

✓ = New
Formulary Drugs



AmeriHealth[®]

SELECT DRUG PROGRAM[®] FORMULARY

EFFECTIVE JANUARY 1, 2010

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 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 U.S. Food and Drug Administration (FDA) guidelines, and the criteria are endorsed by the FutureScripts Pharmacy and Therapeutics Committee.

A detailed description of the procedures that support safe prescribing is included at the end of the formulary list.

Please note: Because prescription drug programs vary by group, the inclusion of a drug in this formulary does not imply coverage. This formulary was current at the time of printing and is subject to change. Please call 1-888-678-7012 if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist. Select Drug Program Formulary information can also be obtained on the AmeriHealth website, 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 (Augmentin)
ampicillin (Principen)
 Augmentin XR
 Atripila
azithromycin (Zithromax)
cefaclor (Ceclor)
cefaclor ER
cefadroxil (Duricef)
cefdinir (Omnicef)
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
 Flagyl ER
fluconazole (Diflucan)
 Fortovase
 Fuzeon
ganciclovir (Cytovene)
 Grifulvin V tabs
 Gris-PEG
griseofulvin microsize susp (Grifulvin V)
 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

Key

Type of covered drug*	You pay
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1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION (Cont.)

DRUG NAME

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
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
Valcyte
Valtrex
Vfend
Videx
Viracept
Viramune
Viread
Xifaxan
Ziagen
zidovudine (Retrovir)

2. CANCER & ORGAN TRANSPLANT DRUGS

DRUG NAME

Alkeran
Aromasin
azathioprine (Imuran)
Casodex

CeeNU
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
mycophenolate (Cellcept)
Myleran
prednisone (Deltasone)
Rapamune
✓ **tacrolimus** (Prograf)
tamoxifen (Nolvadex)
Targretin
Temodar
thioguanine
Xeloda

3. PAIN, NERVOUS SYSTEM, & PSYCH

DRUG NAME

Q **acetaminophen/butalbital**
acetaminophen/codeine
acetazolamide
alprazolam (Xanax)
amantadine (Symmetrel)
amitriptyline
amoxapine
amphetamine aspartate/amphetamine sulfate/dextroamphetamine (Adderall)
amphetamine aspartate/amphetamine sulfate/dextroamphetamine ER (Adderall XR)
Aricept
Aricept ODT
Q **aspirin with codeine**
Q Avinza
benztropine
bromocriptine mesylate (Parlodel)

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

DRUG NAME

bupropion (Wellbutrin)
bupropion SR (Wellbutrin SR)
bupropion XR (Wellbutrin XR)
bupirone (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)

fenopropfen calcium (Nalfon)
Q, PA fentanyl citrate OTFC (Actiq)
Q fentanyl transdermal (Duragesic)
fluoxetine (Prozac)
fluphenazine
flurbiprofen (Ansaid)
fluvoxamine
gabapentin (Neurontin)
galantamine (Razadyne)
galantamine ER (Razadyne ER)
haloperidol
Q hydrocodone/acetaminophen (Vicodin, Norco, Maxidone)
Q hydrocodone/acetaminophen elixir (Lortab)
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)

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

DRUG NAME

methadone (Dolophine)
methamphetamine (Desoxyn)
methylphenidate SR (Ritalin SR)
migergot (Cafergot)
Mirapex
mirtazapine (Remeron)
mirtazapine rapid dissolve tabs (Remeron SolTab)
Q morphine sulfate (MSIR)
Q morphine sulfate, extended release (MS Contin)
morphine sulfate supp (RMS)
nabumetone (Relafen)
Namenda
naproxen (Naprosyn)
naproxen sodium (Anaprox DS)
naproxen sodium SA (Naprelan)
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)
Parnate
paroxetine (Paxil)
paroxetine HCl ext-release (Paxil CR)
perphenazine
phenobarbital
phenytoin
piroxicam (Feldene)
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)

tranycypramine 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)

