

2008

Effective January 1, 2008



BlueCross BlueShield of Texas

Blue Cross and Blue Shield of Texas 2008 Preferred Drug Guide

ALPHABETICAL DRUG LIST

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 January 1, 2008.

This guide is updated quarterly. Please visit www.bcbstx.com for recent updates.

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
conc	concentrate
crm	cream
delayed-release	enteric-coated
DL	dispensing limit
ext-release	extended-release
inj	injection
NP	non-preferred
oint	ointment
OTC	over-the-counter
Ppreferred
soln	solution
supp	suppositories
susp	suspension
tabs	tablets

CONTACT INFORMATION

If you have any questions regarding the Blue Cross and Blue Shield of Texas Preferred Drug Guide, or if you have comments or suggestions that can improve the usefulness of this publication, please direct them to:

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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 2008 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 4–5.

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.

Drug coverage is dependent on individual plan benefits

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

Example: COREG

- Ceftin is marketed as 250 mg and 500 mg tablets, and also in oral suspension (125 mg/5 mL, 250 mg/5 mL). The tablets have generic versions available and the oral suspension is only available as brand name Ceftin. The Preferred Drug Guide entry includes generic tablets. Ceftin suspension would require a separate entry to be a Preferred Brand, however the suspension is not listed because it is non-preferred, and therefore would take the highest copayment.

Example: **cefuroxime tabs** (Ceftin)

- Individual Preferred Drug Guide entries are required for many different dosage forms or routes of administration including oral immediate-release, extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating tablets, transdermal, and topical. Oral immediate-release and transdermal dosage forms of estradiol require separate entries in the Preferred Drug Guide.

Example: **estradiol patches** (Climara)
estradiol tabs (Estrace)

- The category where a drug is listed determines which dosage form(s) are in the Preferred Drug Guide. When listed in the Eye category, this entry indicates that Voltaren ophthalmic solution is a Preferred Brand. Generic Voltaren tablets would require a separate entry in the Rheumatoid and Osteoarthritis category.

Example: VOLTAREN

- Based upon this entry, there are generic versions of Sulfacet-R. Sulfacet-R and other brand sulfacetamide/sulfur products are non-preferred and would require the highest copayment unless separate brand entries are present.

Example: **sulfacetamide/sulfur** (Sulfacet-R)

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, 2008. 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 as of January 1, 2008.

This list is subject to change.

BRAND (generic name)	STRENGTH	DRUG GUIDE STATUS	DISPENSING LIMIT per 30-day supply
Accuneb (albuterol sulfate)	all strengths	P = generic	.375 mL
Aciphex (rabeprazole)	all strengths	NP	.60 tabs**
Actiq (fentanyl)	all strengths	NP	120 units
Actonel (risedronate)	35 mg	P	.4 tabs
Actonel (risedronate)	5 mg, 30 mg	P	.30 tabs
Actonel (risedronate)	75 mg	P	.2 tabs
Actonel with Calcium (risedronate + calcium carbonate)	35 mg, 1250 mg	NP	.28 day pkg
Advair Diskus / HFA (fluticasone/salmeterol)	all strengths	P	1 inhaler
Aerobid/Aerobid-M (flunisolide)		NP	.3 inhalers
albuterol sulfate nebulation solution	0.083%	P	.375 mL
albuterol sulfate nebulation solution	0.5%	P	.60 mL
albuterol inhaler		P	.2 inhalers
Alupent inhaler (metaproterenol)		NP	.2 inhalers
Ambien (zolpidem)	all strengths	P = generic	.30 tabs*
Ambien CR (zolpidem extended-release)	all strengths	NP	.30 tabs*
Amerge (naratriptan)	all strengths	NP	.18 tabs
Asmanex (mometasone)	all strengths	NP	1 inhaler
Astelin (azelastine)		P	.2 bottles
Atrovent HFA (ipratropium)		P	.2 inhalers
Atrovent nasal (ipratropium)	0.03%	P = generic	1 bottle
Atrovent nasal (ipratropium)	0.06%	P = generic	.2 bottles
Axert (almotriptan)	all strengths	NP	.12 tabs
Azmacort (triamcinolone)		NP	.2 inhalers
Beconase AQ (beclomethasone)		NP	1 bottle
Boniva (ibandronate)	2.5 mg	NP	.30 tabs
Boniva (ibandronate)	150 mg	NP	1 tab
butorphanol nasal	10 mg/mL	P	1 bottle
Byetta (exenatide)	250 mcg/mL	NP	1 pen
Caverject (alprostadil)	all strengths	NP	8 doses
Cialis (tadalafil)	all strengths	NP	.8 tabs
Combivent (albuterol sulfate/ipratropium)		P	.2 inhalers
Duoneb (ipratropium/albuterol sulfate)	0.5 mg/3 mg	P	.540 mL
Edex (alprostadil)	all strengths	NP	8 doses
Exubera (human recombinant insulin)		NP	810 blisters
Exubera (release units)		NP	.2
Exubera (release chambers)		NP	.2 per year
Fentanyl lozenges (fentanyl citrate)	all strengths	NP	120 units
Fentora (fentanyl)	all strengths	NP	120 units
Flonase (fluticasone)		P = generic	1 bottle
Flovent Diskus (fluticasone)	all strengths	NP	.2 inhalers
Flovent HFA (fluticasone)	all strengths	P	.2 inhalers
flunisolide nasal		P	1 bottle
Foradil Aerolizer (formoterol)		P	1 inhaler
Fosamax (alendronate)	35 mg, 70 mg	NP	.4 tabs
Fosamax Plus D (alendronate/cholecalciferol)	all strengths	NP	.4 tabs
Frova (frovatriptan)	2.5 mg	NP	.18 tabs

