



# APPROVED FORMULARY DRUG LIST (CONDENSED VERSION)

Revised 7/2007

## LEGEND

In each class, drugs are alphabetically listed by active ingredient.

If only the word 'generic' appears within the parenthesis, only the generic is on Formulary.

*Example: Cefaclor (generic) means that the generic, Cefaclor is covered and the brand is not covered.*

If the word 'generic' does not appear within the parenthesis, the active ingredient is only available as a brand and is on Formulary. The drug name in parenthesis is the brand name.

*Example: Levofloxacin (Levaquin) means that the brand, Levaquin is covered and there is no generic available. Levaquin is the brand name.*

If the word 'generic' and the brand name both appear within the parenthesis, both the generic and the brand name drugs are on Formulary.

*Example: Warfarin (Coumadin/generic) means that both the brand and generic are available. Therefore, the brand Coumadin and the generic Warfarin are covered.*

## INTRODUCTION

Blue Cross of California uses a formulary (preferred list of drugs) to help your doctor make prescribing decisions. This list of drugs is updated quarterly, by a committee consisting of doctors and pharmacists, so that the list includes drugs that are safe and effective in the treatment of diseases. If you have any questions about the accessibility of your medication, please call the phone number listed on the back of your Blue Cross of California member identification card.

In most cases, if your physician has determined that it is medically necessary for you to receive a brand name drug or a drug that is not on our list, your physician may indicate "Dispense as Written" or "Do Not Substitute" on your prescription to ensure access to the medication through our network of community pharmacies, excluding drugs that require Prior Authorization of Benefits.

Please ask your doctor or pharmacist to refer to the Blue Cross of California Outpatient Prescription Drug List for a complete listing of products.

## USE OF GENERICS

Generic drugs are safe and effective equivalents to brand name medications. In many cases, if a generic equivalent is available for a brand name product, the brand name product will be considered non-preferred and the generic equivalent will be on the list. The FDA has endorsed the use of generic equivalents and has found their use to be safe and effective.

For medications classified by the FDA as having a narrow therapeutic index (NTI), Blue Cross of California discourages the use of these generic substitutions.

## PRIOR AUTHORIZATION

Blue Cross may require prior authorization of benefit (PAB) for certain drugs to provide a safe and affordable pharmacy benefit. Drugs which require PAB are often medications that are appropriate for only very specific medical conditions. If your physician believes that a medication requiring PAB is medically appropriate, he or she should contact WellPoint Pharmacy Management in order to initiate the Prior Authorization Process on your behalf. The list of drugs are subject to change so please call Customer Service at 1-800-700-2541 or check our website at [www.bluecrossca.com](http://www.bluecrossca.com) to obtain a complete list of PAB drugs.

## ANTI-INFECTIVE AGENTS

### ANTIBIOTICS

#### Cephalosporins

Cefaclor (generic)  
Cefdinir (generic)  
Cefadroxil (generic)  
Cefprozil (generic)  
Cefuroxime (generic)  
Cefpodoxamine (generic)  
Cephalexin (generic)  
Cephadrine (generic)

#### Macrolides

Azithromycin (generic)  
Clarithromycin XL (generic)  
Erythromycin (generic)  
Erythromycin/Sulfisoxazole (generic)

#### Penicillins

Amoxicillin (generic)  
Amoxicillin/Clavulanate (Augmentin/XR./generic)  
Ampicillin (generic)  
Dicloxacillin (generic)

Penicillin (generic)

### Quinolones

Ciprofloxacin/XR (generic)  
Levofloxacin (Levaquin)

### Sulfonamides

Erythromycin/Sulfisoxazole (generic)  
Sulfamethoxazole/Trimethoprim (generic)  
Sulfisoxazole (generic)

### Tetracyclines

Doxycycline hyclate (generic)  
Minocycline (generic)  
Tetracycline (generic)

### ANTIFUNGAL AGENTS (ORAL)

Clotrimazole (generic)  
Fluconazole (generic)  
Griseofulvin (generic)  
Itraconazole (generic)  
Ketoconazole (generic)  
Nystatin (generic)  
Terbinafine (Lamisil)

### ANTI-MALARIALS

Chloroquine (generic)  
Mefloquine (generic)  
Primaquine (Primaquine)  
Pyrimethamine (Daraprim)  
Pyrimethamine/Sulfadoxine (Fansidar)  
Quinine (generic)

