



First Health[®] Rx Drug Guide

Please present this to your doctor when you or another covered family member have an appointment. **If you have questions regarding your prescription benefit plan, call the toll-free number on your ID card.**

Carry This Drug Guide With You.

- Your prescription benefit plan has adopted the **First Health[®] Rx Drug Guide**, as an important part of your prescription benefit program. It includes a list of preferred brand-name drugs organized into the most common prescription classifications. The drugs in the **First Health[®] Rx Drug Guide** have been reviewed and assigned to a category by members of an experienced Pharmacy and Therapeutics Committee composed of doctors and pharmacists. The categories include generics, preferred and nonpreferred drugs.
- Drugs in the **First Health[®] Rx Drug Guide** are assigned to these categories based on their clinical effectiveness, safety and economic considerations. The categories offer you a choice of medications, but your copay* may vary depending on the category into which the medication is placed.
- A Specialty Drug List is included at the end of the **First Health[®] Rx Drug Guide**. Drugs included in this list require prior authorization and your copay* may vary depending on your prescription benefit plan.
- Your specific prescription benefit plan may not cover certain products, regardless of their appearance on the **First Health[®] Rx Drug Guide**. Please check your prescription benefit plan to review copays, exclusions and limitations.
- Carry this guide with you at all times. Make sure you show it to your doctor when he or she is prescribing your medication. Your doctor will be able to see which medications are preferred for each drug category.
- Keep in mind, the use of generic drugs is usually more cost-effective. Due to space limitations, generic drugs are not listed. When generic drug equivalents are available for brand-name drugs, they are noted with the word "generics."
- Please understand that this drug guide is not intended as a substitute for your doctor's professional judgment. It is offered as a tool to help you and your doctor to maximize treatment effectiveness while taking into account both drug therapy needs and costs. If you have questions about how your prescription benefit plan works, just call the toll-free number listed on your ID card to speak with a representative.

FIRST HEALTH PREFERRED DRUGS

ANALGESIC	FUSION INHIBITORS FUZEON	ANTIVIRALS § CYTOMEGALOVIRUS AGENTS VALCYTE § HEPATITIS AGENTS EPIVIR-HBV HEPSERA TYZKA § HERPES AGENTS FAMVIR VALTREX § INFLUENZA AGENTS TAMIFLU	HORMONAL ANTINEOPLASTIC AGENTS ANTIANDROGENS CASODEX NILANDRON ANTIESTROGENS FARESTON FASLODEX AROMATASE INHIBITORS ARIMIDEX AROMASIN FEMARA LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS LUPRON DEPOT TRELSTAR ZOLADEX PROGESTINS MEGACE ES	MISCELLANEOUS AGENTS LYSODREN MATULANE TARGRETIN CAP ZOLINZA	ANTILIPEMICS ANTILIPEMIC COMBINATIONS VYTORIN § BILE ACID RESINS WELCHOL CHOLESTEROL ABSORPTION INHIBITORS ZETIA § FIBRATES TRICOR § HMG-CoA REDUCTASE INHIBITORS LIPITOR NIACINS/COMBINATIONS ADVICOR NIASPAN SIMCOR
§ NARCOTIC ANALGESICS, CII OPANA ER OXYFAST OXYIR	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS INTELENCE RESCRIPTOR SUSTIVA VIRAMUNE § NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS EMTRIVA EPIVIR RETROVIR VIDEX EC ZERIT ZIAGEN† NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS VIREAD PROTEASE INHIBITORS APTIVUS CRIVAN INVIRASE KALETRA LEXIVA NORVIR PREZISTA REYATAZ VIRACEPT	ANTINEOPLASTIC ALKYLATING AGENTS ALKERAN CEENU HEXALEN LEUKERAN MYLERAN TEMODAR	KINASE INHIBITORS GLEEVEC IRESSA NEXAVAR SPRYCEL SUTENT TARCEVA TYKERB	CARDIOVASCULAR § ACE INHIBITOR/CALCIUM CHANNEL BLOCKERS LOTREL TARKA ANGIOTENSIN II RECEPTOR ANTAGONISTS AVAPRO BENICAR MICARDIS ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS AVALIDE BENICAR HCT MICARDIS HCT § ANTIARRHYTHMICS RYTHMOL SR TIKOSYN	§ BETA-BLOCKERS COREG CR TOPROL-XL CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS CADUET DIRECT RENIN INHIBITORS TEKURNA DIRECT RENIN INHIBITOR COMBINATIONS TEKURNA HCT
ANTI-INFECTIVE					
ANTIBACTERIALS § ERYTHROMYCINS/MACROLIDES BIAXIN XL § FLUOROQUINOLONES AVELOX CIPRO SUSPENSION LEVAQUIN § PENICILLINS AUGMENTIN AUGMENTIN ES AUGMENTIN XR					
ANTIRETROVIRALS ANTIRETROVIRAL COMBINATIONS ATRIPLA COMBIVIR EPZICOM TRIZIVIR TRUVADA CHEMOKINE RECEPTOR ANTAGONISTS SELZENTRY					

