



Pharmacy Benefit Summary




EFFECTIVE: July 1, 2013



HDHP Rx Plan

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Welcome to EHIM!

-  Welcome to EHIM's Prescription Benefit Program! We are excited to serve you and would like to introduce you to our program before your benefits begin.
-  EHIM has a national pharmacy network therefore you can receive your medications through any local retail pharmacy of your choosing. If you ever encounter a pharmacy not in our network please call the pharmacy help desk and we will enroll the pharmacy into the network.
-  You will be receiving an ID Card from the TPA to use at the pharmacy and your doctor's office.

Customer Service (800-311-3446) 24/7/365

EHIM's main mission is to provide our members with the best customer service possible. If you are experiencing a problem filling a retail or mail order prescription please contact EHIM's Pharmacy Help Desk. For your convenience, our help desk has a representative available **24 hours a day, 7 days a week, 365 days a year**. Our toll free number is 1-800-311-3446 and will be printed on the back of your ID card for easy reference.

Summary of Copayments

1. Members must meet the deductible \$1,250 (Single) / \$2,500 (Family) from combined medical & pharmacy spend. Medications will be processed at full cost until the deductible has been satisfied with the exception of the generic preventive medications. Medications on the generic preventive list will be processed with a \$0 copay regardless if the deductible has been met or not.
2. Once the deductible has been satisfied members will pay a \$0 copay on all prescription medications as well as 80% coinsurance on all medical services.

HDHP Copays	
\$1,250 (Single) / \$2,500 (2-Person/Family)	Deductible
\$0.00	Copay on Medications after deductible has been met
\$0.00	Copay on medications on the preventive medications formulary (regardless if deductible has been met or not).

HDHP Note:

One person in a 2-Person or Family contract can meet the entire family deductible. Once the deductible has been met all members under the contract will have a \$0 copay on covered prescriptions for the rest of the plan year.



Questions? You may reach EHIM's Pharmacy Help Desk at 800.311.3446. You will be able to speak to a live customer service representative 24 hours a day, 7 days a week, 365 days per year who can answer any question you may have. They can even help you locate a participating pharmacy in your area.

Quantity Limits for Certain Medications

Certain medications under your program may be subject to quantity limits. Medications that are subject to quantity limits are to help ensure these medications are not utilized inappropriately or recommended maximum dosages are not exceeded. EHIM's Quantity Limitations are based on FDA-approved dosing recommendations, pharmaceutical guidelines and have been reviewed and approved by our licensed, clinical staff.

EHIM Maintenance List (Three Month Supplies)

EHIM has a list of commonly used medications that are eligible to be filled in higher quantities (three month supplies). This list of medications approved to be filled in three month supplies is known as EHIM's Maintenance List. This list is extensive, yet does NOT include every single medication. Types of medications found on the maintenance list are: Insulin, Blood Pressure medications, Heart medications, Cholesterol medications, and Thyroid medications. Your physician must write for a three month supply of medication to be dispensed at one time. You may pick up your three month supply through any local retail pharmacy of your choosing or through Walgreens Mail Order. To determine whether or not your medication is on the Maintenance List, please contact our Pharmacy Help Desk at 800-311-3446.

Mail Order

EHIM offers a mail order program through Walgreens Mail Order which allows you to receive a three month supply (31-90 days maximum) for the appropriate copay. The program includes maintenance medications covered under the Prescription Plan. Prescriptions can be ordered through the Walgreens website (www.walgreenshealth.com) or by completing a hard copy prescription order form. You must complete a registration form for Walgreens prior to your prescription being filled. Included in the mail order brochure are step by step instructions on how to fill your first prescription. You may contact EHIM for assistance at 800-311-3446 with registering with Walgreens, or you may contact Walgreens directly at 800-345-1985.

