen (Oruvail,

Orudis)

ketorolac (Toradol oral)

Lamictal

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

DRUG NAME

lamotrigine Disp tabs
5mg, 25mg (Lamictal
Chew tabs 5mg, 25mg)

Lexapro

lithium carbonate
(Eskalith)

lithium carbonate SR
(Eskalith CR, Lithobid)

lorazepam (Ativan)

loxapine (Loxitane)

maprotiline

Q Maxalt, Maxalt-MLT

meclofenamate

meperidine HCl syrup
(Demerol)

Q **meperidine HCl tabs**
(Demerol)

methadone (Dolophine)

methamphetamine
(Desoxyn)

methylphenidate, SR
(Ritalin, SR)

migergot (Cafergot)
Mirapex

mirtazapine (Remeron)

mirtazapine

rapid dissolve tabs
(Remeron SolTab)

morphine sulfate soln
(MSIR)

morphine sulfate
supp (RMS)

Q **morphine sulfate tabs**
(MSIR)

Q **morphine sulfate,**
extended release
(MS Contin)

nabumetone (Relafen)
Namenda

DRUG NAME

naproxen (Naprosyn)

naproxen sodium
(Anaprox, DS)

naproxen sodium SA
(Naprelan)

Nardil

nefazodone

Neurontin soln

nortriptyline (Pamelor)

oxaprozin (Daypro)

oxazepam (Serax)

Q **oxycodone** (OxyIR)

Q **oxycodone/apap caps**
(Tylox)

Q **oxycodone/apap tabs**
(Roxicet, Percocet)

Q **oxycodone/aspirin**
(Percodan)

Q **oxycodone CR 12 hour**
tabs (OxyContin)

paroxetine HCl susp
Paxil susp)

Parnate

paroxetine tabs (Paxil)

perphenazine

phenobarbital

phenytoin

piroxicam (Feldene)

primidone (Mysoline)

propoxyphene HCl/apap

propoxyphene
napsylate/apap
(Darvocet-N)

Prostigmin

pyridostigmine (Mestinon)

Q Restoril 7.5mg

Risperdal

salsalate

selegiline HCl (Eldepryl)

Seroquel

sertraline (Zoloft)

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

DRUG NAME

- Q** Sonata
Strattera
sulindac (Clinoril)
Tegretol XR
- Q** **temazepam 15mg, 30mg**
(Restoril 15mg, 30mg)
thioridazine
thiothixene (Navane)
tolmetin
tramadol (Ultram)
tranycypromine sulfate
(Parnate)
trazodone (Desyrel)
trifluoperazine
trihexyphenidyl
valproic acid (Depakene)
venlafaxine (Effexor)
- Q** **zolpidem tartrate**
(Ambien)
- Q** Zomig Nasal Spray
- Q** Zomig, Zomig ZMT
Zyprexa

4. HEART, BLOOD PRESSURE & CHOLESTEROL

DRUG NAME

- acebutolol** (Sectral)
Altace
amiloride (Midamor)
amiloride/HCTZ
(Moduretic)
aminocaproic acid
(Amicar)
amiodarone HCl
(Cordarone)
amlodipine (Norvasc)
amlodipine/benazepril
(Lotrel)
anagrelide (Agrylin)
atenolol (Tenormin)
benazepril (Lotensin)
benazepril/HCTZ
(Lotensin HCT)
- PA** Benicar
- PA** Benicar HCT
- betaxolol** (Kerlone)
bisoprolol/HCTZ (Ziac)
bumetanide (Bumex)
captopril (Capoten)

Key

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

DRUG NAME

- captopril/HCTZ**
(Capozide)
- ✓ **carvedilol** (Coreg)
- chlorothiazide**
- chlorthalidone**
- chlorthalidone/atenolol**
(Tenoretic)
- cholestyramine**
(Questran, Light)
- cilostazol** (Pletal)
- clonidine** (Catapres tablets)
- colestipol hcl** (Colestid)
Coumadin
- digoxin**
Dilatrate-SR
- diltiazem** (Cardizem)
- diltiazem extended release** (Cardizem CD, Dilacor XR)
- diltiazem ER 24 hour**
(Tiazac)
- diltiazem SR** (Cardizem SR)
- PA **Diovan**
- PA **Diovan HCT**
- dipyridamole** (Persantine)
- disopyramide** (Norpac)
- disopyramide CR**
150mg (Norpac CR)
- doxazosin mesylate**
(Cardura)
Edecrin
- enalapril** (Vasotec)
- enalapril/HCTZ** (Vaseretic)
- felodipine ER** (Plendil)
- fenofibrate 67mg,**
134mg, 200mg (Lofibra)
- flecainide** (Tambacor)

DRUG NAME

- fosinopril** (Monopril)
- furosemide** (Lasix)
- gemfibrozil** (Lopid)
- guanabenz**
- guanfacine HCl** (Tenex)
- hydralazine**
- hydrochlorothiazide**
(HCTZ)
- hydrochlorothiazide**
12.5mg (Microzide)
- indapamide** (Lozol)
Inderal LA
- isosorbide dinitrate**
(Isordil tabs)
- isosorbide dinitrate extended release**
- isosorbide mononitrate**
(Ismo)
- isosorbide mononitrate ER** (Imdur)
- isradipine** (DynaCirc)
- labetalol HCl** (Trandate)
Lanoxin
- lisinopril** (Prinivil)
- lisinopril/HCTZ** (Prinzide)
- lovastatin** (Mevacor)
- Mephyton
- methyldopa**
- metolazone** (Zaroxolyn)
- metoprolol** (Lopressor)
- metoprolol succinate**
(Toprol XL)
- mexiletine HCl** (Mexitil)
- minoxidil** (Loniten)
- moexipril/HCTZ** (Uniretic)
- nadolol** (Corgard)
- ✓ **nadolol-bendroflume thiazide** (Corzide)
- Niaspan
- nifedipine ER** (Adalat CC)
- nifedipine ER** (Procardia XL)
- Nimotop

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

DRUG NAME

Nitro-Bid

nitroglycerin patches

(Nitro-Dur)

nitroglycerin SL (Nitrostat
SL)

**nitroglycerin, oral
extended release**

pentoxifylline (Trental)

pindolol

**pravastatin 10mg, 20mg,
40mg** (Pravachol)

prazosin (Minipress)

procainamide (Pronestyl)
Procanbid

propafenone (Rythmol)

propranolol (Inderal)

propranolol/HCTZ
(Inderide)

quinapril/HCTZ
(Accuretic)

**quinidine gluconate
extended release**

quinidine sulfate

DRUG NAME

**simvastatin 5mg, 10mg,
20mg, 40mg, 80mg**
(Zocor)

sotalol HCl (Betapace, AF)

spironolactone

(Aldactone)

spironolactone/HCTZ

(Aldactazide)

Sular

terazosin (Hytrin)

ticlopidine HCl (Ticlid)

timolol (Blocadren)

torsemide (Demadex)

trandolapril (Mavik)

triamterene/HCTZ
(Dyazide, Maxzide 25)

Tricor

verapamil (Calan)

**verapamil extended-
release** (Verelan)

✓ **verapamil extended-
release PM** (Verelan PM)

verapamil SR (Calan SR,
Isoptin SR)

warfarin

Zetia

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5. SKIN MEDICATIONS

DRUG NAME

alclometasone dipropionate cream
 (Aclovate)
amcinonide 0.1% cream, lotion, oint (Cyclocort)
anthralin 1% cream
 (Psoriatec)
 Bactroban cream
benzoyl peroxide/erythromycin
 (Benzamycin Gel, except Benzamycin pak)
benzoyl peroxide/urea cream (Zoderm)
betamethasone/clotrimazole (Lotrisone)
betamethasone dipropionate 0.05% cream, lotion, oint
betamethasone dipropionate augmented 0.05% gel, oint (Diprolene)
betamethasone dipropionate augmented 0.05% cream (Diprolene AF)
betamethasone valerate 0.1% cream, lotion, oint (Beta-Val)
ciclopirox cream, susp
 (Loprox)
 ✓ **ciclopirox solution**
 (Penlac)
clindamycin (Cleocin T)
clobetasol 0.05% cream, lotion, oint, gel
 (Temovate)
desoximetasone 0.05% cream

