

# 2009 Preferred Prescription Drug Guide

## The following are answers to questions you may have about your Preferred Prescription Drug Guide:

### What is the Preferred Prescription Drug Guide?

The Preferred Prescription Drug Guide is a list of recommended prescription medications that is created, reviewed and continually updated by the Horizon Blue Cross Blue Shield of New Jersey Pharmacy and Therapeutics (P&T) Committee, an independent group of physicians and pharmacists. It contains Preferred generics and Preferred brand-name medications.

### Who reviews and updates this guide?

The Horizon BCBSNJ P&T Committee is an independent group of physicians and pharmacists that regularly reviews new and existing medications and evaluates them based on clinical safety and efficacy. This committee determines the Preferred or non-Preferred status of medications.

### How does the Three-Tier copayment benefit work?

Under the Three-Tier copayment benefit structure, medications are covered as follows:

- Tier One (lowest copayment) covers Preferred generic medications
- Tier Two (middle copayment) covers Preferred brand-name medications
- Tier Three (highest copayment) covers non-Preferred brand-name and non-Preferred generic medications

### What is the difference between brand-name and generic medications?

According to the Food and Drug Administration (FDA), a generic medication is identical to a brand-name medication in dosage form, strength, route of administration, intended use, safety, quality and performance characteristics. While generic medications have a different name and may look different from their brand-name equivalents, they go through the same FDA-approval process. By using generic medications, you can save money over their brand-name equivalents.

### What is the difference between a Preferred medication and a non-Preferred medication?

Preferred medications are clinically reviewed and approved for inclusion in the Preferred Prescription Drug Guide by the Horizon BCBSNJ P&T Committee. The medications included are based on proven clinical characteristics and cost effectiveness.

Non-Preferred medications are reviewed by the Horizon BCBSNJ P&T Committee and approved for patients to use, but the Horizon BCBSNJ P&T Committee has determined that there is another more cost effective drug or treatment method available. Medications that are newly approved by the FDA are initially designated as non-Preferred until they are reviewed by the Horizon BCBSNJ P&T Committee.

### What happens if a new generic medication becomes available?

In most cases, a new generic medication will be covered in Tier One (lowest copayment) as soon as it becomes available and the brand-name equivalent medication will be covered in Tier Three (highest copayment).

### What if my drug is not listed on the Preferred Prescription Drug Guide?

If your medication is not listed on the Preferred Prescription Drug Guide, review the guide with your physician to see if he/she can prescribe another medication that is listed. Also, this is only a partial listing of some commonly prescribed medication classes. Exclusions and limitations may vary depending upon your benefit plan. To see if your drug is on the full list, or if you would like to request an exception because your drug is medically necessary for your treatment, please call Customer Service at 1-866-881-5603.

**Please note:** The Preferred Prescription Drug Guide is subject to change at any time during the year.

For questions concerning the Preferred Prescription Drug Guide or your prescription benefit plan, please visit our Web site at: [www.HorizonBlue.com/pharmacy](http://www.HorizonBlue.com/pharmacy) or call Customer Service at the number located on your ID card.

Generics	Preferred Brands	Non-Preferred Brands
<b>PAIN RELIEVERS</b>		
<b>NSAIDs</b>		
etodolac		ANAPROX DS
ibuprofen		DAYPRO
indomethacin		MOBIC
meloxicam		NAPRELAN/NAPROSYN
naproxen		PONSTEL
sulindac		VOLTAREN XR
<b>COX-2 Inhibitors</b>		
	CELEBREX	
<b>Narcotic Analgesics, CII</b>		
fentanyl patches	OXYCONTIN	ACTIQ
meperidine		AVINZA
morphine		DURAGESIC
morphine ext-rel		FENTORA
oxycodone		KADIAN
oxycodone/apap		PERCOCET
		ULTRAM ER
<b>ANTIBIOTICS</b>		
<i>Cephalosporins</i>		
cefaclor		CEFTIN
cefdinir		CEFZIL
cefuroxime axetil		DURICEF
cephalexin		KEFLEX
		OMNICEF
		SPECTRACEF
		SUPRAX
<i>Erythromycins/Macrolides</i>		
azithromycin	ERY-TAB	BIAXIN
clarithromycin immediate-release		BIAXIN XL
erythromycins		ZITHROMAX
		ZMAX
<i>Fluoroquinolones</i>		
ciprofloxacin	AVELOX	CIPRO
ofloxacin	LEVAQUIN	CIPRO XL
		FACTIVE
<i>Penicillins</i>		
amoxicillin		AMOXIL
amoxicillin/clavulanate		AUGMENTIN
dicloxacillin		AUGMENTIN XR
penicillin VK		

