

BlueSelect Medication Guide

OCTOBER 2008

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This Medication Guide was current at time of printing and is subject to change.
Please visit our web site, www.bcbsfl.com, for the most current information.



**BlueCross BlueShield
of Florida**

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Introduction

Blue Cross and Blue Shield of Florida, Inc. is pleased to present the 2008 BlueSelect® Medication Guide. The Guide will provide helpful tips on how to make the most of your BlueSelect pharmacy benefits and details on the various coverage programs that are designed to provide safe and appropriate medication when you need it. Please refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement for complete coverage details.

The BlueSelect Medication Guide also includes an abbreviated listing of Generic, and a complete listing of Brand Prescription Drugs (the formulary) that may be covered under your plan. Changes in the formulary can occur over time and the most up-to-date listing can always be found by viewing the BlueSelect Medication Guide online at www.bcbsfl.com or by calling the customer service number listed on your identification card. For the hearing impaired, call Florida TTY Relay Service 711.

Follow these steps to view the BlueSelect Medication Guide online:

1. go to **www.bcbsfl.com**
2. scroll over the **Members** box and click on **Products, Plans & Services**
3. Click on **Pharmacy Coverage**
4. Click on **Pharmacy Coverage for Individuals Under 65 and Group**
5. Click on **BlueSelect Medication Guide**

We reserve the right to add or remove or change the tier of any Prescription Drug in this BlueSelect Medication Guide at any time.

Note: Any decision concerning whether a Prescription Drug should be prescribed must be made by you and your doctor. Any and all decisions that require or pertain to independent professional medical judgments or training, or the need for, and dosage of, a Prescription Drug, must be made solely by you and your treating doctor in accordance with the patient/doctor relationship.

Key Tips and Coverage Guidelines

By following these simple guidelines, you will be assured that you are getting the maximum benefit from your BlueSelect product.

- When you have your prescriptions filled, ask your pharmacist if a Generic equivalent is available. Generic Prescription Drugs are usually less expensive and are covered unless specifically excluded under your Pharmacy Program Endorsement. You can check your Pharmacy Schedule of Benefits to determine your co-pay amount.
- Many Brand Name Prescription Drugs are included in the formulary and are therefore available to you through this plan. The Blue Select Formulary List describes all covered Brand Name Prescription Drugs. You can determine your out of pocket amount for Brand Name Prescription Drugs by reviewing your Pharmacy Schedule of Benefits.
- Brand Name Prescription Drugs not listed in the BlueSelect Formulary List are not covered. If you are currently taking a medication, take a moment to review the BlueSelect Formulary to determine if it is covered. If not, check with your doctor to understand available options and review the PHARMACY BENEFIT section of this Guide for exception procedures.
- If you or your Provider request a covered Brand Name Prescription Drug when there is a Generic Prescription Drug available; you will be responsible for: (1) the difference in cost between the Generic Prescription Drug and the Brand Name Prescription Drug; and (2) the Copayment, Deductible and/or Coinsurance applicable to Brand Name Prescription Drugs, as indicated on your BlueSelect Pharmacy Program Schedule of Benefits
- Take this Guide with you when you visit your doctor or health care provider so that he or she is aware of the BlueSelect formulary and cost impacts when you discuss medication options.

Preface

BlueSelect Formulary

The BlueSelect Medication Guide includes the BlueSelect Formulary list. This is a list of Prescription Drugs, insulin, and diabetic supplies that reflect the current recommendations of the Blue Cross and Blue Shield of Florida Pharmacy and Therapeutics (P&T) Committee. We reserve the right to add or remove or change the tier of any prescription drug in this BlueSelect Medication Guide at any time.

All Generic Prescription Drugs are covered unless specifically excluded by your plan. Brand Name Prescription Drugs are covered only if they are included in the BlueSelect Formulary list.

For your out-of-pocket expenses to be as low as possible, please consider asking your doctor to prescribe Generic drugs, or if necessary, Brand Name Prescription Drugs that are included on the BlueSelect Formulary List. This will help ensure that your covered Prescription Drugs are allowed and reimbursed under your plan. In addition, consider using a Participating Pharmacy to obtain your Covered Prescription Drugs because your out-of-pocket expenses should be lower than if you used a Non-Participating Pharmacy.

To save the most money on Prescription Drugs, share this BlueSelect Medication Guide with your doctor or health care provider at each visit. When you have your Prescriptions filled, ask your Pharmacist if a Generic Drug is available. Generic Drugs save you the most money.

Pharmacy Benefit

The BlueSelect pharmacy benefit has two parts/components, called tiers. This means that covered Prescription Drugs must be included in one of the following Tiers:

Tier 1: Generic prescription Drugs whether listed in the BlueSelect Formulary List or not.

Tier 2: Only those Brand Name Prescription drugs listed in the BlueSelect Formulary List.

Brand Name Drugs not listed in the BlueSelect Formulary List are not covered. If you and your doctor or health care provider think that your condition cannot be treated by any of the medication(s) listed on the BlueSelect Medication Guide, your doctor may submit a request for an **exception**. If your exception request is approved, coverage will be available for the approved medication.

Pharmacy Options

There are two different types of pharmacies for you to be aware of as you decide where to get your prescriptions filled—retail pharmacies and specialty pharmacies. To save the most money, before you get a prescription filled you should confirm which pharmacy is considered ‘in-network’ for that particular medication.

- **BlueSelect Retail Pharmacy Network.** Non-specialty ‘Generic’ medications and ‘Brand Name’ medications listed in the BlueSelect Medication Guide can be filled at these pharmacies at a lower cost to you than other pharmacies in your area. If you go to a non-participating pharmacy, your prescription will cost you more.
- **BlueSelect Specialty Pharmacy Network.** We have identified certain drugs as specialty drugs due to requirements such as special handling, storage, training, distribution, and management of the therapy. These drugs are listed as a ‘Specialty Drug’ in the BlueSelect Medication Guide. To be covered under your pharmacy program at the In-Network cost share, they must be purchased at a BlueSelect Specialty Pharmacy. These pharmacies are **different** than the BlueSelect retail pharmacies and are identified in both the Provider Directory and the BlueSelect Medication Guide. Using an in-network BlueSelect Specialty Pharmacy to provide these Specialty Drugs lowers the amount you pay for these medications.
- **Non-Participating Pharmacy.** Choosing a non-participating pharmacy will cost you more money. You may have to pay the full cost of the medication and then file a claim to be reimbursed. Our payment will be based on our Non-Participating Pharmacy Allowance minus your deductible and/or coinsurance. You will be responsible for the deductible and/or coinsurance and the difference between our Allowance and the cost of the medication.

Formulary Exception Process

A formulary exception process is provided to allow for cases where the BlueSelect Formulary List may not accommodate the unique medical needs of a member (e.g. documented allergy, ineffectiveness, or intolerable adverse effects from drugs on the formulary). The formulary exception form is available at www.bcbsfl.com under Physicians and Providers, Tools & Resources, Forms. BCBSF is not obligated to approve any exception or continue a previously approved exception.

Using the BlueSelect Medication Guide

The BlueSelect Formulary List is organized into broad categories. Within most categories, Drugs are sub-grouped by Drug class such as penicillin, or by use for a specific medical condition, such as Diabetes.

Generic prescription drugs, where shown, are in lowercase boldface type followed by a reference Brand (in parentheses) to assist in product recognition. Some Generic Prescription Drugs have no referenced Brand Name Drug.

Example: **lovastatin** (Mevacor)

Brand Name Prescription Drugs are shown in all capital or upper case letters.

Example: PROAIR HFA

Separate drug entries are required for some dosage forms or routes of administration including extended-release, delayed-release, rectal, injectable, otic, ophthalmic, vaginal, nasal, orally disintegrating, patches, and topical products.

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

If a covered Brand Name Drug with an available Generic equivalent is filled, you will have to pay the difference between the Brand Name Drug's Participating Pharmacy Allowance and the Generic Drug's Participating Pharmacy Allowance in addition to your cost share for the Brand Name Drug. This also applies regardless of whether your doctor indicates that the Brand Name Drug is medically necessary or if your doctor marks the prescription with "dispense as written" or similar language.

Abbreviation/Acronym Key

caps.	capsules
chew tabs.	chewable tablets
crm.	cream
delayed-release	enteric-coated
ext-release	extended-release
inhal.	inhalation
inj.	injection
lotn.	lotion
OTC	over-the-counter drug
oint.	ointment
PA.	Prior Coverage Authorization required
QL	Responsible Quantity Program - quantity limit applies
RS.	Responsible Steps Program - prerequisite drug required
SI	Self Administered Injectable
SP.	Self Administered Specialty Pharmacy Product
soln	solution
supp	suppositories
susp.	suspension
tabs	tablets

Cost Index

Dollar signs are based upon Average Wholesale Price (AWP) or Maximum Allowable Cost (MAC) and range from one (\$) to five (\$\$\$\$\$), ranking 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 not taken 30 days per month, a more appropriate basis is used to determine dollar signs such as the most common dosing regimen.

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

Generic Drugs

Blue Cross and Blue Shield of Florida, Inc. encourages the use of Generic Drugs as a way to provide high-quality Drugs at a reduced cost. Generic Drugs are as safe and effective as their Brand Name counterparts, and are usually less expensive.

A Food and Drug Administration (FDA) approved Generic Drug may be substituted for its Brand name counterpart because it:

- Contains the same active ingredient(s) as the Brand Name 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

Check with your doctor or health care provider to determine if switching to a Generic Drug is appropriate for you.

Prior Coverage Authorization

Drugs selected for Prior Coverage Authorization (PA) may require that specific clinical criteria be met before the Drugs will be covered under your pharmacy and/or medical benefits. The following Drugs, and Generic versions if available, are subject to PA. If a Drug has a Generic version, the Generic name is shown in parentheses. All Generic Prescription Drugs are at the Tier 1 benefit level. Drugs on the BlueSelect Formulary List that may require PA for coverage are designated with "PA" following the product name. BCBSF reserves the right to change the Drugs that require PA at any time and for any reason.

Actiq	Intron A	Proplex T
Advate	Koate-DVI	Raptiva
Alphanate VWB	Kogenate FS	Reclast
Alphanine SD	Leukine	Recombinate
Aralast	Lucentis	ReFacto
Aranesp	Lupron (leuprolide)	Remicade
Bebulin VH	Lupron Depot	Revatio
Benefix	Macugen	Revlimid
Boniva inj	Monarc-M	Rituxan
Botox	Monoclata-P	Roferon-A
Ceredase	Mononine	Synagis
Cerezyme	Myobloc	Trelstar Depot
Eligard	Neupogen	Trelstar LA
Enbrel	Norditropin	Viadur
Epogen	NovoSeven	Vidaza
Feiba VH Immuno	NovoSeven RT	Visudyne
Fentanyl Citrate transmucosal	Omnitrope	Xolair
Helixate FS	Orencia	Xyntha
Hemofil M	Pegasys	Zemaira
Humate-P	Peg-Intron	Zoladex
Humira	Procrit	Zyvox
Immune Globulins	Profilnine SD	
Increlex	Prolastin	

To obtain prior coverage authorization:

1. You or your doctor must call Blue Cross and Blue Shield of Florida to obtain prior authorization before the Drug is dispensed to you.
2. If you call, we may request that you have your doctor contact us regarding the Prescription Drug, Supply or OTC Drug being prescribed. If the doctor calls, specific medical documentation may be required. This information may include, but is not limited to, your name, date of birth, doctor's name and doctor's telephone number and documentation regarding the rationale for the prescribed Drug at the requested dosage.
3. Once we make a decision, you and/or your doctor will be informed of the decision.
4. If the decision is made to authorize coverage, the Covered Prescription Drugs and Supplies or Covered OTC Drugs may be obtained from a Participating Pharmacy or at the appropriate location if the Drugs(s) will be administered by a health professional. You will be required to pay the amount as listed in the BlueSelect Schedule of Benefits.
5. If a decision is made to deny authorization, you are free to purchase the Prescription Drug, Supplies or OTC Drug, but you will have to pay the full cost of the medication and will not be entitled to reimbursement under your BlueSelect plan. You have the right to request an appeal if coverage authorization is denied. Please refer to the How to Appeal an Adverse Benefit Determination subsection of the Claims Processing and Appeal and Grievance Process section in the current BlueSelect Benefit Booklet for information on how to file an appeal.

To request an appeal if coverage authorization is denied:

1. You or your doctor may ask us to review a denial of coverage authorization. A request for reconsideration may be initiated by calling the customer service number on your Identification Card or by writing to us at the address on your Identification Card.
2. Upon receipt of the request for reconsideration, we will review the initial coverage decision and mail you a letter setting forth our reconsideration decision.

