



Capital BlueCross

The *Preferred Medication List* is a list of the most commonly prescribed drugs. It represents an abbreviated version of the Capital BlueCross Formulary that is at the core of your prescription drug benefit program. The development and maintenance of the *Preferred Medication List* is a dynamic process; therefore, this list is not all-inclusive and does not guarantee coverage. Please check your benefit materials and/or the formulary for detailed information regarding individual drug coverage, pharmaceutical management procedures, benefit limitations, and exclusions.

2006 Preferred Medication List



Drug Name	G	P	NP	Alternatives (please discuss with your physician)
metoprolol tartrate (generic LOPRESSOR)	✓			
METROGEL VAGINAL		✓		
MIACALCIN			✓	fortical
MICRONASE			✓	glyburide
MIRALAX			✓	glycolax
MIRCETTE			✓	kariva
MOBIC (PAR, QL)			✓	diclonfenac, nabumetone, naproxen
MS CONTIN (QL)			✓	morphine sulfate er (QL)
NAMENDA		✓		
naproxen / -sodium	✓			
NASACORT AQ			✓	FLONASE, RHINOCORT AQUA
NASONEX		✓		
NEURONTIN			✓	gabapentin
NEXIUM (PAR, QL)			✓	Prilosec OTC (not covered), omeprazole
NIASPAN		✓		
NORVASC		✓		
omeprazole (generic PRILOSEC)	✓			Prilosec OTC (not covered)
OMNICEF		✓		
ORTHO CYCLEN			✓	sprintec
ORTHO EVRA		✓		
ORTHO NOVUM (all)			✓	nortrel
ORTHO TRI-CYCLEN			✓	tri-sprintec
OXYCONTIN (QL)			✓	oxycodone, -er (QL) (when available)
PATANOL		✓		
PAXIL, -CR (PAR)			✓	paroxetine
PEG-INTRON			✓	PEGASYS
PLAQUENIL			✓	hydroxychloroquine
PLAVIX		✓		
PLENDIL			✓	felodipine
PRANDIN		✓		
PRAVACHOL (QL)		✓		lovastatin
prednisone	✓			
PREMARIN, PREMPRO		✓		
PREVACID (PAR, QL)			✓	Prilosec OTC (not covered), omeprazole
PRILOSEC (PAR, QL)			✓	Prilosec OTC (not covered), omeprazole
PROSCAR		✓		

Drug Name	G	P	NP	Alternatives (please discuss with your physician)
PROTONIX (PAR, QL)		✓		Prilosec OTC (not covered), omeprazole
PROVENTIL-HFA			✓	albuterol, ALBUTEROL HFA
PROZAC (PAR)			✓	fluoxetine
PULMICORT		✓		
QVAR		✓		
RELAFEN			✓	nabumetone
REMERON			✓	mirtazapine
RETIN-A (PAR age>25)			✓	tretinoin (par age > 25)
RHINOCORT AQUA			✓	FLONASE
RITALIN, -SR			✓	methylphenidate, -sr
SANCTURA			✓	oxybutynin
SARAFEM (PAR)			✓	fluoxetine
SEREVENT DISKUS		✓		
SINGULAIR (PAR)		✓		
SKELAXIN		✓		cyclobenzaprine
SONATA (QL)			✓	triazolam, temazepam
SPIRIVA		✓		
STADOL NS (QL)			✓	butorphanol (QL)
STRATERRA			✓	methylphenidate, -sr
SUPRAX			✓	cefuroxime, OMNICEF
SYNTHROID			✓	levothyroxine
TENORMIN			✓	atenolol
TEQUIN			✓	AVELOX, LEVAQUIN
TIAZAC			✓	diltiazem cr
TOBRADEX		✓		
TOPAMAX		✓		
TOPROL XL		✓		metoprolol tartrate
TRICOR 48 mg & 145 mg			✓	LOFIBRA
TRIPHASIL			✓	trivora
TUSSIONEX		✓		
ULTRAM / ULTRACET (QL)			✓	tramadol (QL)
UROXATRAL		✓		doxazosin
VALTREX		✓		acyclovir
VANTIN			✓	cefepodoxime
VASOTEC			✓	enalapril
VENTOLIN			✓	albuterol
verapamil, -sr		✓		
VESICARE		✓		oxybutynin

