

# Abridged Formulary

January 1, 2006  
Alabama - PPO



## List of Covered Drugs

**Blue Advantage**

**Formulary**  
**(List of Covered Drugs)**

This document includes Blue Advantage's partial formulary as of August 15, 2005. For a complete, updated formulary, please visit our Website at [www.bcbsal.org](http://www.bcbsal.org) or call (888) 234-8266, Mon-Fri, 7:30AM-6:00PM EST. TTY/TDD users should call (800) 257-3384.

## **What is the Blue Advantage Formulary?**

A formulary is a list of drugs selected by Blue Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Blue Advantage. For a complete listing of all prescription drugs covered by Blue Advantage, please visit our Website at [www.bcbsal.org](http://www.bcbsal.org) or call (888) 234-8266, Mon-Fri, 7:30AM-6:00PM EST. TTY/TDD users should call (800) 257-3384.

## **Can the Formulary change?**

Yes, Blue Advantage may add or remove drugs from our formulary during the year. The enclosed formulary is current as of August 15, 2005. To get updated information about the drugs covered by Blue Advantage, please visit our Website at [www.bcbsal.org](http://www.bcbsal.org) or call Customer Service at (888) 234-8266, Mon-Fri, 7:30AM-6:00PM EST. TTY/TDD users should call (800) 257-3384. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify members who take the drug that it will be removed at least 60 days before the date that the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

## **How do I use the Formulary?**

There are two ways to find your drug within the formulary:

### **Medical Condition**

The formulary begins on page 5. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 5. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 17. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### **How much will I pay for Blue Advantage Covered Drugs?**

If you qualified for extra help with your drug costs, your costs for your drugs may be different than those described below. Please refer to your Evidence of Coverage or call Customer Service to find out what your cost are.

The amount you pay depends on which drug tier your drug is in under our plan and whether you fill your prescription at a preferred network pharmacy. (You can find out which drug tier your drug is in by looking in the formulary that begins on page 5.)

You will pay a co-payment/co-insurance for your drugs until your total drugs costs (the amount you paid, plus the amount Blue Advantage has paid) reach \$2000. Generic drugs have a \$5 co-pay, Preferred Brands have a \$25 co-pay, Alternate Brands have a \$45 co-pay, and Specialty drugs have a 25% co-insurance. Non-formulary brands are not covered. Once your total drug costs reach \$2000, there is a gap in your coverage. This means you have to pay the full amount for your drugs. You pay the full amount until you have paid \$3600 out of pocket. After you have paid \$3600 out of pocket, you will generally pay the greater of:

- \$2 for a generic or Preferred Brand drug that is a multi-source drug and \$5 for all other drugs, or
- 5% coinsurance.

You can ask Blue Advantage to make an exception to your drug's tier placement. See the section, "How do I request an exception to the Blue Advantage List of Covered Drugs?", for information about how to request an exception.

### **Are there any other restrictions on coverage?**

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** Blue Advantage requires you to get prior authorization for certain drugs. (You may need prior authorization for drugs that are on the formulary or drugs that are not on the formulary **and** were approved for coverage through our exceptions process.) This means that you will need to get approval from Blue Advantage before you fill your prescriptions. If you don't get approval, Blue Advantage may not cover the drug.

- **Quantity Limits (QL):** For certain drugs there are limits on the amount of the drug that Blue Advantage will cover. For example, Blue Advantage provides 9 tablets per prescription for IMITREX®. This may be in addition to a standard 30- or 90-day supply.
- **Step Therapy (ST):** In some cases, Blue Advantage requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Blue Advantage may not cover drug B unless you try Drug A first. If Drug A does not work for you, Blue Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 5.

You can ask Blue Advantage to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Blue Advantage formulary?” below for information about how to request an exception.

### **What if my drug is not on the Formulary?**

If your drug is not included in this formulary, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so Blue Advantage may cover your drug. You can contact Customer Service at (888) 234-8266, Mon-Fri, 7:30AM-6:00PM EST. TTY/TDD users should call (800) 257-3384.

If you learn that Blue Advantage does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Blue Advantage. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Blue Advantage.
- You can ask Blue Advantage to make an exception and cover your drug. See below for information about how to request an exception.

### **How do I request an exception to the Blue Advantage Formulary?**

You can ask Blue Advantage to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Blue Advantage limits the amount of the drug that we

will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.

- You can ask us to provide a higher level of coverage for your drug. For example, if your drug is usually considered an “Alternate Brand” drug, you can ask us to cover it as a “Preferred Brand” instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, Blue Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the low-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request. Generally, we must make our decision within 72 hours of your request.

### **What are generic drugs?**

Blue Advantage covers both brand-name drugs and generic drugs. A generic drug has the same active-ingredient formula as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

Generic drugs are listed in lower-case italics (e.g., *prednisone*) within the formulary on page <table page number>. Brand-name drugs are capitalized in the formulary (e.g., CRESTOR).

### **For more information**

For more detailed information about your Blue Advantage prescription drug coverage, please review your Evidence of Coverage document and other plan materials.