DRUG NAME

desoximetasone 0.05% gel (Topicort)
desoximetasone 0.25% cream, oint (Topicort)
diflorasone diacetate 0.05% cream, oint
 (Psorcon)
 Dovonex
econazole (Spectazole)
 Efudex cream
erythromycin gel (Erygel, Emgel)
erythromycin solution erythromycin swabs
 (Erycette)
fluocinolone acetonide 0.01% cream, soln
 (Synalar)
fluocinolone acetonide 0.025% cream (Synalar)
fluocinolone acetonide 0.025% oint (Synalar)
fluocinonide 0.05% gel, oint, cream (Lidex)
fluocinonide 0.05% gel, oint, cream (Lidex E)
 Fluoroplex
fluorouracil solution
 (Efudex)
fluticasone propionate 0.05% cream, 0.005% oint (Cutivate)
gentamicin topical cream, oint
hydrocortisone 2.5% cream, lotion, oint
 (Hytone)
hydrocortisone butyrate 0.1% cream/soln
 (Locoid)
hydrocortisone valerate 0.2% cream (Westcort)

5. SKIN MEDICATIONS (Cont.)

DRUG NAME

hydrocortisone valerate

0.2% oint (Westcort)

isotretinoin (Accutane)

(derm consult suggested)

ketoconazole cream

(Nizoral cream)

ketoconazole shampoo 2%

(Nizoral shampoo)

lidocaine (Xylocaine)

lindane lotion

Loprox gel

mometasone cream

(Elocon)

metronidazole cream

(MetroCream)

metronidazole lotion

(Metrolotion)

mupirocin oint

(Bactroban)

Noritate

nystatin (Mycostatin)

nystatin/triamcinolone

(Mycolog II)

Oxsoralen lotion 1%

DRUG NAME

Oxsoralen Ultra

permethrin (Elimite)

podofilox soln (Condylox)

prednicarbate ointment

(Dermatop)

prilocaine/lidocaine

(Emla cream)

Regranex

selenium sulfide

(Selsun Rx)

silver sulfadiazine

(Silvadene)

sodium sulfacetamide

lotion (Klaron)

sodium sulfacetamide/

sulfur (Sulfacet-R, Plexion)

sulfacetamide sodium

10% lotion (Sebizon)

sulfacetamide sodium/

urea lotion (Carmol scalp

lotion)

tretinoin (Retin-A, Avita)

triamcinolone 0.025%

cream, lotion (Kenalog)

triamcinolone acetonide

0.1% lotion, cream,

oint (Kenalog)

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5. SKIN MEDICATIONS (Cont.)

DRUG NAME

triamcinolone 0.5% cream, oint (Kenalog)
urea cream (Keralac cream)
 Zovirax oint

6. EAR, NOSE, THROAT MEDICATIONS

DRUG NAME

acetic acid/HCl (Acetasol HC)
 Bactroban Nasal Oint
benzocaine/antipyrine (Benzotic)
chlorhexidine gluconate (Peridex)
 Cipro HC Otic
 Floxin Otic
flunisolide (Nasarel)
fluticasone propionate nasal suspension (Flonase)
ipratropium (Atrovent Nasal Spray)
 Nasacort AQ
 Nasonex
neomycin/polymyxin/hydrocortisone (Cortisporin Otic)
 (For patients allergic to neomycin, tobramycin ophthalmic or gentamicin ophthalmic are useful alternatives.)
ofloxacin
triamcinolone (Kenalog in Orabase)

7. DIABETES, THYROID, STEROIDS & OTHER MISCELLANEOUS HORMONES

DRUG NAME

Accu-Check Monitor
 Accu-Check Test Strips
 Actoplus Met
 Actos
 Androgel
 Avandamet
 Avandaryl
 Avandia

PA Byetta

calcitriol capsules (Rocaltrol capsules)
 Cortef 5mg, 10mg
 Cytadren
 Cytomel
danazol (Danocrine)
desmopressin acetate aerosol spray/nasal soln/tabs (DDAVP)
dexamethasone (Decadron)
fludrocortisone acetate (Florinef)
glimepiride 1mg, 2mg, 4mg (Amaryl)
glipizide (Glucotrol)
glipizide ER (Glucotrol XL)
 Glucagon Emergency Kit
glyburide (Diabeta, Micronase)
glyburide micronized (Glynase)
 Humalog
 Humulin insulins
hydrocortisone 20mg tabs (Cortef)
 Iletin insulins
 Insulin Syringes

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

DRUG NAME

Lancets

Lantus

levothyroxine

(Levoxyl, Synthroid)

metformin (Glucophage)

metformin ER

(Glucophage XR)

metformin/glyburide

(Glucovance)

methimazole (Tapazole)

methylprednisolone

(Medrol)

Novolin

Novolog

Novolog mix

OneTouch Monitor

OneTouch Test Strips

oxandrolone (Oxandrin)

Prandin

prednisolone sodium

phosphate (Pediapred,

Orapred)

DRUG NAME

prednisolone syrup

(Prelone)

prednisone tabs

(Deltasone)

propylthiouracil

Sensipar

Starlix

PA Symlin

tolbutamide

PA Zavesca

8. STOMACH, ULCER & BOWEL MEDS

DRUG NAME

Asacol

Canasa supp

Carafate susp

chlordiazepoxide/

clidinium

cimetidine (Tagamet)

dicyclomine (Bentyl)

diphenoxylate HCl/

atropine (Lomotil)

Q Emend

famotidine 40mg

(Pepcid)

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8. STOMACH, ULCER & BOWEL MEDS (Cont.)

DRUG NAME

Gastrocrom

hydrocortisone

(Anusol-HC Rectal cream, supp)

hydrocortisone

retention enema

(Colocort)

hyoscyamine (Levsin,

Levsinex, Levbid)

Kristalose

Kytril tabs

lactulose soln

mesalamine rectal susp

(Rowasa)

metoclopramide (Reglan)

misoprostol (Cytotec)

PA Nexium

PA Nexium For Delayed-Release

Oral Suspension

nizatidine (Axid)

omeprazole (Prilosec)

ondansetron HCL (Zofran)

Pancrelipase EC/SA

(Pancrease, Pancrease MT)

PEG 3350 & electrolytes

(GoLytely, Colyte, Nulytely)

Pentasa

phenobarb/hyoscyamine/

atrop/scop (Donnatal)

PA Prevacid

PA Prevacid Granules For Oral

Suspension

PA, Prevacid Orally Disintegrating

Tablets

prochlorperazine

(Compazine tabs, supp)

Proctofoam-HC

DRUG NAME

promethazine (Phenergan tab, supp)

ranitidine 300mg (Zantac)

sucralfate tabs (Carafate)

sulfasalazine (Azulfidine)

trimethobenzamide

(Tigan oral, supp)

ursodiol (Actigall)

Zantac syrup

9. BIOTECHNOLOGY

DRUG NAME

Q Avonex

Q Copaxone

Peg-Intron

Procrit

10. BONES, JOINTS & MUSCLES

DRUG NAME

Q Actonel

allopurinol (Zyloprim)

azathioprine (Imuran)

baclofen

calcitonin-salmon

(rDNA origin) nasal

spray (Miacalcin)

carisoprodol (Soma)

chlorzoxazone (Parafon

Forte)

choline magnesium

trisalicylate

colchicine

Cortef 5mg, 10mg

cyclobenzaprine hcl

10mg (Flexeril 10mg)

cyclobenzaprine hcl

5mg (Flexeril 5mg)

dexamethasone

(Decadron)

diazepam (Valium)

10. BONES, JOINTS & MUSCLES (Cont.)

DRUG NAME

diclofenac potassium

(Cataflam)

diclofenac sodium

(Voltaren, XR)

diflunisal (Dolobid)

PA Enbrel

etodolac (Lodine, XL)

Evista

fenoprofen calcium

(Nalfon)

flurbiprofen (Ansaid)

Q Fosamax

Fosamax soln

Q Fosamax Plus D

hydrocortisone 20mg

tabs (Cortef)

hydroxychloroquine

(Plaquenil)

ibuprofen (Motrin)

indomethacin (Indocin)

indomethacin SR

(Indocin SR)

ketoprofen (Orudis)

ketoprofen SR (Oruvail)

DRUG NAME

ketorolac (Toradol oral)

leflunomide 10mg, 20mg

(Arava)

meclofenamate

meloxicam (Mobic)

methocarbamol

(Robaxin)

methotrexate

methylprednisolone

(Medrol)

nabumetone (Relafen)

naproxen (Naprosyn)

naproxen sodium

(Anaprox, DS)

naproxen sodium SA

(Naprelan)

oxaprozin (Daypro)

piroxicam (Feldene)

prednisolone sodium

phosphate (Pediapred,

Orapred)

prednisolone syrup

(Prelone)

prednisone tabs

(Deltasone)

probenecid

salsalate

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10. BONES, JOINTS & MUSCLES (Cont.)

