✓ = New formulary drugs

AmeriHealth ADMINISTRATORS®

Prescription Drug Program Formulary

Effective July 1, 2010

www.MyAHATPA.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 the lowest copay.
- Non-bolded drug = Formulary brand available at the middle copay.
- Drug in parenthesis ( ) = Non-formulary brand drug available at the highest copay. It is displayed next to the equivalent formulary generic drug that is available at the lowest copay. For example: **amoxicillin** is the formulary generic drug available at the lowest copay. (Amoxil) is the non-formulary brand available at the highest copay. In most cases when brand drugs have a generic equivalent, the generic version is formulary and the brand version is non-formulary.
- Covered generic drugs not listed are formulary and are available at the lowest copay.
- Covered brand drugs not listed are non-formulary and are available at the highest copay.

PA = Prior authorization must be requested by the physician.
Q = Quantity level limits apply.
✓ = New formulary drug.

The above information is highlighted in a key box on every other page of the formulary list.

Our pharmacy benefits manager, FutureScripts, continuously monitors effectiveness and safety of drugs and drug prescribing patterns. Several procedures support safe prescribing patterns for our prescription drug programs, such as:

- prior authorization;
- age and gender limits;
- quantity level limits;
- 96-Hour Temporary Supply Program;
- coverage for medications not on the formulary.

These procedures are designed to optimize your prescription drug benefits by promoting appropriate utilization. These procedures are based on FDA guidelines, and the criteria are endorsed by the FutureScripts Pharmacy and Therapeutics Committee.

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

Please note: Because prescription drug programs vary by group, the inclusion of a drug in this formulary does not imply coverage. This formulary was current at the time of printing and is subject to change. Please call 1-888-678-7013 if you have any questions about your prescription drug benefits. Please discuss any questions or concerns about your drug therapy with your physician or pharmacist. Prescription Drug Program Formulary information can also be obtained at www.myahtpa.com

Dear Physician:

This is a listing of formulary medications to be considered for your patient, a Prescription Drug Program participant. Please refer to this formulary guide in order to choose a medication. Because prescription drug programs vary by group, the inclusion of a drug in this formulary does not imply coverage. This formulary was current at the time of printing and is subject to change.

Please understand that this formulary is not intended as a substitute for your independent professional judgment. Rather, it is offered as a tool to help plan members recognize formulary drugs. We hope that you will refer to the formulary as a guide to prescribing formulary drugs.

1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION

DRUG NAME

acyclovir (Zovirax)
Agenerase
amantadine (Symmetrel)
amoxicillin (Amoxil)
amoxicillin/clavulanate (Augmentin)
ampicillin (Principen)
Augmentin XR
Atripla
azithromycin (Zithromax)
cefaclor (Ceclor)
cefaclor ER
cefadroxil (Duricef)
cefdinir (Omnicef)
✓ **cefditoren** (Spectracef)
cefuroxime axetil (Ceftin)
cephalexin (Keflex)
chloroquine phosphate (Aralen)
Cipro oral suspension
ciprofloxacin ER tabs (Cipro XR)
ciprofloxacin tabs (Cipro)
clarithromycin (Biaxin)
clarithromycin SR (Biaxin XL)
clindamycin (Cleocin)
clotrimazole troches (Mycelex)
Combivir
Crixivan
Dapsone
Daraprim
demeclocycline (Declomycin)
dicloxacillin
didanosine (Videx EC)
doxycycline hyclate (Vibramycin, Periostat)
doxycycline monohydrate (Monodox)
Emtriva
Epivir
Epzicom
erythromycin delayed release (Eryc, Ery-Tab)
erythromycin ethylsuccinate (EES, EryPed)
erythromycin stearate (Erythrocin)
erythromycin susp w/sulfa (Pediazole)
ethambutol (Myambutol)
famciclovir (Famvir)
Fansidar
fluconazole (Diflucan)
Fortovase
Fuzeon
ganciclovir (Cytovene)
Grifulvin V tabs
griseofulvin microsize susp (Grifulvin V susp)
Gris-PEG
Hepsera
HIVID
hydroxychloroquine (Plaquenil)
Isentress
isoniazid (Sporonax)
itraconazole
ketoconazole tabs (Nizoral tabs)
Levaquin
Lexiva
mebendazole (Vermox)
mefloquine (Lariam)
Mepron
methenamine hippurate (Hiprex, Urex)
metronidazole (Flagyl)
minocycline caps (Minocin, Dynacin)
minocycline tabs
Mintezol
Mycobutin

Key	
Type of covered drug*	**You pay**
• **Bolded drug** is a formulary generic.	Lowest copay
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1. ANTIBIOTICS & OTHER DRUGS USED FOR INFECTION (cont.)