If you have questions about Blue Advantage, please call Customer Service at (888) 234-8266, Mon-Fri, 7:30AM-6:00PM EST. TTY/TDD users should call (800) 257-3384. Or visit [www.bcbsal.org](http://www.bcbsal.org).

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit [www.medicare.gov](http://www.medicare.gov).

## Blue Advantage Formulary

The formulary below provides coverage information about some of the drugs covered by Blue Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 17. Remember: This is only a partial list of drugs covered by Blue Advantage. If your prescription is not in this partial formulary, please visit our Website at [www.bcbsal.org](http://www.bcbsal.org) or call Customer Service at (888) 234-8266, Mon-Fri, 7:30AM-6:00PM EST. TTY/TDD users should call (800) 257-3384 for additional help.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., CRESTOR) and generic drugs are listed in lower-case italics (e.g., *prednisone*).

The information in the Requirements/Limits column tells you if Blue Advantage has any special requirements for coverage of your drug.

Drug Name	Drug Co-pay/ Co-insurance	Requirements/ Limits
<b>Analgesics</b>		
<i>Opioid Analgesics</i>		
<i>morphine sulfate</i>	\$5	
<i>oxycodone HCl</i>	\$5	
<i>Non-opioid Analgesics</i>		
<i>ibuprofen</i>	\$5	
CELEBREX	\$45	PA, QL
<b>Anesthetics</b>		
ANESTACON	\$25	
<i>Lidocaine HCl</i>	\$5	
<b>Antibacterials</b>		
<i>Beta-lactam Cephalosporins</i>		
<i>cefadroxil</i>	\$5	
<i>cephalexin</i>	\$5	
<i>Beta-lactam Pencillins</i>		
<i>amoxicillin</i>	\$5	
<i>ampicillin</i>	\$5	
<i>Beta-lactam (Other)</i>		
LORABID	\$45	
<i>Macrolides</i>		
BIAXIN	\$25	
KETEK	\$25	QL
<i>Quinolones</i>		
AVELOX	\$25	QL
CIPRO	\$25	QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>Sulfonamides</i>		
SULFADIAZINE	\$25	
SULFISOXAZOLE	\$25	
<i>Tetracyclines</i>		
<i>doxycycline hyclate</i>	\$5	
<i>tetracycline HCl</i>	\$5	
<i>Antibacterials (Other)</i>		
<i>trimethoprim</i>	\$5	
<i>vancomycin HCl</i>	\$5	
<b>Anticonvulsants</b>		
<i>Calcium Channel Modifying Agents</i>		
<i>ethosuximide</i>	\$5	
ZONEGRAN	\$45	
<i>Gamma-aminobutyric Acid (GABA) Augmenting Agents</i>		
DEPAKOTE	\$45	
<i>gabapentin</i>	\$5	
<i>Glutamate Reducing Agents</i>		
FELBATOL	\$45	
LAMICTAL	\$25	
<i>Sodium Channel Inhibitors</i>		
<i>carbamazepine</i>	\$5	
TRILEPTAL	\$25	
<b>Antidementia Agents</b>		
<i>Cholinesterase Inhibitors</i>		
EXELON	\$25	QL
REMINYL	\$25	QL
<i>Glutamate Pathway Modifiers</i>		
NAMENDA	\$25	QL
<i>Antidementia Agents (Other)</i>		
<i>ergoloid mesylates</i>	\$5	
<b>Antidepressants</b>		
<i>Monoamine Oxidase (Type A) Inhibitors</i>		
NARDIL	\$25	
PARNATE	\$45	
<i>Reuptake Inhibitors</i>		
<i>amitriptyline</i>	\$5	
CYMBALTA	\$25	QL
EFFEXOR/XR	\$25	QL
LEXAPRO	\$25	QL
<i>Antidepressants (Other)</i>		
<i>bupropion HCl</i>	\$5	
<i>mirtazapine</i>	\$5	



