

Blue Cross and Blue Shield of Texas Preferred Drug Guide

Preferred Drug Guide

Blue Cross and Blue Shield of Texas members are requested to present this Preferred Drug Guide to their physician at their next visit.

This document reflects the Blue Cross and Blue Shield of Texas Preferred Drug Guide as of July 1, 2010. This guide is updated quarterly. Please visit www.bcbstx.com for the most current formulary list.

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on Search.

If you cannot find the drug on this list it typically means that the drug is Non-Preferred.

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KEY

caps	capsules
chew tabs	chewable tablets
conc	concentrate
crm	cream
delayed-release	enteric-coated
DL	dispensing limit
ext-release	extended-release
inhal	inhalation
inj	injection
lotn	lotion
NP	non-preferred
ODT	orally disintegrating tabs
oint	ointment
OTC	over-the-counter
P	preferred
soln	solution
supp	suppositories
susp	suspension
tabs	tablets

CONTACT INFORMATION

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Drug coverage is dependent on individual plan benefits

INTRODUCTION

Blue Cross and Blue Shield of Texas (BCBSTX) is pleased to present the 2010 Blue Cross and Blue Shield of Texas Preferred Drug Guide. The Preferred Drug Guide includes all Preferred Brand drugs and a partial list of Generic drugs selected by BCBSTX. **Physicians are encouraged to prescribe drugs listed in this Preferred Drug Guide. Members are encouraged to show this Preferred Drug Guide to their physicians and pharmacists.**

Prescription drugs may be excluded from coverage if there are over-the-counter (OTC) versions marketed in the same strength and dosage form, even though the labeled indications for the prescription and uses for the OTC products are not the same. For example, famotidine (Pepcid) 20 mg is excluded because an OTC version of the 20 mg tablets, Pepcid AC Maximum Strength, is marketed for OTC use. OTC drugs are not covered with the exception of insulin, oral glucose gel and tabs, and selected diabetic supplies.

MEMBER PRESCRIPTION BENEFIT

The Preferred Drug Guide is multi-tiered, placing prescription drugs into one of three copayment levels; generic, Preferred Brand (P) or Non-preferred Brand (NP). The drug benefit includes almost all prescription drugs, although some exclusions from coverage do apply. For example, drugs indicated for cosmetic purposes, e.g., Propecia, for hair growth, are not covered. Coverage and copayment levels vary depending on the plan.

Lowest copayment:

Generic drugs – listed and unlisted generic drugs

Middle copayment:

Preferred Brand drugs – all are listed in this Preferred Drug Guide

Highest copayment:

Non-preferred Brand drugs – unlisted brand drugs

Prescriptions filled through a retail pharmacy are generally limited to a 90-day supply with one copayment for every 30-day supply. A 90-day supply is also available for medications obtained through the Mail Order pharmacy. Certain drugs have dispensing limitations based upon gender or quantity dispensed per prescription. Drugs that have a Dispensing Limit are listed on pages 3-4.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE AND PREFERRED DRUG COMMITTEE (PDC)

BCBSTX participates on the Prime Therapeutics National P&T Committee which serves as a recommending body for drug formulary inclusion. The Committee seats physicians and pharmacists from throughout the country including a voting member from BCBSTX. Prime Therapeutics does not have voting privileges. Drugs are reviewed in terms of safety, efficacy, and clinical uniqueness.

The Preferred Drug Committee (PDC) is a standing committee of Health Care Service Corporation (HCSC) composed of divisional Medical Directors, Pharmacy Directors, and as needed, practitioners specializing in the area of pharmacoeconomics and health care administration. The PDC unites Prime Therapeutics National P&T Committee clinical assessments with cost-effective therapy modeling considerations to make final formulary placement decisions for HCSC, which includes BCBSTX and HMO Blue Texas.

Members and physicians can review the most up-to-date version of the Preferred Drug Guide at www.bcbstx.com.

HOW TO USE THIS PREFERRED DRUG GUIDE

This Preferred Drug Guide is organized into broad therapeutic categories. Within most categories, drugs are grouped based upon drug class, e.g. Macrolides, or use for a specific medical condition, e.g. Diabetes. All the drugs listed, whether Generic or Preferred Brand, are recommended drugs.

- **Generic drugs** are shown in lowercase boldface type. Most generic drugs are followed by a reference brand drug (in parentheses) to assist in product recognition.

Example: **atenolol** (Tenormin)

The brand reference drug Tenormin is marketed as 25 mg, 50 mg and 100 mg tablets. Each strength is available generically. The brand reference drugs like Tenormin are usually non-preferred and would take the highest copayment. Some generic products have no brand reference.

- **Preferred Brand drugs** are shown in all capital letters.

Example: DIOVAN – valsartan

- Cipro is marketed as 250 mg, 500 mg, and 750 mg, and 250 mg/5 mL and 500 mg/5 mL oral suspension. The tablets have generic versions available and the oral suspension is only available as brand name Cipro. The Preferred Drug Guide entry includes generic tablets. Cipro suspension would require a separate entry to be a Preferred Drug (tier 2). Because the suspension is non-preferred, it would take the highest copayment (tier 3).

