



Horizon Blue Cross Blue Shield of New Jersey

*Making Healthcare Work*SM

Horizon Blue Cross Blue Shield of New Jersey Preferred Brands & Non-Preferred Generics

Last Update 09/01/09

The following pages contain a list of Preferred BRAND medications and non-Preferred GENERIC medications.

This list is created, reviewed and continually updated by an independent group of physicians and pharmacists.

Three Tier Copayment Structure

Tier 1: Preferred Generic (lowest copayment)

- Generic products are not listed in this guide, but are preferred unless specified as non-Preferred on page 5 of this guide.
- To confirm if a generic product is Preferred (Tier One), please contact member services at the number listed on the back of your ID card

Tier 2: Preferred Brand (middle copayment)

Tier 3: Non-Preferred (highest copayment)

For more information, call the number listed on the back of your ID card or visit pharmacy services at www.horizonblue.com.

All medications listed in the **Horizon Preferred Brands & Non-Preferred Generics list may not be covered by a particular plan participant's prescription benefit plan. Plan participants should consult their prescription benefit plan or contact a customer service representative to determine coverage for a specific medication.*

Horizon BCBSNJ Preferred Brands and Non-Preferred Generics

***List is subject to change without notice**

PREFERRED BRANDS

- A -

ABILIFY
ACCU-CHEK TEST STRIPS
ACTIMMUNE
ACTONEL
ACTONEL with CALCIUM
ACTOPLUS MET
ACTOS
ACULAR
ACULAR LS
ACULAR PF
ADVAIR DISKUS/HFA
AFINITOR
ALDARA CREAM
ALFERON N
ALINIA
ALKERAN
ALOCRIL
ALPHAGAN P
ALREX
AMBIEN CR
ANALPRAM-HC CREAM / LOTION
ANDRODERM
APHTHASOL
APIDRA
APOKYN
APRISO
APTIVUS
AQUASOL A
ARANESP
ARCALYST
ARICEPT
ARICEPT ODT
ARIMIDEX
ARMOUR THYROID
AROMASIN
ASACOL
ASMANEX
ASTELIN
ATRIPLA
ATROVENT HFA
AVALIDE
AVANDAMET
AVANDIA
AVANDARYL
AVAPRO
AVELOX
AVIANE
AVODART
AVONEX
AZILECT
AZOR

- B -

BACTROBAN CREAM

BANZEL
BARACLUDE
BENICAR/BENICAR HCT
BENZACLIN
BETOPTIC-S
BIDIL
BILTRICIDE
BIO-THROID
BLEPHAMIDE S.O.P.
BRAVELLE
BYETTA

- C -

CAMPRAL
CANASA
CARAC
CARBATROL
CATAPRES-TTS
CEENU
CELEBREX
CELESTONE
CENESTIN
CEREDASE
CERUMENEX
CHANTIX
CHEMET
CHEMSTRIP
CIPRO SUSPENSION
CIPRODEX
CLEOCIN
CLEOCIN PED SOLUTION
CLIMARA PRO
CLINDESSE
CLINISTIX
CLOBEX LOTION/SHAMPOO/
SPRAY
COMBIVENT
COMBIVIR
COMTAN
CONCERTA
CONDYLOX
COPAXONE
CORDRAN OINTMENT/TAPE
CORTIFOAM
COUMADIN
CREON
CRIXIVAN
CYTOMEL

- D -

DAPSONE
DARAPRIM
DEMSEER
DENAVIR
DETROL
DETROL LA

DIASTAT
DIFFERIN CREAM / GEL /
SOLUTION / PAD
DILANTIN
DIOVAN / DIOVAN HCT
DOVONEX CREAM
DUAC CS
DUETACT

- E -

EFFEXOR XR
ELMIRON
EMCYT
EMEND
EMTRIVA
ENABLEX
ENBREL
ENDOMETRIN
ENJUVIA
ENTOCORT EC
EPIPEN/EPIPEN JR.
EPIVIR
EPIVIR HBV
EPZICOM
ERGOMAR
ERY-TAB
ESTRADERM
ESTRING
EVISTA
EVOXAC
EXELON
EXELON PATCH
EXFORGE
EXFORGE HCT
EXJADE

- F -

FANSIDAR
FARESTON
FAST TAKE TEST STRIPS
FELBATOL
FEMARA
FLOMAX
FLOVENT HFA
FOLLISTIM AQ
FORADIL
FORTEO
FOSRENOL
FRESHKOTE
FUROXONE
FUZEON

- G -

GABITRIL
GANIRELIX AC

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GEODON
GLEEVEC
GLUCAGEN
GLUCAGON
GLYSET

- H -

HALFLYTELY
HECTOROL
HEPSERA
HEXALEN
HOMATROPINE
HUMIRA
HYCANTIN

- I -

INFERGEN
INTELENCE
INTRON-A
INVIRASE
IRESSA
IOPIDINE SOLUTION
ISENTRESS

- J -

JANUVIA
JANUMET

- K -

KALETRA
KAY CIEL
KLOR-CON
KLOTRIX
KUVAN

- L -

LACRISERT
LANOXIN
LANTUS
LAPASE
LETAIRIS
LEUCOVORIN
LEUKERAN
LEUKINE
LEVAQUIN
LEVEMIR
LEXAPRO
LEXIVA
LIALDA
LIDODERM
LIPITOR
LIPOFEN