EHIM Pharmacy Network

EHIM has over 62,000 participating pharmacies across the country including all of the major chain pharmacies, regional pharmacies, and most independent pharmacies. You may visit our website at www.ehimrx.com for our national pharmacy directory and pharmacy locator tool. Don't forget that your copays are the lowest through an internal Phoebe network pharmacy.

EHIM Pharmacy Help Desk

EHIM's Pharmacy Help Desk is available for your convenience 24 hours a day, 7 days per week, 365 days per year. Our toll free number is (800) 311-3446 and will be printed on the back of your ID card and on all of our communication pieces. If you have any questions regarding your benefits or just need help finding a participating pharmacy, please contact our Pharmacy Help Desk. You may also contact our helpdesk through our website at www.ehimrx.com



For the most up to date pharmacy directory, go to www.ehimrx.com and click on the Pharmacy Locator button. There are over 62,000 national chains, regional chains, and independent pharmacies for you to choose from.

Generic Preventive with \$0 Copay Medication List

All Generic Medications listed have a \$0 copay in a 30 or 90 day supply. The medications are not applicable to the deductible. Therefore the copay on the generic medications will be \$0 regardless if the contract deductible has been satisfied or not. Medications can be filled at a Local Retail Pharmacy or through Walgreens Mail Order.

Category	Brand Name	Generic Name (\$0 Copay)
Cholesterol	Antara	Fenofibrate
	Lescol	Fluvastatin
	Lipitor	Atorvastatin
	Lofibra	Fenofibrate
	Lopid	Gemfibrozil
	Mevacor	Lovastatin
	Pravachol	Pravastatin
	Questran/Questran Light	Cholestyramine
	Tricor	Fenofibrate
	Zocor	Simvastatin
Osteoporosis	Boniva	Ibandronate
	Didronel	Etidronate Disodium
	Fosamax	Alendronate
	Miacalcin	Calcitonin salmon
High Blood Pressure	Accupril	Quinapril
	Accuretic	Quinapril/HCTZ
	Adalat/Procardia	Nifedipine
	Adalat/Procardia XL	Nifedipine XL
	Aldactazide	Spironolactone/HCTZ
	Aldactone	Spironolactone
	Aldochlor	Methyldopa/HCTZ
	Aldomet	Methyldopa
	Altace	Ramipril
	Apresazide	Hydralazine/HCTZ
	Apresoline	Hydralazine
	Avalide	Irbesartan/HCTZ
	Avapro	Irbesartan
	Blocadren	Timolol
	Bumex	Bumetanide
	Caduet	Amlodipine/Atorvastatin
	Calan/Isoptin	Verapamil
	Capoten	Captopril
	Capozide	Captopril/HCTZ
	Cardene	Nicardipine
	Cardizem/SR/CD/LA	Diltiazem
	Cardura	Doxazosin
	Catapres	Clonidine
	Coreg	Carvedilol
	Corgard	Nadolol
	Corzide	Nadolol/Bendroflumethiazide
	Cozaar	Losartan
	Demadex	Torsemide
	Duiril	Chlorothiazide
	Dyazide/Maxzide	Triamterene/HCTZ
	Dynacirc	Isradipine
	Guanabenz	Guanabenz
	Hydralazine-Reserpine-HCTZ	Hydralazine-Reserpine-HCTZ
	HydroDiuril	Hydrochlorothiazide
	Hygroton	Chlorthalidone
	Hyzaar	Losartan/HCTZ
	Hytrin	Terazosin
	Inderal	Propranolol
	Inderide	Propranolol/HCTZ