Responsible Quantity

Drugs included in this program allow a maximum quantity per time period. Quantity limits are typically developed based upon FDA-approved Drug labeling and nationally recognized therapeutic clinical guidelines. The following Drugs and their generic versions, if available, have quantity limits. Responsible Quantity Program Drugs are designated in the BlueSelect Formulary List with "QL" following the product name. BCBSF reserves the right to change the Drugs and the quantity limits subject to the Responsible Quantity Program at any time and for any reason. In cases where a larger quantity of a Responsible Quantity Drug is medically required, your doctor or health care provider can request an override. Responsible Quantity override forms are available at www.bcbsfl.com.

Responsible Quantity Medication List

Class	Drugs in Class	Limitations
Allergies (nasal inhalers)	flunisolide (Nasarel)	Monthly limit: 3 inhalers
	flunisolide 0.025%	3 inhalers
	fluticasone (Flonase)	1 inhaler
	ipratropium soln, 0.03% (Atrovent)	2 inhalers
	ipratropium soln, 0.06% (Atrovent)	3 inhalers
Asthma (Oral Inhalers)	albuterol	Monthly limit: 2 canisters
	Atrovent HFA	2 canisters
	ProAir HFA	2 canisters
	Pulmicort	2 canisters
	Symbicort	1 canister
Glaucoma Agents	Travatan	Monthly limit: 2.5 mL
	Travatan Z	2.5 mL

Class	Drugs in Class	Limitations
Influenza	Tamiflu caps, 30 mg	6- month limit: 20 caps
	Tamiflu caps, 45 mg	10 caps
	Tamiflu caps, 75 mg	10 caps
	Tamiflu susp, 12 mg/mL	75 mL (3 bottles)
Low Molecular Weight Heparins (LMWH)	Lovenox	90-day limit: 30 syringes or 10 vials
Migraine Headaches	Imitrex nasal soln, 5 mg	Monthly Limit: 36 spray units
	Imitrex nasal soln, 20 mg	12 spray units
	Imitrex syringe, vial 6 mg/0.5 mL	4 mL (8 inj)
	Imitrex syringe, 4 mg/0.5 mL	6 mL (12 inj)
	Imitrex tabs, 25 mg	36 tabs
	Imitrex tabs, 50 mg	18 tabs
	Imitrex tabs, 100 mg	9 tabs
Nausea and Vomiting	Emend caps, 80 mg, 125 mg	Monthly Limit: 6 caps
	Emend Therapy Pack	2 therapy packs
	ondansetron tabs, 4 mg (Zofran)	42 tabs
	ondansetron tabs, 8 mg (Zofran)	21 tabs
	ondansetron tabs, 24 mg	7 tabs
	ondansetron orally disintegrating tabs, 4 mg (Zofran ODT)	42 tabs
	ondansetron orally disintegrating tabs, 8 mg (Zofran ODT)	21 tabs
Osteoporosis	alendronate tabs, 5 mg, 10 mg, 40 mg	Monthly limit: 30 tabs
	alendronate tabs, 35 mg, 70 mg	4 tabs
Urinary Agents	oxybutynin syrup, 5 mg/5 mL (Ditropan)	Monthly Limit: 600 mL
	oxybutynin tabs, 5 mg (Ditropan)	120 tabs
	oxybutynin ext-release tabs, 5 mg (Ditropan XL)	30 tabs
	oxybutynin ext-release tabs, 10 mg, 15 mg (Ditropan XL)	60 tabs
	Vesicare, all strengths	30 tabs

Responsible Steps

Drugs included in this program require that you try another designated or prerequisite Drug first before a Drug listed in the Responsible Steps Medication Chart will be covered under your pharmacy benefit. If due to medical reasons you cannot use the prerequisite Drug and require the Responsible Steps Medication, your doctor or health care provider may request prior authorization for an override. If the override request is approved, coverage will be provided for the Responsible Steps Medication. These medications are designated in the BlueSelect Formulary List with "RS" following the product name. Medications included in the Responsible Steps Program are listed below. BCBSF reserves the right to change the Drugs subject to the Responsible Steps program at any time and for any reason.

Responsible Steps Medication	Prerequisite drug(s)
Actos	Previous use or concurrent use of metformin, a sulfonylurea or insulin. Qualifying drugs include: metformin, chlorpropamide, glimepiride, glipizide, glyburide, tolazamide, tolbutamide, or insulin.
Byetta	Must be currently taking metformin, a sulfonylurea or a thiazolidinedione. Qualifying drugs include: chlorpropamide, glimepiride, glipizide, glyburide, metformin, tolazamide, tolbutamide, or Actos.
Crestor	Previous use of at least one generic statin such as lovastatin, pravastatin, or simvastatin.
Cymbalta	Previous use of generic antidepressant such as citalopram, fluoxetine, paroxetine, sertraline, or generic agent for neuropathic pain such as amitriptyline, desipramine, gabapentin, imipramine, or nortriptyline.
Diovan or Diovan HCT	Previous use of at least one generic ACE inhibitor such as benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, quinapril, ramipril, or trandolapril, or a combination of those with a diuretic.

Drugs That Are Not Covered

Your Pharmacy benefit may not cover select medications. Some reasons a medication may not be covered are:

- The Drug has been shown to have excessive adverse effects and/or safer alternatives are available
- The Drug has a preferred formulary alternative

The following medications are not covered:

amoxapine, cefaclor ext-release, fexofenadine, hydrochlorothiazide 12.5 mg tabs, ketoprofen ext-release, meperidine oral soln, nifedipine 20 mg, pantoprazole delayed-release, and reserpine.

Covered Over-The-Counter (OTC) Products

Your Pharmacy benefit provides coverage for certain OTC Drugs, if your doctor or health care provider prescribes them. However, only those OTC Drugs designated on the BlueSelect Formulary List with "OTC" following the product name are eligible for coverage. BCBSF reserves the right to change the OTC Drugs covered under the BlueSelect Formulary at any time and for any reason.

Mail Order Pharmacy

The procedure for filling a Covered Prescription Drug, Covered OTC medication, or Covered Prescription Supply from the Mail Order Pharmacy Program is as follows:

1. For the first Mail Order Pharmacy Prescription order, you must complete the Registration and Prescription Order Form included in the Mail Order Pharmacy Brochure, and mail it to the Mail Order Pharmacy address with the applicable Mail Order Deductible, Coinsurance and/or Copayment(s). A Mail Order Pharmacy Brochure was included with the membership package provided to you. Additional Mail Order Pharmacy Brochures can be obtained by calling the customer service number your member ID card.
2. You must submit a new, original 90-Day Supply Prescription with a quantity of up to a 90-Day Supply and not less than a 60-Day Supply along with the Registration and Prescription Order Form, if the original Prescription was filled at a Pharmacy other than the Mail Order Pharmacy. Prescriptions may not be transferred from a Retail Pharmacy to the Mail Order Pharmacy.
3. Once a Prescription has been filled through the Mail Order Pharmacy, you can call the Mail Order Pharmacy to order refills.

For additional details on how to obtain Covered Prescription Drugs and Supplies from the Mail Order Pharmacy, please refer to the Mail Order Pharmacy Brochure.

Note: Medications listed in the Self-Administered Specialty Pharmacy Product List are not available through mail order.

Self-Administered Injectables

The Self-administered injectables identified in the BlueSelect Formulary List with an "SI" symbol will be available through BlueSelect Network Pharmacies, Mail Order Pharmacy, or Non-Participating Pharmacies. No other Self-administered injectables will be covered unless such injectable is identified as a Specialty Drug in the BlueSelect Medication Guide. Self-administered injectables will be subject to the Brand or Generic Copayment, Calendar Year Deductible and/or Coinsurance, as described in your Schedule of Benefits. Other than insulin, Self-administered injectables, identified with the "SI" symbol, will be available for a maximum 30-day supply through mail order. BCBSF reserves the right to change the Self-administered injectables covered through the BlueSelect Formulary List at any time and for any reason.

Self-Administered Injectables

Allergic reaction kits
Byetta
Cyanocobalamin
Desmopressin
Glucagon products
Imitrex
Insulins
Lovenox
Symlin

Specialty Pharmacy Products

To verify coverage for Specialty Pharmacy Products, refer to your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement or call the customer service number on your member ID card. Only those Self-administered Specialty Pharmacy Products identified in the BlueSelect Formulary List with an "SP" following the product name will be available through participating BlueSelect Specialty Pharmacies or through Non-Participating Pharmacies. If a Drug has a Generic version, the Generic name is shown in parentheses.

Participating Specialty Pharmacy Providers

All products
Caremark Specialty Pharmacy Services
 Phone: 1.866.278.5108
 Fax: 1.800.323.2445
 www.caremark.com

Hemophilia and Products noted with*
Accredo Health
 Phone: 1.800.955.5909
 Fax: 1.800.782.2232
 www.hemophiliahealth.com

The BlueSelect Formulary List designates between Self-administered and Provider-administered Specialty Products

Self-Administered Specialty Pharmacy Products†

Self-administered Specialty Pharmacy Products are covered under your **Pharmacy benefit**. If specialty drugs are purchased at a pharmacy other than the Specialty Pharmacies listed above, your cost share will be at the Out of Network level.

- Patients administer these Specialty Pharmacy Products themselves.
- Drugs indicated below with "PA" after the name require prior authorization.
- **Not** covered when purchased through the Mail Order Pharmacy

Actimmune	Humira ^{PA}	Procrit ^{PA}
Advate ^{PA}	Increlex ^{PA}	Profilnine SD ^{PA}
Alphanate ^{PA}	Intron A ^{PA}	Proplex T ^{PA}
Alphanate VWB ^{PA}	Koate-DVI ^{PA}	Raptiva ^{PA}
AlphaNine SD ^{PA}	Kogenate FS ^{PA}	Rebif
Aranesp ^{PA}	Letairis	Recombinate ^{PA}
Avonex	Leukine ^{PA}	ReFacto ^{PA}
Bebulin VH ^{PA}	Lupron (leuprolide) ^{PA}	Revatio ^{PA}
Benefix ^{PA}	Monarc-M ^{PA}	Revimid ^{PA}
Copaxone	Monoclate-P ^{PA}	Roferon-A ^{PA}
Enbrel ^{PA}	Mononine ^{PA}	Sandostatin (octreotide)
Epogen ^{PA}	Neupogen ^{PA}	Somavert
Exjade*	Norditropin ^{PA}	Tracleer
Feiba VH Immuno ^{PA}	NovoSeven ^{PA}	Ventavis
Fuzeon	NovoSeven RT ^{PA}	Xyntha ^{PA}
Helixate FS ^{PA}	Omnitrope ^{PA}	Zavesca
Hemofil M ^{PA}	Pegasys ^{PA}	
Humate-P ^{PA}	Peg-Intron ^{PA}	

Provider-Administered Specialty Pharmacy Products

- Provider-administered Specialty Pharmacy Products are covered under your **medical benefit**.
- These Specialty Pharmacy Products are ordered by a Provider and administered in an office or outpatient setting.
- Drugs indicated below with "PA" after the name require prior authorization
- **Not** covered when purchased through the Mail Order Pharmacy

Adagen*	Naglazyme	Zemaira* ^{PA}
Aldurazyme	Orencia ^{PA}	Zoladex ^{PA}
Amevive	Prolastin ^{PA}	
Aralast ^{PA}	Reclast ^{PA}	
Boniva ^{PA}	Remicade ^{PA}	
Botox ^{PA}	Remodulin	
Ceredase ^{PA}	Sandostatin LAR Depot	
Cerezyme ^{PA}	Soliris	
Elaprase	Synagis ^{PA}	
Eligard ^{PA}	Thyrogen	
Fabrazyme	Trelstar Depot ^{PA}	
Flolan (epoprostenol)*	Trelstar LA ^{PA}	
Lucentis ^{PA}	Tysabri	
Lupron Depot ^{PA}	Viadur ^{PA}	
Macugen ^{PA}	Vidaza ^{PA}	
Myobloc ^{PA}	Visudyne ^{PA}	
Myozyme	Xolair ^{PA}	

* product available through Accredo Health

†All Specialty Pharmacy Products are limited to a 30-day supply. Some medications may be dispensed in lesser quantities due to manufacturer package size or course of therapy. Certain Specialty Pharmacy Products may have additional quantity limits. BCBSF reserves the right to change the Specialty Pharmacy Products covered under your Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement, as applicable, at any time and for any reason.

Notice

This BlueSelect Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement. In the event of any inconsistencies between the BlueSelect Medication Guide and the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement, the provisions contained in the Policy, Benefit Booklet, Certificate of Coverage or Pharmacy Program Endorsement shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida Inc.