Drug Name	Drug Tier	Requirements/ Limits
<b>Antiemetics</b>		
EMEND	\$25	QL
<i>prochlorperazine</i>	\$5	
ZOFRAN	\$25	QL
<b>Antifungals</b>		
<i>fluconazole</i>	\$5	
<i>ketoconazole</i>	\$5	
<b>Antigout Agents</b>		
<i>allopurinol</i>	\$5	
<i>colchicine</i>	\$5	
<b>Anti-inflammatories</b>		
<i>Glucocorticoids</i>		
<i>dexamethasone</i>	\$5	
<i>prednisone</i>	\$5	
<i>Nonsteroidal Anti-inflammatory Drugs</i>		
<i>ibuprofen</i>	\$5	
<i>indomethacin</i>	\$5	
<b>Antimigraine Agents</b>		
<i>Abortive</i>		
IMITREX	\$25	QL
MAXALT/MLT	\$25	QL
<i>Prophylactic</i>		
<i>propranolol HCl</i>	\$5	
TOPAMAX	\$45	QL
<b>Antimycobacterials</b>		
<i>Antituberculars</i>		
<i>ethambutol HCl</i>	\$5	
<i>isoniazid</i>	\$5	
<i>Antimycobacterials (Other)</i>		
DAPSONE	\$25	
MYCOBUTIN	\$25	
<b>Antineoplastics</b>		
<i>Alkylating Agents</i>		
<i>cyclophosphamide</i>	\$5	
LEUKERAN	\$45	
<i>Antimetabolites</i>		
<i>hydroxyurea</i>	\$5	
<i>methotrexate</i>	\$5	
<i>Immune Modulators and Vaccines</i>		
PROLEUKIN	25%	
THERACYS	25%	
<i>Molecular Target Inhibitors</i>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
IRESSA	\$45	PA
TARCEVA	\$45	PA
<i>Nucleoside Analogs</i>		
<i>cladribine</i>	\$5	
<i>fludarabine</i>	\$5	
<i>Protective Agents</i>		
<i>leucovorin calcium</i>	\$5	
<i>mesna</i>	\$5	
<i>Topoisomerase Inhibitors</i>		
<i>etoposide</i>	\$5	
CAMPTOSAR	\$45	
<i>Antineoplastics (Other)</i>		
<i>carboplatin</i>	\$5	
ELOXATIN	\$45	
<b>Antiparasitics</b>		
<i>Anthelmintics</i>		
<i>mebendazole</i>	\$5	
MINTEZOL	\$45	
<i>Antiprotozoals</i>		
<i>chloroquine phosphate</i>	\$5	
<i>Hydroxychloroquine sulfate</i>	\$5	
<i>Pediculicides/Scabicides</i>		
<i>lindane</i>	\$5	
<i>permethrin</i>	\$5	
<b>Antiparkinson Agents</b>		
<i>Catechol O-methyltransferase (COMT) Inhibitors</i>		
COMTAN	\$25	
TASMAR	\$45	
<i>Dopamine Agonists</i>		
<i>amantadine HCl</i>	\$5	
<i>carbidopa and levodopa</i>	\$5	
MIRAPEX	\$25	
REQUIP	\$25	
<i>Antiparkinson Agents (Other)</i>		
<i>benztropine</i>	\$5	
<i>trihexyphenidyl</i>	\$5	
<b>Antipsychotics</b>		
<i>Non-phenothiazines</i>		
<i>haloperidol</i>	\$5	
<i>loxapine</i>	\$5	
<i>Non-phenothiazines/ Atypicals</i>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>clozapine</i>	\$5	
SEROQUEL	\$25	
<i>Phenothiazines</i>		
<i>chlorpromazine HCl</i>	\$5	
<i>fluphenazine HCl</i>	\$5	
<b>Antivirals</b>		
<i>Anti-cytomegalovirus (CMV) Agents</i>		
<i>ganciclovir</i>	\$5	
VISTIDE	\$45	
<i>Antitherpetic Agents</i>		
<i>acyclovir</i>	\$5	
FAMVIR	\$25	
<i>Anti-human Immunodeficiency Virus (HIV) Agents (Fusion Inhibitors)</i>		
FUZEON	25%	PA
<i>Anti-HIV Agents (Non-nucleoside Reverse Transcriptase Inhibitors)</i>		
RESCRIPTOR	\$45	
SUSTIVA	\$25	
<i>Anti-HIV Agents (Nucleoside and Nucleotide Reverse Transcriptase Inhibitors)</i>		
VIDEX	\$25	
ZERIT	\$25	
<i>Anti-HIV Agents (Protease Inhibitors)</i>		
AGENERASE	\$25	
NORVIR	\$25	
<i>Anti-Influenza Agents</i>		
<i>amantadine HCl</i>	\$5	
<i>rimantadine HCl</i>	\$5	
<i>Antivirals (Other)</i>		
HEPSERA	\$45	
<i>ribavirin</i>	\$5	
<b>Anxiolytics</b>		
<i>Antidepressants</i>		
<i>doxepin HCl</i>	\$5	
LEXAPRO	\$25	QL
<i>Anxiolytics (Other)</i>		
<i>buspirone HCl</i>	\$5	
<i>meprobamate</i>	\$5	
<b>Autonomic Agents</b>		
<i>Parasympatholytics</i>		
<i>dicyclomine HCl</i>	\$5	
<i>hyoscyamine sulfate</i>	\$5	
<i>Parasympathomimetics</i>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>neostigmine methylsulfate</i>	\$5	
<i>pyridostigmine bromide</i>	\$5	
<i>Sympatholytics</i>		
COREG	\$25	
INNOPRAN XL	\$25	
TOPROL XL	\$25	
<i>Sympathomimetics</i>		
<i>clonidine HCl</i>	\$5	
<i>phenylephrine HCl</i>	\$5	
<b>Bipolar Agents</b>		
DEPAKOTE	\$45	
<i>lithium carbonate</i>	\$5	
<b>Blood Glucose Regulators</b>		
<i>Antihypoglycemics</i>		
GLUCAGEN	\$25	
PROGLYCEM	\$45	
<i>Hypoglycemics (Oral)</i>		
<i>glipizide</i>	\$5	
<i>metformin HCl</i>	\$5	
<i>Insulins</i>		
HUMALOG	\$25	
LANTUS	\$25	
<b>Blood Products/Modifiers/Volume Expanders</b>		
<i>Anticoagulants</i>		
JANTOVEN	\$5	
<i>warfarin sodium</i>	\$5	
<i>Coagulants</i>		
ADVATE	25%	
RECOMBINATE	25%	
<i>Platelet Aggregation Inhibitors</i>		
<i>cilostazol</i>	\$5	
PLAVIX	\$25	QL
<b>Cardiovascular Agents</b>		
<i>Anti-adrenergic Agonists</i>		
<i>clonidine HCl</i>	\$5	
<i>methyl dopa</i>	\$5	
<i>Alpha-adrenergic Blocking Agents</i>		
<i>doxazosin mesylate</i>	\$5	
<i>prazosin HCl</i>	\$5	
<i>Antiarrhythmics</i>		
<i>amiodarone HCl</i>	\$5	
RYTHMOL SR	\$25	
<i>Beta-adrenergic Blocking Agents</i>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>labetalol HCl</i>	\$5	