DRUG NAME

mycophenolate (Cellcept)
nitrofurantoin macrocrystals (Macrodantin)
Norvir
nystatin (Mycostatin)
ofloxacin (Floxin)
penicillin VK (Veetids)
phenazopyridine (Pyridium)
Prezista
Primaquine
pyrazinamide
Rescriptor
Reyataz
ribavirin (Rebetol)
rifampin (Rifadin)
rimantadine (Flumadine)
Selzentry
stavudine (Zerit)
sulfamethoxazole/tmp (Bactrim, Bactrim DS, Septra DS)
sulfisoxazole tabs
Sustiva
Q Tamiflu
terbinafine tabs (Lamisil tabs)
tetracycline (Sumycin)
Tobi
tinidazole (Tindamax)
Trizivir
Truvada
valacyclovir tab (Valtrex)
Valcyte
Vfend
Videx
Viracept
Viramune
Viread
Xifaxan
Ziagen
zidovudine (Retrovir)

2. CANCER & ORGAN TRANSPLANT DRUGS

DRUG NAME

Alkeran
Aromasin
azathioprine (Imuran)
bicalutamide (Casodex)
CeeNU
Cellcept
cyclophosphamide (Cytoxan)
cyclosporine (Sandimmune, Neoral)
danazol (Danocrine)
Emcyt
etoposide (VePesid)
Fareston
Femara
flutamide (Eulexin)
PA Gleevec
Hexalen
hydroxyurea (Hydrea)
leucovorin calcium
Leukeran
Lysodren
Matulane
megestrol (Megace)
mercaptopurine (Purinethol)
methotrexate
Myleran
prednisone (Deltasone)
Rapamune
tacrolimus (Prograf)
tamoxifen (Nolvadex)
Targretin
Temodar
thioguanine
Xeloda

3. PAIN, NERVOUS SYSTEM & PSYCH

DRUG NAME

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

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

DRUG NAME

buspirone (BuSpar)
Q **butalbital/apap/caffeine** (Fioricet)
Q **butalbital/aspirin/caffeine** (Fiorinal)
carbamazepine (Tegretol)
carbamazepine XR (Tegretol XR)
carbidopa/levodopa (Sinemet)
carbidopa/levodopa CR (Sinemet CR)
carbidopa/levodopa ODT (Parcopa)
Celontin
chlorpromazine HCl
choline magnesium trisalicylate
citalopram (Celexa)
clomipramine HCl (Anafranil)
clonazepam (Klonopin)
clozapine (Clozaril)
codeine tabs
Comtan
Concerta
desipramine (Norpramin)
dexmethylphenidate (Focalin)
diazepam (Valium)
diclofenac potassium (Cataflam)
diclofenac sodium (Voltaren XR)
diflunisal (Dolobid)
divalproex sodium (Depakote)
divalproex sodium ER (Depakote ER)
divalproex sprinkle cap (Depakote Sprinkle Caps)
doxepin (Sinequan)
ergotamine/tartrate/caffeine (Cafergot)
ethosuximide (Zarontin)
etodolac (Lodine XL)
fenoprofen calcium (Nalfon)
Q,PA **fentanyl citrate OTFC** (Actiq)
Q **fentanyl transdermal** (Duragesic)
fluoxetine (Prozac)
fluphenazine
flurbiprofen (Ansaid)
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)
methadone (Dolophine)
methamphetamine (Desoxyn)
methylphenidate SR (Ritalin SR)
migergot (Cafergot)
mirtazapine (Remeron)
mirtazapine rapid dissolve tabs (Remeron SolTab)

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

DRUG NAME

Q **morphine sulfate, extended release** (MS Contin)
Q **morphine sulfate** (MSIR)
morphine sulfate supp (RMS)
nabumetone (Relafen)
Namenda
naproxen (Naprosyn)
naproxen sodium (Anaprox DS)
naproxen sodium SA (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)
paroxetine (Paxil)
paroxetine HCl ext-release (Paxil CR)
perphenazine
phenobarbital
phenytoin
phenytoin sodium (Phenytek)
piroxicam (Feldene)
pramipexole (Mirapex)
primidone (Mysoline)
propoxyphene HCl/apap
Q **propoxyphene napsylate/apap** (Darvocet-N)
Prostigmin
pyridostigmine (Mestinon)
risperidone (Risperdal, Risperdal M-Tab)
ropinirole (Requip)
salsalate
selegiline HCl (Eldepryl)
Seroquel
sertraline (Zoloft)
Strattera
sulindac (Clinoril)
Q **sumatriptan** (Imitrex)
Q **temazepam** (Restoril)
thioridazine
thiothixene (Navane)
tolmetin sodium
topiramate (Topamax)
topiramate sprinkle cap (Topamax Sprinkle Capsules)
tramadol (Ultram)
PA **tramadol ER** (Ultram ER)
tranycypromine sulfate (Parnate)
trazodone (Desyrel)
trifluoperazine
trihexyphenidyl
valproic acid (Depakene)
venlafaxine (Effexor)
Q **zaleplon** (Sonata)
Q **zolpidem tartrate** (Ambien)
Q Zomig nasal spray
Q Zomig, Zomig ZMT
Zyprexa