FOR YOUR INFORMATION: Generics should be considered the first line of prescribing. The drug guide represents a summary of prescription drug coverage. It is not inclusive and does not guarantee coverage. The plan participant's specific prescription benefit plan may have a different copay* for specific products on this list. Unless specifically indicated, drug guide products will include all dosage forms.

* Copayment, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a plan.

† These drugs and others may have restrictions on them including, but not limited to, quantity limits, age limits, dosage limits and prior authorization. Please check with your plan. This list is not a complete list of restrictions and is subject to change by your plan.

§ Generics are available in this class and should be considered the first line of prescribing.

FIRST HEALTH PREFERRED DRUGS, CONTINUED

NITRATES

SUBLINGUAL
NITROLINGUAL
§ **TRANSDERMAL**
NITRO-DUR

PULMONARY ARTERIAL HYPERTENSION
ENDOTHELIN RECEPTOR ANTAGONISTS
TRACLEER†

CENTRAL NERVOUS SYSTEM

§ ANTICONSULSANTS

CARBATROL
DEPAKOTE
DEPAKOTE ER
DILANTIN
GABITRIL
KEPPRA
LAMICTAL
LYRICA
NEURONTIN
TEGRETOL XR
TOPAMAX
TRILEPTAL

ANTIDEMENTIA

ARICEPT
EXELON
EXELON PATCH
NAMENDA
RAZADYNE
RAZADYNE ER

ANTIDEPRESSANTS

§ **MISCELLANEOUS AGENTS**
WELLBUTRIN XL
MONOAMINE OXIDASE INHIBITORS (MAOIs)
NARDIL
PARNATE
§ **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)**
LEXAPRO
PAXIL CR
§ **SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)†**
EFFEXOR XR

§ ANTIPARKINSONIANS

COMTAN
MIRAPEX
REQUIP
STALEVO

§ ANTIPSYCHOTICS

ABILIFY
INVEGA
RISPERDAL
SEROQUEL
SEROQUEL XR
ZYPREXA

§ ATTENTION DEFICIT HYPERACTIVITY DISORDER/NARCOLEPSY†

ADDERALL XR
CONCERTA
METADATE CD
PROVIGIL
RITALIN LA
STRATTERA

§ HYPNOTICS, NONBENZODIAZEPINES

LUNESTA

MIGRAINE

SELECTIVE SEROTONIN AGONISTS†
IMITREX
MAXALT
ZOMIG

MULTIPLE SCLEROSIS AGENTS

COPAXONE
REBIF

§ MUSCULOSKELETAL THERAPY AGENTS

SKELAXIN

ENDOCRINE AND METABOLIC

ANDROGENS

ANDROGEL

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS
PRECOSE
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS
JANUVIA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR/BIGUANIDE COMBINATIONS
JANUMET
INSULINS
HUMALOG
HUMULIN
LANTUS
NOVOLIN
NOVOLOG
INSULIN SENSITIZERS
ACTOS
AVANDIA
INSULIN SENSITIZER/BIGUANIDE COMBINATIONS
AVANDAMET
MEGLITINIDES
PRANDIN
§ **SULFONYLUREAS**
AMARYL
SUPPLIES
ACCU-CHEK STRIPS AND KITS
BD INSULIN SYRINGES AND NEEDLES
ONETOUCH STRIPS AND KITS

