

Blue Cross Generic Prescription Drug Formulary

INTRODUCTION

The Blue Cross of California Generic Prescription Drug Formulary is a list of generic drugs covered under your benefit. These are commonly prescribed Food and Drug Administration (FDA)-approved drugs chosen by Blue Cross of California for their value and effectiveness.

The Blue Cross Generic Prescription Drug Formulary is updated quarterly and is subject to change without prior notification. To check for regular updates to the formulary, please visit us on the web at www.bluecrossca.com.

Alternatively, you can contact the Customer Service Center at the number listed on your Blue Cross ID card. We encourage you to share this drug list with your doctor.

GENERICS VS. BRANDS

A brand name drug is one that is developed, patented, and marketed by the original drug manufacturer. Until the patent expires, no other companies can produce that same particular brand name drug which keeps the price relatively high.

A generic drug contains the same active ingredient as its brand name counterpart. A generic drug may be manufactured by various drug companies after the original patent expires. A generic drug is identical to the brand name drug in dosage form, strength, route of administration, quality, and intended uses. Generics may differ from their brand name equivalent in color and or shape. But both brands and generics have to meet the same strict safety, purity, and performance standards governed by the FDA.

QUANTITY LIMITS

In order to minimize the potential for adverse drug reactions due to over utilization, Blue Cross has implemented an upper dispensing limit on select medications. These quantities were determined based on the FDA (Food and Drug Administration) dosing recommendations. The quantity limits adopted by Blue Cross should allow for a medically appropriate quantity for most conditions. However, if your doctor has determined that it is medically necessary for you to take a larger amount, please ask your doctor to submit a prior authorization of benefits request to have the additional amount reviewed for coverage.

PRIOR AUTHORIZATION OF BENEFIT COVERAGE PROGRAM

This program is designed to encourage appropriate and cost-effective use of medications. Drugs included in this program are generally those that have a high side effect potential, those that should be reserved for a specific FDA indication, or those that have a high misuse or abuse potential. If your doctor prescribes a medication that requires prior authorization for benefit coverage, please ask your doctor to complete a Prior Authorization of Benefit Form and submit it to Blue Cross. To obtain a list of drugs which require Prior Authorization for Benefit Coverage, please contact the Customer Service Center at the number listed on your Blue Cross ID card.

NARROW THERAPEUTIC DRUGS

Certain medications require that your physician carefully monitor the dosage that you are on to achieve optimal effect while preventing adverse side effects. For these select few drugs, it is recommended that you NOT switch between the brand and generic version of the drug. If you are already on a generic version, it is recommended that you continue taking the generic version. If you are already on the brand name version, it is recommended that you continue taking the brand name drug.

The following is a list of narrow therapeutic index drugs:

Cardarone, Paceron, Tegretol, Lanoxin, Synthroid, Levoxyl, Dilantin, Phenytek, Coumadin, Sandimmune, Neoral, Gengraf, Eskalith, Lithobid, Uniphyl, Elixophyllin, Depakote, Depakote ER, and Depakene.

Your pharmacy benefit will provide coverage for these brand name medications if you are currently on a brand name version.

HOW TO USE THIS GUIDE

The first column lists the brand name or common name of a given drug, and is for reference purposes only. With the exception of a few narrow therapeutic index drugs and some insulins, brand name medications are NOT covered under your pharmacy benefit plan.

The second column lists the generic name or the name of the active ingredient(s) of the drug. Your benefit plan provides coverage for these generic

medications.

If your physician prescribed a medication that does not appear on this list, the medication may not be covered under your pharmacy benefit. Please share this list with your doctor and ask him/her to prescribe a generic alternative drug that is medically appropriate for your condition and is listed on this Formulary.

CONTACT INFORMATION

Certain drugs may be plan specific and are not listed on this Blue Cross Generic Prescription Drug Formulary. Please call the Customer Service

number listed on your Blue Cross ID card if you have questions regarding your benefit or questions regarding a specific drug coverage. The hearing and speech impaired may contact us using the TTD number at 1-877-247-1657 for additional information. Hours of operation are Monday through Thursday 8AM- 6PM and Friday 8AM-3PM.