4. HEART, BLOOD PRESSURE & CHOLESTEROL

DRUG NAME

acebutolol (Sectral)
amiloride (Midamor)
amiloride/HCTZ (Moduretic)
aminocaproic acid (Amicar)
amiodarone HCl (Cordarone)
amlodipine (Norvasc)
amlodipine/benazepril (Lotrel)
anagrelide (Agrylin)
atenolol (Tenormin)
atenolol/chlorthalidone (Tenoretic)
PA Azor
benazepril (Lotensin)
benazepril/HCTZ (Lotensin HCT)
PA Benicar
PA Benicar HCT
betaxolol (Kerlone)
bisoprolol/HCTZ (Ziac)
Bystolic
bumetanide (Bumex)
captopril (Capoten)
captopril/HCTZ (Capozide)
carvedilol (Coreg)
chlorothiazide
chlorthalidone
cholestyramine (Questran Light)
cilostazol (Pletal)
clonidine (Catapres tablets)
clonidine patch (Catapres-TTS)
colestipol HCl (Colestid)
Coumadin
PA Crestor
digoxin
Dilatrate-SR
diltiazem (Cardizem)
diltiazem extended release (Cardizem CD, Dilacor XR)

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

DRUG NAME

diltiazem ER 24 hour (Tiazac)
✓ **diltiazem HCl** (Cardizem LA)
diltiazem SR (Cardizem SR)
PA Diovan
PA Diovan HCT
dipyridamole (Persantine)
disopyramide (Norpace)
disopyramide CR 150mg (Norpace CR)
doxazosin mesylate (Cardura)
Edecrin
enalapril (Vasotec)
enalapril/HCTZ (Vaseretic)
eplerenone (Inspra)
felodipine ER (Plendil)
fenofibrate (Lofibra)
fenofibric acid (Fibricor)
flecainide (Tambocor)
fosinopril (Monopril)
furosemide (Lasix)
gemfibrozil (Lopid)
guanabenz (Tenex)
guanfacine HCl
hydralazine
hydrochlorothiazide (Microzide)
indapamide (Lozol)
isosorbide dinitrate (Isordil tabs)
isosorbide dinitrate ER
isosorbide mononitrate (Ismo)
isosorbide mononitrate ER (Imdur)
isradipine (DynaCirc)
labetalol HCl (Trandate)
Lanoxin
lisinopril (Prinivil)
lisinopril/HCTZ (Prinzide)
PA,✓ losartan (Cozaar)
PA,✓ losartan-HCTZ (Hyzaar)
lovastatin (Mevacor)
Mephyton
methyldopa
metolazone (Zaroxolyn)
metoprolol tartrate (Lopressor)
metoprolol succinate (Toprol XL)
mexiletine HCl (Mexitil)
minoxidil (Loniten)
moexipril/HCTZ (Uniretic)
Multaq
nadolol (Corgard)
nadolol-bendroflume thiazide (Corzide)
Niaspan
nifedipine ER (Adalat CC, Procardia XL)
Nimotop
nisoldipine (Sular)
Nitro-Bid
nitroglycerin patches (Nitro-Dur)
nitroglycerin SL (Nitrostat SL)
nitroglycerin ER
pentoxifylline (Trental)
perindopril (Aceon)
pindolol (Visken)
pravastatin (Pravachol)
prazosin (Minipress)
procainamide (Pronestyl)
Procanbid
propafenone (Rythmol)
propranolol (Inderal, Inderal LA)
propranolol/HCTZ (Inderide)
quinapril HCl (Accupril)
quinapril/HCTZ (Accuretic)
quinapril gluconate
quinidine gluconate ER

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

DRUG NAME

quinidine sulfate
ramipril (Altace)
simvastatin (Zocor)
sotalol HCl (Betapace AF)
spironolactone (Aldactone)
spironolactone/HCTZ (Aldactazide)
terazosin (Hytrin)
ticlopidine HCl (Ticlid)
timolol (Blocadren)
torsemide (Demadex)
trandolapril (Mavik)
triamterene/HCTZ (Dyazide, Maxzide)
Tricor
✓ Trilipix
verapamil HCl (Calan, Verelan)
warfarin
Zetia