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Imitrex inj (sumatriptan)	6 mg/0.5 mL	P	2 pkgs (10 vials)
Imitrex kits/refills (sumatriptan)		P	6 pkgs (12 doses)
Imitrex nasal (sumatriptan)	all strengths	P	2 pkgs (12 units)
Imitrex tabs (sumatriptan)	all strengths	P	18 tabs
Intal neb soln (cromolyn sodium)		P = generic	240 mL
Intal inhaler (cromolyn sodium)		P	2 inhalers
ipratropium neb soln		P	313 mL
Janumet (sitagliptin/metformin)	all strengths	NP	60 tabs
Januvia (sitagliptin)	all strengths	NP	30 tabs
ketoralac	10 mg	P	20 tabs/no coverage at mail
Levitra (vardenafil)	all strengths	NP	8 tabs
Lunesta (eszopiclone)	all strengths	NP	30 tabs*
Maxair Autohaler (pirbuterol)		NP	1 inhaler
Maxalt/Maxalt-MLT (rizatriptan)	all strengths	P	18 tabs
metaproterenol neb soln	0.4%, 0.6%	P	313 mL
Migranal (dihydroergotamine)	4 mg/mL	P	1 pkg (8 bottles)
Muse (alprostadil)	all strengths	NP	8 doses
Nasacort AQ (triamcinolone)		P	1 bottle
Nasarel (flunisolide)		P = generic	1 bottle
Nasonex (mometasone)		P	1 bottle
Nexium (esomeprazole)	all strengths	P	60 caps/packets**
Prevacid (lansoprazole)	all strengths	NP	60 caps/packets**
Prevacid Solutab (lansoprazole)	all strengths	NP	60 tabs
Prilosec (omeprazole)	10 mg	P = generic	60 caps**
Prilosec (omeprazole)	20 mg	Not Covered	Not Covered
Prilosec (omeprazole)	40 mg	NP	60 caps**
Proair HFA (albuterol sulfate)		P	2 inhalers
Protonix (pantoprazole)	all strengths	P	60 tabs**
Proventil inhaler (albuterol)		P = generic	2 inhalers
Proventil HFA (albuterol sulfate)		NP	2 inhalers
Prozac Weekly (fluoxetine)	90 mg	NP	4 caps
Pulmicort Flexhaler (budesonide)	90 mcg	P	1 inhaler
Pulmicort Flexhaler (budesonide)	180 mcg	P	2 inhalers
Pulmicort Respules (budesonide)		P	180 mL
QVAR (beclomethasone)	all strengths	P	2 inhalers
Relenza (zanamivir)	5 mg/blister	NP	20 blisters per 180 days
Relpax (eletriptan)	all strengths	NP	12 tabs
Rhinocort Aqua (budesonide)		NP	1 bottle
Rozerem (ramelteon)	all strengths	NP	30 tabs*
Serevent Diskus (salmeterol)		P	1 pkg
Sonata (zaleplon)	all strengths	NP	30 caps*
Spiriva Handihaler (tiotropium)		P	1 box (30 caps)
Symbicort (budesonide/formoterol)	all strengths	P	1 inhaler
Tamiflu (oseltamivir)	10 mg	NP	10 caps per 180 days
Tamiflu (oseltamivir)	12 mg/mL	NP	75 mL per 180 days
Tilade (nedocromil)		P	2 inhalers
Ventolin HFA (albuterol sulfate)		NP	2 inhalers
Veramyst (fluticasone)		NP	1 bottle
Viagra (sildenafil)		P	8 tabs
Xopenex (levalbuterol hcl)	all strengths	NP	360 mL
Xopenex Concentrate (levalbuterol hcl)		NP	3 boxes (90 unit dose)
Xopenex HFA (levalbuterol tartrate)		P	2 inhalers
Xyrem (sodium oxybate)	500 mg/mL	NP	540 mL*
Zegerid (omeprazole/sodium bicarbonate)	all strengths	NP	60 caps/packets**
Zomig nasal (zolmitriptan)	5 mg	P	2 pkgs (12 units)
Zomig/Zomig ZMT (zolmitriptan)	all strengths	P	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.