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

<u>DRUG NAME</u>	
	Coumadin
PA	Crestor
	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 (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)
	lovastatin (Mevacor)
	Mephyton
	methyldopa
	metolazone (Zaroxolyn)
	metoprolol tartrate (Lopressor)
	metoprolol succinate (Toprol XL)
	mexiletine HCl (Mexitil)
	minoxidil (Loniten)
	moexipril/HCTZ (Uniretic)
	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)
	pindolol Visken
	pravastatin (Pravachol)
	prazosin (Minipress)
	procainamide (Pronestyl)
	Procanbid
	propafenone (Rythmol)
	propranolol (Inderal, Inderal LA)
	propranolol/HCTZ (Inderide)
	quinapril HCl (Accupril)

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

DRUG NAME

quinapril/HCTZ (Accuretic)
quinapril gluconate
quinidine gluconate ER
quinidine sulfate
ramipril (Altace)
simvastatin (Zocor)
sotalol HCl (Betapace AF)
spironolactone (Aldactone)
spironolactone/HCTZ (Aldactazide)
terazosin (Hytrin)
ticlopidine HCl (Ticlid)
timolol (Blocadren)
torseamide (Demadex)
trandolapril (Mavik)
triamterene/HCTZ (Dyazide, Maxzide)
Tricor
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 solution (Penlac)
clindamycin (Cleocin T)
✓ **clindamycin-benzoyl peroxide gel** (BenzaClin)
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)
isotretinoin (Accutane)
ketoconazole cream (Nizoral cream)
ketoconazole shampoo (Nizoral shampoo)
lidocaine (Xylocaine)
lindane lotion
Loprox gel
malathion lotion (Ovide)
mometasone cream (Elocon)
metronidazole cream (MetroCream)
metronidazole lotion (Metrolotion)
mupirocin oint (Bactroban)
nystatin (Mycostatin)
nystatin/triamcinolone (Mycolog II)
Oxsoalene lotion 1%
Oxsoalene 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 (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)
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)

Humalog

Humulin insulins

hydrocortisone (Cortef)

Iletin insulins

Insulin syringes

Lancets

Lantus vial, cartridge

levothyroxine (Levoxyl, Synthroid)

liothyronine (Cytomel)

metformin (Glucophage)

metformin ER (Glucophage XR)

metformin/glyburide (Glucovance)

methimazole (Tapazole)

methylprednisolone (Medrol)

✓ **nateglinide** (Starlix)

Novolin

Novolog

Novolog mix

oxandrolone (Oxandrin)

Prandin

Precision XTRA Glucometer

Precision XTRA Test Strips

prednisolone sodium phosphate

(Pediapred, Orapred)

prednisolone syrup (Prelone)

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You pay

Lowest copay
Middle copay
Highest copay

Lowest copay
Highest copay

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

DRUG NAME

prednisone tabs (Deltasone)

propylthiouracil

Sensipar

PA Symlin

tolbutamide

Zavesca

8. STOMACH, ULCER, & BOWEL MEDS

DRUG NAME

Asacol

balsalazide (Colazal)

Canasa supp

Carafate susp

chlordiazepoxide/clidinium

cimetidine (Tagamet)

dicyclomine (Bentyl)

diphenoxylate HCl/atropine (Lomotil)

dronabinol (Marinol)

Q Emend

famotidine 40mg (Pepcid)

Gastrocrom

granisetron (Kytril)

hydrocortisone (Anusol-HC)

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)

Zantac syrup

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

fenopropfen 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)

10. BONES, JOINTS, & MUSCLES (Cont.)

DRUG NAME

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

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 fumarate
norethindrone/mestranol
norgestimate/ethinyl estradiol
norgestrel/ethinyl estradiol
 Novarel
 Nuvaring
nystatin
 Ortho Evra
 Premarin
 Premarin vaginal cream
 Premphase
 Prempro
 Prometrium

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)

Key

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

* Unless specifically excluded from your contract.