5. SKIN MEDICATIONS

DRUG NAME

alclometasone dipropionate cream (Aclovate)
amcinonide (Cyclocort)
anthralin (Psoriatec)
Bactroban cream
bencort lotion kit (Vanoxide-HC)
benzoyl peroxide gel (Brevoxyl gel)
benzoyl peroxide/erythromycin (Benzamycin gel)
benzoyl peroxide/urea cream (Zoderm)
betamethasone dipropionate (Diprosone)
betamethasone dipropionate augmented (Diprolene, Diprolene AF)
betamethasone valerate (Beta-Val)
betamethasone/clotrimazole (Lotrisone)
calcipotriene soln (Dovonex Soln)
ciclopirox cream, susp (Loprox)
ciclopirox shampoo (Loprox shampoo)
ciclopirox solution (Penlac)
clindamycin (Cleocin T)
clindamycin-benzoyl peroxide gel (BenzaClin)
✓ **clindamycin phosphate** (Evoclin)
clobetasol (Temovate)
desoximetasone (Topicort)
diflorasone diacetate (Psorcon)
econazole (Spectazole)
Efudex cream
erythromycin gel (Erygel, Emgel)
erythromycin solution
erythromycin swabs (Erycette)
fluocinolone acetonide cream, soln (Synalar)
fluocinonide gel, oint, cream (Lidex, Lidex E)
Fluoroplex
fluorouracil solution (Efudex)
fluticasone propionate (Cutivate)
gentamicin topical cream, oint
HC acetate/lidocaine HCl (Senatec HC)
hydrocortisone 2.5% (Hytone)
hydrocortisone butyrate 0.1% (Locoid)
hydrocortisone valerate 0.2% (Westcort)
✓ **imiquimod cream** (Aldara)
isotretinoin (Accutane)
ketoconazole cream (Nizoral cream)
ketoconazole shampoo (Nizoral shampoo)
lidocaine (Xylocaine)
lindane lotion
Loprox gel
malathion lotion (Ovide)
mometasone cream (Elocon)
metronidazole cream (MetroCream)
metronidazole lotion (Metrolotion)
mupirocin oint (Bactroban)
nystatin (Mycostatin)
nystatin/triamcinolone (Mycolog II)
Oxsoralen lotion 1%
Oxsoralen Ultra
permethrin (Elimite)
podofilox soln (Condylox)
prednicarbate ointment (Dermatop)
prilocaine/lidocaine (Emla cream)
✓ **prutect topical emulsion** (Biafine)
Regranex
selenium sulfide (Selsun Rx)
silver sulfadiazine (Silvadene)
sodium sulfacetamide lotion (Klaron)
sodium sulfacetamide/sulfur (Sulfacet-R, Plexion)
sulfacetamide sodium (Sebizon)
sulfacetamide sodium/urea lotion (Carmol scalp lotion)
tretinoin (Retin-A, Avita)
triamcinolone (Kenalog)
urea cream (Keralac cream)
Zovirax oint

6. EAR, NOSE, THROAT MEDICATIONS

DRUG NAME

acetic acid HC (Acetasol HC)
Astepro
Bactroban nasal oint
benzocaine/antipyrine (Benzotic)
chlorhexidine gluconate (Peridex)

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

DRUG NAME

Cipro HC Otic
flunisolide (Nasarel)
fluticasone propionate nasal susp (Flonase)
ipratropium (Atrovent nasal spray)
Nasacort AQ
Nasonex
neomycin/polymyxin/hydrocortisone (Cortisporin Otic)
ofloxacin otic (Floxin Otic)
triamcinolone (Kenalog in Orabase)

7. DIABETES, THYROID, STEROIDS & OTHER MISCELLANEOUS HORMONES

DRUG NAME

acarbose (Precose)
Ascenscia Autodisc Test Strips
Ascenscia Breeze 2 Test Strips
Ascensia Contour Test Strips
Ascensia Elite Test Strips
Ascenscia Glucometer
Actoplus Met
Actos
Androgel
Avandamet
Avandaryl
Avandia
BD Insulin Syringe Micro-Fine
PA Byetta
calcitriol capsules (Rocaltrol capsules)
danazol (Danocrine)
desmopressin acetate (DDAVP)
dexamethasone (Decadron)
fludrocortisone acetate (Florinef)
FreeStyle Meter
FreeStyle Test Strips
FreeStyle Lite Glucometer
FreeStyle Lite Test Strips
glimepiride (Amaryl)
glipizide (Glucotrol)
glipizide ER (Glucotrol XL)
Glucagon emergency kit
glyburide (Diabeta, Micronase)
glyburide micronized (Glynase)
PA Humatrope
hydrocortisone (Cortef)
Insulin syringes
Lancets
Lantus vial, cartridge
Levemir
levothyroxine (Levoxyl, Synthroid)
liothyronine (Cytomel)
metformin (Glucophage)
metformin ER (Glucophage XR)
metformin/glyburide (Glucovance)
methimazole (Tapazole)
methylprednisolone (Medrol)
nateglinide (Starlix)
PA Norditropin
Novolin
Novolog
Novolog mix
oxandrolone (Oxandrin)
Prandin
Precision XTRA Glucometer
Precision XTRA Test Strips
prednisolone sodium phosphate (Pediapred, Orapred)
prednisolone syrup (Prelone)
prednisone tabs (Deltasone)
propylthiouracil
Sensipar

