

# Blue Shield drug formulary

Member Booklet  
2010-2011

Dear Blue Shield member,

We are pleased to provide you with a copy of the 2010-2011 Blue Shield Drug Formulary to help inform you of medications covered on our list of preferred drugs. If you are new to Blue Shield, please take a moment to see if your prescribed drugs are on our formulary. Every health-coverage carrier has a different drug formulary, and you will want to make sure that your medications are covered under your pharmacy benefit plan.

**The Blue Shield Drug Formulary is a list of preferred generic and brand-name drugs.**

The Blue Shield Drug Formulary contains preferred medications that have been reviewed for safety, efficacy, bio-equivalency, and are approved by the Food and Drug Administration (FDA). This formulary is developed and maintained by the Blue Shield Pharmacy and Therapeutics (P&T) Committee. Voting members of the P&T Committee are licensed physicians and pharmacists in community practice who are not employees of Blue Shield. The P&T Committee is the governing committee responsible for all policies and procedures concerning formulary management, medication use evaluation, pharmacy-related quality improvement, medication educational programs, and any other medication-related matters pertaining to patient care.

Because there are thousands of medications included in your outpatient prescription drug benefit plan, we only list the most commonly prescribed ones. Please remember that this is not a complete list of medications covered under your plan.

**The formulary is current as of the date listed on the back cover.** For the most current information, you can access the formulary on our website at [blueshieldca.com](http://blueshieldca.com) by clicking on the *Pharmacy* tab, then selecting the *Drug Database & Formulary*.

For additional information about your prescription drug benefits, please consult your Blue Shield Summary of Benefits and your *Evidence of Coverage (EOC)* or *Certificate of Insurance (COI)/Policy*. You can also call the customer service number listed on your Blue Shield member identification card.

**Note:** The Blue Shield Drug Formulary applies to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield throughout this document).

# Table of contents

<b>Introduction to the drug formulary</b> .....	<b>2</b>
What is a drug formulary? .....	2
How is the drug formulary developed? .....	2
How to read the formulary .....	2
What is a brand-name drug? .....	3
What is a generic drug? .....	3
What are specialty drugs? .....	3
What is prior authorization? .....	4
How long does it take to review a request for prior authorization? .....	5
Who reviews a prior authorization request? .....	5
What is step therapy? .....	5
Blue Shield offers these types of outpatient prescription drug benefits .....	5
Participating retail pharmacies .....	6
Mail service pharmacy .....	6
Using the Blue Shield Drug Formulary .....	7
<b>List of formulary drugs</b> .....	<b>8</b>
<b>Formulary drugs by therapeutic class</b> .....	<b>32</b>
<b>Non-formulary drugs requiring prior authorization</b> .....	<b>61</b>
<b>Non-formulary drugs with quantity limits</b> .....	<b>65</b>
<b>Formulary alternatives for commonly prescribed non-formulary drugs</b> .....	<b>69</b>
<b>Specialty drugs</b> .....	<b>71</b>

# Introduction to the drug formulary

## What is a drug formulary?

A formulary is a list of preferred generic and brand-name medications approved by the Food and Drug Administration (FDA) that are covered under your Blue Shield prescription drug benefit. You can check your *Evidence of Coverage* (EOC) or *Certificate of Insurance* (COI), or call the member services number on your Blue Shield member ID card, to determine whether the formulary applies to your plan. The fact that a drug is listed in the formulary does not guarantee that it will be prescribed by your physician.

## How is the drug formulary developed?

The formulary is developed and updated quarterly by the Blue Shield Pharmacy and Therapeutics (P&T) Committee. The P&T Committee reviews medical literature concerning safety, effectiveness, and current use in therapy to determine whether the drug should be included on our formulary. The medical information reviewed is from a variety of nationally recognized sources such as Medline, other databases, pharmaceutical manufacturers, medical professional associations, and peer-reviewed journals. The P&T Committee reviews and updates the formulary regularly to ensure that it continues to provide coverage for drugs that are cost effective and safe. Through the use of our drug formulary, we can help maximize treatment quality while keeping your prescription drug costs lower.

Additions or removal of drugs from the Blue Shield formulary that were approved by the P&T Committee are promptly listed on the online drug formulary. For the latest formulary updates, please check either the Drug Database & Formulary, or the Announcements section in the *Pharmacy* section of **blueshieldca.com**. In addition, printed addendums with updates to the drug formulary are also available by calling the customer service number on your Blue Shield member ID card.

If a drug is removed from the formulary, members who were already receiving the drug will continue to have the medication covered for as long as the treating physician continues to prescribe the drug, provided the drug is being prescribed appropriately and is considered safe and effective for treating the member's medical condition.

## How to read the formulary

For your convenience, we've listed the drug formulary both by alphabetical order and by therapeutic class. Note that specialty drugs are only listed in the Specialty Drug List section at the end of this booklet. We have also provided a few quick reference tables:

- Non-formulary drugs requiring prior authorization
- Non-formulary drugs with quantity limits
- Formulary alternatives for commonly prescribed non-formulary drugs
- Specialty drugs

Other things to note when consulting this formulary:

- Generic drugs begin with lowercase letters.
- Brand-name drugs begin with capital letters.
- If a brand-name drug is followed by the text "(generic only)," it means that only the generic version is on Blue Shield's formulary.
- Drugs listed with a "◆" may require prior authorization from Blue Shield.
- If you cannot find a drug name in "List of formulary drugs", or "Formulary drugs by therapeutic class", please also check the Specialty Drug List section at the end of the booklet.

Please view your *Evidence of Coverage* or *Certificate of Insurance* for drugs that may not be covered due to a benefit exclusion.

This formulary list is subject to change on a quarterly basis. When medications are added or removed from the formulary, we notify members and physicians of the changes through newsletters and [blueshieldca.com](https://www.blueshieldca.com).

### What is a brand-name drug?

A brand-name drug is a medication that has been approved by the FDA for sale and marketing in the U.S., and that has patent protection which limits which manufacturer(s) can make and sell the medication. Generic versions of brand drugs cannot be made or sold until the patent has expired. Once the patent has expired, generic versions of the medication can be sold alongside the brand version. Blue Shield's Drug Formulary includes many brand-name drugs.

### What is a generic drug?

A generic drug has the same active ingredient and dosage form (e.g., tablet or capsule), and works in exactly the same way as its brand-name counterpart. When the patent on a brand-name drug expires, other drug manufacturers can apply to the FDA to make a generic version of the drug. The FDA approves generic drugs when manufacturers have proven that the generic version is equally safe and effective as the brand-name counterpart.

Generic drugs usually cost less than the brand-name equivalent. Therefore, using generic drugs instead of a brand-name drug is one of the easiest ways to reduce your prescription costs. Most Blue Shield health plans provide a lower copayment for generic drugs, compared with brand-name drugs. Most generic drugs are covered even if they are not listed in the drug formulary.

### What are specialty drugs?

Specialty drugs are those drugs used to treat complex or chronic conditions, and which usually require close monitoring, such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancer, and other conditions that are difficult to treat with traditional therapies. Specialty drugs may be self-administered in the home by injection (under the skin or into a muscle), by inhalation, by mouth, or on the skin. These drugs may

also require special handling, special manufacturing processes, and may have limited prescribing or limited pharmacy availability.

Specialty drugs are obtained from a Blue Shield specialty pharmacy, and may require prior authorization for medical necessity by Blue Shield. If coverage is approved, the drug can only be obtained through one of our specialty pharmacies.

You can find a list of specialty drugs at the end of this booklet.

## What is prior authorization?

Drug prior authorization is a process to obtain advanced approval of coverage for a prescription medication. Most medications are covered by Blue Shield without requiring prior authorization. However, some select drugs require your doctor to provide information about your prescription to determine coverage. Your doctor may provide information for a prior authorization review by calling or faxing a form to Blue Shield Pharmacy Benefit Management. Your doctor will be notified whether your prescription is approved for coverage.

Prior authorization coverage requirements are determined by the Blue Shield P&T Committee to ensure that medications are prescribed for medically necessary reasons, used safely as recommended by the FDA and in medical studies, and used when formulary alternatives have been considered first. Drugs require prior authorization when:

- Other drugs are recommended as first-choice treatment, based on nationally recognized clinical guidelines, the FDA, or the medical literature.
- There is no significant clinical advantage compared with other formulary drugs that treat the same condition, based on clinical study results.
- The drug should be reserved for rare or uncommon conditions.
- The drug has a high potential for toxicity, abuse, or misuse.
- The dose, prescription quantity, or duration of use exceeds that recommended by the FDA.

Finally, prior authorization helps keep prescription costs affordable by suggesting use of formulary drugs first.

Here are other situations when prior authorization may be necessary to request an exception to the coverage status of a prescription:

- Non-formulary drugs for members in a closed formulary plan (check your *Evidence of Coverage or Certificate of Insurance/Policy* to see if your plan is a closed formulary plan, or call the customer service number on your member ID card).
- Prescriptions that exceed the maximum limits described in the drug formulary.

Drugs requiring prior authorization for medical necessity are listed in the formulary with either a "◆" or with a note regarding a quantity limit or maximum dose.

## How long does it take to review a request for prior authorization?

Telephone requests for prior authorization can be determined immediately, while the prescriber or prescriber's agent is on the phone. Faxed prior-authorization requests that are urgent are reviewed within three business days, while non-urgent requests are reviewed in no more than five business days.

## Who reviews a prior authorization request?

Pharmacists, pharmacy technicians, and medical directors review prior authorization requests to determine whether the information provided by a doctor meets the coverage requirements defined by the P&T Committee, or if an exception to the coverage requirements should be made due to your individual situation or medical history. When necessary, Blue Shield will ask external board-certified physician specialists to provide assistance with prior-authorization reviews.

## What is step therapy?

Step therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line for safety and cost-effectiveness, then progressing to other drugs that may have more side effects or risks or that are more costly. The P&T Committee may determine that coverage of selected drugs requires step therapy with first-line drugs before covering the prescribed medication. Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition. Other common terms used for step therapy are: "prerequisite therapy," "prior therapy," or "step-therapy protocol."

If step-therapy coverage requirements are not met for a prescription and your doctor feels that the medication is medically necessary for you, your doctor may request an exception to the coverage requirements by requesting a prior-authorization review by contacting Blue Shield Pharmacy Benefit Management by phone or fax.

## Blue Shield offers these types of outpatient prescription drug benefits

- A closed formulary plan provides coverage for generic drugs, formulary brand-name drugs, and specialty drugs. Non-formulary drugs and most specialty drugs are covered only when prior authorization is approved.
- An incentive formulary plan provides coverage for generic drugs, formulary brand-name drugs, and specialty drugs. Non-formulary drugs are also covered for a higher copayment. Prior authorization approval may be required to cover some specialty drugs and certain non-formulary drugs. If coverage for a non-formulary drug requiring prior authorization is approved, you are responsible for the non-formulary copayment. For a list of non-formulary drugs that require prior authorization, please refer to the tables at the end of this booklet.

- Some plans underwritten by Blue Shield of California Life & Health Insurance Company do not cover brand-name drugs. You may want to check your *Certificate of Insurance (COI)/Policy*, or call the customer service number on your Blue Shield member ID card, to determine whether you have brand-name drug coverage.

Copayments for generic drugs are always lower than the copayments for formulary brand name, non-formulary, and specialty drugs. For most plans, if you select a brand-name drug when a generic equivalent is available, you pay the difference between Blue Shield's cost for the brand-name drug and its equivalent generic drug, in addition to your generic copayment.

Drugs requiring prior authorization are listed in the formulary with a "◆" or with a note regarding a quantity limit or maximum dose.

### Participating retail pharmacies

You may fill your prescriptions at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Based upon your outpatient prescription drug plan, you may be limited to no more than a 30-day supply of medication from participating retail pharmacies. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy near you, check the *Pharmacy* section of [blueshieldca.com](https://www.blueshieldca.com).

### Mail-service pharmacy

Blue Shield offers an easy-to-use mail-service prescription drug program through our contracted mail-service pharmacy, PrimeMail. Using the mail-service drug program can save you time and money, and is a convenient way to fill maintenance medications for up to a 60-day or 90-day supply, depending on your plan. Maintenance medications are those prescribed to treat chronic conditions (like asthma, diabetes) and taken on a regular basis to maintain health. After stabilizing your dose, using mail service helps you continue to have your maintenance medication on hand for regular use, and it may optimize your copay by making available more medication for your copay.

Your prescription(s) will be delivered directly to you in plain-labeled, FDA-approved packaging. You should allow 14 days to receive your prescription, from the time your prescription is received at the mail order pharmacy.

For more information on using the mail-order prescription benefit, please visit Mail-Service Prescriptions in the *Pharmacy* section of [blueshieldca.com](https://www.blueshieldca.com). To see if you have a mail-service benefit, please check your *Evidence of Coverage or Certificate of Insurance/Policy*, or call the customer service number listed on your Blue Shield ID card.

## Using the Blue Shield Drug Formulary

To ensure that the medication your doctor prescribes is covered, and to minimize your out-of-pocket expenses, we recommend that you and your doctor consult the Blue Shield Drug Formulary before writing or filling prescriptions. It may be helpful to bring your Blue Shield Drug Formulary when you visit your doctor, so that you and your doctor can make decisions about alternative medications, if necessary. Ask your doctor to prescribe a generic drug when you need to be treated with medication. If a generic drug is not available, or if your doctor prescribes a brand-name drug that is not listed in the formulary, consider asking your doctor whether a formulary brand-name drug may be just as effective and right for you.

Always check the Drug Database & Formulary in the *Pharmacy* section of **blueshieldca.com** for the most current information about which drugs are on the formulary.

The Blue Shield Drug Formulary includes most generic drugs (unless otherwise excluded), even if they are not listed. Some generic drugs are in classes that are excluded from coverage, such as a drug used for cosmetic purposes. Please refer to your Blue Shield Summary of Benefits and your *Evidence of Coverage (EOC)* or *Certificate of Insurance (COI)/Policy* for benefit exclusions.

# List of formulary drugs

This section lists formulary drugs alphabetically. Brand-name drugs begin with capital letters while generic drugs begin with lowercase letters.

## A

acarbose

Accu-Chek test strips (*limit of 200/month*)

Accuneb (*generic only; limit of 5 boxes/month*)

Accupril (*generic only*)

Accuretic (*generic only*)

+Accutane (*not covered through mail service*)

Aceon (*generic only*) (*limit of 1 tab/day for 2mg & 4mg, 2 tabs/day for 8mg*)

acetaminophen/butalbital/caffeine

acetaminophen/codeine

acetaminophen/hydrocodone

acetaminophen/oxycodone

acetazolamide

acetic acid

acetic acid/aluminum acetate

acetic acid/antipyrine/benzocaine/  
polycosanol

acetic acid/HC

Aciphex

Aclovate (*generic only*)

+Actigall

+Actiq ♦ (*limit of 4 lozenges/day*)

+Activella

Actonel 30mg ♦ (*for Paget's Disease*)  
(*not covered through mail service*)

Actoplus met (♦ *if no prior therapy*  
*with metformin*)

Actos (♦ *if no prior diabetic drug therapy*)

+Acular

+Acular LS

acyclovir cap.

+Adalat CC

+Adderall (*considered inappropriate for use*  
*in the elderly*)\*

+Adderall XR (*considered inappropriate for*  
*use in the elderly*)\*

Adoxa (*generic only*)

+Adrenaclick (*limit of 2 syringes/prescription*)

Advair Diskus Inhaler (*limit of 1 inhaler/month*)

Advicor

+Agrilyn

Alamast

Albafort (*generic only*)

albuterol inhalation solution (*limit of 5 boxes/*  
*month or 4 bottles/month*)

albuterol syrup

albuterol tab.

albuterol ER tab.

Alcet (*generic only*)

alclometasone

+Aldactazide

+Aldactone

+Aldara (*limit of 24 packets/month, max.*  
*48 packets/6 months*)

Aldomet (*generic only*)

alendronate (*35 & 70mg limited to 1 tab/week;*  
*40mg limited to 1 tab/day*)

Alkeran tab.

Allegra tablet (*generic only*)

Allegra-D 12 hour (*generic only*)

Allfen C (*generic only*)

allopurinol

Alomide

Alphagan (*generic only*)

+ Alphagan P

alprazolam

alprazolam extended release

alprazolam rapid dissolving

Alex

Altace capsule (*generic only*)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

amantadine  
 Amaryl (generic only)  
 +Ambien (limit of 10mg/day)  
 Ambien CR ♦ (limit of 12.5mg/day)  
 Amerge (limit of 18 tabs/month) (not covered through mail service)  
 Amicar  
 aminocaproic acid  
 aminophylline  
 amiodarone  
 amitriptyline (considered inappropriate for use in the elderly)\*  
 amlodipine  
 amlodipine/benazepril  
 amoxapine  
 amoxicillin  
 amoxicillin/clavulanate  
 Amoxil (generic only)  
 amphetamine/dextroamphetamine (considered inappropriate for use in the elderly)\*  
 ampicillin  
 amylase/lipase/protease  
 Anafranil (generic only)  
 anagrelide  
 Analpram HC cream (generic only)  
 Analpram HC lotion  
 Anamantle HC (generic only)  
 AndroGel (limit of 4 pumps/month, 2/day for 5gm packet, 4/day for 2.5gm packet)  
 Android  
 Androxy  
 Ansaid (generic only)  
 Antabuse  
 antipyrine/benzocaine ear drops  
 Antivert (generic only)  
 Anturane (generic only)  
 Anusol HC suppositories (generic only)  
 Anzemet (limit of 1 tab/prescription) (not covered through mail service)  
 Apresoline (generic only)  
 apri  
 Aptivus ♦ (if no prior HAART therapy)

+Aralen  
 aranelle  
 Arava (generic only)  
 Aricept  
 Arimidex ♦ (covered for female > 45 years of age)  
 Armour Thyroid (considered inappropriate for use in the elderly)\*  
 Aromasin ♦  
 asa/butalbital/caffeine  
 asa/oxycodone  
 Asacol  
 Asacol HD  
 Asmanex (limit of 1 inhaler/month)  
 Astelin (limit of 1 bottle/month)  
 Astepro (limit of 1 bottle/month)  
 Atarax (generic only) (considered inappropriate for use in the elderly)\*  
 atenolol  
 atenolol/chlorthalidone  
 Ativan (generic only)  
 Atripla  
 atropine eye drops  
 Atrovent inhalation solution (generic only; limit of 4 boxes/month)  
 Atrovent HFA (limit of 2 inhalers/month)  
 Atrovent nasal (generic only) (limit of 1 bottle/month for 0.03%, 3 bottles/month for 0.06%)  
 Augmentin (some strengths have generic)  
 Auralgan (generic only)  
 Avalide ♦ (if no prior therapy with an ACE inhibitor, limit of 1 tab/day)  
 Avandamet ♦ (if no prior therapy with metformin)  
 Avandia ♦ (if no prior diabetic drug therapy)  
 Avapro ♦ (if no prior therapy with an ACE inhibitor, limit of 1 tab/day)  
 AVC  
 Avelox (limit of 10 tabs/prescription)  
 Aventyl (generic only)  
 aviane  
 Avita ♦ (if > 40 years of age)

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

Axid (*generic only*)  
+Aygestin  
azathioprine tab.  
azelastine drops  
Azilect  
azithromycin  
Azopt  
+Azulfidine

## B

bacitracin eye ointment  
baclofen  
Bactrim (*generic only*)  
Bactrim DS (*generic only*)  
Bactroban cream  
+Bactroban ointment  
balsalazide  
balziva  
Banzel ♦ (200mg limited to 2 tabs/day;  
400mg limited to 8 tabs/day)  
Baraclude (*limit of 1 tab/day*)  
belladonna alkaloid/phenobarbital  
(*considered inappropriate for use in  
the elderly*)\*  
benazepril (*limit of 1 tab/day; 40mg limited  
to 2 tabs/day*)  
benazepril/HCTZ (*limit of 1 tab/day*)  
Bensal HP (*generic only*)  
Bentyl (*generic only*) (*considered  
inappropriate for use in the elderly*)\*  
Benzac AC 2.5% gel (*generic only*)  
+Benzac AC 5% cleanser  
Benzaclin gel (*generic only*)  
Benzagel (*generic only*)  
+Benzamycin gel  
benzoic acid/salicylic acid ointment  
benzonatate  
benzoyl peroxide cleanser (3%, 5%, 6%, 9%)  
benzoyl peroxide cleansing lotion (4%, 8%)  
benzoyl peroxide gel (2.5%, 4%, 8%)  
benzoyl peroxide medicated pad (3%,  
6%, 9%)

benzoyl peroxide microspheres cleanser,  
cream ♦  
benzoyl peroxide/hydrocortisone lotion  
benzoyl peroxide/urea cleanser,  
medicated pad  
benztropine  
Berroca Plus (*generic only*)  
Betagan (*generic only*)  
betamethasone dipropionate 0.05%  
cream, gel, lotion, ointment  
betamethasone valerate  
+Betapace  
+Betapace AF  
betaxolol  
betaxolol drops  
bethanechol  
Betimol  
Betoptic-S  
+Biaxin (*limit of 42 tabs/prescription*)  
+Biaxin XL (*limit of 42 tabs/prescription*)  
+Bicitra  
bicalutamide (*covered for male*)  
Bidhist (*generic only*)  
bisoprolol  
bisoprolol/hydrochlorothiazide  
+Bleph-10  
Blephamide  
Blocadren (*generic only*)  
Brethine (*generic only*)  
brevicon  
Brevoxyl-4 gel (*generic only*)  
Brevoxyl-8 gel (*generic only*)  
brimonidine  
Bromfed (*generic only*)  
Bromfed-PD (*generic only*)  
bromocriptine mesylate  
brompheniramine  
brompheniramine/codeine liquid  
brompheniramine/pseudoephedrine/  
codeine  
Brovex CT (*generic only*)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

budesonide nebulizer susp.  
(*limit of 2 doses/day*)  
bumetanide  
Bumex (generic only)  
bupropion (*maximum dose of 400mg/day*)  
bupropion extended release (*maximum dose of 400mg/day*)  
bupropion sustained release (*maximum dose of 400mg/day*)  
Buspar (generic only)  
buspirone  
butalbital/acetaminophen  
butorphanol NS (*limit of 2 canisters/ prescription, not to exceed 4 canisters/ 30 days*) (*not covered through mail service*)  
Byetta ♦ (*limit of 1 pen/month*)