11. FEMALE, HORMONE REPLACEMENT, BIRTH CONTROL (Cont.)

DRUG NAME

Repronex

terconazole cream (Terazol 3)

✓ **tri-lo-sprintec** (Ortho Tri-Cyclen Lo)

Vivelle, Vivelle Dot

Yaz

12. EYE MEDICATIONS

DRUG NAME

acetazolamide

acetazolamide ER (Diamox Sequels)

Acular, LS, PF

Alrex

atropine sulfate (Isopto Atropine)

Azopt

bacitracin ophth

bacitracin/polymyxin B ophth oint (Polysporin)

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)

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)

prednisolone acetate (Econopred Plus, Pred-Forte)

prednisolone sodium phosphate (Inflamase Forte)

prednisolone/sodium sulfacetamide (Vasocidin oint)

sulfacetamide (Bleph 10)

timolol ophth (Timoptic)

timolol XE (Timoptic XE)

tobramycin (Tobrex)

tobramycin-dexamethasone (Tobradex)

trifluridine (Viroptic)

trimethoprim sulfate/polymyxin B (Polytrim)

tropicamide (Mydracyl)

Vexol

Vigamox

Xalatan

13. ALLERGY, COUGH & COLD, LUNG MEDS

DRUG NAME

acetylcysteine (Mucomyst)

Advair Diskus

✓ Advair HFA

albuterol inhaler (Proventil, Ventolin)

albuterol soln

Alupent aerosol

aminophylline tabs

Astelin

Atrovent HFA

Azmacort

benzonatate (Tessalon Perles)

brompheniramine/phenylephrine (Brovex D)

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

EpiPen

EpiPen Jr. Auto-Injector/E*Z

Extendryl SR

fexofenadine (Allegra)

Flovent HFA

flunisolide (Nasarel)

Foradil

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

DRUG NAME

- guaifenesin/codeine** (Guiatuss AC)
- guaifenesin/codeine/pseudoephedrine**
(Guiatuss DAC)
- guaifenesin/hydrocodone**
- 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)
- ✓ **levalbuterol inhalation solution** (Xopenex inhalation solution)
- Maxair
- metaproterenol tabs, syrup, inh soln**
- methylprednisolone** (Medrol)
- Nasacort AQ
- Nasonex
- phenylephrine HCl/COD/prometh** (Phenergan VC w/codeine)
- phenylephrinecarbinoxamine w/ hydrocodone liquid** (Max HC)
- phenylephrine/cpm/hydrocodone** (Histussin-HC)
- phenylephrine/hydrocodone/BPM** (Flutuss HC liquid)
- phenylephrine/hydrocodone/CP** (Maxituss HC)
- prednisolone sodium phosphate**
(Pediapred, Orapred)
- prednisolone syrup** (Prelone)
- prednisone tabs** (Deltasone)
- ProAir HFA

- promethazine** (Phenergan)
- promethazine/codeine**
- promethazine/dextromethorphan**
- promethazine/phenylephrine/codeine**
Proventil HFA
- pseudoephedrine/brompheniramine/hydrocodone liquid** (Brovex HC)
- pseudoephedrine/chlorpheniramine** (Kronofed-A Jr.)
- pseudoephedrine/cpm/codeine** (Novahistine DH)
- pseudoephedrine/guaifenesin extended release**
(Zephrex LA)
- Pulmicort
- 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)

Key

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

* Unless specifically excluded from your contract.

14. URINARY & PROSTATE MEDS (Cont.)

DRUG NAME

Q, PA Muse

oxybutynin (Ditropan)

oxybutynin ER (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)

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

calcium acetate (PhosLo)

Chemet

etidronate disodium (Didronel)

midodrine HCl (ProAmatine)

pilocarpine HCl (Salagen)

PROCEDURES THAT SUPPORT SAFE PRESCRIBING

AmeriHealth utilizes an independent pharmacy benefits management (PBM) company, FutureScripts, to manage the administration of its commercial prescription drug programs. As our PBM, FutureScripts is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and providers.