<i>propranolol HCl</i>	\$5	
<b>Calcium Channel Blocking Agents</b>		
<i>diltiazem HCl</i>	\$5	
<i>verapamil HCl</i>	\$5	
<b>Direct Cardiac Inotropics</b>		
<i>digoxin</i>	\$5	
<i>milrinone lactate</i>	\$5	
<b>Diuretics</b>		
<i>furosemide</i>	\$5	
<i>hydrochlorothiazide</i>	\$5	
<b>Dyslipidemics</b>		
CRESTOR	\$25	QL
LESCOL/XL	\$25	QL
VYTORIN	\$25	QL
ZOCOR	\$25	QL
<b>Renin-angiotensin-aldosterone System Inhibitors</b>		
ACEON	\$25	
COZAAR	\$25	
DIOVAN	\$25	
MAVIK	\$25	
MICARDIS	\$25	
<b>Vasodilators</b>		
<i>hydralazine HCl</i>	\$5	
<i>nitroglycerin</i>	\$5	
<b>Central Nervous System Agents</b>		
<b>Amphetamines</b>		
<i>dextroamphetamine sulfate</i>	\$5	
<i>methamphetamine HCl</i>	\$5	
<b>Non-amphetamines</b>		
<i>methylphenidate HCl</i>	\$5	
PROVIGIL	\$25	QL
<b>Dental and Oral Agents</b>		
<i>chlorhexidine gluconate</i>	\$5	
<i>pilocarpine HCl</i>	\$5	
<b>Dermatological Agents</b>		
<b>Dermatological Anesthetics</b>		
<i>lidocaine HCl</i>	\$5	
CETACAINE	\$45	
<b>Dermatological Antibacterials</b>		
<i>gentamicin sulfate</i>	\$5	
<i>metronidazole</i>	\$5	
<b>Dermatological Antifungals</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>ciclopirox</i>	\$5	
<i>clotrimazole</i>	\$5	
<i>Dermatological Anti-inflammatories</i>		
SOLARAZE	\$45	
<i>Dermatological Antipruritic Agents</i>		
<i>doxepin HCl</i>	\$5	
PRAMASONE	\$45	
<i>Dermatological Antivirals</i>		
DENAVIR	\$25	
ZOVIRAX	\$45	
<i>Dermatological Mitotic Inhibitors</i>		
<i>podofilox</i>	\$5	
<i>selenium sulfide</i>	\$5	
<i>Dermatological Photochemotherapy Agents</i>		
LEVULAN KERASTICK	\$45	
OXSORALEN ULTRA	\$25	
<i>Dermatological Retinoids</i>		
TAZORAC	\$45	
SORIATANE	\$45	
<i>Dermatological Tar Derivatives</i>		
<i>anthralin</i>	\$5	
<i>Dermatological Vitamin D Analogs</i>		
DOVONEX	\$45	
<i>Dermatological Wound Care Agents</i>		
ACCUZYME	\$25	
PANAFIL	\$25	
XENADERM	\$25	
<b>Deterrents/Replacements</b>		
<i>Alcohol Deterrents</i>		
ANTABUSE	\$25	
CAMPRAL	\$45	QL
<b>Enzyme Replacement/Modifiers</b>		
CEREZYME	25%	
FABRAZYME	25%	
<b>Gastrointestinal Agents</b>		
<i>Antispasmodics (Gastrointestinal)</i>		
<i>dicyclomine HCl</i>	\$5	
<i>hyoscyamine sulfate</i>	\$5	
<i>Histamine (H2) Blocking Agents</i>		
<i>cimetidine</i>	\$5	
<i>famotidine</i>	\$5	
<i>Irritable Bowel Syndrome Agents</i>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
LOTRONEX	\$45	QL
ZELNORM	\$45	QL
<i>Protectants</i>		
<i>misoprostol</i>	\$5	
<i>sucralfate</i>	\$5	
<i>Proton Pump Inhibitors</i>		
NEXIUM	\$25	QL
PROTONIX	\$25	QL
<i>Gastrointestinal Agents (Other)</i>		
<i>lactulose</i>	\$5	
<i>loperamide HCl</i>	\$5	
<b>Genitourinary Agents</b>		
<i>Antispasmodics (Urinary)</i>		
ENABLEX	\$25	QL
VESICARE	\$25	QL
<i>Benign Prostatic Hypertrophy Agents</i>		
<i>doxazosin mesylate</i>	\$5	
<i>terazosin HCl</i>	\$5	
<i>Impotence Agents</i>		
LEVITRA	\$25	QL
CIALIS	\$45	QL
<i>Prostaglandins</i>		
EDEX	\$25	
MUSE	\$45	
<b>Hormonal Agents (Stimulant/Replacement/Modifying)</b>		
<i>Adrenal</i>		
<i>fludrocortisone acetate</i>	\$5	
<i>prednisone</i>	\$5	
<i>Parathyroid/Metabolic Bone Disease Agents</i>		
ACTONEL	\$45	QL
FOSAMAX	\$25	QL
<i>Pituitary</i>		
<i>desmopressin acetate</i>	\$5	
<i>vasopressin</i>	\$5	
<i>Prostaglandins</i>		
EDEX	\$25	
<i>misoprostol</i>	\$5	
<i>Sex Hormones/Modifiers</i>		
CENESTIN	\$25	
PREMARIN	\$25	
PREMPRO	\$25	
<i>Thyroid</i>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>levothyroxine sodium</i>	\$5	
SYNTHROID	\$25	
<b>Hormonal Agents (Suppressant)</b>		
<i>Adrenal</i>		
CYTADREN	\$25	
LYSODREN	\$45	
<i>Pituitary</i>		
<i>bromocriptine mesylate</i>	\$5	
VANTAS	\$45	
<i>Sex Hormones/Modifiers</i>		
ARIMIDEX	\$45	
<i>tamoxifen citrate</i>	\$5	
<i>Thyroid</i>		
<i>methimazole</i>	\$5	
<i>propylthiouracil</i>	\$5	
<b>Immunological Agents</b>		
<i>Immune Stimulants</i>		
INTRON-A	25%	
PEGASYS	25%	QL
<i>Immune Suppressants</i>		
HUMIRA	25%	PA, QL, ST
ENBREL	25%	PA, QL, ST
<i>Immunomodulators</i>		
ARAVA	\$45	QL
<i>gold sodium thiomalate</i>	\$5	
<b>Inflammatory Bowel Disease Agents</b>		
<i>Gucocorticoids</i>		
<i>dexamethasone</i>	\$5	
<i>hydrocortisone</i>	\$5	
<i>Salicylates</i>		
COLAZAL	\$45	
PENTASA	\$25	
<i>Sulfonamides</i>		
<i>sulfasalazine</i>	\$5	
<b>Ophthalmic Agents</b>		
<i>Ophthalmic Anti-allergy Agents</i>		
OPTIVAR	\$25	
ZADITOR	\$25	
<i>Ophthalmic Antibacterials</i>		
<i>ciprofloxacin HCl</i>	\$5	
<i>gentamicin sulfate</i>	\$5	
<i>Ophthalmic Antifungals</i>		