§ BISPHOSPHONATES

ACTONEL

CONTRACEPTIVES

§ **MONOPHASIC**
LEVLITE
MODICON
ORTHO-CEPT
ORTHO-CYCLON
ORTHO-NOVUM 1/35, 1/50
YASMIN
YAZ
§ **BIPHASIC**
MIRCETTE

§ TRIPHASIC

ESTROSTEP FE
ORTHO TRI-CYCLON
ORTHO TRI-CYCLON LO
ORTHO-NOVUM 7/7/7
TRI-LEVELN
§ **PROGESTIN ONLY TRANSDERMAL**
ORTHO MICRONOR
ORTHO EVRA
VAGINAL
NUVARING

ESTROGENS

§ **ORAL**
PREMARIN
§ **TRANSDERMAL, ESTROGENS**
CLIMARA
ESTRADERM
VIVELLE-DOT
ORAL ESTROGEN/PROGESTINS
PREMPHASE
PREMPRO
VAGINAL
ESTRACE VAGINAL CREAM
PREMARIN VAGINAL CREAM

§ FERTILITY REGULATORS

CETROTIDE
FOLLISTIM AQ
GANIRELIX
GONAL-F
OVIDREL

§ GLUCOCORTICOIDS

ORAPRED

HUMAN GROWTH HORMONES†

GENOTROPIN
HUMATROPE
NORDITROPIN
NUTROPIN
NUTROPIN AQ
SAIZEN

PARATHYROID HORMONES

FORTEO

§ PROGESTINS

PROMETRIUM

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

§ THYROID SUPPLEMENTS

SYNTHROID

GASTROINTESTINAL

§ ANTIEMETICS

MARINOL
TRANSDERM SCOP

§ ANTISPASMODICS

NULEV

§ CHOLELITHOLYTICS

URSO

INFLAMMATORY BOWEL DISEASE

§ **ORAL AGENTS**
ASACOL
ENTOCORT EC
PENTASA

§ RECTAL AGENTS

CANASA
CORTIFOAM

§ LAXATIVES

KRISTALOSE

PANCREATIC ENZYMES

CREON
ULTRASE
ULTRASE MT
VIOKASE

§ PROTON PUMP INHIBITORS

NEXIUM
PREVACID

PROTON PUMP INHIBITOR WITH ANTI-INFECTIVES

PREVPAC

§ RECTAL STEROIDS

PROCTOFOAM-HC

§ SALIVA STIMULANTS

EVOXAC

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

AVODART
FLOMAX

§ URINARY ANTISPASMODICS

DETROL
DETROL LA
OXYTROL

HEMATOLOGIC

§ ANTICOAGULANTS

COUMADIN

§ PLATELET AGGREGATION INHIBITORS

AGGRENOX
PLAVIX

IMMUNOLOGIC

IMMUNOMODULATORS

INTERFERONS

INTRON A
PEG-INTRON
PEGASYS†

IMMUNOSUPPRESSANTS

ANTIMETABOLITES

AZASAN
CELLCEPT

§ CALCINEURIN INHIBITORS

NEORAL
PROGRAF

SANDIMMUNE

RAPAMYCIN DERIVATIVES
RAPAMUNE

NUTRITIONAL

§ PRENATAL VITAMINS

PRENATE ELITE

RESPIRATORY

ANAPHYLAXIS TREATMENT AGENTS

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS

ATROVENT ORAL INHALER
SPIRIVA

§ ANTICHOLINERGIC/BETA AGONISTS

COMBIVENT

§ ANTIHISTAMINE/DECONGESTANTS

ALLEGRA-D

BETA AGONISTS

§ SHORT ACTING

ACCUNEB
PROAIR HFA
PROVENTIL HFA