Example: **ciprofloxacin tabs** (Cipro)

COST INDEX

Dollar signs are based upon Average Wholesale Price (AWP) or Maximum Allowable Cost (MAC) and range from one (\$) to five (\$\$\$\$\$), ranking the drugs from least to most expensive. Within the same dollar sign, drugs are listed alphabetically. Dollar signs for maintenance drugs are typically based upon a 30 day supply at a commonly prescribed dosage. For drugs that are not prescribed for maintenance conditions, a more appropriate basis is used to determine dollar sign assignment.

Drug coverage is dependent on individual plan benefits

\$.....	\$20.00 or less
\$\$	\$20.01 to \$40
\$\$\$	\$40.01 to \$80
\$\$\$\$	\$80.01 to \$160
\$\$\$\$\$	More than \$160

GENERIC SUBSTITUTION

BCBSTX encourages generic utilization as a way to provide high-quality drugs at a reduced cost. Generic drugs are as safe and effective as their brand-name counterparts, but are usually less expensive. Generic drugs are manufactured under the same strict standards of FDA's Good Manufacturing Practice regulations that are required for brand products including batch requirements for identity, strength, purity, and quality.

An FDA-approved generic drug may be substituted for the brand counterpart because it:

- Contains the same active ingredient(s) as the brand drug
- Is identical in strength, dosage form, and route of administration
- Is therapeutically equivalent and can be expected to have the same clinical effect and safety profile

To encourage use of generic drugs, Preferred Brand drugs typically become non-preferred and require the highest copayment after a generic version becomes available. This change occurs on a group's next anniversary date on or after January 1, 2011. BCBSTX also encourages the use of generics by having the lowest copayment apply for generic drugs.

In determining the brand or generic classification for covered prescription drugs, BCBSTX utilizes the generic/brand status as assigned by a nationally recognized provider of drug product information. The brand/generic classification of a drug is subject to change over time, which usually changes the copayment level.

DISPENSING LIMITS

Dispensing limits identify gender restrictions, and/or the maximum quantity that can be dispensed over a specific period of time. Limits are in place to encourage appropriate drug utilization, enhance member outcomes, and reduce drug benefit costs. Limits are typically developed based upon FDA-approved drug labeling.

The following brand drugs, and generic versions (shown in bold face type when available), have dispensing limits. This list is subject to change.

Brand (Generic Name)	Drug Guide Status	DL Per 30-Day Supply
Accuneb (albuterol sulfate)	P= generic	375 mL
Aciphex (rabeprazole delayed-release)	NP	60 tabs**
Actiq (fentanyl citrate)	P= generic	120 units***
Actonel 35 mg (risedronate)	P	4 tabs
Actonel 5 mg, 30 mg (risedronate)	P	30 tabs
Actonel 150 mg (risedronate)	P	1 tab

Brand (Generic Name)	Drug Guide Status	DL Per 30-Day Supply
Actonel with Calcium 35 mg, 1250 mg (risedronate + calcium carbonate)	NP	28 day pkg
Advair Diskus/HFA (fluticasone/salmeterol)	P	1 inhaler
Aerobid/Aerobid-M (flunisolide)	NP	3 inhalers
albuterol sulfate inhal soln 0.083%	P	375 mL
albuterol sulfate inhal soln 0.5%	P	60 mL
Alvesco (ciclesonide)	NP	2 inhalers
Ambien (zolpidem)	P = generic	30 tabs*
Ambien CR (zolpidem ext-release)	NP	30 tabs*
Amerge (naratriptan)	NP	18 tabs
Asmanex (mometasone)	NP	1 inhaler
Astelín (azelastine)	P	2 bottles
Astepro (azelastine)	P	2 bottles
Atrovent HFA (ipratropium)	P	2 inhalers
Atrovent nasal 0.03% (ipratropium)	P = generic	1 bottle
Atrovent nasal 0.06% (ipratropium)	P = generic	2 bottles
Avonex (interferon beta-1a)	P	1 package (4 doses)
Axert (almotriptan)	NP	12 tabs
Beconase AQ (beclomethasone)	NP	1 bottle
Betaseron (interferon beta-1b)	NP	1 package (15 doses)
Boniva 2.5 mg (ibandronate)	NP	30 tabs
Boniva 150 mg (ibandronate)	NP	1 tab
butorphanol nasal 10 mg/mL	P	1 bottle
Byetta 250 mcg/mL (exenatide)	NP	1 pen
Caverject (alprostadil)	NP	8 doses
Cialis (tadalafil)	NP	8 tabs
Combivent (ipratropium/albuterol sulfate)	P	2 inhalers
Copaxone (glatiramer acetate)	P	1 package (30 doses)
cromolyn sodium inhal soln	P	240 mL
Dexilant (dexlansoprazole delayed-release)	NP	60 caps
Duoneb 0.5 mg/3 mg (ipratropium/albuterol sulfate)	P = generic	540 mL
Edex (alprostadil)	NP	8 doses
Edluar (zolpidem)	NP	30 tabs
Fentora (fentanyl)	NP	120 units***
Flonase (fluticasone)	P = generic	1 bottle
Flovent Diskus (fluticasone)	NP	2 inhalers
Flovent HFA (fluticasone)	P	2 inhalers
Flunisolide nasal 29 mcg/spray	NP	1 bottle
flunisolide nasal 25 mcg/spray	P	1 bottle
Foradil Aerolizer (formoterol)	P	1 inhaler
Forteo (teriparatide)	P	1 pen
Fosamax oral soln 70 mg/75 mL (alendronate)	NP	4 bottles
Fosamax tabs 35 mg, 70 mg (alendronate)	P = generic	4 tabs
Fosamax Plus D (alendronate/cholecalciferol)	NP	4 tabs
Frova 2.5 mg (rovatriptan)	NP	18 tabs
Imitrex inj 6 mg/0.5 mL (sumatriptan)	P = generic	2 pkgs (10 syringes/vials)
Imitrex kits/refills (sumatriptan)	P	6 pkgs (12 doses)
Imitrex nasal (sumatriptan)	P	2 pkgs (12 units)
Imitrex tabs (sumatriptan)	P = generic	18 tabs
ipratropium inhal soln	P	313 mL
Janumet (sitagliptin/metformin)	NP	60 tabs
Januvia (sitagliptin)	NP	30 tabs
ketorolac 10 mg	P	20 tabs/no coverage at mail