### ANTI-TUBERCULOSIS AGENTS

Ethambutol (generic)  
Ethionamide (Trecator-SC)  
Isoniazid (generic)  
Pyrazinamide (generic)  
Rifabutin (Mycobutin)  
Rifampin (generic)

### OTHER ANTI-INFECTIVES

Clindamycin (generic)  
Iodoquinol (Yodoxin)  
Metronidazole (generic)  
Trimethoprim (generic)

## ANTI-NEOPLASTIC AGENTS

All FDA-approved, self-administered injectable and oral anti-neoplastic agents are eligible for coverage under the prescription drug benefit. May be subject to PAB.

## ANTIVIRAL AGENTS

Acyclovir (generic)  
Amantadine (generic)  
Ganciclovir (generic)  
Interferon Alfa-2A (Roferon-A)\*  
Interferon Alfa-2B (Intron A)\*  
Interferon Alfa-2B/Ribavirin (Rebetron)\*  
Interferon Alfacon-1 (Infergen)\*  
Lamivudine (Epivir HBV)  
Peginterferon Alfa-2B (Peg-Intron)\*  
Peginterferon Alfa-2A (Pegasys)\*  
Ribavirin (generic)  
Valacyclovir (Valtrex)  
Valganciclovir (Valcyte)

\*Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.

## AUTONOMIC AND CENTRAL NERVOUS SYSTEM AGENTS

### ANALGESICS, NARCOTIC

Acetaminophen/Codeine (generic)  
Aspirin/Codeine (generic)  
Codeine Phosphate/Sulfate (generic)  
Fentanyl (generic)  
Fentanyl Citrate (generic)  
Hydrocodone/Acetaminophen (generic)  
Hydromorphone (generic)  
Meperidine (generic)  
Methadone (generic)  
Morphine (generic)  
Morphine Sulfate (MS Contin/generic)  
Oxycodone/Acetaminophen (generic)  
Oxycodone/Aspirin (generic)  
Oxycodone (Oxycontin/generic)

Propoxyphene (generic)  
 Propoxyphene Compound (generic)  
 Propoxyphene/Acetaminophen (generic)  
**ANALGESICS, NON-NARCOTIC** - - - - -  
 APAP/Isometheptene/Dichlphen (generic)  
 Acetaminophen/Caffeine/Butalbital (generic)  
 Aspirin/Caffeine/Butalbital (generic)  
 Ergotamine (Ergomar)  
 Ergotamine/Caffeine (generic)  
 Methysergide (Sansert)  
 Rizatriptan (Maxalt/MLT)  
 Sumatriptan (Imitrex)  
 Tramadol (generic)  
 Zolmitriptan (Zomig/ZMT)  
**ANALGESICS, NONSTEROIDAL ANTI-INFLAMMATORY** - - - - -  
 Diclofenac (generic)  
 Etodolac (generic)  
 Flurbiprofen (generic)  
 Ibuprofen (generic)  
 Indomethacin (generic)  
 Ketoprofen (generic)  
 Ketorolac (generic)  
 Nabumetone (generic)  
 Naproxen (generic)  
 Naproxen/Lansoprazole(Prevacid NapraPac)  
 Oxaprozin (generic)  
 Piroxicam (generic)  
 Sulindac (generic)  
**ANALGESICS, SALICYLATES** - - - - -  
 Aspirin (generic)  
 Chol Sal/Magnesium Salicylate (generic)  
 Diflunisal (generic)  
 Salsalate (generic)  
**ANTICONSULSANTS** - - - - -  
 Carbamazepine (Tegretol/-XR/Carbatrol/generic)  
 Clonazepam (generic)  
 Diazepam (Diastat)  
 Divalproex Sodium (Depakote/ER)  
 Ethosuximide (generic)  
 Felbamate (Felbatol)  
 Gabapentin (Neurontin solution/generic)  
 Tiagabine (Gabitril)  
 Levetiracetam (Keppra)  
 Lamotrigine (generic/Lamictal)  
 Phenobarbital (generic)  
 Phenytoin (Dilantin/Phenytek/generic)  
 Primidone (generic)  
 Oxcarbazepine (Trileptal)  
 Topiramate (Topamax)  
 Valproic Acid (Depakene/generic)  
 Zonisamide (generic)  
**ANTIPARKINSON AGENTS** - - - - -  
 Akineton (Biperiden)  
 Amantadine (generic)  
 Bzotropine (generic)  
 Bromocriptine (generic)  
 Carbidopa/Levodopa (generic)  
 Entacapone (Comtan)  
 Levodopa (Laradopa)  
 Pergolide (generic)  
 Procyclidine (Kemadrin)  
 Pramipexole (Mirapex)  
 Ropinirole (Requip)  
 Selegiline (generic)  
 Trihexyphenidyl (generic)  
**ALZHEIMER'S AGENTS** - - - - -  
 Donepezil (Aricept)  
 Memantine (Namenda)  
 Rivastigmine (Exelon)  
**CEREBRAL STIMULANTS** - - - - -  
 Amphet Asp/Amphet/D-Amphet (Adderall XR/  
 generic)  
 Atomoxetine (Strattera)  
 Dextroamphetamine (generic)  
 Methylphenidate ER (Concerta/Methylin ER)  
 Methylphenidate (generic)  
**MULTIPLE SCLEROSIS AGENTS** - - - - -  
 Glatiramer Acetate (Copaxone)\*  
 Interferon Beta-1A (Avonex)\*  
 Interferon Beta-1A (Rebif)\*