## C

cabergoline (*limit of 16 tabs/month*)  
+Cafcit  
+Cafergot † ablet (*maximum dose of 10/week*)  
caffeine citrated solution  
+Calan  
+Calan SR  
calcipotriene solution (*limit of 1 pump/month*)  
calcitonin salmon nasal ♦ (*limit of 1 bottle/month*)  
calcitriol  
calcium acetate cap.  
camila  
Capex shampoo  
Capoten (generic only)  
captopril  
Carac  
Carafate (generic only)  
carbachol  
carbamazepine  
carbamazepine XR  
Carbatrol  
carbetapentane/chlorpheniramine tab., susp.  
carbetapentane/phenylephrine/ chlorpheniramine tab.  
carbidopa/levodopa  
carbidopa/levodopa rapid dissolving ♦  
carbidopa/levodopa sustained release  
carbinoxamine tab.  
Cardizem (generic only)  
Cardizem LA (generic only)  
Cardizem SR (generic only)  
+Cardura  
carisoprodol (*considered inappropriate for use in the elderly*)\*  
carisoprodol/aspirin (*considered inappropriate for use in the elderly*)\*  
carisoprodol/aspirin/codeine (*considered inappropriate for use in the elderly*)\*  
Carmol 40 (generic only)  
Carmol scalp lotion (generic only)  
carvedilol  
+Casodex (*covered for male*)  
+Catapres  
+Catapres TTS  
Caverject ♦ (*limit of 6 inj./month if approved*) (*not covered through mail service*) (*not covered for all plans*)  
Ceclor (generic only)  
Ceclor CD (generic only) (*limit of 14 tabs/ prescription*)  
Ceenu cap.  
cefaclor  
cefadroxil  
cefdinir  
cefditoren 400mg tab.  
cefepodoxime  
cefprozil  
+Ceftin tab., 125mg/5ml susp.  
Ceftin 250mg/5ml susp.  
cefuroxime  
Cefzil (generic only)  
Celexa (generic only)  
+Cellcept cap., tab.  
Cellcept susp.  
cephalexin  
Cephulac (generic only)  
cesia

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

Chemet  
 chlordiazepoxide (*considered inappropriate for use in the elderly*)\*  
 chloroquine phosphate  
 chlorothiazide tab.  
 chlorpheniramine SR tab., drops  
 chlorpheniramine/codeine liquid  
 chlorpromazine  
 chlorpropamide (*considered inappropriate for use in the elderly*)\*  
 chlorthalidone  
 chlorzoxazone (*considered inappropriate for use in the elderly*)\*  
 cholestyramine  
 choline magnesium salicylate  
 Chromagen FA (*generic only*)  
 Chromagen Forte (*generic only*)  
 ciprofloxacin cream, gel, solution, susp. shampoo  
 cilostazol  
 +Ciloxan eye drops  
 Ciloxan eye ointment  
 cimetidine (*OTC forms not covered*)  
 ciprofloxacin extended release tab.  
 ciprofloxacin tab. & eye drops  
 +Cipro tablets  
 +Cipro XR (*limit of 3 tabs of 500mg or 14 tabs of 1000mg per prescription*)  
 citalopram  
 Citranatal Rx (*generic only*)  
 citric acid/sodium citrate  
 clarithromycin (*limit of 42 tabs/prescription*)  
 clarithromycin extended release (*limit of 42 tabs/prescription*)  
 clemastine (2.68mg, tablet only)  
 clemastine syrup  
 clenia  
 +Cleocin  
 +Cleocin T  
 +Cleocin vaginal  
 clidinium/chlordiazepoxide (*considered inappropriate for use in the elderly*)\*  
 Climara (*generic only; limit of 8 patches/month*)

ClimaraPro  
 clindamycin  
 clindamycin/benzoyl peroxide gel  
 clindamycin topical  
 clindamycin vaginal  
 Clindesse  
 +Clinoril  
 clobetasol 0.05% cream, gel, ointment, solution, cream emollient  
 clobetasol 0.05% foam ◆  
 +Clomid (*covered for female*)  
 clomiphene (*covered for female*)  
 clomipramine  
 clonazepam  
 clonazepam rapid dissolving ◆  
 clonidine  
 clorazepate  
 clotrimazole 1%/betamethasone 0.05%  
 clotrimazole troches  
 clozapine  
 +Clozaril  
 Coartem (*limit of 24 tabs/prescription*)  
 codeine/acetaminophen/caffeine/butalbital  
 codeine/promethazine (*considered inappropriate for use in the elderly*)\*  
 Cogentin (*generic only*)  
 +Colazal  
 colchicine  
 +Colestid granules, tablet  
 Colestid packet (*generic only*)  
 colestipol  
 Colyte (*generic only*)  
 CombiPatch (*limit of 8 patches/month*)  
 Combivir  
 Combunox (*generic only*) (*limit of 28 tabs/prescription*)  
 Compazine (*generic only*)  
 Comtan (◆ *if no concurrent therapy with levodopa/carbidopa*)  
 Concept DHA (*generic only*)  
 Concerta

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

+Condylox solution  
 Coppegus ◆ (generic only)  
 +Cordarone  
 +Coreg  
 Corgard (generic only)  
 Cortane B (generic only)  
 +Cortef  
 Cortifoam  
 cortisone acetate  
 Cortisporin otic, eye ointment and drops  
 (generic only)  
 +Cosopt  
 Cozaar (generic only) (◆ if no prior therapy  
 with an ACE inhibitor, limit of 100mg/day)  
 +Coumadin  
 CPB WC (generic only)  
 cpm-pse  
 Creon  
 Crinone Gel ◆  
 Crixivan  
 Crolom  
 cromolyn inhalation solution  
 cryselle  
 Cuprimine  
 Cutivate (generic only)  
 Cyclessa (generic only)  
 cyclobenzaprine (considered inappropriate  
 for use in the elderly)\*  
 cyclophosphamide tab.  
 cyclosporine cap., solution  
 cyproheptadine (considered inappropriate  
 for use in the elderly)\*  
 +Cytomel (considered inappropriate for use  
 in the elderly)\*  
 +Cytotec  
 Cytovene (generic only)  
 Cytosan tab. (generic only)

## D

Dallergy DM (generic only)  
 Dallergy PE (generic only)  
 +Dalmane (considered inappropriate for use  
 in the elderly)\*

danazol  
 dapsone  
 Daraprim  
 Darvocet N (generic only) (considered  
 inappropriate for use in the elderly)\*  
 Daypro (generic only) (considered  
 inappropriate for use in the elderly)\*  
 +DDAVP nasal spray, tab.  
 Decadron (generic only)  
 Deltasone (generic only)  
 Demadex (generic only)  
 Demulen (generic only)  
 +Depakene  
 +Depakote, ER, sprinkles  
 Dermatop (generic only)  
 desipramine  
 desmopressin  
 Desogen (generic only)  
 desogestrel/ethinyl estradiol  
 desonide 0.05% cream, ointment, lotion  
 +Desowen  
 desoximetasone  
 Desoxyn (generic only)  
 +Desyrel  
 dexamethasone  
 dexchlorpheniramine sustained action  
 Dexedrine (generic only) (extended release  
 limited to 1 cap/day) (considered inappro-  
 priate for use in the elderly)\*  
 Dexilant (limit of 1 cap/day)  
 dexmethylphenidate (limit of 2 tabs/day)  
 (considered inappropriate for use in  
 the elderly)\*  
 dextroamphetamine (extended release  
 limited to 1 cap/day) (considered inappro-  
 priate for use in the elderly)\*  
 dextromethorphan/phenylephrine/  
 chlorpheniramine drops  
 dextromethorphan/phenylephrine/  
 diphenhydramine suspension  
 dextromethorphan/pseudoephedrine/  
 brompheniramine liquid  
 D.H.E. 45 ◆  
 diabeta

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

+Diabinese *(considered inappropriate for use in the elderly)\**

Dialyvite

Diamox *(generic only)*

Diamox sequels *(generic only)*

diazepam *(considered inappropriate for use in the elderly)\**

diclofenac delayed release

diclofenac extended release *(considered inappropriate for use in the elderly)\**

diclofenac eye drop

dicloxacillin

dicyclomine *(considered inappropriate for use in the elderly)\**

didanosine delayed release

+Didronel

Differin (◆ *if > 40 years of age*)

diflorasone cream, ointment

diflorasone emollient cream

+Diflucan

digoxin

dihydrocodeine/acetaminophen/caffeine

+Dilacor XR

+Dilantin

Dilaudid *(generic only)*

diltiazem

diltiazem ER

diltiazem, sustained release

Diovan (◆ *if no prior therapy with an ACE inhibitor (limit of 1 tab/day)*)

Diovan HCT (◆ *if no prior therapy with an ACE inhibitor (limit of 1 tab/day)*)

Dipentum

diphenoxylate/atropine

+Diprolene

+Diprolene AF

+Diprosone

dipyridamole *(considered inappropriate for use in the elderly)\**

Disalcid *(generic only)*

disopyramide

disopyramide cap. sa

+Ditropan

Ditropan XL *(generic only)*

divalproex sodium

divalproex sodium ER

Dolophine *(generic only)*

+Domeboro Otic

Donatussin DM *(generic only)*

Donnatal elixir, tablet *(generic only) (considered inappropriate for use in the elderly)\**

Donnatal SA tablet *(considered inappropriate for use in the elderly)\**

dorzolamide

dorzolamide/timolol

Dostinex *(generic only) (limit of 16 tabs/month)*

Dovonex cream

+Dovonex solution

doxazosin

doxepin cap., oral conc. *(considered inappropriate for use in the elderly)\**

doxepin 5% cream *(considered inappropriate for use in the elderly)\**

doxycycline

+Drisdol capsule

Drithocreme HP

dronabinol

+DuoNeb *(limit of 6 boxes/month)*

Durabac Forte *(generic only)*

+Duragesic Patches *(limit of 20 patches/month)*

Durahist D *(generic only)*

Duraphen 1000 *(generic only)*

Duricef *(generic only)*

+Dyazide

Dynacirc *(generic only)*

Dynapen *(generic only)*

Dytan-DM *(generic only)*

**E**

econazole

Ed-Chlor-Tan *(generic only)*

Edex (◆ *limit of 6 inj./month if approved (not covered through mail service) (not covered for all plans)*)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

E.E.S.  
 Effexor (*generic only*)  
 Effexor XR (*limit of 2 caps/day*)  
 +Efudex cream, solution  
 Elavil (*generic only*) (*considered inappropriate for use in the elderly*)\*  
 +Eldepryl  
 Elestat  
 Elidel ♦ (*limit of 1 tube/month*)  
 +Elimite  
 elixophyllin  
 +Elocon cream, ointment  
 Elocon solution (*generic only*)  
 Emcyt  
 Emla (*generic only*)  
 Emtriva  
 Enablex (♦ *if no prior therapy with oxybutynin*)  
 enalapril  
 enalapril/HCTZ  
 enpresse  
 Entocort EC  
 epinephrine autoinjector (*limit of 2 syringes/prescription*)  
 +Epipen (*limit of 2 syringes/prescription*)  
 EpiPen Jr. (*limit of 2 syringes/prescription*)  
 Epiriv  
 Epiriv HBV ♦ (*limit of 1 tab/day*)  
 eplerenone  
 Epzicom  
 ergocalciferol cap.  
 Ergomar SL (*maximum dose of 5/week*)  
 ergotamine/caffeine (*maximum dose of 10/week*)  
 errin  
 EryDerm (*generic only*)  
 Erygel (*generic only*)  
 Erymax (*generic only*)  
 Ery-Tab  
 Erythrocin  
 erythromycin/benzoyl peroxide gel  
 erythromycin delayed-release caps  
 erythromycin ethylsuccinate  
 erythromycin ethylsuccinate/  
 sulfasoxazole  
 erythromycin gel  
 erythromycin ophthalmic  
 erythromycin solution  
 erythromycin swab  
 +Eskalith  
 +Eskalith CR  
 estazolam  
 esterified estrogens  
 esterified estrogen/methyltestosterone  
 Estrace cream  
 +Estrace tablet  
 estradiol tablet  
 estradiol transdermal  
 estradiol/norethindrone  
 +Estratest  
 +Estratest HS  
 Estring  
 estropipate  
 Estrostep Fe (*generic only*)  
 ethambutol  
 ethosuximide  
 ethynodiol/ethinyl estradiol  
 etidronate  
 etodolac  
 etodolac sustained release  
 +Eulexin cap.  
 Eurax  
 Evista (*for females*)  
 Evoclin (*generic only*)(*limit of 1 can/month*)  
 Evoxac  
 Exforge (♦ *if no prior therapy with ACE inhibitor, ACE combination, ARB, or ARB combination*) (*limit of 1 tab/day*)  
 Exforge HCT (♦ *if no prior therapy with ACE inhibitor, ACE combination, ARB, or ARB combination*) (*limit of 1 tab/day*)  
 Extendryl chew tab. (*generic only*)

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

## F

- famciclovir  
famotidine (OTC forms not covered)  
Famvir (generic only)  
Fareston  
Fast Take test strips (limit of 200/month)  
+Feldene (considered inappropriate for use in the elderly)\*  
felodipine  
Femara ♦  
femtabs  
fenofibrate micronized  
fenoprofen  
fentanyl lozenge ♦ (limit of 4 lozenges/day)  
fentanyl patches (limit of 20 patches/month)  
Fero-Folic 500 (generic only)  
Ferralet 90 (generic only)  
fexofenadine tablet  
fexofenadine/pseudoephedrine tablet  
finasteride  
+Fioricet (maximum dose of 6/day)  
+Fioricet/codeine  
+Fiorinal (maximum dose of 6/day)  
+Flagyl  
flavoxate  
flecainide  
Flexeril (generic only) (considered inappropriate for use in the elderly)\*  
+Flomax (♦ if no prior therapy with doxazosin or terazosin)  
+Flonase (limit of 1 bottle/month)  
+Florinef  
Flovent Diskus (limit of 1 inhaler/month)  
Flovent HFA (limit of 2 inhalers/month)  
Flloxin oral (generic only)  
+Flloxin otc  
fluconazole  
fludrocortisone  
flunisolide nasal 29mcg/spray, and 25mcg/spray (limit of 2 bottles/month)  
fluocinolone cream, ointment, solution  
fluocinonide 0.05% cream, ointment, gel, solution, cream emollient  
fluorometholone  
Fluoroplex  
fluorouracil solution, cream  
fluoxetine (considered inappropriate for use in the elderly)\*  
fluoxetine delayed release (limit 4 caps/month) (considered inappropriate for use in the elderly)\*  
fluphenazine  
flurazepam (considered inappropriate for use in the elderly)\*  
flurbiprofen  
flutamide cap.  
fluticasone nasal  
fluticasone propionate cream, ointment  
fluvoxamine  
+FML  
FML Forte  
folbee plus  
Focalin (generic only, limit of 2 tabs/day) (considered inappropriate for use in the elderly)\*  
Folgard Rx (generic only)  
Folgard Rx 2.2 (generic only)  
folic acid  
folic acid/MVI/mineral  
folic acid/niacinamide/cupric oxide/zinc oxide  
folic acid/vitamin B complex and C/pantothenic acid/biotin  
Foltx (generic only)  
Foradil  
Fortical nasal spray ♦ (limit of 1 bottle/month)  
+Fosamax (35 and 70mg limited to 1 tab/week; 40mg limited to 1 tab/day)  
Fosamax plus D 70-2800 (limit to 1 tab/week)  
fosinopril (limit of 1 tab/day, 2 tabs/day for 40mg)  
fosinopril/HCTZ  
Fulvicin P-G (generic only)  
Fulvicin U/F  
Furosemide

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

## G

gabapentin  
Gabitril  
galantamine  
galantamine extended release  
ganciclovir  
Gantrisin  
Garamycin ointment (*generic only*)  
gemfibrozil  
gentamicin topical and eye ointment  
glimepiride  
glipizide  
glipizide extended release  
glipizide/metformin  
Glucagon kit (*limit of 2 kits/prescription*)  
+Glucophage  
Glucophage XR (*generic only*)  
+Glucotrol  
+Glucotrol XL  
Glucovance (*generic only*)  
glyburide  
glyburide/metformin  
glycopyrrolate  
+Glynase  
Golytely (*generic only*)  
granisetron (*limit of 2 tabs/prescription*)  
(*not covered through mail service*)  
+Grifulvin-V suspension  
Grifulvin-V tablet  
griseofulvin microsize  
griseofulvin ultramicrosize  
guaifenesin/carbetapentane SR tab.  
guaifenesin/codeine  
guaifenesin/dextromethorphan liquid  
guaifenesin/dextromethorphan/  
phenylephrine/chlorpheniramine syrup  
guaifenesin/dextromethorphan/  
pseudoephedrine syrup  
guaifenesin/phenylephrine SR tab.  
guaifenesin/pseudoephedrine/codeine

## H

+Halcion  
halobetasol  
haloperidol  
Hectorol  
Hemocyte-F (*generic only*)  
heparin ◆ (*for sq*)  
Hepsera (*limit of 1 tab/day*)  
Hiprex (*generic only*)  
Humalog vial  
Humalog Mix vial  
Humatin (*generic only*)  
Humulin insulin (*vial only*)  
Hycamtin  
+Hycodan  
hydralazine  
Hydro 40 (*generic only*)  
hydrochlorothiazide  
hydrocodone/homatropine  
hydrocodone/ibuprofen  
hydrocortisone butyrate  
hydrocortisone 2.5% cream,  
ointment, lotion  
hydrocortisone enema  
hydrocortisone rectal cream  
hydrocortisone suppository  
hydrocortisone valerate  
hydrocortisone 1%/iodoquinol  
hydrocortisone/lidocaine rectal cream  
hydrocortisone/lidocaine topical  
cream, lotion  
hydrocortisone/lidocaine/aloe vera  
rectal gel  
hydrocortisone/pramoxine rectal cream  
hydrocortisone/pramoxine/chloroxylenol  
ear drops  
Hydrodiuril (*generic only*)  
hydromorphone  
hydroxychloroquine  
hydroxyzine (*considered inappropriate for  
use in the elderly*)\*  
hyoscyamine sulfate  
+Hytone (*OTC not covered*)  
+Hytrin  
Hyzaar (*generic only*) (◆ *if no prior therapy  
with an ACE inhibitor, limit of 1 tab/day*)

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

I

ibuprofen (OTC forms not covered)

ibuprofen/oxycodone (limit of 28 tabs/  
prescription)

lloctycin (generic only)

+Imdur

imipramine

imiquimod 5% (limit of 24 packets/month,  
max. 48 packets/6 months)

+lmitrex inj. (limit of 4 inj./fill, max 16 inj./  
month) (not covered through mail service)

+lmitrex nasal spray (limit of 18 doses/  
month) (not covered through mail service)

+lmitrex tablet (limit of 18 tabs/month)  
(not covered through mail service)

Imuran (generic only)

Inderal (generic only)

+Inderal LA

Indocin (generic only) (considered  
inappropriate for use in the elderly)\*

Indocin SR (generic only) (considered  
inappropriate for use in the elderly)\*

indomethacin (considered inappropriate  
for use in the elderly)\*

indomethacin sustained release (considered  
inappropriate for use in the elderly)\*

+Inflamase Forte

Inflamase Mild

Inspra (generic only)

Intal aerosol (limit of 3 inhalers/month)

Intal inhalation solution (generic only)  
(limit of 2 boxes/month)

Intelence (◆ if no prior HAART therapy)

Invirase

ipratropium inhalation solution (limit of  
4 boxes/month)

ipratropium nasal (limit of 1 bottle/month  
for 0.03%, 3 bottles/month for 0.06%)

ipratropium/albuterol inhalation solution  
(limit of 6 boxes/month)

Isentress

isometheptene/dichloralphenazone/  
apap (maximum dose of 5 tabs/day)

isoniazid

+Isopto-Atropine

Isopto Carbachol 1.5%

+Isopto Carbachol 3%

+Isopto Carpine

Isordil (generic only)

isosorbide dinitrate

isosorbide dinitrate sustained release

isosorbide mononitrate

isotretinoin

isradipine

itraconazole ◆

## J

Janumet (◆ if no prior metformin therapy)  
(limit of 2 tabs/day)

Januvia (◆ if no prior diabetic drug therapy)  
(limit of 1 tab/day)

jolessa (1 pack for 3 copay)

jolivet

J-Tan D (generic only)

junel 1/20, 1.5/30

junel fe 1/20, 1.5/30

## K

Kaletra

+Kaochlor

kariva

K-Dur (generic only)

Keflex (generic only)

kelnor

+Kenalog cream, lotion, ointment

+Keppra

Keralyt (generic only)

Kerol Redi-cloth (generic only)

Kerol topical emulsion, suspension  
(generic only)

Kerol ZX (generic only)

ketoconazole cream, shampoo, tab.  
(OTC forms not covered)

ketoprofen

ketorolac drops

+Klonopin

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

Klonopin Wafer ♦ (generic only)  
K-Lor (generic only)  
Klor-con  
+K-Lyte  
+K-Lyte-Cl 25meq  
K-Phos Neutral  
Kronofed-A, Jr. (generic only)  
+K-Tab  
+Kytril (limit of 2 tabs/prescription) (not covered through mail service)