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Brand (Generic Name)	Drug Guide Status	DL Per 30-Day Supply
Letairis (ambrisentan)	NP	30 tabs
Levitra (vardenafil)	NP	8 tabs
Lunesta (eszopiclone)	NP	30 tabs*
Maxair Autohaler (pirbuterol)	NP	1 inhaler
Maxalt/Maxalt-MLT (rizatriptan)	P	18 tabs
metaproterenol inhal soln 0.4%, 0.6%	P	313 mL
Migranal 4 mg/mL (dihydroergotamine)	P	1 pkg (8 bottles)
Muse (alprostadil)	NP	8 doses
Nasacort AQ (triamcinolone)	P	1 bottle
Nasonex (mometasone)	P	1 bottle
Nexium 20 mg, 40 mg (esomeprazole delayed-release)	P	60 caps/packets**
Nuvigil (armodafinil)	NP	30 tabs****
Omnaris (ciclesonide)	NP	1 bottle
Onglyza (saxagliptin)	NP	30 tabs
Onsolis (fentanyl buccal soluble film)	NP	120 units***
Prevacid (lansoprazole delayed-release)	P = generic	60 caps**
Prevacid Solutab (lansoprazole delayed-release)	NP	60 tabs**
Prilosec (omeprazole delayed-release)	P = generic	60 caps**
Pristiq (desvenlafaxine ext-release)	NP	30 tabs
Proair HFA (albuterol sulfate)	P	2 inhalers
Protonix tabs (pantoprazole delayed-release)	P = generic	60 tabs**
Protonix granules (pantoprazole delayed-release)	NP	60 packets**
Proventil HFA (albuterol sulfate)	NP	2 inhalers
Provigil (modafinil)	NP	30 tabs****
Prozac Weekly 90 mg (fluoxetine delayed-release)	NP	4 caps
Pulmicort Flexhaler 90 mcg (budesonide)	P	1 inhaler
Pulmicort Flexhaler 180 mcg (budesonide)	P	2 inhalers
Pulmicort Respules 1 mg/2 mL (budesonide)	P	180 mL
Pulmicort Respules 0.25 mg/2 mL, 0.5 mg/2 mL (budesonide)	P	180 mL
QVAR (beclomethasone)	P	2 inhalers
Rebif 22 mcg, 44 mcg (interferon beta-1a)	P	12 syringes (12 doses)
Relenza 5 mg/blister (zanamivir)	NP	20 blisters per 180 days
Relpax (eletriptan)	NP	12 tabs
Rhinocort Aqua (budesonide)	NP	1 bottle
Rozerem (ramelteon)	NP	30 tabs*
Savella (milnacipran)	NP	60 tabs or 1 titration pack
Serevent Diskus (salmeterol)	P	1 pkg
Sonata (zaleplon)	P = generic	30 caps*
Spiriva Handihaler (tiotropium)	P	1 box (30 caps)
sumatriptan inj, 4 mg/0.5 ml	P	10 syringes/vials
Symbicort (budesonide/formoterol)	P	1 inhaler
Tamiflu caps 10 mg (oseltamivir)	NP	10 caps per 180 days
Tamiflu for susp 12 mg/mL (oseltamivir)	NP	75 mL per 180 days
Tracleer (bosentan)	P	60 tabs
Treximet (sumatriptan/naproxen sodium)	NP	18 tabs
Ventolin HFA (albuterol sulfate)	NP	2 inhalers
Veramyst (fluticasone)	NP	1 bottle
Viagra (sildenafil)	P	8 tabs
Xopenex (levalbuterol hcl)	NP	360 mL
Xopenex Concentrate (levalbuterol hcl)	P = generic	3 boxes (90 unit dose)
Xopenex HFA (levalbuterol tartrate)	NP	2 inhalers
Xyrem 500 mg/mL (sodium oxybate)	NP	540 mL*

Brand (Generic Name)	Drug Guide Status	DL Per 30-Day Supply
Zegerid (omeprazole/sodium bicarbonate)	NP	60 caps/packets**
Zolpimist (zolpidem)	NP	1 container
Zomig nasal 5 mg (zolmitriptan)	NP	2 pkgs (12 units)
Zomig/Zomig ZMT (zolmitriptan)	NP	12 tabs

* Sedatives are limited to one sedative agent per 30 days and 1 tab/cap per day.