XOPENEX
XOPENEX HFA

LONG ACTING

FORADIL
SEREVENT

LEUKOTRIENE RECEPTOR ANTAGONISTS

SINGULAR

NASAL ANTIHISTAMINES

ASTELIN

§ NASAL STEROIDS

NASACORT AQ
NASONEX
RHINOCORT AQUA

STEROID/BETA AGONISTS

ADVAIR

STEROID INHALANTS

ASMANEX
FLOVENT
PULMICORT†

§ XANTHINES

THEO-24

TOPICAL

DERMATOLOGY

§ ACNE

BENZACLIN
DIFFERIN

DUAC

RETIN-A MICRO†

§ ACTINIC KERATOSIS

CARAC

§ ANTIBIOTICS

BACTROBAN NASAL

§ ANTIFUNGALS

MENTAX

ANTIPSORIATICS

DOVONEX

TAZORAC

IMMUNOMODULATORS

ELIDEL

PROTOPIC

§ LOCAL ANALGESICS

LIDODERM

§ ROSACEA

METROGEL

§ STEROIDS

DESOWEN OINTMENT
LUXIQ
OLUX
§ **MISCELLANEOUS SKIN AND MUCOUS MEMBRANE**
ALDARA
CONDYLOX

OPHTHALMIC

§ **ANTIALLERGICS**
ALREX
§ **ANTI-INFECTIVE/ANTI-INFLAMMATORIES**
TOBRADEX
§ **ANTI-INFLAMMATORIES, STEROIDAL**
LOTEMAX
§ **ANTI-INFLAMMATORIES, NONSTEROIDAL**
ACULAR
VOLTAREN
XIBROM
§ **BETA-BLOCKERS, NONSELECTIVE**
BETIMOL
§ **BETA-BLOCKERS, SELECTIVE**
BETOPTIC S
§ **CARBONIC ANHYDRASE INHIBITORS**
AZOPT
TRUSOPT
§ **CARBONIC ANHYDRASE INHIBITOR/BETA-BLOCKER COMBINATIONS**
COSOPT
§ **IMMUNOMODULATORS**
RESTASIS
§ **PROSTAGLANDINS**
LUMIGAN
TRAVATAN
XALATAN
§ **SYMPATHOMIMETICS**
ALPHAGAN P
§ **SYMPATHOMIMETIC/BETA-BLOCKER COMBINATIONS**
COMBIGAN

OTIC

§ **ANTI-INFECTIVES**
FLOXIN OTIC
§ **ANTI-INFECTIVE/ANTI-INFLAMMATORIES**
CIPRO HC
CIPRODEX

If you have questions regarding this drug guide or your prescription benefit plan, call the toll-free number on your ID card.

Your privacy is important to us. All our employees are trained regarding the appropriate way to handle your private health information.

† Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

† These drugs and others may have restrictions on them including, but not limited to, quantity limits, age limits, dosage limits and prior authorization. Please check with your plan. This list is not a complete list of restrictions and is subject to change by your plan.

§ Generics are available in this class and should be considered the first line of prescribing.

NON-PREFERRED DRUG LISTING (TIER 3)

