

# 2008 Prescription Drug Guide Highlights Sheet

This sheet displays commonly prescribed therapeutic categories with a list of frequently prescribed medicines from within each category. It only contains preferred generics and preferred brand-name medications from these categories. Please use the Horizon Prescription Drug Guide Highlights Sheet as a quick reference when prescribing medications for Horizon BCBSNJ plan participants. The Horizon Prescription Drug Guide Highlights Sheet is not a complete list of covered medicines; a complete version of the Horizon Prescription Drug Guide is available at [www.horizonblue.com/pharmacy](http://www.horizonblue.com/pharmacy) or upon request from BCBSNJ.

Drugs listed below are indicated as preferred generics (tier-1, lower-case bold font) or preferred brand-name (tier-2, all upper-case). It is Horizon BCBSNJ's policy to move a newly available generic product to preferred status, with the corresponding branded equivalent moved to non-preferred status, as soon as the generic is commercially available. This policy will not apply to new generics generally considered "narrow therapeutic index" drugs.

The Horizon Prescription Drug Guide Highlights Sheet and Horizon Prescription Drug Guide are subject to change.

For general information call 800-624-1110. For Prior Authorization call 800-294-5979.

†NOTE: Member benefit designs and co-payment amounts vary. For detailed information about their prescription plan and co-payments, members should call the Pharmacy Services number listed on the back of their Horizon BCBSNJ ID card.

## ANALGESICS

### NSAIDs

etodolac  
ibuprofen  
indomethacin  
meloxicam  
naproxen  
sulindac

### COX-2 Inhibitors

CELEBREX  
  
**Narcotic Analgesics, CII**  
fentanyl patches  
meperidine  
morphine  
morphine ext-rel  
oxycodone  
oxycodone/apap  
OXYCONTIN

## ANTI-INFECTIVES

### Antibacterials

*Cephalosporins*  
cefactor  
cefdinir  
cefuroxime axetil  
cephalexin

### *Erythromycins/Macrolides*

azithromycin  
clarithromycin  
immediate-release  
erythromycins  
BIAVIN XL  
ERY-TAB

### *Fluoroquinolones*

ciprofloxacin  
ofloxacin  
AVELOX  
LEVAQUIN

### *Penicillins*

amoxicillin  
amoxicillin/clavulanate  
dicloxacillin  
penicillin VK

### *Tetracyclines*

doxycycline hyclate  
minocycline  
tetracycline

### *Miscellaneous*

clindamycin  
metronidazole tabs  
sulfamethoxazole/  
trimethoprim

### *Antifungals*

fluconazole  
itraconazole caps  
terbinafine tabs

### *Antivirals*

*Herpes Agents*  
acyclovir  
famciclovir  
VALTrex

## CARDIOVASCULAR

### *ACE Inhibitors*

benazepril  
captopril  
enalapril  
fosinopril  
lisinopril  
quinapril  
ALTACE

### *ACE Inhibitors/Diuretic*

*Combinations*  
benazepril/hctz  
enalapril/hctz  
lisinopril/hctz  
quinapril/hctz

### *Angiotensin II Receptor*

*Antagonists/Diuretic*  
*Combinations*  
ATACAND/ATACAND HCT  
AVAPRO/AVALIDE  
DIOVAN/DIOVAN HCT

### *Antilipemics*

*HMG-CoA Reductase*  
*Inhibitors*  
lovastatin  
pravastatin  
simvastatin  
LIPITOR

### *HMG-CoA Reductase*

*Inhibitor Combinations*  
VYTORIN

### *Beta-Blockers*

atenolol  
bisoprolol  
carvedilol  
metoprolol  
nadolol  
pindolol  
propranolol

### *Calcium Channel*

*Blockers*  
amlodipine  
diltiazem ext-rel  
nifedipine ext-rel  
verapamil ext-rel

## CENTRAL NERVOUS SYSTEM

### *Antidepressants*

*Selective Serotonin*  
*Reuptake Inhibitors (SSRIs)*  
citalopram  
fluoxetine  
paroxetine HCl  
sertraline  
LEXAPRO

*Serotonin Norepinephrine*  
*Reuptake Inhibitors (SNRIs)+*  
venlafaxine  
EFFEXOR XR

### *Miscellaneous Agents*

bupropion  
bupropion ext-rel  
bupropion sustained-  
release  
mirtazapine

### *Migraine*

*Selective Serotonin*  
*Agonists*  
IMITREX  
MAXALT  
RELPAx

### *Multiple Sclerosis Agents*

AVONEX  
COPAXONE  
REBIF

## ENDOCRINE & METABOLIC

### *Antidiabetics*

*Biguanides*  
metformin  
metformin ext-rel

*Dipeptidyl Peptidase-4*  
*(DPP-4) Inhibitors*  
JANUVIA

*Dipeptidyl Peptidase-4*  
*(DPP-4)*  
*Inhibitor/Biguanide*  
*Combinations*  
JANUMET