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 BEBULIN VH – **PA, SP** 28
benazepril/hydrochlorothiazide (Lotensin HCT) 23
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 BENEFIX – **PA, SP** 28
benzocaine/antipyrine 29
benztropine 27
betamethasone dipropionate 29
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betamethasone valerate 29
 (Betapace) **sotalol** 24
 BETAXOLOL soln, 0.5% 29

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BILTRICIDE	21
bisoprolol/hydrochlorothiazide (Ziac)	23
bisoprolol (Zebeta)	23
brimonidine eye soln, 0.2%	29
bromocriptine (Parlodel)	27
brompheniramine/pseudoephedrine ext-release caps, 6/60	24
bumetanide (Bumex)	24
bupropion ext-release – 12 hr (Wellbutrin SR)	26
bupropion ext-release – 24 hr (Wellbutrin XL)	26
bupropion ext-release (Zyban)	26
bupropion (Wellbutrin)	25
buspirone (Buspar)	25
butalbital/acetaminophen/caffeine caps, 50/325/40 (Esgic)	26
butalbital/acetaminophen/caffeine tabs, 50/325/40 (Fioricet)	26
butalbital/acetaminophen/caffeine tabs, 50/500/40 (Esgic Plus)	26
butalbital/acetaminophen tabs, 50/325 (Phrenilin)	26
butalbital/acetaminophen tabs, 50/650 (Sedapap)	26
butalbital/aspirin/caffeine caps, 50/325/40 (Fiorinal)	26
butalbital/aspirin/caffeine/codeine caps (Fiorinal w/Codeine)	27
butalbital/aspirin/caffeine tabs, 50/325/40	26
BYETTA – RS, SI	22
C	
cabergoline	23
Calan) verapamil	23
calcipotriene soln (Dovonex)	30
calcitonin-salmon nasal – Fortical	23
calcitriol (Rocaltrol)	28
CANASA	25
captopril (Capoten)	23
captopril/hydrochlorothiazide (Capozide)	23
CARAFATE susp	25
carbamazepine (Tegretol)	27
carbidopa/levodopa ext-release (Sinemet CR)	27
carbidopa/levodopa (Sinemet)	27
(Cardizem CD) diltiazem ext-release	23
(Cardizem) diltiazem	23
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carvedilol (Coreg)	23
CASODEX	21
CEENU	21
CEFACLOR susp, 125 mg/5 mL, 250 mg/5 mL	20
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cefdinir (Omnicef)	20
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chloroquine phosphate (Aralen)	21
chlorothiazide	24
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cimetidine	25
CIPRODEX	29
ciprofloxacin soln (Ciloxan)	28
ciprofloxacin tabs (Cipro)	20
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clarithromycin (Biaxin)	20
CLEOCIN PEDIATRIC	21
CLEOCIN supp	25
clindamycin (Cleocin)	21
clindamycin (Cleocin T)	29
clindamycin vaginal crm (Cleocin)	25
clobetasol (Temovate)	29
clomipramine (Anafranil)	25
clonazepam (Klonopin)	27
clonidine (Catapres)	24
clozapine 25 mg, 50 mg, 100 mg (Clozaril)	26
CLOZAPINE 200 mg	26
codeine/guaifenesin soln, 10/100 per 5 mL	24
codeine/guaifenesin tabs, 10/300 (Brontex)	24
CODEINE SULFATE 15 mg	26
codeine sulfate 30 mg, 60 mg	26
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COMBIVIR	20
COMTAN	27
COPAXONE – SP	26
(Copegus) ribavirin tabs	20
cortisone acetate	22
CRESTOR – RS	24
CRIXIVAN	20
cromolyn sodium inhal soln (Intal)	24
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cyclobenzaprine (Flexeril)	27
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CYCLOPHOSPHAMIDE tabs	21
cyclosporine modified caps, 25 mg, 100 mg; soln (Neoral)	30
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cyclosporine (Sandimmune)	30
CYMBALTA – RS	26
cyproheptadine	24
CYSTAGON	25
CYTOMEL	23

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danazol	22
dantrolene (Dantrium)	27
DAPSONE	21
DARAPRIM	21
demeclocycline (Declomycin)	20
(Depakote) divalproex delayed-release	27
DEPAKOTE ER	27
DEPAKOTE SPRINKLES	27
desipramine (Norpramin)	25
desmopressin inj (DDAVP) – SI	23
desmopressin nasal (DDAVP)	23
desmopressin tabs (DDAVP)	23
desogestrel/ethinyl estradiol (Cyclessa)	22
desogestrel/ethinyl estradiol (Mircette)	22
desogestrel/ethinyl estradiol (Ortho-Cept)	22
desonide (Desowen)	29
desoximetasone (Topicort)	29
DEXAMETHASONE elixir, soln; tabs, 0.5 mg, 0.75 mg, 1 mg, 2 mg	22
dexamethasone sodium phosphate eye soln	28
dexamethasone tabs, 1.5 mg, 4 mg, 6 mg	22
dextroamphetamine	26
dextroamphetamine ext-release (Dexedrine Spansule)	26
DIASTAT	27
DIAZEPAM oral soln, 5 mg/5 mL	25
diazepam (Valium)	25
diclofenac eye soln (Voltaren)	29
diclofenac sodium delayed-release 50 mg, 75 mg (Voltaren)	27
DICLOFENAC SODIUM delayed-release tabs, 25 mg	27
diclofenac sodium ext-release (Voltaren XR)	27
dicloxacillin	20
dicyclomine (Bentyl)	25
didanosine delayed-release (Videx EC)	20
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DIFLUNISAL	27
DIGOXIN soln	24
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DILANTIN 30 mg	27
DILANTIN INFATABS	27
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diltiazem ext-release (Cardizem CD)	23
diltiazem ext-release (Dilacor XR)	23
diltiazem ext-release (Tiazac)	23
DIOVAN HCT – RS	23
DIOVAN – RS	23
diphenoxylate/atropine (Lomotil)	25
disopyramide ext-release 150 mg (Norpace CR)	24
disopyramide (Norpace)	24
divalproex delayed-release (Depakote)	27
DIVIGEL	22
DOVONEX crm	30
doxazosin (Cardura)	24
doxepin caps, oral soln	25
doxepin crm (Zonalon)	29
doxycycline hyclate	20
doxycycline monohydrate susp (Vibramycin)	20
drospirenone/ethinyl estradiol (Yasmin)	22
DROXIA	28
(Duragesic) fentanyl patches	27
DYGASE	25
(Dynacin) minocycline tabs	20

E

econazole	29
EMCYT	21
EMEND caps – QL	25
EMTRIVA	20
enalapril/hydrochlorothiazide (Vaseretic)	23
enalapril (Vasotec)	23
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ergocalciferol (Drisdol)	28
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erythromycin/benzoyl peroxide (Benzamycin)	29
ERYTHROMYCIN delayed-release caps	20
erythromycin ethylsuccinate	20
erythromycin eye oint	28
ERYTHROMYCIN FILMTABS	20
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erythromycin pads, soln	29
erythromycin stearate	20

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erythromycin/sulfisoxazole (Pediazole)	21
estazolam	26
estradiol/norethindrone acetate 1/0.5 mg (Activella)	22
estradiol patches (Climara)	22
estradiol tabs (Estrace)	22
estropipate (Ogen)	22
ethambutol (Myambutol)	20
ethosuximide (Zarontin)	27
ethynodiol/ethinyl estradiol (Demulen)	22
etodolac	27
etoposide caps (Vepesid)	21
EVISTA	23
EXELON caps, soln	26
EXELON patches	26
EXJADE – SP	30
F	
famciclovir (Famvir)	20
famotidine (Pepcid)	25
FANSIDAR	21
FARESTON	21
FEIBA VH IMMUNO – PA, SP	28
felodipine ext-release (Plendil)	23
FEMARA	21
fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg (Lofibra)	23
fenofibrate tabs, 54 mg, 160 mg (Lofibra)	23
FENTANYL CITRATE transmucosal – PA	27
fentanyl patches (Duragesic)	27
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finasteride (Proscar)	25
flecainide (Tambocor)	24
(Flonase) fluticasone – QL	24
fluconazole (Diflucan)	20
fludrocortisone	22
flunisolide 25 mcg/spray – QL	24
flunisolide (Nasarel) – QL	24
fluocinolone crm, 0.01%	29
fluocinonide (Lidex)	29
fluorometholone susp (FML)	28
fluorouracil (Efudex)	29
fluoxetine (Prozac)	25
fluphenazine hcl	26
flurbiprofen soln (Ocufen)	29
flutamide	21
fluticasone (Flonase) – QL	24
folic acid tabs, 1 mg	28
(Fosamax) alendronate tabs – QL	23
fosinopril/hydrochlorothiazide (Monopril HCT)	23
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furosemide soln, 10 mg/mL; tabs (Lasix)	24
FUZEON – SP	21
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gabapentin caps, tabs (Neurontin)	27
GANCICLOVIR	20
GANTRISIN PEDIATRIC	20
gemfibrozil (Lopid)	23
gentamicin eye oint, soln	28
gentamicin topical	29
GEODON	26
GLEEVEC	21
glimepiride (Amaryl)	22
glipizide ext-release (Glucotrol XL)	22
glipizide (Glucotrol)	22
GLUCAGON EMERGENCY KIT – SI	22
(Glucophage) metformin	22
(Glucovance) glyburide/metformin	22
GLYBURIDE, distributor of Diabeta	22
glyburide/metformin (Glucovance)	22
glyburide (Micronase)	22
glycopyrrolate (Robinul)	25
GRIFULVIN V tabs	20
griseofulvin microsize susp (Grifulvin V)	20
guanfacine (Tenex)	24
H	
haloperidol lactate oral soln	26
haloperidol tabs	26
HELIXATE FS – PA, SP	28
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HEPSERA	20
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homatropine soln (Isopto Homatropine)	29
HUMALOG MIX 50/50 – SI	22
HUMALOG MIX 75/25 – SI	22
HUMALOG – SI	22
HUMATE-P – PA, SP	28
HUMIRA – PA, SP	27
HUMULIN 50/50 – SI	22
HUMULIN 70/30 – SI	22
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HUMULIN R – SI	22
hydralazine	24
hydrochlorothiazide caps (Microzide)	24
hydrochlorothiazide tabs, 25 mg, 50 mg	24
hydrocodone/acetaminophen caps, 5/500	26
hydrocodone/acetaminophen soln, 7.5/500 per 15 mL (Lortab)	27

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hydrocodone/acetaminophen tabs, 2.5/500, 5/500, 7.5/500, 10/500 (Lortab)	26
hydrocodone/acetaminophen tabs, 5/325, 7.5/325, 10/325 (Norco)	26
hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660 (Vicodin, Vicodin ES, Vicodin HP)	26
hydrocodone/acetaminophen tabs, 7.5/650, 10/650 (Lorcet, Lorcet Plus)	26
hydrocodone/acetaminophen tabs, 10/750 (Maxidone)	27
hydrocortisone 2.5% (Hytone)	29
hydrocortisone acetate supp, 25 mg (Anusol-HC)	29
hydrocortisone/acetic acid	29
hydrocortisone (Cortef)	22
hydrocortisone crm, 2.5% (Anusol-HC)	29
hydrocortisone enema	29
hydrocortisone valerate (Westcort)	29
hydromorphone supp (Dilaudid)	27
hydromorphone tabs (Dilaudid)	26
hydroxychloroquine (Plaquenil)	21
hydroxyurea (Hydrea)	21
hydroxyzine hcl	25
hydroxyzine pamoate (Vistaril)	25
hyoscyamine ext-release caps (Levsinex)	25
hyoscyamine ext-release tabs (Levbid)	25
hyoscyamine (Levsin)	25
I	
ibuprofen	27
imipramine hcl (Tofranil)	26
IMIPRAMINE PAMOATE	26
IMITREX inj – QL, SI	27
IMITREX nasal – QL	27
IMITREX tabs – QL	27
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indomethacin caps	27
INDOMETHACIN supp	27
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INSULIN SYRINGES	30
INTELENCE	21
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ipratropium/albuterol sulfate (Duoneb)	24
ipratropium inhal soln	24
ipratropium nasal (Atrovent) – QL	24
IRESSA	21
ISENTRISS	21
isoniazid/rifampin (Rifamate)	20
ISONIAZID syrup	20
isoniazid tabs	20