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Alphabetical Drug List

ACCU-CHEK ACTIVE

ACCU-CHEK ADVANTAGE

ACCU-CHEK AVIVA

ACCU-CHEK COMFORT CURVE

ACCU-CHEK COMPACT

ACCU-CHEK INSTANT

acebutolol (Sectral)

acetaminophen/codeine (Tylenol w/Codeine)

acetaminophen/isometheptene/dichloralphenazone (Midrin)

acetazolamide

acetic acid ear soln

acetylcysteine

ACID JELLY

ACTIVELLA

ACTONEL – **DL**

ACTOPLUS MET

ACTOS

ACULAR

ACULAR LS

ACULAR PF

acyclovir (Zovirax)

ADVAIR DISKUS – **DL**

ADVAIR HFA – **DL**

AGENERASE

albuterol inhaler (Proventil) – **DL**

albuterol sulfate neb soln (Accuneb, Proventil) – **DL**

albuterol sulfate syrup, tabs

ALDARA

ALFERON N

ALKERAN

ALLEGRA-D

allopurinol

ALPHAGAN P

alprazolam (Xanax)

ALTACE caps

aluminum chloride soln (Drysol)

amantadine caps, syrup

AMILORIDE

amiloride/hydrochlorothiazide

amino acid/urea crm (Amino-Cerv)

amiodarone

amitriptyline

amlodipine (Norvasc)

Drug coverage is dependent on individual plan benefits

amlodipine/benazepril (Lotrel)

amoxicillin

amoxicillin/potassium clavulanate (Augmentin)

AMOXIL drops

amphetamine/dextroamphetamine mixed salts (Adderall)

ampicillin

anagrelide (Agrylin)

ANDROGEL

ANDROXY

ANTABUSE

anthralin (Psoriatec)

APOKYN

APTIVUS

ARANESP

ARICEPT

ARICEPT ODT

ARIMIDEX

AROMASIN

ASACOL

ASCENSIA AUTODISC

ASCENSIA BREEZE/BREEZE 2

ASCENSIA CONTOUR

ASCENSIA ELITE/ELITE XL

aspirin/codeine

ASTELIN – DL

atenolol (Tenormin)

atenolol/chlorthalidone (Tenoretic)

ATRIPLA

atropine sulfate oint, soln (Isopto Atropine)

ATROVENT HFA – DL

AVANDAMET

AVANDIA

AVODART

AVONEX

azathioprine (Imuran)

azithromycin (Zithromax)

AZOPT

bacitracin/polymyxin B eye oint (Polysporin)

baclofen

BARACLUDE

benazepril (Lotensin)

benazepril/hydrochlorothiazide (Lotensin HCT)

BENICAR

BENICAR HCT

benzocaine/antipyrine

Drug coverage is dependent on individual plan benefits

benztropine
betamethasone dipropionate
betamethasone dipropionate, augmented (Diprolene)
betamethasone valerate
BETAXOLOL soln, 0.5%
BETOPTIC-S
BILTRICIDE
BIO-THROID
bisoprolol (Zebeta)
bisoprolol/hydrochlorothiazide (Ziac)
BLEPHAMIDE
BLEPHAMIDE S.O.P.
BREATHERITE
brimonidine eye soln, 0.2%
bromocriptine (Parlodel)
brompheniramine/pseudoephedrine ext-release caps, 6/60, 12/120
bumetanide (Bumex)
BUPHENYL
bupropion (Wellbutrin)
bupropion ext-release (Wellbutrin SR)
bupropion ext-release (Zyban)
bupropion ext-release 300 mg (Wellbutrin XL)
buspiron (Buspar)
butalbital/acetaminophen tabs, 50/325 (Phrenilin)
butalbital/acetaminophen tabs, 50/650 (Sedapap)
butalbital/acetaminophen/caffeine caps, 50/325/40 (Esgic)
butalbital/acetaminophen/caffeine tabs, 50/325/40 (Fioricet)
butalbital/acetaminophen/caffeine tabs, 50/500/40 (Esgic Plus)
butalbital/aspirin/caffeine caps, 50/325/40 (Fiorinal)
butalbital/aspirin/caffeine tabs, 50/325/40
butalbital/aspirin/caffeine/codeine caps (Fiorinal w/Codeine)
cabergoline (Dostinex)
calcitonin-salmon nasal – Fortical
calcitriol (Rocaltrol)
CANASA
captopril (Capoten)
captopril/hydrochlorothiazide (Capozide)
CARAC
CARAFATE susp
carbamazepine (Tegretol)
carbidopa/levodopa (Sinemet)
carbidopa/levodopa ext-release (Sinemet CR)
carteolol eye soln
carvedilol (Coreg)
CASODEX

Drug coverage is dependent on individual plan benefits

CATAPRES-TTS

CEENU

cefadroxil (Duricef)

cefdinir (Omnicef)

ceftriaxone (Rocephin)

cefuroxime tabs (Ceftin)