### *Insulins*

APIDRA  
LANTUS  
LEVEMIR  
NOVOLIN  
NOVOLOG

### *Insulin Sensitizers*

ACTOS  
AVANDIA

### *Insulin Sensitizer/Biguanide*

*Combinations*  
ACTOPLUS MET  
AVANDAMET

### *Sulfonylureas*

glimepiride  
glipizide/glipizide ext-rel  
glyburide  
glyburide micronized

### *Testing Supplies*

ACCU-CHEK  
ONETOUCH

### *Bisphosphonates*

ACTONEL/  
ACTONEL with CALCIUM  
FOSAMAX/  
FOSAMAX Plus D

### *Contraceptives*

*Monophasic*  
Apri\*  
Levora\*  
Low-Ogestrel\*  
Nortrel\*  
Quasense\*  
Sprintec\*  
YASMIN

*Biphasic*  
Kariva\*

### *Triphasic*

Aranelle\*  
Necon 7/7/7\*  
Nortrel 7/7/7\*  
Trinessa\*  
Trivora\*  
ORTHO TRI-CYCLEN LO

*Progestin Only*  
Errin\*

*Transdermal*  
ORTHO EVRA

*Vaginal*  
NUVARING

### *Estrogens*

*Oral*  
estradiol  
estropiate  
CENESTIN  
ENJUVIA  
PREMARIN

### *Transdermal*

estradiol  
ESTRADERM  
VIVELLE/VIVELLE-DOT

*Oral Estrogen/Progestins*  
PREMPHASE  
PREMPRO

*Transdermal*  
*Estrogen/Progestins*  
CLIMARA PRO

*Selective Estrogen*  
*Receptor Modulators*  
EVISTA

*Thyroid Supplements*  
levothyroxine

## GASTROINTESTINAL

### *H<sub>2</sub> Receptor*

*Antagonists\*\**  
famotidine  
nizatidine  
ranitidine

### *Proton Pump*

*Inhibitors\*\**  
omeprazole delayed-rel  
NEXIUM  
PREVACID

## GENITOURINARY

### *Benign Prostatic*

*Hyperplasia*  
doxazosin  
finasteride  
terazosin  
FLOMAX

### *Urinary Antispasmodics*

oxybutynin/  
oxybutynin ext-rel  
DETROL/DETROL LA  
ENABLEX  
OXYTROL  
VESICARE

## RESPIRATORY

*Anticholinergics*  
ATROVENT HFA  
SPIRIVA

*Anticholinergics/  
Beta Agonists*  
ipratropium/albuterol  
inhalation solution  
COMBIVENT

*Antihistamines,  
Nonsedating*  
fexofenadine

### *Antihistamine/ Decongestants*

ALLEGRA-D  
ALLEGRA-D is PREFERRED  
(tier 2) for members  
that have a two-tier  
benefit design only.

### *Beta Agonists*

*Short Acting*  
PROAIR HFA  
XOPENEX HFA\*\*\*

### *Long Acting*

FORADIL AEROLIZER  
SEREVENT DISKUS

*Leukotriene Receptor*  
*Antagonists*  
SINGULAIR

*Nasal Antihistamines*  
ASTELIN

### *Nasal Steroids*

fluticasone  
NASONEX  
VERAMYST

### *Steroid/Beta Agonist*

*Combinations*  
ADVAIR HFA  
SYMBICORT

### *Steroid Inhalants*

ASMANEX  
FLOVENT HFA  
PULMICORT RESPULES

## TOPICAL

### *Ophthalmic*

*Anti-Infectives*  
ciprofloxacin solution  
polymyxin B/bacitracin  
polymyxin B/trimethoprim  
sulfacetamide  
tobramycin  
QUIXIN  
VIGAMOX

### *Beta-Blockers, Nonselective*

carteolol  
levobunolol  
metipranolol  
timolol

### *Beta-Blockers, Selective*

betaxolol 0.5%  
BETOPTIC S 0.25%

### *Prostaglandins*

LUMIGAN  
XALATAN

### *Sympathomimetics*

brimonidine 0.2%  
dipivefrin  
ALPHAGAN P 0.1%, 0.15%

+ Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations

\* Generic medicine listed by its proprietary name

\*\* Strengths for products that are available over-the-counter may not be covered

\*\*\* Available at the generic co-pay

1 Atacand should be reserved for participants who meet CHARM (Candesartan in Heart Failure Assessment of Reduction in Mortality and Morbidity) trial criteria