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
NATACYN	\$25	
<i>Ophthalmic Antiglaucoma Agents</i>		
TRAVATAN	\$25	QL
XALATAN	\$25	QL
<i>Ophthalmic Anti-inflammatories</i>		
<i>prednisolone acetate</i>	\$5	
VOLTAREN	\$25	
<i>Ophthalmic Antivirals</i>		
<i>trifluridine</i>	\$5	
VIROPTIC	\$45	
<i>Ophthalmic Agents (Other)</i>		
RESTASIS	\$45	QL
REV-EYES	\$25	
<b>Otic Agents</b>		
<i>Otic Antibacterials</i>		
FLOXIN OTIC	\$45	
<i>Otic Anti-inflammatories</i>		
CIPRODEX	\$45	
<b>Respiratory Tract Agents</b>		
<i>Antihistamines</i>		
<i>chlorpheniramine maleate</i>	\$5	
<i>hydroxyzine HCl</i>	\$5	
<i>Antileukotrienes</i>		
ACCOLATE	\$45	QL
SINGULAIR	\$25	QL
<i>Bronchodilators (Anticholinergic)</i>		
<i>ipratropium bromide</i>	\$5	
SPIRIVA HANDIHALER	\$45	QL
<i>Bronchodilators (Anti-inflammatories)</i>		
ADVAIR	\$25	
QVAR	\$25	QL
<i>Bronchodilator, Phosphodiesterase 2 Inhibitors (Xanthines)</i>		
<i>aminophylline</i>	\$5	
<i>theophylline</i>	\$5	
<i>Bronchodilators (Sympathomimetic)</i>		
<i>albuterol sulfate</i>	\$5	
SEREVENT DISKUS	\$25	
<i>Mast Cell Stabilizers</i>		
<i>cromolyn sodium</i>	\$5	
TILADE	\$45	
<i>Mucolytics</i>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/ Limits</b>
<i>acetylcysteine</i>	\$5	
PULMOZYME	25%	
<i>Respiratory Tract Agents (Other)</i>		
TRACLEER	25%	PA
TYZINE	\$25	
<b>Sedatives/Hypnotics</b>		
<i>chloral hydrate</i>	\$5	
SONATA	\$45	QL
<b>Skeletal Muscle Relaxants</b>		
<i>baclofen</i>	\$5	
<i>orphenadrine citrate</i>	\$5	
<b>Therapeutic Nutrients/Minerals/Electrolytes</b>		
<i>Electrolytes/Minerals</i>		
<i>sodium fluoride</i>	\$5	
<i>tricitrates</i>	\$5	
<i>Vitamins</i>		
PRENATE ELITE	\$25	
<b>Toxicologic Agents</b>		
<i>Opioid Antagonists</i>		
<i>naloxone HCl</i>	\$5	
<i>naltrexone HCl</i>	\$5	