You may also visit us on the web at www.bluecrossca.com. Regular updates to the Formulary as well as other pharmacy program information are available here.

Brand Name For Reference Only

Accu-Chek Test Strips
Accupril
Accuretic
Accutane
Aclovate
Actifed w/ Codeine
Actigall
Adalat CC
Adderall
Aldactazide
Aldactone
Aldomet
Aldoril
Amicar
Amoxil
Anafranil
Anaprox
Ansaid
Antabuse
Anusol HC
Apresoline
Apresazide
Apri
Aralen
Aristocort
Armour Thyroid
Artane
Atarax
Arava
Ativan
Atrovent
Augmentin
Auralgan
AVC Cream
Axid
Azo-Gantrisin
Azulfidine
Bacitracin Opth
Bacticin
Bactrim
B-Complex Vit Plus
Belladonna & Opium
Bellergal
Bellergal-S
Benemid
Bentyl
Benzamycin
Betagan
Betapace
Betoptic
Biaxin
Bicitra
Blephamide
Blocadren

Generic Name Drug Covered by Plan

Accu-Chek BS Test Strips
Quinapril
Quinapril/HCTZ
Isotretinoin
Aclometasone
P-Ephed/Cod/Tripol
Ursodiol
Nifedipine SR
Amphetamine Salt Combo
HCTZ/Spironolactone
Spironolactone
Methyldopa
Methyldopa/HCTZ
Aminocaproic Acid
Amoxicillin
Clomipramine
Naproxen Sodium
Flurbiprofen
Disulfiram
Hydrocortisone
Hydralazine
Hydralazine/HCTZ
Desoges-Ethinyl Estradiol
Chloroquine
Triamcinolone
Thyroid
Trihexyphenidyl
Hydroxyzine
Leflunomide
Lorazepam
Ipratropium Inhal Soln
Amoxicillin/Clavulanate
Antipyrine/Benzocaine/Glycerin
Sulfanilamide
Nizatidine
Sulfisoxazole/Phenazopy
Sulfasalazine
Bacitracin
Bacitracin
Sulfamethoxazole/TMP
Multivits, Therap w-Fe, Hematin
Opium/Belladonna Alkaloids
Ergot/Bellad Alk/PB
Ergot/Belladonna/PB
Probenecid
Dicyclomine
Erythromycin/Benzoyl Peroxide
Levobunolol
Sotalol
Betaxolol
Clarithromycin
Citric Acid/Sodium Citrate
Na Sulfacetm/Prednisol Ac
Timolol Maleate