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

DRUG NAME

PA Symlin
tolbutamide
Zavesca

8. STOMACH, ULCER & BOWEL MEDS

DRUG NAME

Asacol
balsalazide (Colazal)
Canasa supp
Carafate susp
chlordiazepoxide/clidinium
cimetidine (Tagamet)
dicyclomine (Bentyl)
diphenoxylate HCl/atropine (Lomotil)
dronabinol (Marinol)
Q Emend
famotidine 40mg (Pepcid)
Gastrocrom
granisetron (Kytril)
hydrocortisone (Anusol-HC)
✓ **hydrocortisone/pramoxine kit** (Analpram E Kit)
hydrocortisone retention enema (Colocort)
hyoscyamine (Levsin, Levsinex, Levbid)
Kristalose
lactulose soln
PA **lansoprazole** (Prevacid)
mesalamine rectal susp (Rowasa)
metoclopramide (Reglan)
misoprostol (Cytotec)
PA Nexium
nizatidine (Axid)
omeprazole (Prilosec)
ondansetron HCl (Zofran)
pancrelipase EC/SA (Pancrease, Pancrease MT)
PA **pantoprazole** (Protonix)
PEG 3350 & electrolytes (Nulytely)
Pentasa
phenobarb/hyoscyamine/atrop/scop (Donnatal)
prochlorperazine (Compazine)
Proctofoam-HC
promethazine (Phenergan)
ranitidine 300mg (Zantac)
sucralfate tabs (Carafate)
sulfasalazine (Azulfidine)
trimethobenzamide (Tigan)
ursodiol (Actigall)

9. BIOTECHNOLOGY

DRUG NAME

Avonex
Copaxone
Lovenox
Peg-Intron
Procrit

10. BONES, JOINTS & MUSCLES

DRUG NAME

Q Actonel
Q **alendronate** (Fosamax)
allopurinol (Zyloprim)
azathioprine (Imuran)
baclofen
calcitonin-salmon (rDNA origin) nasal spray (Miacalcin)
carisoprodol (Soma)
chlorzoxazone (Parafon Forte)
choline magnesium trisalicylate
colchicine
cyclobenzaprine (Flexeril)
dexamethasone (Decadron)
diazepam (Valium)
diclofenac potassium (Cataflam)
diclofenac sodium (Voltaren XR)
diflunisal (Dolobid)
Enbrel kit, disp syr
etodolac (Lodine XL)
Evista
fenoprofen calcium (Nalfon)
flurbiprofen (Ansaid)
PA Humira
hydrocortisone (Cortef)
hydroxychloroquine (Plaquenil)
ibuprofen (Motrin)
indomethacin (Indocin)
indomethacin SR (Indocin SR)
ketoprofen (Orudis)
ketoprofen SR (Oruvail)
ketorolac (Toradol oral)
leflunomide (Arava)
meclofenamate
PA **meloxicam** (Mobic)
✓ **metaxalone** (Skelaxin)
methocarbamol (Robaxin)
methotrexate
methylprednisolone (Medrol)
nabumetone (Relafen)
naproxen (Naprosyn)

10. BONES, JOINTS & MUSCLES (cont.)

DRUG NAME

naproxen sodium (Anaprox DS)
naproxen sodium SA (Naprelan)
oxaprozin (Daypro)
piroxicam (Feldene)
prednisolone sodium phosphate (Pediapred, Orapred)
prednisolone syrup (Prelone)
prednisone tabs (Deltasone)
probenecid
salsalate
sulfasalazine (Azulfidine)
sulfinpyrazone sulindac (Clinoril)
tizanidine (Zanaflex)
tolmetin

11. FEMALE, HORMONE REPLACEMENT, BIRTH CONTROL

DRUG NAME

Bravelle
Cenestin
clindamycin cream (Cleocin)
Depo-Provera
Depo SubQ Provera
desogestrel/ethinyl estradiol
esterified estrogens/methyltestosterone
Estraderm
estradiol (Estrace)
estradiol transdermal (Climara)
Estratest HS
Estring
estropipate (Ogen)
ethinyl estradiol/drospirenone (Yasmin)
Femhrt
fluconazole 150mg (Diflucan)
Follistim
Follistim AQ
levonorgestrel/ethinyl estradiol (Seasonale,Triphasil)
Lunelle
medroxyprogesterone acetate (Provera)
Menopur
Methergine
metronidazole vaginal gel (Metrogel)
norethindrone
norethindrone acetate (Aygestin)
norethindrone acetate/ethinyl estradiol/ ferrous fumarate (Estrostep Fe)
norethindrone/ethinyl estradiol
norethindrone/ethinyl estradiol, Fe
norethindrone/mestranol
norgestimate/ethinyl estradiol
norgestrel/ethinyl estradiol
Novarel
Nuvaring
nystatin
Ortho Evra
Premarin
Premarin vaginal cream
Premphase
Prempro
Prometrium
Repronex
terconazole cream (Terazol 3)
tri-lo-sprintec (Ortho Tri-Cyclen Lo)
Vivelle, Vivelle Dot
Yaz

Key

Type of covered drug*	You pay
• **Bolded drug** is a formulary generic.	Lowest copay
• Non-bolded drug is a formulary brand.	Middle copay
• 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.	Highest copay
• Covered generic drugs not listed are formulary.	Lowest copay
• Covered brand drugs not listed are non-formulary.	Highest copay

PA = Prior authorization must be requested by the physician.
Q = Quantity level limits apply.
✓ = New formulary drug.