## Index of Drugs:

### **Therapeutic Classes and Categories**

*Therapeutic Categories are listed in bold.*

*Therapeutic Classes are listed below each therapeutic category.*

#### **Analgesics**

##### Opioid Analgesics

- morphine sulfate (5)
- oxycodone HCL (5)

##### Non- Opioid Analgesics

- ibuprofen (5)
- CELEBREX (5)

#### **Anesthetics**

- ANESTACON (5)
- lidocaine HCL (5)

#### **Antibacterials**

##### Beta- Lactam, Cephalosporins (5)

- cefadroxil (5)
- cephalexin (5)

##### Beta-Lactam, Penicillins

- amoxicillin (5)
- ampicillin (5)

##### Beta Lactam, Other

- LORABID (5)

##### Macrolides

- BIAXIN (5)
- KETEK (5)

##### Quinolones

- AVELOX (5)
- CIPRO (5)

##### Sulfonamides

- SULFADIAZINE (6)
- SULFISOXAZOLE (6)

##### Tetracyclines

- doxycycline hyclate (6)
- tetracycline HCL (6)

##### Antibacterials, Other

- trimethoprim (6)
- vancomycin HCL (6)

#### **Anti-convulsants**

##### Calcium Channel Modifying Agents

- ethosuximide (6)
- ZONEGRAN (6)

##### GABA Augmenting Agents

- DEPAKOTE (6)
- gabapentin (6)

##### Glutamate Reducing Agents

- FELBATOL (6)
- LAMICTAL (6)

##### Sodium Channel Inhibitors

- Carbamazepine (6)
- TRILEPTAL (6)

## **Antidementia Agents**

### Cholinesterase Inhibitors

- EXELON (6)
- REMINYL (6)

### Glutamate Pathway Modifiers

- NAMENDA (6)

### Antidementia Agents, Others

- ergoloid mesylates (6)

## **Antidepressants**

### MAO Inhibitors

- NARDIL (6)
- PARANATE (6)

### Re-uptake Inhibitors

- amitriptyline (6)
- CYMBALTA (6)
- EFFEXOR (6)
- LEXAPRO (6)

### Antidepressants, Others

- bupropion HCL (6)
- mirtazapine (6)

## **Antiemetics**

- EMEND (7)
- prochlorperazine (7)
- ZOFRAN (7)

## **Antifungals**

- fluconazole (7)
- ketoconazole (7)

## **Antigout Agents**

- allopurinol (7)
- colchicines (7)

## **Anti-inflammatories**

### Glucocorticoids

- dexamethasone (7)
- prednisone (7)

### NSAIDS

- ibuprofen (7)
- indomethacin (7)

## **Antimigraine Agents**

### Abortive

- IMITREX (7)
- MAXALT (7)

### Prophylactic

- propranolol (7)
- TOPAMAX (7)

## **Antimycobacterials**

### Antituberculars

- ethambutol HCL (7)
- isoniazid (7)

### Antimycobacterials, others

- DAPSONE (7)
- MYCOBUTIN (7)

## **Antineoplastics**

### Alkylating Agents

- cyclophosphamide (7)
- LEUKERAN (7)

### Antimetabolites

- hydroxyurea (7)
  - methotrexate (7)
- Immune Modulators and Vaccines
- PROLEUKIN (7)
  - THERACYS (7)
- Molecular Target Inhibitors
- IRESSA (8)
  - TARCEVA (8)
- Nucleoside Analogs
- cladribine (8)
  - fludarabine (8)
- Protective Agents
- leucovorin calcium (8)
  - mesna (8)
- Topoisomerase Inhibitors
- etoposide (8)
  - CAMPTOSAR (8)
- Antineoplastics, Others
- carboplatin (8)
  - ELOXATIN (8)
- Antiparasitics**
- Anthelmintics
- mebendazole (8)
  - MINTEZOLE (8)
- Antiprotozoals
- chloroquine phosphate (8)
  - hydroxychloroquine sulfate (8)
- Pediculicides/Scabicides
- lindane (8)
  - permethrin (8)
- Antiparkinson Agents**
- COMT Inhibitors
- COMTAN (8)
  - TASMAR (8)
- Dopamine Agonists
- amantadine HCL (8)
  - carbidopa and levodopa (8)
  - MIRAPEX (8)
  - REQUIP (8)
- Antiparkinson Agents, Others
- benztropine (8)
  - trihexyphenidyl (8)
- Antipsychotics**
- Non-phenothiazines
- haloperidol (8)
  - loxapine (8)
- Non-phenothiazines, Atypicals
- clozapine (9)
  - SEROQUEL (9)
- Phenothiazines
- chlorpromazine HCL (9)
  - fluphenazine HCL (9)
- Antivirals**
- CMV agents
- ganciclovir (9)
  - VISTIDE (9)

