

CARDIOVASCULAR cont'd

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

Progesterin Only
Errin*

Transdermal
ORTHO EVRA

Vaginal
NUVARING

Estrogens

Oral
estradiol
estropipate
CENESTIN
ENJUVIA
PREMARIN

Transdermal

estradiol
ESTRADERM
VIVELLE/
VIVELLE-DOT

Oral Estrogen/ Progesterins

PREMPHASE
PREMPRO

Transdermal Estrogen/
Progesterins

CLIMARA PRO

Selective Estrogen
Receptor Modulators
EVISTA

Thyroid Supplements
levothyroxine

GASTROINTESTINAL

H₂ 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%

Horizon



Horizon Blue Cross Blue Shield of New Jersey

Making Healthcare Work...

2008 Preferred Prescription Drug Guide

The following are answers to some 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 an independent group of physicians and pharmacists. It contains preferred generics and preferred brand-name medications.

Who reviews and updates this guide?

The Horizon Pharmacy and Therapeutics (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 makes decisions that determine the preferred or non-preferred status of medications.

How does the Three-Tier co-payment benefit work?

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

- Tier One (lowest co-payment) covers preferred generic medications
- Tier Two (middle co-payment) covers preferred brand-name medications
- Tier Three (highest co-payment) 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 P&T Committee. The medications included are based on proven clinical characteristics and cost effectiveness.

Non-preferred medications are reviewed by the Horizon P&T Committee and approved for patients to use, but P&T 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 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 co-payment) as soon as it becomes available and the brand-name equivalent medication will be covered in Tier Three (highest co-payment).

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 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 or call the phone number listed on the back of your ID card.

- + 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

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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
cefaclor
cefdinir
cefuroxime axetil
cephalexin

Erythromycins/Macrolides
azithromycin
clarithromycin
immediate-release
erythromycins
BIAXIN 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

Tier 1: generic drugs in lowercase, bolded.
Tier 2: Preferred Brands in CAPS.