Brand Name For Reference Only	Generic Name Drug Covered by Plan	Brand Name For Reference Only	Generic Name Drug Covered by Plan
Bromfed	P-Ephed/BR-Phenir	Empirin w/ Codeine	Codeine/Aspirin
Cafergot	Ergotamine Tartrate/Caff	Enpresse	Levonorges/Eth Estra
Calan	Verapamil	Entex	Guaifenesin/Phenylephrine
Capoten	Captopril	E-Pilo-6	Polocarpine/Epi Bit
Capozide	Captopril/HCTZ	Equanil	Meprobamate
Carafate	Sucralfate	Eryc	Erythromycin Base
Cardizem	Diltiazem	Erygel	Erythromycin Base/Ethanol
Cardura	Doxazosin	Ery-tab	Erythromycin Base
Catapres	Clonidine	Erythrocin	Erythromycin Stearate
Ceclor	Cefaclor	Esclim	Estradiol Patch
Ceftin	Cefuroxime	Eskalith	Lithium
Chronulac	Lactulose	Estrace	Estradiol
Cipro	Ciprofloxacin	Eulexin	Flutamide
Cleocin	Clindamycin HCL	Extendryl	Phenyleph/Chlor/Scop
Cleocin-T	Clindamycin Phosphate	Feldene	Piroxicam
Climara	Estradiol Patch	Fioricet	Acetaminophen/Caff/Butalb
Clinoril	Sulindac	Flagyl	Metronidazole
Clozaril	Clozapine	Flarex	Fluorometholone
Codimal DH	Phenyleph/Hydrocod/Pyr	Flexeril	Cyclobensaprine
Cogentin	Benzotropine	Florinef	Fludrocortisone
Col-Benemid	Colchicine/Probenecid	FML	Fluorometholone
Colchicine	Colchicine	Folic Acid	Folic Acid
Colyte	Sod Sulf/Sod/NAHCO3/KCL/PEG's	Gantrisin	Sulfisoxazole
Combipres	Clonidine/Chlorthalidone	Garamycin	Gentamicin
Compazine	Prochlorperazine	Glucagon Kit	Glucagon
Cordarone	Amiodarone	Glucophage/XR	Metformin/ER
Corgard	Nadolol	Glucotrol/XL	Glipizide/ER
Cortef	Hydrocortisone	Glucovance	Glyburide/Metformin
Cortispoin Otic	Neomy/Polymyx B Sulf/HC	Glynase	Glyburide, Micronized
Cortisporin Opth Oint	Neomy/Bacitrac ZN/Poly/HC	Halcion	Triazolam
Cortisporin Otic Susp	Neomy Sulf/Polymyx B/HC	Haldol	Haloperidol
Cortone	Cortisone	Histinex HC	Phenyleph/Hydrocodone/CP
Coumadin	Warfarin	Histinex PV	P-Ephed/Hydrocod/CP
Cyclogyl	Cyclopentolate	Histussin D	P-Ephed/Hydrocod
Cylert	Pemoline	Histussin HC	Phenyleph/Hydrocod Bit/CP
Dalmane	Flurazepam	Humalog	Insulin Lispro
Darvocet-N	Propoxyphene/APAP	Humalog Mix 75/25	Insulin NPL/Insulin Lispro