<b>Generics</b>	<b>Preferred Brands</b>	<b>Non-Preferred Brands</b>
<i>Tetracyclines</i>		
doxycycline hyclate		DORYX
minocycline		ORACEA
tetracycline		SOLODYN
<i>Miscellaneous</i>		
clindamycin		
metronidazole tabs		
sulfamethoxazole/trimethoprim		
<b>Antifungals</b>		
fluconazole		DIFLUCAN
itraconazole caps		LAMISIL
terbinafine tabs		GRIS-PEG
<b>Antivirals</b>		
<i>Herpes Agents</i>		
acyclovir	VALTREX	FAMVIR
famciclovir		
<b>CARDIAC MEDICATIONS</b>		
<b>ACE Inhibitors</b>		
benazepril		ACCUPRIL
captopril		ACEON
enalapril		VASOTEC
fosinopril		ZESTRIL
lisinopril		
quinapril		
ramipril		
<b>ACE Inhibitor/Diuretic Combinations</b>		
benazepril/hctz		PRINZIDE
enalapril/hctz		UNIRETIC
lisinopril/hctz		ZESTORETIC
quinapril/hctz		
<b>Angiotensin II Receptor Antagonists/Diuretic Combinations</b>		
	AVAPRO/AVALIDE	ATACAND!/ATACAND HCT
	BENICAR/BENICAR HCT	COZAAR/HYZAAR
	DIOVAN/DIOVAN HCT	MICARDIS/MICARDIS HCT
<b>Angiotensin II Receptor Antagonist/Calcium Channel Combinations</b>		
	AZOR	
	EXFORGE	
<b>Cholesterol Lowering Medications</b>		
<i>HMG-CoA Reductase Inhibitors</i>		
lovastatin	LIPITOR	CRESTOR
pravastatin		PRAVACHOL
simvastatin		ZOCOR

**Generics***HMG-CoA Reductase Inhibitor Combinations***Preferred Brands****Non-Preferred Brands**

VYTORIN

*Niacins/Combinations*

SIMCOR

ADVICOR

**Beta-blockers**

atenolol

INDERAL LA

bisoprolol

TOPROL-XL

carvedilol

metoprolol

nadolol

pindolol

propranolol

**Calcium Channel Blockers**

amlodipine

CARDIZEM LA

diltiazem ext-rel

DYNACIRC CR

nifedipine ext-rel

NORVASC

verapamil ext-rel

SULAR

**CENTRAL NERVOUS SYSTEM****Antidepressants***Selective Serotonin Reuptake Inhibitors (SSRIs)*

citalopram

LEXAPRO

CELEXA

fluoxetine

PAXIL CR

paroxetine HCl

PROZAC

sertraline

SARAFEM

ZOLOFT

*Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)+*

venlafaxine

EFFEXOR XR

CYMBALTA

PRISTIQ

*Miscellaneous Agents*

bupropion

WELLBUTRIN

bupropion ext-rel

WELLBUTRIN SR

bupropion sustained-release

mirtazapine

**Migraine***Selective Serotonin Agonists*

sumatriptan

MAXALT

AMERGE

RELPAX

AXERT

FROVA

IMITREX

ZOMIG

**Multiple Sclerosis Agents**

AVONEX

BETASERON

COPAXONE

REBIF

Generics	Preferred Brands	Non-Preferred Brands
<b>ENDOCRINE &amp; METABOLIC</b>		
<b>Antidiabetics</b>		
<i>Biguanides</i>		
metformin		FORTAMET
metformin ext-rel		GLUCOPHAGE
		GLUCOPHAGE XR
		GLUMETZA
<i>Dipeptidyl Peptidase-4 (DPP-4) Inhibitors</i>		
	JANUVIA	
<i>Dipeptidyl Peptidase-4 (DPP-4) Inhibitor/Biguanide Combinations</i>		
	JANUMET	
<i>Incretin Mimetic Agents</i>		
	BYETTA	
<i>Insulins</i>		
	APIDRA	HUMALOG
	LANTUS	HUMULIN
	LEVEMIR	
	NOVOLIN	
	NOVOLOG	
<i>Insulin Sensitizers</i>		
	ACTOS	
	AVANDIA	
<i>Insulin Sensitizer/Biguanide Combinations</i>		
	ACTOPLUS MET	
	AVANDAMET	
<i>Sulfonylureas</i>		
glimepiride		AMARYL
glipizide/glipizide ext-rel		GLUCOTROL XL
glyburide		
glyburide micronized		
<i>Testing Supplies</i>		
	ACCU-CHEK	ASCENSIA
	ONETOUCH	FREESTYLE
<b>Bisphosphonates</b>		
alendronate	ACTONEL/ACTONEL with CALCIUM	BONIVA
		FOSAMAX
		FOSAMAX PLUS D