## L

labetalol  
lactocal-f  
lactulose  
+Lamictal  
+Lamisil (limit of 30 tabs/month)  
lamivudine (3TC)  
lamotrigine  
+Lanoxin  
lansoprazole 30mg cap.  
Lantus vial  
+Lariam (limit of 4 tabs/prescription) (not covered through mail service)  
+Lasix  
leena  
leflunomide  
lessina  
leucovorin  
Leukeran  
Levemir Flexpen ♦ (if no prior diabetic drug therapy)  
Levemir vial  
levetiracetam  
Levitra ♦ (not covered in all plans) (if approved for coverage, limit of 6 tablets/month) (not covered through mail service)  
levlen  
Levlite  
levobunolol  
levonorgestrel (limit of 2 tabs/prescription; covered if by prescription and female)

levonorgestrel/ethinyl estradiol 0.1/20, 0.15/30  
levora  
levothyroxine  
+Levsin  
+Levsin SL  
Lexiva  
Librax (generic only) (considered inappropriate for use in the elderly)\*  
Librium (generic only) (considered inappropriate for use in the elderly)\*  
Lidamantle HC rectal cream (generic only)  
Lidamantle HC topical cream, lotion (generic only)  
+Lidex  
+Lidex E  
lidocaine 5% ointment  
lidocaine-prilocaine 2.5-2% cream  
lidocaine topical solution  
lidocaine viscous  
Lioresal (generic only)  
liothyronine  
Liquadd (generic only)  
lisinopril (limit of 1 tab/day)  
lisinopril/HCTZ (limit of 1 tab/day)  
lithium carbonate  
lithium citrate  
Lo/Ovral (generic only)  
Locoid (generic only)  
Lodine, XL (generic only)  
Loestrin 1/20, 1.5/30 (generic only)  
Loestrin FE 1/20, 1.5/30 (generic only)  
Lofibra (generic only)  
Lohist (generic only)  
Lomotil (generic only)  
Loniten (generic only)  
+Lopid  
+Lopressor  
Loprox cream, gel, susp., shampoo (generic only)  
lorazepam

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

losartan (◆ if no prior therapy with an ACE inhibitor, limit of 100mg/day)  
 losartan/HCTZ (◆ if no prior therapy with an ACE inhibitor, limit of 1 tab/day)  
 Lotemax  
 +Lotensin (limit of 1 tab/day; 40mg limited of 2 tabs/day)  
 +Lotensin HCT (limit of 1 tab/day)  
 Lotrel (generic only)  
 Lotrisone cream (generic only)  
 +Lotrisone lotion  
 lovastatin  
 low-ogestrel  
 loxapine  
 +Loxitane  
 Lufyllin  
 Lumigan (limit of one 2.5ml bottle/month)  
 lutera  
 Luvox (generic only)  
 Lybrel (limit of 1 pack/month)  
 Lysodren

## M

+Macrobid  
 +Macrodantin (25mg is brand)  
 magnesium salicylate/acetaminophen/  
 phenyltoloxamine/cafeine  
 Malarone ◆  
 malathion lotion  
 Mandelamine  
 maprotiline  
 Marinol (generic only)  
 Matulane  
 Mavik (generic only)  
 Maxair (limit of 1 inhaler/month)  
 Maxalt (limit of > 24 tabs/month) (not covered through mail service)  
 Maxidex  
 +Maxitrol  
 Maxivate (generic only)  
 Maxzide  
 Maxzide 25

mebendazole  
 meclizine (OTC forms are not covered)  
 meclofenamate  
 +Medrol (2mg is brand)  
 medroxyprogesterone  
 mefloquine (limit of 4 tabs/prescription) (not covered through mail service)  
 +Megace tab., susp.  
 meggestrol acetate tab., susp.  
 Mellaril (generic only) (considered inappropriate for use in the elderly)\*  
 meloxicam  
 Menest  
 Mephyton  
 meprobamate  
 Mepron ◆  
 mercaptopurine tab.  
 mesalamine enema  
 Mestinon  
 Metaglip (generic only)  
 Metaprel (generic only)  
 metaproterenol syrup  
 metaxalone (limit of 4 tabs/month)  
 metformin  
 metformin extended release  
 methadone  
 methamphetamine  
 methenamine hippurate  
 methenamine mandelate  
 methenamine/methylene blue/phenyl salicylate/sodium biphosphate/hyoscyamine  
 Methergine  
 methimazole  
 methocarbamol (considered inappropriate for use in the elderly)\*  
 methotrexate inj. ◆  
 methotrexate tab.  
 methscopolamine  
 methylropa  
 methylphenidate (considered inappropriate for use in the elderly)\*

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

methylphenidate SR (*limit of 1 tab/day*)  
methylprednisolone  
metipranolol  
metoclopramide  
metolazone  
metoprolol  
metoprolol extended release  
+Metrocream  
Metrogel  
+Metrogel vaginal  
+Metrolotion  
metronidazole  
metronidazole 0.75% cream, lotion, gel  
metronidazole vaginal gel  
Mevacor (*generic only*)  
mexiletine  
Mexitil (*generic only*)  
Miacalcin nasal ♦ (*generic only*) (*limit 1 bottle/month*)  
microgestin 1/20, 1.5/30  
microgestin fe 1/20, 1.5/30  
+Micro-K  
+Micronase  
midodrine  
Midrin (*generic only, maximum dose of 5 per day*)  
Migergot supp. (*max 5 per week*)  
Migranal nasal spray (*limit of 1 box of 8 sprays/month*) (*not covered through mail service*)  
+Minipress  
+Minocin  
minocycline  
minoxidil (*oral only*)  
Mintex CT, PD (*generic only*)  
+Mirapex  
Mircette (*generic only*)  
mirtazapine  
mirtazapine rapid-dissolving tablet  
misoprostol  
Mobic (*generic only*)  
Modicon (*generic only*)

moexipril  
moexipril/HCTZ  
mometasone  
Monoket (*generic only*)  
mononessa  
+Monopril (*limit of 1 tab/day; 2 tabs/day for 40mg*)  
+Monopril HCT  
morphine sulfate tablet, solution, suppository  
morphine sulfate sustained action  
+Motrin (*OTC forms not covered*)  
MS Contin (*generic only*)  
Multaq (*limit of 2 tabs/day*)  
multivitamins with fluoride drops  
multivitamins with fluoride & iron drops  
multivitamins, prenatal  
mupirocin ointment  
Muse suppository ♦ (*if approved for coverage, limited to 6/30 days*) (*not covered through mail service*) (*not covered for all plans*)  
Myambutol (*generic only*)  
+Mycelex Troche  
Mycobutin  
Mycolog II (*generic only*)  
Mycostatin (*generic only*)  
Myci-Chlorped (*generic only*)  
Myci-Chlorped D (*generic only*)  
mycophenolate cap., tab.  
mydftrin  
Myfortic  
Myleran  
+Mysoline

## N

nabumetone  
nadolol  
Nalex-A (*generic only*)  
Nalex AC (*generic only*)  
Nalfon (*generic only*)  
naltrexone  
Namenda

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

naphazoline

+Naprosyn *(considered inappropriate for use in the elderly)\**

naproxen *(OTC forms not covered) (considered inappropriate for use in the elderly)\**

Nardil

+Nasarel *(limit of 2 inhalers/month)*

Nasonex *(limit of 1 inhaler/month)*

Natachew *(generic only)*

Natafort

natalcare pic forte

nataglinide

+Navane *(20mg is brand)*

necon

nefazodone

Neobenz Micro cleanser, cream ♦ *(generic only)*

Neocidin *(generic only)*

Neomycin oral *(generic only)*

neomycin sulfate oral

neomycin/bacitracin/polymyxin/HC

neomycin/bacitracin/polymyxin eye ointment

neomycin/polymyxin/dexamethasone

neomycin polymyxin/hydrocortisone ear drops

+Neoral

neosporin/polymyxin B/hydrocortisone

nephrocaps *(generic only)*

Nestabs Rx *(generic only)*

+Neurontin *(solution is brand)*

Niaspan

Nicomide *(generic only)*

nifedipine *(considered inappropriate for use in the elderly)\**

nifedipine XL

Niferex 150 Forte *(generic only)*

Nilandron

nimodipine

Nimotop *(generic only)*

Niravam *(generic only)*

nisoldipine *(20mg, 30mg, 40mg)*

+Nitro-Dur *(0.3mg and 0.8mg are brand)*

nitrofurantoin

nitroglycerin sublingual

nitroglycerin sustained release

nitroglycerin transdermal patch

Nitrostat

nizatidine *(OTC forms not covered)*

Nizoral cream, shampoo, tablet *(generic only)*

nohist-plus jr.

Nolvadex *(generic only)*

nora-be

Nordette *(generic only)*

norethindrone/ethinyl estradiol

norethindrone/mestranol

+Norflex *(considered inappropriate for use in the elderly)\**

norgestimate/ethinyl estradiol

norgestrel/ethinyl estradiol

norinyl 1 + 35

Norinyl 1 + 50 *(generic only)*

+Norpace

Norpace CR 100mg

+Norpace CR 150mg

+Norpramin

+Nor-QD

nortrel

nortriptyline

Norvasc *(generic only)*

Norvir

Notuss AC *(generic only)*

Notuss DC *(generic only)*

Novafed A *(generic only)*

Novahistine DH *(generic only)*

Novanatal *(generic only)*

Novastart *(generic only)*

Noxafil ♦

Nulytely

Nuvaring *(limit of 1/month)*

Nuvigil ♦ *(limit of 1 tab/day, 2 tabs/day for 50mg)*

Nydamax *(generic only)*

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

nystatin  
nystatin/triamcinolone  
nystatin vaginal tablet

## O

ob-natal one (*generic only*)  
O-cal FA  
ocella  
+Ocufen  
Ocuflax (*generic only*)  
ofloxacin  
+Ogen tablets  
ogestrel  
Olux ♦ (*generic only*)  
omeprazole  
+Omnicef  
ondansetron (*prior authorization require if > 30 tabs of 4 or 8mg/prescription (not covered through mail service)*)  
One Touch test strips (*limit of 200/month*)  
One Touch Ultra test strips (*limit of 200/month*)  
opium tincture  
+Optipranolol  
+Optivar  
Oracea  
Orap  
Orapred solution (*generic only*)  
Oretic (*generic only*)  
Orinase (*generic only*)  
orphenadrine (*considered inappropriate for use in the elderly*)\*  
Ortho-Cept (*generic only*)  
Ortho-Cyclen (*generic only*)  
Ortho-Micronor (*generic only*)  
Ortho-Novum (*generic only*)  
Ortho-Tri-Cyclen (*generic only*)  
Ovace (*generic only*)  
Ovcon-35 (*generic only*)  
Ovcon-50  
+Ovide  
Oxandrin (*generic only*)  
oxandrolone

oxaprozin (*considered inappropriate for use in the elderly*)\*  
oxazepam  
oxcarbazepine  
Oxsoralen Ultra  
oxybutynin  
oxybutynin extended release  
oxycodone  
oxycodone/acetaminophen  
Oxycontin ♦ (*prior authorization required if > 400mg or > 12 tabs/day (prior authorization required for 60mg & 80mg tabs)*)  
OxylR (*generic only*)  
Oxytrol (♦ *if no prior therapy with oxybutynin*)

## P

palgic  
Pamelor (*generic only*)  
Pamine (*generic only*)  
Pamine Forte (*generic only*)  
pancrealipase  
Pancrease (*generic only*)  
Pancrease MT4  
+Pancrease MT10, MT16, MT20  
Pancrecarb  
Panlor DC (*generic only*)  
Panlor SS (*generic only*)  
pantoprazole tablet  
+Parafon Forte DSC  
+Parcopa ♦  
paregoric  
Parlodol (*generic only*)  
+Parnate  
paromomycin  
paroxetine  
paroxetine controlled release  
Patanol (*limit of 2 bottles/month*)  
+Paxil  
+Paxil CR  
+Pediapred  
Pediazole (*generic only*)  
penicillin VK

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

Penlac (generic only)  
 Pentasa  
 pentazocine/naloxone (considered inappropriate for use in the elderly)\*  
 pentoxifylline  
 Pen-Vee K (generic only)  
 Pepcid (generic only) (OTC forms not covered)  
 Percocet (generic only)  
 Percodan (generic only)  
 Periactin (generic only)  
 perindopril (limit of 1 tab/day for 2mg & 4mg, 2 tabs/day for 8mg)  
 permethrin  
 perphenazine (considered inappropriate for use in the elderly)\*  
 +Persantine (considered inappropriate for use in the elderly)\*  
 phenazopyridine  
 phenazopyridine/hyoscyamine/butabarbitol  
 Phenergan/codeine (generic only) (considered inappropriate for use in the elderly)\*  
 phenobarbital  
 phenobarbital/hyoscyamine/atropine/scopolamine elixir  
 phenylephrine eye drops  
 phenylephrine/brompheniramine SR cap., SR tab., susp.  
 phenylephrine/chlorpheniramine susp.  
 phenylephrine/chlorpheniramine/methscopolamine SA tab., syrup  
 phenylephrine/chlorpheniramine/scopolamine  
 phenylephrine/dihydrocodeine/chlorpheniramine liquid  
 phenylephrine/phenyltoloxamine/chlorpheniramine  
 phenylephrine/pyrilamine tab.  
 Phenytek (generic only)  
 phenytoin  
 +Phoslo  
 Phrenilin (generic only)  
 pilocarpine tablet  
 Pilopine HS  
 piroxicam (considered inappropriate for use in the elderly)\*  
 +Plan B (limit of 2 tabs/prescription; covered if by prescription and female)  
 +Plaquenil  
 Plavix  
 +Plendil  
 +Plental  
 Plexion (generic only)  
 Plexion SCT (generic only)  
 Plexion TS (generic only)  
 podofilox solution  
 +Polycitra  
 +Polycitra-K  
 +Polycitra-LC  
 polyethylene glycol  
 polymyxin/bacitracin eye ointment  
 polymyxin/neomycin/gramicidin eye drop  
 polymyxin/trimethoprim eye drop  
 Polysporin eye ointment (generic only)  
 Polytrim (generic only)  
 Poly-Vi-Flor (generic only)  
 Poly-Vi-Flor with Iron drops (generic only)  
 portia  
 potassium bicarbonate/citric acid  
 potassium chloride effervescent  
 potassium chloride liquid  
 potassium chloride powdered  
 potassium chloride sustained release  
 potassium citrate  
 potassium citrate/citric acid  
 potassium citrate/sodium citrate/citric acid  
 potassium gluconate liquid  
 pramipexole  
 Pramosome  
 +Pravachol (limit of 1 tab/day)  
 pravastatin (limit of 1 tab/day)  
 prazosin  
 +Precose  
 +Pred Forte

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

Pred Mild  
 prenatalabs fa  
 prenatalabs rx  
 prednicarbate  
 prednisolone acetate  
 prednisolone sodium phosphate  
 prednisolone solution  
 prednisolone syrup  
 prednisone  
 Prelone syrup (generic only)  
 Premarin  
 Premarin vaginal cream  
 Premphase  
 Prempro  
 Prenate DHA (generic only)  
 Prevacid 30mg cap. (generic only)  
 previfem  
 Prezista  
 Priftin  
 Prilosec (generic only) (OTC forms not covered)  
 Primaquine  
 primidone  
 Pristiq (◆ if no prior SSRI or SNRI therapy)  
 (limit of 1 tab/day)  
 Prolixin (generic only)  
 Proloprim (generic only)  
 promethazine (considered inappropriate for  
 use in the elderly)\*  
 promethazine vc/codeine (considered  
 inappropriate for use in the elderly)\*  
 Prometrium  
 propafenone  
 propantheline  
 Propine  
 propoxyphene HCL/apap (considered  
 inappropriate for use in the elderly)\*  
 propoxyphene napsylate/apap (consid-  
 ered inappropriate for use in the elderly)\*  
 propranolol  
 propranolol LA  
 propylthiouracil  
 +Proscar

Prosom (generic only)  
 +Protonix  
 protriptyline  
 +Proventil (quantity limits apply)  
 +Provera  
 Provigil ◆ (limit of 2 tabs/day)  
 +Prozac (considered inappropriate for use  
 in the elderly)\*  
 +Prozac weekly (limit of 4 caps/month) (con-  
 sidered inappropriate for use in the elderly)\*  
 Prudoxin (generic only) (considered inappro-  
 priate for use in the elderly)\*  
 pseudoephedrine/chlorpheniramine  
 cap., liquid  
 pseudoephedrine/chlorpheniramine/  
 methscopolamine SA tab.  
 pseudoephedrine/codeine liquid  
 pseudoephedrine/dexchlorphenira-  
 mine/scopolamine SR tab.  
 Psorcon cream (generic only)  
 +Psorcon E cream  
 Pulmicort Flexhaler (limit of 2 inhalers/month)  
 +Pulmicort 0.25mg/2ml, 0.5mg/  
 2ml Respules (limit of 2 doses/day)  
 Pulmicort 1mg/2ml Respules (limit of  
 1 dose/day)  
 +Purinethol tab.  
 pyrazinamide  
 +Pyridium  
 Pyridium plus (generic only)

**Q**  
 quartuss  
 quasense (1 pack for 3 copay)  
 Questran (generic only)  
 Questran Light (generic only)  
 Quinaglute Duratab (generic only)  
 quinapril  
 quinapril/HCTZ  
 +Quinidex  
 quinidine gluconate  
 quinidine sulfate

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

quinidine sulfate SA

Qvar (limit of 2 inhalers/month)

## R

ramipril capsule

ranitidine (OTC forms not covered)

Rapamune

+Razadyne

+Razadyne ER

+Rebetol cap ♦

reclipsen

Rectagel HC (generic only)

Reglan (generic only)

Regranex ♦

Relafen (generic only)

Relenza (limit of two 5-day courses every  
6 months, 1 diskhaler/prescription)

+Remeron

Remeron SolTabs (generic only)

Renagel

Renvela powder pack (limit of 6/day)

Renvela tablet (limit of 18 tabs/day)

+Requip

Rescriptor

Restasis (limit of 2/day)

+Restoril (7.5mg, 15mg, 30mg)

Restoril (22.5mg) (generic only)

+Retin-A (♦ if > 40 years of age)

Retin-A Micro (♦ if > 40 years of age)

+Retrovir

Reyataz

ribavirin ♦

Ridaura

+Rifadin

Rifamate (generic only)

rifampin

rifampin/isoniazid

Rilutek

+Risperdal

+Risperdal M-Tab

risperidone

risperidone rapid dissolving

+Ritalin (considered inappropriate for use in  
the elderly)\*

+Ritalin SR (limit of 1 tab/day)

Robaxin (generic only) (considered  
inappropriate for use in the elderly)\*

+Robinul

Robinul Forte (generic only)

Robitussin AC (generic only)

+Rocaltrol

ropinirole

Rosac cream (generic only)

Rosac wash (generic only)

Rosula cleanser (generic only)

Rosula gel (generic only)

Rosula NS med. pad (generic only)

+Rowasa

Roxanol (generic only)

Roxicodone (generic only)

Ryna 12 (generic only)

Rynatan (generic only)

Rythmol (generic only)

Rythmol SR

## S

Salagen (generic only)

Salex shampoo (generic only)

salicylic acid 6% cream, gel, lotion,  
shampoo

salicylic acid 6% foam

salitop

Salkera (generic only)

salsalate

+Sandimmune cap., solution

Santyl

Seasonale (generic only) (1 pack for 3 copay)

Select-OB (generic only)

selegiline

selenium sulfide 2.25% shampoo

selenium sulfide 2.5% shampoo

Selseb (generic only)

Selzentry ♦

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

Sensipar ♦  
 Septra (*generic only*)  
 +Septra DS  
 Serax (*generic only*)  
 Serevent Diskus (*limit of 1 inhaler/month*)  
 Seroquel  
 Seroquel XR  
 sertraline  
 shohl's modified  
 Silvadene (*generic only*)  
 silver sulfadiazine  
 Simcor  
 simvastatin (*limit of 1 tab/day*)  
 +Sinemet  
 +Sinemet CR  
 Sinequan (*generic only*) (*considered inappropriate for use in the elderly*)\*  
 Singulair (*limit of 1 tab or packet/day*)  
 Skelaxin (*generic only*) (*limit of 4 tabs/month*)  
 sodium polystyrene sulfonate oral susp.  
 solia  
 Soma 250mg (*considered inappropriate for use in the elderly*)\*  
 +Soma 350mg (*considered inappropriate for use in the elderly*)\*  
 +Soma Compound (*considered inappropriate for use in the elderly*)\*  
 +Soma Compound with codeine (*considered inappropriate for use in the elderly*)\*  
 Sonata (*generic only*) (*limit of 20mg/day*)  
 Soriatane  
 sotalol  
 Spectazole (*generic only*)  
 Spectracef (*generic only*)  
 Spiriva (*limit of 1 inhaler/month*)  
 spironolactone  
 spironolactone/HCTZ  
 Sporanox ♦ (*generic only*)  
 sprintec  
 SPS (*generic only*)  
 Stadol NS (*generic only*) (*limit of 2 canisters/ prescription, not to exceed 4 canisters/ 30 days*) (*not covered through mail service*)  
 Stalevo  
 Starlix (*generic only*)  
 stavudine  
 Stelazine (*generic only*)  
 Strovite Forte (*generic only*)  
 sucralfate  
 Sular  
 sulfacetamide cleanser  
 sulfacetamide ophthalmic  
 sulfacetamide/prednisolone  
 sulfacetamide sodium/urea lotion  
 sulfacetamide/sulfur cleanser  
 sulfacetamide/sulfur cream  
 sulfacetamide/sulfur lotion  
 sulfacetamide/sulfur medicated pad  
 sulfacetamide/sulfur suspension  
 sulfacetamide/sulfur/urea 10-4-10%  
 cleanser  
 sulfacetamide/sulfur/urea 10-5-10%  
 cleanser, gel  
 sulfacetamide/sulfur/witch hazel cream  
 sulfacetamide/urea 10-10% med. pad  
 sulfasalazine  
 sulindac  
 sumatriptan inj. (*limit of 4 inj./fill, max 16 inj./ month*) (*not covered through mail service*)  
 sumatriptan nasal spray (*limit of 18 doses/ month*) (*not covered through mail service*)  
 sumatriptan tab. (*limit of 18 tabs/month*) (*not covered through mail service*)  
 Sumavel Dosepro (*limit of 18 inj./month at 6 inj./fill*)  
 Sumycin (*generic only*)  
 supervite ec tablet (*generic only*)  
 Surestep test strips (*limit of 200/month*)  
 Surestep Pro test strips (*limit of 200/month*)  
 Sustiva  
 Symbicort (*limit of 1 inhaler/month*)  
 +Symmetrel  
 +Synalar cream, ointment, solution  
 +Synthroid