** Proton Pump Inhibitors (PPIs) are limited to one PPI per 30 days and 2 tabs/caps/packets per day.

*** Fentanyl (lozenges, buccal, transmucosal) is limited to a total of 120 units/30 days.

**** CNS medications are limited to one agent per 30 days and one tab per day.

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Therapeutic Class Drug List

ANTI-INFECTIVE DRUGS	
PENICILLINS	
\$	amoxicillin, NP = chew tabs, 200 mg, 400 mg
\$	ampicillin caps
\$	penicillin v potassium
\$\$	amoxicillin/potassium clavulanate (Augmentin)
\$\$	AMPICILLIN susp
\$\$	dicloxacillin
\$\$\$\$	amoxicillin/potassium clavulanate ext-release (Augmentin XR)
CEPHALOSPORINS	
\$	cefadroxil
\$	ceftriaxone (Rocephin)
\$	cefuroxime (Ceftin)
\$	cephalexin (Keflex)
\$\$	cefdinir (Omnicef)
\$\$	cefprozil
\$\$\$\$	cefpodoxime (Vantin)
\$\$\$\$	SUPRAX tabs – cefixime
MACROLIDES	
\$	azithromycin (Zithromax)
\$	clarithromycin (Biaxin)
\$	ERY-TAB – erythromycin delayed-release tabs
\$	erythromycin ethylsuccinate
\$	ERYTHROMYCIN FILMTABS – erythromycin base
\$\$	ZITHROMAX packets, 1 g – azithromycin
\$\$\$	clarithromycin ext-release (Biaxin XL)
TETRACYCLINES	
\$	doxycycline hyclate
\$	minocycline caps, tabs (Minocin, Dynacin)
\$	tetracycline
\$\$\$\$	demeclocycline (Declomycin)
FLUOROQUINOLONES	
\$	ciprofloxacin tabs (Cipro)
\$\$\$\$	LEVAQUIN – levofloxacin
AMINOGLYCOSIDES	
\$	neomycin sulfate
\$\$\$\$	paromomycin
\$\$\$\$	TOBI – tobramycin
TUBERCULOSIS	
\$	isoniazid tabs
\$\$\$	ISONIAZID syrup
\$\$\$\$	ethambutol (Myambutol)
\$\$\$\$	isoniazid/rifampin (Rifamate)
\$\$\$\$	pyrazinamide
\$\$\$\$	rifampin (Rifadin)
\$\$\$\$	MYCOBUTIN – rifabutin

Generic = generic name, Tier 1 (reference Brand, Tier 3)
 Brand = BRAND NAME, Tier 2 – generic name (generic not available)
 Coverage and copays vary depending on the plan.

Drug coverage is dependent on individual plan benefits

FUNGAL INFECTIONS

\$	fluconazole (Diflucan)
\$	ketoconazole
\$\$	nystatin tabs
\$\$	terbinafine tabs (Lamisil)
\$\$\$	griseofulvin microsize susp (Grifulvin V)
\$\$\$\$	GRIFULVIN V tabs – griseofulvin microsize
\$\$\$\$	GRIS-PEG – griseofulvin ultramicrosize
\$\$\$\$\$	itraconazole caps (Sporanox)
\$\$\$\$\$	LAMISIL granules – terbinafine
\$\$\$\$\$	NOXAFIL – posaconazole
\$\$\$\$\$	VFEND – voriconazole

VIRAL INFECTIONS

Cytomegalovirus

\$\$\$\$\$	GANCICLOVIR
\$\$\$\$\$	VALCYTE – valganciclovir

Hepatitis

\$\$\$\$\$	BARACLUDE – entecavir
\$\$\$\$\$	EPIVIR-HBV – lamivudine
\$\$\$\$\$	HEPSERA – adefovir
\$\$\$\$\$	INTRON A – interferon alfa-2b
\$\$\$\$\$	PEG-INTRON – peginterferon alfa-2b
\$\$\$\$\$	PEGASYS – peginterferon alfa-2a
\$\$\$\$\$	ribavirin caps, tabs (Rebetol, Copegus)

Herpes

\$\$	acyclovir (Zovirax)
\$\$\$\$\$	famciclovir (Famvir)
\$\$\$\$\$	valacyclovir (Valtrex)
\$\$\$\$\$	VALTREX – valacyclovir

HIV/AIDS

\$\$\$	zidovudine (Retrovir)
\$\$\$\$	stavudine (Zerit)
\$\$\$\$\$	APTIVUS – tipranavir
\$\$\$\$\$	ATRIPLA – efavirenz/emtricitabine/tenofovir
\$\$\$\$\$	COMBIVIR – lamivudine/zidovudine
\$\$\$\$\$	CRIXIVAN – indinavir
\$\$\$\$\$	didanosine delayed-release (Videx EC)
\$\$\$\$\$	EMTRIVA – emtricitabine
\$\$\$\$\$	EPIVIR – lamivudine
\$\$\$\$\$	EPZICOM – abacavir/lamivudine
\$\$\$\$\$	FUZEON – enfuvirtide
\$\$\$\$\$	INTELENCE – etravirine
\$\$\$\$\$	INVIRASE – saquinavir
\$\$\$\$\$	ISENTRESS – raltegravir
\$\$\$\$\$	KALETRA – lopinavir/ritonavir
\$\$\$\$\$	LEXIVA – fosamprenavir
\$\$\$\$\$	NORVIR – ritonavir
\$\$\$\$\$	PREZISTA – darunavir
\$\$\$\$\$	RESCRIPTOR – delavirdine
\$\$\$\$\$	REYATAZ – atazanavir