DRUG NAME

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

11. FEMALE, HORMONE REPLACEMENT, BIRTH CONTROL

DRUG NAME

Bravelle
Cenestin
clindamycin cream
(Cleocin)
Depo-Provera 150mg
Depo Sub Q Provera 104mg
desogestrel/ethinyl estradiol
esterified estrogens/ methyltestosterone
Estraderm
estradiol (Estrace)
estradiol transdermal
(Climara)
Estratest, HS
Estring
estropipate (Ogen)
Femhrt
fluconazole 150mg
(Diflucan)
Follistim
Follistim AQ
levonorgestrel/ethinyl estradiol (Seasonale, Triphasil)
Lunelle

DRUG NAME

medroxyprogesterone acetate (Provera)
medroxyprogesterone acetate 150mg/mL
(Depo-Provera)
Menopur
Methergine
metronidazole vaginal gel 0.75% (Metrogel)
norethindrone
norethindrone acetate
(Aygestin)
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)
Vivelle, Vivelle Dot

12. EYE MEDICATIONS

DRUG NAME

acetazolamide
Acular
Alphagan P

12. EYE MEDICATIONS (Cont.)

DRUG NAME

Alrex

atropine sulfate (Isopto
Atropine)

Azopt

bacitracin ophth

**bacitracin/polymyxin B
ophth oint** (Polysporin)

betaxolol

Betimol

Betoptic S

Blephamide

brimonidine

carbachol 3% (Isopto
Carbachol 3%)

carteolol

ciprofloxacin (Ciloxan)

Cosopt

cromolyn ophth (Crolom)

cyclopentolate HCl
(Cyclogyl)

dexamethasone ophth

Diamox sequels

dipivefrin HCl (Propine)

erythromycin

DRUG NAME

fluorometholone (FML,
Liquifilm)

gentamicin ophth (Gentak)
HMS

homatropine 5% (Isopto
Homatropine)

Isopto Homatropine

levobunolol (Betagan)

Lotemax

Lumigan

methazolamide

**neomycin/polymyxin B/
dexamethasone**
(Maxitrol)

ofloxacin (Ocuflox)

Optivar

Patanol

Phospholine Iodide

pilocarpine (Pilocar, Isopto
Carpine)

Pilopine HS gel

**polymyxin B/neo/
bacitracin** (Neosporin
oint)

**polymyxin B/neo/
gramicidin** (Neosporin
soln)

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12. EYE MEDICATIONS (Cont.)

DRUG NAME

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)
Tobradex
tobramycin (Tobrex)
trifluridine (Viroptic)
**trimethoprim sulfate/
polymyxin B** (Polytrim)
tropicamide (Mydracyl)
Trusopt
Vexol
Vigamox
Voltaren
Xalatan

13. ALLERGY, COUGH & COLD, LUNG MEDS

DRUG NAME

acetylcysteine (Mucomyst)
Advair Diskus
albuterol inhaler
(Proventil, Ventolin)
**albuterol syrup, soln,
tabs** (Proventil, Ventolin)
Alupent aerosol
aminophylline tabs
Astelin
Atrovent HFA aerosol
Azmacort

DRUG NAME

benzonatate (Tessalon
Perles)
**brompheniramine/
phenlephrine**
(Brovex D)
**chlorpheniramine/
phenylephrine**
(Rynatan)
**chlorpheniramine/
phenylephrine/
methscopolamine
chewable tabs**
(Extendryl)
**chlorpheniramine/
phenylephrine/
methscopolamine
syrup** (Extendryl)
**chlorpheniramine/
phenylephrine/
methscopolamine
extended release**
(Hista-Vent DA)
Combivent MDI
Cortef 5mg, 10mg
**cromolyn inhalation
soln** (Intal soln)
cyproheptadine
dexamethasone
(Decadron)
Elixophyllin
EpiPen
EpiPen Jr. Auto-Injector/E*Z
Extendryl SR
fexofenadine (Allegra)
Flovent HFA
flunisolide (Nasarel)
Foradil
guaifenesin/codeine
(Guiatuss AC)
**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 20mg
tabs (Cortef)
hydroxyzine HCl
hydroxyzine pamoate
 (Vistaril)
 Intal oral inhaler
ipratropium-albuterol
 (Duoneb)
ipratropium inhalation
soln (Atrovent soln)
 Maxair
metaproterenol tabs,
syrup

DRUG NAME

metaproterenol
inhalation soln
methylprednisolone
 (Medrol)
 Nasacort AQ
 Nasonex
phenylephrine-
carbinoxamine w/
hydrocodone liqd
8-4-5mg/5ml (Max HC)
phenylephrine/cpm/
hydrocodone
 (Histussin-HC)
phenylephrine HCl/
COD/prometh
 (Phenergan VC w/codeine)
phenylephrine/
hydrocodone/BPM
 (Flutuss HC liquid)
phenylephrine/
hydrocodone/CP
 (Maxituss HC)
prednisolone sodium
phosphate (Pediapred,
 Orapred)
prednisolone syrup
 (Prelone)

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

DRUG NAME

prednisone tabs

(Deltasone)

promethazine (Phenergan)

promethazine/codeine

promethazine/

dextromethorphan

promethazine/

phenylephrine/

codeine

Proventil HFA

pseudoephedrine/

brompheniramine/

hydrocodone liquid

(Brovex HC)

pseudoephedrine/cpm/

codeine (Novahistine DH)

pseudoephedrine/

chlorpheniramine

(Kronofed A Jr.)

pseudoephedrine/

guaifenesin extended

release (Zephrex LA)

Pulmicort Respules,

Turbuhaler

Pulmozyme

Serevent Diskus

PA Singulair

Spiriva

terbutaline sulfate tabs

(Brethine)

Theo-24

theophylline extended

release caps 12H

theophylline extended

release tabs (Theochron,

Uniphyll)

Tilade

Tracleer

Vospire ER

14. URINARY AND PROSTATE MEDS

DRUG NAME

bethanechol (Urecholine)

doxazosin mesylate

(Cardura)

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 chloride

(Ditropan XL)

phenazopyridine

(Pyridium)

potassium citrate

(Urocit-K)

terazosin (Hytrin)

Q, PA Viagra

15. VITAMINS & ELECTROLYTES

DRUG NAME

ergocalciferol (Calciferol)

fluoride

folic acid

iron, carbonyl 15mg

(Icar)

Micro-K 8mEq

multivitamin with

fluoride drops, tabs

(Tri-Vi-Flor, Poly-Vi-Flor

with and without iron)

15. VITAMINS & ELECTROLYTES

DRUG NAME

potassium bicarbonate/
potassium citrate
effervescent 25mEq
 (K-Lyte)
potassium chloride 20mEq
 (K-Dur)
potassium chloride 10mEq
 (Klor-Con 10, Kaon-CL 10,
 Klotrix, K-Tab, K-Dur,
 Micro-K)
potassium chloride
8mEq (Klor-Con 8)
potassium chloride
liquid
potassium powder
20mEq (K-Lor)
prenatal vitamins
sodium fluoride drops
 (Luride drops)
vitamin D (Drisdol)

16. DIAGNOSTICS MISCELLANEOUS AGENTS

DRUG NAME

Antabuse
benzoyl peroxide
urea cream
 Chemet
etidronate 200mg,
400mg (Didronel)
midodrine (ProAmatine)
 PhosLo
pilocarpine 5mg
 (Salagen)
pilocarpine
hydrochloride 7.5mg
 (Salagen)
sodium fluoride
solution rinse

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PROCEDURES THAT SUPPORT SAFE PRESCRIBING

AmeriHealth utilizes a Pharmacy Benefits Management (PBM) company, FutureScripts®, to manage the administration of our 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

AmeriHealth 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 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 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 were utilized, if necessary.