Generic Preventive with \$0 Copay Medication List

Category	Brand Name	Generic Name (\$0 Copay)
High Blood Pressure	Inspira	Eplerenone
	Kerlone	Betaxolol
	Lasix	Furosemide
	Loniten	Minoxidil
	Lopressor	Metoprolol
	Lopressor HCT	Metoprolol/HCTZ
	Lotensin	Benazepril
	Lotensin HCT	Benazepril/HCTZ
	Lotrel	Amlodipine/Benazepril
	Lozol	Indapamide
	Mavik	Trandolapril
	Methyclothiazide	Methyclothiazide
	Midamor	Amiloride
	Minipress	Prazosin
	Moduretic	Amiloride/HCTZ
	Monopril	Fosinopril
	Monopril HCT	Fosinopril/HCTZ
	Norvasc	Amlodipine
	Plendil	Felodipine
	Prinivil/Zestril	Lisinopril
	Prinizide/Zestoretic	Lisinopril/HCTZ
	Reserpine	Reserpine
	Reserpine-HCTZ	Reserpine-HCTZ
	Sectral	Acebutolol
	Sular	Nisoldipine
	Tarka	Trandolapril/Verapamil
	Tenex	Guanfacine
	Tenoretic	Atenolol/Chlorthalidone
	Tenormin	Atenolol
	Toprol XL	Metoprolol XL
	Trandate	Labetolol
	Uniretic	Moexipril/HCTZ
	Univasc	Moexipril
	Vaseretic	Enalapril/HCTZ
	Vasotec	Enalapril
Visken	Pindolol	
Zaroxolyn	Metolazone	
Zebeta	Bisoprolol	
Ziac	Bisoprolol/HCTZ	
Oral Contraceptives	Alesse	Levonorgestrel-Ethinyl Estradiol
	Apri	Desogestrel-Ethinyl Estradiol
	Aranelle	Norethindrone-Ethinyl Estradiol
	Aviane	Levonorgestrel-Ethinyl Estradiol
	Azurette	Desogestrel-Ethinyl Estradiol
	Balziva	Norethindrone-Ethinyl Estradiol
	Brevicon	Norethindrone-Ethinyl Estradiol
	Camila	Norethindrone
	Caziant	Desogestrel-Ethinyl Estradiol
	Cesia	Desogestrel-Ethinyl Estradiol
	Cryselle	Norgestrel-Ethinyl Estradiol
	Cyclessa	Desogestrel-Ethinyl Estradiol
	Desogen	Desogestrel-Ethinyl Estradiol
	Enpresse	Levonorgestrel-Ethinyl Estradiol
	Errin	Norethindrone
	Estrostep Fe	Norethindrone-Ethinyl Estradiol- Ferrous Fumarate