Interferon Beta-1B (Betaseron)\*  
 \*Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.  
**OPIOID DEPENDANCE** - - - - -  
 Buprenorphine/Naloxone (Suboxone)  
 Buprenorphine (Subutex)  
**PSYCHOTHERAPEUTIC AGENTS** - - - - -  
**Antidepressants** - - - - -  
 Amitriptyline (generic)  
 Bupropion/-XL (generic)  
 Citalopram (generic)  
 Desipramine (generic)  
 Doxepin (generic)  
 Escitalopram (Lexapro)  
 Fluoxetine (generic)  
 Fluvoxamine (generic)  
 Imipramine (generic)  
 Mirtazapine (generic)  
 Nortriptyline (generic)  
 Paroxetine (Paxil CR/generic)  
 Phenelzine (Nardil)  
 Sertraline (generic)  
 Tranylcypromine (Parnate)  
 Trazodone (generic)  
 Venlafaxine (Effexor XR/generic)  
**Antimanic Agents** - - - - -  
 Lithium Carbonate (Eskalith-CR/Lithobid/generic)  
 Lithium Citrate (Lithonate/generic)  
**Antipsychotic Agents** - - - - -  
 Aripiprazole (Abilify)  
 Chlorpromazine (generic)  
 Clomipramine (generic)  
 Clozapine (Fazaclo ODT/generic)  
 Fluphenazine (generic)  
 Haloperidol (generic)  
 Loxapine (generic)  
 Mesoridazine (Serentil)  
 Olanzapine (Zyprexa/Zydis)  
 Perphenazine (generic)  
 Pimozide (Orap)  
 Prochlorperazine (generic)  
 Quetiapine (Seroquel)  
 Risperidone (Risperdal/-M)  
 Thioridazine (generic)  
 Thiothixene (generic)  
 Trifluoperazine (generic)  
 Ziprasidone (Geodon)  
**SEDATIVES, HYPNOTICS AND ANTI-ANXIETY** - - - - -  
 Alprazolam (generic)  
 Buspirone (generic)  
 Chloral Hydrate (generic)  
 Chlordiazepoxide (generic)  
 Clorazepate (generic)  
 Diazepam (generic)  
 Flurazepam (generic)  
 Lorazepam (generic)  
 Meprobamate (generic)  
 Oxazepam (generic)  
 Temazepam (generic)  
 Triazolam (generic)  
 Zolpidem (generic)

**BLOOD MODIFIERS**

Erythropoietin (Procrit)\*  
 Filgrastim (Neupogen)\*  
 Oprelvekin (Neumega)\*  
 Pegfilgrastim (Neulasta)\*  
 Sargramostim (Leukine)\*

\*Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.