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 the following pages.) 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.

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®	Benicar®	Celebrex®	Diovan®
Ambien CR®	/Benicar HCT®	Cesamet®	/Diovan HCT®
Amevive®	BiDil®	Cialis®	Edex®
Atacand®	Botox®	Cozaar®/Hyzaar®	Enbrel®
/Atacand HCT®	Byetta®	Cymbalta®	Exforge®
Avapro®/Avalide®	Caduet®	Daytrana®	Exjade®
	Caverject®		Exubera®

Fentora [®]	Mobic [®]	Pylera [™]	Thalomid [®]
Forteo [®]	Muse [®]	Qualaquin [®]	Tykerb [®]
Gleevec [®]	Myobloc [®]	Ranexa [®]	Ultram ER [®]
Glumetza [™]	Neosol [®]	Raptiva [®]	Veramyst [™]
Humira [®]	Nexavar [®]	Revatio [®]	Viagra [®]
Invega [™]	Nexium [®]	Revlimid [®]	Vyvanse [™]
Iressa [®]	Noxafil [®]	Rozerem [®]	Xyzal [®]
Janumet [™]	NuLev [®]	Singulair [®]	Zavesca [®]
Januvia [®]	Opana [®]	Sprycel [®]	Zelapar [®]
Kineret [®]	Oracea [™]	Sutent [®]	Zmax [®]
Levitra [®]	Pataday [™]	Symbicort [®]	Zolinza [®]
Lipitor [®]	Paxil CR [®]	Symlin [®]	Zyvox [®]
Lunesta [®]	Prevacid [®]	Taclonex [®]	
Lyrica [®]	Prevacid/ NapraPAC [®]	Tarceva [®]	
Magnacet [™]	Protonix [®]	Tekturba [®]	
Micardis [®]	Provigil [®]	Teveten [®]	
/Micardis HCT [®]		/Teveten HCT [®]	

This list is subject to change.

Age and Gender Limits

The FDA has established specific procedures that govern prescription prescribing practices. These rules are designed to prevent potential harm to patients and ensure that the medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals over age 14, 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 pre-approval 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/she initiate the pre-approval 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 on FDA-approved maximum daily doses and length of therapy of a particular drug. The first type of quantity limit is based on a maximum 90-day supply of a medication per fill. Examples of quantity level limits when a prescription is written by the member's physician for a 90-day supply per fill include:

Avonex® 3 kits (12 injections), Fosamax Plus D® 15 tablets

Betaseron® 45 vials, Rebif® 36 injections

Copaxone® 96 vials

Examples of quantity limits where the prescription would typically be written for a 30-day supply include sedative hypnotic drugs, such as:

Sonata® 14 capsules, Ambien® 14 tablets

and oral narcotic drugs, such as:

OxyContin® 90 units, Percodan® 180 units

Percocet® 180 units

If the member's prescription exceeds the quantity limit, the pharmacist will fill for the appropriate day supply and then the member must follow up with his or her physician regarding future prescriptions. The member's physician may request a quantity limit override if the member's therapy requires him or her to receive a larger daily dose of medication. The member should request that the prescribing physician initiate the pre-approval request for an override.

Another type of quantity limit is based on FDA dosing guidelines over a rolling day period. Examples of quantity level limits per rolling 90-day period are Emend® (125mg 12 capsules + 80mg 24 capsules or 12 tri-fold packs [125mg 3 capsules + 80mg 6 capsules]), Boniva (150mg 6 tablets), and also migraine drugs such as:

Amerge® 2.5mg 27 tablets, Migranal® 4mg nasal spray 24 units

Imitrex® 50mg 108 tablets, Zomig® 5mg 27 tablets

Maxalt® 10mg 36 tablets

addition some fertility agents which are typically prescribed for a 30-day supply (if covered under the group contract) such as:

Fertinex® 60 ampules, Humegon® 60 ampules

Follistim® 60 ampules, Pergonal® 60 ampules

Gonal-F® 60 ampules, Repronex® 60 ampules

(included per rolling 30-day period)

An example of a rolling 90-day quantity limit is, if a member went to the pharmacy for a prescription drug that has a 90-day quantity level limit on October 1, 2007, the computer system would have looked back 90 days to July 1, 2007, to see how much medication was dispensed.

If the quantity exceeded the FDA recommendations, the member's physician would have been required to submit information to explain why the increased quantity was needed. The member would have been required to contact the prescribing physician to initiate the pre-approval request for an override. The purpose of these limits is to make certain that these drugs are being used appropriately and to guard against overuse or stock piling.

Another type of quantity limit is the "Refill Too Soon." If a member has used less than 75% 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.

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 (pre-approval required for ages outside of recommended ranges).
- Migraine medications with quantity level limits such as Amerge®, Imitrex®, Maxalt®, Migranal®, Stadol NS® and Zomig® (pre-approval 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/pre-approval 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 sharing¹ 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 applied¹.
5. If denied, notification will be sent to the doctor and the member.

¹ 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.

Obtaining a 96-hour temporary supply does not guarantee that the prior authorization/pre-approval 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 (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.

The process for requesting a Prior Authorization/Pre-Approval 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 can request the form by calling 1-888-678-7012. Members can request the form through Member Services 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 claim system will be coded with the approval.
- The member can call the member service phone number on his/her identification card to determine if the prescription is approved.
- If denied, the prescribing physician will be notified via letter, fax, or telephone.
- The member is also notified of all denied requests via letter.
- The appeals process will be detailed on the denial letters sent to the members and physicians.

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 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 appeal 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/pre approval or override results in a denial, the member or physician, on the member's behalf, may file an appeal. Both the member and their 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 appeal process to provide the required medical information for the basis of the appeal.

A

- Abilify, 6
- Accu-Check Test Strips, 14
- Accuretic, 11
- Accutane, 13
- acebutolol, 9
- acetaminophen with codeine, 6
- Acetasol HC, 14
- acetazolamide, 6, 18
- acetic acid/HC, 14
- acetylcysteine, 20
- Aciphex, 24
- Aclovate, 12
- Actigall, 16
- Actiq, 7
- Actonel, 16
- Actoplus Met, 14
- Actos, 14
- Acular, 18
- acyclovir, 3
- Adalat CC, 10
- Adderall, 6
- Adderall XR, 6
- Advair Diskus, 20
- Agenerase, 3
- Agrylin, 9
- albuterol, 20
- alclometasone, 9
- alclometasone dipropionate
cream, 12
- Aldactazide, 11
- Aldactone, 11
- Alkeran, 5
- Allegra, 20
- allopurinol, 16
- Alphagan P, 18
- alprazolam, 6
- Alrex, 19
- Altace, 9
- Alupent, 20
- amantadine, 3, 6
- Amaryl, 14
- Ambien, 9
- Ambien CR, 24
- amcinonide, 12
- Amevive, 24
- Amicar, 9
- amiloride, 9
- amiloride/HCTZ, 9
- aminocaproic acid, 9
- aminophylline, 20
- amiodarone HCl, 9
- amitriptyline, 6
- amlodipine, 9
- amlodipine/benazepril, 9
- amoxapine, 6
- amoxicillin, 3
- amoxicillin/clavulanate, 3
- Amoxil, 3
- ampicillin, 3
- Anafranil, 6
- anagrelide, 9
- Anaprox, DS, 8, 17
- Androgel, 14
- Ansaid, 7, 17
- Antabuse, 23
- anthralin cream, 12
- Anusol-HC Rectal, 16
- apap/butalbital, 6
- apap-salicylamide-phenyltolox-
caffeine, 6
- Aralen, 3
- Arava, 17
- Aricept, 6
- Aromasin, 5
- Asacol, 15
- aspirin with codeine, 6
- Astelin, 20
- Atacand, 24
- Atacand HCT, 24
- atenolol, 9
- Ativan, 8
- Atripla, 3
- atropine sulfate, 19