Darvon	Propoxyphene	Humatin	Paromomycin Sulfate
Daypro	Oxaprozin	Humulin 50/50	HU Insul NPH S-S/INS RG
DDAVP	Desmopressin	Humulin 70/30	HU Rec Insul NPH/INS RG
Decadron	Dexamethasone	Humulin L	Insulin Zinc Human REC
Deconamine SR	P-eph/Chlor	Humulin N	Insulin NPH Human Recom
Deltasone	Prednisone	Humulin R	Insulin Regular Human REC
Demerol	Meperidine	Humulin U	HU REC Insul Zinc Extend
Depakene	Valproic Acid	Hycotuss	Guaifenesin/Hydrocod Bit
Depakote/ER	Divalproex/ER	Hydergine	Ergoloid Mesylates
Desowen	Desonide	Hydrea	Hydroxyurea
Desyrel	Trazodone	Hycodan	Hydrocod/Homatropine
Dexedrine	D-Amphetamine Sulfate	Hydro-Diuril	Hydrochlorothiazide
Diabeta	Glyburide	Hygroton	Chlorthalidone
Diabinese	Chlorpropamide	Hytone	Hydrocortisone
Diamox	Acetazolamide	Hytrin	Terazosin
Dicloxacilin	Dicloxacilin	Iletin I Lente	Insulin Zinc, Beef-Pork
Diflucan	Fluconazole	Iletin I NPH	Insulin Isophane NPH, BGF-PK
Dilantin	Phenytoin	Iletin I Regular	Insulin Regular, Beef-Pork
Dilaudid	Hydromorphone	Iletin II Lente (Pork)	Insulin Zinc, Pork Purified
Diprolene	Betameth Dipro/Prop Gly	Iletin II NPH (Pork)	Insulin Isophane, Pork Pure
Diprosone	Betamethasone Dipro	Iletin II Reg (Pork)	Insulin, Pork Purified
Disalcid	Salsalate	Iletin II Reg (Pork) Conc	Insulin, Pork Reg, Conc.
Ditropan	Oxybutynin	Ilotycin	Erythromycin Base
Dolobid	Diflunisal	Imdur	Isosorbide Dinitrate
Dolophine	Methadone	Inderal	Propranolol
Domeboro Otic	Acetic Acid/Aluminum Acet	Inderide	HCTZ/Propranolol
Donnatal	Belladonna Alks/P-Barb	Indocin	Indomethacin
Duragesic	Fentanyl Patch	Inflamase Forte	Prednisolone
Duricef	Cefadroxil	Intal	Cromolyn Sodium
Dyazide	HCTZ/Triamterene	Isoniazid	Isoniazid
Dymelor	Acetohexamide	Isoptin/SR	Verapamil
Dynapen	Dicloxacillin	Isordil	Isosorbide Dinitrate
E.E.S.	Erythromycin Ethylsuc	Kariva	Desogestrel/Eth Estra
Elavil	Amitriptyline	Kayexalate	Sodium Polystyrene Sulfonate
Eldepryl	Selegiline	K-Dur	Potassium Chloride
Elixophyllin	Theophylline	Keflex	Cephalexin