Drug	Alternatives	Drug	Alternatives	Drug	Alternatives	Drug	Alternatives	Drug	Alternatives
Accolate	Singulair	Cardene SR	Generics	Dynabac	Generics	Levemir	Lantus	Ritalin [†]	Generics Ritalin LA
Aciphex	Generics Nexium Prevacid	Cardura	Generics	Dynacin	Generics	Lodine XL	Generics	Rynatan	Generics Allegra-D
Acovate	Generics	Cefzil	Generics	Dynacirc	Generics	Loprox	Generics Mentax	Sonata	Generics Lunesta
Adalat CC	Generics	Celexa	Generics Lexapro Paxil CR	Enjuvia	Generics Premarin	Metrolotion	Generics Metrogel	Spectracef	Generics
AeroBid/AeroBid-M	Asmanex Flovent Pulmicort [†]	Cenestin	Generics Premarin	Epifoam	Generics Proctofoam-HC	Mevacor	Generics	Sporanox	Generics
Allegra	Generics	Cipro XR	Generics Avelox Levaquin	Estrace	Generics Premarin	Micronase	Generics	Striant	Androgel
Alora	Generics Estraderm Vivelle-Dot	Cognex	Aricept Exelon Exelon Patch Razadyne	Fertinex	Gonal-F	Myfortic	Cellcept	Sular	Generics
Ambien	Generics Lunesta	Coreg	Generics Coreg CR Toprol-XL	First-Testosterone	Androgel	Norinyl	Generics	Suprax	Generics
Ambien CR	Generics Lunesta	Colestid	Generics Welchol	Flonase	Generics Nasacort AQ Nasonex Rhinocort Aqua	Norvasc	Generics	Temovate	Generics
Amerge [†]	Imitrex Maxalt Zomig	Copegus	Generics	Focalin/Focalin XR	Generics Concerta Metadate CD Ritalin LA	Omnicef	Generics	Testoderm	Androgel
Androderm	Androgel	Coreg	Generics Coreg CR Toprol-XL	Fosamax	Generics Actonel	Optivar	Generics Alrex	Tiazac	Generics
Apidra	Humalog Humulin Novolin Novolog	Covera HS	Generics	Fosamax Plus D	Generics Actonel	Orudis	Generics	Tolinas	Generics
Atacand	Avapro Benicar Micardis	Cozaar	Avapro Benicar Micardis	Frova [†]	Imitrex Maxalt Zomig	Ovcon	Generics	Treximet	Imitrex Maxalt Zomig
Atacand-HCT	Avalide Benicar HCT Micardis HCT	Crestor	Generics Lipitor	Geodon	Abilify Risperdal Seroquel Seroquel XR Zyprexa	PCE	Generics	Tri-Norinyl	Generics
Axert [†]	Imitrex Maxalt Zomig	Cyclessa	Generics Ortho Tri-Cyclen Lo	Glucophage	Generics	Patanol	Generics Alrex	Ultram	Generics
Azmacort	Asmanex Flovent Pulmicort [†]	Cyclocort	Generics	Glucotrol	Generics	Pepcid	Generics	Valisone	Generics
Beconase AQ	Generics Nasacort AQ Nasonex Rhinocort Aqua	Diabeta	Generics	Glynase	Generics	Phenergan	Generics	Vantlin	Generics
Benzamycin	Generics Benzacilin Differin Duac Retin-A Micro [†]	Diabinese	Generics	Glyset	Precose	Plendil	Generics	Ventolin	Generics
Brevicon	Generics	Diovan	Avapro Benicar Micardis	Hyzaar	Avalide Benicar HCT Micardis HCT	Pravachol	Generics Lipitor	Xanax	Generics
		Diovan-HCT	Avalide Benicar HCT Micardis HCT	Inderal	Generics	Procardia XL	Generics	Zagam	Generics Avelox Levaquin
		Ditropan/ Ditropan XL	Generics Detrol Detrol LA Oxytrol	Klonopin	Generics	Proscar 5 mg	Generics Avodart Flomax	Zantac	Generics
		Duoneb	Generics	Lamisil Tablet	Generics	Protonix	Generics Nexium Prevacid	Ziac	Generics
				Lescol	Generics Lipitor	Prozac	Generics	Zithromax injectable, tablets	Generics
						Rebetol	Generics	Zocor	Generics Lipitor
						Relpax	Imitrex Maxalt Zomig	Zoloft	Generics Lexapro Paxil CR
						Respire	Generics	Zonegran	Generics
						Retin-A [†]	Generics Retin-A Micro [†]	Zyflo CR	Singulair
								Zyrtec	Generics
								Zyrtec-D 12 Hour	Generics

† These drugs and others may have restrictions on them including, but not limited to, quantity limits, age limits, dosage limits and prior authorization. Please check with your plan. This list is not a complete list of restrictions and is subject to change by your plan.

FDA-approved drugs are included in the First Health® Rx Drug Guide. This list is not a complete list of all drugs. Certain drugs on this list may be excluded from your plan's coverage.

Please note: This is not meant to be a complete list of the drugs covered under your plan. Although this drug guide was current at the time of printing, it is subject to change. **Certain drugs on this list may be excluded from your plan** or moved from one category to another. Please call the toll-free number listed on your ID card with any questions about your prescription benefit plan.

QUICK REFERENCE BRAND PREFERRED DRUG LIST

Generics should be considered the first line of prescribing.

