

Self-injectable drugs covered under Independence Blue Cross pharmacy benefit* effective January 1, 2010

Formulary chapter / brand name	Generic name	Acute vs Chronic	PA = prior authorization QLL=quantity limit GE=gender edit
ANTIBIOTICS AND OTHER DRUGS USED FOR INFECTIONS			
FUZEON	enfuvirtide	Chronic/HIV	
PAIN, NERVOUS SYSTEM & PSYCH			
APOKYN	apomorphine	Chronic/PD	
APOKYN PEN	apomorphine	Chronic/PD	
IMITREX/SUMATRIPTAN	sumatriptan	Chronic/Migraines	QLL
DIABETES, THYROID, STEROIDS & OTHER MISCELLANEOUS HORMONES			
DEPO-PROVERA/ MEDROXYPROGESTERONE 104mg or 150mg ONLY	medroxyprogesterone	Chronic/Prev-Preg	GE
FORTEO	teriparatide	Chronic/Osteop	PA
MIACALCIN	calcitonin-salmon	Chronic/Osteop	
SOMAVERT	pegvisomant	Chronic/Acromeg	
GENOTROPIN	somatropin	Chronic/HGH	PA
GENOTROPIN MINIQUICK	somatropin	Chronic/HGH	PA
HUMATROPE	somatropin	Chronic/HGH	PA
NORDITROPIN	somatropin	Chronic/HGH	PA
NORDITROPIN NODIFLEX	somatropin	Chronic/HGH	PA
NUTROPIN	somatropin	Chronic/HGH	PA
NUTROPIN AQ	somatropin	Chronic/HGH	PA
OMNITROPE	somatropin	Chronic/HGH	PA
SAIZEN	somatropin	Chronic/HGH	PA
SEROSTIM	somatropin	Chronic/HGH	PA
TEV TROPIN	somatropin	Chronic/HGH	PA
ZORBTIVE	somatropin	Chronic/HGH	PA
INCRELEX	mecasermin	Chronic/HGH	PA
URINARY AND PROSTATE MEDS			
ALPROSTADIL	alprostadil	Chronic/ED	PA
CAVERJECT	alprostadil	Chronic/ED	PA
EDEX	alprostadil	Chronic/ED	PA

Drugs in **boldface** type will not be covered under the IBC medical benefit as of January 1, 2010.

The list of self-injectable drugs covered under the IBC pharmacy benefit is subject to change. The above list is effective as of January 1, 2009.

* Subject to medical necessity and other applicable benefit contract terms and limitations.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.

**Self-injectable drugs
covered under Independence Blue Cross pharmacy benefit*
effective January 1, 2010**

Formulary chapter / brand name	Generic name	Select drug formulary tier	PA = prior authorization QLL=quantity limit GE=gender edit
HEART, BLOOD PRESSURE AND CHOLESTEROL			
ARIXTRA	fondaparinux	Acute/DVT	
FRAGMIN	dalteparin	Chronic/VTE, Acute DVT	
INNOHEP	tinzaparin	Acute/DVT	
LOVENOX	enoxaparin	Acute/DVT	
BIOTECHNOLOGY			
INTRON A	Interferon alfa-2b	Chronic/HepC	
INTRON A PEN	Interferon alfa-2b	Chronic/HepC	
PEGASYS	peginterferon alfa-2a	Chronic/HepC	
PEG-INTRON	peginterferon alfa-2b	Chronic/HepC	
PEG-INTRON REDI-PEN	peginterferon alfa-2b	Chronic/HepC	
INFERGEN	interferon alfacon-1	Chronic/HepC	
COPAXONE	glatiramer	Chronic/MS	QLL
REBIF	Interferon beta-1a	Chronic/MS	QLL
AVONEX	Interferon beta-1a	Chronic/MS	QLL
BETASERON	interferon beta-1b	Chronic/MS	QLL
SKIN MEDICATIONS			
RAPTIVA	efalizumab	Chronic/Plaq Psor	PA
BONES, JOINTS AND MUSCLES			
ENBREL	etanercept	Chronic/RA	PA
HUMIRA	adalimumab	Chronic/RA	PA
KINERET	anakinra	Chronic/RA	PA
ANTINEOPLASTIC			
LUPRON (2-week kit only)	leuprolide	Chronic/CA	
ACTIMMUNE	Interferon gamma-1b	Chronic/CGD	

Drugs in **boldface** type will not be covered under the IBC medical benefit as of January 1, 2010.