* Unless specifically excluded from your contract.

12. EYE MEDICATIONS

DRUG NAME

acetazolamide
acetazolamide ER (Diamox Sequels)
Alrex
atropine sulfate (Isopto Atropine)
azelastine HCl drops (Optivar)
Azopt
bacitracin ophth
bacitracin/polymyxin B ophth oint (Polysporin)
✓ Besivance
betaxolol
Betimol
Betoptic S
Blephamide
brimonidine tartrate (Alphagan P)
carbachol 3% (Isopto Carbachol 3%)
carteolol
ciprofloxacin (Ciloxan)
cromolyn ophth (Crolom)
cyclopentolate HCl (Cyclogyl)
dexamethasone ophth
diclofenac sodium (Voltaren)
dipivefrin HCl (Propine)
dorzolamide HCl 2% (Trusopt)
dorzolamide-timolol (Cosopt)
erythromycin
fluorometholone (FML, Liquifilm)
gentamicin ophth (Gentak)
HMS
homatropine 5% (Isopto Homatropine)
ketorolac opth soln (Acular/Acular LS)
levobunolol (Betagan)
Lotemax
Lumigan
methazolamide
neomycin/polymyxin B/dexamethasone (Maxitrol)
ofloxacin (Ocuflox)
Patanol
Phospholine Iodide
pilocarpine (Pilocar, Isopto Carpine)
Pilopine HS gel
polymyxin B/neo/bacitracin (Neosporin oint)
polymyxin B/neo/gramicidin (Neosporin soln)
prednisolone acetate (Econopred Plus, Pred-Forte)
prednisolone sodium phosphate (Inflamase Forte)
prednisolone/sodium sulfacetamide (Vasocidin oint)
sulfacetamide (Bleph 10)
timolol ophth (Timoptic)
timolol XE (Timoptic XE)
tobramycin (Tobrex)
tobramycin-dexamethasone (Tobradex)
trifluridine (Viroptic)
trimethoprim sulfate/polymyxin B (Polytrim)
tropicamide (Mydriacyl)
Vexol
Vigamox
Xalatan

13. ALLERGY, COUGH & COLD, LUNG MEDS

DRUG NAME

acetylcysteine (Mucomyst)
Advair Diskus
Advair HFA
albuterol inhaler (Proventil, Ventolin)
albuterol soln
Alupent aerosol
aminophylline tabs
Astelin
Atrovent HFA
Azmacort
benzonatate (Tessalon Perles)
brompheniramine/phenylephrine (Brovex D)
✓ **budesonide** (Pulmicort Respules)
chlorpheniramine/phenylephrine (Rynatan)
chlorpheniramine/phenylephrine/ methscopolamine chewable tabs, syrup (Extendryl)
chlorpheniramine/phenylephrine/ methscopolamine extended release (Hista-Vent DA)
Combivent MDI
cromolyn inhalation soln (Intal soln)
cyproheptadine
dexamethasone (Decadron)
Elixophyllin
✓ **epinephrine pen injector** (AdrenaClick, EpiPen)
EpiPen Jr. Auto-Injector/E*Z
Extendryl SR
fexofenadine (Allegra)
fexofenadine-PSE ER (Allegra D 12 Hour)
Flovent Diskus
Flovent HFA
flunisolide (Nasarel)
Foradil
guaifenesin/codeine (Guiatuss AC)
guaifenesin/codeine/pseudopephedrine (Guiatuss DAC)
guaifenesin/hydrocodone

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

DRUG NAME

guaifenesin/phenylephrine/hydrocodone (Duratuss HD elixir)
guaifenesin/pseudoephedrine/codeine (Guiatuss DAC, Novahistine)
hydrocodone/homatropine syrup (Hycodan)
hydrocortisone (Cortef)
hydroxyzine HCl
hydroxyzine pamoate (Vistaril)
Intal
ipratropium-albuterol (Duoneb)
ipratropium inhalation soln (Atrovent soln)
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 Flexhaler
Pulmozyme
Serevent Diskus
PA Singulair
Spiriva
Symbicort
terbutaline sulfate tabs (Brethine)
Theo-24
theophylline extended release (Theochron, Uniphyl)
Tilade
Tracleer
Vospire ER

