

RightPlan Generic Prescription Drug Formulary

INTRODUCTION

The RightPlan 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. Drugs not listed on this formulary are NOT covered under your plan.

The RightPlan Generic 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 1-800-700-2533. We encourage you to share this drug list with your doctor.

GENERICVS 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 Department at 1-800-700-2533.

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:

Cordarone, 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

Please call the Member Services number on your ID card if you have questions about your benefit

or questions about the RightPlan Generic Prescription Drug Formulary. In addition, you can check for regular updates to the formulary by visiting www.bluecrossca.com. If you would like to find out a particular generic drug is covered under your benefit and you do not see it listed here, please contact the Customer Service Center at 1-800-700-2533. The hearing and speech impaired may use our TTD number at 1-877-247-1657 for additional information. Hours of operation are Monday through Thursday 8am - 6pm and Friday 8 am - 3 pm.

Brand Name For Reference Only

ACCUTANE
ACHROMYCIN V
ACTIFED W/ CODEINE
ACTIGALL
ADALAT CC
ADDERALL
ALDACTAZIDE
ALDACTONE
ALDOMET
ALDORIL
AMICAR
AMOXIL
ANAFRANIL
ANAPROX
ANDROID
ANSAID
ANTABUSE
ANUSOL HC
APRESOLINE
APRESOZIDE
APRI
ARALEN
ARISTOCORT
ARMOUR THYROID
ARTANE
ATARAX
ATIVAN
ATROPINE SULFATE
ATROVENT
AUGMENTIN
AURALGAN

AVC CREAM
AXID
AZO-GANTRISIN
AZULFIDINE
BACITRACIN OPTH
BACTICIN
BACTRIM
B-COMPLEX VIT PLUS

BELLADONNA & OPIUM

BELLERGERAL
BELLERGERAL-S
BENEMID
BENTYL
BENZAMYCIN

BETAGAN
BETAPACE
BETOPTIC
BICITRA
BLEPHAMIDE

Generic Name Drug Covered by Plan

ISOTRETINOIN
TETRACYCLINE
P-EPHED/COD/TRIPROL
URSODIOL
NIFEDIPINE SR
AMPHETAMINE SALT COMBO
HCTZ/SPIRONOLACTONE
SPIRONOLACTONE
METHYLDOPA
METHYLDOPA/HCTZ
AMINOCAPROIC ACID
AMOXICILLIN
CLOMIPRAMINE
NAPROXEN SODIUM
METHYLTTESTOSTERONE
FLURBIPROFEN
DISULFIRAM
HYDROCORTISONE
HYDRALAZINE
HYDRALAZINE/HCTZ
DESOGES-ETHINYL ESTRADIOL
CHLOROQUINE
TRIAMCINOLONE
THYROID
TRIHEXYPHENIDYL
HYDROXYZINE
LORAZEPAM
ATROPINE SULFATE
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
CITRIC ACID/SODIUM CITRATE
NA SULFACETM/PREDNISOL AC