A	B	E	I	N	P	S	U
ABILIFY	BACTROBAN	EFFEXOR XR	IMITREX	NAMENDA	PARNATE	SAIZEN†	ULTRASE
ACCU-CHEK STRIPS AND KITS	NASAL	ELIDEL	INTELENCE	NARDIL	PAXIL CR	SANDIMMUNE	ULTRASE MT
ACCUNEUB	BD INSULIN	EMTRIVA	INTRON A	NASACORT AQ	PEG-INTRON	SELZENTRY	URSO
ACTONEL	SYRINGES AND NEEDLES	ENTOCORT EC	INVEGA	NASONEX	PEGASYS†	SEREVENT	V
ACTOS	BENICAR	EPIPEN	INVIRASE	NEORAL	PENTASA	SEROQUEL	VALCYTE
ACULAR	BENICAR HCT	EPIPEN JR	IRESSA	NEURONTIN	PLAVIX	SEROQUEL XR	VALTRES
ADDERALL XR	BENZAFLIN	EPIVIR	J	NEXAVAR	PRANDIN	SIMCOR	VIDEX EC
ADVAIR	BETIMOL	EPIVIR-HBV	JANUMET	NEXIUM	PRECOSE	SINGULAIR	VIKASE
ADVICOR	BETOPTIC S	EPZICOM	JANUVIA	NIASPAN	PREMARIN ORAL	SKELAXIN	VIRACEPT
AGGRENOX	BIAXIN XL	ESTRACE VAGINAL CREAM	K	NILANDRON	PREMARIN VAGINAL CREAM	SPRIVIA	VIRAMUNE
ALDARA	C	ESTRADERM	KALETRA	NITRO-DUR	PREMPHASE	STALEVO	VIREAD
ALKERAN	CADUET	ESTROSTEP FE	KEPPRA	NITROLINGUAL	PREMPRO	STRATTERA	VIVELLE-DOT
ALLEGRA-D	CANASA	EVISTA	KRISTALOSE	NORDITROPIN†	PRENATE ELITE	SUSTIVA	VOLTAREN
ALPHAGAN P	CARAC	EVOXAC	L	NOVIR	PREVACID	SUTENT	OPHTH
ALREX	CARBATROL	EXELON	LAMICTAL	NOVOLOG	PREVPAC	SYNTHROID	VYTORIN
AMARYL	CASODEX	EXELON PATCH	LANTUS	NULEV	PREZISTA	T	W
ANDROGEL	CEENU	F	LEUKERAN	NUTROPIN†	PROAIR HFA	TAMIFLU	WELCHOL
APTIVUS	CELLCEPT	FAMVIR	LEVAQUIN	NUTROPIN AQ†	PROCTOFOAM-HC	TARGEVEA	WELLBUTRIN XL
ARICEPT	CETROTIDE	FARESTON	LEVILITE	NUVARING	PROGRAF	TARGRETIN CAP	X
ARIMIDEX	CIPRO HC	FASLODEX	LEXAPRO	O	PROMETRIUM	TARKA	XALATAN
AROMASIN	CIPRO SUSPENSION	FEMARA	LEXIVA	OLUX	PROTOPIC	TAZORAC	XELODA
ASACOL	CIPRODEX	FLOMAX	LIDODERM	ONETOUCH STRIPS AND KITS	PROVENTIL HFA	TEGRETOL XR	XIBROM
ASMANEX	CLIMARA	FLOVENT	LIPITOR	OPANA ER	PROVIGIL	TEKTURNA	XOPENEX
ASTELIN	COMBIGAN	FLOXIN OTIC	LOTEMAX	ORAPRED	PULMICORT†	TEKTURNA HCT	XOPENEX HFA
ATRIPLA	COMBIVENT	FOLLISTIM AQ	LOTREL	ORTHO EVRA	PURINETHOL	TEMODAR	
ATROVENT ORAL	COMBIVIR	FORADIL	LUMIGAN	ORTHO	R	THEO-24	Y
INHALER	COMTAN	FORTEO	LUNESTA	MICRONOR	RAPAMUNE	THIOGUANINE	TIKOSYN
AUGMENTIN	CONCERTA	FUZEON	LUPRON DEPOT	ORTHO TRI-CYCLEN	RAZADYNE		TOBRADEX
AUGMENTIN ES	CONDYLOX	G	LUXIQ	ORTHO TRI-CYCLEN LO	RAZADYNE ER		TOPAMAX
AUGMENTIN XR	COPAXONE	GABITRIL	LYRICA	ORTHO-CEPT	REBIF		TOPROL-XL
AVALIDE	COREG CR	GANIRELIX	LYSODREN	ORTHO-CYCLEN 1/35, 1/50	REQUIP		TRACLEER†
AVANDAMET	CORTIFOAM	GENOTROPIN†	M	ORTHO-NOVUM 7/7/7	RESCRIPTOR		TRANSDERM SCOP
AVANDIA	CREON	GLEEVEC	MARINOL	ORTHO-NOVUM 1/35, 1/50	RESTASIS		TRAVATAN
AVAPRO	CRIVAN	GONAL-F	MATULANE	ORTHO-NOVUM 7/7/7	RETIN-A MICRO†		TRELSTAR
AVELOX	D	H	MAXALT	ORTHO-NOVUM 7/7/7	RETROVIR		TREXALL
AVODART	DEPAKOTE	HEPSERA	MEGACE ES	OXIDREL	REYATAZ		TRI-LEVELN
AZASAN	DEPAKOTE ER	HEXALEN	MENTAX	OXYFAST	RHINOCORT AQUA		TRICOR
AZOPT	DESOWEN OINTMENT	HUMALOG	METADATE CD	OXYIR	RISPERDAL		TRILEPTAL
	DETROL	HUMATROPE†	METROGEL	OXYTROL	RITALIN LA		TRIZIVIR
	DETROL LA	HUMULIN	MICARDIS		RYTHMOL SR		TRUSOPT
	DIFFERIN		MICARDIS HCT				TRUVADA
	DILANTIN		MIRAPEX				TYKERB
	DOVONEX		MIRCETTE				TYZEKA
	DUAC		MODICON				
			MYLERAN				