**CARDIOVASCULAR AGENTS**

**ANGIOTENSIN CONVERTING ENZYME INHIBITORS AND RECEPTOR BLOCKERS** - - - - -  
 Benazepril/HCTZ (generic)  
 Benazepril/Amlodipine (Lotrel)  
 Captopril/HCTZ (generic)  
 Enalapril/HCTZ (generic)  
 Fosinopril/HCTZ (generic)

Lisinopril/HCTZ (generic)  
 Losartan/HCTZ (Cozaar/Hyzaar)  
 Moexipril (generic)  
 Quinapril/HCTZ (generic)  
 Ramipril (Altace)  
 Trandolapril (generic)  
 Valsartan/HCTZ (Diovan/Diovan HCT)  
**ANTI-ADRENERGIC BLOCKERS** - - - - -  
 Doxazosin (generic)  
 Prazosin (generic)  
 Terazosin (generic)  
 Tamsulosin (Flomax)  
**ANTIARRHYTHMICS** - - - - -  
 Amiodarone (Cordarone/Pacerone/generic)  
 Digoxin (Lanoxicap/Lanoxin/generic)  
 Disopyramide (generic)  
 Flecainide (generic)  
 Mexiletine (generic)  
 Moricizine (Ethmazine)  
 Procainamide (generic)  
 Propafenone (generic)  
 Quinidine Gluconate (generic)  
 Sotalol (generic)  
**ANTICOAGULANTS/ANTITHROMBOTICS** - - - - -  
 Anagrelide (generic)  
 Cilostazol (generic)  
 Clopidogrel (Plavix)  
 Dalteparin (Fragmin)\*  
 Dipyridamole (generic)  
 Enoxaparin (Lovenox)\*  
 Fondaparinux (Arixtra)\*  
 Pentoxifylline (generic)  
 Ticlopidine (generic)  
 Tinzaparin (Innohep)\*  
 Warfarin (Coumadin/generic)

\*Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.

**ANTILIPEMICS**

Atorvastatin (Lipitor)  
 Cholestyramine (generic)  
 Colestipol (generic)  
 Ezetimibe (Zetia)  
 Fenofibrate (Tricor/generic)  
 Gemfibrozil (generic)  
 Lovastatin (generic)  
 Niacin (Nicotinx/SloNiacin/Niaspan/generic)  
 Pravastatin (generic)  
 Simvastatin (generic)

**BETA-ADRENERGIC BLOCKERS**

Atenolol/Chlorthalidone (generic)  
 Bisoprolol/HCTZ (generic)  
 Carvedilol (Coreg CR)  
 Labetalol (generic)  
 Metoprolol/XL/HCTZ (generic)  
 Pindolol (generic)  
 Propranolol/XL/HCTZ (generic)  
 Sotalol (generic)  
 Timolol (generic)

**CALCIUM CHANNEL BLOCKERS**

Amlodipine (generic)  
 Bepridil (Vascor)  
 Diltiazem (generic)  
 Felodipine (generic)  
 Nicardipine (generic)  
 Nifedipine (generic)  
 Nisoldipine (Sular)  
 Verapamil (generic)

**CENTRALLY ACTING ANTIHYPERTENSIVES**

Clonidine (generic)  
 Methyldopa (generic)

**DIURETICS**

Acetazolamide (generic)  
 Chlorthalidone (generic)  
 Ethacrynic Acid (generic)  
 Furosemide (generic)  
 HCTZ/Triamterene (generic)  
 Hydrochlorothiazide (generic)  
 Indapamide (generic)  
 Methazolamide (generic)  
 Metolazone (generic)

Spironolactone/HCTZ (generic)  
Torsemide (generic)  
Triamterene (generic)

#### **VASODILATORS**

Hydralazine (generic)  
Isosorbide Dinitrate (Dilatrate SR/generic)  
Isosorbide Mononitrate (generic)  
Minoxidil (generic)  
Nitroglycerin (Nitrostat/Nitrobid/Nitrolingual Spray/generic)  
Nitroglycerin (Nitrek/Nitro-Dur/generic)

#### **VASOPRESSORS**

Epinephrine (Epipen/Jr/Twinject)

### **CONTRACEPTIVES**

Eth Estradiol/Desogestrel (Mircette)  
Eth Estradiol/Desogestrel (Apri/generic)  
Eth Estradiol/Drospirenone (Yasmin/Yaz)  
Eth Estradiol/Ethinodioldiacetate (Zovia)  
Eth Estradiol/Levonorgestrel (Enpresse/Jolessa/Portia/Trivora/generic)  
Eth Estradiol/Norelgestromin (Ortho-Evra)  
Eth Estradiol/Norethindrone (Balziva)  
Eth Estradiol/Norethindrone (Necon/generic)  
Eth Estradiol/Norgestimate (Trinessa/TriSprintec/generic)  
Eth Estradiol/Norgestrel (Low-Ogestrel/Ogestrel)  
Norethindrone (Nora-BE)