LIVOSTIN
LOESTRIN 24 Fe
LOPROX GEL / LOTION
LOTEMAX
LOVAZA
LOVENOX
LUMIGAN
LUPRON DEPOT/PED
LYSODREN

- M -

MATULANE
MAXALT/ MAXALT-MLT
MAXIDEX
MEGACE ES
MENOPUR
MEPHYTON
MEPRON
MESNEX
METHADONE
METHERGINE
METHOXSALLEN
METROGEL 1%
MIACALCIN SPRAY
MIOCHOL-E SOLN
MIRAPEX
MUSE
MYCOBUTIN
MYLERAN

- N -

NAMENDA
NARDIL
NASONEX
NATACYN
NEBUPENT
NEUMEGA
NEUPOGEN
NEVANAC
NEXAVAR
NEXIUM
NIASPAN
NILANDRON
NORDIFLEX
NORDITROPIN
NORVIR
NOVOLIN
NOVOLOG
NOVOLOG MIX
NOXAFIL
NUTROPIN/NUTROPIN AQ
NUVARING

- O -

ONETOUCH TEST STRIPS
ORTHO EVRA
ORTHO TRI-CYCLEN LO
OSMOPREP
OXSORALEN-ULTRA
OXYCONTIN
OXYTROL

- P -

PANCRELIPASE
PANCRON
PANGESTYME
PEGANONE
PEGASYS
PILOPINE HS GEL
PLAN B (<18 years only)
PLARETASE
PLAVIX
POLY-PRED
PRANDIN
PRECARE
PRECARE CONCEIVE
PRECARE PRENATAL
PRED-G
PREGNYL
PREMARIN
PREMARIN VAGINAL CREAM
PREMESIS RX
PREMPHASE
PREMPRO
PREVACID
PREVACID NAPRAPAC
PREVEN
PREZISTA
PRIMACARE ADVANTAGE
PRIMACARE ONE
PRIMAQUINE
PROAIR HFA – tier 1 copay
PROCRIT
PROGRAF
PROLEUKIN
PROMACTA
PROMETRIUM
PROSTIGMIN
PROTOPIC OINTMENT
PROVIGIL
PULMICORT RESPULES
PULMOZYME

- Q -

QUIXIN
QVAR

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- R -

RAPAMUNE
REBIF
REGRANEX
RELISTOR
RELPAX
RENAGEL
REVELA
REPRONEX
RESCRIPTOR
RESTASIS
RETIN-A MICRO
REVATIO
REVLIMID
REYATAZ
RIDAURA
RILUTEK

- S -

SANCUSO
SANTYL
SCOPOLAMINE
SEASONIQUE
SELZENTRY
SENSIPAR
SEREVENT DISKUS
SEROMYCIN
SEROPHENE
SEROQUEL/SEROQUEL XR
SEROSTIM
SIMCOR
SINGULAIR
SKELAXIN
SOMATULINE DEPOT
SOMAVERT
SORIATANE KIT
SPIRIVA
SPRYCEL
SSKI
STALEVO
STARLIX
SUBOXONE
SURESTEP TEST STRIPS
SURESTEP PRO TEST STRIPS
SUSTIVA
SUTENT
SYMBICORT
SYMLIN
SYNAREL
SYNTHROID

- T -

TAMOXIFEN
TARCEVA
TARGRETIN
TASIGNA
TAZORAC CREAM/GEL
TEGRETOL-XR
TEMODAR
TESTIM
TESTODERM
THALOMID
THEO-24
THIOGUANINE
THYROLAR
TOBI
TOBRADEX SUSPENSION
TONOCARD
TRACLEER
TRANSDERM-SCOP
TRAVATAN/TRAVATAN Z
TRICOR
TRILIPIX
TRIZIVIR
TRUVADA
TYKERB
TYZEKA

- U -

ULTRASE

- V -

VAGIFEM
VALCYTE
VALTREX
VANCOCIN HCL
VENTAVIS
VERAMYST
VESICARE
VFEND
VIAGRA
VIGAMOX
VIOKASE
VIRACEPT
VIRAMUNE
VIREAD
VITAFOL OB
VITAFOL OB DHA
VITAFOL PN
VIVELLE/VIVELLE-DOT
VYTORIN

- W -

WELCHOL

- X -

XALATAN
XELODA
XENAZINE
XIBROM

- Y -

YAZ

- Z -

ZAVESCA
ZEMPLAR
ZETIA
ZIAGEN
ZOLINZA
ZORBTIVE
ZYPREXA/ZYPREXA ZYDIS

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NON - PREFERRED GENERICS

Due to clinical reasons, the following generic drugs are non-Preferred and are covered under Tier Three (highest copayment). All other generic drugs are preferred and covered under Tier One (lowest copayment).

- acetohexamide
- carisoprodol
- carisoprodol / aspirin
- chlorpropamide
- cimetidine
- estazolam
- flurazepam
- maprotiline
- propoxyphene hcl
- propoxyphene hcl / acetaminophen
- propoxyphene napsylate
- propoxyphene napsylate / acetaminophen
- ticlopidine
- triazolam