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isosorbide dinitrate (Isordil)	23
isosorbide mononitrate ext-release (Imdur)	23
isosorbide mononitrate (Monoket)	23
isotretinoin caps (Accutane)	29
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JANUMET	22
JANUVIA	22
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KALETRA	21
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ketoconazole crm	29
ketoconazole shampoo, 2% (Nizoral)	29
ketoconazole tabs	20
KOATE-DVI – PA, SP	28
KOGENATE FS – PA, SP	28
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labetalol (Trandate)	23
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LANCET DEVICES – MULTICLIX, SOFTCLIX, SOFT TOUCH	30
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leflunomide (Arava)	27
LETAIRIS – SP	24
leucovorin calcium tabs, 5 mg, 25 mg	21
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg	21
LEUKERAN	21
LEUKINE – PA, SP	28
leuprolide (Lupron) – PA, SP	21
LEVEMIR – SI	23
levobunolol soln (Betagan)	29
levonorgestrel/ethinyl estradiol (Alesse)	22
levonorgestrel/ethinyl estradiol (Levlite)	22
levonorgestrel/ethinyl estradiol (Nordette)	22
levonorgestrel/ethinyl estradiol (Seasonale)	22
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levothyroxine – includes Levoxyl (Synthroid)	23
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lidocaine/prilocaine crm (Emla)	29
lidocaine viscous	29
lindane lotn	29
LINDANE shampoo	29
LIPRAM 4500/PN/UL	25
lisinopril/hydrochlorothiazide (Prinzide)	23
lisinopril (Prinivil)	23
lithium carbonate caps, 150 mg, 300 mg	26
LITHIUM CARBONATE caps, 600 mg; tabs, 300 mg	26
lithium carbonate ext-release 300 mg (Lithobid)	26
lithium carbonate ext-release 450 mg	26
lithium citrate	26
loratadine (Claritin) – OTC	24
lorazepam (Ativan)	25
LOTEMAX	29
lovastatin (Mevacor)	23
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loxapine (Loxitane)	26
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MALARONE	21
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mebendazole	21
meclizine (Antivert)	25
medroxyprogesterone acetate (Provera)	22
mefloquine (Lariam)	21
megestrol (Megace)	21
meloxicam (Mobic)	27
MELOXICAM susp	27
MENEST	22
MEPHYTON	28
MEPRON	21
mercaptapurine (Purinethol)	21
mesalamine enema (Rowasa)	25
MESNEX tabs	21
MESTINON syrup	28
MESTINON TIMESPAN	28
metformin ext-release (Glucophage XR)	22
metformin (Glucophage)	22
methadone conc, tabs	26
METHADONE soln, 5 mg/5 mL, 10 mg/5 mL	27
methazolamide	24
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methimazole (Tapazole)	23
methocarbamol (Robaxin)	27
methotrexate tabs	21
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methylphenidate (Ritalin)	26
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metipranolol soln (Optipranolol)	29
metoclopramide (Reglan)	25
metolazone (Zaroxolyn)	24
metoprolol succinate ext-release (Toprol XL)	23
metoprolol tartrate (Lopressor)	23
metronidazole 0.75% (Metrocream)	29
metronidazole gel, 0.75%	29
metronidazole (Metro lotion)	29
metronidazole tabs (Flagyl)	21
metronidazole vaginal (MetroGel-Vaginal)	25
(Mevacor) lovastatin	23
MEXILETINE	24
MIACALCIN nasal	23
midodrine (Proamatine)	24
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minocycline caps, tabs (Minocin, Dynacin)	20
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(Mobic) meloxicam	27
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moexipril (Univasc)	23
mometasone (Elocon)	29
MONARC-M – PA, SP	28
MONOCLATE-P – PA, SP	28
MONONINE – PA, SP	28
morphine sulfate conc, 20 mg/mL; tabs	26
morphine sulfate ext-release (MS Contin)	27
MORPHINE SULFATE soln, 10 mg/5 mL, 20 mg/5 mL	27
morphine sulfate supp, 5 mg, 10 mg, 20 mg	27
(MS Contin) morphine sulfate ext-release	27
mupirocin oint (Bactroban)	29
MYCOBUTIN	20
MYLERAN	21
MYTELASE	28
 N	
nabumetone	27
nadolol (Corgard)	23
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neomycin/polymyxin B/bacitracin eye oint	28

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neomycin sulfate	20
NEUPOGEN – PA, SP	28
(Neurontin) gabapentin caps, tabs	27
NEURONTIN soln.	27
NEXAVAR	21
NIASPAN	24
nifedipine ext-release (Adalat CC)	23
nifedipine ext-release (Procardia XL)	23
NILANDRON	21
NITRO-BID oint	23
nitrofurantoin macrocrystals (Macrochantin)	25
nitrofurantoin monohydrate/macrocrystals (Macrobid)	25
nitroglycerin patches (Nitro-Dur)	23
nitroglycerin sublingual tabs (Nitrostat)	23
NORDITROPIN – PA, SP	23
norethindrone acetate (Aygestin)	22
norethindrone acetate/ethinyl estradiol/Fe (Loestrin Fe)	22
norethindrone acetate/ethinyl estradiol (Loestrin)	22
norethindrone/ethinyl estradiol (Modicon)	22
norethindrone/ethinyl estradiol (Ortho-Novum 1/35)	22
norethindrone/ethinyl estradiol (Ortho-Novum 7/7/7)	22
norethindrone/ethinyl estradiol (Ovcon 35)	22
norethindrone/ethinyl estradiol (Tri-Norinyl)	22
norethindrone/mestranol (Ortho-Novum 1/50)	22
norethindrone (Nor-QD)	22
norethindrone (Ortho Micronor)	22
norgestimate/ethinyl estradiol (Ortho-Cyclen)	22
norgestimate/ethinyl estradiol (Ortho Tri-Cyclen)	22
norgestrel/ethinyl estradiol (Lo/Ovral)	22
nortriptyline (Pamelor)	25
(Norvasc) amlodipine	23
NORVIR	21
NOVOLIN 70/30 – SI	22
NOVOLIN N – SI	22
NOVOLIN R – SI	22
NOVOLOG MIX 70/30 – SI	22
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nystatin oral tabs	20
nystatin susp	29
nystatin topical (Mycostatin)	29
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octreotide (Sandostatin) – SP	23
ofloxacin ear soln (Floxin Otic)	29
ofloxacin eye soln (Ocuflox)	28
omeprazole delayed-release (Prilosec)	25
OMEPRAZOLE – OTC	25
OMNITROPE – PA, SP	23
ondansetron orally disintegrating tabs (Zofran ODT) – QL	25
ondansetron oral soln, tabs (Zofran) – QL	25
orphenadrine/aspirin/caffeine 25/385/30	27
orphenadrine citrate ext-release	27
(Ortho Tri-Cyclen) norgestimate/ethinyl estradiol	22
oxcarbazepine tabs (Trileptal)	27
oxybutynin (Ditropan) – QL	25
oxybutynin ext-release (Ditropan XL) – QL	25
oxycodone/acetaminophen caps, 5/500 (Tylox)	26
oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)	26
oxycodone/aspirin tabs, 5/325 (Percodan)	27
oxycodone caps (OxylR)	26
oxycodone conc, soln, tabs (Roxicodone)	26
OXYCODONE tabs, 10 mg, 20 mg	27
P	
PANCRELIPASE delayed-release caps, 20-4.5-25	25
PANCRELIPASE MST-16	25
PANCRELIPASE tabs, 30-8-30	25
PANCRON	25
PANGESTYME CN/MT/UL/EC	25
paroxetine hcl ext-release, 12.5 mg, 25 mg (Paxil CR)	26
PAROXETINE HCL ext-release 37.5 mg	26
paroxetine hcl (Paxil)	25
(Paxil) paroxetine hcl	25
pediatric multivitamins/fluoride	28
pediatric multivitamins/fluoride/iron	28
pediatric vitamins ADC/fluoride	28
pediatric vitamins ADC/fluoride/iron	28
PEGASYS – PA, SP	20
PEG – electrolytes for soln (Colyte)	24
PEG – electrolytes for soln (Nulytely)	24
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penicillin v potassium	20
PENTASA	25
pentoxifylline ext-release (Trental)	28
(Percocet) oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650	26
permethrin crm, 5% (Elimite)	29
perphenazine	26
phenobarbital	26

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phenytoin susp (Dilantin)	27
PHOSLO	25
pilocarpine soln (Isopto Carpine)	29
pilocarpine tabs (Salagen)	29
PINDOLOL	23
piroxicam (Feldene)	27
PLAN-B	22
PLARETASE	25
PLAVIX 75 mg	28
podofilox soln (Condylox)	29
polymyxin B/trimethoprim soln (Polytrim)	28
potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)	28
potassium chloride ext-release caps, 10 mEq (Micro-K 10)	28
potassium chloride ext-release tabs, 8 mEq	28
potassium chloride ext-release tabs, 10 mEq, 20 mEq	28
potassium chloride ext-release tabs, 10 mEq (K-Tabs)	28
potassium chloride packets, 20 mEq (K-Lor)	28
potassium chloride soln, 10%, 20%	28
potassium citrate/citric acid powder, soln (Polycitra-K)	25
potassium citrate ext-release (Urocit-K)	25
potassium phosphate/sodium phosphates (K-Phos Neutral)	28
(Pravachol) pravastatin	23
pravastatin (Pravachol)	23
prazosin (Minipress)	24
prednisolone acetate susp (Pred Forte)	28
PREDNISOLONE SODIUM PHOSPHATE eye soln, 1%	28
prednisolone sodium phosphate soln (Orapred, Pediapred)	22
prednisolone syrup (Prelone)	22
prednisone	22
PREDNISONE soln, 5 mg/mL; tabs, 50 mg	22
PREMARIN crm.	25
PREMARIN tabs	22
PREMPHASE	22
PREMPRO	22
prenatal multivitamins/1 mg folic acid	28
PREVPAC	25
PREZISTA	21
(Prilosec) omeprazole delayed-release	25
PRIMAQUINE PHOSPHATE	21
primidone (Mysoline)	27
PRIMSOL	21
(Prinivil) lisinopril	23
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PROCRT – PA, SP	28
PROCTOFOAM HC	29
PROFILNINE SD – PA, SP	28
PROGLYCEM	22
PROGRAF	30
promethazine supp	24
promethazine syrup, tabs	24
propafenone (Rythmol)	24
PROPANTHELINE BROMIDE 15 mg	25
PROPLEX T – PA, SP	28
propoxyphene hcl/acetaminophen tabs, 65/650	26
propoxyphene napsylate/acetaminophen 50/325, 100/650 (Darvocet-N)	26
propranolol ext-release (Inderal LA)	23
propranolol/hydrochlorothiazide 40/25	23
PROPRANOLOL/HYDROCHLOROTHIAZIDE 80/25	23
PROPRANOLOL soln, 20 mg/5 mL	23
propranolol tabs	23
propylthiouracil	23
(Proscar) finasteride	25
PROSTIGMIN tabs	28
(Prozac) fluoxetine	25
PULMICORT FLEXHALER – QL	24
PULMICORT RESPULES	24
PULMOZYME	24
(Purinethol) mercaptopurine	21
pyrazinamide	20
pyridostigmine tabs (Mestinon)	28
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quinapril (Accupril)	23
quinapril/hydrochlorothiazide (Accuretic)	23
quinidine gluconate ext-release	24
quinidine sulfate	24
QUINIDINE SULFATE ext-release	24
 R	
ramipril caps (Altace)	23
ranitidine (Zantac)	25
RAPAMUNE	30
RAPTIVA – PA, SP	30
(Rebetol) ribavirin caps	20
REBIF – SP	26
RECOMBINATE – PA, SP	28
REFACTO – PA, SP	28
RENAGEL	25
(Requip) ropinirole	27

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REYATAZ	21
ribavirin caps (Rebetol)	20
ribavirin tabs (Copegus)	20
rifampin (Rifadin)	20
RILUTEK	28
(Risperdal) risperidone tabs	26
RISPERDAL soln	26
RISPERIDONE soln, 1 mg/mL	26
risperidone tabs (Risperdal)	26
ROFERON-A – PA, SP	21
ropinirole (Requip)	27
(Roxicodone) oxycodone conc, soln, tabs	26