#### **EMERGENCY CONTRACEPTIVES**

Levonorgestrel (Plan B)

### **DERMATOLOGICALS**

#### **ACNE**

Adapalene (Differin)  
Clindamycin (Cleocin T)  
Clindamycin/benzoyl peroxide (Duac)  
Erythromycin (generic)  
Isotretinoin (generic)  
Minocycline (generic)  
Sodium Sulfacetamide (generic)  
Tretinoin (generic)

#### **ANTIBIOTICS/ANTIVIRALS**

Acyclovir (generic)  
Bacitracin/Polymyxin B (Bacitracin)  
Mupirocin (Bactroban/generic)  
Sodium Sulfacetamide (generic)

#### **FUNGICIDES**

Ciclopirox (Loprox)  
Nystatin/Triamcinolone (generic)  
Metronidazole (Metrogel/MetroLotion/MetroCream)  
Econazole (generic)  
Ketoconazole (generic)

#### **TOPICAL ANTI-INFLAMMATORY AGENTS**

##### **Low Potency**

Desonide (generic)  
Fluocinolone (generic)  
Hydrocortisone (generic)

##### **Medium Potency**

Desoximetasone (generic)  
Fluocinolone (Dermasmoothe F/S/generic)  
Fluticasone (generic)  
Mometasone (generic)  
Prednicarbate (generic)  
Triamcinolone (generic)

##### **High Potency**

Betamethasone Dipropionate (generic)  
Fluocinonide (generic)

##### **Ultra-High Potency**

Augmented Betamethasone (generic)  
Clobetasol (Clobex/generic)  
Diflorasone (generic)

#### **VAGINAL/RECTAL PREPARATIONS**

Clindamycin (Cleocin)  
Dienestrol (Ortho-Dienestrol)  
Estradiol (Estrace/Estring/Vagifem)  
Estrogens, Conjugated (Premarin)  
Hydrocortisone (Cortifoam)  
Hydrocortisone/Praxamine (Analpram/Proctocort HC/Proctocream HC/Proctofoam HC)

Mesalamine (Rowasa)  
Metronidazole (Metrogel-Vaginal)  
Nystatin (generic)  
Progesterone (Crinone Vaginal Gel)  
Sulfanilamide (generic)  
Sulfathiaz/Sulfacet/Sulfabenz (generic)

#### **MISCELLANEOUS DERMATOLOGICALS**

Calcipotriene (Dovonex)  
Crotamiton (Eurax)  
Fluorouracil (Fluoroplex/generic)  
Imiquimod (Aldara)  
Lindane (generic)  
Masoprocol (Actinex)  
Methoxsalen (Oxsoralen)  
Permethrin (Elimite)  
Pimecrolimus (Elidel)  
Podofilox (Condylox)  
Selenium Sulfide (Exsel)  
Silver Sulfadiazine (generic)  
Tacrolimus (Protopic)

### **ENDOCRINE AGENTS**

#### **ANTI-DIABETIC AGENTS-INJECTABLE**

All forms of insulin are covered.  
Exenatide (Byetta)\*  
Pramlintide (Symlin)\*

\*Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.

#### **ANTI-DIABETIC AGENTS-ORAL**

Acarbose (Precose)  
Acetohexamide (generic)  
Chlorpropamide (generic)  
Glimepiride (generic)  
Glimepiride/Rosiglitazone (Avandaryl)  
Glipizide (generic)  
Glipizide/Metformin (generic)  
Glyburide/Metformin (generic)  
Glyburide/Micronized (generic)  
Metformin (generic)  
Miglitol (Glyset)  
Nateglinide (Starlix)  
Pioglitazone (Actos)  
Pioglitazone/glimepiride (Duetact)  
Pioglitazone/Metformin (ActosPlus Met)  
Repaglinide (Prandin)  
Rosiglitazone (Avandia)  
Rosiglitazone/Metformin (Avandamet)  
Tolazamide (generic)  
Tolbutamide (generic)

#### **ANTI-DIABETIC SUPPLIES**

Select blood testing supplies, such as glucometers, lancets, and test strips, may be covered. Accu-Chek and One Touch are the only test strips included on formulary. Quantity limits apply. Urine test strips are also a covered benefit.