Atrovent HFA, 20
 Atrovent Nasal Spray, 14
 Atrovent soln, 21
 Augmentin, 3
 Augmentin XR, 3
 Avalide, 24
 Avandamet, 14
 Avandaryl, 14
 Avandia, 14
 Avapro, 24
 Avinza, 6
 Avita, 13
 Avonex, 16
 Axid, 16
 Aygestin, 18
 azathioprine, 5, 16
 azithromycin, 3
 Azmacort, 20
 Azopt, 19
 Azulfidine, 16, 18

B

bacitracin ophth, 19
 bacitracin/polymyxin B
 ophth, 19
 baclofen, 16
 Bactroban, 12, 13, 14
 benazepril, 9
 benazepril/HCTZ, 9
 Benicar, 9, 24
 Benicar HCT, 9, 24
 Bentlyl, 15
 Benzamycin Gel, 12
 benzocaine/antipyrine, 14
 benzonatate, 20
 Benzotic, 14
 benzoyl peroxide urea cream, 23
 benzoyl peroxide/erythromycin
 gel, 12
 benzoyl peroxide/urea cream, 12
 benztropine, 6
 Betagan, 19
 betamethasone dipropionate, 12

betamethasone dipropionate
 augmented, 12
 betamethasone valerate, 12
 betamethasone/clotrimazole, 12
 Betapace, AF, 11
 Beta-Val, 12
 betaxolol, 9, 19
 bethanechol, 22
 Betimol, 19
 Betoptic S, 19
 Biaxin, 3
 Biaxin XL, 3
 BiDil, 24
 bisoprolol/HCTZ, 9
 Bleph 10, 20
 Blephamide, 19
 Blocadren, 11
 Botox, 24
 Bravelle, 18
 Brethine, 22
 brimonidine, 19
 bromocriptine mesylate, 6
 brompheniramine/phenlephrine,
 20
 Brovex D, 20
 Brovex HC, 22
 bumetanide, 9
 Bumex, 9
 bupropion, ER, XL, 6
 BuSpar, 6
 buspirone, 6
 butalbital/apap/caffeine, 6
 butalbital/aspirin/caffeine, 6
 butalbital/aspirin/caffeine/
 codeine, 6
 Byetta, 14, 24

C

Caduet, 24
 Cafegot, 7, 8
 Calan, SR, 11
 Calciferol, 22
 calcitonin-salmon nasal spray, 16

calcitriol, 14
 Canasa, 15
 Capoten, 9
 Capozide, 10
 captopril, 9
 captopril/HCTZ, 10
 Carafate, 15, 16
 carbachol, 19
 carbamazepine, 6
 carbidopa/levodopa, CR, 6
 Cardizem, CD, SR, 10
 Cardura, 10, 22
 carisoprodol, 16
 Carmol scalp lotion, 13
 carteolol, 19
 carvedilol, 10
 Casodex, 5
 Cataflam, 6, 17
 Catapres, 10
 Caverject, 24
 Ceclor, 3
 CeeNU, 5
 cefaclor, ER, 3
 cefadroxil, 3
 cefdinir, 3
 Ceftin, 3
 cefuroxime axetil, 3
 Celebrex, 24
 Celexa, 6
 Cellcept, 5
 Celontin, 6
 Cenestin, 18
 cephalixin, 3
 Cesamet, 24
 Chemet, 23
 chlordiazepoxide/clidinium, 15
 chlorhexidine gluconate, 14
 chloroquine phosphate, 3
 chlorothiazide, 10
 chlorpheniramine/
 phenylephrine, 20
 chlorpheniramine/phenylephrine/
 methscopolamine, ER, 20
 chlorpromazine, 6
 chlorthalidone, 10
 chlorthalidone/atenolol, 10
 chlorzoxazone, 16
 cholestyramine, 10
 choline magnesium trisalicylate,
 6, 16
 Cialis, 24
 ciclopirox, 12
 cilostazol, 10
 Ciloxan, 19
 cimetidine, 15
 Cipro, 3
 Cipro HC Otic, 14
 ciprofloxacin, 3, 19
 citalopram, 6
 clarithromycin, SR 24 HR, 3
 Cleocin, 3, 18
 Cleocin T, 12
 Climara, 18
 clindamycin, 3, 12, 18
 Clinoril, 9, 18
 clobetasol, 12
 clomipramine HCl, 6
 clonazepam, 6
 clonidine, 10
 clotrimazole troches, 3
 clozapine, 6
 Clozaril, 6
 codeine, 6
 colchicine, 16
 Colestid, 10
 colestipol hcl, 10
 Colocort, 16
 Colyte, 16
 Combivent MDI, 20
 Combivir, 3
 Compazine, 16
 Comtan, 6
 Concerta, 6
 Condyllox, 13

Copaxone, 16
 Cordarone, 9
 Coreg, 10
 Corgard, 10
 Cortef, 14, 16, 17, 20, 21
 Cortisporin Otic, 14
 Corzide, 10
 Cosopt, 19
 Coumadin, 10
 Cozaar, 24
 Crixivan, 3
 Crolom, 19
 cromolyn inhalation soln, 20
 cromolyn ophth, 19
 Cutivate, 12
 cyclobenzaprine hcl, 16
 Cyclocort, 12
 Cyclogyl, 19
 cyclopentolate HCl, 19
 cyclophosphamide, 5
 cyclosporine, 5
 cyclosporine modified, 5
 Cymbalta, 24
 cyproheptadine, 20
 Cytadren, 14
 Cytomel, 14
 Cytotec, 16
 Cytovene, 4
 Cytosan, 5

D

danazol, 5, 14
 Danocrine, 5, 14
 Dapsone, 3
 Daraprim, 3
 Darvocet-N, 8
 Daypro, 8, 17
 Daytrana, 24
 DDAVP, 14
 Decadron, 14, 16, 20
 Declomycin, 3
 Deltasone, 6, 15, 17, 22

Demadex, 11
 demeclocycline, 3
 Demerol, 8
 Depakene, 9
 Depakote, ER, 6
 Depo Sub Q Provera, 18
 Depo-Provera, 18
 Dermatop, 13
 desipramine, 6
 desmopressin acetate, 14
 desogestrel/ethinyl estradiol, 18
 desoximetasone, 12
 Desoxy, 8
 Desyrel, 9
 dexamethasone, 14, 16, 19, 20
 dexmethylphenidate, 6
 dextroamphetamine/
 amphetamine, 6
 Diabeta, 14
 Diamox sequels, 19
 diazepam, 6, 16
 diclofenac potassium, 6, 17
 diclofenac sodium, 7, 17
 dicloxacillin, 3
 dicyclomine, 15
 didanosine delayed-rel, 3
 Didronel, 23
 diflorasone diacetate, 12
 Diflucan, 4, 18
 diflunisal, 7, 17
 digoxin, 10
 Dilacor XR, 10
 Dilatrate-SR, 10
 Dilaudid, 7
 diltiazem, ER, SR, 10
 Diovan, 10, 24
 Diovan HCT, 10, 24
 diphenoxylate HCL/atropine, 15
 dipivefrin HCl, 19
 Diprolene, AF, 12
 dipropionate, 10
 dipyridamole, 10
 disopyramide, CR, 10

Ditropan, XL, 22
 Dolobid, 7, 17
 Dolophine, 8
 Donnatal, 16
 Dovonex, 12
 doxazosin mesylate, 10, 22
 doxepin, 7
 doxycycline hyclate, 3
 doxycycline monohydrate, 3
 Drisdol, 23
 Duoneb, 21
 Duragesic, 7
 Duratuss HD elixir, 21
 Duricef, 3
 Durulac, 6
 Dyazide, 11
 Dynacin, 4
 DynaCirc, 10