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

## T

- tacrolimus cap.
- +Tagamet
- +Talwin NX (*considered inappropriate for use in the elderly*)\*
- +Tambocor
- Tamiflu (*limit of two 5-day courses every 6 months, 1 course/prescription*)
- tamoxifen
- tamsulosin (♦ *if no prior therapy with doxazosin or terazosin*)
- +Tapazole
- Tasmar
- +Tegretol
- Tegretol XR 100mg
- +Tegretol XR 200mg, 400mg
- temazepam
- +Temovate cream, ointment
- Temovate gel, solution (*generic only*)
- Temovate emollient (*generic only*)
- +Tenoretic
- +Tenormin
- +Terazol
- terazosin
- terbinafine (*limit of 30 tabs/month*)
- terbutaline, oral
- terconazole vaginal
- Teslac
- Testred
- tetracycline
- theophylline, oral
- thioguanine tab.
- thioridazine (*considered inappropriate for use in the elderly*)\*
- thiothixene
- Thorazine (*generic only*)
- thyroid
- Thyrolar
- +Tiazac
- +Ticlid
- ticlopidine
- Tigan (*generic only*) (*considered inappropriate for use in the elderly*)\*
- Tikosyn
- tilia fe
- timolol
- +Timoptic
- +Timoptic XE
- tizanidine tablet
- +Tobradex
- tobramycin ophthalmic
- tobramycin/dexamethasone
- +Tobrex
- Tofranil (*generic only*)
- Tofranil PM (*generic only*)
- tolazamide
- tolbutamide
- Tolinase (*generic only*)
- tolmetin
- +Topamax
- +Topamax sprinkles
- Topicort (*generic only*)
- topiramate
- topiramate sprinkles
- +Toprol XL
- torsemide
- tramadol
- tramadol sr tab 24h (*limit of 1 tab/day for 200mg, 3 tabs/day for 100mg*)
- tramadol/acetaminophen
- trandolapril
- Tranxene T-tab (*generic only*)
- tranylcypromine
- Travatan
- Travatan Z
- trazodone
- +Trental
- tretinoin capsule (*limit of 9 tabs/day*)
- tretinoin cream, gel (♦ *if > 40 years of age*)
- triamcinolone cream, ointment, lotion
- triamterene/HCTZ
- triamterene/HCTZ 25
- Triaz cleanser (*generic only*)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

Triaz medicated pad (*generic only*)  
 triazolam  
 tricare  
 Tricor  
 Tridesilon (*generic only*)  
 trifluoperazine  
 trifluridine  
 trihexyphenidyl  
 Trilafon (*generic only*) (*considered inappropriate for use in the elderly*)\*  
 tri-legest fe  
 +Trileptal tablet  
 Trilipix (*limit of 1 cap/day*)  
 Trilisate (*generic only*)  
 trilyte  
 trimethobenzamide (*considered inappropriate for use in the elderly*)\*  
 trimethoprim  
 trimethoprim sulfa  
 trinessa  
 Tri-Norinyl (*generic only*)  
 trinsicon  
 triprevifem  
 trisprintec  
 Tri-vent DM (*generic only*)  
 Tri-Vi-Flor (*generic only*)  
 Tri-Vi-Flor with Iron drops (*generic only*)  
 trivora  
 Trizivir  
 +Trusopt  
 Truvada  
 trypsin/balsam peru/castor oil ointment  
 T-Stat (*generic only*)  
 tusnel c  
 Tussi-12S (*generic only*)  
 Tussi-Organidin DM NR (*generic only*)  
 Tussi-Organidin NR (*generic only*)  
 Twinject (*limit of 2 syringes/prescription*)  
 +Tylenol/Codeine  
 Tyzeka ♦ (*limit of 1 tab/day*)

## U

ultimatecare one nf  
 Ultracet (*generic only*)  
 Ultram (*generic only*)  
 Ultram ER (*generic only; limit of 1 tab/day for 200mg, 3 tabs/day for 100mg*)  
 Ultrase  
 Ultrase MT  
 Ultravate (*generic only*)  
 Umecta nail film (*generic only*)  
 +Uniphyl  
 Uniretic (*generic only*)  
 Univasc (*generic only*)  
 Uramaxin (*generic only*)  
 urea 40% cream, foam, gel, lotion  
 urea 40% nail film suspension  
 urea 42% towelette  
 urea 45% cream  
 urea/lactic acid/salicylic acid  
   topical susp.  
 urea/lactic acid/zinc undecylenate  
   emulsion, solution  
 Urecholine (*generic only*)  
 Urimar-T (*generic only*)  
 +Urispas  
 +Urocit-K 5meq, 10meq  
 Urocit-K 15meq  
 +Urso  
 Urso Forte (*generic only*)  
 Ursodiol  
 UTA (*generic only*)

## V

Vagifem vaginal tablets  
 valacyclovir  
 Valcyte  
 +Valium (*considered inappropriate for use in the elderly*)\*  
 valproic acid  
 +Valtrex  
 Vanoxide-HC lotion (*generic only*)  
 Vantin (*generic only*)  
 Vaseretic (*generic only*)  
 +Vasocidin  
 Vasocon (*generic only*)

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

Vasotec (generic only)  
velivet  
venlafaxine  
Ventolin HFA (limit of one 18gm inhaler/  
month or two 8gm inhaler/month)  
+Vespid  
verapamil  
verapamil er pm  
verapamil long-acting  
Verelan PM (generic only)  
+Vesanoid (limit of 9 tabs/day)  
Vesicare (◆ if no prior therapy with oxybutynin)  
(limit of 10mg/day)  
Vfend ◆  
+Vibramycin cap.  
Vibramycin syrup  
+Vicodin  
Vicodin ES (generic only)  
Vicodin HP (generic only)  
Vicoprofen (generic only)  
Videx  
+Videx EC  
Vigamox  
vinate az  
vinate gt  
Viokase  
Viracept  
Viramune  
Viravan-S (generic only)  
Viread  
+Viroptic  
+Vistaril (suspension is brand)(considered  
inappropriate for use in the elderly)\*  
vitamins ADC with fluoride drops  
vitamins ADC with fluoride & iron drops  
+Vivactil  
Vivelle Dot (limit of 16 patches/month)  
+Voltaren  
+Voltaren drops  
Voltaren XR (generic only) (considered inap-  
propriate for use in the elderly)\*  
Vosol (generic only)

Vosol HC (generic only)  
Vospire ER (generic only)  
Vytone (generic only)  
Vytorin (◆ for lower strengths if no prior ther-  
apy with generic statin; limit of 1 tab/day)

## W

warfarin  
Welchol  
+Wellbutrin (maximum dose of 400mg/day)  
+Wellbutrin SR (maximum dose of  
400mg/day)  
+Wellbutrin XL (maximum dose of  
400mg/day)  
Westcort (generic only)  
Wygesic (generic only)

## X

+Xanax  
Xanax XR (generic only)  
Xenaderm (generic only)  
xiratuss  
+Xylocaine topical solution  
+Xylocaine viscous (generic only)

## Y

Yasmin (generic only)  
Yaz  
Yodoxin

## Z

Zaclir (generic only)  
zaleplon (limit of 20mg/day)  
Zanaflex tablet (generic only)  
+Zantac (OTC forms not covered)  
+Zarontin  
+Zaroxolyn  
Zavesca ◆  
Zebeta (generic only)  
Zemplar  
zenchent  
+Zenpep

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65.  
Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

+Zerit  
Zestoretic (generic only)  
Zestril (generic only)  
Ziac (generic only)  
Ziagen  
zidovudine (AZT)  
+Zithromax  
+Zocor (limit of 1 tab/day)  
Zoderm cleanser, medicated pad  
(generic only)  
+Zofran (limit of 30 tabs of 4 or 8mg/prescription)  
(not covered through mail service)  
+Zoloff  
zolpidem (limit of 10mg/day)  
+Zonegran  
zonisamide  
Zortress (limit of 2 tabs/day)  
zovia  
+Zovirax oral  
Zylet  
Zyloprim (generic only)  
Zyprexa  
Zyvox ◆

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

# Formulary drugs by therapeutic class

This section lists formulary medications by their therapeutic class. Find the condition for which you are being treated, then look up the medications included in the Blue Shield Drug Formulary.

<b>Cancer treatment</b> .....	<b>34</b>	<b>Eye</b> .....	<b>39</b>
<b>Dermatologicals</b> .....	<b>34</b>	Anti-allergy	
Acne		Anti-infective and antiviral	
Anesthetics		Anti-inflammatory	
Antibacterials		Decongestants	
Antifungals		Glaucoma	
Enzymes		Other	
Psoriasis and seborrhea		Steroids	
Scabies/lice		Steroid-antibiotic combinations	
Steroids			
Miscellaneous			
<b>Ear, nose, and throat</b> .....	<b>37</b>	<b>Gynecology</b> .....	<b>41</b>
Ear		Contraceptives	
Nasal Steroids		Estrogen and progesterone replacement	
Miscellaneous		Vaginal antifungals	
		Vaginal anti-Infectives	
		Miscellaneous	
<b>Endocrine</b> .....	<b>38</b>	<b>Heart and blood</b> .....	<b>42</b>
Diabetes		Blood clotting	
Glucose testing strips ( <i>limit of 200 strips/month</i> )		Blood pressure	
Male hormones		Cholesterol/triglyceride lowering	
Osteoporosis		Heart failure, angina, and irregular beats	
Steroids		Potassium supplements	
Thyroid		"Water pills" ( <i>diuretics</i> )	
Miscellaneous		Miscellaneous	

<b>Immunosuppressants . . . . .</b>	<b>45</b>	<b>Respiratory . . . . .</b>	<b>54</b>
<b>Infections . . . . .</b>	<b>46</b>	Antihistamine and antiallergy	
Antibacterial and antiviral		Antihistamine/decongestants	
Antifungal		Asthma inhalants	
Hepatitis		Asthma orals	
HIV/AIDS		COPD inhalants	
Parasites		COPD orals	
Tuberculosis		Cough and cold	
<b>Mental health . . . . .</b>	<b>48</b>	Miscellaneous	
Anxiety		<b>Stomach and intestinal . . . . .</b>	<b>57</b>
Depression		Diarrhea	
Psychosis		Intestinal spasms	
Sleep		Nausea	
Miscellaneous		Ulcer and reflux	
<b>Miscellaneous . . . . .</b>	<b>50</b>	Miscellaneous	
<b>Muscle relaxants . . . . .</b>	<b>50</b>	<b>Urinary . . . . .</b>	<b>58</b>
<b>Muscle stimulants . . . . .</b>	<b>51</b>	<b>Vitamins . . . . .</b>	<b>59</b>
<b>Neurology . . . . .</b>	<b>51</b>	Folic acid preparations	
Parkinson's disease		Iron replacements	
Seizures		Multivitamins	
Miscellaneous		Pediatric vitamins	
<b>Pain management . . . . .</b>	<b>52</b>	Prenatal vitamins	
Arthritis and inflammation		Vitamin B preparations	
Gout		Vitamin D preparations	
Migraine headaches		Vitamin K preparations	
Narcotics/non-narcotics			

# Formulary drugs by therapeutic class

## Cancer treatment

Alkeran tab.  
Arimidex (covered for female > 45 years of age)  
Aromasin ♦  
bicalutamide (covered for male)  
+Casodex (covered for male)  
Ceenu cap.  
cyclophosphamide tab.  
Cytoxan tab. (generic only)  
Emyct  
+Eulexin cap.  
Fareston tab.  
Femara ♦  
flutamide cap.  
Hycamtin  
Leukeran tab.  
Lysodren  
Matulane  
Megace tab. (generic only)  
megestrol acetate tab.  
mercaptapurine tab.  
methotrexate tab.  
Myleran tab.  
Nilandron  
Nolvadex (generic only)  
+Prograf cap.  
+Purinethol tab.  
tamoxifen tab.  
tacrolimus cap.  
Teslac  
thioguanine tab.  
tretinoin capsule (limit of 9 tabs/day)  
+Vepesid  
+Vesanoid (limit of 9 tabs/day)

## Dermatologicals: acne

+Accutane (not covered through mail service)  
Avita (♦ if > 40 years of age)  
Benzac AC 2.5% gel (generic only)  
+Benzac AC 5% cleanser  
Benzacilin gel (generic only)  
Benzagel (generic only)  
+Benzamycin gel  
benzoyl peroxide cleanser (3%, 5%, 6%, 9%)  
benzoyl peroxide cleansing lotion (4%, 8%)  
benzoyl peroxide gel (2.5%, 4%, 8%)  
benzoyl peroxide medicated pad (3%, 6%, 9%)  
benzoyl peroxide microspheres cleanser, cream ♦  
benzoyl peroxide/hydrocortisone lotion  
benzoyl peroxide/urea cleanser, medicated pad  
Brevoxyl-4 gel (generic only)  
Brevoxyl-8 gel (generic only)  
+Cleocin T  
clindamycin/benzoyl peroxide gel  
clindamycin topical  
Differin (♦ if > 40 years of age)  
EryDerm (generic only)  
Erygel (generic only)  
Erymax (generic only)  
erythromycin/benzoyl peroxide gel  
erythromycin gel  
erythromycin solution  
erythromycin swab  
Evoclin (generic only) (limit of 1 can/month)  
isotretinoin  
Neobenz Micro cleanser, cream ♦ (generic only)  
+Retin-A (♦ if > 40 years of age)  
Retin-A Micro (♦ if > 40 years of age)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

sulfacetamide/sulfur lotion  
tretinoin cream, gel (◆ if > 40 years of age)  
Triaz cleanser (generic only)  
Triaz medicated pad (generic only)  
T-STAT (generic only)  
Vanoxide-HC lotion (generic only)  
Zaclir (generic only)  
Zoderm cleanser, medicated pad  
(generic only)

## Dermatologicals: anesthetics

Emla (generic only)  
lidocaine 5% ointment  
lidocaine-prilocaine 2.5-2% cream  
lidocaine topical solution  
lidocaine viscous  
+Xylocaine topical solution  
+Xylocaine viscous

## Dermatologicals: antibacterials

Bactroban cream  
+Bactroban ointment  
Bensal HP (generic only)  
benzoic acid/salicylic acid ointment  
clenia  
Garamycin ointment (generic only)  
gentamicin ointment  
+Metrocream  
MetroGel  
+Metrolotion  
metronidazole 0.75% gel, cream, lotion  
mupirocin ointment  
Nydamax (generic only)  
Ovace (generic only)  
Plexion (generic only)  
Plexion SCT (generic only)  
Plexion TS (generic only)  
Rosac cream (generic only)  
Rosac wash (generic only)  
Rosula cleanser (generic only)  
Rosula gel (generic only)

Rosula NS med. pad (generic only)  
Silvadene (generic only)  
silver sulfadiazine  
sulfacetamide cleanser  
sulfacetamide/sulfur cleanser  
sulfacetamide/sulfur cream  
sulfacetamide/sulfur lotion  
sulfacetamide/sulfur medicated pad  
sulfacetamide/sulfur suspension  
sulfacetamide/sulfur/urea 10-4-10%  
cleanser  
sulfacetamide/sulfur/urea 10-5-10%  
cleanser, gel  
sulfacetamide/sulfur/witch hazel cream  
sulfacetamide/urea 10-10% med. pad

## Dermatologicals: antifungals

ciclopirox cream, gel, solution, susp.,  
shampoo  
clotrimazole 1%/betamethasone 0.05%  
econazole  
ketoconazole cream, shampoo, tablet  
(OTC forms not covered)  
Loprox cream, gel, susp., shampoo  
(generic only)  
Lotrisone cream (generic only)  
+Lotrisone lotion  
Mycolog II (generic only)  
Mycostatin (generic only)  
Nizoral cream, shampoo, tablet (generic  
only; OTC forms not covered)  
nystatin  
nystatin/triamcinolone  
Penlac (generic only)  
Spectazole (generic only)

## Dermatologicals: enzymes

Santyl trypsin/balsam peru/castor oil  
ointment  
Xenaderm (generic only)

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

## Dermatologicals: psoriasis and seborrhea

calcipotriene solution  
Carmol scalp lotion (*generic only*)  
Dovonex cream  
+Dovonex solution  
Drithocrema HP  
Keralyt (*generic only*)  
Oxsooralen Ultra  
Salex shampoo (*generic only*)  
salicylic acid 6% cream, gel, lotion, shampoo  
salicylic acid 6% foam  
salitop  
Salkera (*generic only*)  
selenium sulfide 2.25% shampoo  
selenium sulfide 2.5% shampoo  
Selseb (*generic only*)  
Soriatane  
sulfacetamide sodium/urea lotion

## Dermatologicals: scabies/lice

+Elimite  
Eurax  
malathion lotion  
+Ovide  
permethrin

## Dermatologicals: steroids

Aclovate (*generic only*)  
alclometasone  
betamethasone dipropionate 0.05% cream, gel, lotion, ointment  
betamethasone valerate cream, ointment, lotion  
Capex shampoo  
clobetasol 0.05% cream, gel, ointment, solution, cream emollient  
clobetasol 0.05% foam ♦  
Cutivate (*generic only*)  
Dermatop (*generic only*)

desonide 0.05% cream, ointment, lotion  
+DesOwen  
desoximetasone  
diflorasone cream, ointment  
diflorasone emollient cream  
+Diprolene  
+Diprolene AF  
+Diprosone  
+Elocon cream, ointment  
Elocon solution (*generic only*)  
fluocinolone  
fluocinonide 0.05% cream, gel, ointment, solution, cream emollient  
fluticasone propionate cream, ointment  
halobetasol cream, ointment  
hydrocortisone 1%/iodoquinol  
hydrocortisone 2.5% cream, ointment, lotion  
hydrocortisone butyrate  
hydrocortisone valerate  
+Hytone (*OTC not covered*)  
+Kenalog cream, lotion, ointment  
+Lidex  
+Lidex E  
Locoid (*generic only*)  
Maxivate (*generic only*)  
mometasone  
Olux ♦ (*generic only*)  
prednicarbate  
Psorcon cream (*generic only*)  
+Psorcon E cream  
+Synalar cream, ointment, solution  
+Temovate cream, ointment  
Temovate gel, solution (*generic only*)  
Temovate emollient (*generic only*)  
Topicort (*generic only*)  
triamcinolone acetonide 0.1% cream, ointment, lotion  
triamcinolone acetonide 0.025% cream, ointment, lotion  
triamcinolone acetonide 0.5% cream, ointment

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

Tridesilon (generic only)  
Ultravate (generic only)  
Vytone (generic only)  
Westcort (generic only)

## Dermatologicals: miscellaneous

+Aldara (limit of 24 packets/month, max. 48 packets/6 months)  
Carac  
Carmol 40 (generic only)  
+Condylox solution  
doxepin 5% cream (considered inappropriate for use in the elderly)\*  
Efudex cream, solution  
Elidel (limit of 1 tube/month)  
Fluoroplex  
fluorouracil solution, cream  
Hydro 40 (generic only)  
hydrocortisone/lidocaine topical cream, lotion  
imiquimod 5% (limit of 24 packets/month, max. 48 packets/6 months)  
Kerol Redi-cloth (generic only)  
Kerol topical emulsion, suspension (generic only)  
Kerol ZX (generic only)  
Lidamantle HC topical cream, lotion (generic only)  
podofilox solution  
Pramosome  
Prudoxin (generic only) (considered inappropriate for use in the elderly)\*  
Regranex ♦  
Umecta nail film (generic only)  
Uramaxin (generic only)  
urea 40% cream, foam, gel, lotion  
urea 40% nail film suspension  
urea 42% towelette  
urea 45% cream  
urea/lactic acid/salicylic acid topical susp.  
urea/lactic acid/zinc undecylenate emulsion, solution

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

## Ear, nose, and throat: ear

acetic acid  
acetic acid/aluminum acetate  
acetic acid/hydrocortisone  
antipyrine/benzocaine ear drops  
Cortane-B (generic only)  
Cortisporin otic (generic only)  
Domeboro otic  
+Floxin otic  
neosporin/polymyxin B/hydrocortisone  
hydrocortisone/pramoxine/chloroxylenol ear drops  
ofloxacin  
Vosol (generic only)  
Vosol HC (generic only)

## Ear, nose, and throat: nasal steroids

+Flonase (limit of 1 bottle/month)  
flunisolide nasal 29mcg/spray, and 25mcg/spray (limit of 2 bottles/month)  
fluticasone nasal (limit of 1 bottle/month)  
+Nasarel (limit of 2 bottles/month)  
Nasonex (limit of 1 bottle/month)

## Ear, nose and throat: miscellaneous

acetic acid/antipyrine/benzocaine/polycosanol  
Astelin (limit of 1 bottle/ month)  
Astebro (limit of 1 bottle/ month)  
Atrovent nasal (generic only) (limit of 1 bottle/month for 0.03%, 3 bottles/month for 0.06%)  
Auralgan (generic only)  
Cortane B (generic only)  
Evoxac  
hydrocortisone/pramoxine/chloroxylenol  
ipratropium nasal (limit of 1 bottle/month for 0.03%, 3 bottles/month for 0.06%)  
pilocarpine tablet  
Salagan (generic only)

## Endocrine: diabetes

acarbose  
Actoplus met (♦ if no prior therapy with metformin)  
Actos (♦ if no prior diabetic drug therapy)  
Amaryl (generic only)  
Avandamet (♦ if no prior therapy with metformin)  
Avandia (♦ if no prior diabetic drug therapy)  
Byetta ♦ (limit of 1 pen/month)  
chlorpropamide (considered inappropriate for use in the elderly)\*  
diabeta  
+Diabinese (considered inappropriate for use in the elderly)\*  
glimepiride  
glipizide  
glipizide extended release  
glipizide/metformin  
Glucagon kit (limit of 2 kits/prescription)  
+Glucophage  
Glucophage XR (generic only)  
+Glucotrol  
+Glucotrol XL  
Glucovance (generic only)  
glyburide  
glyburide/metformin  
+Glynase  
Humalog vial  
Humalog Mix vial  
Humulin insulin (vial only)  
Janumet (♦ if no prior metformin therapy) (limit of 2 tabs/day)  
Januvia (♦ if no prior diabetic drug therapy) (limit of 1 tab/day)  
Lantus vial  
Levemir Flexpen (♦ if no prior diabetic drug therapy)  
Levemir vial  
Metaglip (generic only)  
metformin  
metformin extended release  
+Micronase

nateglinide  
Orinase (generic only)  
+Precose  
Starlix (generic only)  
tolazamide  
tolbutamide  
Tolinase (generic only)