<b>Generics</b>	<b>Preferred Brands</b>	<b>Non-Preferred Brands</b>
<b>Contraceptives</b>		
<i>Monophasic</i>		
Apri*	YAZ	FEMCON FE
Levora*		LOESTRIN FE
Low-Ogestrel*		MIRCETTE
Nortrel*		ORTHO-NOVUM
Ocella*		SEASONALE
Quasense*		YASMIN 28
Sprintec*		
<i>Biphasic</i>		
Kariva*		
<i>Triphasic</i>		
Aranelle*	ORTHO TRI-CYCLEN LO	ESTROSTEP FE
Necon 7/7/7*		ORTHO TRI-CYCLEN
Nortrel 7/7/7*		
Trinessa*		
Trivora*		
<i>Extended Cycle</i>		
	SEASONIQUE	
<i>Progestin Only</i>		
Errin*		AYGESTIN
		PROVERA
<i>Transdermal</i>		
	ORTHO EVRA	
<i>Vaginal</i>		
	NUVARING	
<b>Estrogens</b>		
<i>Oral</i>		
estradiol	CENESTIN	ACTIVELLA
estropipate	ENJUVIA	ESTRACE
	PREMARIN	FEMHRT
<i>Transdermal</i>		
estradiol	ESTRADERM	CLIMARA
	VIVELLE-DOT	MENOSTAR
<i>Oral Estrogen/Progestins</i>		
	PREMPHASE	
	PREMPRO	
<i>Transdermal Estrogen/Progestins</i>		
	CLIMARA PRO	COMBIPATCH
<b>Selective Estrogen Receptor Modulators</b>		
	EVISTA	
<b>Thyroid Supplements</b>		
levothyroxine		

Generics	Preferred Brands	Non-Preferred Brands
<b>GASTROINTESTINAL</b>		
<b>H<sub>2</sub> Receptor Antagonists**</b>		
famotidine		AXID
nizatidine		PEPCID
ranitidine		ZANTAC
<b>Proton Pump Inhibitors**</b>		
omeprazole delayed-rel	NEXIUM	ACIPHEX
	PREVACID	PRILOSEC
		PROTONIX
		ZEGERID
<b>GENITOURINARY</b>		
<b>Benign Prostatic Hyperplasia</b>		
doxazosin	AVODART	PROSCAR
finasteride	FLOMAX	UROXATRAL
terazosin		
<b>Urinary Antispasmodics</b>		
oxybutynin/oxybutynin ext-rel	DETROL/DETROL LA	DITROPAN
	ENABLEX	SANCTURA
	OXYTROL	URISPAS
	VESICARE	
<b>RESPIRATORY</b>		
<b>Anticholinergics</b>		
	ATROVENT HFA	
	SPIRIVA	
<b>Anticholinergic/Beta Agonists</b>		
ipratropium/albuterol inhalation solution	COMBIVENT	
<b>Antihistamines, Nonsedating</b>		
fexofenadine		ALLEGRA
		CLARINEX
<b>Antihistamine/Decongestants</b>		
	ALLEGRA-D (PREFERRED, tier 2, for members that have a two tier benefit design)	CLARINEX-D
<b>Beta Agonists</b>		
<i>Short Acting</i>		
	PROAIR HFA***	PROVENTIL HFA
		VENTOLIN HFA
		XOPENEX HFA***
<i>Long Acting</i>		
	FORADIL AEROLIZER	BROVANA
	SEREVENT DISKUS	PERFORMIST
<i>Leukotriene Receptor Antagonists</i>		
	SINGULAIR	ACCOLATE

<b>Generics</b>	<b>Preferred Brands</b>	<b>Non-Preferred Brands</b>
<b>Nasal Antihistamines</b>		
	ASTELIN	PATANASE
<b>Nasal Steroids</b>		
fluticasone	NASONEX	FLOLASE
	VERAMYST	NASACORT AQ
		RHINOCORT AQUA
<b>Steroid/Beta Agonists</b>		
	ADVAIR DISKUS	
	ADVAIR HFA	
	SYMBICORT	
<b>Steroid Inhalants</b>		
	ASMANEX	AEROBID
	FLOVENT HFA	AEROBID-M
	PULMICORT RESPULES	AZMACORT
	QVAR	
<b>OPHTHALMICS</b>		
<i>Anti-Infectives</i>		
ciprofloxacin solution	QUIXIN	CILOXAN
polymyxin B/bacitracin	VIGAMOX	TOBEX
polymyxin B/trimethoprim		ZYMAR
sulfacetamide		
tobramycin		
<i>Beta-blockers, Nonselective</i>		
carteolol		BETAGAN
levobunolol		BETIMOL
metipranolol		ISTALOL
timolol		TIMOPTIC
		TIMOPTIC-XE
<i>Beta-blockers, Selective</i>		
betaxolol 0.5%	BETOPTIC S 0.25%	
<i>Carbonic Anhydrase Inhibitor/Combinations</i>		
dorzolamide		
dorzolamide/timolol		
<i>Prostaglandins</i>		
	LUMIGAN	
	TRAVATAN/TRAVATAN Z	
	XALATAN	
<i>Sympathomimetics</i>		
brimonidine 0.2%	ALPHAGAN P 0.1%, 0.15%	
dipivefrin		

\* 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 copayment.

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

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