14. URINARY & PROSTATE MEDS

DRUG NAME

bethanechol (Urecholine)
doxazosin mesylate (Cardura)
Enablex
finasteride (Proscar)
flavoxate (Urispas)
methenamine/methylene blue/benzoic acid/salicylic acid/atropine (Prosed EC tab)
methenamine/phenylsalicylate/atropine/hyoscyamine/benzoic acid/methylene blue (Urised)
Q,PA Muse
oxybutynin (Ditropan)
oxybutynin ER (Ditropan XL)
phenazopyridine (Pyridium)
potassium citrate (Urocit-K)
✓ **tamsulosin** (Flomax)

Key	
Type of covered drug*	**You pay**
• **Bolded drug** is a formulary generic.	Lowest copay
• Non-bolded drug is a formulary brand.	Middle copay
• 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.	Highest copay
• Covered generic drugs not listed are formulary.	Lowest copay
• Covered brand drugs not listed are non-formulary.	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.

14. URINARY & PROSTATE MEDS (cont.)

DRUG NAME

terazosin (Hytrin)

Q,PA Viagra

15. VITAMINS & ELECTROLYTES

DRUG NAME

ergocalciferol (Calciferol)
fluoride
folic acid
iron, carbonyl 15mg (Icar)
Multigen (Chromagen)
Multigen Plus (Chromagen Forte)
multivitamin with fluoride drops, tabs (Tri-Vi-Flor, Poly-Vi-Flor with and without iron)
potassium bicarbonate/potassium citrate effervescent (K-Lyte)
potassium chloride (Klor-Con, Kaon-CL, Klotrix, K-Tab, K-Dur, Micro-K)
sodium fluoride drops (Luride drops)

16. DIAGNOSTICS & MISCELLANEOUS AGENTS

DRUG NAME

benzoyl peroxide
Q,PA **buprenorphine** (Subutex)
calcium acetate (PhosLo)
Chemet
etidronate disodium (Didronel)
midodrine HCl (ProAmatine)
pilocarpine HCl (Salagen)
Q,PA,✓ Suboxone

AmeriHealth Administrators administers your health benefits program. We utilize an independent pharmacy benefits management (PBM) company, FutureScripts, to manage the administration of your prescription drug programs. As your plan's PBM, FutureScripts is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to plan members and health care providers.

Prior authorization

Prior authorization is a requirement that your physician obtain approval from your health plan for coverage of, or payment for, your medication. Your health benefits program requires prior authorization of certain covered drugs to ensure that the drug prescribed is medically necessary and appropriate and is being prescribed according to the U.S. Food and Drug Administration (FDA) guidelines. The approval criteria were developed and endorsed by the FutureScripts Pharmacy and Therapeutics Committee, which is an established group of medical directors and practicing physicians and pharmacists.

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

Without prior authorization, the plan member's prescription will not be covered at your health benefits program's retail or mail-order pharmacy. (See "96-Hour Temporary Supply Program" on page 18.) The prior authorization process may take up to two working days once FutureScripts receives complete information from the prescribing physician. Incomplete information will result in a delayed decision.

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

Drugs that require prior authorization

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

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

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

(continued)

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

(continued from page 15)

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

The above list is subject to change.

Age and gender limits

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

The pharmacist's computer provides up-to-date information about FDA rules. If the plan member's prescription falls outside of the FDA guidelines, it will not be covered until prior authorization is obtained. The prescribing physician may request preapproval of restricted medications when medically necessary.

The approval criteria for this review were developed and endorsed by the FutureScripts Pharmacy and Therapeutics Committee, which is an established group of medical directors and practicing physicians and pharmacists. The plan member should contact the prescribing physician to request that he or she initiate the preapproval process. To determine if a covered prescription drug prescribed for you has an age or gender limit, call FutureScripts at 1-888-678-7013.

If the request is approved:

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

If the request is denied:

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

Appealing a decision

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

Quatity level limits

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

Rolling 30-day period

This quantity limit is based on dosing guidelines over a rolling 30-day period. The purpose of these limits is to make certain that these drugs are being used appropriately and to guard against overuse or stockpiling. Examples of quantity level limits per rolling 30-day period include:

- Emend® [four 125mg capsules + eight 80mg capsules or four trifold packs (one 125mg capsule + two 80mg capsules])];
- Boniva® (two 150mg tablets);
- Avonex® (one kit, four injections);
- Betaseron® (15 vials);
- Copaxone® (32 vials);
- migraine drugs, such as Amerge® (nine 2.5mg tablets), Imitrex® (36 50mg tablets), Maxalt® (12 10mg tablets), Migranal® (eight 4mg nasal spray units), Stadol NS® (four 10mg units), and Zomig® (nine 5mg tablets);
- Fosamax Plus D™ (five tablets);
- Rebif® (12 injections);
- sedative hypnotic drugs, such as Sonata® (14 capsules) and Ambien® (14 tablets);
- oral narcotic drugs, such as OxyContin® (90 units), Percocet® (180 units), and Percodan® (180 units).