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salsalate	26
selegiline caps (Eldepryl)	27
SELEGILINE tabs	27
selenium sulfide 2.5% (Selsun)	29
SELZENTRY	21
SENSIPAR	23
SEROQUEL 200 mg, 300 mg, 400 mg	26
SEROQUEL XR	26
sertraline (Zoloft)	25
silver sulfadiazine (Silvadene)	29
simvastatin (Zocor)	23
SODIUM CHLORIDE inhal soln, 3%, 10%	24
sodium citrate/citric acid (Bicitra)	25
sodium fluoride	28
sodium fluoride crm, gel (Prevident)	29
sodium polystyrene sulfonate	30
SOLARAZE	30
SOMAVERT – SP	23
sotalol (Betapace)	24
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spironolactone/hydrochlorothiazide 25/25 (Aldactazide)	24
SPORANOX soln	20
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sulfacetamide sodium soln (Bleph-10)	28
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TEMODAR	21
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terbinafine tabs (Lamisil)	20
terbutaline (Brethine)	24
TESLAC	21
TESTIM	22
tetracycline	20
THALOMID	30
theophylline ext-release tabs – 12 hr – Theochron	24
theophylline ext-release tabs – 24 hr (Uniphyll)	24
thiothixene (Navane)	26
timolol maleate gel-forming soln (Timoptic-XE)	29
timolol maleate soln (Timoptic)	29
TIMOLOL tabs	23
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TOBI	20
TOBRADEX	29
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tretinoin caps (Vesanoid)	22
tretinoin (Retin-A)	29
triamcinolone dental paste	29
triamcinolone (Kenalog)	29
triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)	24
triamterene/hydrochlorothiazide caps, 50/25	24
triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)	24
triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide)	24
tricitrates soln (Polycitra)	25
trifluoperazine	26
trifluridine soln (Viroptic)	28
trihexyphenidyl	27
trimethobenzamide caps (Tigan)	25
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TRIZIVIR	21
TRUSOPT	29
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ursodiol (Actigall)	25
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VALCYTE	20
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VALTREX	20
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venlafaxine (Effexor)	26
VENTAVIS – SP	24
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verapamil ext-release (Calan SR)	23
verapamil ext-release (Verelan)	23
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(Vicodin, Vicodin ES, Vicodin HP) hydrocodone/acetaminophen tabs, 5/500, 7.5/750, 10/660	26
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(Yasmin) drospirenone/ethinyl estradiol	22
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zaleplon (Sonata)	26
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ZERIT	21
ZIAGEN	21
zidovudine (Retrovir)	20
(Zithromax) azithromycin	20
ZITHROMAX packet, 1 g	20
(Zocor) simvastatin	23
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KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Not Covered)
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ANTI-INFECTIVE DRUGS

PENICILLINS

\$	amoxicillin
\$	AMOXICILLIN chew tabs, 400 mg
\$	AMOXIL drops – amoxicillin
\$	ampicillin caps
\$	AMPICILLIN susp
\$	penicillin v potassium
\$\$	amoxicillin/potassium clavulanate (Augmentin)
\$\$	dicloxacillin
\$\$\$\$	AUGMENTIN chew tabs, 250 mg; susp – amoxicillin/potassium clavulanate

CEPHALOSPORINS

\$	cefadroxil
\$	cefuroxime (Ceftin)
\$	cephalexin (Keflex)
\$\$	cefdinir (Omnicef)
\$\$	cefpodoxime (Vantin)
\$\$\$	CEFACLOR susp, 125 mg/5 mL, 250 mg/5 mL
\$\$\$	cefprozil (Cefzil)
\$\$\$\$	SUPRAX – cefixime

MACROLIDES

\$	azithromycin (Zithromax)
\$	clarithromycin (Biaxin)
\$	ERY-TAB – erythromycin delayed-release tabs
\$	ERYTHROMYCIN delayed-release caps
\$	ERYTHROMYCIN FILMTABS – erythromycin base
\$	erythromycin ethylsuccinate
\$	erythromycin stearate
\$\$	ZITHROMAX packet, 1 g – azithromycin

TETRACYCLINES

\$	doxycycline hyclate
\$	minocycline caps, tabs (Minocin, Dynacin)
\$	tetracycline
\$\$\$\$	doxycycline monohydrate susp (Vibramycin)
\$\$\$\$	demeclocycline (Declomycin)

FLUOROQUINOLONES

\$	ciprofloxacin tabs (Cipro)
\$\$\$\$	AVELOX – moxifloxacin
\$\$\$\$	CIPRO susp – ciprofloxacin

SULFONAMIDES

\$	GANTRISIN PEDIATRIC – sulfisoxazole
\$\$\$\$	SULFADIAZINE

AMINOGLYCOSIDES

\$	neomycin sulfate
\$\$\$\$	TOBI – tobramycin

TUBERCULOSIS

\$	isoniazid tabs
\$\$\$	ISONIAZID syrup
\$\$\$	rifampin (Rifadin)
\$\$\$\$	isoniazid/rifampin (Rifamate)
\$\$\$\$	pyrazinamide
\$\$\$\$	ethambutol (Myambutol)
\$\$\$\$	MYCOBUTIN – rifabutin

FUNGAL INFECTIONS

\$	fluconazole (Diflucan)
\$	ketoconazole tabs
\$\$	terbinafine tabs (Lamisil)
\$\$\$	griseofulvin microsize susp (Grifulvin V)
\$\$\$	nystatin tabs
\$\$\$\$	GRIFULVIN V tabs – griseofulvin microsize
\$\$\$\$	ANCOBON – flucytosine
\$\$\$\$	itraconazole caps (Sporanox)
\$\$\$\$	NOXAFIL – posaconazole
\$\$\$\$	SPORANOX soln – itraconazole
\$\$\$\$	VFEND – voriconazole

VIRAL INFECTIONS

• Cytomegalovirus

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

• Hepatitis

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

• Herpes

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

• HIV/AIDS

\$\$\$\$	VIDEX EC 125 mg – didanosine delayed-release
\$\$\$\$	zidovudine (Retrovir)
\$\$\$\$	APTIVUS – tipranavir
\$\$\$\$	ATRIPLA – efavirenz/emtricitabine/tenofovir
\$\$\$\$	COMBIVIR – lamivudine/zidovudine
\$\$\$\$	CRIXIVAN – indinavir
\$\$\$\$	didanosine delayed-release (Videx EC)
\$\$\$\$	EMTRIVA – emtricitabine
\$\$\$\$	EPIVIR – lamivudine
\$\$\$\$	EPZICOM – abacavir/lamivudine

KEY

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\$\$\$\$	FUZEON – enfuvirtide – SP
\$\$\$\$	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
\$\$\$\$	ZERIT – stavudine
\$\$\$\$	ZIAGEN – abacavir

• **Influenza**

\$\$\$\$	TAMIFLU – oseltamivir – QL
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MALARIA

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

WORM INFECTIONS

\$	mebendazole
\$	MINTEZOL – thiabendazole
\$	STROMEKTOL – ivermectin
\$\$\$\$	ALBENZA – albendazole
\$\$\$\$	BILTRICIDE – praziquantel

OTHER ANTI-INFECTIVES

\$	clindamycin (Cleocin)
\$	DAPSONE
\$	erythromycin/sulfisoxazole (Pediazole)
\$	metronidazole tabs (Flagyl)
\$	sulfamethoxazole/trimethoprim (Bactrim, Septra)
\$	trimethoprim
\$\$	PRIMSOL – trimethoprim
\$\$\$	CLEOCIN PEDIATRIC – clindamycin
\$\$\$	YODOXIN – iodoquinol
\$\$\$\$	ALINIA – nitazoxanide

\$\$\$\$	NEBUPENT – pentamidine
\$\$\$\$	MEPRON – atovaquone
\$\$\$\$	VANCOCIN – vancomycin
\$\$\$\$	ZYVOX – linezolid – PA

CANCER DRUGS

ACTIMMUNE – interferon gamma-1b – SP
ALKERAN – melphalan
ARIMIDEX – anastrozole
AROMASIN – exemestane
CASODEX – bicalutamide
CEENU – lomustine
CYCLOPHOSPHAMIDE tabs
EMCYT – estramustine
etoposide caps (Vepesid)
FARESTON – toremifene
FEMARA – letrozole
flutamide
GLEEVEC – imatinib
HEXALEN – altretamine
hydroxyurea (Hydrea)
INTRON A – interferon alfa-2b – PA, SP
IRESSA – gefitinib
leucovorin calcium tabs, 5 mg, 25 mg
LEUCOVORIN CALCIUM tabs, 10 mg, 15 mg
LEUKERAN – chlorambucil
leuprolide (Lupron) – PA, SP
LYSODREN – mitotane
MATULANE – procarbazine
megestrol (Megace)
mercaptopurine (Purinethol)
MESNEX tabs – mesna
methotrexate tabs
MYLERAN – busulfan
NEXAVAR – sorafenib
NILANDRON – nilutamide
ROFERON-A – interferon alfa-2a – PA, SP
SPRYCEL – dasatinib
SUTENT – sunitinib
TABLOID – thioguanine
tamoxifen
TARCEVA – erlotinib
TARGRETIN caps – bexarotene
TASIGNA – nilotinib
TEMODAR – temozolomide
TESLAC – testolactone

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Not Covered)
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tretinoin caps (Vesanoid)

TYKERB – lapatinib

XELODA – capecitabine

ZOLINZA – vorinostat

HORMONES, DIABETES AND RELATED DRUGS**CORTICOSTEROIDS**\$ **cortisone acetate**\$ **dexamethasone tabs, 1.5 mg, 4 mg, 6 mg**

\$ DEXAMETHASONE elixir, soln; tabs, 0.5 mg, 0.75 mg, 1 mg, 2 mg

\$ **fludrocortisone**\$ **hydrocortisone** (Cortef)\$ **methylprednisolone** (Medrol)\$ **prednisolone sodium phosphate soln**
(Orapred, PEDIAPRED)\$ **prednisolone syrup** (Prelone)\$ **prednisone**

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

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

MALE HORMONES

\$\$\$\$\$ ANDROXY – fluoxymesterone

\$\$\$\$\$ ANDROGEL – testosterone

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

\$\$\$\$\$ TESTIM – testosterone

ESTROGENS\$ **estradiol tabs** (Estrace)\$ **estropipate** (Ogen)\$\$ **estradiol patches** (Climara)

\$\$ MENEST – esterified estrogens

\$\$\$ DIVIGEL – estradiol

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

\$\$\$ PREMARIN – conjugated estrogens

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

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

PROGESTINS\$ **medroxyprogesterone acetate** (Provera)\$ **norethindrone acetate** (Aygestin)**BIRTH CONTROL**\$\$ **desogestrel/ethinyl estradiol** (Cyclessa)\$\$ **desogestrel/ethinyl estradiol** (Ortho-Cept)\$\$ **ethynodiol/ethinyl estradiol** (Demulen)\$\$ **levonorgestrel/ethinyl estradiol** (Alesse)\$\$ **levonorgestrel/ethinyl estradiol** (Levlite)\$\$ **levonorgestrel/ethinyl estradiol** (Nordette)\$\$ **levonorgestrel/ethinyl estradiol** (Seasonale)\$\$ **levonorgestrel/ethinyl estradiol** (Triphasil)\$\$ **norethindrone** (Nor-QD)\$\$ **norethindrone** (Ortho Micronor)\$\$ **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-Cyclen)\$\$ **norgestimate/ethinyl estradiol** (Ortho Tri-Cyclen)\$\$ **norgestrel/ethinyl estradiol** (Lo/Ovral)

\$\$ PLAN-B – levonorgestrel

\$\$\$\$ **desogestrel/ethinyl estradiol** (Mircette)\$\$\$\$ **drospirenone/ethinyl estradiol** (Yasmin)**DIABETES**\$ **glimepiride** (Amaryl)\$ **glipizide** (Glucotrol)\$ **glipizide ext-release** (Glucotrol XL)\$ **glyburide** (Micronase)\$ **metformin** (Glucophage)\$ **metformin ext-release** (Glucophage XR)\$\$ **glyburide/metformin** (Glucoavance)

\$\$\$ GLYBURIDE, distributor of Diabeta

\$\$\$\$ GLUCAGON EMERGENCY KIT – **SI**

\$\$\$\$ PROGLYCEM – diazoxide

\$\$\$\$\$ ACTOS – pioglitazone – **RS**\$\$\$\$\$ BYETTA – exenatide – **RS, SI**

\$\$\$\$\$ JANUMET – sitagliptin/metformin

\$\$\$\$\$ JANUVIA – sitagliptin

\$\$\$\$\$ SYMLIN – pramlintide – **SI**• **Insulin****Rapid-Acting Insulin**\$\$\$\$ APIDRA – insulin glulisine – **SI**\$\$\$\$ HUMALOG – insulin lispro – **SI**\$\$\$\$ NOVOLOG – insulin aspart – **SI****Short-Acting Insulin**\$\$\$ HUMULIN R – insulin regular – **SI**\$\$\$ NOVOLIN R – insulin regular – **SI****Intermediate-Acting Insulin**\$\$\$ HUMULIN N – insulin isophane – **SI**\$\$\$ HUMULIN 50/50 – insulin isophane/regular – **SI**\$\$\$ HUMULIN 70/30 – insulin isophane/regular – **SI**\$\$\$ NOVOLIN N – insulin isophane – **SI**\$\$\$ NOVOLIN 70/30 – insulin isophane/regular – **SI**\$\$\$\$ HUMALOG MIX 50/50 – insulin lispro protamine/lispro – **SI**\$\$\$\$ HUMALOG MIX 75/25 – insulin lispro protamine/lispro – **SI**\$\$\$\$ NOVOLOG MIX 70/30 – insulin aspart protamine/aspart – **SI****KEY****Generic drug: generic name** *Tier 1 (Reference Brand *Not Covered)**BRAND drug: BRAND NAME** *Tier 2 – generic name [generic version not available]