E

econazole, 12
 Econopred Plus, 20
 Edecrin, 10
 Edex, 24
 EES, 4
 Effexor, 9
 Efudex, 12
 Eldepryl, 8
 Elimite, 13
 Elixophyllin, 20
 Elocon, 13
 Emcyt, 5
 Emend, 15
 Emgel, 12
 Emla, 13
 Emtriva, 3
 enalapril, 10
 enalapril/HCTZ, 10
 Enbrel, 17, 24
 EpiPen, 20
 EpiPen Jr. Auto-Injector/E*Z, 20
 Epivir, 4
 Epzicom, 4

ergocalciferol, 22
 ergotamine/cafeine, 7
 Eryc, 4
 Erycette, 12
 Erygel, 12
 EryPed, 4
 Ery-Tab, 4
 Erythrocine, 4
 erythromycin, 12, 19
 erythromycin ethylsuccinate, 4
 erythromycin stearate, 4
 erythromycin suspension w/
 sulfa, 4
 erythromycin, delayed release, 4
 Eskalith, CR, 8
 esterified estrogens/
 methyltestosterone, 18
 Estrace, 18
 Estraderm, 18
 estradiol, 18
 estradiol transdermal, 18
 Estratest HS, 18
 Estring, 18
 estropipate, 18
 ethambutol, 4
 ethosuximide, 7
 etidronate, 23
 etodolac, 7, 17
 etoposide, 5
 Eulexin, 5
 Evista, 17
 Exforge, 24
 Exjade, 24
 Extendryl, SR, 20
 Exubera, 24

F

famciclovir, 4
 famotidine, 15
 Famvir, 4
 Fansidar, 4
 Fareston, 5
 Feldene, 8, 17

felodipine ER, 10
 Femara, 5
 Femhrt, 18
 fenofibrate, 10
 fenoprofen calcium, 7, 17
 fentanyl citrate, 7
 fentanyl transdermal, 7
 Fentora, 25
 fexofenadine, 20
 finasteride, 22
 Fioricet, 6
 Fiorinal, 6
 Fiorinal with Codeine, 6
 Flagyl, 4
 Flagyl ER, 4
 flavoxate, 22
 flecainide, 10
 Flexeril, 16
 Flonase, 14
 Florinef, 14
 Flovent HFA, 20
 Floxin, 4
 Floxin Otic, 14
 fluconazole, 4, 18
 fludrocortisone acetate, 14
 Flumadine, 4
 flunisolide, 14, 20
 fluocinolone acetonide, 12
 fluocinonide, 12
 fluoride, 22
 fluorometholone, 19
 Fluoroplex, 12
 fluorouracil solution, 12
 fluoxetine, 7
 fluphenazine, 7
 flurbiprofen, 7, 17
 flutamide, 5
 fluticasone propionate, 12, 14
 Flutuss HC liquid, 21
 fluvoxamine, 7
 FML, 19
 Focalin, 6
 folic acid, 22

Follistim, AQ, 18
 Foradil, 20
 Forte, 6
 Forteo, 25
 Fortovase, 4
 Fosamax, 17
 Fosamax Plus D, 17
 Fosamax soln, 17
 fosinopril, 10
 furosemide, 10
 Fuzeon, 4

G

gabapentin, 7
 ganciclovir, 4
 Gastrocrom, 16
 gemfibrozil, 10
 Gentak, 19
 gentamicin, 12, 19
 Gleevec, 5, 25
 glimepiride, 14
 glipizide, ER, 14
 Glucagon Emergency Kit, 14
 Glucophage, XR, 15
 Glucotrol, XL, 14
 Glucovance, 15
 Glumetza, 25
 glyburide, micronized, 14
 Glynase, 14
 GoLytely, 16
 Grifulvin V, 4
 griseofulvin micro susp, 4
 Gris-PEG, 4
 guaifenesin/codeine, 20
 guaifenesin/hydrocodone, 20
 guaifenesin/phenylephrine/
 hydrocodone, 21
 guaifenesin/pseudoephedrine/
 codeine, 21
 guanabenz, 10
 guanfacine HCl, 10
 Guaiatuss AC, 20
 Guaiatuss DAC, 21

H

haloperidol, 7
HCTZ, 10
Hepsera, 4
Hexalen, 5
Hiprex, 4
Hista-Vent DA, 20
Histussin-HC, 21
HIVID, 4
HMS, 19
homatropine, 19
Humalog, 14
Humira, 25
Humulin insulins, 14
Hycodan, 21
hydralazine, 10
Hydrea, 5
hydrochlorothiazide, 10
hydrocodone, 22
hydrocodone/acetaminophen,
ES, 7
hydrocodone/homatropine, 21
hydrocodone/ibuprofen, 7
hydrocortisone, 12
hydrocortisone butyrate, 12
hydrocortisone rectal, 16
hydrocortisone tabs, 14, 17, 21
hydrocortisone valerate, 12, 13
hydromorphone HCl, 7
hydroxychloroquine, 4, 17
hydroxyurea, 5
hydroxyzine HCl, 21
hydroxyzine pamoate, 21
hyoscyamine, 16
Hytone, 12
Hytrin, 11, 22
Hyzaar, 24

I

ibuprofen, 7, 17
Icar, 22
Iletin insulins, 14
Imdur, 10
imipramine, 7

Imitrex, 7
Imuran, 5, 16
indapamide, 10
Inderal, 11
Inderal LA, 10
Inderide, 11
Indocin, SR, 7, 17
indomethacin, SR, 7, 17
Inflamase Forte, 20
Insulin Syringes, 14
Intal, 20, 21
Invega, 25
ipratropium, 14, 21
ipratropium-albuterol, 21
Iressa, 25
iron, carbonyl, 22
Ismo, 10
isometheptene/
dichloralphenazone/apap, 7
isoniazid, 4
Isoptin SR, 11
Isopto Atropine, 19
Isopto Carbachol, 19
Isopto Carpine, 19
Isopto Homatropine, 19
Isordil, 10
isosorbide dinitrate, ER, 10
isosorbide mononitrate, ER, 10
isotretinoin, 13
isradipine, 10
itraconazole, 4

J

Janumet, 25
Januvia, 25

K

Kaletra, 4
Kaon-CL 10, 23
K-Dur, 23
Keflex, 3
Kenalog, 13, 14
Kenalog in Orabase, 14

Keralac cream, 14
 Kerlone, 9
 ketoconazole, 4, 13
 ketoprofen, SR, 7, 17
 ketorolac, 7, 17
 Kineret, 25
 Klaron, 13
 Klonopin, 6
 K-Lor, 23
 Klor-Con, 23
 Klotrix, 23
 K-Lyte, 23
 Kristalose, 16
 Kronofed A Jr., 22
 K-Tab, 23
 Kytril tabs, 16

L

labetalol HCl, 10
 lactulose, 16
 Lamictal, 7
 Lamisil, 4
 lamotrigine, 8
 Lancets, 15
 Lanoxin, 10
 Lantus, 15
 Lariam, 4
 Lasix, 10
 leflunomide, 17
 leucovorin calcium, 5
 Leukeran, 5
 Levaquin, 4
 Levid, 16
 Levitra, 25
 levobunolol, 19
 levonorgestrel/ethinyl
 estradiol, 18
 levothyroxine, 15
 Levoxyl, 15
 Levsin, 16
 Levsinex, 16
 Lexapro, 8

Lexiva, 4
 Lidex, 12
 Lidex E, 12
 lidocaine, 13
 lindane, 13
 Lipitor, 25
 Liquifilm, 19
 lisinopril, 10
 lisinopril/HCTZ, 10
 lithium carbonate, SR, 8
 Lithobid, 8
 Locoid, 12
 Lodine XL, 7, 17
 Lofibra, 10
 Lomotil, 15
 Loniten, 10
 Lopid, 10
 Lopressor, 10
 Loprox, 12, 13
 lorazepam, 8
 Lortab, 7
 Lotemax, 19
 Lotensin, 9
 Lotensin HCT, 9
 Lotrel, 9
 Lotrisone, 12
 lovastatin, 10
 loxapine, 8
 Loxitane, 8
 Lozol, 10
 Lumigan, 19
 Lunelle, 18
 Lunesta, 25
 Luride, 23
 Lyrica, 25
 Lysodren, 5