## Endocrine: glucose testing strips

(limit of 200 strips/month)

Accu-Chek test strips  
Fast Take test strips  
One Touch test strips  
One Touch Ultra test strips  
Surestep test strips  
Surestep Pro test strips

## Endocrine: male hormones

AndroGel (limit of 4 pumps/month, 2/day for 5gm packet, 4/day for 2.5gm packet)  
Android  
Androxy  
Oxandrin (generic only)  
oxandrolone  
Testred

## Endocrine: osteoporosis

alendronate (35 and 70mg limited to 1 tab/week; 40mg limited to 1 tab/day)  
calcitonin salmon nasal ♦ (limit of 1 bottle/month)  
+Didronel  
etidronate  
Evista (for females)  
Fortical nasal spray ♦ (limit of 1 bottle/month)  
+Fosamax (35 and 70mg limited to 1 tab/week; 40mg limited to 1 tab/day)  
Fosamax plus D 70-2800 (limit of 1 tab/week)  
Miacalcin nasal ♦ (generic only) (limit of 1 bottle/month)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

## Endocrine: steroids

+Cortef  
cortisone acetate  
Decadron (*generic only*)  
Deltasone (*generic only*)  
dexamethasone  
+Florinef  
fludrocortisone  
hydrocortisone  
+Medrol (*2mg is brand*)  
methylprednisolone  
Orapred solution (*generic only*)  
+Pediapred  
prednisolone solution  
prednisolone syrup  
prednisone  
Prelone syrup (*generic only*)

## Endocrine: thyroid

Armour Thyroid (*considered inappropriate for use in the elderly*)\*  
+Cytomel (*considered inappropriate for use in the elderly*)\*  
levothyroxine  
liothyronine  
methimazole  
propylthiouracil  
+Synthroid  
+Tapazole  
thyroid  
Thyrolar

## Endocrine: miscellaneous

Actonel 30mg ♦ (*for Paget's disease*)  
(*not covered through mail service*)  
cabergoline (*limit of 16 tabs/month*)  
danazol  
+DDAVP nasal spray, tab.  
desmopressin  
Dostinex (*generic only*) (*limit of 16 tabs/month*)  
Hectorol

Sensipar ♦

## Eye: anti-allergy

Alamast  
Alomide  
azelastine drops  
Crolom  
Elestat  
+Optivar  
Patanol (*limit of 2 bottles/month*)

## Eye: anti-infective & antiviral

bacitracin eye ointment  
+Bleph-10  
+Ciloxan eye drops  
Ciloxan eye ointment  
ciprofloxacin eye drops  
erythromycin ophthalmic  
Garamycin drops, ointment (*generic only*)  
gentamicin drops, ointment  
Ilotycin (*generic only*)  
neomycin/bacitracin/polymyxin  
eye ointment  
Neocidin (*generic only*)  
Ocuflox (*generic only*)  
ofloxacin eye drop  
polymyxin/bacitracin eye ointment  
polymyxin/neomycin/gramicidin eye drop  
polymyxin/trimethoprim eye drop  
Polysporin (*generic only*)  
Polytrim (*generic only*)  
sulfacetamide ophthalmic  
tobramycin ophthalmic  
+Tobrex  
trifluridine  
Vigamox  
+Viroptic (*generic only*)

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

## Eye: anti-inflammatory

+Acular  
+Acular LS  
diclofenac drops  
flurbiprofen  
ketorolac drops  
+Ocufen  
+Voltaren drops

## Eye: decongestants

atropine  
+Isopto-Atropine  
mydrin  
naphazoline  
phenylephrine  
Vasocon (*generic only*)

## Eye: glaucoma

acetazolamide  
Alphagan (*generic only*)  
+Alphagan P  
Azopt  
Betagan (*generic only*)  
betaxolol drops  
Betimol  
Betoptic-S  
brimonidine  
carbachol  
+Cosopt  
Diamox (*generic only*)  
Diamox sequels (*generic only*)  
dorzolamide  
dorzolamide/timolol  
Isopto Carbachol 1.5%  
+Isopto Carbachol 3%  
+Isopto Carpine  
levobunolol  
Lumigan (*limit one 2.5ml bottle/month*)  
metipranolol  
+Optipranolol  
Pilopine HS

Propine  
timolol  
+Timoptic  
+Timoptic XE  
Travatan  
Travatan Z  
+Trusopt

## Eye: other

Restasis (*limit of 2/day*)

## Eye: steroids

Alrex  
Decadron (*generic only*)  
dexamethasone  
fluorometholone  
+FML  
FML Forte  
+Inflamase Forte  
Inflamase Mild  
Lotemax  
Maxidex  
+Pred Forte  
Pred Mild  
prednisolone acetate  
prednisolone sodium phosphate

## Eye: steroid-antibiotic combinations

Blephamide (*generic only*)  
Cortisporin ointment, drops (*generic only*)  
+Maxitrol  
neomycin/bacitracin/polymyxin/HC  
neomycin/polymyxin/dexamethasone  
sulfacetamide/prednisolone  
+Tobradex  
tobramycin/dexamethasone  
+Vasocidin  
Zylet

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

## Gynecology: contraceptives

apri  
aranelle  
aviane  
balziva  
brevicon  
camila  
cesia  
cryselle  
Cyclessa (generic only)  
Demulen (generic only)  
Desogen (generic only)  
desogestrel/ethinyl estradiol  
enpresse  
errin  
Etrostep Fe (generic only)  
jolesa (1 pack for 3 copay)  
jolivette  
june1 1/20, 1.5/30  
june1 fe 1/20, 1.5/30  
kariva  
kelnor  
leena  
lessina  
levlen  
Levlite  
levonorgestrel/ethinyl estradiol 0.1/20,  
0.15/30  
levora  
Lo/Ovral (generic only)  
Loestrin 1/20, 1.5/30 (generic only)  
Loestrin FE 1/20, 1.5/30 (generic only)  
low-ogestrel  
lutera  
Lybrel (limit of 1 pack/month)  
microgestin 1/20, 1.5/30  
microgestin fe 1/20, 1.5/30  
Mircette (generic only)  
Modicon (generic only)  
mononessa  
necon

nora-be  
Nordette (generic only)  
norethindrone/ethinyl estradiol 0.5/35,  
1/20, 1/35  
norethindrone/mestranol 1/50  
norgestimate/ethinyl estradiol  
norgestrel/ethinyl estradiol  
norinyl 1 + 35  
Norinyl 1 + 50 (generic only)  
+Nor-QD  
nortrel  
Nuvaring (limit of 1/month)  
ocella  
ogestrel  
Ortho-Cept (generic only)  
Ortho-Cyclen (generic only)  
Ortho-Micronor (generic only)  
Ortho-Novum (generic only)  
Ortho-Tri-Cyclen (generic only)  
Ovcon-35 (generic only)  
Ovcon-50  
portia  
previfem  
quasense (1 pack for 3 copay)  
reclipsen  
Seasonale (generic only) (1 pack for 3 copay)  
solia  
sprintec  
tilia fe  
tri-legest fe  
Tri-Norinyl (generic only)  
trinessa  
triprevifem  
trisprintec  
trivora  
velivet  
Yasmin (generic only)  
Yaz  
zenchent  
zovia

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

## Gynecology: estrogen and progesterone replacement

+Activella  
+Aygestin  
Climara (*generic only; limit of 8 patches/month*)  
ClimaraPro  
CombiPatch (*limit of 8 patches/month*)  
Crinone gel ♦  
esterified estrogen/methyltestosterone  
Estrace cream  
+Estrace tab  
estradiol tab  
estradiol transdermal  
estradiol/norethindrone  
+Estratest  
+Estratest HS  
Estring  
estropipate  
medroxyprogesterone  
Menest  
+Ogen tablet  
Premarin  
Premarin vaginal cream  
Premphase  
Prempro  
Prochieve gel ♦  
Prometrium  
+Provera  
Vagifem vaginal tablet  
Vivelle Dot (*limit of 16 patches/month*)

## Gynecology: vaginal antifungals

Mycostatin  
nystatin vaginal tablet  
+Terazol  
terconazole vaginal

## Gynecology: vaginal anti-infectives

AVC  
+Cleocin vaginal

clindamycin vaginal  
Clindesse  
+MetroGel vaginal  
metronidazole vaginal gel

## Gynecology: miscellaneous

clomiphene citrate (*covered for female*)  
+Clomid (*covered for female*)  
levonorgestrel (*limit of 2 tabs/prescription; covered if by prescription and female*)  
Methergine  
+Plan B (*limit of 2 tabs/prescription; covered if by prescription and female*)

## Heart and blood: blood clotting

+Agrylin  
Amicar  
aminocaproic acid  
anagrelide  
cilostazol  
+Coumadin  
dipyridamole (*considered inappropriate for use in the elderly*)\*  
heparin ♦ (for sq)  
Mephyton  
pentoxifylline  
+Persantine (*considered inappropriate for use in the elderly*)\*  
Plavix  
+Pletal  
+Ticlid  
ticlopidine  
+Trental  
warfarin

## Heart and blood: blood pressure

Accupril (*generic only*)  
Accuretic (*generic only*)  
Aceon (*generic only*) (*limit of 1 tab/day for 2mg & 4mg, 2 tabs/day for 8mg*)  
+Adalat CC  
Aldomet (*generic only*)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

Altace capsule (*generic only*)  
 amlodipine  
 amlodipine/benazepril  
 Apresoline (*generic only*)  
 atenolol  
 atenolol/chlorthalidone  
 Avalide (◆ if no prior drug therapy with an ACE inhibitor, limit of 1 tab/day)  
 Avapro (◆ if no prior therapy with an ACE inhibitor, limit of 1 tab/day)  
 benazepril (limit of 1 tab/day; 40mg limited to 2 tabs/day)  
 benazepril/HCTZ (limit of 1 tab/day)  
 bisoprolol  
 bisoprolol/HCTZ  
 Blocadren (*generic only*)  
 +Calan  
 +Calan SR  
 Capoten (*generic only*)  
 captopril  
 Cardizem (*generic only*)  
 Cardizem LA (*generic only*)  
 Cardizem SR (*generic only*)  
 +Cardura  
 carvedilol  
 +Catapres  
 +Catapres-TTS  
 clonidine  
 +Coreg  
 Corgard (*generic only*)  
 Cozaar (*generic only*) (◆ if no prior therapy with an ACE inhibitor, limit of 100mg/day)  
 +Dilacor XR  
 diltiazem  
 diltiazem ER  
 diltiazem sustained release  
 Diovan (◆ if no prior therapy with an ACE inhibitor, limit of 1 tab/day)  
 Diovan HCT (◆ if no prior therapy with an ACE inhibitor, limit of 1 tab/day)  
 doxazosin  
 Dynacirc (*generic only*)  
 enalapril  
 enalapril/HCTZ  
 Exforge (◆ if no prior therapy with ACE inhibitor, ACE combination, ARB, or ARB combination) (limit of 1 tab/day)  
 Exforge HCT (◆ if no prior therapy with ACE inhibitor, ACE combination, ARB, or ARB combination) (limit of 1 tab/day)  
 felodipine  
 fosinopril (limit of 1 tab/day, 2 tabs/day for 40mg)  
 fosinopril/HCTZ  
 hydralazine  
 +Hytrin  
 Hyzaar (*generic only*) (◆ if no prior therapy with an ACE inhibitor, limit of 1 tab/day)  
 Inderal (*generic only*)  
 +Inderal LA  
 isradipine  
 labetalol  
 lisinopril (limit of 1 tab/day)  
 lisinopril/HCTZ (limit of 1 tab/day)  
 Loniten (*generic only*)  
 +Lopressor  
 losartan (◆ if no prior therapy with an ACE inhibitor, limit of 100mg/day)  
 losartan/HCTZ (◆ if no prior therapy with an ACE inhibitor, limit of 1 tab/day)  
 metoprolol  
 metoprolol extended release  
 +Minipress  
 minoxidil (*oral only*)  
 moexipril  
 moexipril/HCTZ  
 +Monopril (limit of 1 tab/day; 2 tabs/day for 40mg)  
 +Monopril HCT  
 nadolol  
 nifedipine (*considered inappropriate for use in the elderly*)\*  
 nifedipine XL  
 nisoldipine (20mg, 30mg, 40mg)  
 Norvasc (*generic only*)  
 perindopril (limit of 1 tab/day for 2mg & 4mg, 2 tabs/day for 8mg)

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

+Plendil  
prazosin  
+Prinivil (*limit of 1 tab/day; 40mg limited to 2 tabs/day*)  
+Procardia (*considered inappropriate for use in the elderly*)\*  
Procardia XL (*generic only*)  
propranolol  
propranolol LA  
quinapril  
quinapril/HCTZ  
ramipril capsule  
Sular  
+Tenoretic  
+Tenormin  
terazosin  
+Tiazac  
timolol  
+Toprol XL  
trandolapril  
Uniretic (*generic only*)  
Univasc (*generic only*)  
Vaseretic (*generic only*)  
Vasotec (*generic only*)  
verapamil  
verapamil er pm  
verapamil long-acting  
Verelan PM (*generic only*)  
Zebeta (*generic only*)  
Zestoretic (*generic only*)  
Zestril (*generic only*)  
Ziac (*generic only*)

## Heart and blood: cholesterol/triglyceride lowering

Advicor  
cholestyramine  
+Colestid granules, tablet  
Colestid packets (*generic only*)  
colestipol  
fenofibrate micronized

gemfibrozil  
Lofibra (*generic only*)  
+Lopid  
lovastatin  
Mevacor (*generic only*)  
Niaspan  
+Pravachol (*limit of 1 tab/day*)  
pravastatin (*limit of 1 tab/day*)  
Questran (*generic only*)  
Questran Light (*generic only*)  
Simcor  
simvastatin (*limit of 1 tab/day*)  
Tricor  
Trilipix (*limit of 1 cap/day*)  
Vytorin (♦ *for lower strengths if no prior therapy with generic statin; limit of 1 tab/day*)  
Welchol  
+Zocor (*limit of 1 tab/day*)

## Heart and blood: heart failure, angina, and irregular beats

amiodarone  
+Betapace  
+Betapace AF  
betaxolol oral  
+Cordarone  
digoxin  
disopyramide  
disopyramide cap. sa  
flecainide  
+Imdur  
Isordil (*generic only*)  
isosorbide dinitrate  
isosorbide mononitrate  
+Lanoxin  
mexiletine  
Mexitil (*generic only*)  
Monoket (*generic only*)  
Multaq (*limit of 2 tabs/day*)  
+NitroDur (*0.3mg and 0.8mg are brand*)  
nitroglycerin sublingual

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

nitroglycerin sustained release  
nitroglycerin transdermal  
Nitrostat (*generic only*)  
+Norpace  
Norpace CR 100mg  
+Norpace CR 150mg  
propafenone  
Quinaglute Duratab (*generic only*)  
+Quinidex  
quinidine gluconate  
quinidine sulfate  
quinidine sulfate SA  
Rythmol (*generic only*)  
Rythmol SR  
sotalol  
+Tambocor  
Tikosyn

### Heart and blood: potassium supplements

(tablets, powders, and solutions)

K-Dur (*generic only*)  
K-Lor (*generic only*)  
+K-Lyte  
+K-Lyte-Cl 25meq  
+K-Tab  
+Kaochlor  
Klor-con  
+Micro-K  
potassium bicarbonate/citric acid  
potassium chloride liquid  
potassium chloride powdered  
potassium chloride sustained release  
potassium gluconate liquid

### Heart and blood: “water” pills (diuretics)

+Aldactazide  
+Aldactone  
bumetanide  
Bumex (*generic only*)

chlorothiazide tablet  
chlorthalidone  
Demadex (*generic only*)  
+Dyazide  
eplerenone  
flavoxate  
furosemide  
hydrochlorothiazide  
Hydrodiuril (*generic only*)  
Inspra (*generic only*)  
+Lasix  
+Maxzide  
+Maxzide 25  
metolazone  
Oretic (*generic only*)  
spironolactone  
spironolactone/HCTZ  
torsemide  
triamterene/HCTZ  
triamterene/HCTZ 25  
+Zaroxolyn

### Heart and blood: miscellaneous

midodrine  
nimodipine  
Nimotop (*generic only*)  
+ProAmatine

### Immunosuppressants

azathioprine tab.  
+Cellcept cap., tab.  
Cellcept susp.  
cyclosporine cap., solution  
Imuran (*generic only*)  
mycophenolate cap., tab.  
Myfortic  
+Neoral  
Rapamune  
+Sandimmune cap., solution  
Zortress (*limit of 2 tabs/day*)

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

## Infections: antibacterial and antiviral

acyclovir capsule

Adoxa (generic only)

amoxicillin

amoxicillin/clavulanate

Amoxil (generic only)

ampicillin

Augmentin (some strengths have generic)

Avelox (limit of 10 tabs/prescription)

azithromycin

+Azulfidine

Bactrim (generic only)

+Biaxin (limit of 42 tabs/prescription)

+Biaxin XL (limit of 42 tabs/prescription)

Ceclor (generic only)

Ceclor CD (generic only) (limit of 14 tabs/prescription)

cefaclor

cefadroxil

cefdinir

cefditoren 400mg tab.

cefpodoxime

cefprozil

+Ceftin tab., 125mg/5ml susp.

Ceftin 250mg/5ml susp.

cefuroxime

Cefzil (generic only)

cephalexin

ciprofloxacin extended release tab.

ciprofloxacin tab.

+Cipro tab

+Cipro XR (limit of 3 tablets of 500mg or 14 tablets of 1000mg per prescription)

clarithromycin (limit of 42 tabs/prescription)

clarithromycin extended release (limit of 42 tabs/prescription)

+Cleocin (generic only)

clindamycin

Copegus ♦ (generic only)

Cytovene (generic only)

dapsone

dicloxacillin

doxycycline

Duricef (generic only)

Dynapen (generic only)

E.E.S.

Ery-Tab

Erythrocin

erythromycin base, delayed release cap.

erythromycin ethylsuccinate

erythromycin ethylsuccinate/ sulfisoxazole

famciclovir

Famvir (generic only)

+Flagyl

Floxin oral (generic only)

ganciclovir

Gantrisin

Keflex (generic only)

+Macrobid

+Macrochantin (25mg is brand)

metronidazole

+Minocin

minocycline

Neomycin oral (generic only)

neomycin sulfate oral

nitrofurantoin

ofloxacin oral

+Omnicef

Oracea

Pediazole (generic only)

penicillin VK

Pen-Vee K (generic only)

Proloprim (generic only)

+Rebetol cap. ♦

Relenza (limit of two 5-day courses every 6 months, 1 diskhaler/prescription)

ribavirin ♦

Septra (generic only)

+Septra DS

Spectracef (generic only)

sulfasalazine

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

Sumycin (*generic only*)

Tamiflu (*limit of two 5-day courses every 6 months, 1 course/prescription*)

tetracycline

trimethoprim

trimethoprim sulfa

valacyclovir

Valcyte

+Valtrex

Vantin (*generic only*)

+Vibramycin cap.