Basal Insulin

\$\$\$\$ LANTUS – insulin glargine – **SI**

\$\$\$\$ LEVEMIR – insulin detemir – **SI**

THYROID REGULATION

\$ **levothyroxine – includes Levoxyl** (Synthroid)

\$ **propylthiouracil**

\$\$ CYTOMEL – liothyronine

\$\$ **methimazole** (Tapazole)

GROWTH HORMONE

\$\$\$\$\$ INCRELEX – mecasermin – **PA, SP**

\$\$\$\$\$ NORDITROPIN – somatropin – **PA, SP**

\$\$\$\$\$ OMNITROPE – somatropin – **PA, SP**

OTHER HORMONES AND RELATED DRUGS

\$ METHERGINE – methylergonovine

\$\$\$ **calcitonin-salmon nasal – Fortical**

\$\$\$\$ **alendronate tabs** (Fosamax) – **QL**

\$\$\$\$ **desmopressin nasal** (DDAVP)

\$\$\$\$ EVISTA – raloxifene

\$\$\$\$ MIACALCIN nasal – calcitonin-salmon

\$\$\$\$\$ **cabergoline**

\$\$\$\$\$ **desmopressin inj** (DDAVP) – **SI**

\$\$\$\$\$ **desmopressin tabs** (DDAVP)

\$\$\$\$\$ **octreotide** (Sandostatin) – **SP**

\$\$\$\$\$ SENSIPAR – cinacalcet

\$\$\$\$\$ SOMAVERT – pegvisomant – **SP**

\$\$\$\$\$ ZEMPLAR – paricalcitol

HEART AND CIRCULATORY DRUGS

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS

\$ **benazepril** (Lotensin)

\$ **benazepril/hydrochlorothiazide** (Lotensin HCT)

\$ **captopril** (Capoten)

\$ **captopril/hydrochlorothiazide** (Capozide)

\$ **enalapril** (Vasotec)

\$ **enalapril/hydrochlorothiazide** (Vaseretic)

\$ **fosinopril** (Monopril)

\$ **lisinopril** (Prinivil)

\$ **lisinopril/hydrochlorothiazide** (Prinzide)

\$ **moexipril/hydrochlorothiazide** (Uniretic)

\$ **quinapril** (Accupril)

\$ **ramipril caps** (Altace)

\$ **trandolapril** (Mavik)

\$\$ **fosinopril/hydrochlorothiazide** (Monopril HCT)

\$\$ **moexipril** (Univasc)

\$\$ **quinapril/hydrochlorothiazide** (Accuretic)

ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS

\$\$\$ DIOVAN – valsartan – **RS**

\$\$\$\$ DIOVAN HCT – valsartan/hydrochlorothiazide – **RS**

BETA BLOCKERS & COMBINATIONS

\$ **acebutolol** (Sectral)

\$ **atenolol** (Tenormin)

\$ **atenolol/chlorthalidone** (Tenoretic)

\$ **bisoprolol/hydrochlorothiazide** (Ziac)

\$ **labetalol** (Trandate)

\$ **metoprolol succinate ext-release** (Toprol XL)

\$ **metoprolol tartrate** (Lopressor)

\$ **nadolol** (Corgard)

\$ **propranolol tabs**

\$ **propranolol/hydrochlorothiazide 40/25**

\$\$ **bisoprolol** (Zebeta)

\$\$ **carvedilol** (Coreg)

\$\$ PROPRANOLOL soln, 20 mg/5 mL

\$\$ PROPRANOLOL/HYDROCHLOROTHIAZIDE 80/25

\$\$ TIMOLOL

\$\$\$ PINDOLOL

\$\$\$ **propranolol ext-release** (Inderal LA)

CALCIUM CHANNEL BLOCKERS AND COMBINATIONS

\$ **amlodipine** (Norvasc)

\$ **diltiazem** (Cardizem)

\$ **verapamil** (Calan)

\$ **verapamil ext-release** (Calan SR)

\$\$ **diltiazem ext-release** (Dilacor XR)

\$\$ **nifedipine ext-release** (Adalat CC)

\$\$ **nifedipine ext-release** (Procardia XL)

\$\$ **verapamil ext-release** (Verelan)

\$\$\$ **amlodipine/benazepril** (Lotrel)

\$\$\$ **diltiazem ext-release** (Cardizem CD)

\$\$\$ **diltiazem ext-release** (Tiazac)

\$\$\$ **felodipine ext-release** (Plendil)

CHEST PAIN

\$ **isosorbide dinitrate** (Isordil)

\$ **isosorbide mononitrate ext-release** (Imdur)

\$ NITRO-BID oint – nitroglycerin

\$ **nitroglycerin sublingual tabs** (Nitrostat)

\$\$ **isosorbide mononitrate** (Monoket)

\$\$ **nitroglycerin patches** (Nitro-Dur)

CHOLESTEROL LOWERING

\$ **gemfibrozil** (Lopid)

\$ **lovastatin** (Mevacor)

\$ **pravastatin** (Pravachol)

\$ **simvastatin** (Zocor)

\$\$\$ **cholestyramine** (Questran, Questran Light)

\$\$\$ **fenofibrate micronized, caps, 67 mg, 134 mg, 200 mg** (Lofibra)

\$\$\$ **fenofibrate tabs, 54 mg, 160 mg** (Lofibra)

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Not Covered)

BRAND drug: BRAND NAME *Tier 2 – generic name [generic version not available]

\$\$\$\$	NIASPAN – niacin ext-release
\$\$\$\$	CRESTOR – rosuvastatin – RS
\$\$\$\$\$	WELCHOL – colestevlam
FLUID RETENTION	
\$	acetazolamide
\$	amiloride/hydrochlorothiazide
\$	bumetanide (Bumex)
\$	chlorothiazide
\$	chlorthalidone 25 mg, 50 mg
\$	furosemide soln, 10 mg/mL; tabs (Lasix)
\$	hydrochlorothiazide caps (Microzide)
\$	hydrochlorothiazide tabs, 25 mg, 50 mg
\$	indapamide
\$	methazolamide
\$	spironolactone (Aldactone)
\$	spironolactone/hydrochlorothiazide 25/25 (Aldactazide)
\$	triamterene/hydrochlorothiazide caps, 37.5/25 (Dyazide)
\$	triamterene/hydrochlorothiazide tabs, 37.5/25 (Maxzide-25)
\$	triamterene/hydrochlorothiazide tabs, 75/50 (Maxzide)
\$\$	AMILORIDE
\$\$	metolazone (Zaroxolyn)
\$\$	toremide (Demadex)
\$\$	triamterene/hydrochlorothiazide caps, 50/25
HEART RHYTHM	
\$	sotalol (Betapace)
\$\$	amiodarone
\$\$	quinidine sulfate
\$\$\$	disopyramide (Norpace)
\$\$\$	flecainide (Tambocor)
\$\$\$	propafenone (Rythmol)
\$\$\$	quinidine gluconate ext-release
\$\$\$	QUINIDINE SULFATE ext-release
\$\$\$	sotalol (Betapace AF)
\$\$\$\$	disopyramide ext-release 150 mg (Norpace CR)
\$\$\$\$	MEXILETINE
OTHER HEART RELATED DRUGS	
\$	clonidine (Catapres)
\$	digoxin tabs (Lanoxin)
\$	doxazosin (Cardura)
\$	methyldopa
\$	terazosin (Hytrin)
\$\$	DIGOXIN soln
\$\$	guanfacine (Tenex)
\$\$	hydralazine
\$\$	minoxidil
\$\$	prazosin (Minipress)
\$\$\$\$	midodrine (Proamatine)

\$\$\$\$\$	LETAIRIS – ambrisentan – SP
\$\$\$\$\$	REVATIO – sildenafil – PA, SP
\$\$\$\$\$	TRACLEER – bosentan – SP
\$\$\$\$\$	VENTAVIS – iloprost – SP
ALLERGIC REACTION KITS	
\$\$\$	EPIPEN – epinephrine – SI
\$\$\$	EPIPEN JR – epinephrine – SI
RESPIRATORY DRUGS	
ANTIHISTAMINES	
OTC	loratadine (Claritin)
\$	promethazine supp
\$	promethazine syrup, tabs
\$\$	cyproheptadine
NASAL PRODUCTS	
\$\$	fluticasone (Flonase) – QL
\$\$	ipratropium (Atrovent) – QL
\$\$\$	flunisolide (Nasarel) – QL
\$\$\$	flunisolide 25 mcg/spray – QL
COUGH/COLD/ALLERGY	
\$	brompheniramine/pseudoephedrine ext-release caps, 6/60
\$	codeine/guaifenesin soln, 10/100 per 5 mL
\$	codeine/guaifenesin tabs, 10/300 (Brontex)
\$\$	SODIUM CHLORIDE inhal soln, 3%, 10%
\$\$\$\$	acetylcysteine
ASTHMA/COPD	
\$	albuterol sulfate syrup, tabs
\$	theophylline ext-release tabs – 12 hr – Theochron
\$\$	albuterol inhaler – QL
\$\$	albuterol sulfate inhal soln
\$\$	PROAIR HFA – albuterol sulfate – QL
\$\$\$	cromolyn sodium inhal soln (Intal)
\$\$\$	ipratropium inhal soln
\$\$\$	terbutaline (Brethine)
\$\$\$	theophylline ext-release tabs – 24 hr (Uniphyll)
\$\$\$\$	ATROVENT HFA – ipratropium – QL
\$\$\$\$\$	ipratropium/albuterol sulfate (Duoneb)
\$\$\$\$\$	PULMICORT FLEXHALER – budesonide – QL
\$\$\$\$\$	PULMICORT RESPULES – budesonide
\$\$\$\$\$	SYMBICORT – budesonide/formoterol – QL
OTHER RESPIRATORY DRUGS	
\$\$\$\$\$	PULMOZYME – dornase alfa
GASTROINTESTINAL DRUGS	
LAXATIVES	
\$	lactulose
\$	PEG – electrolytes for soln (Colyte)
\$	PEG – electrolytes for soln (Nulytely)

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Not Covered)
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ULCER/GERD

OTC	OMEPRAZOLE
\$	cimetidine
\$	dicyclomine (Bentyl)
\$	famotidine (Pepcid)
\$	ranitidine (Zantac)
\$\$	glycopyrrolate (Robinul)
\$\$\$	CARAFATE susp – sucralfate
\$\$\$	hyoscyamine ext-release caps (Levsinex)
\$\$\$	hyoscyamine ext-release tabs (Levbid)
\$\$\$	omeprazole delayed-release (Prilosec)
\$\$\$	PROPANTHELINE BROMIDE 15 mg
\$\$\$	sucralfate tabs (Carafate)
\$\$\$\$	hyoscyamine (Levsin)
\$\$\$\$	misoprostol (Cytotec)
\$\$\$\$\$	PREVPAC – amoxicillin + clarithromycin + lansoprazole delayed-release

NAUSEA AND VOMITING

\$	meclizine (Antivert)
\$	trimethobenzamide caps (Tigan)
\$\$\$	ondansetron oral soln, tabs (Zofran) – QL
\$\$\$	ondansetron orally disintegrating tabs (Zofran ODT) – QL
\$\$\$\$\$	EMEND caps – aprepitant – QL

DIGESTIVE ENZYMES – PANCREATIC ENZYME PRODUCTS:

\$\$\$\$\$	DYGASE
\$\$\$\$\$	LAPASE
\$\$\$\$\$	LIPRAM 4500/PN/UL
\$\$\$\$\$	PANCRELIPASE delayed-release caps, 20-4.5-25
\$\$\$\$\$	PANCRELIPASE tabs, 30-8-30
\$\$\$\$\$	PANCRELIPASE MST-16
\$\$\$\$\$	PANCRON
\$\$\$\$\$	PANGESTYME CN/MT/UL/EC
\$\$\$\$\$	PLARETASE