\$\$\$\$\$	SELZENTRY – maraviroc
\$\$\$\$\$	SUSTIVA – efavirenz
\$\$\$\$\$	TRIZIVIR – abacavir/lamivudine/zidovudine
\$\$\$\$\$	TRUVADA – emtricitabine/tenofovir
\$\$\$\$\$	VIDEX – didanosine
\$\$\$\$\$	VIRACEPT – nelfinavir
\$\$\$\$\$	VIRAMUNE – nevirapine
\$\$\$\$\$	VIREAD – tenofovir
\$\$\$\$\$	ZIAGEN – abacavir

MALARIA

\$	chloroquine phosphate (Aralen)
\$	hydroxychloroquine (Plaquenil)
\$\$	mefloquine (Lariam)
\$\$	PRIMAQUINE PHOSPHATE
\$\$\$\$	MALARONE – atovaquone/proguanil

WORM INFECTIONS

\$	MEBENDAZOLE
\$\$	STROMEKTOL – ivermectin
\$\$\$\$	ALBENZA – albendazole
\$\$\$\$	BILTRICIDE – praziquantel

OTHER ANTI INFECTIVES

\$	clindamycin (Cleocin)
\$	metronidazole (Flagyl)
\$	sulfamethoxazole/trimethoprim (Bactrim, Septra)
\$	trimethoprim
\$\$	DAPSONE
\$\$	erythromycin/sulfisoxazole
\$\$\$\$\$	ZYVOX – linezolid

CANCER DRUGS

	AFINITOR – everolimus
	ALFERON N – interferon alfa-n3
	ALKERAN tabs – melphalan
	ARIMIDEX – anastrozole
	AROMASIN – exemestane
	bicalutamide (Casodex)
	CEENU – lomustine
	CYCLOPHOSPHAMIDE tabs
	EMCYT – estramustine
	FARESTON – toremifene
	FEMARA – letrozole
	FIRMAGON – degarelix
	flutamide
	hydroxyurea (Hydrea)
	INTRON A – interferon alfa-2b
	IRESSA – gefitinib
	LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg
	leucovorin calcium tabs, 5 mg, 25 mg
	LEUKERAN – chlorambucil
	leuprolide (Lupron)
	megestrol (Megace)

mercaptopurine (Purinethol)

MESNEX tabs – mesna

methotrexate tabs

MYLERAN – busulfan

NILANDRON – nilutamide

TABLOID – thioguanine

tamoxifen

TRETINOIN caps

TREXALL – methotrexate

HORMONES, DIABETES AND RELATED DRUGS

CORTICOSTEROIDS

\$ **dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg; taper pack**

\$ **fludrocortisone**

\$ **hydrocortisone** (Cortef)

\$ **methylprednisolone** (Medrol)

\$ **prednisolone sodium phosphate soln** (Orapred, Pediapred)

\$ **prednisolone soln** (Prelone)

\$ **prednisone**

\$ PREDNISON soln, 5 mg/5 mL; tabs, 50 mg

\$\$ DEXAMETHASONE soln, 0.5 mg/5 mL

\$\$\$ PREDNISON INTENSOL

\$\$\$\$ ENTOCORT EC – budesonide ext-release

MALE HORMONES

\$\$\$\$ ANDROXY – fluoxymesterone

\$\$\$\$ ANDROGEL – testosterone

\$\$\$\$ **danazol**

\$\$\$\$ TESTIM – testosterone

ESTROGENS

\$ **estradiol tabs** (Estrace)

\$ **estropipate** (Ogen)

\$\$ **estradiol patches** (Climara)

\$\$\$ ACTIVELLA 0.5/0.1 mg – estradiol/norethindrone acetate

\$\$\$ CENESTIN – conjugated estrogens, synthetic A

\$\$\$ ENJUVIA – conjugated estrogens, synthetic B

\$\$\$ ESTRADERM – estradiol

\$\$\$ **estradiol/norethindrone acetate 1/0.5 mg** (Activella)

\$\$\$ PREMARIN – conjugated estrogens

\$\$\$ PREMPHASE – conjugated estrogens/medroxyprogesterone

\$\$\$ PREMPRO – conjugated estrogens/medroxyprogesterone

\$\$\$ VIVELLE-DOT – estradiol

\$\$\$\$ DIVIGEL – estradiol

PROGESTINS

\$ **medroxyprogesterone acetate** (Provera)

\$ **norethindrone acetate** (Aygestin)

\$\$ PROMETRIUM – progesterone micronized

BIRTH CONTROL - Cervical caps, diaphragms, and IUDs are preferred, but not listed in this guide.

\$ **norgestimate/ethinyl estradiol** (Ortho-Cyclen, Ortho Tri-Cyclen)

\$\$ **desogestrel/ethinyl estradiol** (Cyclessa, Mircette, Ortho-Cept)

\$\$ **ethynodiol/ethinyl estradiol** (Demulen 1/35)

\$\$ **levonorgestrel – Next Choice, 0.75 mg** (Plan B)

Generic = generic name, Tier 1 (reference Brand, Tier 3)

Brand = BRAND NAME, Tier 2 – generic name (generic not available)

Coverage and copays vary depending on the plan.