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

Refill too soon

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

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

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

Therapeutic drug class

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

96-Hour Temporary Supply Program

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

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

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

1. The participating retail pharmacy is instructed to release a 96-hour supply of the drug to the plan member with no cost-sharing at that time.

2. The plan member's physician submits the necessary documentation of medical necessity or medical appropriateness for review.

3. Once FutureScripts receives the completed medical documentation, they complete the review and approve or deny the request.

4. **If approved,** the pharmacy fills the remainder of the prescription order and the plan member will pay the appropriate prescription drug cost sharing.

5. **If denied,** FutureScripts will notify the physician and the plan member.

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

Some medications are not eligible for the 96-Hour Temporary Supply Program due to packaging or other limitations. These drugs include but are not limited to: Retin-A® (tube); Enbrel® (2-week injection kit); medroxyprogesterone acetate (monthly injectable); and erectile dysfunction drugs. Additionally, certain drugs to treat hemophilia (antihemophilic factors) are not usually purchased at the pharmacy and must be special-ordered; therefore, they are not eligible for the 96-hour temporary supply.

How to request a prior authorization/preapproval or override

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

- FutureScripts will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review it.

- A decision is made regarding the request.

A

Abilify 4
Abilify Discmelt 4
acarbose 9
Accupril 7
Accuretic 7
Accutane 8
acebutolol 6
Aceon 7
acetaminophen/butalbital 4
acetaminophen/codeine 4
Acetasol HC 8
acetazolamide 4, 12
acetazolamide ER 12
acetic acid HC 8
acetylcysteine 12
AcipHex 15
Aclovate 8
Actigall 10
Actiq 5, 15
Actonel 10
Actoplus Met 9
Actos 9
Acular/Acular LS 12
acyclovir 3
Adalat CC, Procardia XL 7
Adcirca 15
Adderall 4
Adderall XR 4
AdrenaClick 12
Advair Diskus 12
Advair HFA 12
Afinitor 15
Agenerase 3
Agrylin 6
albuterol inhaler 12
albuterol soln 12
alclometasone dipropionate cream 8
Aldactazide 8
Aldactone 8
Aldara 8
alendronate 10
Alkeran 4
Allegra 12
Allegra D 12 Hour 12
allopurinol 10
Alodox 15
Alphagan P 12
alprazolam 4
Alrex 12
Altabax 15
Altace 8
Alupent aerosol 12
amantadine 3, 4
Amaryl 9
Ambien 6, 17
Ambien CR 15
amcinonide 8
Amerge 17
Amevive 15
Amicar 6
amiloride 6
amiloride/HCTZ 6
aminocaproic acid 6
aminophylline tabs 12
amiodarone HCl 6
amitriptyline 4
amlodipine 6
amlodipine/benazepril 6
amoxapine 4
amoxicillin 3
amoxicillin/clavulanate 3
Amoxil 3
amphetamine aspartate/amphetamine sulfate/ dextroamphetamine 4
amphetamine aspartate/amphetamine sulfate/ dextroamphetamine ER 4
ampicillin 3
Ampyra 15
AMRIX 15
Anafranil 5
anagrelide 6
Analpram E Kit 10
Anaprox DS 6, 11
Androgel 9
Ansaid 5, 10
anthralin 8
Anusol-HC 10
Apidra 15
Apidra SoloSTAR 15
Aplenzin 15
Aralen 3
Arava 10
Aricept 4
Aricept ODT 4
Aromasin 4

Asacol 10
Ascenscia Autodisc Test Strips 9
Ascenscia Breeze 2 Test Strips 9
Ascenscia Glucometer 9
Ascensia Contour Test Strips 9
Ascensia Elite Test Strips 9
aspirin with codeine 4
Astelin 12
Astepro 8
Atacand/Atacand HCT 15
atenolol 6
atenolol/chlorthalidone 6
Ativan 5
Atripla 3
atropine sulfate 12
Atrovent HFA 12
Atrovent nasal spray 9
Atrovent soln 13
Augmentin 3
Augmentin XR 3
Autodisc 15
Avandamet 9
Avandaryl 9
Avandia 9
Avapro/Avalide 15
Avidoxy DK 15
Avinza 4
Avonex 10, 17
Axid 10
Aygestin 11
azathioprine 4, 10
azelastine HCl drops 12
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, Bactrim DS, Septra 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
bencort lotion kit 8
Benicar 6
Benicar/Benicar HCT 15
Benicar HCT 6
Bentyl 10
BenzaClin 8
Benzamycin gel 8
benzocaine/antipyrine 8
benzonatate 12
Benzotic 8
benzoyl peroxide 8, 14
benzoyl peroxide/erythromycin 8
benzoyl peroxide gel 8
benzoyl peroxide/urea cream 8
benztropine 4
Bepreve 15
Besivance 12
Betagan 12
betamethasone/clotrimazole 8
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