CELEBREX

CELLCEPT

CELONTIN

CENESTIN

cephalexin (Keflex)

CHANTIX

CHEMET

CHLORAL HYDRATE supp

chloral hydrate syrup

chloroquine phosphate (Aralen)

chlorothiazide

chlorpheniramine/pseudoephedrine/codeine soln, 2/30/10 per 5 mL

chlorpromazine

chlorthalidone 25 mg, 50 mg

cholestyramine (Questran, Questran Light)

chorionic gonadotropin

ciclopirox crm, lotn (Loprox)

cilostazol (Pletal)

CILOXAN oint

cimetidine, 200 mg not covered

CIPRO HC

CIPRODEX

ciprofloxacin soln (Ciloxan)

ciprofloxacin tabs (Cipro)

citalopram (Celexa)

clindamycin (Cleocin T)

clindamycin (Cleocin)

clindamycin vaginal crm (Cleocin)

clobetasol (Temovate)

clomiphene tabs (Clomid)

clomipramine (Anafranil)

clonazepam (Klonopin)

clonidine (Catapres)

clozapine 25 mg, 50 mg, 100 mg (Clozaril)

CODEINE SULFATE 15 mg

codeine sulfate 30 mg, 60 mg

codeine/guaifenesin soln, 10/100 per 5 mL

codeine/guaifenesin tabs, 10/300 (Brontex)

colchicine

Drug coverage is dependent on individual plan benefits

COMBIVENT – DL

COMBIVIR

COMTAN

CONCERTA

COPAXONE

COREG

CORTIFOAM

cortisone acetate

COSOPT

CREON

CRESTOR

CRINONE 8%

CRIVAN

cromolyn sodium neb soln (Intal) – DL

cromolyn sodium soln (Crolom)

CUPRIMINE

cyclobenzaprine (Flexeril)

cyclopentolate soln (Cyclogyl)

cyclophosphamide tabs (Cytosan)

cyclosporine (Sandimmune)

cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)

cyproheptadine

CYSTADANE

CYSTAGON

CYTOMEL

danazol

dantrolene (Dantrium)

DAPSONE

demeclocycline (Declomycin)

DEPAKOTE

DEPAKOTE ER

desipramine (Norpramin)

desmopressin inj (DDAVP)

desmopressin nasal (DDAVP)

desmopressin tabs (DDAVP)

desogestrel/ethinyl estradiol (Cyclessa)

desogestrel/ethinyl estradiol (Mircette)

desogestrel/ethinyl estradiol (Ortho-Cept)

desonide (Desowen)

desoximetasone (Topicort)

DETROL

DETROL LA

dexamethasone

dexamethasone sodium phosphate eye soln

DEXAMETHASONE soln, 0.5 mg/5 mL

DEXCHLORPHENIRAMINE MALEATE syrup

dextroamphetamine

dextroamphetamine ext-release (Dexedrine Spansule)

DIASTAT

DIAZEPAM oral soln, 1 mg/mL

diazepam tabs (Valium)

DIBENZYLINE

diclofenac sodium delayed-release (Voltaren)

diclofenac sodium ext-release (Voltaren XR)

dicloxacillin

dicyclomine (Bentyl)

didanosine delayed-release (Videx EC)

DIFFERIN

diflorasone

DIGOXIN soln

digoxin tabs (Lanoxin)

DILANTIN 30 mg

DILANTIN INFATABS

DILAUDID-5

diltiazem (Cardizem)

diltiazem ext-release (Cardizem CD)

diltiazem ext-release (Dilacor XR)

diltiazem ext-release (Tiazac)

DIOVAN

DIOVAN HCT

DIPENTUM

disopyramide (Norpace)

disopyramide ext-release 150 mg (Norpace CR)

DIVIGEL

DOVONEX

doxazosin (Cardura)

doxepin caps, oral soln

doxepin crm (Zonalon)

doxycycline hyclate

DROXIA

DUETACT

DUONEB – DL

econazole

EFFEXOR XR

ELIDEL

EMCYT

EMEND

EMTRIVA

enalapril (Vasotec)

enalapril/hydrochlorothiazide (Vaseretic)

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ENBREL
ENJUVIA
ENTOCORT EC
EPIPEN
EPIPEN JR
EPIVIR
EPIVIR-HBV
EPOGEN
EPZICOM
ergocalciferol (Drisdol)
ERY-TAB
erythromycin (Erygel)
erythromycin ethylsuccinate
erythromycin eye oint
ERYTHROMYCIN FILMTABS
erythromycin pads, soln, 2%
erythromycin stearate
erythromycin/benzoyl peroxide (Benzamycin)
erythromycin/sulfisoxazole (Pediazole)
estazolam (Prosom)
ESTRACE crm
ESTRADERM
estradiol patches (Climara)
estradiol tabs (Estrace)
estropipate (Ogen)
ethambutol (Myambutol)
ethosuximide (Zarontin)
ethynodiol/ethinyl estradiol (Demulen)
etodolac
etoposide caps (Vepesid)
EVISTA
EVOXAC
EXELON
famciclovir (Famvir)
famotidine (Pepcid), **20 mg not covered**
FARESTON
felodipine ext-release (Plendil)
FEMARA
fentanyl patches (Duragesic)
fexofenadine (Allegra)
FINACEA
finasteride (Proscar)
flecainide (Tambocor)
FLOMAX
FLOVENT HFA – **DL**