Lifescan (One Touch, One Touch Ultra)  
Roche Diagnostics (Accu-Chek, Aviva)

#### **GLUCOSE ELEVATING AGENTS**

Diazoxide (Proglycem)  
Glucagon (Glucagon)

#### **ANTI-THYROID**

Methimazole (generic)  
Propylthiouracil (generic)

#### **THYROID**

Levothyroxine (Levothroid/Levoxyl/Unithroid/Synthroid/generic)  
Liothyronine (Cytomel)  
Liotrix (Thyrolar)  
Thyroid (Armour Thyroid)

#### **OTHER ENDOCRINE AGENTS**

Leuprolide (Eligard/Lupron/generic)\*

\*Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.

### **GASTROINTESTINAL AGENTS**

#### **ANTIEMETIC/ANTIVERTIGO**

Dronabinol (Marinol)  
Granisetron (Kytril)  
Meclizine (generic)

Metoclopramide (generic)  
Ondansetron (generic)  
Prochlorperazine (generic)  
Promethazine (Phenergan)  
Scopolamine (Transderm-Scop)  
Thiethylperazine (Torecan)  
Trimethobenzamide (generic)

#### **ANTI-SPAZMODIC/GI MOTILITY**

Belladonna/Phenobarbital (generic)  
Ciidinium/Chlordiazepoxide (generic)  
Dicyclomine (generic)  
Hyoscyamine (generic)  
Propantheline (generic)

#### **ANTI-ULCER**

Cimetidine (generic)  
Glycopyrolate (generic)  
Lansoprazole (Prevacid)  
Lansoprazole/Amox/Clarith (Prevpac)  
Misoprostol (generic)  
Nizatidine (generic)  
Omeprazole (generic)  
Pantoprazole (Protonix)  
Ranitidine (generic)  
Sucralfate (generic)

#### **OTHER GI PRODUCTS**

Balsalazide (Colazal)  
Budesonide (Entocort EC)  
Hydrocortisone (Cortifoam)  
Lactulose (generic)  
Mesalamine (Asacol/Canasa/Pentasa)  
Olsalazine (Dipentum)  
Pancreatic Lipase (Creon/Pancrease/Ultrase/Viokase)  
Sulfasalazine (generic)  
Ursodiol (generic)

### **GLUCOCORTICOIDS**

Dexamethasone (generic)  
Fludrocortisone (Florinef)  
Methylprednisolone (generic)  
Prednisolone (generic)  
Prednisone (generic)

### **GOUT THERAPY**

Allopurinol (generic)  
Colchicine (generic)  
Colchicine/Probenecid (generic)  
Indomethacin (generic)  
Probenecid (generic)

### **HIV AGENTS**

All oral and self injectable FDA-approved HIV agents are eligible for coverage under the prescription drug benefit. May be subject to PAB.

### **HORMONES**

#### **ANTIESTROGENS**

Anastrozole (Arimidex)  
Raloxifene (Evista)  
Tamoxifen (generic)

#### **ESTROGENS**

Estradiol (generic)  
Estradiol Patch (Alora/Climara/Climara Pro/Esclim/Estraderm/Vivelle/Dot)  
Estrogens, Conjugated (Premarin/Low Dose)  
Estrogens, Esterified (Estratab/Menest)  
Estropipate (generic)  
Synthetic conjugated estrogens (Cenestin)

#### **ESTROGEN COMBINATIONS**

Estradiol/Norethindrone Acetate (Activella)  
Estrogen, Con/Medroxyprogesterone (Prempro/Premphase)  
Estrogen, Ester/Methyltestosterone (generic)  
Ethinyl Estradiol/Norethindrone Acetate (Femhrt)  
**GROWTH HORMONE**  
Somatotropin (Genotropin/Humatropo/Nutropin/Nutropin AQ)\*

\*Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.