Brand Name For Reference Only	Generic Name Drug Covered by Plan	Brand Name For Reference Only	Generic Name Drug Covered by Plan
Kenalog	Triamcinolone	Norgesic Forte	Orphenadrine/Aspirin/Caff
Klonopin	Clonazepam	Norpace	Disopyramide
Klor-Con	Pot Chloride	Norpramin	Desipramine
K-Lyte	Pot Bicarbonate/Cit AC	Novolin 70/30	Human Insulin NPH/Reg
Lanoxin	Digoxin	Novolin L	Human Insulin Zinc
Lantus	Insulin Glargine	Novolin N	Human Insulin NPH
Lasix	Furosemide	Novolin R	Human Insulin Reg
Levora-21	Levonorgestrel-Eth Estra	Novolog	Insulin Aspart
Levoxyl	Levothyroxine Sodium	Novolog 70/30	Insulin ASP PRT/Insulin Aspart
Levsin/SL	Hyoscyamine	Nucofed	Guaifenesin/P-Ephen/Cod
Librax	Clidinium/Chlordiazepoxide	Nystatin	Nystatin
Librium	Chlor diazepoxide	Ocufen	Flurbiprofen
Lidex/E	Fluocinonide/Emollient	Ocupress	Carteolol
Lioresal	Baclofen	Ogen	Estropipate
Lithium Citrate	Lithium Citrate	One Touch Test Strips	One Touch BS Test Strips
Lithobid	Lithium Carbonate	Ophthalmine	Proparacaine
Lodine	Etodolac	Orinase	Tolbutamide
Lomotil	Diphenoxylate/Atrop	Ortho Novum 1/35	Norethindrone-Ethinyl Estrad
Loniten	Minoxidil	Ortho Novum 1/50	Norethindrone-Mestranol
Lo-Ovral	Norgestrel-Eth Estra	Orudis	Ketoprofen
Lopid	Gemfibrozil	Ovral	Norgestrel-Ethinyl Estradiol
Lopressor	Metoprolol	Roxicodone	Oxycodone
Lotensin/HCT	Benazepril/HCTZ	Pacerone	Amiodarone
Loxitane	Loxapine	Pamelor	Nortriptyline
Lozol	Indapamide	Pancrease	Amylase/Lipase/Protease
Luvox	Fluvoxamine	Paregoric	Paregoric
Macrodantin	Nirtofurantoine Macrocrystal	Parlodel	Bromocriptine Mesylate
Mandelamine	Methenamine Mandelate	Paxil	Paroxetine
Maxiflor	Diflorasone Diacetate	PBZ	Tripelennamine
Maxitrol	Neo/Polymyx B Sulf/Dexameth	Pediazole	Ery E-Succ/Sulfisoxazole
Maxzide	HCTZ/Triamterene	Pen Vee K	Penicillin V Potassium
Mebaral	Mephobarbital	Pepcid	Famotidine
Medrol	Methylprednisolone	Percodan	Oxycodone/Aspirin
Megace	Megestrol	Periactin	Cyproheptadine
Mellaril	Thioridazine	Peridex	Chlorhexidine Gluconate
Mepergan Fortis	Meperidine/Prometh	Permax	Pergolide
Metaglip	Glipizide/Metformin	Persantine	Dipyridamole
Methimazole	Methimazole	Phenergan	Promethazine
Methotrexate	Methotrexate	Phenergan DM	D-Methorphan/Prometh
Mevacor	Lovastatin	Phenergan VC	Phenylephrine/Prometh
Mexitil	Mexiletine	Phenergan VC w/ Codeine	Phenylephrine/Cod/Prometh
Micronase	Glyburide	Phenergan w/ Codeine	Codeine/Promethazine
Midrin	Isometheptene/APAP/Dichlphen	Phenobarbital	Phenobarbital
Minipres	Prazosin	Pilostat	Pilocarpine
Minocin	Minocycline	Plaquenil	Hydroxychloroquine
Monoket	Isosorbide Mononitrate	Polycitra	Sod/Potass/K Cit/Sodium Cit/CA
Monopril	Fosinopril	Polycitra - K	Citric Acid/Potassium Citrate
Morphine	Morphine	Polysporin	Bacitracin/Polymyxin B
Motrin	Ibuprofen	Polytrim	Polymyxin B/TMP
Myambutol	Ethambutol	Prednisolone	Prednisolone
Mycolog II	Nystatin/Triamcin	Prilosec	Omeprazole
Mycostatin	Nystatin	Principen	Ampicillin
Mydracil	Tropicamide	Prinivil	Lisinopril
Mysoline	Primidone	Prinzide	Lisinopril/HCTZ
Naprosyn	Naproxen	Probanthine	Propantheline
Navane	Thiothixene	Procan	Procainamide
Nelova	Norethindrone-Ethin Estradiol	Procardia XL	Nifedipine XL
Neo-Calglucon	Calcium Glubionate	Proctocort	Hydrocortisone
Neodecardron Opth	Neomycin/Dexamethasone	Proctocream HC	HC/Pramoxine/Chloroxylenol
Neomycin	Neomycin Sulfate	Proctofoam HC	HC Acetate/Pramoxine
Neoral	Cyclosporine	Prolixin	Fluphenazine
Neosporin Opth	Neomy Sulf/Bacitra/Polymyxin B	Proloprim	Trimethoprim
Neo-Synephrine Opth	Phenylephrine	Propine	Dipivefrin
Nephro-Fer RX	Ferrous Fumarate/Folic Acid	Propylthiouracil	Propylthiouracil
Neptazane	Methazolamide	Proventil	Albuterol
Neurontin	Gabapentin	Provera	Medroxyprogesterone
Nicobid	Niacin	Prozac	Fluoxetine
Nitrobid	Nitroglycerin	Psorcon	Diflorasone Diacetate
Nitro-Dur	Nitroglycerin Patch	Pyrazinamide	Pyrazinamide
Nitrostat	Nitroglycerin	Pyridium	Phenazopyridine
Nizoral	Ketoconazole	Questran/Light	Cholestyramine
Noctec	Chloral Hydrate	Quinaglute	Quinidine Gluconate
Nolvadex	Tamoxifen	Quinamm	Quinine Sulfate