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\$\$	levonorgestrel/ethinyl estradiol (Alesse, Levlite, Nordette, Seasonale, Triphasil)
\$\$	medroxyprogesterone acetate inj, 150 mg/mL (Depo-Provera)
\$\$	norethindrone (Nor-QD, Ortho Micronor)
\$\$	norethindrone acetate/ethinyl estradiol (Loestrin)
\$\$	norethindrone acetate/ethinyl estradiol/Fe (Loestrin Fe)
\$\$	norethindrone/ethinyl estradiol (Modicon, Ortho-Novum 1/35, 7/7/7; Ovcon 35, Tri-Norinyl)
\$\$	norethindrone/mestranol (Ortho-Novum 1/50)
\$\$	norgestrel/ethinyl estradiol (Lo/Ovral)
\$\$\$	NUVARING – etonogestrel/ethinyl estradiol
\$\$\$\$	ORTHO TRI-CYCLEN LO – norgestimate/ethinyl estradiol
\$\$\$\$	YASMIN – drospirenone/ethinyl estradiol
\$\$\$\$	YAZ – drospirenone/ethinyl estradiol

INFERTILITY

\$\$	clomiphene (Clomid)
\$\$\$\$	chorionic gonadotropin
\$\$\$\$\$	FOLLISTIM AQ 300, 600, 900 units – follitropin beta
\$\$\$\$\$	GANIRELIX ACETATE – ganirelix
\$\$\$\$\$	GONAL-F – follitropin alfa
\$\$\$\$\$	REPRONEX – menotropins

DIABETES - OTC glucose chew tabs and dextrose tabs are preferred but are not listed in this guide.

\$	glimepiride (Amaryl)
\$	glipizide (Glucotrol)
\$	glyburide (Micronase)
\$	glyburide micronized (Glynase)
\$	metformin (Glucophage)
\$	metformin ext-release (Glucophage XR)
\$\$	glipizide ext-release (Glucotrol XL)
\$\$	glyburide/metformin (Glucovance)
\$\$\$	acarbose (Precose)
\$\$\$\$	AVANDIA – rosiglitazone
\$\$\$\$	GLUCAGON EMERGENCY KIT
\$\$\$\$	nateglinide (Starlix)
\$\$\$\$\$	ACTOPLUS MET – pioglitazone/metformin
\$\$\$\$\$	ACTOS – pioglitazone
\$\$\$\$\$	AVANDAMET – rosiglitazone/metformin
\$\$\$\$\$	DUETACT – pioglitazone/glimepiride
\$\$\$\$\$	PRANDIN – repaglinide

DIABETES - INSULINS

Rapid-Acting Insulins

\$\$\$\$	HUMALOG – insulin lispro
\$\$\$\$	NOVOLOG – insulin aspart

Short-Acting Insulins

\$\$\$	HUMULIN R – insulin regular
\$\$\$	NOVOLIN R – insulin regular

Intermediate-Acting Insulins

\$\$\$	HUMULIN N – insulin isophane
\$\$\$	HUMULIN 50/50 – insulin isophane/regular
\$\$\$	HUMULIN 70/30 – insulin isophane/regular
\$\$\$	NOVOLIN N – insulin isophane
\$\$\$	NOVOLIN 70/30 – insulin isophane/regular

\$\$\$\$	HUMALOG MIX 50/50 – insulin lispro protamine/lispro
\$\$\$\$	HUMALOG MIX 75/25 – insulin lispro protamine/lispro
\$\$\$\$	NOVOLOG MIX 70/30 – insulin aspart protamine/aspart

Basal Insulins

\$\$\$\$	LANTUS – insulin glargine
\$\$\$\$	LEVEMIR – insulin detemir

THYROID REGULATION

\$	levothyroxine – includes Levoxyl (Synthroid)
\$	propylthiouracil
\$\$	liothyronine (Cytomel)
\$\$	methimazole (Tapazole)

GROWTH HORMONE

\$\$\$\$\$	INCRELEX – mecasermin
\$\$\$\$\$	OMNITROPE – somatropin

OTHER HORMONES AND RELATED DRUGS

\$	alendronate tabs (Fosamax) – DL
\$\$	METHERGINE – methylergonovine
\$\$\$	calcitonin-salmon nasal – includes Fortical (Miacalcin)
\$\$\$	calcitriol (Rocaltrol)
\$\$\$\$	ACTONEL – risedronate – DL
\$\$\$\$	cabergoline
\$\$\$\$	EVISTA – raloxifene
\$\$\$\$\$	BUPHENYL – sodium phenylbutyrate
\$\$\$\$\$	CYSTADANE – betaine
\$\$\$\$\$	desmopressin inj, nasal, tabs (DDAVP)
\$\$\$\$\$	etidronate 400 mg (Didronel)
\$\$\$\$\$	FORTEO – teriparatide – DL
\$\$\$\$\$	HECTOROL – doxercalciferol
\$\$\$\$\$	octreotide (Sandostatin)
\$\$\$\$\$	SENSIPAR – cinacalcet
\$\$\$\$\$	STIMATE – desmopressin

HEART AND CIRCULATORY DRUGS

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

\$	benazepril (Lotensin)
\$	benazepril/hydrochlorothiazide (Lotensin HCT)
\$	captopril
\$	captopril/hydrochlorothiazide
\$	enalapril (Vasotec)
\$	enalapril/hydrochlorothiazide (Vaseretic)
\$	fosinopril
\$	lisinopril (Prinivil, Zestril)
\$	lisinopril/hydrochlorothiazide (Prinzide, Zestoretic)
\$	moexipril/hydrochlorothiazide (Uniretic)
\$	quinapril (Accupril)
\$	ramipril caps (Altace)
\$	trandolapril (Mavik)
\$\$	fosinopril/hydrochlorothiazide
\$\$	moexipril (Univasc)
\$\$	quinapril/hydrochlorothiazide (Accuretic)