Drug Name	G	P	NP	Alternatives (please discuss with your physician)
VIAGRA (QL)			✓	
VICODIN, -ES			✓	hydrocodone / acetaminophen
VICOPROFEN			✓	hydrocodone / ibuprofen
VIGAMOX			✓	ofloxacin
VYTORIN (QL)		✓		lovastatin
warfarin (generic COUMADIN)	✓			
WELLBUTRIN, -SR, -XL			✓	bupropion, -sr
XALATAN		✓		
XANAX, -XR			✓	alprazolam
XENICAL (PAR)			✓	
XOPENEX			✓	albuterol
YASMIN		✓		
ZANTAC			✓	ranitidine tablets
ZETIA		✓		lovastatin, VYTORIN (QL)
ZITHROMAX		✓		clarithromycin
ZOCOR (QL)		✓		lovastatin, VYTORIN (QL)
ZOLOFT (PAR)		✓		fluoxetine, paroxetine, citalopram
ZOMIG (QL)		✓		
ZYMAR		✓		ofloxacin
ZYRTEC SYRUP (< 2 years old)		✓		otc Claritin syrup (not covered)
ZYRTEC TABS, -D, SYRUP (> 2 years old)			✓	otc loratadine (not covered), ASTELIN, FLONASE

G: Generics
P: Preferred Brands
NP: Non-Preferred Brands
QL: Quantity Limit
PAR: Prior Authorization Required

This is a partial drug list and subject to change.
 For more information, visit capbluecross.com,
www.express-scripts.com, or call the
 Customer Service number listed on your ID card.

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The information contained in this document was current at the time of printing. Please call the Customer Service number listed on your ID card for the most current formulary information and your expected out-of-pocket expenses.

This Preferred Medication pamphlet lists the most commonly prescribed Generic and Brand medications in alphabetical order. Drugs listed in **bold lower case print** indicate Generic medications. Drugs listed in all UPPER CASE PRINT indicate Brand name medications. For each drug listed, it is indicated whether that drug falls in the Generic category, Preferred Brand category, or Non-Preferred Brand category. Brand name drugs that have a Generic equivalent are placed in the Non-Preferred Brand category. The drug categories are defined as follows:

- Generics:** Drugs that contain the same active ingredient(s) as their corresponding Brand name drug and have been approved by the Food and Drug Administration (FDA) for therapeutic equivalency and efficacy to their Brand name product.
- Preferred Brands:** Drugs that have been reviewed by the Pharmacy and Therapeutics Committee and found to have therapeutic advantage or overall value over Non-Preferred Brands, factoring safety, efficacy, and cost.
- Non-Preferred Brands:** Drugs that have been reviewed by the Pharmacy and Therapeutics Committee and found not to have significant therapeutic advantage or overall value over alternative Generics, Preferred Brands, and/or Over-The-Counter medications.

The *Preferred Medication List* serves as a reference guide suitable for various formulary systems, ranging from an incentive three-tier formulary to a closed formulary. Members are encouraged to use Generic or Preferred Brand drugs which typically carry lower out-of-pocket costs than Non-Preferred Brand drugs. Select Non-Preferred Brands under the closed formulary are not covered unless approved via a Non-Formulary consideration process.

To help maximize your pharmacy benefit, Preferred formulary alternatives, where applicable, are provided for you to discuss with your physician and pharmacist. Please note that the information provided is not intended to substitute your physician's independent medical judgment based on your specific needs. Capital BlueCross also encourages you to discuss Generic medications with your physician and to allow for Generic substitution, whenever possible, to help reduce your out-of-pocket expenses and help contain the overall cost of your prescription drug benefit.

Drug Name	G	P	NP	Alternatives (please discuss with your physician)
ACCOLATE (PAR)			✓	SINGULAIR (PAR)
ACCU-CHECK PRODUCTS			✓	ASCENSIA, ONE TOUCH
ACCUPRIL			✓	quinapril
ACEON			✓	enalapril, lisinopril
acetaminophen/codeine	✓			
ACIPHEX (PAR, QL)		✓		Prilosec OTC (not covered), omeprazole
ACTONEL		✓		
ACTOS		✓		
ADDERALL, -XR			✓	amphetamine combination
ADVAIR DISKUS		✓		
albuterol (all forms)	✓			
ALESSE			✓	avaine
ALLEGRA, ALLEGRA-D			✓	otc loratadine (not covered), ASTELIN, FLONASE
ALPHAGAN			✓	brimonidine
alprazolam	✓			
ALTACE (PAR)		✓		enalapril, lisinopril
AMARYL		✓		
AMBIEN (QL)		✓		triazolam, temazepam
AMERGE (QL)			✓	IMITREX (QL), ZOMIG (QL)
amoxicillin / -potas clav (generic AMOXIL, AUGMENTIN)	✓			
ARICEPT		✓		
ASTELIN		✓		
ATACAND			✓	lisinopril, BENICAR, DIOVAN
atenolol (generic TENORMIN)	✓			
AVANDIA		✓		
AVAPRO / AVALIDE (PAR)			✓	lisinopril, BENICAR, DIOVAN
AVELOX		✓		
AXERT (QL)			✓	IMITREX (QL), ZOMIG (QL)
AZELEX			✓	tretinoin (par)
BENICAR, -HCT (PAR)		✓		lisinopril, -hctz
BENZACLIN			✓	DUAC
BIAXIN XL			✓	clairthromycin
CARDIZEM CD			✓	diltiazem cd
cefuroxime (generic CEFTIN)	✓			