Prior authorization

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 FDA guidelines. The approval criteria were developed and endorsed by the FutureScripts Pharmacy and Therapeutics Committee, which is an established group of medical directors and practicing area physicians and pharmacists.

Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's prescribing physician, and the member's available prescription drug therapy history. Their review includes a determination that there are no drug interactions or contraindications, that dosing and length of therapy are appropriate, and that other drug therapies, if necessary, were utilized.

Without prior authorization, the member's prescription will not be covered at the retail or mail order pharmacy (see "96-Hour Temporary Supply Program" on page 17). The prior authorization process may take up to two working days once *complete information* from the prescribing physician has been received. Incomplete information will result in a delayed decision.

Prior authorization approvals for some drugs may be limited to 6 to 12 months. If the prior authorization for a drug is limited to a certain time frame, an expiration date will be given at the time the approval is made. If the physician wants a member to continue the drug therapy after the expiration date, a new prior authorization request will need to be submitted and approved in order for coverage to continue.

Currently, the drugs listed below are a part of the prior authorization program. Prior authorization applies to all formulations of these specific drugs, including, but not limited to, tablet, capsule, and oral suspension.

AcipHex®	Celebrex®	Humatrope®	NutriDox™	Ryzolt™	Toviaz™
Actiq®	Cesamet®	Humira®	Nutropin®/ Nutropin AQ®	Sabril®	Treximet™
Adcirca™	Cialis®	HYCAMTIN® capsules	Nuvigil®	Saizen®	Trilipix™
Afinitor®	Cimzia®	Invega™	Omnitrope®	Saphris®	Tykerb®
Alodox™	Cozaar®/ Hyzaar®	Iressa®	Onglyza™	Savella™	Uloric®
Altanax™	Crestor®	Janumet™	Onsolis™	Seroquel XR®	Ultram® ER
Alvesco®	Cymbalta®	Januvia™	Opana®/Opana® ER	Serostim®	Valturna®
Ambien CR®	Daytrana™	Kapidex™	Oracea®	Simcor®	Vectical™
Amevive™	Diabetic test strips*	Keppra XR™	Pataday™	Simponi™	Veramyst™
AMRIX®	Diovan®/ Diovan HCT®	Kineret®	PrandiMet™	Singulair®	Viagra®
Aplenzin™	Edex®	Levitra®	Prevacid®	Sprycel®	Vimat™
Atacand®/ Atacand HCT®	Edluar™	Lipitor®	Prevacid/NapraPac®	Sutent®	Voltaren® Gel
Avapro®/ Avalide®	Effient™	Lunesta®	Prilosec® suspension	Symlin®	Vytorin®
Avidoxy™ DK	Enbrel®	Lyrica®	Pristiq™	Taclonex®	Vyvanse®
Azor®	Exforge®/ Exforge HCT®	Magnacet™	Protonix®	Taclonex Scalp® Suspension	Xenazine™
Banzel™	Exjade®	Micardis®/ Micardis HCT®	Provigil®	Tarceva®	Xyzal®
Benicar®/ Benicar HCT®	Fentora®	Mobic®	Pylera™	Tasigna®	Zelapar®
BiDil®	Flector® patch	MUSE®	Qualaquin®	Tekturna®/ Tekturna HCT®	Zmax™
Botox®	Forteo™	Myobloc®	Ranexa®	Temodar® Oral	Zolinza®
Byetta®	Genotropin®	Nexavar®	Renvela®	Teveten®/ Teveten HCT®	Zorbtive®
Caduet®	Gleevec®	Nexium®	Requip® XL™	Teveten®	Zyvox®
Caverject®	Glumetza™	Noxafil®	Revatio™	Tev-Tropin®	
		Nucynta™	Rozerem™	Thalomid®	

The above list is subject to change.