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FLOXIN OTIC

fluconazole (Diflucan)

fludrocortisone

flunisolide 25 mcg/spray – DL

fluocinolone (Synalar)

fluocinonide (Lidex)

fluorometholone susp (FML)

FLUOROPLEX

fluorouracil (Efudex)

fluoxetine (Prozac)

fluphenazine hcl

flurbiprofen soln (Ocufer)

flutamide

fluticasone (Flonase) – DL

folic acid tabs, 1 mg

FOLLISTIM AQ 300, 600, 900 units

FORADIL AEROLIZER – DL

FORTEO

fosinopril (Monopril)

fosinopril/hydrochlorothiazide (Monopril HCT)

furosemide soln, 10 mg/mL; tabs (Lasix)

FUZEON

gabapentin caps, tabs (Neurontin)

GABITRIL

GANCICLOVIR

GANIRELIX ACETATE

gemfibrozil (Lopid)

GENOTROPIN

gentamicin eye oint, soln

gentamicin topical

GEODON

glimepiride (Amaryl)

glipizide (Glucotrol)

glipizide ext-release (Glucotrol XL)

GLUCAGEN HYPOKIT

GLUCAGON EMERGENCY KIT

glyburide (Micronase)

glyburide/metformin (Glucoavance)

GONAL-F

GRIFULVIN V tabs

griseofulvin microsize susp (Grifulvin V)

GRIS-PEG

guanfacine (Tenex)

haloperidol decanoate (Haldol)

haloperidol lactate oral soln

Drug coverage is dependent on individual plan benefits

haloperidol tabs

HECTOROL

heparin sodium inj**heparin sodium lock flush**

HEPSERA

homatropine soln (Isopto Homatropine)

HUMALOG

HUMALOG MIX 50/50

HUMALOG MIX 75/25

HUMULIN N

HUMULIN R

HUMULIN 50/50

HUMULIN 70/30

hydralazine**hydrochlorothiazide caps** (Microzide)**hydrochlorothiazide tabs, 25 mg, 50 mg****hydrocodone/acetaminophen caps, 5/500****hydrocodone/acetaminophen soln, 7.5/500 per 15 mL** (Lortab)**hydrocodone/acetaminophen tabs, 10/750** (Maxidone)**hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500** (Lortab)**hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325** (Norco)**hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660** (Vicodin, Vicodin ES, Vicodin HP)**hydrocodone/acetaminophen tabs, 7.5/650, 10/650** (Lorcet, Lorcet Plus)**hydrocortisone** (Cortef)**hydrocortisone 2.5%** (Hytone)**hydrocortisone acetate supp, 25 mg** (Anusol-HC)**hydrocortisone crm, 2.5%** (Anusol-HC)**hydrocortisone enema****hydrocortisone valerate** (Westcort)**hydrocortisone/acetic acid****hydromorphone supp** (Dilaudid)**hydromorphone tabs** (Dilaudid)**hydroxychloroquine** (Plaquenil)**hydroxyurea** (Hydrea)**hydroxyzine hcl****hydroxyzine pamoate** (Vistaril)**hyoscyamine** (Levsin)**hyoscyamine ext-release caps** (Levsinex)**hyoscyamine ext-release tabs** (Levbid)**ibuprofen** (Motrin) – **susp, 100 mg/5 mL not covered****imipramine hcl** (Tofranil)IMITREX inj – **DL**IMITREX nasal – **DL**IMITREX tabs – **DL**

INCRELEX

indapamide

indomethacin

INNOPRAN XL

INSULIN SYRINGES, BD

INSULIN ULTRAFINE PEN NEEDLES, BD

INTAL INHALER – DL

INTRON A

INVIRASE

ipratropium nasal (Atrovent) – DL

ipratropium neb soln – DL

IRESSA

ISONIAZID syrup

isoniazid tabs

isosorbide dinitrate (Isordil)

isosorbide mononitrate (Monoket)

isosorbide mononitrate ext-release (Imdur)

isotretinoin caps (Accutane)

itraconazole caps (Sporanox)

KADIAN

KALETRA

KEPPRA

ketoconazole (Nizoral)

ketoconazole crm

ketoconazole shampoo, 2% (Nizoral)

ketoprofen

K-PHOS

labetalol (Trandate)

lactulose

LAMICTAL tabs

lamotrigine chew tabs (Lamictal)

LANCETS & LANCET DEVICES

LANTUS

leflunomide (Arava)