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Drug Name	G	P	NP	Alternatives (please discuss with your physician)
CEFZIL TABLETS			✓	cefuroxime
CELEBREX (PAR)		✓		diclonfenac, nabumetone, naproxen
CELEXA (PAR)			✓	citalopram
CIALIS (QL)			✓	
ciprofloxacin	✓			
CLARINEX			✓	otc loratadine (not covered), ASTELIN, FLONASE
CLIMARA			✓	estradiol patch
COMBIVENT		✓		
CONCERTA		✓		methylphenidate er
COREG		✓		
COSOPT		✓		
COUMADIN			✓	warfarin
COZAAR (PAR)			✓	lisinopril, BENICAR, DIOVAN
CRESTOR (QL)			✓	lovastatin, VYTORIN (QL)
DARVOCET-N			✓	propoxyphene/acetaminophen
DEMULEN			✓	zovia
DEPO-PROVERA (3 retail copays)			✓	medroxyprogesterone (3 retail copays)
DETROL, -LA		✓		oxybutynin
DIABETA			✓	glyburide
DIFLUCAN			✓	fluconazole
DILANTIN 100MG			✓	phenytoin sodium 100mg
DIOVAN, -HCT (PAR)		✓		lisinopril, -hctz
doxycycline	✓			
DUAC		✓		
DYAZIDE			✓	triamterene / hydrochlorothiazide
EFFEXOR, -XR (PAR)		✓		fluoxetine, paroxetine, citalopram
ELIDEL		✓		beclomethasone valerate
ENABLEX			✓	oxybutynin, DETROL LA
ESTROSTEP FE		✓		
EVISTA		✓		
FAMVIR			✓	acyclovir, VALTREX
FEMHRT		✓		
FLEXERIL			✓	cyclobenzaprine 10mg
FLOMAX		✓		doxazosin
FLONASE		✓		
FLOVENT		✓		
fluoxetine (generic PROZAC)	✓			

Drug Name	G	P	NP	Alternatives (please discuss with your physician)
FOSAMAX		✓		
furosemide (generic LASIX)	✓			
gemfibrozil (generic LOPID)	✓			
GLUCOPHAGE, -XR			✓	metformin, -er
GLUCOTROL XL			✓	glipizide er
GLUCOVANCE			✓	glyburide/metformin
hydrochlorothiazide	✓			
HYTRIN			✓	terazosin
HYZAAR (PAR)			✓	lisinopril/hctz, BENICAR HCT
IMDUR			✓	isosorbide mononitrate
IMITREX (QL)		✓		
INNOPRAN XL		✓		
INSPIRA (PAR)			✓	spironolactone
INSULIN - All Brands		✓		
KETEK			✓	amoxicillin/-potas clav
KLONOPIN			✓	clonazepam
LAMISIL TABS (PAR)		✓		itraconazole (PAR)
LANOXIN			✓	digoxin
LESCOL, -XL (QL)			✓	lovastatin, PRAVACHOL (QL)
LEVAQUN		✓		
LEVITRA (QL)			✓	
levothyroxine	✓			
LEXAPRO (PAR)		✓		fluoxetine, paroxetine, citalopram
LIPITOR (QL)			✓	lovastatin, VYTORIN (QL)
lisinopril (generic PRINIVIL, ZESTRIL)	✓			
LO / OVRAL			✓	low-ogestrel
LOESTRIN FE			✓	microgestin fe
lorazepam (generic ATIVAN)	✓			
LOTENSIN, - HCT			✓	benzapril, lisinopril, -hctz
LOTREL (QL)		✓		
MACROBID			✓	nitrofurantoin macrocrystals
MAVIK			✓	enalapril, lisinopril
MAXAIR AUTOHALER		✓		albuterol mdi
MAXALT, - MLT (QL)			✓	IMITREX (QL), ZOMIG (QL)
metformin / -er (generic GLUCOPHAGE, GLUCOPHAGE XR)	✓			