Antitherpetic agents

- acyclovir (9)
- FAMVIR (9)

Anti-HIV Agents, Fusion Inhibitors

- FUZEON (9)

Anti-HIV Agents Non-nucleoside Reverse Transcriptase Inhibitors

- RESCRIPTOR (9)
- SUSTIVA (9)

Anti-HIV Agents, Nucleoside and NonNucleoside Reverse Transcriptase Inhibitors

- VIDEX (9)
- ZERIT (9)

Anti-HIV Agents, Protease Inhibitors

- AGENERASE (9)
- NORVIR (9)

Anti-Influenza Agents

- amantadine HCL (9)
- rimantadine HCL (9)

Antivirals, Other

- HEPSERA (9)
- ribavirin (9)

**Anxiolytics:**

Antidepressants

- doxepin HCL (9)
- LEXAPRO (9)

Anxiolytics, Other

- buspirone HCL (9)
- meprobamate (9)

**Autonomic Agents:**

Parasympatholytics

- dicyclomine HCL (9)
- hyoscyamine sulfate (9)

Parasympathomimetics

- neostigmine methylsulfate (10)
- pyridostigmine bromide (10)

Sympatholytics

- COREG (10)
- INNOPRAN XL (10)
- TOPROL XL (10)

Sympathomimetics

- clonidine HCL (10)
- phenylephrine HCL (10)

**Bipolar Agents**

- DEPAKOTE (10)
- lithium carbonate (10)

**Blood Glucose Regulators**

Antihypoglycemics

- GLUCAGEN (10)
- PROGLYCEM (10)

Hypoglycemics, Oral

- Glipizide (10)
- metformin HCL (10)

Insulins

- HUMALOG (10)
- LANTUS (10)

**Blood Products/Modifiers/Volume Expanders**

Anticoagulants

- JANTOVEN (10)
  - warfarin sodium (10)
- Coagulants
- ADVATE (10)
  - RECOMBINATE (10)
- Platelet Aggregation Inhibitors
- cilostazol (10)
  - PLAVIX (10)
- Cardiovascular Agents**
- Alpha-adrenergic agonists
- clonidine HCL (10)
  - methyldopa (10)
- Alpha-adrenergic Blocking Agents
- doxazosin mesylate (10)
  - prazosin HCL (10)
- Antiarrhythmics
- amiodarone HCL (10)
  - RYTHMOL SR (10)
- Beta-adrenergic Blocking Agents
- labetalol HCL (11)
  - propranolol HCL (11)
- Calcium Channel Blocking Agents
- diltiazem HCL (11)
  - verapamil HCL (11)
- Direct Cardiac Inotropics
- digoxin (11)
  - milrinone lactate (11)
- Diuretics
- furosemide (11)
  - hydrochlorothiazide (11)
- Dyslipidemics
- CRESTOR (11)
  - LESCOL (11)
  - VYTORIN (11)
  - ZOCOR (11)
- Renin-angiotensin-aldosterone System Inhibitors
- ACEON (11)
  - COZAAR (11)
  - DIOVAN (11)
  - MAVIK (11)
  - MICARDIS (11)
- Vasodilators
- hydralazine HCL (11)
  - nitroglycerin (11)
- Central Nervous System Agents**
- Amphetamines
- dextroamphetamine sulfate (11)
  - methamphetamine HCL (11)
- Non-amphetamines
- methylphenidate HCL (11)
  - PROVIGIL (11)
- Dental and Oral Agents**
- chlorhexidine gluconate (11)
  - pilocarpine HCL (11)
- Dermatological Agents**
- Dermatological Anesthetics

- lidocaine HCL (11) (11)
  - CETACAINE
- Dermatological Antibacterials
- gentamicin sulfate (11)
  - metronidazole (11)
- Dermatological Antifungals
- ciclopirox (12)
  - clotrimazole (12)
- Dermatologicals Anti-inflammatories
- SOLARAZE (12)
- Dermatological Antipruritic
- doxepine HCL (12)
  - PRAMASONE (12)
- Dermatological Antivirals
- DENAVIR (12)
  - ZOVIRAX (12)
- Dermatological Mitotic Inhibitors
- podofilox (12)
  - selenium sulfide (12)
- Dermatological Photochemotherapy Agents
- LEVULAN KERASTICK (12)
  - OXSORALEN ULTRA (12)
- Dermatological Retinoids
- TAZORAC (12)
  - SORIATANE (12)
- Dermatological Tar Derivatives
- anthralin (12)
- Dermatological Vitamin D analogs
- DOVONEX (12)
- Dermatological Wound Care Agents
- ACCUZYME (12)
  - PANAFIL (12)
  - XENADERM (12)
- Deterrents/Replacements**
- Alcohol Deterrents
- ANTABUSE (12)
  - CAMPRAL (12)
- Enzyme Replacements/Modifiers**
- CEREZYME (12)
  - FABRAZYME (12)
- Gastrointestinal Agents**
- Antispasmodics, Gastrointestinal
- dicyclomine HCL (12)
  - hyoscyamine sulfate (12)
- H2 Blocking Agents
- cimetidine (12)
  - famotidine (12)
- Irritable Bowel Syndrome Agents
- LOTRONEX (13)
  - ZELNORM (13)
- Protectants
- misoprostol (13)
  - sucralfate (13)
- PPIs
- NEXIUM (13)
  - PROTONIX (13)