Brand Name For Reference Only	Generic Name Drug Covered by Plan	Brand Name For Reference Only	Generic Name Drug Covered by Plan
BLOCADREN	TIMOLOL MALEATE	DONNATAL	BELLADONNA ALKS/P-BARB
BROMFED	P-EPHED/BR-PHENIR	DURICEF	CEFADROXIL
CAFERGOT	ERGOTAMINE TARTRATE/CAFF	DYAZIDE	HCTZ/TRIAMTERENE
CAFERGOT PB	ERGOT/CAFF/BELLAD ALK/ P-BARB	DYMELOR	ACETOHEXAMIDE
CAFERGOT PB SUPP	ERGOT/CAFF/BELLAD ALK/ P-BARB	DYNAPEN	DICLOXACILLIN
CAFERGOT SUPP	ERGOTAMINE/CAFF	E. E. S.	ERYTHROMYCIN ETHYLSUC
CALAN	VERAPAMIL	ELAVIL	AMITRIPTYLINE
CAPOTEN	CAPTOPRIL	ELDEPRYL	SELEGILINE
CAPOZIDE	CAPTOPRIL/HCTZ	ELIXOPHYLLIN	THEOPHYLLINE
CARAFATE	SUCRALFATE	EMPIRIN W/ CODEINE	CODEINE/ASPIRIN
CARDIZEM	DILTIAZEM	ENPRESSE	LEVONORGES/ETH ESTRA
CARDURA	DOXAZOSIN	ENTEX	GUAIFENESIN/PHENYLEPHRINE
CATAPRES	CLONIDINE	E-PILO-6	PILOCARPINE/EPI BIT
CECLOR	CEFACLOR	EPIPEN	EPIPEN AUTO-INJECTOR
CEFTIN	CEFUROXIME	EQUANIL	MEPROBAMATE
CHLORAMPHENICOL	CHLORAMPHENICOL	ERGOMAR	ERGOTAMINE TARTRATE
CHLOROPTIC	CHLORAMPHENICOL	ERYC	ERYTHROMYCIN BASE
CHRONULAC	LACTULOSE	ERYDERM	ERYTHROMYCIN
CLEOCIN	CLINDAMYCIN HCL	ERYGEL	ERYTHROMYCIN BASE/ETHANOL
CLEOCIN-T	CLINDAMYCIN PHOSPHATE	ERYTHROCIN	ERYTHROMYCIN STEARATE
CLINORIL	SULINDAC	ESKALITH	LITHIUM
CLOZARIL	CLOZAPINE	ESTRACE	ESTRADIOL
CODEINE SULFATE	CODEINE SULFATE	EXTENDRYL	PHENYLEPH/CHLOR/SCOP
CODIMAL DH	PHENYLEPH/HYDROCOD/PYR	FELDENE	PIROXICAM
COGENTIN	BENZTROPINE	FIORICET	ACETAMINOPHEN/CAFF/BUTALB
COL-BENEMID	COLCHICINE/PROBENECID	FIORINAL	ASPIRIN/CAFF/BUTALBITAL
COLCHICINE	COLCHICINE	FLAGYL	METRONIDAZOLE
COLYTE	SOD SULF/SOD/NAHCO3/ KCL/PEG'S	FLAREX	FLUOROMETHOLONE
COMBIPRES	CLONIDINE/CHLORTHALIDONE	FLEXERIL	CYCLOBENZAPRINE
COMPAZINE	PROCHLORPERAZINE	FLORINEF	FLUDROCORTISONE
CORDARONE	AMIODARONE	FML	FLUOROMETHOLONE
CORGARD	NADOLOL	FOLIC ACID	FOLIC ACID
CORTEF	HYDROCORTISONE	FULVICIN P/G	GRISEOFULVIN
CORTISPOIN OTIC	NEOMY/POLYMYX B SULF/HC	GANTRISIN	ULTRAMICROSIZ
CORTISPORIN OPTH OINT	NEOMY/BACITRAC ZN/POLY/HC	GARAMYCIN	SULFISOXAZOLE