† These drugs and others may have restrictions on them including, but not limited to, quantity limits, age limits, dosage limits and prior authorization. Please check with your plan. This list is not a complete list of restrictions and is subject to change by your plan.

This drug list contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescribing doctor.

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SPECIALTY DRUG LIST

A

A.P.L.[†]
 Actimmune[†]
 Advate[†]
 Albumarc[†]
 Albumin[†]
 Albuminar-5[†]
 Albutein[†]
 Aldurazyme[†]
 Alferon N[†]
 AlphaNate[†]
 AlphaNine Heat-Treat/Solv Susp[†]
 AlphaNine SD[†]
 AlphaNine SD Heat Treat/Solv[†]
 Amevive[†]
 Apokyn[†]
 Aralast[†]
 Aranesp[†]
 Aredia[†]
 Arixtra[†]
 ATnativ[†]
 Autoplex T[†]
 Avonex[†]
 Avonex Administration Pack[†]

B

BayGam[†]
 BayRho-D[†]
 Bebulin VH Immuno[†]
 Benefix[†]
 Betaseron[†]
 Bioclata[†]
 Bravelle[†]
 Buminate[†]

C

Carimune[†]
 Carimune NF Nanofiltered[†]
 Carticel[†]
 Ceredase[†]
 Cerezyme[†]
 Chorex-10[†]
 Chorigon[†]
 Chorionic Gonadotropin[†]
 Chorion10[†]
 Colistimethate Sodium[†]
 Coly-Mycin M Parenteral[†]
 Copaxone[†]
 Copegus[†]
 CytoGam[†]
 Cytomegalovirus Immune Globulin[†]

D

D.H.E. 45[†]
 DDAVP[†]
 Deferoxamine Mesylate[†]
 Delatestryl[†]
 Delestrogen[†]
 Depo-Testosterone
 Desferal[†]
 Desferal Mesylate[†]
 Desmopressin Acetate[†]
 Dihydroergotamine Mesylate[†]

E

Elaprase[†]
 Enbrel[†]
 Epogen[†]
 Euflexxa[†]
 Exjade[†]

F

Fabrazyme[†]
 Feiba VH Immuno[†]
 Fertinex[†]
 Flebogamma[†]
 Follistim[†]
 Forteo[†]
 Fragmin[†]
 Fuzeon[†]

G

G.G.[†]
 GamaSTAN[†]
 GamaSTAN S/D[†]
 Gamimune[†]
 Gamimune N[†]
 Gammagard[†]
 Gammagard Liquid[†]
 Gammagard S/D[†]
 Gammar[†]
 Gammar IV[†]
 Gammar-P I.V.[†]
 Gamulin Rh[†]
 Gamunex[†]
 Genarc[†]
 Genotropin[†]
 Geref[†]
 Geref Diagnostic[†]
 Gonadojec[†]
 Gonal-F[†]
 Gonic[†]