Generic Preventive with \$0 Copay Medication List

Category	Brand Name	Generic Name (\$0 Copay)
Oral Contraceptives	Gianvi	Drospirenone-Ethinyl Estradiol
	Gildess Fe	Norethindrone-Ethinyl Estradiol- Ferrous Fumarate
	Heather	Norethindrone
	Jolivette	Norethindrone
	Jolessa	Levonorgestrel-Ethinyl Estradiol
	Junel Fe	Norethindrone-Ethinyl Estradiol- Ferrous Fumarate
	Junel	Norethindrone-Ethinyl Estradiol
	Kariva	Desogestrel-Ethinyl Estradiol
	Kelnor	Ethinodiol Diacetate-Ethinyl Estradiol
	Leena	Norethindrone-Ethinyl Estradiol
	Lessina	Levonorgestrel-Ethinyl Estradiol
	Levora	Levonorgestrel-Ethinyl Estradiol
	Lo/Ovral	Norgestrel-Ethinyl Estradiol
	Loestrin	Norethindrone-Ethinyl Estradiol
	Loestrin Fe	Norethindrone-Ethinyl Estradiol- Ferrous Fumarate
	Low-Ogestrel	Norgestrel-Ethinyl Estradiol
	Lutera	Levonorgestrel-Ethinyl Estradiol
	Lybrel	Levonorgestrel-Ethinyl Estradiol
	Microgestin	Norethindrone-Ethinyl Estradiol
	Microgestin Fe	Norethindrone-Ethinyl Estradiol- Ferrous Fumarate
	Mircette	Desogestrel-Ethinyl Estradiol
	Modicon	Norethindrone-Ethinyl Estradiol
	MonoNessa	Norgestimate-Ethinyl Estradiol
	Necon	Norethindrone-Mestranol
	Nora-BE	Norethindrone
	Nordette	Levonorgestrel-Ethinyl Estradiol
	Norinyl	Norethindrone-Ethinyl Estradiol
	Nor-QD	Norethindrone
	Nortrel	Norethindrone-Ethinyl Estradiol
	Ocella	Drospirenone-Ethinyl Estradiol
	Ogestrel	Norgestrel-Ethinyl Estradiol
	Ortho Micronor	Norethindrone
	Ortho Tri-Cyclen	Norgestimate-Ethinyl Estradiol
	Ortho-Cept	Desogestrel-Ethinyl Estradiol
	Ortho-Cyclen	Norgestrel-Ethinyl Estradiol
	Ortho-Novum	Norethindrone-Mestranol
	Ovcon	Norethindrone-Ethinyl Estradiol
	Portia	Levonorgestrel-Ethinyl Estradiol
	Quasense	Levonorgestrel-Ethinyl Estradiol
	Reclipsen	Desogestrel-Ethinyl Estradiol
	Seasonale	Levonorgestrel-Ethinyl Estradiol
	Solia	Desogestrel-Ethinyl Estradiol
	Sprintec	Norgestimate-Ethinyl Estradiol
	Sronyx	Levonorgestrel-Ethinyl Estradiol
	Tilia Fe	Norethindrone-Ethinyl Estradiol-
	Ferrous Fumarate	
	Tri-Legest Fe	Norethindrone-Ethinyl Estradiol- Ferrous Fumarate
	TriNessa	Norgestimate-Ethinyl Estradiol
	Triphasil	Norethindrone-Ethinyl Estradiol
	Tri-Sprintec	Norgestimate-Ethinyl Estradiol
Trivora	Levonorgestrel-Ethinyl Estradiol	
Velivet	Desogestrel-Ethinyl Estradiol	
Yasmin	Drospirenone-Ethinyl Estradiol	
Yaz	Drospirenone-Ethinyl Estradiol	
Zenchant	Norethindrone-Ethinyl Estradiol	
Zovia	Ethinodiol Diacetate-Ethinyl Estradiol	

Generic Preventive with \$0 Copay Medication List

Category	Brand Name	Generic Name (\$0 Copay)
Diabetes	Actos	Pioglitazone
	Actoplus MET	Pioglitazone/Metformin
	Amaryl	Glimepiride
	Diabeta	Glyburide
	Diabinese	Chlorpropamide
	Duetact	Pioglitazone/Glimepiride
	Fortamet	Metformin
	Glucophage	Metformin
	Glucotrol	Glipizide
	Glucovance	Glyburide/Metformin
	Glynase	Glyburide, micronized
	Metaglip	Glipizide/Metformin
	Micronase	Glyburide
	Precose	Acarbose
	Starlix	Nateglinide
Tolinase	Tolazamide	
Smoking Deterrents	Chantix	Varenicline Tartrate
	Nicoderm CQ Patch	Nicotine
	Nicotrol Inhaler	Nicotine
	Nicotrol NS	Nicotine
	Zyban	Bupropion
Prenatal Vitamins		All Generic Prescriptions