CORTISPORIN OTIC SUSP	NEOMY SULF/POLYMYX B/HC	GLUCAGON KIT	GENTAMICIN
CORTONE	CORTISONE	GLUCOPHAGE	GLUCAGON
COUMADIN	WARFARIN	GLUCOTROL	METFORMIN
CYCLOGYL	CYCLOPENTOLATE	GLYNASE	GLIPIZIDE
CYLERT	PEMOLINE	GRISACTIN	GLYBURIDE, MICRONIZED
DALMANE	FLURAZEPAM	HALCION	GRISEOFULVIN, MICROSIZ
DANOCRINE	DANAZOL	HALDOL	TRIAZOLAM
DARVOCET-N	PROPOXYPHENE/APAP	HALOTESTIN	HALOPERIDOL
DARVON	PROPOXYPHENE	HISTINEX	FLUOXYMESTERONE
DARVON COMPOUND	PROPOXYPHENE/ASA/CAFF	HISTUSSIN D	P-EPHED/HYDROCOD/CP
DAYPRO	OXAPROZIN	HISTUSSIN HC	P-EPHED/HYDROCOD
DDAVP	DESMOPRESSIN	HOMATROPINE	PHENYLEPH/HYDROCOD BIT/CP
DECADRON	DEXAMETHASONE	HUMALOG	HOMATROPINE
DECONAMINE SR	P-EPH/CHLOR	HUMALOG MIX 75/25	INSULIN LISPRO
DELTASONE	PREDNISONE	HUMATIN	INSULIN NPL/INSULIN LISPRO
DEMEROL	MEPERIDINE	HUMULIN 50/50	PAROMOMYCIN SULFATE
DEPAKENE	VALPROIC ACID	HUMULIN 70/30	HU INSUL NPH S-S/INS RG
DEPAKOTE	DIVALPROEX	HUMULIN L	HU REC INSUL NPH/INS RG
DEPAKOTE ER	DIVALPROEX ER	HUMULIN N	INSULIN ZINC HUMAN REC
DESOWEN	DESONIDE	HUMULIN R	INSULIN NPH HUMAN RECOM
DESYREL	TRAZODONE	HUMULIN U	INSULIN REGULAR HUMAN REC
DEXEDRINE	D-AMPHETAMINE SULFATE	HYCOTUSS	HU REC INSUL ZINC EXTEND
DIABETA	GLYBURIDE	HYDERGINE	GUAIFENESIN/HYDROCOD BIT
DIABINESE	CHLORPROPAMIDE	HYDREA	ERGOLOID MESYLATES
DIAMOX	ACETAZOLAMIDE	HYCODAN	HYDROXYUREA
DILANTIN	PHENYTOIN SODIUM EXTENDED	HYDROCODONE/ASPIRIN	HYDROCOD/HOMATROPINE
DILANTIN CHEWABLE	PHENYTOIN	HYDRO-DIURIL	HYDROCODONE/ASPIRIN
DILAUDID	HYDROMORPHONE	HYGROTON	HYDROCHLOROTHIAZIDE
DIPROLENE	BETAMETHASONE DIPRO	HYTONE	CHLORTHALIDONE
DIPROSONE	BETAMET DIPROP/PROP GLY	HYTRIN	HYDROCORTISONE
DISALCID	SALSALATE	IBERET 500	TERAZOSIN
DITROPAN	OXYBUTYNIN	ILETIN I LENTE	FERROUS SULFATE/FA/ VIT BCOMP&C
DOLOBID	DIFLUNISAL	ILETIN I NPH	INSULIN ZINC, BEEF-PORK
DOLOPHINE	METHADONE	ILETIN I REGULAR	INSULIN ISOPHANE NPH, BF-PK
DOMBORO OTIC	ACETIC ACID/ALUMINUM ACET	ILETIN II LENTE(PORK)	INSULIN REGULAR, BEEF-PORK
		ILETIN II NPH(PORK)	INSULIN ZINC, PORK PURIFIED
			INSULIN ISOPHANE, PORK PURE