Vibramycin syrup

+Zithromax

+Zovirax oral

Zyvox ◆

## Infections: antifungal

clotrimazole troche

+Diflucan

fluconazole

Fulvicin P-G (*generic only*)

Fulvicin U/F

Grifulvin-V tablet

+Grifulvin-V suspension

griseofulvin microsize

griseofulvin ultramicrosize

itraconazole ◆

ketoconazole

+Lamisil (*limit of 30 tabs/month*)

+Mycelex Troche

Mycostatin (*generic only*)

Nizoral oral (*generic only*)

Noxafil ◆

nystatin

Sporanox ◆ (*generic only*)

terbinafine (*limit of 30 tabs/month*)

Vfend ◆

## Infections: hepatitis

Baraclude (*limit of 1 tab/day*)

Epivir HBV ◆ (*limit of 1 tab/day*)

Hepsera (*limit of 1 tab/day*)

Tyzeka ◆ (*limit of 1 tab/day*)

## Infections: HIV/AIDS

Aptivus (◆ *if no prior HAART therapy*)

Atripla

Combivir

Crixivan

didanosine delayed release

Emtriva

Epivir

Epzicom

Intelece (◆ *if no prior HAART therapy*)

Invirase

Isentress

Kaletra

Lexiva

Norvir

Prezista

Rescriptor

+Retrovir

Reyataz

Selzentry ◆

stavudine

Sustiva

Trizivir

Truvada

Videx

+Videx EC

Viracept

Viramune

Viread

+Zerit

Ziagen

zidovudine (AZT)

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

## Infections: parasites

+Aralen  
chloroquine phosphate  
Coartem (limit of 24 tabs/prescription)  
Daraprim  
+Flagyl  
Humatin (generic only)  
hydroxychloroquine  
+Lariam (limit of 4 tabs/prescription)  
(not covered through mail service)  
Malarone ♦  
mebendazole  
mefloquine (limit of 4 tabs/prescription)  
(not covered through mail service)  
Meproon ♦  
metronidazole  
paromomycin  
+Plaquenil  
Primaquine  
Yodoxin

## Infections: tuberculosis

ethambutol  
isoniazid  
Myambutol (generic only)  
Mycobutin  
Priftin  
pyrazinamide  
+Rifadin  
Rifamate (generic only)  
rifampin  
rifampin/isoniazid

## Mental health: anxiety

alprazolam  
alprazolam extended release  
alprazolam rapid dissolving  
Ativan (generic only)  
chlordiazepoxide (considered inappropriate  
for use in the elderly)\*  
clonazepam rapid dissolving ♦

clorazepate  
diazepam (considered inappropriate for  
use in the elderly)\*  
Klonopin Wafer ♦ (generic only)  
Librium (generic only) (considered  
inappropriate for use in the elderly)\*  
lorazepam  
meprobamate  
Niravam (generic only)  
oxazepam  
Serax (generic only)  
Tranxene T-tab (generic only)  
+Valium (considered inappropriate for use  
in the elderly)\*  
+Xanax  
Xanax XR (generic only)

## Mental health: depression

amitriptyline (considered inappropriate for  
use in the elderly)\*  
amoxapine  
Anafranil (generic only)  
Aventyl (generic only)  
bupropion (maximum dose of 400mg/day)  
bupropion extended release (maximum of  
400mg/day)  
bupropion sustained release  
(maximum for 400mg/day)  
Buspar (generic only)  
buspirone  
citalopram  
Celexa (generic only)  
clomipramine  
desipramine  
+Desyrel  
doxepin cap., oral conc. (considered  
inappropriate for use in the elderly)\*  
Effexor (generic only)  
Effexor XR (limit of 2 caps/day)  
Elavil (generic only) (considered inappropri-  
ate for use in the elderly)\*  
fluoxetine (considered inappropriate for  
use in the elderly)\*

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

fluoxetine delayed release (*limit 4 caps/month*) (*considered inappropriate for use in the elderly*)\*

imipramine

maprotiline

mirtazapine

mirtazapine rapid-dissolving tablet

Nardil

nefazodone

+Norpramin

nortriptyline

Pamelor (*generic only*)

+Parnate

paroxetine

paroxetine controlled release

+Paxil

+Paxil CR

Pristiq (◆ *if no prior SSRI or SNRI therapy*) (*limit of 1 tab/day*)

protriptyline

+Prozac (*considered inappropriate for use in the elderly*)\*

+Prozac weekly (*limit of 4 caps/month*) (*considered inappropriate for use in the elderly*)\*

+Remeron

Remeron SolTabs (*generic only*)

sertraline

Sinequan (*generic only*) (*considered inappropriate for use in the elderly*)\*

Tofranil (*generic only*)

Tofranil PM (*generic only*)

tranlycypromine

trazodone

venlafaxine

Vivactil

+Wellbutrin (*maximum of 400mg/day*)

+Wellbutrin SR (*maximum of 400mg/day*)

+Wellbutrin XL (*maximum of 400mg/day*)

+Zoloff

## Mental health: psychosis

chlorpromazine

clozapine

+Clozaril

fluphenazine

haloperidol

loxapine

+Loxitane

Mellaril (*generic only*) (*considered inappropriate for use in the elderly*)\*

+Navane (*20mg is brand*)

Orap

perphenazine (*considered inappropriate for use in the elderly*)\*

Prolixin (*generic only*)

+Risperdal

+Risperdal M-Tab

risperidone

risperidone rapid dissolving

Seroquel

Seroquel XR

Stelazine (*generic only*)

thioridazine (*considered inappropriate for use in the elderly*)\*

thiothixene

Thorazine (*generic only*)

trifluoperazine

Trilafon (*generic only*) (*considered inappropriate for use in the elderly*)\*

Zyprexa

## Mental health: sleep

+Ambien (*limit of 10mg/day*)

Ambien CR (◆ (*limit of 12.5mg/day*))

+Dalmane (*considered inappropriate for use in the elderly*)\*

estazolam

flurazepam (*considered inappropriate for use in the elderly*)\*

+Halcion

oxazepam

Prosom (*generic only*)

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

+Restoril (7.5mg, 15mg, 30mg)  
Restoril (22.5mg) (generic only)  
Serax (generic only)  
Sonata (generic only) (limit of 20mg/day)  
temazepam  
triazolam  
zaleplon (limit of 20mg/day)  
zolpidem (limit of 10mg/day)

## Mental health: miscellaneous

+Adderall (considered inappropriate for use in the elderly)\*  
+Adderall XR (considered inappropriate for use in the elderly)\*  
amphetamine/dextroamphetamine (considered inappropriate for use in the elderly)\*  
Aricept  
Concerta  
Desoxyn (generic only)  
Dexedrine (generic only, extended release limited to 1 cap/day) (considered inappropriate for use in the elderly)\*  
dexmethylphenidate (limit of 2 tabs/day) (considered inappropriate for use in the elderly)\*  
dextroamphetamine (extended release limited to 1 cap/day) (considered inappropriate for use in the elderly)\*  
+Eskalith, CR  
fluvoxamine  
Focalin (generic only, limit of 2 tabs/day) (considered inappropriate for use in the elderly)\*  
lithium carbonate  
lithium citrate  
Liquadd (generic only)  
Luvox (generic only)  
methamphetamine  
methylphenidate (considered inappropriate for use in the elderly)\*  
methylphenidate SR (limit of 1 tab/day)  
Rilutek

+Ritalin (considered inappropriate for use in the elderly)\*  
Ritalin SR (limit of 1 tab/day)

## Miscellaneous

+Adrenaclick (limit of 2 syringes/prescription)  
Antabuse  
calcium acetate cap.  
Chemet  
epinephrine autoinjector (limit of 2 syringes/prescription)  
Epipen (limit of 2 syringes/prescription)  
Epipen Jr. (limit of 2 syringes/prescription)  
K-Phos Neutral  
+Megace suspension  
megestrol acetate susp.  
naltrexone  
+Phoslo  
Renagel  
Renvela powder pack (limit of 6/day)  
Renvela tablet (limit of 18 tabs/day)  
sodium polystyrene sulfonate oral susp.  
SPS (generic only)  
Twinject (limit of 2 syringes/prescription)  
Zavesca ♦

## Muscle relaxants

baclofen  
carisoprodol (considered inappropriate for use in the elderly)\*  
carisoprodol/aspirin (considered inappropriate for use in the elderly)\*  
carisoprodol/aspirin/codeine (considered inappropriate for use in the elderly)\*  
chlorzoxazone (considered inappropriate for use in the elderly)\*  
cyclobenzaprine (considered inappropriate for use in the elderly)\*  
Flexeril (generic only) (considered inappropriate for use in the elderly)\*  
Lioresal (generic only)  
metaxalone (limit of 4 tabs/month)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

methocarbamol (*considered inappropriate for use in the elderly*)\*  
+Norflex (*considered inappropriate for use in the elderly*)\*  
orphenadrine (*considered inappropriate for use in the elderly*)\*  
+Parafon Forte DSC  
Robaxin (*generic only*) (*considered inappropriate for use in the elderly*)\*  
Skelaxin (*generic only*) (*limit of 4 tabs/month*)  
Soma 250mg (*considered inappropriate for use in the elderly*)\*  
+Soma 350mg (*considered inappropriate for use in the elderly*)\*  
+Soma Compound (*considered inappropriate for use in the elderly*)\*  
+Soma Compound with codeine (*considered inappropriate for use in the elderly*)\*  
tizanidine tablet  
Zanaflex tablet (*generic only*)

## Muscle stimulants

Mestinon

## Neurology: Parkinson's disease

amantadine  
Azilect  
benztropine  
bromocriptine mesylate  
carbidopa/levodopa  
carbidopa/levodopa rapid dissolving ◆  
carbidopa/levodopa sustained release  
Cogentin (*generic only*)  
Comtan (◆ *if no concurrent therapy with levodopa/carbidopa*)  
+Eldepryl  
+Mirapex  
+Parcopa ◆  
Parlodel (*generic only*)  
pramipexole  
+Requip  
ropinirole

selegiline  
+Sinemet  
+Sinemet CR  
Stalevo  
+Symmetrel  
Tasmar  
trihexyphenidyl

## Neurology: seizures

Banzel ◆ (*200mg limited to 2 tabs/day; 400mg limited to 8 tabs/day*)  
carbamazepine  
carbamazepine XR  
Carbatrol  
clonazepam  
+Depakene  
+Depakote, ER, sprinkles  
+Dilantin  
divalproex sodium  
divalproex sodium ER  
ethosuximide  
gabapentin  
Gabitril  
+Keppra  
+Klonopin  
+Lamictal  
lamotrigine  
levetiracetam  
+Mysoline  
+Neurontin (*solution is brand*)  
oxcarbazepine  
phenobarbital  
Phenytek (*generic only*)  
phenytoin  
primidone  
+Tegretol  
Tegretol XR 100mg  
+Tegretol XR 200mg, 400mg  
+Topamax  
+Topamax sprinkles  
topiramate

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

topiramate sprinkles  
+Trileptal tablet  
valproic acid  
+Zarontin  
+Zonegran  
zonisamide

## Neurology: miscellaneous

Aricept  
galantamine  
galantamine extended release  
Namenda  
Nuvigil ♦ (limit of 1 tab/day, 2 tabs/day  
for 50mg)  
Provigil ♦ (limit of 2 tabs/day)  
+Razadyne  
+Razadyne ER  
Rilutek

## Pain management: arthritis and inflammation

Ansaid (generic only)  
Arava (generic only)  
azathioprine  
choline magnesium salicylate  
+Clinoril  
Cuprimine  
Daypro (generic only) (considered  
inappropriate for use in the elderly)\*  
diclofenac delayed release  
diclofenac extended release  
(considered inappropriate for use in  
the elderly)\*  
Disalcid (generic only)  
etodolac  
etodolac sustained release  
Feldene (generic only) (considered inappropri-  
ate for use in the elderly)\*  
fenoprofen  
flurbiprofen  
hydroxychloroquine  
ibuprofen (OTC forms not covered)

Imuran (generic only)  
Indocin (generic only) (considered  
inappropriate for use in the elderly)\*  
Indocin SR (generic only) (considered  
inappropriate for use in the elderly)\*  
indomethacin (considered inappropriate  
for use in the elderly)\*  
indomethacin sustained release  
(considered inappropriate for use in  
the elderly)\*  
ketoprofen  
leflunomide  
Lodine, XL (generic only)  
meclofenamate  
meloxicam  
methotrexate  
methotrexate inj. ♦  
methotrexate tab.  
Mobic (generic only)  
+Motrin (OTC forms not covered)  
nabumetone  
Nalfon (generic only)  
+Naprosyn (considered inappropriate  
for use in the elderly)\*  
naproxen (OTC forms not covered) (consid-  
ered inappropriate for use in the elderly)\*  
oxaprozin (considered inappropriate  
for use in the elderly)\*  
piroxicam (considered inappropriate  
for use in the elderly)\*  
+Plaquenil  
Relafen (generic only)  
Ridaura  
salsalate  
sulindac  
tolmetin  
Trilisate (generic only)  
+Voltaren  
Voltaren XR (generic only) (considered  
inappropriate for use in the elderly)\*

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

## Pain management: gout

allopurinol

Anturane (generic only)

colchicine

Indocin (generic only) (considered inappropriate for use in the elderly)\*

Indocin SR (generic only) (considered inappropriate for use in the elderly)\*

indomethacin (considered inappropriate for use in the elderly)\*

indomethacin SR (considered inappropriate for use in the elderly)\*

probenecid

Zyloprim (generic only)

## Pain management: migraine headaches

acetaminophen/butalbital/caffeine

Amerge (limit of 18 tabs/month) (not covered through mail service)

aspirin/butalbital/caffeine

+Cafergot tablet (maximum dose of 10/week)

D.H.E. 45 ♦

Ergomar SL (maximum dose of 5/week)

ergotamine/caffeine (maximum dose of 10/week)

+Fioricet (maximum dose of 6/day)

+Fiorinal (maximum dose of 6/day)

+Imitrex inj. (limit of 4 inj./fill, max 16 inj./month) (not covered through mail service)

+Imitrex nasal spray (limit of 18 doses/month) (not covered through mail service)

+Imitrex tablet (limit of 18 tabs/month) (not covered through mail service)

isometheptene/dichloralphenazone/acetaminophen (maximum dose of 5/day)

Maxalt (limit of 24 tabs/month) (not covered through mail service)

Midrin (generic only, maximum dose of 5/day)

Migergot supp. (max 5 per week)

Migranal NS (limit of 1 box of 8 sprays/month) (not covered through mail service)

sumatriptan inj. (limit of 4 inj./fill, max 16 inj./month) (not covered through mail service)

sumatriptan nasal spray (limit of 18 doses/month) (not covered through mail service)

sumatriptan tab. (limit of 18 tabs/month) (not covered through mail service)

Sumavel Dosepro (limit of 18 inj./month at 6 inj./fill)

## Pain management: narcotics/non-narcotics

acetaminophen/codeine

acetaminophen/hydrocodone

acetaminophen/oxycodone

+Actiq ♦ (limit of 4 lozenges/day)

Alcet (generic only)

aspirin/oxycodone

butalbital/acetaminophen

butorphanol NS (limit of 2 canisters/prescription, not to exceed 4 canisters/30 days) (not covered through mail service)

codeine/acetaminophen/caffeine/butalbital

Combunox (generic only; limit of 28 tabs/prescription)

Darvocet N (generic only) (considered inappropriate for use in the elderly)\*

dihydrocodeine/acetaminophen/caffeine

Dilaudid (generic only)

Dolophine (generic only)

Durabac Forte (generic only)

+Duragesic Patches (limit of 20 patches/month)

fentanyl lozenge ♦ (limit of 4 lozenges/day)

fentanyl patches (limit of 20 patches/month)

+Fioricet/codeine

hydrocodone/ibuprofen

hydromorphone

ibuprofen/oxycodone (limit of 28 tabs/prescription)

magnesium salicylate/acetaminophen/phenyltoloxamine/caffeine

methadone

morphine sulfate tablet, solution, suppository

morphine sulfate sustained action

MS Contin (generic only)

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

oxycodone

oxycodone/acetaminophen

OxyContin♦ (prior authorization required if > 400mg or >12 tabs/day) (prior authorization required for 60mg & 80mg tabs)

OxylR (generic only)

Panlor DC (generic only)

Panlor SS (generic only)

pentazocine/naloxone (considered inappropriate for use in the elderly)\*

Percocet (generic only)

Percodan (generic only)

Phrenilin (generic only)

propoxyphene HCl/acetaminophen (considered inappropriate for use in the elderly)\*

propoxyphene napsylate/ acetaminophen (considered inappropriate for use in the elderly)\*

Roxanol (generic only)

Roxicodone (generic only)

Stadol NS (generic only) (limit of 2 canisters/ prescription, not to exceed 4 canisters/ 30 days) (not covered through mail service)

+Talwin NX (considered inappropriate for use in the elderly)\*

tramadol

tramadol sr tab 24h (limit of 1 tab/day for 200mg, 3 tabs/day for 100mg)

tramadol/acetaminophen

+Tylenol/Codeine

Ultracet (generic only)

Ultram (generic only)

Ultram ER (generic only; limit of 1 tab/day for 200mg, 3 tabs/day for 100mg)

+Vicodin

Vicodin ES (generic only)

Vicodin HP (generic only)

Vicoprofen (generic only)

Wygesic (generic only)

## Respiratory: antihistamine and anti-allergy

Allegra tablet (generic only)

Atarax (generic only) (considered inappropriate for use in the elderly)\*

Bidhist (generic only)

brompheniramine

Brovex CT (generic only)

carbinoxamine tab.

chlorpheniramine SR tab, drops

clemastine (2.68mg, tablet only)

clemastine syrup

cyproheptadine (considered inappropriate for use in the elderly)\*

dexchlorpheniramine sustained action

Ed-Chlor-Tan (generic only)

fexofenadine tablet

hydroxyzine (considered inappropriate for use in the elderly)\*

Lohist (generic only)

Mintex CT, PD (generic only)

Myci-Chlorped (generic only)

palgic

Periactin (generic only)

+Vistaril (suspension is brand) (considered inappropriate for use in the elderly)\*

## Respiratory: antihistamine/ decongestants

Allegra-D 12 hour (generic only)

Bromfed (generic only)

Bromfed-PD (generic only)

cpm-pse

Dallergy PE (generic only)

fexofenadine/pseudoephedrine tablet

J-Tan D (generic only)

Kronofed-A-Jr. (generic only)

Myci-Chlorped D (generic only)

Nalex-A (generic only)

nohist-plus jr.

Novafed A (generic only)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

phenylephrine/brompheniramine SR cap., SR tab., susp.  
phenylephrine/chlorpheniramine/methscopolamine SA tab., syrup  
phenylephrine/phenyltoloxamine/chlorpheniramine  
phenylephrine/pyrilamine tab.  
pseudoephedrine/chlorpheniramine cap., liquid  
pseudoephedrine/chlorpheniramine/methscopolamine SA tab.  
Ryna-12 (generic only)  
Rynatan (generic only)  
Viravan-S (generic only)

### **Respiratory: asthma inhalants**

Accuneb (generic only; limit of 5 boxes/month)  
Advair Diskus (limit of 1 inhaler/month)  
albuterol inhalation solution (limit of 5 boxes/month or 4 bottles/month)  
Asmanex (limit of 1 inhaler/month)  
budesonide nebulizer susp. (limit of 2 doses/day)  
cromolyn inhalation solution  
Foradil  
Flovent Diskus (limit of 1 inhaler/month)  
Flovent HFA (limit of 2 inhalers/month)  
Intal aerosol (limit of 3 inhalers/month)  
Intal inhalation solution (generic only) (limit of 2 boxes/month)  
Maxair (limit of 1 inhaler/month)  
Metaprel (generic only)  
Proair HFA (limit of 2 inhalers/month)  
+Proventil solution for inhalation (limit of 5 boxes/month)  
Pulmicort Flexhaler (limit of 2 inhalers/month)  
+Pulmicort 0.25mg/2ml, 0.5mg/2ml Respules (limit of 2 doses/day)  
Pulmicort 1mg/2ml Respules (limit of 1 dose/day)  
Qvar (limit of 2 inhalers/month)  
Serevent Diskus (limit of 1 inhaler/month)  
Symbicort (limit of 1 inhaler/month)

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

### **Respiratory: asthma orals**

albuterol tab., syrup  
albuterol ER tab.  
aminophylline  
Brethine (generic only)  
elixophyllin  
Lufyllin  
Metaprel syrup (generic only)  
metaproterenol tab., syrup  
Proventil tab., syrup (generic only)  
Singulair (limit of 1 tab or packet/day)  
terbutaline, oral  
theophylline, oral  
+Uniphyll  
Ventolin HFA (limit of one 18gm inhaler/month or two 8gm inhaler/month)  
Vospire ER (generic only)

### **Respiratory: COPD inhalants**

Advair Diskus (limit of 1 inhaler/month)  
albuterol inhalation solution (limit of 5 boxes/month or 4 bottles/month)  
Asmanex (limit of 1 inhaler/month)  
Atrovent HFA (limit of 2 inhalers/month)  
Atrovent inhalation solution (generic only) (limit of 4 boxes/month)  
budesonide nebulizer susp. (limit of 2 doses/day)  
+DuoNeb (limit of 6 boxes/month)  
Foradil  
Flovent Diskus (limit of 1 inhaler/month)  
Flovent HFA (limit of 2 inhalers/month)  
ipratropium inhalation solution (limit of 4 boxes/month)  
ipratropium/albuterol inhalation solution (limit of 6 boxes/month)  
Maxair (limit of 1 inhaler/month)  
Metaprel (generic only)  
Proair HFA (limit of 2 inhalers/month)  
+Proventil solution for inhalation (limit of 5 boxes/month)  
Pulmicort Flexhaler (limit of 2 inhalers/month)

+Pulmicort 0.25mg/2ml, 0.5mg/2ml  
Respules (*limit of 2 doses/day*)  
Pulmicort 1mg/2ml Respules (*limit of  
1 dose/day*)  
Qvar (*limit of 2 inhalers/month*)  
Serevent Diskus (*limit of 1 inhaler/month*)  
Spiriva (*limit of 1 inhaler/month*)  
Symbicort (*limit of 1 inhaler/month*)  
Ventolin HFA (*limit of one 18gm inhaler/  
month or two 8gm inhaler/month*)

## Respiratory: COPD orals

albuterol tab., syrup  
albuterol ER tab.  
aminophylline  
Brethine (*generic only*)  
elixophyllin  
Lufyllin  
Metaprel syrup (*generic only*)  
metaproterenol tab., syrup  
Proventil tab., syrup (*generic only*)  
terbutaline, oral  
theophylline, oral  
+Uniphyl  
Vospire ER (*generic only*)

## Respiratory: cough & cold

Allfen C (*generic only*)  
benzonatate  
brompheniramine/codeine liquid  
brompheniramine/pseudoephedrine/  
codeine liquid  
carbetapentane/chlorpheniramine susp.  
carbetapentane/phenylephrine/  
chlorpheniramine tab.  
chlorpheniramine/codeine liquid  
codeine/promethazine (*considered  
inappropriate for use in the elderly*)\*  
codeine/pseudoephedrine/  
chlorpheniramine  
CPB WC (*generic only*)  
Dallergy DM (*generic only*)

dextromethorphan/phenylephrine/  
chlorpheniramine drops  
dextromethorphan/phenylephrine/  
diphenhydramine susp.  
dextromethorphan/pseudoephedrine/  
brompheniramine liquid  
Donatussin DM (*generic only*)  
Durahist D (*generic only*)  
Duraphen 1000 (*generic only*)  
Dytan-DM (*generic only*)  
Extendryl chew tab. (*generic only*)  
guaifenesin/carbetapentane SR tab.  
guaifenesin/codeine  
guaifenesin/dextromethorphan liquid  
guaifenesin/dextromethorphan/  
phenylephrine/chlorpheniramine syrup  
guaifenesin/dextromethorphan/  
pseudoephedrine syrup  
guaifenesin/phenylephrine SR tab.  
guaifenesin/pseudoephedrine/codeine  
+Hycodan  
hydrocodone/homatropine  
Nalex AC (*generic only*)  
Notuss AC (*generic only*)  
Notuss DC (*generic only*)  
Novahistine DH (*generic only*)  
Pediatan D (*generic only*)  
Phenergan/Codeine (*generic only*)  
(*considered inappropriate for use in  
the elderly*)\*  
phenylephrine/chlorpheniramine susp.  
phenylephrine/chlorpheniramine/  
scopolamine  
phenylephrine/dihydrocodeine/  
chlorpheniramine liquid  
promethazine vc/codeine (*considered  
inappropriate for use in the elderly*)\*  
pseudoephedrine/codeine liquid  
pseudoephedrine/dexchlor  
pheniramine/scopolamine SR tab.  
quartuss  
Robitussin AC (*generic only*)  
Tri-vent DM (*generic only*)

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

tusnel c

Tussi-12S (generic only)

Tussi-Organidin DM NR (generic only)

Tussi-Organidin NR (generic only)

xiratuss

## Respiratory: miscellaneous

+Cafcit

caffeine citrated solution

## Stomach & intestinal: diarrhea

diphenoxylate/atropine

Lomotil (generic only)

paregoric

## Stomach & intestinal: intestinal spasms

belladonna alkaloid/phenobarbital (considered inappropriate for use in the elderly)\*

Bentyl (generic only) (considered inappropriate for use in the elderly)\*

clidinium/chlordiazepoxide (considered inappropriate for use in the elderly)\*

dicyclomine (considered inappropriate for use in the elderly)\*

Donnatal elixir, tablet (generic only) (considered inappropriate for use in the elderly)\*

Donnatal SA tablet (considered inappropriate for use in the elderly)\*

glycopyrrolate

hyoscyamine sulfate

Levsin (generic only)

Librax (generic only) (considered inappropriate for use in the elderly)\*

phenobarbital/hyoscyamine/atropine/  
scopolamine elixir (considered inappropriate for use in the elderly)\*

propantheline

+Robinul

Robinul Forte (generic only)

## Stomach & intestinal: nausea

Antivert (generic only)

Anzemet (limit of 1 tab/prescription) (not covered through mail service)

Compazine (generic only)

dronabinol

granisetron (limit of 2 tabs/prescription) (not covered through mail service)

+Kytril (limit of 2 tabs/prescription) (not covered through mail service)

Marinol (generic only)

meclizine (OTC forms are not covered)

metoclopramide

ondansetron (limit of 30 tabs of 4 or 8mg/prescription) (not covered through mail service)

Phenergan (generic only) (considered inappropriate for use in the elderly)\*

prochlorperazine

promethazine (considered inappropriate for use in the elderly)\*

Reglan (generic only)

Tigan (generic only) (considered inappropriate for use in the elderly)\*

trimethobenzamide (considered inappropriate for use in the elderly)\*

+Zofran (limit of 30 tabs of 4 or 8mg/prescription) (not covered through mail service)

## Stomach & intestinal: ulcer and reflux

Aciphex

Axid (generic only)

Carafate (generic only)

cimetidine (OTC forms not covered)

+Cytotec

Dexilant (limit of 1 cap/day)

famotidine (OTC forms not covered)

lansoprazole 30mg cap.

methscopolamine

misoprostol

nizatidine (OTC forms not covered)

omeprazole

Pamine (generic only)

+ Generic available.