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

Age and gender limits

The FDA has established specific procedures that govern prescription prescribing practices. These rules are designed to prevent potential harm to patients and to ensure that the medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals age 14 and older, such as ciprofloxacin, or prescribed only for females, such as prenatal vitamins. The pharmacist's computer provides up-to-date information about FDA rules. If the member's prescription falls outside of the FDA guidelines, it will not be covered until prior authorization is obtained. The prescribing physician may request preapproval of restricted medications when medically necessary. The approval criteria for this review were developed and endorsed by the FutureScripts Pharmacy and Therapeutics Committee, which is an established group of medical directors and practicing area physicians and pharmacists. The member should contact the prescribing physician to request that he or she initiate the preapproval process. To determine if a covered prescription drug prescribed for you has an age or gender limit, call FutureScripts at 1-888-678-7012.

Quantity level limits

Quantity level limits are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses and length of therapy of a particular drug. We have several different types of quantity level limits that are explained in detail below.

Rolling 30-day period

This quantity limit is based on dosing guidelines over a rolling 30-day period. Examples of quantity level limits per rolling 30-day period are:

Emend® (four 125mg capsules + eight 80mg capsules or four trifold packs [one 125mg capsule + two 80mg capsules]); Boniva® (two 150mg tablets); Avonex® (one kit, four injections); Betaseron® (15 vials); Copaxone® (32 vials); Fosamax Plus D™ (five tablets); and Rebif® (12 injections);

migraine drugs, such as:

Amerge® (nine 2.5mg tablets), Imitrex® (36 50mg tablets), Maxalt® (12 10mg tablets), Migranal® (eight 4mg nasal spray units), Stadol NS® (four 10mg units), and Zomig® (nine 5mg tablets);

fertility agents (if covered under the group contract), such as:

Fertinex® (60 ampules), Follistim® (60 ampules), Gonal-F® (60 ampules), Humegon® (60 ampules), Pergonal® (60 ampules), and Repronex® (60 ampules);

sedative hypnotic drugs, such as:

Sonata® (14 capsules) and Ambien® (14 tablets);

and oral narcotic drugs, such as:

OxyContin® (90 units), Percocet® (180 units), and Percodan® (180 units).

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

- **Refill too soon**

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

- **Therapeutic drug class**

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

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

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

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

96-Hour Temporary Supply Program

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

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

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

1. The participating retail pharmacy will be instructed to release a 96-hour supply of the drug to the member with no out-of-pocket cost-sharing at that time.¹
2. By the next business day, our PBM will contact the member's doctor to request that he or she submit the necessary documentation of medical necessity or medical appropriateness for review.
3. Once the completed medical documentation is received by our PBM, the review will be completed, and the medication will be approved or denied.
4. If approved, the remainder of the prescription order will be filled, and the appropriate prescription drug out-of-pocket cost-sharing will be applied.¹
5. If denied, notification will be sent to the doctor and the member.

Obtaining a 96-hour temporary supply does not guarantee that the prior authorization/preapproval request will be approved. Some medications are not eligible for the 96-Hour Temporary Supply Program due to packaging or other limitations such as Retin-A[®] (tube), Enbrel[®] (two-week injection kit), medroxyprogesterone acetate (monthly injectable), and erectile dysfunction drugs. Additionally, certain drugs to treat hemophilia (antihemophilic factors) are not usually purchased at the pharmacy and must be special-ordered; therefore, they are not eligible for the 96-hour temporary supply.

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

- The physician prescribing the medication completes a prior authorization form or writes a letter of medical necessity and submits it to our PBM by fax at 215-241-3073 or 1-888-671-5285. A member's physician may request the form by calling 1-888-678-7012. Members may request the form through Customer Service on behalf of their physician, but it must be completed and submitted by the doctor.
- The PBM will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
- A decision is made regarding the request.
- **If approved**, the prescribing physician will be notified of approval via fax or telephone, and the claims system will be coded with the approval.