Brand Name For Reference Only	Generic Name Drug Covered by Plan	Brand Name For Reference Only	Generic Name Drug Covered by Plan
ILETIN II REG(PORK)	INSULIN,PORK PURIFIED	MORPHINE	MORPHINE
ILETIN II REG(PORK)CONC	INSULIN,PORK REG. CONC	MOTRIN	IBUPROFEN
ILOSONE	ERYTHROMYCIN ESTOLATE	MYAMBUTOL	ETHAMBUTOL
ILOTYCIN	ERYTHROMYCIN BASE	MYCOLOG II	NYSTATIN/TRIAMCIN
INDERAL	PROPRANOLOL	MYCOSTATIN	NYSTATIN
INDERIDE	HCTZ/PROPRANOLOL	MYDRIACIL	TROPICAMIDE
INDOCIN	INDOMETHACIN	MYSOLINE	PRIMIDONE
INFLAMASE FORTE	PREDNISOLONE	NAPROSYN	NAPROXEN
INSULIN LENTE BEEF	INSULIN ZINC BEEF	NAVANE	THIOTHIXENE
INSULIN NPH BEEF	INSULIN ISOPHANE,BEEF	NELOVA	NORETHINDRONE-ETHIN ESTRADIOL
INSULIN REGULAR PORK	INSULIN,PORK	NEO-CALGLUCON	CALCIUM GLUBIONATE
INTAL	CROMOLYN SODIUM	NEODECADRON OPTH	NEOMYCIN/DEX NA PH
IPECAC	IPECAC	NEOMYCIN SULFATE	NEOMYCIN
ISONIAZID	ISONIAZID	NEORAL	CYCLOSPORINE
ISOPTIN	VERAPAMIL	NEOSPORIN OPTH	NEOMY SULF/BACITRA/ POLYMYXIN B
ISOPTO CARBACHOL	CARBACHOL	NEO-SYNEPHRINE OPTH	PHENYLEPHRINE
ISORDIL ORAL	ISOSORBIDE DINITRATE	NEPHRO-FER RX	FERROUS FUMARATE/ FOLIC ACID
ISORDIL SUBLINGUAL	ISOSORBIDE DINITRATE	NEPTAZANE	METHAZOLAMIDE
KARIVA	DESOGESTREL/ETH ESTRA SODIUM POLYSTYRENE SULFONATE	NICOBID	NIACIN
KAYEXALATE	POTASSIUM CHLORIDE	NITROBID	NITROGLYCERIN
K-DUR	CEPHALEXIN	NITRO-DUR	NITROGLYCERIN
KEFLEX	TRIAMCINOLONE	NITROSTAT	NITROGLYCERIN
KENALOG	CLONAZEPAM	NIZORAL	KETOCONAZOLE
KLONOPIN	POT CHLORIDE	NOCTEC	CHLORAL HYDRATE
KLOR-CON	POT BICARBONATE/CIT AC	NOLVADEX	TAMOXIFEN
K-LYTE	DIGOXIN	NORGESIC	ORPHENADRINE/ASPIRIN/CAFF
LANOXIN	INSULIN GLARGINE	NORPACE	DISOPYRAMIDE
LANTUS	FUROSEMIDE	NORPRAMIN	DESIPRAMINE
LASIX	LEVONORGESTREL-ETH ESTRA	NOVAHISTINE DH	P-EPHED/COD/CHLORPHENIR
LEVORA-21	LEVOTHYROXINE SODIUM	NOVOLOG	INSULIN ASPART
LEVOXYL	HYOSCYAMINE	NUCOFED	GUAIFENESIN/P-EPHED/COD
LEVSIN	HYOSCYAMINE	NUCOFED	P-EPHED/CODEINE