The list of self-injectable drugs covered under the IBC pharmacy benefit is subject to change. The above list is effective as of January 1, 2009.

* Subject to medical necessity and other applicable benefit contract terms and limitations.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.

Self-injectable drugs covered under Independence Blue Cross pharmacy benefit* effective January 1, 2010

The following drugs will continue to be eligible for coverage in the both the IBC medical and IBC drug benefits.

Formulary chapter / brand name	Generic name	Select drug formulary tier	PA = prior authorization QLL=quantity limit GE=gender edit
DIABETES, THYROID, STEROIDS & OTHER MISCELLANEOUS HORMONES			
GLUCAGEN	glucagon	Chronic/Diab	
APIDRA	insulin glulisine (rDNA origin)	Chronic/Diab	
HUMULIN, NPH, PORK INSULIN, REGULAR INSULIN, ULTRALENTE, HUMULIN R, RELION, , NOVOLIN	insulin	Chronic/Diab	
LANTUS, LISPRO-PFC, NOVOLOG FLEXPEN, NOVOLOG MIX, RELION NOVOLIN	insulin	Chronic/Diab	
LEVEMIR	Insulin detemir (Rdna origin)	Chronic/Diab	
LANTUS SOLOSTAR	insulin	Chronic/Diab	
HUMULIN N AND NOVOLIN N	Insulin NPH or Insulin Lente	Chronic/Diab	
HUMALOG OR NOVOLOG	Insulin Lispro or Insulin Aspart	Chronic/Diab	
BYETTA	exenatide	Chronic/Diab	PA
SYMLIN	pramlintide	Chronic/Diab	PA
PAIN, NERVOUS SYSTEM & PSYCH			
ADRENALIN CHLORIDE, EPI-PEN	epinephrine	Acute	
HEART, BLOOD PRESSURE AND CHOLESTEROL			
ARANESP SQ	darbepoetin alfa	Chronic/Anemia	
EPOGEN, PROCRT SQ	epoetin alfa	Chronic/Anemia	

Drugs in **boldface** type will not be covered under the IBC medical benefit as of January 1, 2010.

The list of self-injectable drugs covered under the IBC pharmacy benefit is subject to change. The above list is effective as of January 1, 2009.

* Subject to medical necessity and other applicable benefit contract terms and limitations.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.

Self-injectable drugs covered under Independence Blue Cross pharmacy benefit* effective January 1, 2010

The following drugs are not covered under the IBC drug benefit. However, coverage may be requested through the benefits process for 100+ customers.

Formulary chapter / brand name	Generic name	Select drug formulary tier	PA = prior authorization QLL=quantity limit GE=gender edit
FEMALE, HORMONE REPLACEMENT, BIRTH CONTROL			
FOLLISTIM AQ	follitropin beta	Acute-Multiple/IVF	QLL
CETROTIDE	cetorelix acetate	Acute-Multiple/IVF	
GONAL-F	follitropin alpha	Acute-Multiple/IVF	GE, QLL
GONAL-F REF	follitropin alpha	Acute-Multiple/IVF	
LUVERIS	lutropin alpha	Acute-Multiple	
MENOPUR	menotropins	Acute-Multiple	QLL
REPRONEX	menotropins	Acute-Multiple	GE,QLL
BRAVELLE	urofollitropin	Acute-Multiple	GE,QLL
NOVAREL	chorionic gonadotropin	Acute-Multiple	
OVIDREL	chorionic gonadotropin	Acute-Multiple	
PREGNYL	chorionic gonadotropin	Acute-Multiple	

Drugs in **boldface** type will not be covered under the IBC medical benefit as of January 1, 2010.

The list of self-injectable drugs covered under the IBC pharmacy benefit is subject to change. The above list is effective as of January 1, 2009.

* Subject to medical necessity and other applicable benefit contract terms and limitations.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association.