M

Macrochantin, 4
 Magnacet, 25
 maprotiline, 8
 Matulane, 5
 Mavik, 11

Max HC, 21
 Maxair, 21
 Maxalt, 8
 Maxidone, 7
 Maxitrol, 19
 Maxituss HC, 21
 Maxzide, 11
 mebendazole, 4
 meclofenamate, 8, 17
 Medrol, 15, 17, 21
 medroxyprogesterone acetate, 18
 mefloquine, 4
 Megace, 5
 megestrol, 5
 meloxicam, 17
 Menopur, 18
 meperidine, 8
 Mephyton, 10
 Mepron, 4
 mercaptopurine, 5
 mesalamine rectal, 16
 Mestion, 8
 metaproterenol, 21
 metformin/glyburide, 15
 metformin, ER, 15
 methadone, 8
 methamphetamine, 8
 methazolamide, 19
 methenamine hippurate, 4
 methenamine/methylene blue/
 benzoic acid/salicylic acid/
 atropine, 22
 methenamine/phenylsalicylate/
 atropine/hyoscyamine/benzoic
 acid/methylene blue, 22
 methenamine-hyosc-meth
 blue-sod phospheryl
 hyoscyamine, 4
 Methergine, 18
 methimazole, 15
 methocarbamol, 17
 methotrexate, 6, 17
 methyl dopa, 10
 methylphenidate, SR, 8
 methylprednisolone, 15, 17, 21
 metoclopramide, 16
 metolazone, 10
 metoprolol, 10
 metoprolol succinate, 10
 MetroCream, 13
 Metrogel, 18
 Metro lotion, 13
 metronidazole, 4, 13, 18
 Mevacor, 10
 mexiletine HCl, 10
 Mexitil, 10
 Miacalcin, 16
 Micardis, 25
 Micardis HCT, 25
 Micro-K, 22, 23
 Micronase, 14
 Microzide, 10
 Midamor, 9
 midodrine, 23
 Midrin, 7
 migergot, 8
 Minipress, 11
 Minocin, 4
 minocycline, 4
 minoxidil, 10
 Mintezol, 4
 Mirapex, 8
 mirtazapine, 8
 misoprostol, 16
 Mobic, 17, 25
 Moduretic, 9
 moexipril/HCTZ, 10
 mometasone, 13
 Monodox, 3
 Monopril, 10
 morphine sulfate, ER, 8
 Motrin, 7, 17
 MS Contin, 8
 MSIR, 8
 Mucomyst, 20
 multivitamin with fluoride, 22

mupirocin, 13
Muse, 22, 25
Myambutol, 4
Mycelex, 3
Mycobutin, 4
Mycolog II, 13
Mycostatin, 4, 13
Mydriacyl, 20
Myleran, 6
Myobloc, 25
Mysoline, 8

N

nabumetone, 8, 17
nadolol, 10
nadolol-bendroflumethiazide, 10
Nalfon, 7, 17
Namenda, 8
NapraPac, 25
Naprelan, 8, 17
Naprosyn, 8, 17
naproxen, 8, 17
naproxen sodium, SA, 8, 17
Nardil, 8
Nasacort AQ, 14, 21
Nasarel, 14, 20
Nasonex, 14, 21
Navane, 9
nefazodone, 8
neomycin/polymyxin B/
dexamethasone, 19
neomycin/polymyxin/
hydrocortisone, 14
Neoral, 5
Neosol, 25
Neosporin, 19
Neurontin, 7, 8
Nexavar, 25
Nexium, 16, 25
Niaspan, 10
nifedipine ER, 10
Nimotop, 10
Nitro-Bid, 11

Nitro-Dur, 11
nitrofurantoin macrocrystals, 4
nitroglycerin, 11
Nitrostat SL, 11
nizatidine, 16
Nizoral, 4, 13
Nolvadex, 6
Norco, 7
norethindrone, 18
norethindrone acetate, 18
norethindrone/ethinyl
estradiol, 18
norethindrone/mestranol, 18
norgestimate/ethinyl estradiol, 18
norgestrel/ethinyl estradiol, 18
Noritate, 13
Norpace, 10
Norpace CR, 10
Norpramin, 6
nortriptyline, 8
Norvasc, 9
Norvir, 4
Novahistine, 21
Novahistine DH, 22
Novarel, 18
Novolin, 15
Novolog, 15
Novolog mix, 15
Noxafil, 25
NuLev, 25
Nulytely, 16
Nuvaring, 18
nystatin, 4, 13, 18
nystatin/triamcinolone, 13

O

Ocuflox, 19
ofloxacin, 4, 14, 19
Ogen, 18
omeprazole, 16
Omnicef, 3
ondansetron HCL, 16
OneTouch Monitor, 15

OneTouch Test Strips, 15
 Opana, 25
 Optivar, 19
 Oracea, 25
 Orapred, 15, 17, 21
 Ortho Evra, 18
 Orudis, 7, 17
 Oruvail, 7, 17
 Oxandrin, 15
 oxandrolone, 15
 oxaprozin, 8, 17
 oxazepam, 8
 Oxsoralen, 13
 Oxsoralen Ultra, 13
 oxybutynin, 22
 oxybutynin chloride, 22
 oxycodone, CR, 8
 oxycodone/apap, 8
 oxycodone/aspirin, 8
 OxyContin, 8
 OxyIR, 8

P

Pamelor, 8
 Pancrease, MT, 16
 Pancrelipase EC/SA, 16
 Parafon Forte, 16
 Parlodel, 6
 Parnate, 8, 9
 paroxetine, 8
 Pataday, 25
 Patanol, 19
 Paxil, 8
 Paxil CR, 25
 Pediapred, 15, 17, 21
 Pediazole, 4
 PEG 3350 & electrolytes, 16
 Peg-Intron, 16
 penicillin VK, 4
 Penlac, 12
 Pentasa, 16
 pentoxifylline, 11
 Pepcid, 15

Percocet, 8
 Percodan, 8
 Peridex, 14
 Periostat, 3
 permethrin, 13
 perphenazine, 8
 Persantine, 10
 phenazopyridine, 4, 22
 Phenergan, 16, 22
 Phenergan VC w/codeine, 21
 phenobarb/hyoscyamine/atrop/
 scop, 16
 phenobarbital, 8
 phenylephrine HCL/COD/
 prometh, 21
 phenylephrine/cpm/
 hydrocodone, 21
 phenylephrine/hydrocodone/
 BPM, 21
 phenylephrine/hydrocodone/
 CP, 21
 phenylephrine-carbinoxamine
 w/hydrocodone, 21
 phenytoin, 8
 PhosLo, 23
 Phospholine Iodide, 19
 Phrenilin, 6
 Pilocar, 19
 pilocarpine, 19, 23
 pilocarpine hydrochloride, 23
 Pilopine HS gel, 19
 pindolol, 11
 piroxicam, 8, 17
 Plaquenil, 4, 17
 Plendil, 10
 Pletal, 10
 Plexion, 13
 podofilox, 13
 polymyxin B/neo/bacitracin, 19
 polymyxin B/neo/gramicidin, 19
 Polysporin, 19
 Polytrim, 20
 Poly-Vi-Flor, 22

potassium bicarbonate/potassium
 citrate, 23
 potassium chloride, 23
 potassium citrate, 22
 potassium powder, 23
 Prandin, 15
 Pravachol, 11
 pravastatin, 11
 prazosin, 11
 Pred-Forte, 20
 prednicarbate, 13
 prednisolone, 15, 17, 21
 prednisolone acetate, 20
 prednisolone sodium
 phosphate, 15, 17, 20, 21
 prednisolone/sodium
 sulfacetamide, 20
 prednisone, 6, 15, 17, 22
 Prelone, 15, 17, 21
 Premarin, 18
 Premarin Vaginal Cream, 18
 Premphase, 18
 Prempro, 18
 prenatal vitamins with folic
 acid, 23
 Prevacid, 16, 25
 Prezista, 4
 prilocaine/lidocaine, 13
 Prilosec, 16
 Primaquine, 4
 primidone, 8
 Principen, 3
 Prinivil, 10
 Prinzide, 10
 ProAmatine, 23
 probenecid, 17
 procainamide, 11
 Procanbid, 11
 Procardia XL, 10
 prochlorperazine, 16
 Procrit, 16
 Proctofoam-HC, 16
 Prograf, 6
 promethazine, 16, 22
 promethazine/codeine, 22
 promethazine/
 dextromethorphan, 22
 promethazine/phenylephrine/
 codeine, 22
 Prometrium, 18
 Pronestyl, 11
 propafenone, 11
 Propine, 19
 propoxyphene HCl/apap, 8
 propoxyphene napsylate/apap, 8
 propranolol, 11
 propranolol/HCTZ, 11
 propylthiouracil, 15
 Proscar, 22
 Prosed EC, 22
 Prostigmin, 8
 Protonix, 25
 Proventil, 20
 Proventil HFA, 22
 Provera, 18
 Provigil, 25
 Prozac, 7
 pseudoephedrine/
 brompheniramine, 22
 pseudoephedrine/
 chlorpheniramine, 22
 pseudoephedrine/cpm/codeine, 22
 pseudoephedrine/guaifenesin
 ER, 22
 Psorcon, 12
 Psoriatec, 12
 Pulmicort Respules,
 Turbuhaler, 22
 Pulmozyme, 22
 Purinethol, 5
 Pylera, 25
 pyrazinamide, 4
 Pyridium, 4, 22
 pyridostigmine, 8