Quantity Limits

Medication*	Strength	Quantity Limit/ 30 Days
Analgesics (Pain)		
Abstral	All strengths	128 tablets
Actiq	All strengths	120 lozenges
Avinza	All strengths	60 capsules
Butrans	All strengths	4 patches
Duragesic	All strengths	20 patches
Embeda	All strengths	60 capsules
Exalgo	All strengths	60 capsules
Fentora	All strengths	120 tablets
Flector	All strengths	60 patches
MS Contin	All strengths	120 tablets
Kadian	All strengths	120 capsules
Nucynta	All strengths	120 tablets
Nucynta ER	All strengths	60 tablets
Onsolis	All strengths	120 films
Opana	All strengths	100 tablets
Opana ER	All strengths	60 tablets
Oramorph	All strengths	120 tablets
Oxycontin	All strengths	120 tablets
Oxecta	All strengths	120 tablets
Oxycodone IR	All strengths	240 capsules
Pennsaid	All strengths	2 (150 ml) btl
Rybix ODT	All strengths	90 tablets
Ryzolt	All strengths	30 tablets
Sprix	All strengths	5 (1.7g) btl
Ultram	All strengths	240 tablets
Ultram ER	All strengths	30 tablets
Vimovo	All strengths	60 capsules
Voltaren Gel	All strengths	10(100g) tubes
Anticonvulsants (Seizures)		
Lamictal	All strengths	60 tablets
Lamictal XR	All strengths	30 tablets
Migraine Headaches		
Alsuma	6 mg/0.5ml	4 injectors (2 bx)
Amerge	All strengths	9 tablets
Axert	All strengths	9 tablets
Frova	2.5mg	9 tablets
Imitrex	All strengths	9 tablets
Imitrex Injection	6 mg/0.5ml	5 vials (1 box)
Imitrex Kits/Refills	All strengths	2 kits
Imitrex Nasal	All strengths	6 dispensers
Maxalt/Maxalt MLT	All strengths	9 tablets
Migranal	4 mg/ml	1 pk (8 x1mL btl)
Relpax	All strengths	9 tablets
Stadol Nasal	All strengths	1 bottle
Sumavel	6mg/0.5ml	6 vials (1 box)
Treximet	85mg/500mg	9 tablets
Zomig Nasal	All strengths	1 package (6 btl)
Zomig/Zomig ZMT	All strengths	6 tablets
Anti-Nausea		
Anzemet	All strengths	10 tablets
Emend	80 mg	4 tablets
Emend	125 mg	2 tablets
Kytril	All strengths	28 tablets
Sancuso	3.1 mg	2 patches
Zofran Solution	4 mg/5ml	50ml
Zuplenz	All strengths	20 films

Medication*	Strength	Quantity Limit/ 30 Days
Antipsychotics		
Abilify/Abilify ODT	All strengths	30 tablets
Fanapt	All strengths	60 tablets
Geodon	All strengths	60 capsules
Invega	All strengths	30 capsules
Latuda	All strengths	30 tablets
Saphris	All strengths	60 tablets
Seroquel	<300 mg	90 tablets
Seroquel	>300 mg	60 tablets
Seroquel XR	All strengths	60 tablets
Symbyax	All strengths	30 tablets
Zyprexa	All strengths	30 tablets
Zyprexa Zydis	All strengths	30 tablets
Anti-Ulcer Agents (Acid Reflux)		
Aciphex	All strengths	30 tablets
Dexilant	All strengths	30 capsules
Nexium	All strengths	30 capsules
Prevacid	All strengths	30 capsules
Zegerid	All strengths	30 capsules
Bisphosphonates/Anti-Resorptive Agents		
Actonel	35 mg	4 tablets
Actonel	75 mg	2 tablets
Actonel	150 mg	1 tablet
Actonel	5 mg, 30 mg	30 tablets
Actonel/Cal	35 mg/1250 mg	28 tablets
Atelvia	All strengths	4 tablets
Boniva	150 mg	1 tablet
Fosamax	5mg,10mg & 40mg	30 tablets
Fosamax	35 mg, 70 mg	4 tablets
Fosamax/Vitamin D	All strengths	4 tablets
Forteo	All strengths	1 pen
Bronchodilators (Asthma/Breathing)		
Accuneb Neb	All strengths	375ml
Advair Diskus/HFA	All strengths	1 inh
Albuterol Neb	0.083%	375ml
Albuterol Neb	0.5%	60ml
Alvesco	All strengths	1 inh
Arcapta	All strengths	1 box (30 caps)
Asmanex	All strengths	1 inh
Atrovent	All strengths	1 inh
Atrovent Neb	All strengths	300ml
Azmacort	All strengths	1 inh
Brovana Neb	All strengths	60 vials (120ml)
Combivent	All strengths	1 inh
Dulera	All strengths	1 inh
Foradil Aerolizer	All strengths	1 inh
Flovent Diskus/HFA /Rotadisk	All strengths	1 inh
Maxair	All strengths	1 inh
Perforomist	All strengths	60 vials (120ml)
Pro-Air HFA	All strengths	2 inhs
Proventil HFA	All strengths	2 inhs
Pulmicort Respules	All strengths	60 vials (120ml)
Pulmicort	All strengths	1 inh
Turbohaler		
QVAR	All strengths	1 inh
Servent Diskus	All strengths	1 inh
Spiriva	All strengths	1 box
Symbicort	All strengths	1 inh
Ventolin HFA	All strengths	2 inhs
Xopenex HFA	All strengths	2 inhs
Xopenex Neb	All strengths	72 vials (3 boxes)