Medications listed with a ♦ require your physician to obtain prior authorization for medical necessity.

Pamine Forte (generic only)  
pantoprazole tablet  
Pepcid (generic only) (OTC forms not covered)  
Prilosec (generic only) (OTC forms not covered)  
Prevacid 30mg cap. (generic only)  
+Protonix  
ranitidine (OTC forms not covered)  
sucralfate  
+Tagamet (OTC forms not covered)  
+Zantac (OTC forms not covered)

## Stomach & intestinal: miscellaneous

+Actigall  
amylase/lipase/protease  
Analpram HC cream (generic only)  
Analpram HC lotion  
Anamantle HC (generic only)  
Anusol HC suppository (generic only)  
Asacol  
Asacol HD  
+Azulfidine  
balsalazide  
Cephulac (generic only)  
+Colazal  
CoLyte (generic only)  
Cortifoam  
Creon  
Dipentum  
Entocort EC  
Golytely (generic only)  
hydrocortisone enema  
hydrocortisone rectal cream  
hydrocortisone suppository  
hydrocortisone/lidocaine rectal cream  
hydrocortisone/lidocaine/aloe vera  
rectal gel  
hydrocortisone/pramoxine rectal cream  
lactulose  
Lidamantle HC rectal cream (generic only)  
mesalamine enema

metoclopramide  
Nulytely  
pancrealipase  
Pancrease (generic only)  
Pancrease MT4  
+Pancrease MT10, MT16, MT20  
Pancrecarb  
Pentasa  
polyethylene glycol 3350  
+Proctocream HC  
Proctofoam HC  
Rectagel HC (generic only)  
Reglan (generic only)  
+Rowasa  
sulfasalazine  
trilyte  
Ultrase  
Ultrase MT  
+Urso  
Urso Forte (generic only)  
ursodiol  
Viokase  
+Zenpep

## Urinary

bethanechol  
+Bicitra  
+Cardura  
Caverject ♦ (limit of 6 inj./month if approved)  
(not covered through mail service) (not covered for all plans)  
citric acid/sodium citrate  
+Ditropan  
Ditropan XL (generic only)  
doxazosin  
Edex ♦ (limit of 6 inj./month if approved) (not covered through mail service) (not covered for all plans)  
Enblex ♦ (if no prior therapy with oxybutynin)  
finasteride  
flavoxate

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65. Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

+Flomax (◆ if no prior therapy with doxazosin or terazosin)  
Hiprex (generic only)  
hyoscyamine sulfate  
+Hytrin  
+Levsin  
+Levsin SL  
Levitra (◆ (not covered in all plans) (if approved for coverage – limit of 6 tabs/month) (not covered through mail service))  
Mandelamine  
methenamine hippurate  
methenamine mandelate  
methenamine/methylene blue/  
phenylsalicylate/sodium biphosphate/  
hyoscyamine  
Muse Suppository (◆ (if approved for coverage, limited to 6/ month) (not covered through mail service) (not covered for all plans))  
oxybutynin  
oxybutynin extended release  
Oxytrol (◆ if no prior therapy with oxybutynin)  
phenazopyridine  
phenazopyridine/hyoscyamine/  
butabarbital  
+Polycitra  
+Polycitra K  
+Polycitra LC  
potassium citrate  
potassium citrate/citric acid  
potassium citrate/sodium citrate/citric acid  
propantheline  
+Proscar  
+Pyridium  
Pyridium plus (generic only)  
shohl's modified  
tamsulosin (◆ if no prior therapy with doxazosin or terazosin)  
terazosin  
Urecholine (generic only)  
Urimar-T (generic only)  
+Urispas  
+Urocit K 5meq, 10meq

Urocit-K 15meq  
UTA (generic only)  
Vesicare (◆ if no prior therapy with oxybutynin) (limit of 10mg/day)

## Vitamins: folic acid preparations

folbee plus  
folic acid  
folic acid/MVI/mineral  
folic acid/niacinamide/cupric oxide/  
zinc oxide  
folic acid/vitamin B complex and  
C/pantothenic acid/biotin  
leucovorin  
Nicomide (generic only)  
supervite ec tablet (generic only)

## Vitamins: iron replacement

Albafort (generic only)  
Chromagen FA (generic only)  
Chromagen Forte (generic only)  
Fero-Folic 500  
Ferralet 90 (generic only)  
Hemocyte-F (generic only)  
Hemocyte Plus (generic only)  
Niferex 150 Forte (generic only)  
trinsicon

## Vitamins: multivitamins

Berroca Plus (generic only)  
femtabs  
Strovite Forte (generic only)

## Vitamins: pediatric vitamins

multivitamins with fluoride drops,  
chew tabs.  
multivitamins with fluoride & iron drops  
Poly-Vi-Flor (generic only)  
Poly-Vi-Flor with Iron drops (generic only)  
Tri-Vi-Flor (generic only)

+ Generic available.

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

vitamins ADC with fluoride drops  
vitamins ADC with fluoride & iron drops

### **Vitamins: prenatal**

Citranatal Rx *(generic only)*  
Concept DHA *(generic only)*  
lactocal-f  
Natachew *(generic only)*  
Natafort  
natalcare pic forte  
Nestabs Rx *(generic only)*  
Novanatal *(generic only)*  
Novastart *(generic only)*  
ob-natal one *(generic only)*  
O-cal FA  
prenatabs fa  
prenatabs rx  
Prenate DHA *(generic only)*  
Select-OB *(generic only)*  
tricare  
ultimatecare one nf  
vinate az  
vinate gt

### **Vitamins: vitamin B preparations**

Dialyvite  
Folgard Rx *(generic only)*  
Folgard Rx 2.2 *(generic only)*  
Foltx *(generic only)*  
nephrocaps *(generic only)*

### **Vitamins: vitamin D preparations**

calcitriol  
+Drisdol capsule  
ergocalciferol capsule  
+Rocaltrol  
Zemplar

### **Vitamins: vitamin K preparations**

Mephyton

\* The U.S. General Accounting Office advises that these drugs may not be appropriate for people over age 65.  
Blue Shield of California suggests that you discuss with your physician whether these drugs are appropriate for you.

## Non-formulary drugs requiring prior authorization

Note: If your plan has coverage for non-formulary drugs, the following drugs require prior authorization.

<b>Non-formulary drug</b>	
Acanya	medical necessity prior authorization
Actonel	if no prior therapy with alendronate ( <i>Fosamax</i> ), quantity limit: 1/day (5mg), 4/month (35mg), 2/month (75mg), 1/month (150mg)
Actonel with Calcium	if no prior therapy with alendronate ( <i>Fosamax</i> ), quantity limit of 1 per day
Alinia	medical necessity prior authorization
Allegra-D,** Allegra-OD†**	if no prior therapy with nasal antihistamine or nasal steroid
Altabax	if no prior therapy with mupirocin
Altace tablet	medical necessity prior authorization
Amitiza	medical necessity prior authorization
Amrix	if no prior therapy with cyclobenzaprine ( <i>Flexeril</i> ), quantity limit of 1 per day
Aplenzin	medical necessity prior authorization, quantity limit of 1 per day
Atacand, Atacand HCT	if no prior therapy with an ACE inhibitor, quantity limit of 1 per day
Atralin	prior authorization required if over age 40 years
Avandaryl	medical necessity prior authorization
Avodart	medical necessity prior authorization, quantity limit of 1 per day
Azor	medical necessity prior authorization
Benicar,** Benicar HCT**	if no prior therapy with an ACE inhibitor, quantity limit of 1 per day
Benzaclin pump	medical necessity prior authorization
Benzefoam	medical necessity prior authorization
Boniva**	if no prior therapy with alendronate ( <i>Fosamax</i> ) and Actonel ( <i>prior therapy required</i> )
Bystolic**	medical necessity prior authorization
Caduet	medical necessity prior authorization, quantity limit of 1 per day
Cardura XL	if no prior therapy with tamsulosin ( <i>Flomax</i> ) ( <i>prior drug therapy required</i> ), quantity limit of 1 per day
Celebrex**	medical necessity prior authorization, quantity limit of 2 per day
Cialis**	medical necessity prior authorization, quantity limit of 6 per month
Clarinex, Clarinex D	if no prior therapy with nasal antihistamine or nasal steroid
Clobex	medical necessity prior authorization
Coreg CR	if no prior therapy with carvedilol ( <i>Coreg</i> )
Cozaar**	if no prior therapy with an ACE inhibitor, quantity limit of 1 per day
Crestor**	medical necessity prior authorization, quantity limit of 1 per day
Detrol,** Detrol LA**	if no prior therapy with oxybutynin ( <i>Ditropan</i> , <i>DitropanXL</i> )
Duetact	medical necessity prior authorization

\*\* See formulary alternatives for non-formulary drugs on pages 69-70.

## Non-formulary drugs requiring prior authorization, continued

### Non-formulary drug

Edluar	medical necessity prior authorization, quantity limit of 1 per day
Emend 40mg	medical necessity prior authorization, quantity limit of 1 per month
Epiduo	if > 40 years of age
Exalgo	medical necessity prior authorization, quantity limit of 1 per day (8mg), 5 per day (12mg), 4 per day (16mg)
Fentora	medical necessity prior authorization
Fexmid	If no prior therapy with cyclobenzaprine 5mg and 10mg
Flector**	medical necessity prior authorization, quantity limit of 2 per day
Fortamet	medical necessity prior authorization
Gelnique	if no prior therapy with Oxytrol ( <i>prior drug therapy required</i> )
Glumetza	medical necessity prior authorization
Hyzaar**	if no prior therapy with an ACE inhibitor, quantity limit of 1 per day
Intuniv	If no prior therapy with guanfacine
Invega	medical necessity prior authorization
Keppra XR	if no prior therapy with levetriacetam immediate release ( <i>Keppra</i> )
Klonopin wafer	medical necessity prior authorization
Lamisil granules	medical necessity prior authorization
Lamictal ODT	medical necessity prior authorization, quantity limit of 1 dose-pack per month
Lamictal XR	medical necessity prior authorization, quantity limit of 1 per day (25mg, 50mg, 100mg), 2 per day (200mg), 1 titration pack per month
Lexapro**	medical necessity prior authorization, quantity limit of 1 per day
Lipitor**	medical necessity prior authorization
Lotronex	medical necessity prior authorization
Lovaza** ( <i>formerly Omacor</i> )	medical necessity prior authorization
Lunesta**	if no prior therapy with zolpidem ( <i>Ambien</i> ) and <i>Ambien CR</i> , quantity limit of 1 per day
Lyrica**	medical necessity prior authorization, quantity limit 3 per day (25mg, 50mg, 75mg, 100mg); 2 per day (150mg); 1 per day (200mg, 225mg, 300mg)
Metozolv ODT	medical necessity prior authorization, quantity limit of 4 per day
Miacalcin Nasal Spray	medical necessity prior authorization
Micardis, Micardis HCT	if no prior therapy with an ACE inhibitor, quantity limit of 1 per day
Nasacort AQ	if no prior therapy with 2 of the following: flunisolide ( <i>Nasarel</i> ), fluticasone ( <i>Flonase</i> ), Nasonex
Neobenz Micro	medical necessity prior authorization
Nexium**	if no prior therapy with Aciphex, Dexilant, and 1 of the following: omeprazole, lansoprazole, pantoprazole ( <i>Protonix</i> )
Nucynta	medical necessity prior authorization, quantity limit of 6 per day (50mg), 7 per day (75mg, 100mg); cumulative dose of 700mg per day

\*\* See formulary alternatives for non-formulary drugs on pages 69-70.

## Non-formulary drugs requiring prior authorization, continued

Non-formulary drug	
Olux, Olux-E	medical necessity prior authorization
Omnans	if no prior therapy with 2 of the following: flunisolide ( <i>Nasarel</i> ), fluticasone ( <i>Flonase</i> ), Nasonex; quantity limit of 1 bottle per month
Onglyza	if no prior therapy with Januvia ( <i>prior therapy required</i> ) or Janumet ( <i>prior therapy required</i> ), quantity limit of 1 tab per day
Onsolis	medical necessity prior authorization, quantity limit of 4 per day
Opana	medical necessity prior authorization, quantity limit of 12 per day
Opana ER	medical necessity prior authorization, quantity limit of 2 per day
Oravig	medical necessity prior authorization, quantity limit of 14 tabs per month
Panretin	medical necessity prior authorization
Pataday**	medical necessity prior authorization, quantity limit of 1 bottle (2.5ml) per month
Patanase	if no prior history of Astelin, quantity limit of 1 bottle per month
Pensaid	medical necessity prior authorization, quantity limit of 1 bottle per month
Pexeva	medical necessity prior authorization
Prandimet	medical necessity prior authorization
Prevacid solutab**	if no prior therapy with Aciphex, Dexilant, and 1 of the following: omeprazole, lansoprazole, pantoprazole ( <i>Protonix</i> )
Protopic**	medical necessity prior authorization, limit of 1 tube per month
Ranexa	medical necessity prior authorization, quantity limit of 2 per day
Rapaflo	if no prior therapy with tamsulosin ( <i>Flomax</i> ) ( <i>prior drug therapy required</i> ), quantity limit of 1 per day
Rhinocort Aqua	if no prior therapy with 2 of the following: flunisolide ( <i>Nasarel</i> ), fluticasone ( <i>Flonase</i> ), Nasonex
Rozerem**	if no prior therapy with zolpidem ( <i>Ambien</i> ), quantity limit of 1 per day
Rybix ODT	medical necessity prior authorization, quantity limit of 8 tabs per day
Ryzolt	medical necessity prior authorization, quantity limit of 1 per day
Sanctura,** Sanctura XR	if no prior therapy with oxybutynin, quantity limit of 2 per day
Sancuso	medical necessity prior authorization, quantity limit of 1 per chemotherapy cycle
Savella	medical necessity prior authorization, quantity limit of 2 per day
Solodyn	medical necessity prior authorization
Sporanox	medical necessity prior authorization
Stavzor	medical necessity prior authorization
Strattera**	medical necessity prior authorization, quantity limit of 4 per day (10mg, 18mg, 25mg), 2 per day (40mg), or 1 per day (60mg, 80mg, 100mg)
Symlin, Symlinpen	medical necessity prior authorization

\*\* See formulary alternatives for non-formulary drugs on pages 69-70.

## Non-formulary drugs requiring prior authorization, continued

### Non-formulary drug

Taclonex**	medical necessity prior authorization
Tazorac**	prior authorization required if over 40 years of age
Tekturna, Tekturna HCT	if no prior therapy with an ACE inhibitor, an ARB, and either a thiazide diuretic, a beta-blocker, or a calcium channel blocker; quantity limit of 1 per day
Teveten, Teveten HCT	if no prior therapy with an ACE inhibitor, quantity limit of 1 per day
Toviaz	if no prior therapy with oxybutynin ( <i>Ditropan</i> , <i>DitropanXL</i> )
Treximet	medical necessity prior authorization, quantity limit of 9 tablets per month
Triaz towelette	medical necessity prior authorization
Twynsta	medical necessity prior authorization
Uloric	if no prior therapy with allopurinol, quantity limit of 1 per day
Ultram ER 300mg	medical necessity prior authorization
Uroxatral	if no prior therapy with tamsulosin ( <i>Flomax</i> ) ( <i>prior drug therapy required</i> )
Valturna	if no prior therapy with an ACE inhibitor, an ARB, and either a beta-blocker, calcium channel blocker, or thiazide diuretic; quantity limit of 1 per day
Vanos	medical necessity prior authorization
Veramyst**	if no prior therapy with fluticasone ( <i>Flonase</i> ), quantity limit of 1 bottle per month
Viagra**	medical necessity prior authorization, quantity limit of 6 per month
Victoza	medical necessity prior authorization, quantity limit of 3 pens per month
Vimpat	medical necessity prior authorization, quantity limit of 2 per day
Voltaren gel**	medical necessity prior authorization
Vyvanse**	if no prior therapy with a medication from the amphetamine and the methylphenidate class, quantity limit of 1 per day
Xifaxan	medical necessity prior authorization
Xyzal**	medical necessity prior authorization
Zegerid 40mg capsule	medical necessity prior authorization
Zetia**	medical necessity prior authorization, quantity limit of 1 per day
Zipsor	medical necessity prior authorization, quantity limit of 4 caps per day
Zyclara	medical necessity prior authorization, quantity limit of 28 packets per month, not exceeding 56 packets per 6 months
Zypram	medical necessity prior authorization

\*\* See formulary alternatives for non-formulary drugs on pages 69-70.

## Non-formulary drugs with quantity limits

If you have coverage for non-formulary drugs, or if you have obtained a prior authorization for a non-formulary drug, the following quantity limits apply.