OTHER GASTROINTESTINAL DRUGS

\$	diphenoxylate/atropine (Lomotil)
\$	lactulose – encephalopathy
\$	metoclopramide (Reglan)
\$	sulfasalazine (Azulfidine)
\$\$\$\$	PHOSLO – calcium acetate
\$\$\$\$	ursodiol (Actigall)
\$\$\$\$\$	ASACOL – mesalamine delayed-release
\$\$\$\$\$	CANASA – mesalamine
\$\$\$\$\$	LIALDA – mesalamine delayed-release
\$\$\$\$\$	mesalamine enema (Rowasa)
\$\$\$\$\$	PENTASA – mesalamine ext-release
\$\$\$\$\$	RENAGEL – sevelamer

GENITOURINARY DRUGS

URINARY TRACT INFECTIONS

\$	nitrofurantoin monohydrate/macrocrystals (Macrobid)
\$\$\$	nitrofurantoin macrocrystals (Macrochantin)

URINARY TRACT SPASMS

\$	oxybutynin (Ditropan) – QL
\$\$\$\$	oxybutynin ext-release (Ditropan XL) – QL
\$\$\$\$	VESICARE – solifenacin – QL

VAGINAL PRODUCTS

\$\$	ACID JELLY – acetic acid
\$\$	clindamycin crm (Cleocin)
\$\$	metronidazole (MetroGel-Vaginal)
\$\$	PREMARIN crm – conjugated estrogens
\$\$\$	CLEOCIN supp – clindamycin
\$\$\$	NYSTATIN vaginal tabs
\$\$\$\$	AVC – sulfanilamide

OTHER GENITOURINARY DRUGS

\$\$	K-PHOS MF – potassium/sodium acid phosphates
\$\$	K-PHOS NO. 2 – potassium/sodium acid phosphates
\$\$	potassium citrate ext-release (Urocit-K)
\$\$	sodium citrate/citric acid (Bicitra)
\$\$\$	finasteride (Proscar)
\$\$\$	potassium citrate/citric acid powder, soln (Polycitra-K)
\$\$\$	tricitrates soln (Polycitra)
\$\$\$\$\$	CYSTAGON – cysteamine

CENTRAL NERVOUS SYSTEM DRUGS

ANXIETY

\$	alprazolam (Xanax)
\$	buspirone (Buspar)
\$	diazepam (Valium)
\$	DIAZEPAM oral soln, 5 mg/5 mL
\$	hydroxyzine hcl
\$	hydroxyzine pamoate (Vistaril)
\$	lorazepam (Ativan)

DEPRESSION

\$	amitriptyline
\$	citalopram (Celexa)
\$	doxepin
\$	fluoxetine (Prozac)
\$	mirtazapine (Remeron)
\$	nortriptyline (Pamelor)
\$	paroxetine hcl (Paxil)
\$	sertraline (Zoloft)
\$	trazodone
\$\$	bupropion (Wellbutrin)
\$\$	clomipramine (Anafranil)
\$\$	desipramine (Norpramin)

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Not Covered)
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\$\$	imipramine hcl (Tofranil)
\$\$\$	bupropion ext-release – 12 hr (Wellbutrin SR)
\$\$\$	bupropion ext-release – 24 hr (Wellbutrin XL)
\$\$\$	tranylcypromine (Parnate)
\$\$\$\$	CYMBALTA – duloxetine delayed-release – RS
\$\$\$\$	paroxetine hcl ext-release, 12.5 mg, 25 mg (Paxil CR)
\$\$\$\$	PAROXETINE HCL ext-release 37.5 mg
\$\$\$\$	venlafaxine (Effexor)
\$\$\$\$	IMIPRAMINE PAMOATE

PSYCHOTIC AND BIPOLAR DISORDERS

\$	chlorpromazine
\$	fluphenazine hcl
\$	haloperidol lactate oral soln
\$	haloperidol tabs
\$	lithium carbonate caps, 150 mg, 300 mg
\$	LITHIUM CARBONATE caps, 600 mg; tabs, 300 mg
\$	prochlorperazine supp
\$	prochlorperazine tabs
\$	thiothixene (Navane)
\$\$	lithium carbonate ext-release 300 mg (Lithobid)
\$\$	lithium carbonate ext-release 450 mg
\$\$	perphenazine
\$\$	trifluoperazine
\$\$\$	clozapine 25 mg, 50 mg, 100 mg (Clozaril)
\$\$\$	lithium citrate
\$\$\$	loxapine (Loxitane)
\$\$\$\$	RISPERIDONE soln, 1 mg/mL
\$\$\$\$	ABILIFY– aripiprazole
\$\$\$\$	CLOZAPINE 200 mg
\$\$\$\$	GEODON – ziprasidone
\$\$\$\$	RISPERDAL soln – risperidone
\$\$\$\$	risperidone tabs (Risperdal)
\$\$\$\$	SEROQUEL 200 mg, 300 mg, 400 mg – quetiapine
\$\$\$\$	SEROQUEL XR – quetiapine ext-release

SLEEP AIDS

\$	CHLORAL HYDRATE supp
\$	chloral hydrate syrup
\$	estazolam
\$	phenobarbital
\$	PHENOBARBITAL 64.8 mg
\$	temazepam (Restoril)
\$	zaleplon (Sonata)
\$	zolpidem (Ambien)
\$\$\$\$	RESTORIL 7.5 mg – temazepam

HYPERACTIVITY/NARCOLEPSY

\$\$	amphetamine/dextroamphetamine mixed salts (Adderall)
\$\$	dextroamphetamine
\$\$	methylphenidate (Ritalin)

\$\$	methylphenidate ext-release (Metadate ER, Ritalin SR)
\$\$\$\$	dextroamphetamine ext-release (Dexedrine Spansule)

MULTIPLE SCLEROSIS

\$\$\$\$	AVONEX – interferon beta-1a – SP
\$\$\$\$	COPAXONE – glatiramer – SP
\$\$\$\$	REBIF – interferon beta-1a – SP

OTHER CENTRAL NERVOUS SYSTEM DRUGS

\$\$\$	bupropion ext-release (Zyban)
\$\$\$\$	ANTABUSE – disulfiram
\$\$\$\$	EXELON caps, soln – rivastigmine
\$\$\$\$	EXELON patches – rivastigmine

PAIN RELIEF DRUGS

NON-NARCOTIC DRUGS

\$	butalbital/acetaminophen tabs, 50/325 (Phrenilin)
\$	butalbital/acetaminophen/caffeine caps, 50/325/40 (Esgic)
\$	butalbital/acetaminophen/caffeine tabs, 50/325/40 (Fioricet)
\$	butalbital/aspirin/caffeine caps, 50/325/40 (Fiorinal)
\$	butalbital/aspirin/caffeine tabs, 50/325/40
\$	salsalate
\$\$	butalbital/acetaminophen tabs, 50/650 (Sedapap)
\$\$\$	butalbital/acetaminophen/caffeine tabs, 50/500/40 (Esgic Plus)

NARCOTIC DRUGS

\$	acetaminophen/codeine (Tylenol w/Codeine)
\$	aspirin/codeine
\$	CODEINE SULFATE 15 mg
\$	codeine sulfate 30 mg, 60 mg
\$	hydrocodone/acetaminophen caps, 5/500
\$	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)
\$	hydromorphone tabs (Dilaudid)
\$	methadone conc, tabs
\$	morphine sulfate conc, 20 mg/mL; tabs
\$	oxycodone caps (OxyIR)
\$	oxycodone conc, soln, tabs (Roxicodone)
\$	oxycodone/acetaminophen caps, 5/500 (Tylox)
\$	oxycodone/acetaminophen tabs, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 (Percocet)
\$	propoxyphene hcl/acetaminophen tabs, 65/650
\$	propoxyphene napsylate/acetaminophen 50/325, 100/650 (Darvocet-N)
\$	tramadol (Ultram)

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Not Covered)
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\$\$	butalbital/aspirin/caffeine/codeine caps (Fiorinal w/Codeine)
\$\$	hydrocodone/acetaminophen soln, 7.5/500 per 15 mL (Lortab)
\$\$	hydrocodone/acetaminophen tabs, 10/750 (Maxidone)
\$\$	METHADONE soln, 5 mg/5 mL, 10 mg/5 mL
\$\$	MORPHINE SULFATE soln, 10 mg/5 mL, 20 mg/5 mL
\$\$	morphine sulfate supp, 5 mg, 10 mg, 20 mg
\$\$	OXYCODONE tabs, 10 mg, 20 mg
\$\$	oxycodone/aspirin tabs, 5/325 (Percodan)
\$\$\$	hydromorphone supp (Dilaudid)
\$\$\$	morphine sulfate ext-release (MS Contin)
\$\$\$\$	ACTIQ – fentanyl citrate – PA
\$\$\$\$	FENTANYL CITRATE transmucosal – PA
\$\$\$\$	fentanyl patches (Duragesic)
\$\$\$\$	SUBOXONE – buprenorphine/naloxone
\$\$\$\$	SUBUTEX – buprenorphine

RHEUMATOID AND OSTEOARTHRITIS

\$	DICLOFENAC SODIUM delayed-release tabs, 25 mg
\$	diclofenac sodium delayed-release 50 mg, 75 mg (Voltaren)
\$	etodolac
\$	ibuprofen
\$	meloxicam (Mobic)
\$	naproxen (Naprosyn)
\$	naproxen sodium (Anaprox)
\$	piroxicam (Feldene)
\$	sulindac (Clinoril)
\$\$	diclofenac sodium ext-release (Voltaren XR)
\$\$	DIFLUNISAL
\$\$	indomethacin caps
\$\$	INDOMETHACIN supp
\$\$	leflunomide (Arava)
\$\$\$	nabumetone
\$\$\$\$	ENBREL – etanercept – PA, SP
\$\$\$\$	HUMIRA – adalimumab – PA, SP
\$\$\$\$	MELOXICAM susp

MIGRAINE HEADACHES

\$	acetaminophen/isometheptene/dichloralphenazone (Midrin)
\$\$\$\$	IMITREX inj – sumatriptan – QL, SI
\$\$\$\$	IMITREX nasal – sumatriptan – QL
\$\$\$\$	IMITREX tabs – sumatriptan – QL

GOUT

\$	allopurinol
\$	colchicine
\$\$	probenecid
\$\$\$	probenecid/colchicine

NEUROMUSCULAR DRUGS

SEIZURES

\$	carbamazepine (Tegretol)
\$	clonazepam (Klonopin)
\$\$	DILANTIN 30 mg – phenytoin sodium extended
\$\$	gabapentin caps, tabs (Neurontin)
\$\$	phenytoin susp (Dilantin)
\$\$\$	DILANTIN INFATABS – phenytoin
\$\$\$	divalproex delayed-release (Depakote)
\$\$\$	phenytoin sodium extended (Dilantin)
\$\$\$	primidone (Mysoline)
\$\$\$	valproic acid (Depakene)
\$\$\$	zonisamide (Zonegran)
\$\$\$\$	DEPAKOTE SPRINKLES – divalproex
\$\$\$\$	ethosuximide (Zarontin)
\$\$\$\$	NEURONTIN soln – gabapentin
\$\$\$\$	DIASTAT – diazepam
\$\$\$\$	DEPAKOTE ER – divalproex ext-release
\$\$\$\$	KEPPRA – levetiracetam
\$\$\$\$	LAMICTAL Starter Kit – lamotrigine
\$\$\$\$	lamotrigine (Lamictal)
\$\$\$\$	oxcarbazepine tabs (Trileptal)
\$\$\$\$	TOPAMAX – topiramate
\$\$\$\$	TOPAMAX SPRINKLES – topiramate

PARKINSON'S DISEASE

\$	benztropine
\$	trihexyphenidyl
\$\$	amantadine caps, syrup
\$\$	selegiline caps (Eldepryl)
\$\$\$	AMANTADINE tabs
\$\$\$	carbidopa/levodopa (Sinemet)
\$\$\$	ropinirole (Requip)
\$\$\$\$	bromocriptine (Parlodel)
\$\$\$\$	carbidopa/levodopa ext-release (Sinemet CR)
\$\$\$\$	SELEGILINE tabs
\$\$\$\$	COMTAN – entacapone
\$\$\$\$	MIRAPEX – pramipexole

MUSCLE RELAXANTS

\$	baclofen
\$	chlorzoxazone
\$	cyclobenzaprine (Flexeril)
\$	methocarbamol (Robaxin)
\$	orphenadrine citrate ext-release
\$	orphenadrine/aspirin/caffeine 25/385/30
\$	tizanidine tabs
\$\$\$\$	dantrolene (Dantrium)

KEY | **Generic drug: generic name** *Tier 1 (Reference Brand *Not Covered)
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OTHER NEUROMUSCULAR DRUGS

\$\$\$\$	MESTINON syrup – pyridostigmine
\$\$\$\$	MESTINON TIMESPAN – pyridostigmine ext-release
\$\$\$\$	pyridostigmine tabs (Mestinon)
\$\$\$\$	MYTELASE – ambenonium
\$\$\$\$	PROSTIGMIN tabs – neostigmine
\$\$\$\$	RILUTEK – riluzole