O

octreotide (Sandostatin)	10
ofloxacin ear soln	22
ofloxacin eye soln (Ocuflox)	21
omeprazole delayed release (Prilosec) – DL	14
OMNITROPE	10
ondansetron ODT (Zofran ODT)	14
ondansetron oral soln, tabs (Zofran)	14
ondansetron tabs, 24 mg	14
OPTIVAR	22
ORAP	17
orphenadrine/ aspirin/caffeine 25/385/30	20
orphenadrine citrate ext-release	20
ORTHO TRI-CYCLEN LO	9
oxcarbazepine (Trileptal)	19
oxybutynin	15
oxybutynin ext-release (Ditropan XL)	15
oxycodone/acetaminophen caps, 5/500 (Tylox)	17
oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)	17
oxycodone/aspirin tabs, 5/325 (Percodan)	18
oxycodone caps (OxyIR)	17
oxycodone conc, soln, tabs (Roxicodone)	17

P

PANCREASE MT	14
PANCRELIPASE tabs, 30-8-30	14
pantoprazole delayed-release (Protonix) – DL	14
paromomycin	5
paroxetine hcl ext-release 12.5 mg, 25 mg (Paxil CR)	16
paroxetine hcl (Paxil)	16
PATANOL	22
pediatric multivitamins/fluoride	20
pediatric multivitamins/fluoride/iron chew tabs; drops, 0.25-10 mg/mL	20
pediatric vitamins ADC/fluoride	20
pediatric vitamins ADC/fluoride/iron	20
PEGASYS	6
PEG – electrolytes for soln (Colyte, Nulytely)	14
PEG – electrolytes for soln (Golytely)	14
PEG-INTRON	6
penicillin v potassium	5
PENTASA	15
pentoxifylline ext-release (Trental)	20
permethrin crm, 5%	23
perphenazine	16
phenobarbital, NP = 64.8 mg, 97.2 mg	19
PHENYTEK	19
phenytoin sodium ext-release (Dilantin, Phenytek)	19
phenytoin susp (Dilantin)	19
PHOSLO	15
pilocarpine 1%, 2%, 4%, 6% soln (Isopto Carpine)	21
pilocarpine tabs (Salagen)	22
PINDOLOL	11

piroxicam (Feldene)	18
PLAVIX 75 mg	20
podofilox soln (Condylox)	23
polymyxin B/trimethoprim soln (Polytrim)	21
potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)	20
potassium chloride ext-release caps, 10 mEq; tabs, 8 mEq, 20 mEq	20
potassium chloride ext-release tabs, 10 mEq (K-Tabs)	20
potassium chloride packets, 20 mEq, 25 mEq (K-Lor, Klor-Con 25)	20
potassium chloride soln, 10%, 20%	20
potassium citrate/citric acid powder, soln (Polycitra-K)	15
potassium citrate ext-release (Urocit-K)	15
potassium phosphate/sodium phosphates (K-Phos Neutral)	20
pramipexole 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg (Mirapex)	19
PRANDIN	9
pravastatin (Pravachol)	11
prazosin (Minipress)	12
prednisolone acetate susp (Pred Forte)	21
PREDNISOLONE SODIUM PHOSPHATE eye soln, 1%	21
prednisolone sodium phosphate soln (Orapred, Pediapred)	8
prednisolone soln (Prelone)	8
prednisone	8
PREDNISONE INTENSOL	8
PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg	8
PREMARIN crm	15
PREMARIN tabs	8
PREMPHASE	8
PREMPRO	8
PRENAPLUS	20
PRENATABS FA	20
PRENATAL PLUS, PLUS/IRON, LOW IRON, 19	20
PREVPAC	14
PREZISTA	6
PRIMAQUINE PHOSPHATE	7
primidone (Mysoline)	19
PROAIR HFA – DL	13
probenecid	18
probenecid/colchicine	18
prochlorperazine	16
PROCRIT	20
promethazine	13
PROMETRIUM	8
propafenone (Rythmol)	12
PROPANTHELINE BROMIDE 15 mg	14
propoxyphene hcl/acetaminophen tabs, 65/650	17
propoxyphene napsylate/acetaminophen 50/325, 100/650 (Darvocet-N) ..	18
propranolol ext-release (Inderal LA)	11
propranolol/hydrochlorothiazide 40/25	11
PROPRANOLOL soln	11
propranolol tabs	11
propylthiouracil	10
PROTOPIC	23
PULMICORT FLEXHALER – DL	13
PULMICORT RESPULES – DL	13

PULMOZYME	14
pyrazinamide	5
pyridostigmine tabs (Mestinon)	20
PYROGALLIC ACID	23

Q

quinapril (Accupril)	10
quinapril/hydrochlorothiazide (Accuretic)	10
quinidine gluconate ext-release	12
quinidine sulfate	12
QVAR – DL	13

R

ramipril caps (Altace)	10
ranitidine, 150 mg not covered (Zantac)	14
RAPAMUNE	24
REBIF – DL	17
REGRANEX	23
REVELA	15
REPRONEX	9
RESCRIPTOR	6
RESTORIL 7.5 mg	17
REYATAZ	6
ribavirin caps, tabs (Rebetol, Copegus)	6
rifampin (Rifadin)	5
RILUTEK	20
RISPERDAL M-TAB 1 mg	16
risperidone ODT, NP = 0.25 mg (Risperdal M-Tab)	16
risperidone (Risperdal)	16
ropinirole (Requip)	19