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.

- The member may call the Customer Service phone number on his or 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 details to support use of the covered non-formulary medication, and should fax the request to 215-241-3073 or 1-888-671-5285. If the non-formulary request is approved, the drug will be paid at the appropriate formulary benefit level. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language. Whether or not an appeal is filed, the member may always obtain benefits for the covered non-formulary drug at the appropriate non-formulary benefit level. Out-of-pocket expenses for non-formulary drugs are higher than for formulary drugs.

Appealing a decision

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

A

acarbose 9
Accupril 7
Accuretic 8
Accutane 8
acebutolol 6
acetaminophen/butalbital 4
acetaminophen/codeine 4
Acetasol HC 8
acetazolamide 4, 12
acetazolamide ER 12
acetic acid HC 8
acetylcysteine 12
AcipHex 15
Aclovate 8
Actigall 10
Actiq 5, 15
Actonel 10
Actoplus Met 9
Actos 9
Acular, LS, PF 12
acyclovir 3
Adalat CC 7
Adcirca 15
Adderall 4
Adderall XR 4
Advair Diskus 12
Afinitor 15
Agenerase 3
Agrylin 6
albuterol inhaler 12
albuterol soln 12
alclometasone dipropionate cream 8
Aldactazide 8
Aldactone 8
alendronate 10
Alkeran 4
Allegra 12
allopurinol 10
Alodox 15
Alphagan P 12
alprazolam 4
Alrex 12
Altabax 15
Altace 8
Alupent aerosol 12
Alvesco 15
amantadine 3, 4
Amaryl 9
Ambien 6
Ambien CR 15
amcinonide 8
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
AMRIX 15
Anafranil 5
anagrelide 6
Anaprox DS 6, 11
Androgel 9
Ansaid 5, 10
anthralin 8
Anusol-HC 10
Aplenzin 15
Aralen 3
Arava 10
Aricept 4
Aricept ODT 4
Aromasin 4
Asacol 10
Ascensia Autodisc Test Strips 9
Ascensia Breeze 2 Test Strips 9
Ascensia Glucometer 9
Ascensia Contour Test Strips 9
Ascensia Elite Test Strips 9
aspirin with codeine 4
Astelin 12
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
Avalide 15
Avandamet 9
Avandaryl 9
Avandia 9
Avapro 15
Avidoxy™ DK 15
Avinza 4
Avita 8
Avonex 10
Axid 10
Aygestin 11
azathioprine 4, 10
azithromycin 3
Azmacort 12
Azopt 12
Azor 6, 15
Azulfidine 10, 11

B

bacitracin ophth 12
bacitracin/polymyxin B ophth oint 12
baclofen 10
Bactrim 4
Bactrim DS 4
Bactroban 8
Bactroban cream 8
Bactroban nasal oint 8
balsalazide 10
Banzel 15
BD Insulin Syringe Micro-Fine 9
benazepril 6
benazepril/HCTZ 6
Benicar 6
Benicar/
 Benicar HCT 15
Benicar HCT 6
Bentyl 10
Benzamycin gel 8
benzocaine/antipyrine 8