**PROGESTINS**

Desogestrel (Cyclessa)  
 Medroxyprogesterone (Cycrin/generic)  
 Megestrol (generic)  
 Micronized Progesterone (Prometrium)  
 Norethindrone (generic)  
 Progesterone (Crinone Vaginal Gel)

**MISCELLANEOUS HORMONE PRODUCTS**

Bicalutamide (Casodex)  
 Cabergoline (Dostinex)  
 Danazol (Danocrine)  
 Desmopressin (Stimate)  
 Finasteride (generic)  
 Flutamide (Eulexin)  
 Octreotide (Sandostatin)  
 Oxandrolone (Oxandrin)  
 Testosterone (Androderm/Androgel/Testim)

**IMMUNOSUPPRESSIVE AGENTS**

All FDA-approved, self-administered injectable and oral immunosuppressive agents are eligible for coverage under the prescription drug benefit.

**OPHTHALMICS****ALPHA-AGONIST**

Brimonidine Tartrate (Alphagan P)

**PROSTAGLANDIN AGONIST**

Bimatoprost (Lumigan)  
 Latanoprost (Xalatan)

**ANTI-INFECTIVE AGENTS**

Chloramphenicol (generic)  
 Ciprofloxacin (generic)  
 Erythromycin (generic)  
 Gentamicin (generic)  
 Neomycin/Bacitracin/Polymyxin (generic)  
 Ofloxacin (Ocuflox/generic)  
 Polymyxin B/Trimethoprim (generic)  
 Sulfacetamide (generic)  
 Tobramycin (generic)  
 Moxifloxacin (Vigamox)

**ANTI-INFLAMMATORY AGENTS**

Cromolyn (generic)  
 Dexamethasone (generic)  
 Diclofenac (generic)  
 Fluorometholone (generic)  
 Flurbiprofen (Ocufen)  
 Ketorolac (Acular/LS)  
 Ketotifen Fumarate (generic)  
 Naphazoline (generic)  
 Prednisolone (generic)

**ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS**

Na Sulfacetm/Fluorometholone (FML-S)  
 Na Sulfacetm/Prednisolone (generic)  
 Neomy/Bacitracin/Polymyxin/Hydrocort (generic)  
 Neomy/Polymyx B/Prednisolone (Poly-Pred)  
 Neomycin/Dexamethasone (Neo-Dex)  
 Neomycin/Polymyx B/Dexamethasone (generic)  
 Tobramycin/Dexamethasone (Tobradex)

**ANTIVIRAL AGENTS**

Trifluridine (Viroptic)  
 Vidarabine (Vira-A)

**BETA-BLOCKERS**

Betaxolol (Betoptic/S/generic)  
 Carteolol (generic)  
 Levobunolol (generic)  
 Metipranolol (generic)  
 Timolol (Betimol/generic)

**MIOTICS**

Brinzolamide (Azopt)  
 Dorzolamide (Trusopt)  
 Dorzolamide/Timolol (Cosopt)  
 Pilocarpine (generic)

**MYDRIATICS**

Atropine (generic)  
 Cyclopentolate (Cyclogyl)  
 Homatropine (Isopto Homatropine)  
 Phenylephrine (Neo-Synephrine)  
 Tropicamide (Mydriacyl)

**SYMPATHOMIMETICS**

Dipivefrin (generic)

**OTICS****ANTI-INFECTIVE AGENTS**

Acetic Acid (generic)  
 Acetic Acid/Benzethonium (generic)  
 Ofloxacin (Floxin Otic)

**ANTI-INFECTIVE AND ANTI-INFLAMMATORY COMBINATIONS**

Ciprofloxacin/Dexamethasone (Ciprodex)  
 Neomycin/Polymyxin/HC (generic)

**RESPIRATORY****ANTI-ASTHMATIC AGENTS****Asthma Devices**

Asthma Spacer (Aerochamber/InspirEase/Optichamber)  
 Peak Flow Meter (Personal Best/Pocketpeak)

**Corticosteroids**

Beclomethasone (QVAR)  
 Budesonide (Pulmicort)  
 Flunisolide (Aerobid/-M/Aerospan HFA)  
 Fluticasone (Flovent)  
 Fluticasone/Salmeterol (Advair / Advair HFA)  
 Mometasone (Asmanex)  
 Triamcinolone (Azmacort)

**Sympathomimetics**

Albuterol (generic)  
 Formoterol (Foradil)  
 Isoproterenol (generic)  
 Levalbuterol (Xopenex HFA)  
 Metaproterenol (generic)  
 Albuterol/Proair HFA/Proventil HFA)  
 Salmeterol (Serevent)  
 Terbutaline (Brethaire)