SUPPLEMENTS

VITAMINS

\$	ergocalciferol (Drisdol)
\$	MEPHYTON – phytonadione
\$\$\$	calcitriol (Rocaltrol)

MULTIVITAMINS

\$	pediatric multivitamins/fluoride
\$	pediatric multivitamins/fluoride/iron
\$	pediatric vitamins ADC/fluoride
\$	pediatric vitamins ADC/fluoride/iron
\$	prenatal multivitamins/1 mg folic acid

MINERALS AND ELECTROLYTES

\$	potassium chloride ext-release caps, 10 mEq (Micro-K 10)
\$	potassium chloride ext-release tabs, 8 mEq
\$	potassium chloride ext-release tabs, 10 mEq (K-Tabs)
\$	potassium chloride ext-release tabs, 10 mEq, 20 mEq
\$	potassium chloride packets, 20 mEq (K-Lor)
\$	potassium chloride soln, 10%, 20%
\$	potassium phosphate/sodium phosphates (K-Phos Neutral)
\$	sodium fluoride
\$\$	potassium bicarbonate/chloride effervescent tabs, 25 mEq (K-Lyte/Cl)

BLOOD MODIFYING DRUGS

\$	cyanocobalamin inj – SI
\$	folic acid tabs, 1 mg
\$	pentoxifylline ext-release (Trental)
\$	warfarin (Coumadin)
\$\$\$	anagrelide (Agrylin)
\$\$\$	cilostazol (Pletal)
\$\$\$\$	DROXIA – hydroxyurea
\$\$\$\$	PLAVIX 75 mg – clopidogrel
\$\$\$\$	ARANESP – darbepoetin – PA, SP
\$\$\$\$	LEUKINE – sargramostim – PA, SP
\$\$\$\$	LOVENOX – enoxaparin – QL, SI
\$\$\$\$	NEUPOGEN – filgrastim – PA, SP
\$\$\$\$	PROCRIT – epoetin alfa – PA, SP
\$\$\$\$	ZAVESCA – miglustat – SP

COAGULATION FACTORS

\$\$\$\$	ADVATE – antihemophilic factor VIII – PA, SP
\$\$\$\$	ALPHANATE – antihemophilic factor VIII – PA, SP

\$\$\$\$	ALPHANATE/VWB – antihemophilic factor VIII/ VonWillebrand factor – PA, SP
\$\$\$\$	ALPHANINE SD – antihemophilic factor IX – PA, SP
\$\$\$\$	BEBULIN VH – antihemophilic factor IX – PA, SP
\$\$\$\$	BENEFIX – antihemophilic factor IX – PA, SP
\$\$\$\$	FEIBA VH IMMUNO – anti inhibitor coagulant complex – PA, SP
\$\$\$\$	HELIXATE FS – antihemophilic factor VIII – PA, SP
\$\$\$\$	HEMOFIL M – antihemophilic factor VIII – PA, SP
\$\$\$\$	HUMATE-P – antihemophilic factor/VonWillebrand factor – PA, SP
\$\$\$\$	KOATE-DVI – antihemophilic factor VIII – PA, SP
\$\$\$\$	KOGENATE FS – antihemophilic factor VIII – PA, SP
\$\$\$\$	MONARC-M – antihemophilic factor VIII – PA, SP
\$\$\$\$	MONOCLATE-P – antihemophilic factor VIII – PA, SP
\$\$\$\$	MONONINE – factor IX concentrates – PA, SP
\$\$\$\$	NOVOSEVEN/RT – coagulation factor VIIa – PA, SP
\$\$\$\$	PROFILNINE SD – factor IX concentrates – PA, SP
\$\$\$\$	PROPLEX T – factor IX concentrates – PA, SP
\$\$\$\$	RECOMBINATE – antihemophilic factor VIII – PA, SP
\$\$\$\$	REFACTO – antihemophilic factor VIII – PA, SP
\$\$\$\$	XYNTHA – antihemophilic factor (recombinant) – PA, SP

TOPICAL PRODUCTS

EYE

• *Anti-infectives*

\$	bacitracin/polymyxin B oint
\$	ciprofloxacin soln (Ciloxan)
\$	erythromycin oint
\$	gentamicin oint, soln
\$	neomycin/polymyxin B/bacitracin oint
\$	neomycin/polymyxin B/gramicidin soln (Neosporin)
\$	ofloxacin soln (Ocuflox)
\$	polymyxin B/trimethoprim soln (Polytrim)
\$	sulfacetamide sodium soln (Bleph-10)
\$	tobramycin soln (Tobrex)
\$\$\$	CILOXAN oint – ciprofloxacin
\$\$\$	TOBEX oint – tobramycin
\$\$\$	VIGAMOX – moxifloxacin
\$\$\$\$	trifluridine soln (Viroptic)
\$\$\$\$	NATACYN – natamycin

• *Steroids and Combination Products*

\$	dexamethasone sodium phosphate soln
\$	fluorometholone susp (FML)
\$	neomycin/polymyxin B/bacitracin/hydrocortisone oint
\$	neomycin/polymyxin B/dexamethasone oint, susp (Maxitrol)
\$	prednisolone acetate susp (Pred Forte)
\$	PREDNISOLONE SODIUM PHOSPHATE soln, 1%
\$	sulfacetamide sodium/prednisolone soln

KEY

Generic drug: generic name *Tier 1 (Reference Brand *Not Covered)
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\$\$\$ LOTEMAX – loteprednol
 \$\$\$\$ TOBRADEX – tobramycin/dexamethasone

• **Glaucoma**

\$ **carteolol soln**
 \$ **levobunolol soln** (Betagan)
 \$ **metipranolol soln** (Optipranolol)
 \$ **pilocarpine soln** (Isopto Carpine)
 \$ **timolol maleate gel-forming soln** (Timoptic-XE)
 \$ **timolol maleate soln** (Timoptic)
 \$\$ BETAXOLOL soln, 0.5%
 \$\$ **brimonidine soln, 0.2%**
 \$\$ TRUSOPT – dorzolamide
 \$\$\$ TRAVATAN – travoprost – **QL**
 \$\$\$ TRAVATAN Z – travoprost – **QL**

• **Other Eye Products**

\$ **atropine sulfate oint, soln** (Isopto Atropine)
 \$ **cyclopentolate soln** (Cyclogyl)
 \$ **flurbiprofen soln** (Ocufen)
 \$ **homatropine soln** (Isopto Homatropine)
 \$\$ **cromolyn sodium soln** (Crolom)
 \$\$\$ **diclofenac soln** (Voltaren)
 \$\$\$\$ ACULAR – ketorolac

EAR

\$ **benzocaine/antipyrine**
 \$ **hydrocortisone/acetic acid**
 \$ **neomycin/polymyxin B/hydrocortisone** (Cortisporin)
 \$\$ **acetic acid**
 \$\$\$ **ofloxacin** (Floxin Otic)
 \$\$\$\$ CIPRODEX – ciprofloxacin/dexamethasone

MOUTH AND THROAT (LOCAL)

\$ **chlorhexidine oral rinse** (Peridex)
 \$ **lidocaine viscous**
 \$ **sodium fluoride crm, gel** (Prevident)
 \$ **triamcinolone paste**
 \$\$ **nystatin susp**
 \$\$\$\$ **pilocarpine tabs** (Salagen)

ANORECTAL AGENTS

\$ **hydrocortisone acetate supp, 25 mg** (Anusol-HC)
 \$ **hydrocortisone crm, 2.5%** (Anusol-HC)
 \$\$\$ PROCTOFOAM HC – hydrocortisone acetate/pramoxine
 \$\$\$\$ **hydrocortisone enema**

SKIN CONDITIONS/PRODUCTS

• **Acne**

\$ **clindamycin** (Cleocin T)
 \$ **erythromycin gel**
 \$ **erythromycin pads, soln**
 \$\$ **erythromycin/benzoyl peroxide** (Benzamycin)

\$\$ **sulfacetamide sodium/sulfur crm, emulsion, susp** (Plexion)

\$\$ **tretinoin** (Retin-A)
 \$\$\$ **metronidazole** (Metro lotion)
 \$\$\$ **metronidazole 0.75%** (Metrocream)
 \$\$\$ **metronidazole gel, 0.75%**
 \$\$\$ **sulfacetamide sodium/sulfur lotn** (Sulfacet-R)
 \$\$\$\$ FINACEA – azelaic acid
 \$\$\$\$ TAZORAC – tazarotene
 \$\$\$\$ **isotretinoin caps** (Accutane)

• **Anti-infectives**

\$ **econazole**
 \$ **gentamicin**
 \$ **ketoconazole shampoo, 2%** (Nizoral)
 \$ **nystatin** (Mycostatin)
 \$ **nystatin/triamcinolone**
 \$ **silver sulfadiazine** (Silvadene)
 \$\$ **ciclopirox crm, lotn** (Loprox)
 \$\$ **ketoconazole crm**
 \$\$\$ **mupirocin oint** (Bactroban)
 \$\$\$ ZOVIRAX – acyclovir

• **Corticosteroids**

\$ **betamethasone dipropionate**
 \$ **betamethasone dipropionate, augmented** (Diprolene)
 \$ **betamethasone valerate**
 \$ **clobetasol** (Temovate)
 \$ **desonide** (Desowen)
 \$ **fluocinolone crm, 0.01%**
 \$ **fluocinonide** (Lidex)
 \$ **hydrocortisone 2.5%** (Hytone)
 \$ **hydrocortisone valerate** (Westcort)
 \$ **triamcinolone** (Kenalog)
 \$\$ **desoximetasone** (Topicort)
 \$\$ **diflorasone**
 \$\$ **mometasone** (Elocon)

• **Other Skin Products**

\$ **aluminum chloride soln** (Drysol)
 \$ **lidocaine jelly, 2%; oint, 5%; soln, 4%** (Xylocaine)
 \$ **selenium sulfide 2.5%** (Selsun)
 \$\$ **lidocaine crm, 3%; lotn, 3%** (LidaMantle)
 \$\$ **lidocaine/prilocaine crm** (Emla)
 \$\$ **permethrin crm, 5%** (Elimite)
 \$\$\$ **doxepin crm** (Zonalon)
 \$\$\$\$ **anthralin** (Dritho-Creme HP)
 \$\$\$\$ **fluorouracil** (Efudex)
 \$\$\$\$ **lindane lotn**
 \$\$\$\$ LINDANE shampoo
 \$\$\$\$ **podofilox soln** (Condylox)

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\$\$\$\$\$ ALDARA – imiquimod
 \$\$\$\$\$ **calcipotriene soln** (Dovonex)
 \$\$\$\$\$ DOVONEX crm – calcipotriene
 \$\$\$\$\$ RAPTIVA – efalizumab – **PA, SP**
 \$\$\$\$\$ SOLARAZE – diclofenac

MISCELLANEOUS CATEGORIES

DIABETIC SUPPLIES – Blood Glucose Test Strips and Blood Glucose Monitoring Kits

ASCENSIA AUTODISC TEST STRIPS
 ASCENSIA BREEZE/BREEZE 2 MONITORING KITS
 ASCENSIA BREEZE 2 TEST DISKS
 ASCENSIA CONTOUR MONITORING KIT
 ASCENSIA CONTOUR TEST STRIPS
 ASCENSIA ELITE TEST STRIPS

MEDICAL DEVICES

AEROCHAMBER
 INSULIN PEN NEEDLES
 INSULIN SYRINGES
 LANCET DEVICES - MULTICLIX, SOFTCLIX, SOFT TOUCH
 LANCETS
 SYRINGES/NEEDLES – for self-injectable drug administration

MISCELLANEOUS DRUGS

\$\$ **azathioprine** (Imuran)
 \$\$\$ **sodium polystyrene sulfonate**
 \$\$\$\$\$ CELLCEPT – mycophenolate mofetil
 \$\$\$\$\$ CHEMET – succimer
 \$\$\$\$\$ CUPRIMINE – penicillamine
 \$\$\$\$\$ **cyclosporine** (Sandimmune)
 \$\$\$\$\$ **cyclosporine modified caps, 25 mg, 100 mg; soln**
 (Neoral)
 \$\$\$\$\$ CYCLOSPORINE modified caps, 50 mg
 \$\$\$\$\$ EXJADE – deferasirox – **SP**
 \$\$\$\$\$ PROGRAF – tacrolimus
 \$\$\$\$\$ RAPAMUNE – sirolimus
 \$\$\$\$\$ REVLIMID – lenalidomide – **PA, SP**
 \$\$\$\$\$ THALOMID – thalidomide

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**BlueCross BlueShield
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