benzonatate 12
Benzotic 8
benzoyl peroxide 8, 14
benzoyl peroxide/erythromycin 8
benzoyl peroxide gel 8
benzoyl peroxide/urea cream 8
benztropine 4
Betagan 12
betamethasone/clotrimazole 8
betamethasone dipropionate 8
betamethasone dipropionate augmented 8
betamethasone valerate 8
Betapace AF 8
Beta-Val 8
betaxolol 6, 12
bethanechol 13
Betimol 12
Betoptic S 12
Biaxin 3
Biaxin XL 3
BiDil 15
bisoprolol/HCTZ 6
Bleph 10 12
Blephamide 12
Blocadren 8
Botox 15
Bravelle 11
Brethine 13
Brevoxyl gel 8
brimonidine 12
bromocriptine mesylate 4
brompheniramine/phenylephrine 12
Brovex D 12
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Tobi 4
Tobradex 12
tobramycin 12
tobramycin-dexamethasone 12
Tobrex 12
Tofranil 5
tolbutamide 10
tolmetin 6, 11
tolmetin sodium 6
Topamax 6
Topamax Sprinkle Capsules 6
Topicort 8
topiramate 6
topiramate sprinkle cap 6
Toprol XL 7
Toradol oral 5, 10
torseamide 8
Toviaz 15
Tracleer 13
tramadol 6
Trandate 7
trandolapril 8
tranycypromine sulfate 6
trazodone 6
Trental 7
tretinoin 8
Treximet 15
triamcinolone 8, 9
triamterene/HCTZ 8
Tricor 8
trifluoperazine 6
trifluridine 12
trihexyphenidyl 6
Trileptal 6
Trilipix 15
trimethobenzamide 10
trimethoprim sulfate/polymyxin B 12
Triphasil 11
Tri-Vi-Flor 14
Trizivir 4
tropicamide 12
Trusopt 12
Truvada 4
Tykerb 15
Tylox 6

U

Uloric 15
Ultram 6
Ultram ER 15
Uniphyl 13
Uniretic 7
urea cream 8
Urecholine 13
Urex 3
Urised 13
Urispas 13
Urocit-K 14
ursodiol 10

V

Valcyte 4
Valium 5, 10
valproic acid 6
Valtrex 4
Valturna 15
Vaseretic 7
Vasocidin oint 12
Vasotec 7
Vectical 15
Veetids 4
venlafaxine 6
Ventolin 12
VePesid 4
Veramyst 15
verapamil HCl 8
Verelan 8
Vermox 3
Vexol 12
Vfend 4
Viagra 14, 15
Vibramycin 3
Vicodin 5
Vicodin ES 5
Vicoprofen 5
Videx 3, 4
Videx EC 3
Vigamox 12
Vimpat 15
Viracept 4
Viramune 4
Viread 4
Viroptic 12
Visken 7

Vistaril 13
Vivelle 12
Vivelle Dot 12
Voltaren 5, 10, 12
Voltaren Gel 15
Voltaren XR 5, 10
Vospire ER 13
Vytorin 15
Vyvanse 15

W

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

X

Xalatan 12
Xanax 4
Xeloda 4
Xenazine 15
Xifaxan 4
Xylocaine 8
Xyzal 15

Y

Yasmin 11
Yaz 12

Z

zaleplon 6
Zanaflex 11
Zantac 10
Zantac syrup 10
Zarontin 5
Zaroxolyn 7
Zavesca 10
Zelapar 15
Zephrex LA 13
Zerit 4
Zetia 8
Ziac 6
Ziagen 4
zidovudine 4
Zithromax 3
Zmax 15
Zocor 8

Zoderm 8
Zofran 10
Zolinza 15
Zoloft 6
zolpidem tartrate 6
Zomig nasal spray 6
Zomig, Zomig ZMT 6
Zorbtive 15
Zovirax 3, 8
Zovirax oint 8
Zyloprim 10
Zyprexa 6
Zyvox 15

Prescription Drug Program provider payment information

A pharmacy benefits management (PBM) company administers our prescription drug benefits and is responsible for providing a network of participating pharmacies and processing pharmacy claims. The PBM also negotiates price discounts with pharmaceutical manufacturers and provides drug utilization and quality reviews. Price discounts may include rebates from a drug manufacturer based on the volume purchased.

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 benefits plans, prescription drugs are subject to a member copayment.



AmeriHealth Select Drug Program Formulary offered by:
AmeriHealth HMO, Inc.
QCC Insurance Company, d/b/a AmeriHealth Insurance Company