**Xanthine Derivatives**

Aminophylline (Truphylline/generic)  
 Theophylline (Theo-Dur/Theo-24/Uniphyll/generic)

**OTHER AGENTS**

Albuterol/Ipratropium (Combivent/DuoNeb)  
 Cromolyn (generic)  
 Ipratropium (Atrovent/HFA)  
 Montelukast (Singulair)  
 Nedocromil (Tilade)  
 Potassium Iodide (SSKI)  
 Sodium Chloride (Broncho-Saline/generic)  
 Tiotropium (Spiriva)  
 Tobramycin (Tobi)

**ANTIHISTAMINES/DECONGESTANTS**

Carbinoxamine/Pseudoephedrine/DM (generic)  
 Fexofenadine (generic)  
 Hydroxyzine (generic)  
 Promethazine (generic)  
 Pseudoephed/Brompheniramine (generic)

**EXPECTORANT AND COUGH PRODUCTS**

Benzonatate (generic)  
 Guaifenesin/Codeine (generic)  
 Guaifenesin/Codeine/Pseudoephedrine (generic)  
 Guaifenesin/Pseudoephedrine (generic)  
 Guaifenesin/Hydrocodone (generic)  
 Hydrocodone/Homatropine (generic)  
 Phenylephrine/Hydrocodone (generic)  
 Promethazine/Dextromethorphan (generic)  
 Promethazine/Codeine (generic)  
 Promethazine/Phenylephrine (generic)  
 Promethazine/Phenylephrine/Codeine (generic)

**NASAL MEDICATIONS**

Azelastine (Astelin)  
 Fluticasone (generic)  
 Mometasone (Nasonex)

**SKELETAL AGENTS****ANTIRHEUMATICS**

Auranofin (Ridaura)  
 Azathioprine (generic)  
 Hydroxychloroquine (generic)  
 Methotrexate (generic)

**BONE ENHANCING AGENTS**

Alendronate (Fosamax/-D)

Calcitonin-Salmon (generic)  
 Risedronate (Actonel/-with Calcium)  
 Teriparatide (Forteo) ❖

❖Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.

**SKELETAL MUSCLE RELAXANTS**

Baclofen (generic)  
 Carisoprodol (generic)  
 Cyclobenzaprine (generic)  
 Diazepam (generic)  
 Methocarbamol (generic)  
 Tizanidine (generic)

**URINARY AGENTS****ANTI-INFECTIVES**

Nitrofurantoin (generic)  
 Sulfadiazine (generic)  
 Sulfisoxazole (generic)  
 Trimethoprim/Sulfamethoxazole (generic)

**CHOLINERGIC AGENTS**

Bethanechol (generic)  
 Flavoxate (generic)

**OTHER URINARY AGENTS**

Phenazopyridine (generic)  
 Oxybutynin (generic/-XL)  
 Solifenacin (Vesicare)  
 Tolterodine (Detrol/-LA)

**VITAMINS AND ELECTROLYTES**

Calcitriol (Rocaltrol)  
 Dihydrotachysterol (DHT)  
 Ergocalciferol (Vitamin D/generic)  
 Ferrous Sulfate/Folate/Vit B comp/C (generic)  
 Folic Acid (generic)  
 Multivitamins/Fluoride (generic)  
 Multivits/Fe/Hematin (B-Complex Plus Vitamin/generic)  
 Vit A, C & D/Fluoride/Iron (generic)  
 Potassium Supplements (generic)  
 Prenatal Vitamins

**MISCELLANEOUS AGENTS**

Alprostadil (Caverject/Edex)\*  
 Etanercept (Enbrel)\*  
 Cevimeline (Evoxac)  
 Lanthanum Carbonate (Fosrenol)  
 Leucovorin (generic)  
 Methylergonovine (Methergine)  
 Miglustat (Zavesca)  
 Mycophenolate (Cellcept)  
 Neostigmine (generic)  
 Pyridostigmine (generic)  
 Sodium Polystyrene Sulfonatem (generic)  
 Sevelamer (Renagel)  
 Thalidomide (Thalomid)

❖Members should refer to their Member Handbook for benefit details regarding applicable copayments or coinsurance.



Blue Cross of California is an Independent Licensee of the Blue Cross Association.