LEVSIN/SL	CLIDINIUM/CHLORDIAZEPOXIDE	NYSTATIN	NYSTATIN
LIBRAX	CHLORDIAZEPOXIDE	NYSTATIN VAGINAL	NYSTATIN
LIBRIUM	FLUOCINONIDE	OCUFEN	FLURBIPROFEN
LIDEX	FLUOCINONIDE/EMOLLIENT	OCUPRESS	CARTEOLOL
LIDEX-E	BACLOFEN	OGEN	ESTROPIPATE
LIORESAL	LITHIUM CITRATE	OPHTHAINE	PROPARACAINE
LITHIUM CITRATE	LITHIUM CARBONATE	ORINASE	TOLBUTAMIDE
LITHOBID	ETODOLAC	ORTHO NOVUM 1/35	NORETHINDRONE-ETHINYL ESTRAD
LODINE	DIPHENOXYLATE/ATROP	ORTHO NOVUM 1/50	NORETHINDRONE-MESTRANOL
LOMOTIL	MINOXIDIL	ORUDIS	KETOPROFEN
LONITEN	NORGESTREL-ETH ESTRA	OVRAL	NORGESTREL-ETHINYL ESTRADIOL
LO-OVRAL	GEMFIBROZIL	ROXICODONE	OXYCODONE
LOPID	METOPROLOL	PACERONE	AMIODARONE
LOPRESSOR	LOXAPINE	PAMELOR	NORTRIPTYLINE
LOXITANE	INDAPAMIDE	PANCREASE	AMYLASE/LIPASE/PROTEASE
LOZOL	FLUVOXAMINE	PAREGORIC	PAREGORIC
LUVOX	NITROFURANTOIN MA CROCRYSTAL	PARLODEL	BROMOCRIPTINE MESYLATE
MACRODANTIN	METHENAMINE MANDELATE	PBZ	TRIPLENNAMINE
MANDELAMINE	DIFLORASONE DIACETATE	PEDIAZOLE	ERY E-SUCC/SULFISOXAZOLE
MAXIFLOR	NEO/POLYMYX B SULF/ DEXAMETH	PEN VEE K	PENICILLIN V POTASSIUM
MAXITROL	HCTZ/TRIAMTERENE	PEPCID	FAMOTIDINE
MAXZIDE	MEPHOBARBITAL	PERCODAN	OXYCODONE/ASPIRIN
MEBARAL	METHYLPREDNISOLONE	PERIACTIN	CYPROHEPTADINE
MEDROL	MEGESTROL	PERIDEX	CHLORHEXIDINE GLUCONATE
MEGACE	THIORIDAZINE	PERMAX	PERGOLIDE
MELLARIL	ESTROGENS,ESTERIFIED	PERSANTINE	DIPYRIDAMOLE
MENEST	MEPERIDINE/PROMETH	PHENERGAN	PROMETHAZINE
MEPERGAN FORTIS	PHYTONADIONE	PHENERGAN DM	D-METHORPHAN/PROMETH
MEPHYTON	METHOTREXATE	PHENERGAN SUPP	PROMETHAZINE
METHOTREXATE	LOVASTATIN	PHENERGAN VC	PHENYLEPHRINE/PROMETH
MEVACOR	MEXILETINE	PHENERGAN VC W/ CODEINE	PHENYLEPHRINE/COD/ PROMETH
MEXITIL	GLYBURIDE	PHENERGAN W/ CODEINE	CODEINE/PROMETHAZINE
MICRONASE	ISOMETHEPTENE/APAP/ DICHLPHEN	PHENOBARBITAL	PHENOBARBITAL
MIDRIN	PRAZOSIN	PILOSTAT	PILOCARPINE
MINIPRES	MINOCYCLINE	PLAQUENIL	HYDROXYCHLOROQUINE
MINOCIN	ISOSORBIDE MONONITRATE		
MONOKET			