Q

Qualaquin, 25
Questran, 10
quinapril/HCTZ, 11
quinidine gluconate extended
release, 11
quinidine sulfate, 11

R

Ranexa, 25
ranitidine, 16
Rapamune, 6
Raptiva, 25
Rebetol, 4
Reglan, 16
Regranex, 13
Relafen, 8, 17
Remeron, 8
Repronex, 18
Rescriptor, 4
Restoril, 8, 9
Retin-A, 13
Retrovir, 5
Revatio, 25
Revlimid, 25
Reyataz, 4
ribavirin, 4
Rifadin, 4
rifampin, 4
Rifater, 4
rimantadine, 4
Risperdal, 8
Ritalin, SR, 8
Robaxin, 17
Rocaltrol, 14
Rowasa, 16
Roxicet, 8
Rozerem, 25
Rynatan, 20
Rythmol, 11

S

Salagen, 23
salsalate, 8, 17
Sandimmune, 5
Seasonale, 18
Sebizon, 13
Sectral, 9
selegiline HCl, 8
selenium sulfide, 13
Selsun Rx, 13
Selzentry, 4
Sensipar, 15
Septra DS, 4
Serax, 8
Serevent Diskus, 22
Seroquel, 8
sertraline, 8
Silvadene, 13
silver sulfadiazine, 13
simvastatin, 11
Sinemet, CR, 6
Sinequan, 7
Singulair, 22, 25
Skelaxin, 18
sodium fluoride, 23
sodium sulfacetamide lotion, 13
sodium sulfacetamide/sulfur, 13
Soma, 16
Sonata, 9
sotalol HCl, 11
Spectazole, 12
Spiriva, 22
spironolactone, 11
spironolactone/HCTZ, 11
Sporonax, 4
Sprycel, 25
Starlix, 15
Strattera, 9
Stuartnatal Plus, 23
sucralfate, 16
Sular, 11
sulfacetamide, 20
sulfacetamide sodium, 13

sulfacetamide sodium/urea, 13
 Sulfacet-R, 13
 sulfamethoxazole/tmp, 4
 sulfasalazine, 16, 18
 sulfinpyrazone, 18
 sulfisoxazole, 4
 sulindac, 9, 18
 Sumycin, 4
 Sustiva, 4
 Sutent, 25
 Symbicort, 25
 Symlin, 15, 25
 Symmetrel, 3, 6
 Synalar, 12
 Synthroid, 15

T

Taclonex, 25
 Tagamet, 15
 Tambocor, 10
 Tamiflu, 4
 tamoxifen, 6
 Tapazole, 15
 Tarceva, 25
 Targretin, 6
 Tegretol, 6
 Tegretol XR, 9
 Tekturna, 25
 temazepam, 9
 Temodar, 6
 Temovate, 12
 Tenex, 10
 Tenoretic, 10
 Tenormin, 9
 Terazol 3, 18
 terazosin, 11, 22
 terbinafine, 4
 terbutaline sulfate, 22
 terconazole, 18
 Tessalon Perles, 20
 tetracycline, 4
 Teveten, 25
 Teveten HCT, 25

Thalomid, 25
 Theo-24, 22
 Theochron, 22
 theophylline extended release, 22
 thioguanine, 6
 thioridazine, 9
 thiothixene, 9
 Tiazac, 10
 Ticlid, 11
 ticlopidine HCl, 11
 Tigan, 16
 Tilade, 22
 timolol, XE, 11, 20
 Timoptic, XE, 20
 tizanidine, 18
 Tobi, 4
 Tobradex, 20
 tobramycin, 20
 Tobrex, 20
 Tofranil, 7
 tolbutamide, 15
 tolmetin, 9, 18
 Topicort, 12
 Toprol XL, 10
 Toradol, 7, 17
 torsemide, 11
 Tracleer, 22
 tramadol, 9
 Trandate, 10
 trandolapril, 11
 tranecypromine sulfate, 9
 trazodone, 9
 Trental, 11
 tretinoin, 13
 triamcinolone, 13, 14
 triamcinolone acetonide, 13
 triamterene/HCTZ, 11
 Tricor, 11
 trifluoperazine, 9
 trifluridine, 20
 trihexyphenidyl, 9
 trimethobenzamide, 16

trimethoprim sulfate/
polymyxin B, 20
Triphasil, 18
Tri-Vi-Flor, 22
Trizivir, 5
tropicamide, 20
Trusopt, 20
Truvada, 5
Tykerb, 25
Tylenol with Codeine #2, #3, #4, 6
Tylox, 8

U

Ultram, 9
Ultram ER, 25
Uniphyl, 22
Uniretic, 10
urea cream, 14
Urecholine, 22
Urex, 4
Urimar, 4
Urised, 22
Urispas, 22
Urocit-K, 22
ursodiol, 16

V

Valcyte, 5
Valium, 6, 16
valproic acid, 9
Valtrex, 5
Vaseretic, 10
Vasocidin oint, 20
Vasotec, 10
Veetids, 4
venlafaxine, 9
Ventolin, 20
VePesid, 5
Veramyst, 25
verapamil extended release,
PM, 11
verapamil, SR, 11
Verelan, 11

Verelan PM, 11
Vermox, 4
Vexol, 20
Vfend, 5
Viagra, 22
Viagra, 25
Vibramycin, 3
Vicodin, ES, 7
Vicoprofen, 7
Videx, 5
Videx EC, 3, 5
Vigamox, 20
Viracept, 5
Viramune, 5
Viread, 5
Viroptic, 20
Vistaril, 21
vitamin D, 23
Vivelle, Dot, 18
Voltaren, 20
Voltaren XR, 7, 17
Vospire ER, 22
Vyvanse, 25

W

warfarin, 11
Wellbutrin, SR, XL, 6
Westcort, 12, 13

X

Xalatan, 20
Xanax, 6
Xeloda, 6
Xifaxan, 5
Xylocaine, 13
Xyzal, 25

Z

Zanaflex, 18
Zantac, 16
Zarontin, 7
Zaroxolyn, 10
Zavesca, 15, 25

Zelapar, 25
Zephrex LA, 22
Zerit, 5
Zetia, 11
Ziac, 9
Ziagen, 5
zidovudine, 5
Zithromax, 3
Zmax, 25
Zocor, 11
Zoderm, 12
Zofran, 16
Zolinza, 25
Zoloft, 8
zolpidem tartrate, 9
Zomig, Zomig ZMT, 9
Zovirax, 3, 14
Zyloprim, 16
Zyprexa, 9
Zyvox, 25,

Prescription Drug Program Provider Payment Information

A pharmacy benefits management company (PBM), which is affiliated with AmeriHealth, administers our prescription drug benefits, and is responsible for providing a network of participating pharmacies and processing pharmacy claims. The PBM also negotiates price discounts with pharmaceutical manufacturers and provides drug utilization and quality reviews. Price discounts may include rebates from a drug manufacturer based on the volume purchased. AmeriHealth anticipates that it will pass on a high percentage of the expected rebates it receives from its PBM through reductions in the overall cost of pharmacy benefits. Under most benefit plans, prescription drugs are subject to a member copayment.



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