Gastrointestinal Agents, Others

- lactulose (13)
- loperamide HCL (13)

**Genitourinary Agents**

Antispasmodics, Urinary

- ENABLEX (13)
- VESICARE (13)

Benign Prostatic Hypertrophy Agents

- doxazosin mesylate (13)
- terazosin HCL (13)

Impotence Agents

- LEVITRA (13)
- CIALIS (13)

Prostaglandins

- EDEX (13)
- MUSE (13)

**Hormonal Agents, Stimulant/Replacement/Modifying**

Adrenal

- fludrocortisone acetate (13)
- prednisone (13)

Parathyroid/Metabolic Bone Disease Agents

- ACTONEL (13)
- FOSAMAX (13)

Pituitary

- desmopressin acetate (13)
- vasopressin (13)

Prostaglandins

- EDEX (13)
- misoprostol (13)

Sex Hormones/Modifiers

- CENESTIN (13)
- PREMARIN (13)
- PREMPRO (13)

Thyroid

- levothyroxine sodium (14)
- SYNTHROID (14)

**Hormonal Agents, Suppressant**

Adrenal

- CYTADREN (14)
- LYSODREN (14)

Pituitary

- bromocriptine mesylate (14)
- VANTAS (14)

Sex Hormones/Modifiers

- ARIMIDEX (14)
- tamoxifen citrate (14)

Thyroid

- methimazole (14)
- propylthiouracil (14)

**Immunological Agents**

Immune Stimulants

- INTRON-A (14)
- PEGASYS (14)

Immune Suppressants

- HUMIRA (14)
- ENBREL (14)

#### Immunomodulators

- ARAVA (14)
- gold sodium thiomalate (14)

#### **Inflammatory Bowel Disease Agents**

##### Glucocorticoids

- dexamethasone (14)
- hydrocortisone (14)

##### Salicylates

- COLAZAL (14)
- PENTASA (14)

##### Sulfonamides

- SULFASALZINE (14)

#### **Ophthalmic Agents**

##### Ophthalmic Anti-allergy Agents

- OPTIVAR (14)
- ZADITOR (14)

##### Ophthalmic Antibacterials

- ciprofloxacin HCL (14)
- gentamicin sulfate (14)

##### Ophthalmic Antifungals

- NATACYN (15)

##### Ophthalmic Antiglaucoma Agents

- TRAVATAN (15)
- XALATAN (15)

##### Ophthalmic Anti-inflammatories

- prednisolone acetate (15)
- VOLTAREN (15)

##### Ophthalmic Antivirals

- trifluridine (15)
- VIROPTIC (15)

##### Ophthalmic Agents, Other

- RESTASIS (15)
- REV-EYES (15)

#### **Otic Agents**

##### Otic Antibacterials

- FLOXIN OTIC (15)

##### Otic Anti-inflammatories

- CIPRODEX (15)

#### **Respiratory Tract Agents**

##### Antihistamines

- chlorpheniramine maleate (15)
- hydroxyzine HCL (15)

##### Antileukotrienes

- ACCOLATE (15)
- SINGULAIR (15)

##### Bronchodilators, Anticholinergic

- ipratropium bromide (15)
- SPIRIVA HANDIHALER (15)

##### Bronchodilators, Anti-inflammatories

- ADVAIR (15)
- QVAR (15)

##### Bronchodilators, Xanthines

- aminophylline (15)
- theophylline (15)

##### Bronchodilators, Sympathomimetic

- albuterol sulfate (15)

- SEREVENT DISKUS (15)
- Mast Cell Stabilizers
- cromolyn sodium (15)
  - TILADE (15)
- Mucolytics
- acetylcysteine (16)
  - PULMOZYME (16)
- Respiratory Tract Agents, Other
- TRACLEER (16)
- TYZINE (16)
- Sedatives/Hypnotics**
- chloral hydrate (16)
  - SONATA (16)
- Skeletal Muscle Relaxants**
- baclofen (16)
  - orphenadrine citrate (16)
- Therapeutic Nutrients/Minerals/Electrolytes**
- Electrolytes/Minerals
- sodium fluoride (16)
  - tricitrates (16)
- Vitamins
- PRENATE ELITE
- Toxicologic Agents**
- Opioid Antagonist
- naloxone HCL (16)
  - naltrexone HCL (16)

# NOTES

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