H

Haldol Decanoate[†]
 Haloperidol Decanoate[†]
 Helixate[†]
 Helixate FS[†]
 Hemofil M[†]
 Humate-P[†]
 Humatrope[†]
 Humegon[†]
 Humira[†]
 Hyalgan[†]
 Hyate:C[†]
 HyperRHO S/D[†]
 HypRho-D[†]

I

Immuglobin[†]
 Immune Globulin[†]
 Immune Serum Globulin[†]
 Increlex[†]
 Infergen[†]
 Innohep[†]
 Iplex[†]
 Iveegam[†]
 Iveegam EN[†]

K

Kineret[†]
 Koate-DVI[†]
 Koate-HP[†]
 Kogenate[†]
 Kogenate FS[†]
 Konyne 80[†]

L

Leukine[†]
 Lovenox[†]
 Lucentis[†]
 Lupron Depot-3 Month[†]
 Lupron Depot-PED[†]

M

Mechlorethamine HCl[†]
 Melate[†]
 MicRhoGAM[†]
 Mini-Gamulin Rh[†]
 Monarc-M[†]
 Monoclata-P[†]
 Mononine[†]
 Myobloc[†]
 Myozyme[†]

N

Neulasta[†]
 Neumega[†]
 Neupogen[†]
 Norditropin[†]
 Norditropin Nordiflex[†]
 Normal Serum Albumin Human[†]
 Novarel[†]
 NovoSeven[†]
 Nutropin[†]
 Nutropin AQ[†]
 Nutropin Depot[†]
 Nybcen[†]

O

Octagam[†]
 Octreotide Acetate[†]
 Orenia[†]
 Organon[†]
 Orthovisc[†]
 OTN Pamidronate[†]
 Ovidrel[†]

P

Pamidronate Disodium[†]
 Panglobulin[†]
 Panglobulin NF[†]
 Pegasys[†]
 Peg-Intron[†]
 Peg-Intron Redipen[†]
 Pergonal[†]
 Plasbumin-5[†]
 Polygam[†]
 Polygam S/D[†]
 Pregnyl[†]
 Procrit[†]
 Profasi[†]
 Profilnine Heat-Treat/Wet-Meth[†]
 Profilnine SD[†]
 Prokine[†]
 Prolastin[†]
 Proprex T[†]
 Protropin[†]
 Pulmozyme[†]

[†] These drugs and others may have restrictions on them including, but not limited to, quantity limits, age limits, dosage limits and prior authorization. Please check with your plan. This list is not a complete list of restrictions and is subject to change by your plan.

For complete information, please read the 2008 official Plan brochure (R1 71-007). All benefits are subject to the definitions, limitations and exclusions set forth in the official Plan brochure. All treatment decisions are between members and their physicians.

SPECIALTY DRUG LIST, CONTINUED

R

Raptiva[†]
 Rebeto[†]
 Rebetron 1000[†]
 Rebetron 1200[†]
 Rebetron 600[†]
 Rebif[†]
 Recombinate[†]
 Refacto[†]
 Remicade[†]
 Remodulin[†]
 Repronex[†]
 RespiGam[†]
 RhoGAM[†]
 Rhophylac[†]
 Ribasphere[†]
 Ribatab[†]
 Ribavirin[†]

S

Saizen[†]
 Sandoglobulin[†]
 Sandostatin LAR[†]
 Serostim[†]
 Somatropin[†]
 Somavert[†]
 Stimate[†]
 Supartz[†]
 Synagis[†]
 Synvisc[†]

T

Testosterone Cypionate
 Tev-Tropin[†]
 Thrombate III[†]
 Thyrogen[†]
 TOBI[†]
 Tracleer[†]
 Tysabri[†]

V

Venoglobulin-I[†]
 Venoglobulin-S[†]
 Virazole[†]
 Vivaglobin[†]
 Vivitrol[†]

W

WinRho SD[†]
 WinRho SDF[†]

X

Xolair[†]

Z

Zemaira[†]
 Ziagen[†]
 Zometa[†]
 Zorbitive[†]

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