LEUCOVORIN CALCIUM tabs 10 mg, 15 mg

leucovorin calcium tabs 5 mg, 25 mg

LEUKERAN

leuprolide (Lupron)

LEVAQUIN

LEVEMIR

levobunolol soln (Betagan)

levonorgestrel/ethinyl estradiol (Alesse)

levonorgestrel/ethinyl estradiol (Levlite)

levonorgestrel/ethinyl estradiol (Nordette)

levonorgestrel/ethinyl estradiol (Seasonale)

levonorgestrel/ethinyl estradiol (Triphasil)

Drug coverage is dependent on individual plan benefits

levothyroxine – includes Levoxyl (Synthroid)

LEXAPRO

LEXIVA

LIALDA

lidocaine crm, 3%; lotn, 3% (LidaMantle)

lidocaine jelly, 2%; oint, 5%; soln, 4% (Xylocaine)

lidocaine viscous (Xylocaine)

lidocaine/prilocaine crm (Emla)

lindane

LIPRAM/PN/UL

lisinopril (Prinivil)

lisinopril/hydrochlorothiazide (Prinzide)

lithium carbonate caps, 150 mg, 300 mg

lithium carbonate ext-release 300 mg (Lithobid)

lithium carbonate ext-release 450 mg

lithium citrate

LOPROX gel

LOPROX shampoo

lorazepam (Ativan)

LOTEMAX

LOTREL 5/40, 10/40

lovastatin (Mevacor)

LOVENOX

loxapine (Loxitane)

MALARONE

MAXALT – DL

MAXALT-MLT – DL

mebendazole

medroxyprogesterone acetate (Provera)

medroxyprogesterone acetate inj, 150 mg/mL (Depo-Provera)

mefloquine (Lariam)

megestrol (Megace)

meloxicam (Mobic)

MEPHYTON

mercaptopurine (Purinethol)

mesalamine enema (Rowasa)

MESNEX tabs

MESTINON syrup

MESTINON TIMESPAN

METADATE CD

METAPROTERENOL tabs

metformin (Glucophage)

metformin ext-release (Glucophage XR)

methadone conc, tabs

methazolamide

Drug coverage is dependent on individual plan benefits

METHERGINE

methimazole 5 mg, 10 mg (Tapazole)

methocarbamol (Robaxin)

methotrexate tabs

methyldopa

methylphenidate (Ritalin)

methylphenidate ext-release (Metadate ER, Ritalin SR)

methylprednisolone (Medrol)

metipranolol soln (Optipranolol)

metoclopramide (Reglan)

metolazone (Zaroxolyn)

metoprolol succinate ext-release (Toprol XL)

metoprolol tartrate (Lopressor)

metronidazole (MetroGel-Vaginal)

metronidazole (Metro lotion)

metronidazole 0.75% (Metrocream)

metronidazole gel, 0.75%

metronidazole tabs (Flagyl)

MEXILETINE

midodrine (Proamatine)

MIGRANAL – DL

minocycline caps, tabs (Minocin, Dynacin)

minoxidil

MIRAPEX

mirtazapine (Remeron)

misoprostol (Cytotec)

moexipril (Univasc)

moexipril/hydrochlorothiazide (Uniretic)

mometasone (Elocon)

morphine sulfate ext-release (MS Contin)

MORPHINE SULFATE soln, 20 mg/5 mL

morphine sulfate soln, 20 mg/mL; tabs

morphine sulfate supp

mupirocin oint (Bactroban)

MYCOBUTIN

MYFORTIC

MYLERAN

nabumetone

nadolol (Corgard)

naproxen (Naprosyn)

naproxen sodium (Anaprox)

NARDIL

NASACORT AQ – DL

NASONEX – DL

NATACYN

neomycin sulfate
neomycin/polymyxin B/bacitracin eye oint
neomycin/polymyxin B/bacitracin/hydrocortisone eye oint
neomycin/polymyxin B/dexamethasone oint, susp (Maxitrol)
neomycin/polymyxin B/gramicidin eye soln (Neosporin)
neomycin/polymyxin B/hydrocortisone ear soln, susp (Cortisporin)
NEULASTA
NEUPOGEN
NEURONTIN soln
NEXIUM – DL
NIASPAN
nifedipine ext-release (Adalat CC)
nifedipine ext-release (Procardia XL)
NILANDRON
NITRO-BID oint
nitrofurantoin macrocrystals (Macrodantin)
nitrofurantoin monohydrate/macrocrystals (Macrobid)
nitroglycerin patches (Nitro-Dur)
nitroglycerin sublingual tabs (Nitrostat)
norethindrone (Nor-QD)
norethindrone (Ortho Micronor)
norethindrone acetate (Aygestin)
norethindrone acetate/ethinyl estradiol (Loestrin)
norethindrone acetate/ethinyl estradiol/Fe (Loestrin Fe)
norethindrone/ethinyl estradiol (Modicon)
norethindrone/ethinyl estradiol (Ortho-Novum 1/35)
norethindrone/ethinyl estradiol (Ortho-Novum 7/7/7)
norethindrone/ethinyl estradiol (Ovcon 35)
norethindrone/ethinyl estradiol (Tri-Norinyl)
norethindrone/mestranol (Ortho-Novum 1/50)
norgestimate/ethinyl estradiol (Ortho Tri-Cyclen)
norgestimate/ethinyl estradiol (Ortho-Cyclen)
norgestrel/ethinyl estradiol (Lo/Ovral)
nortriptyline (Pamelor)
NORVIR
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NUTROPIN
NUTROPIN AQ
nystatin susp
nystatin topical (Mycostatin)
nystatin/triamcinolone