<b>Non-formulary drug</b>	<b>Limit</b>
Accuneb	5 boxes of 25 doses/box per month
Actonel◆	1 tab/day (5mg), 4 tabs/month (35mg), 2 tabs/month (75mg), 1 tab/month (150mg)
Actonel with Calcium◆	28 tablets/month
Aerobid, Aerobid-M	3 inhalers per month
Alinia◆	6 tablets or one (60ml) bottle per prescription
Allegra◆, Allegra ODT◆	1 tablet per day (180mg); 300ml oral susp. per month; 2 tablets per day (ODT)
Alora	16 patches per month
Alvesco	1 inhaler per month (80mcg), 2 inhalers per month (160mcg)
Ambien CR◆	1 tablet per day (12.5mg), 2 tablets per day (6.25mg)
Amitiza◆	2 capsules per day
Amrix◆	1 capsule per day
Androderm◆	2 patches per day
Aplenzin◆	1 tablet per day
Apriso	4 capsules per day
Aquoral	1 bottle per month
Atacand◆, Atacand HCT◆	1 tablet per day
Avodart◆	1 capsule per day
Axert	24 tablets per month
Azmacort	2 inhalers per month
Azor	1 tablet per day
Beconase AQ	1 inhaler per month
Benicar◆	3 tablets per day (5mg), 1 tablet per day (20mg, 40mg)
Benicar HCT◆	1 tablet per day
Besivance	1 bottle per month
Bidil	6 tablets per day
Boniva◆	1 tablet (150mg) per month or 1 tablet (2.5mg) per day
Bystolic◆	1 tablet per day (2.5mg, 5mg, 10mg), 2 tablets per day (20mg)
Caduet◆	1 tablet per day
Cardura XL◆	1 tablet per day
Celebrex◆	2 tablets per day
Cialis◆	6 tablets per month
Clindagel	1 bottle per month
Combivent	2 inhalers per month

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

## Non-formulary drugs with quantity limits, *continued*

<b>Non-formulary drug</b>	<b>Limit</b>
Cozaar◆	1 tablet per day
Crestor◆	1 tablet per day
Cymbalta	3 tablets (20mg, 30mg) per day, or 2 tablets (60mg) per day
Daytrana	1 patch per day
Diastat, Diastat Acudial	1 twin pack per prescription
Divigel	1 packet per day
Edluar◆	1 tablet per day
Effient	1 tablet per day
Elestrin	1 bottle per month
Embeda	2 capsules per day
Emend	3 capsules per prescription (125-80mg dose pack); 2 capsules per prescription (80mg dose pack); 1 tablet per month (40mg◆)
Ertaczo	1 tube per prescription
Estraderm	16 patches per prescription
Estrasorb	1 box (56 patches) per month
Estrogel	1 bottle per month
Evamist	2 bottles per month
Exelon	1 patch per day
Factive	5 or 7 tablets/prescription, depending on package size
Femring	1 ring per 90 days
Fanapt	2 tablets per day; 1 titration pack/month
Finacea	One 50gm tube every 30 days
Flector◆	2 patches per day
Focalin XR	1 capsule per day
Frova	27 tablets per month
Gelnique◆	1 gel packet per day
Hyzaar◆	1 tablet per day
Kepra XR◆	6 tablets per day (500mg); 4 tablets per day (750mg)
Ketek	20 tablets per prescription
Lamisil granules◆	1 pack per day
Lamictal ODT◆	1 dosepack per month
Lamictal XR◆	1 tablet per day (25mg, 50mg, 100mg); 2 tablets per day (200mg); 1 titration pack per month
Lescol, Lescol XL	1 tablet per day
Levaquin	10 tablets per prescription
Lexapro◆	1 tablet per day (5mg, 20mg), 1.5 tablets per day (10mg)
Lidoderm	90 patches per prescription
Lipitor◆	1 tablet per day

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

## Non-formulary drugs with quantity limits, *continued*

<b>Non-formulary drug</b>	<b>Limit</b>
Lotrel	2 capsules per day (5-40mg); 1 capsule per day (10-40mg)
Lunesta◆	1 tablet per day
Lyrica◆	3 capsules per day (25mg, 50mg, 75mg, 100mg), 2 capsules per day (150mg), 1 capsule per day (200mg, 225mg, 300mg)
Micardis◆, Micardis HCT◆	1 tablet per day
Mirapex ER	1 tablet per day
Moxatag	10 tablets per prescription
Nasacort AQ◆	1 inhaler per month
Nucort	1 bottle (60ml) per prescription
Nucynta◆	6 tablets per day (50mg), 7 tablets per day (75mg, 100mg), cumulative dose of 700mg per day
Onglyza◆	1 tablet per day
Opana◆	12 tablets per day
Opana ER◆	2 tablets per day except 40mg (4 tablets per day)
Ortho-Evra	3 patches per prescription
Pataday◆	One 2.5ml bottle per month
Patanase◆	1 bottle per month
Perforomist	60 doses (1 box) of 2ml per month
Plan B One Step	1 pack per prescription
Prandimet◆	5 tablets per day
Prilosec suspension	3 packets per day (2.5mg); 1 packet per day (10mg)
Protopic◆	1 tube per prescription
Quaaluin	8 capsules per day
Ranexa◆	2 tablets per day
Rapaflo◆	1 capsule per day
Relpax	18 tablets per month
Requip XL	1 tablet per day except 8mg (3 tabs/day) and 12mg (2 tabs/day)
Rhinocort Aqua◆	2 inhalers per month
Rozerem◆	1 tablet per day
Ryzolt◆	1 tablet per day
Sanctura◆	2 tablets per day
Sanctura XR◆	1 capsule per day
Sancuso◆	1 patch per chemotherapy cycle
Saphris	2 tablets per day
Savella◆	2 tablets per day
Strattera◆	4 tablets per day (10mg, 18mg, 25mg), 2 tablets per day (40mg), 1 tablet per day (60mg, 80mg, 100mg)

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

## Non-formulary drugs with quantity limits, *continued*

<b>Non-formulary drug</b>	<b>Limit</b>
Tekturna HCT◆	1 tablet per day
Testim	10gms (2x5gm tube) per day
Teveten◆, Teveten HCT◆	1 tablet per day except 400mg (2 tablets per day)
Tindamax	40 tablets (250mg) per prescription or 20 tablets (500mg) per prescription
Toviaz◆	1 tablet per day
Treximet◆	9 tablets per month
Uloric◆	1 tablet per day
Venlafaxine ER◆	1 tablet per day
Veramyst◆	1 bottle per month
Viagra◆	6 tablets per month
Vimpat◆	2 tablets per day
Vivelle	16 patches per month
Vyvanse◆	1 capsule per day
Xopenex	4 boxes (24 doses/box) per month for inhalation solution except for 1.25mg/0.5ml (90 doses = 3 boxes per month); 2 HFA inhalers per month
Zegerid oral suspension packet	2 packets per day (20mg); 1 packet per day (40mg)
Zetia◆	1 tablet per day
Zipsor◆	4 capsules per day
Zirgan	1 bottle per month
Zmax	1 bottle per month
Zomig	18 tablets or sprays per month

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

## Formulary alternatives for commonly prescribed non-formulary drugs

For your convenience, we have listed some of the most common brand-name drugs not included on our formulary, along with their covered alternatives.

Non-formulary drug	Formulary alternative(s)
Actonel	alendronate
Allegra-D◆, Allegra ODT◆	fexofenadine (generic Allegra), fexofenadine/pseudoephedrine (generic Allegra-D 12hour), Nasonex, fluticasone (generic Flonase), flunisolide (generic Nasarel)
Avodart◆	finasteride (generic Proscar)
Benicar◆, Benicar HCT◆	losartan◆, Avapro◆, Avalide◆, Diovan◆, Diovan HCT◆ (if no prior therapy with an ACE inhibitor)
Boniva◆	alendronate
Bystolic◆	acebutolol, atenolol, bisoprolol, metoprolol
Celebrex◆	nabumetone, choline magnesium trisalicylate, etodolac, salsalate
Cialis◆	Levitra◆ (prior authorization required, not covered for all plans)
Cozaar◆	losartan◆, Avapro◆, Diovan◆ (if no prior therapy with an ACE inhibitor)
Crestor◆	Advicor, lovastatin, pravastatin, simvastatin, Vytorin (prior drug therapy required for lower strengths)
Cymbalta	For depression: citalopram, Effexor XR, fluoxetine, paroxetine, paroxetine controlled release, sertraline, venlafaxine (generic Effexor) For diabetic neuropathy: amitriptyline, doxepin, nortriptyline, desipramine, imipramine, gabapentin For fibromyalgia: citalopram, fluoxetine, paroxetine, sertraline, venlafaxine For anxiety: paroxetine, venlafaxine
Detrol◆, Detrol LA◆	oxybutynin, oxybutynin extended release, Enablex◆, Oxytrol◆ (if no prior therapy with oxybutynin)
Flector◆	diclofenac tablet, etodolac, ibuprofen, meloxicam, nabumetone, naproxen, salsalate, sulindac
Hyzaar◆	losartan/HCTZ◆, Avalide◆, Diovan HCT◆ (if no prior therapy with an ACE inhibitor)
Lexapro◆	bupropion, fluoxetine, paroxetine, paroxetine controlled release, Effexor XR, citalopram, sertraline
Lipitor◆	lovastatin, pravastatin, simvastatin, Vytorin (prior drug therapy required for lower strengths)
Lovaza◆ (formerly Omacor)	micronized fenofibrate (generic Lofibra), gemfibrozil, Tricor
Lunesta◆	zolpidem

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

## Formulary alternatives for commonly prescribed non-formulary drugs, *continued*

Non-formulary drug	Formulary alternative(s)
Lyrica◆	For neuropathic pain: gabapentin, carbamazepine, amitriptyline, clonidine transdermal, desipramine, divalproex sodium. For seizure: gabapentin, carbamazepine, divalproex sodium, valproic acid, phenytoin, topiramate  For fibromyalgia: gabapentin, Effexor XR, venlafaxine, fluoxetine, paroxetine, paroxetine controlled release, sertraline  For fibromyalgia: gabapentin, citalopram, fluoxetine, paroxetine, sertraline, venlafaxine
Nexium◆	omeprazole, lansoprazole, pantoprazole, Aciphex, Dexilant
Pataday◆	Patanol
Protopic◆	Eliidel◆
Rozerem◆	zolpidem
Sanctura◆	oxybutynin, oxybutynin extended release, Enablex◆, Oxytrol◆ <i>(if no prior therapy with oxybutynin)</i>
Savella◆	For fibromyalgia: gabapentin, citalopram, fluoxetine, paroxetine, sertraline, venlafaxine. For depression: bupropion, citalopram, Effexor XR, fluoxetine, paroxetine, paroxetine controlled release, sertraline, venlafaxine <i>(generic Effexor)</i>
Strattera◆	amphetamine/dextroamphetamine <i>(generic Adderall XR)</i> , Concerta, dextroamphetamine, methylphenidate <i>(generic Ritalin, Ritalin SR)</i> , dexamethylphenidate <i>(generic Focalin)</i>
Taclonex	betamethasone dipropionate <i>(generic Diprolene)</i> with Dovonex
Tazorac◆	For acne vulgaris: benzamycin, topical tretinoin◆, Retin-A Micro◆; For psoriasis: topical corticosteroids, Dovonex, Drithocreame HP
Veramyst◆	fluticasone <i>(generic Flonase)</i>
Viagra◆	Levitra◆ <i>(prior authorization required, not covered for all plans)</i>
Voltaren gel◆	diclofenac tablet, etodolac, ibuprofen, meloxicam, nabumetone, naproxen, salsalate, sulindac
Vyvanse◆	Concerta, dexamethylphenidate <i>(generic Focalin)</i> , methylphenidate <i>(generic Ritalin, Ritalin SR)</i> , amphetamine/dextroamphetamine <i>(generic Adderall, Adderall XR)</i> , dextroamphetamine <i>(generic Dexedrine)</i>
Xyzal◆	fexofenadine <i>(generic Allegra)</i> , fexofenadine/pseudoephedrine <i>(generic Allegra-D 12hour)</i> , fluticasone <i>(generic Flonase)</i> , Nasonex, flunisolide <i>(generic Nasarel)</i>
Zetia◆	lovastatin, pravastatin, simvastatin, Vytorin <i>(prior drug therapy required for lower strengths)</i>

Medications listed with a ◆ require your physician to obtain prior authorization for medical necessity.

## Specialty drugs

The following is a list of drugs considered as specialty drugs by Blue Shield of California. Most of these drugs require prior authorization before they are covered. If approved for coverage, the medication must be obtained exclusively from one of our specialty pharmacies; they are not available from a retail pharmacy unless otherwise indicated. If the drug is administered in the physician's office or other healthcare facility, coverage may be provided under the medical benefits.

Drugs in this list that are self-administered at home by injection are covered in the outpatient prescription drug benefit for most plans. Please check your *Evidence of Coverage* or *Certificate of Insurance/Policy* handbook.

<b>Arthritis/psoriasis</b>		
Cimzia syringe	Humira	Simponi
Enbrel	Kineret	
<b>Blood modifiers</b>		
Aranesp ( <i>Procrit preferred</i> )	Neulasta	Procrit
Leukine	Neumega	Promacta ( <i>25mg limited to 3 tabs/day; 50mg limited to 1 tab/day</i> )
Mozobil	Neupogen	
<b>Blood thinner</b>		
Arixtra† ( <i>prior authorization required if &gt; 11 syr./2 months</i> )	Innohep	
Fragmin† ( <i>prior authorization required if &gt; 14 syr./2 months</i> )	Lovenox† ( <i>prior authorization required if &gt; 14 syr./2 months</i> )	
<b>Cancer</b>		
Afinitor ( <i>limit of 1 cap/day for 5mg or 2 caps/day for 10mg</i> )	Proleukin	Temodar capsule†
etoposide capsule†	Revlimid ( <i>limit of 1 cap/day except 20mg limited to 2 caps/day</i> )	Thalomid
Gleevec	Sprycel	Tykerb
Iressa	Sutent	Votrient ( <i>limit of 4 tabs/day</i> )
leuprolide 1mg kit	Tarceva	Xeloda†
Nexavar ( <i>limit of 4 tabs/day</i> )	Targretin†	Zolinza ( <i>limit of 4 caps/day</i> )
Oforta‡ ( <i>limit of 40 tabs/month</i> )	Tasigna	
<b>Osteoporosis</b>		
Forteo	Miacalcin inj.	

† 11- or 14-day supplies over a 2-month period are available at network retail pharmacies

‡ Medication does not require your physician to obtain prior authorization for medical necessity.

## Specialty drugs (continued)

### Growth hormone

Genotropin (Nutropin, Saizen preferred)	Nutropin	Saizen
Humatrope (Nutropin, Saizen preferred)	Nutropin AQ	Serostim
Norditropin (Nutropin, Saizen preferred)	Nutropin AQ Nuspin	Tev-tropin (Nutropin, Saizen preferred)
Norditropin Nordiflex (Nutropin, Saizen preferred)	Omnitrope (Nutropin, Saizen preferred)	

### Immune system enhancers

Actimmune	Fuzeon	
-----------	--------	--

### Hepatitis

Infergen (Pegasys preferred)	Pegasys	Peg-Intron Redipen (Pegasys preferred)
Intron A	Peg-Intron (Pegasys preferred)	

### Multiple sclerosis

Acthar H.P.	Betaseron (limit of 15 inj./month) (Rebif preferred)	Rebif <sup>†</sup> (limit of 12 inj./month)
Ampyra (limit of 2 tabs/day)	Copaxone <sup>†</sup> (limit of 1 kit = 30 inj./month)	
Avonex (limit of 4 inj. month) (Rebif preferred)	Extavia (limit of 15 inj.month) (Rebif preferred)	

### Cystic fibrosis

Cayston (limit of 1 box/month)	Pulmozyme <sup>‡</sup>	Tobi (limit of 1 box/month)
--------------------------------	------------------------	-----------------------------

### Pulmonary arterial hypertension (PAH)

Adcirca	Revatio tablet (Adcirca preferred)	
Letairis (limit of 1 tab/day)	Tracleer (Letairis preferred)	

† 11- or 14-day supplies over a 2-month period are available at network retail pharmacies

‡ Medication does not require your physician to obtain prior authorization for medical necessity.

## Specialty drugs (continued)

### Miscellaneous

Miscellaneous		
Arcalyst	Orfadin	Sucraid <sup>†</sup>
Apokyn	Relistor	Synarel <sup>†</sup>
Exjade <sup>‡</sup>	Sabril <sup>†</sup> (limit of 6 tabs or packets/day)	Xenazine
Increlex	Samsca (15mg limited to 1 tab/day, 30mg limited to 2 tabs/day)	Xyrem (limit of 9 gm/day)
Kuvan	Somavert	Zavesca (limit of 3 caps/day)
octreotide (Sandostatin) for SQ	Stimate <sup>‡</sup>	Zorbtive

<sup>†</sup> 11- or 14-day supplies over a 2-month period are available at network retail pharmacies

<sup>‡</sup> Medication does not require your physician to obtain prior authorization for medical necessity.

Blue Shield Pharmacy Services  
P.O. Box 7168  
San Francisco, CA 94120-7168

## Updates to the 2010-2011 Blue Shield Drug Formulary Member Booklet

Blue Shield is committed to covering safe, effective, and affordable medications, so we regularly review and update our drug formulary. Changes to the formulary since June 2010 are listed below.

For the most current information, you can access the formulary on our Web site at [blueshieldca.com](http://blueshieldca.com) by clicking the Pharmacy tab, then selecting the Drug Database & Formulary. You can also call Member Services at the number listed on your Blue Shield member identification card.

Drugs added to the formulary	Restrictions	Change Effective Date
<b>Therapeutic class:</b> Eye: anti-allergy		
Pataday (olopatadine)	Quantity limit restriction applies	9/3/2010
<b>Therapeutic class:</b> Endocrine: diabetes		
Actoplus Met XR (pioglitazone/metformin)	Step therapy required	5/2010
<b>Therapeutic Class:</b> Mental health: depression		
Cymbalta (duloxetine)	Quantity limit restriction applies	9/3/2010
<b>Therapeutic Class:</b> Mental health: miscellaneous		
Aricept 23mg tablet (donepezil)	Step therapy required	9/3/2010
Exelon oral solution, and patch (rivastigmine)	Quantity limit restriction applies	12/16/2010
<b>Therapeutic Class:</b> Neurology: miscellaneous		
Vyvanse (lisdexamfetamine)	Quantity limit restriction applies	12/16/2010
<b>Therapeutic Class:</b> Stomach and intestinal: miscellaneous		
Pancreaze (lipase/protease/amylase)	Not applicable	6/26/2010
<b>Therapeutic Class:</b> Urinary		
Uloric	Step therapy required	9/16/2010

Changes to drugs on the formulary	Restrictions	Change Effective Date
<b>Therapeutic Class:</b> Heart and blood: blood pressure		
losartan	Removal of step therapy requirement	12/16/2010

The Blue Shield Drug Formulary applies to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield throughout this document).

*This document is to be used together with the Blue Shield Drug Formulary, Member Booklet 2010-2011.*

Version 12/22/2010

losartan/hctz	Removal of step therapy requirement	12/16/2010
<b>Therapeutic Class:</b> Stomach: ulcer and reflux		
Dexilant (dexlansoprazole)	Step therapy required	1/1/2011
<b>Therapeutic Class:</b> Urinary		
tamsulosin	Removal of step therapy requirement	8/2010

Drugs added to the specialty tier	Restrictions	Change Effective Date
Gilenya (fingolimod)	Prior authorization required	12/16/2010
Iprivask (desirudin)	Quantity limit restriction applies	9/3/2010

Drugs removed from the formulary	Change Effective Date
<b>Therapeutic Class:</b> Cancer treatment	
Brand-name Arimidex ( <i>generic available</i> )	12/1/2010
<b>Therapeutic Class:</b> Endocrine: diabetes	
Avandamet (rosiglitazone/metformin)	3/1/2011
Avandia (rosiglitazone)	3/1/2011
<b>Therapeutic Class:</b> Eye: anti-allergy	
Elestat (epinastine)	12/15/2010
<b>Therapeutic Class:</b> Gynecology: contraceptives	
Brand-name Yaz ( <i>generic available</i> )	3/15/2011
<b>Therapeutic Class:</b> Mental health: depression	
Brand-name Effexor XR ( <i>generic available</i> )	12/1/2010
<b>Therapeutic Class:</b> Neurology: miscellaneous	
amphetamine/dextroamphetamine (generic Adderall XR)	12/16/2010
Provigil (modafanil)	12/15/2010
<b>Therapeutic Class:</b> Neurology: parkinson's disease	
Brand-name Mirapex ( <i>generic available</i> )	3/15/2011
<b>Therapeutic Class:</b> Pain management: migraine headaches	
Brand-name Amerge ( <i>generic available</i> )	12/1/2010
<b>Therapeutic Class:</b> Stomach and intestinal: nausea	
Brand-name Kytril ( <i>generic available</i> )	3/15/2011
<b>Therapeutic Class:</b> Stomach and intestinal: ulcer and reflux	
Aciphex (rabeprazole)	1/1/2011
<b>Therapeutic Class:</b> Urinary	
Brand-name Flomax ( <i>generic available</i> )	12/1/2010

The Blue Shield Drug Formulary applies to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield throughout this document).

*This document is to be used together with the Blue Shield Drug Formulary, Member Booklet 2010-2011.*

Version 12/22/2010

The following drugs are non-formulary with restrictions. If your plan has coverage for non-formulary drugs, these drugs will require prior authorization or may have quantity limitations. For your convenience, formulary alternatives for non-formulary drugs are also listed in the table below.

Non-Formulary Drug	Restrictions	Change Effective Date	Formulary Alternative(s)
<b>Therapeutic class: Dermatologicals: acne</b>			
Solodyn (minocycline)	Prior authorization required	9/2010	minocycline regular release capsule & tablet
Tretin-X (tretinoin)	Step-therapy required and prior authorization required if > 40 years of age.	7/2010	tretinoin cream or gel (generic Retin-A)
<b>Therapeutic class: Eye: anti-allergy</b>			
Emadine (emedastine)	Added step-therapy requirement	9/16/2010	azelastine (generic Optivar), Patanol, Pataday
<b>Therapeutic class: Gynecology: miscellaneous</b>			
Lysteda (tranexamic acid)	Prior authorization required	5/2010	generic oral contraceptives, norethindrone acetate, NSAIDs
<b>Therapeutic class: Heart and blood: blood clotting</b>			
Pradaxa (dabigatran)	Prior authorization required	11/2010	No alternative in the same class
<b>Therapeutic class: Heart and blood: blood pressure</b>			
Tekamlo (aliskiren/amlodipine)	Step therapy required	9/2010	generic ACE inhibitors, losartan, beta-blockers, calcium channel blockers, thiazide diuretics
Tribenzor (olmesartan/amlodipine/hctz)	Prior authorization required	7/2010	generic ACE inhibitors, losartan/hctz
<b>Therapeutic class: Heart and blood: cholesterol/triglyceride lowering</b>			
Livalo (pitavastatin)	Prior authorization required	5/2010	simvastatin, pravastatin
<b>Therapeutic class: Mental Health: depression</b>			
Oleptro ER (trazodone)	Prior	6/2010	trazodone regular release

The Blue Shield Drug Formulary applies to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield throughout this document).

*This document is to be used together with the Blue Shield Drug Formulary, Member Booklet 2010-2011.*

	authorization required		tablet
<b>Therapeutic class:</b> Pain management: arthritis and inflammation			
Vimovo (naproxen/esomeprazole)	Prior authorization required	5/2010	naproxen with either omeprazole, lansoprazole, or pantoprazole
<b>Therapeutic class:</b> Pain management: migraine headaches			
Cambia (diclofenac potassium)	Prior authorization required	5/2010	diclofenac potassium tablet, sumatriptan tablet
<b>Therapeutic class:</b> Respiratory: asthma inhalants			
Dulera (mometasone/formoterol)	Quantity limit restriction applies	7/2010	Asmanex, Foradil
<b>Therapeutic class:</b> Stomach and intestinal: nausea			
Zuplenz (ondansetron)	Prior authorization required	7/2010	ondansetron odt
<b>Therapeutic class:</b> Urinary			
Jalyn (dutasteride/tamsulosin)	Prior authorization required	6/2010	tamsulosin, finasteride

The Blue Shield Drug Formulary applies to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California and Blue Shield of California Life & Health Insurance Company (individually and/or collectively referred to as Blue Shield throughout this document).

*This document is to be used together with the Blue Shield Drug Formulary, Member Booklet 2010-2011.*

Version 12/22/2010