Medication*	Strength	Quantity Limit/ 30 Days
Nasal Antihistamines/Corticosteroids		
Astelin	All strengths	1 inh (30ml)
Astepro	All strengths	1 inh (30ml)
Atrovent	All strengths	1 inh (30ml)
Beconase AQ	All strengths	1 inh (25g)
Flonase	All Strengths	1 inh (16g)
Nasacort AQ	All strengths	1 inh (16.5g)
Nasarel	All strengths	1 inh (25ml)
Nasonex	All strengths	1 inh (17g)
Omnanis	All strengths	1 inh (12.5g)
Patanase	All strengths	1 inh (30.5g)
Rhinocort AQ	All strengths	1 inh (8.6g)
Veramyst	All strengths	1 inh (10g)
Sleep Aids		
Ambien/Ambien CR	All strengths	30 tablets
Doral	All strengths	30 capsules
Eduar	All strengths	30 tablets
Intermezzo	All Strengths	30 tablets
Lunesta	All strengths	30 tablets
Rozerem	All strengths	30 tablets
Silenor	All strengths	30 capsules
Sonata	All strengths	30 capsules
Zolpimist	5 mg	7.7ml
Topical		
Taclonex	All strengths	240gm
Anaphylaxis (Allergic Reaction)		
Epipen	All strengths	4 Pen Injectors
Epipen Jr.	All strengths	4 Pen Injectors
Anti-Impotency		
Cialis	All strengths	6 tablets
Levitra	All strengths	6 tablets
Viagra	All strengths	6 tablets

***Affects Brand & Generic equivalent when available**

Limits represent a 1 month supply of medication. If medication is available in a 3 month supply the limits are tripled.



Prescriptions that deliver in every way.

Walgreens mail service pharmacy

As a member of Employee Health Insurance Management (EHIM), you are eligible to enroll in Walgreens mail service pharmacy, offering you convenient delivery of your ongoing maintenance medications from Walgreens to the location of your choice.

It's easy to register and order prescriptions, just have the following ready:

- Member ID Number (Located on ID Card)
- Group Number
- Payment Information

Select the option that works for you and follow the steps to get started.

	Online	Fax	Mail	Phone
1 REGISTER	Register or Sign In at Walgreens.com/MailService. Follow the prompts to complete enrollment.	Not available.	Send completed <i>Registration and Prescription Order Form</i> to: Walgreens Mail Service P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and ask to be registered for Walgreens mail service. Please have your insurance information handy.
2 ORDER your first prescription.	Ask your doctor if he or she can prescribe your medications electronically. If he or she is unable, select an alternative option.	Have your doctor complete and fax the <i>Prescriber Fax Form</i> to: 800-332-9581*	Send completed <i>Registration and Prescription Order Form</i> along with your original prescription to: Walgreens Mail Service P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and request that Walgreens reach out to your doctor for a new prescription.†
3 REFILL ‡	Prescriptions eligible for refills are listed in your member profile at Walgreens.com/MailService.	Not available.	Send completed <i>Preprinted Refill Order Form</i> enclosed with your last order to: Walgreens Mail Service P.O. Box 29061 Phoenix, AZ 85038	Call 800-345-1985 and select “refill a prescription” or ask to speak with a customer service representative.