Drug coverage is dependent on individual plan benefits

octreotide (Sandostatin)
ofloxacin (Floxin Otic)
ofloxacin soln (Ocuflox)
omeprazole delayed-release, 10 mg (Prilosec) – **DL, 20 mg not covered**
ondansetron oral soln; tabs, 4 mg, 8 mg (Zofran)
ondansetron orally disintegrating tabs (Zofran ODT)
OPTIVAR
ORAP
orphenadrine citrate ext-release
orphenadrine/aspirin/caffeine
ORTHO EVRA
ORTHO TRI-CYCLEN LO
oxcarbazepine tabs (Trileptal)
oxybutynin (Ditropan)
oxybutynin ext-release (Ditropan XL)
oxycodone caps (OxyIR)
oxycodone conc, soln, tabs (Roxicodone)
oxycodone ext-release (OxyContin)
oxycodone/acetaminophen caps, 5/500 (Tylox)
oxycodone/acetaminophen tabs, 10/500 (Alcet)
oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)
oxycodone/aspirin tabs, 5/325 (Percodan)
PANCREASE MT
PANCRELIPASE tabs, 30-8-30 – various tradenames
PANOKASE-16
PARCOPA
paroxetine hcl (Paxil)
PATANOL
pediatric multivitamins/fluoride
pediatric multivitamins/fluoride/iron
pediatric vitamins ADC/fluoride
pediatric vitamins ADC/fluoride/iron
PEG – electrolytes for soln (Colyte)
PEG – electrolytes for soln (Nulytely)
PEGASYS
PEG-INTRON
penicillin v potassium
PENTASA
pentoxifylline ext-release (Trental)
permethrin crm, 5% (Elimite)
perphenazine
phenobarbital
PHENYTEK
phenytoin sodium extended (Dilantin)
phenytoin susp (Dilantin)

Drug coverage is dependent on individual plan benefits

PHOSLO

pilocarpine soln (Isopto Carpine)

pilocarpine tabs (Salagen)

PINDOLOL

piroxicam (Feldene)

PLAN B

PLAVIX

podofilox soln (Condylox)

polymyxin B/trimethoprim soln (Polytrim)

potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)

potassium chloride ext-release caps, 10 mEq (Micro-K 10)

potassium chloride ext-release tabs, 10 mEq (K-Tabs)

potassium chloride ext-release tabs, 10 mEq, 20 mEq (K-Dur)

potassium chloride ext-release tabs, 8 mEq

potassium chloride packets, 20 mEq (K-Lor)

potassium chloride soln, 10%, 20%

potassium citrate ext-release (Urocit-K)

potassium citrate/citric acid powder, soln (Polycitra-K)

potassium phosphate/sodium phosphates (K-Phos Neutral)

PRANDIN

pravastatin (Pravachol)

prazosin (Minipress)

PRECOSE

prednisolone acetate susp (Pred Forte)

prednisolone sodium phosphate soln (Orapred, Pediapred)

PREDNISOLONE SODIUM PHOSPHATE soln, 1%

prednisolone syrup (Prelone)

prednisone

PREDNISONE INTENSOL

PREDNISONE soln, 5 mg/5 mL; tabs, 50 mg

PREMARIN crm

PREMARIN tabs

PREMPHASE

PREMPRO

prenatal multivitamins/1 mg folic acid

PREVPAC

PREZISTA

PRIMAQUINE PHOSPHATE

primidone (Mysoline)

PROAIR HFA – DL

probenecid

probenecid/colchicine

procainamide caps, 250 mg (Pronestyl)

PROCAINAMIDE ext-release tabs, 750 mg

prochlorperazine supp

Drug coverage is dependent on individual plan benefits

prochlorperazine tabs

PROCRIT

PROGRAF

promethazine supp**promethazine syrup, tabs**

PROMETRIUM

PRONESTYL caps, 375 mg

PRONESTYL SR

propafenone (Rythmol)

PROPANTHELINE BROMIDE 15 mg

propoxyphene hcl/acetaminophen tabs, 65/650**propoxyphene napsylate/acetaminophen 50/325, 100/650** (Darvocet-N)**propranolol ext-release** (Inderal LA)