S

SABRIL	19
salsalate	17
selegiline caps (Eldepryl)	19
selegiline tabs	19
selenium sulfide 2.5% (Selsun)	23
SELZENTRY	7
SE-NATAL 19	20
SENSIPAR	10
SEREVENT DISKUS – DL	14
SEROQUEL	16
SEROQUEL XR	16
sertraline (Zoloft)	16
silver sulfadiazine (Silvadene)	23
simvastatin (Zocor)	11
SINGULAIR	13
sodium citrate/citric acid (Bicitra)	15
sodium polystyrene sulfonate	24
SOLARAZE	23
SORIATANE	23
sotalol AF (Betapace AF)	12

sotalol (Betapace)	12
SPIRIVA HANDIHALER – DL	14
spironolactone (Aldactone)	12
spironolactone/hydrochlorothiazide 25/25 (Aldactazide)	12
stavudine (Zerit)	6
STIMATE	10
STROMECTOL	7
SUBOXONE	18
SUBUTEX	18
sucralfate tabs (Carafate)	14
sulfacetamide sodium/prednisolone eye soln	21
sulfacetamide sodium soln (Bleph-10)	21
sulfacetamide sodium/sulfur crm, emulsion (Plexion)	22
sulfacetamide sodium/sulfur lotn	22
sulfamethoxazole/trimethoprim (Bactrim, Septra)	7
sulfasalazine (Azulfidine)	14
sulfasalazine delayed-release (Azulfidine EN-tabs)	14
sulindac (Clinoril)	18
sumatriptan inj, 4 mg/0.5 mL – DL	18
sumatriptan inj, 6 mg/0.5 mL; tabs (Imitrex) – DL	18
SUPRAX tabs	5
SUSTIVA	7
SYMBICORT – DL	14

T

TABLOID	8
tacrolimus caps (Prograf)	24
tamoxifen	8
tamsulosin (Flomax)	15
TAZORAC	22
TEGRETOL-XR 100 mg	19
temazepam (Restoril)	16
terazosin	12
terbinafine tabs (Lamisil)	6
terbutaline (Brethine)	13
terconazole (Terazol)	15
TESTIM	8
tetracycline	5
theophylline ext-release tabs – 12 hr – Theochron	13
thiothixene (Navane)	16
timolol maleate gel-forming soln (Timoptic-XE)	21
timolol maleate soln (Timoptic)	21
TIMOLOL tabs	11
tizanidine tabs (Zanaflex)	20
TOBI	5
TOBRADEX	21
tobramycin/dexamethasone susp (Tobradex)	21
tobramycin soln (Tobrex)	21
topiramate sprinkle caps, tabs (Topamax Sprinkle, Topamax)	19
torsemide (Demadex)	12
TRACLEER – DL	13
tramadol/acetaminophen (Ultracet)	18
tramadol (Ultram)	18

trandolapril (Mavik)	10
tranlycypromine (Parnate)	16
TRAVATAN	21
TRAVATAN Z	21
trazodone	16
TRETINOIN caps	8
tretinoin (Retin-A)	22
TREXALL	8
triamcinolone dental paste	22
triamcinolone, NP = oint, 0.5%	23
TRIAMCINOLONE oint, 0.05%	23
triamterene/hydrochlorothiazide caps, 37.5/25, 50/25 (Dyazide)	12
triamterene/hydrochlorothiazide tabs, 37.5/25, 75/50 (Maxzide-25, Maxzide)	12
TRICOR	12
trifluoperazine	16
trifluridine soln (Viroptic)	21
trihexyphenidyl	19
TRILEPTAL susp	19
TRILIPIX	12
trimethobenzamide caps (Tigan)	14
trimethoprim	7
TRIZIVIR	7
TRUVADA	7

U

ULTRASE/MT	14
URSO	15
ursodiol caps (Actigall)	14
ursodiol tabs (Urso)	15
URSO FORTE	15

V

VAGIFEM	15
valacyclovir (Valtrex)	6
VALCYTE	6
valproic acid (Depakene)	19
VALTrex	6
venlafaxine (Effexor)	16
verapamil (Calan)	11
verapamil ext-release – 12 hr (Calan SR)	11
verapamil ext-release – 24 hr (Verelan)	11
VESICARE	15
VFEND	6
VIAGRA – DL	13
VIDEX	7
VIGAMOX	21
VIOKASE	14
VIRACEPT	7
VIRAMUNE	7
VIREAD	7
VIVELLE-DOT	8
VYVANSE	17

Generic = **generic name**, Tier 1 (reference Brand, Tier 3)
 Brand = **BRAND NAME**, Tier 2
 Coverage and copays vary depending on the plan.

W

warfarin (Coumadin)	20
WELCHOL	12

X

XALATAN	21
XERAC AC	23

Y

YASMIN	9
YAZ	9

Z

zaleplon (Sonata) – DL	16
ZIAGEN	7
zidovudine (Retrovir)	6
ZITHROMAX packets, 1 g	5
zolpidem (Ambien) – DL	16
zonisamide (Zonegran)	19
ZOVIRAX topical	23
ZYLET	21
ZYVOX	7

Drug coverage is dependent on individual plan benefits