Brand Name For Reference Only	Generic Name Drug Covered by Plan	Brand Name For Reference Only	Generic Name Drug Covered by Plan
POLYCITRA	SOD/POTASS/K CIT/ SODIUM CIT/CA	TEGRETOL	CARBAMAZEPINE
POLYCITRA - K	CITRIC ACID/POTASSIUM CITRATE	TEMOVATE	CLOBETASOL
POLYSPORIN	BACITRACIN/POLYMYXIN B	TEMOVATE-E	CLOBETASOL EMOLL
POLYTRIM	POLYMYXIN B/TMP	TENORETIC	CHLORTHALIDONE/ATENOLOL
PREDNISOLONE	PREDNISOLONE	TENORMIN	ATENOLOL
PRINCIPEN	AMPICILLIN	TESSALON	BENZONATATE
PROBANTHINE	PROPANTHELINE	THEO-DUR	THEOPHYLLINE ANHYDROUS
PROCAN	PROCAINAMIDE	THORAZINE	CHLORPROMAZINE
PROCARDIA XL	NIFEDIPINE XL	TICLID	TICLOPIDINE
PROCTOCORT	HYDROCORTISONE	TIGAN	TRIMETHOBENZAMIDE
PROCTOCREAM HC	HC/PRAMOXINE/ CHLOROXYLENOL	TIMOPTIC	TIMOLOL
PROCTOFOAM HC	HC ACETATE/PRAMOXINE	TOBREX	TOBRAMYCIN
PROLIXIN	FLUPHENAZINE	TOFRANIL	IMIPRAMINE
PROPINE	DIPIVEFRIN	TOLINASE	TOLAZAMIDE
PROPYLTHIOURACIL	PROPYLTHIOURACIL	TOPICORT	DESOXIMETASONE
PROVENTIL	ALBUTEROL	TORADOL	KETOROLAC
PROVERA	MEDROXYPROGESTERONE	TRANDATE	LABETALOL
PROZAC	FLUOXETINE	TRANXENE	CLORAZEPATE
PSORCON	DIFLORASONE DIACETATE	TRENTAL	PENTOXIFYLLINE
PYRAZINAMIDE	PYRAZINAMIDE	TRIAVIL	AMITRIPTYLINE/PERPHENAZINE
PYRIDIUM	PHENAZOPYRIDINE	TRICOR	FENOFIBRATE, MICRONIZED
QUESTRAN	CHOLESTYRAMINE/SUCROSE	TRILAFON	PERPHENAZINE
QUESTRAN LIGHT	CHOLESTYRAMINE/ASPARTAME	TRILISATE	CHOL SAL/MAG SALICYLATE
QUINAGLUTE	QUINIDINE GLUCONATE	TRIMPEX	TRIMETHOPRIM
QUINAMM	QUININE SULFATE	TYLENOL W/ CODEINE	CODEINE/APAP
QUINIDEX	QUINIDINE SULFATE	TYLOX	XYCODONE/ACETAMINOPHEN
REGLAN	METOCLOPRAMIDE	ULTRAM	TRAMADOL
RELAFEN	NABUMETONE	URECHOLINE	BETHANECHOL
RESTORIL	TEMAZEPAM	VALISONE	BETAMETHASONE
RETIN-A	TRETINOIN	VALIUM	DIAZEPAM
REVIA	NALTREXONE	VASERETIC	ENALAPRIL/HCTZ
RIFAMPIN	RIFAMPIN	VASOCIDIN	NA SULFACETM/PREDNIS SP
RITALIN	METHYLPHENIDATE	VASOTEC	ENALAPRIL
RITALIN SR	METHYLPHENIDATE ER	VELOSEF	CEPHRADINE
RMS SUPP	MORPHINE	VELOSULIN HUMAN BR	INSULIN REG,HUM REC BUFF
ROBAXIN	METHOCARBAMOL	VENTOLIN	ALBUTEROL
ROBAXISOL	METHOCARBAMOL/ASA	VERMOX	MEBENDAZOLE
ROBITUSSIN AC	GUAIFENESIN/CODEINE	VIBRAMYCIN	DOXYCYCLINE HYCLATE
RONDEC	P-EPHED/CARBINOX	VICODIN	HYDROCODONE/APAP
RONDEC DM	DM/P-EPHED/CARBINOX	VIOKASE	AMYLASE/LIPASE/PROTEASE
RYNA-12	PHENYLEPH TAN/PYRIL/CP	VIROPTIC	TRIFLURIDINE
RYNATAN	CAR-B-PEN TA/EPHED/PE/CP	VISKEN	PINDOLOL
RYNATAN	PHENYLEPH/CHLOR	VISTARIL	HYDROXYZINE PAMOATE
RYNATUSS	CAR-B-PEN/PHENYLEPH/CP	VITAMIN D	ERGOCALCIFEROL
SANDIMMUNE	CYCLOSPORINE	VIVELLE	ESTRADIOL
SELSUN	SELENIUM SULFIDE	VOLTAREN	DICLOFENAC SODIUM
SERAX	OXAZEPAM	VOSOL	ACETIC ACID
SILVER SULFADIAZINE	SILVER SULFADIAZINE	VOSOL HC	ACETIC ACID/HC
SINEMET	CARBIDOPA/LEVODOPA	WELLBUTRIN	BUPROPION
SINEQUAN	DOXEPIN	WESTCORT	HYDROCORTISONE VALERATE
SLO-PHYLLIN	AMINOPHYLLINE	XANAX	ALPRAZOLAM
SLOW-K	POTASSIUM CHLORIDE	XYLOCAINE VISCOUS	LIDOCAINE
SODIUM SULAMYD	SULFACETAMIDE SODIUM	YODOXIN	IODOQUINOL
SOMA	CARISOPRODOL	ZANAFLEX	TIZANIDINE
SOMA COMPOUND	CARISOPRODOL/ASA	ZANTAC	RANITIDINE
SOMA COMPOUND W/ CODEINE	CARISOPRODOL/ASA/CODEINE	ZARONTIN	ETHOSUXIMIDE
SPECTAZOLE	ECONAZOLE	ZEPHREX	GUAIFENESIN/P-EPHED
SSKI	POTASSIUM IODIDE	ZESTORETIC	LISINOPRIL/HCTZ
STELAZINE	TRIFLUOPERAZINE	ZESTRIL	LISINOPRIL
SULFADIAZINE	SULFADIAZINE	ZIAC	HCTZ/BISOPROLOL
SULFANILAMIDE	SULFANILAMIDE	ZORPRIN	ASPIRIN
SULTRIN TRIPLE SULFA	SULFATHIAZ/SULFACET/S-BENZ	ZOVIA 1/35E	ETHYNODIOL D-ETH ESTRA
SUMYCIN	TETRACYCLINE	ZOVIRAX	ACYCLOVIR
SYMMETREL	AMANTADINE	ZYLOPRIM	ALLOPURINOL
SYNALAR	FLUOCINOLONE ACETONIDE		
SYNTHROID	LEVOTHYROXINE		
TAGAMET	CIMETIDINE		
TAMBOCOR	FLECANIDE		
TAPAZOLE	METHIMAZOLE		
TEBAMIDE SUPP	TRIMETHOBENZAMIDE/B-CAINE		



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