PROPRANOLOL soln

propranolol tabs (Inderal)**propranolol/hydrochlorothiazide 40/25** (Inderide)**propylthiouracil**

PROTONIX – DL

PROTOPIC

PROVIGIL

PULMICORT FLEXHALER – DL

PULMICORT RESPULES – DL

PULMOZYME

pyrazinamide**pyridostigmine tabs** (Mestinon)

PYROGALLIC ACID

quinapril (Accupril)**quinapril/hydrochlorothiazide** (Accuretic)**quinidine gluconate ext-release****quinidine sulfate**

QVAR – DL

ranitidine (Zantac), 150 mg not covered

RAPAMUNE

REBIF

REGRANEX

RENAGEL

REPRONEX

REQUIP

RESCRIPTOR

RESTORIL 7.5 mg

REYATAZ

ribavirin caps (Rebetol)**ribavirin tabs** (Copegus)**rifampin** (Rifadin)

RILUTEK

RISPERDAL

RISPERDAL M-TAB

ROFERON-A

salsalate

selegiline caps (Eldepryl)

selegiline tabs

selenium sulfide 2.5% (Selsun)

SELZENTRY

SENSIPAR

SEREVENT DISKUS – **DL**

SEROQUEL

SEROQUEL XR

sertraline (Zoloft)

silver sulfadiazine (Silvadene)

simvastatin (Zocor)

SINGULAIR

sodium citrate/citric acid (Bicitra)

sodium polystyrene sulfonate

SOLARAZE

SOMAVERT

SORIATANE CK Kit

sotalol (Betapace AF)

sotalol (Betapace)

SPIRIVA HANDIHALER – **DL**

spironolactone (Aldactone)

spironolactone/hydrochlorothiazide 25/25 (Aldactazide)

STROMECTOL

SUBOXONE

SUBUTEX

sucalfate tabs (Carafate)

SULFACETAMIDE SODIUM eye oint

sulfacetamide sodium soln (Bleph-10)

sulfacetamide sodium/prednisolone eye soln

sulfacetamide sodium/sulfur crm, emulsion, susp (Plexion)

sulfacetamide sodium/sulfur lotn (Sulfacet-R)

sulfamethoxazole/trimethoprim (Bactrim, Septra)

sulfasalazine (Azulfidine)

sulindac (Clinoril)

SUSTIVA

SYMBICORT – **DL**

TABLOID

tamoxifen

TAZORAC

TEGRETOL-XR

temazepam (Restoril)

Drug coverage is dependent on individual plan benefits

terazosin (Hytrin)

terbinafine tabs (Lamisil)

terbutaline (Brethine)

TESLAC

TESTIM

tetracycline

theophylline ext-release tabs – 12 hr dosing – Theochron

thiothixene (Navane)

TILADE – DL

TIMOLOL tabs

timolol maleate gel-forming soln (Timoptic-XE)

timolol maleate soln (Timoptic)

tizanidine (Zanaflex)

TOBI

TOBRADEX

tobramycin soln (Tobrex)

TOPAMAX

torsemide (Demadex)

TRACLEER

tramadol (Ultram)

trandolapril (Mavik)

tranylcypromine (Parnate)

TRAVATAN

TRAVATAN Z

trazodone

tretinoin (Retin-A)

tretinoin (Vesanoid)

TREXALL

triamcinolone (Kenalog)

triamcinolone dental paste

TRIAMCINOLONE oint, 0.05%

triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)

triamterene/hydrochlorothiazide caps, 50/25

triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)

triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide)

tricitrates soln (Polycitra)

TRICOR

trifluoperazine

trifluridine soln (Viroptic)

trihexyphenidyl

TRILEPTAL

trimethobenzamide caps (Tigan)

trimethoprim (Proloprim)

TRIZIVIR

TRUSOPT

Drug coverage is dependent on individual plan benefits

TRUVADA
ULTRASE/MT
URSO
ursodiol (Actigall)
VAGIFEM
VALCYTE
valproic acid (Depakene)
VALTREX
venlafaxine (Effexor)
verapamil (Calan)
verapamil ext-release (Calan SR)
verapamil ext-release (Verelan)
VESICARE
VIAGRA – **DL**
VIDEX
VIDEX EC 125 mg
VIGAMOX
VIOKASE
VIRACEPT
VIRAMUNE
VIREAD
VIVELLE
VIVELLE-DOT
VOLTAREN eye soln
warfarin (Coumadin)
WELCHOL
WELLBUTRIN XL 150 mg
XALATAN
XERAC AC
XOPENEX HFA – **DL**
YASMIN
YAZ
ZERIT
ZIAGEN
zidovudine (Retrovir)
ZITHROMAX packet, 1 g
zolpidem (Ambien) – **DL**
ZOMIG nasal – **DL**
ZOMIG tabs – **DL**
ZOMIG ZMT – **DL**
zonisamide (Zonegran)
ZOVIRAX topical
ZYLET
ZYVOX

Drug coverage is dependent on individual plan benefits