*By law, prescriber fax forms and e-prescriptions are valid only if sent from a prescriber's office.

†You will need to provide your doctor's contact information as well as the name and dosage of your medication. Walgreens will notify you if your doctor doesn't respond.

‡To automatically receive refills of your medications, select the "Auto Refill" option in your online profile or on the *Registration and Prescription Order Form*.

§Scripts that cannot be transferred and require a new written prescription include: expired prescriptions, no refills remaining, controlled substances & compound medications.

Newly Released Generics

DRUG NAME	GENERIC NAME	USAGE	Released
ATACAND	CANDESARTAN	BLOOD PRESSURE	June 2013
ZOMIG	ZOLMITRIPTAN	MIGRAINE HEADACHES	June 2013
ZOVIRAX OINTMENT	ACYCLOVIR	VIRAL INFECTION	April 2013
TRAVATAN	TRAVOPROST	GLAUCOMA	April 2013
SUBOXONE SL	BUPRENORPHINE/NALOXONE SL	ANTI-NARCOTIC THERAPY	March 2013
LUVOX CR	FLUVOXAMINE ER	MOOD DISORDER	March 2013
ANTARA	FENOFIBRATE	HIGH CHOLESTEROL	February 2013
BACTROBAN CREAM	MUPUROCIN	SKIN INFECTION	January 2013
DILANTIN INFATABS	PHENYTOIN CHEWABLE	SEIZURE CONTROL	January 2013
DUETACT	PIOGLITAZONE/GLIMEPIRIDE	DIABETES	January 2013
LAMICTAL XR	LAMOTRIGINE ER	SEIZURE CONTROL	January 2013
LUXIQ	BETAMETHASONE FOAM	PSORIASIS	January 2013
LYSTEDA	TRANEXAMIC ACID	HEAVY BLEEDING	January 2013
MAXALT	RIZATRIPTAN	MIGARINES	January 2013
MAXALT-MLT	RIZATRIPTAN	MIGARINES	January 2013
OPANA XR	OXYMORPHONE ER	CHRONIC PAIN	January 2013
PROPECIA	FINASTERIDE	HAIR GROWTH	January 2013
TEVETEN	EPROSARTAN	HYPERTENSION	January 2013
ATACAND HCT	CANDESARTAN/HCTZ	HYPERTENSION	December 2012
ARTHROTEC	DICLOFENAC/MISOPROSTOL	ARTHRITIS/INFLAMMATION	November 2012
COMTAN	ENTACAPONE	PARKINSON'S DISEASE	November 2012
DOVONEX CREAM	CALCIPTRIENE	PSORIASIS	November 2012
QUALAQUIN	QUININE SULFATE	LEG CRAMPS	November 2012
REVATIO	SILDENAFIL	PULMONARY HYPERTENSION	November 2012
TRICOR	FENOFIBRATE	HIGH CHOLESTEROL	November 2012
TRILEPTAL SUSPENSION	OXCABAZEPINE	SEIZURE DISORDER	November 2012
GABITRIL	TIAGABINE	SEIZURES/NEUROPATHY	October 2012
METADATE CD	METHYPHENIDATE CD	ADD	October 2012
DIOVAN HCT	VALSARTAN HCT	HYPERTENSION	September 2012

Utilizing generic medications or other therapeutically equivalent, cost effective medications may be one of the easiest ways to help you reduce your out-of-pocket expense. If you take any of these medications or other medications in these therapeutic classes, ask your doctor or pharmacist how you can start saving money by taking the equivalent generic form. You can also contact EHIM's Pharmacy Help Desk at (800) 311-3446 to learn more.

NOTES



Pharmacy Benefits. *Managed.*

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