**Brand Name
For Reference Only**

Quinidex
Reglan
Relafen
Remeron
Restoril
Retin-A
Revia
Rifadin
Ritalin/SR
RMS Supp
Robaxin
Robaxisol
Robitussin AC
Rondec
Rondec DM
Ryna-12
Rynatan
Rynatuss
Sandimmune
SelsunRx
Serax
Silver Sulfadiazine
Sinemet
Sinequan
Slo-Phyllin
Slow-K
Sodium Sulamyd
Soma/Compound
Soma Compound w/ Codeine
Spectazole
Sporanox
SSKI
Stelazine
Sulfacet-R
Sultrin Triple Sulfa
Sumycin
Symmetrel
Synalar
Synthroid
Tagamet
Tambocor
Tapazole
Tebamide Supp
Tegretol
Temovate/E
Tenoretic
Tenormin
Tessalon
Theo-Dur
Thorazine
Ticlid
Tigan
Timoptic
Tobrex
Tofranil
Tolinase
Topicort
Toradol
Trandate
Tranxene
Trental
Triavil
Tricor
Trilafon
Trilisate
Trimpex
Tylenol w/ Codeine
Tylox
Ultram
Urecholine
Valisone
Valium
Vaseretic

**Generic Name
Drug Covered by Plan**

Quinidine Sulfate
Metoclopramide
Nabumetone
Mirtazapine
Temazepam
Tretinoin
Naltrexone
Rifampin
Methylphenidate ER
Morphone
Methocarbamol
Methocarbamol/ASA
Guaifenesin/Codeine
P-Ephed/Carbin OX
DM/P-Ephed/Carbinox
Phenyleph Tan/Pyril/CP
Phenyleph/Chlor
Car-B-Pen/Ephed/PE/CP
Cyclosporine
Selenium Sulfide
Oxazepam
Silver Sulfadiazine
Carbidopa/Levodopa
Doxepin
Aminophylline
Potassium Chloride
Sulfacetamide Sodium
Carisoprodol/ASA
Carisoprodol/ASA/Codeine
Econazole
Itraconazole
Potassium Iodide
Trifluoperazine
Sulfacetamide Na/Sulfur
Sulfathiaz/Sulfacet/S-Benz
Tetracycline
Amantadine
Fluocinolone Acetonide
Levothyroxine
Cimetidine
Flecainide
Methimazole
Trimethobenzamide/B-caine
Carbamezapine
Clobetasol/Emoll
Chlorthalidone/Atenolol
Atenolol
Benzonate
Theophylline Anhydrous
Chlorpromazine
Ticlopidine
Trimethobenzamide
Timolol
Tobramycin
Imipramine
Tolazamide
Desoximetasone
Ketorolac
Labetalol
Clorazepate
Pentoxifylline
Amitriptyline/Perphenazine
Fenofibrate, Micronized
Perphenazine
Chol Sal/Mag Salicylate
Trimethoprim
Codeine/APAP
Oxycodone/Acetaminophen
Tramadol
Bethanechol
Betamethasone
Diazepam
Enalapril/HCTZ

**Brand Name
For Reference Only**

Vasocidin
Vasotec
Velosef
Velosulin Human BR
Ventolin
Vibramycin
Vicodin
Viokase
Viroptic
Visken
Vistaril
Vitamin D
Vivelle
Voltaren
Vosol/HC
Wellbutrin/SR
Westcort
Xanax
Xylocaine Viscous
Yodoxin
Zanaflex
Zantac
Zarontin
Zephrex
Zestoretic
Zestril
Ziac
Zithromax
Zorprin
Zovia 1/35E
Zovirax
Zyloprim

**Generic Name
Drug Covered by Plan**

NA Sulfacetm/Prednis SP
Enalapril
Cephradine
Insulin Reg, Hum Rec Buff
Albuterol
Doxycycline
Hydrocodone/APAP
Amylase/Lipase/Protease
Trifluridine
Pindolol
Hydroxyzine Pamoate
Ergocalciferol
Estradiol
Diclofena Sodium
Acetic Acid/HC
Bupropion/SA
Hydrocortisone Valerate
Alprazolam
Lidocaine
Iodoquinol
Tizanidine
Ranitidine
Ethosuximide
Guaifenesin/P-Ephed
Lisinopril/HCTZ
Lisinopril
HCTZ/Bisoprolol
Azithromycin
Aspirin
Ethynodiol D-Eth Estra
Acyclovir
Allopurinol

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