What is a formulary?
The Blue Cross and Blue Shield of Illinois formulary, which your prescription drug benefit plan is based on, is a regularly updated list of preferred drugs selected based on the recommendations of a committee comprised of individuals from throughout the country who hold a medical or pharmacy degree. U.S. Food and Drug Administration (FDA)-approved drugs are chosen based on efficacy, safety, uniqueness and cost-effectiveness. The formulary includes all generic drugs and a select group of brand drugs.

What are the advantages of using the formulary?
Your copayment/coinsurance amount for covered formulary drugs is usually lower than for non-formulary drugs. You have benefits for most covered medications that are not on the formulary, but you may pay more out-of-pocket. The formulary is a reference for your doctor when prescribing medications. However, it is solely up to you and your physician to determine the medication that is best for you.

What are the advantages of using generic drugs?
Generics are recognized as safe and effective medications. Generics cost less because manufacturers do not have to recover an investment in research and development. Therefore, you usually pay less for a generic drug than for a brand medication. A generic can usually be substituted for a brand drug if it contains the same active ingredients, the same strength and dosage form and produces the same results. Only your doctor can make prescribing decisions for you. Talk to your doctor or pharmacist to find out if a generic drug is available and right for you.

How do I know if a drug is on the formulary and what my cost will be?
The other side of this flier lists some commonly prescribed generic and formulary brand medications. If a drug you are looking for is not on the list, search the formulary at bcbsil.com or call the Pharmacy Program number on the back of your ID card.

Your particular prescription drug benefit plan and whether or not the drug is on the formulary will determine the amount you pay. To find out what you will pay, visit our website at bcbsil.com or call the Pharmacy Program number on the back of your ID card.

What are drug dispensing limits?
Based on FDA-approved dosage regimens and manufacturer’s product packaging, certain medications have dispensing limits. This means that only a specific quantity of medication is covered per prescription or in a given time period. For example, coverage for the non-steroidal anti-inflammatory drug Toradol® (ketorolac) is limited to 20 tablets per prescription because the FDA has stated that this drug is only to be taken for five days.

What if I have questions?
Call the Pharmacy Program number on the back of your ID card, 24 hours a day, 7 days a week, or visit bcbsil.com. Drug safety information is also available at besmartbewell.com/drugsafety.
July 2011
Commonly Prescribed Formulary Medications

This list is a sample of commonly prescribed generic and formulary brand drugs. Refer to the Blue Cross and Blue Shield of Illinois Prescription Drug Formulary at bcbsil.com for a more comprehensive and up-to-date list. The online formulary is updated after new generic drugs become available and also on a regular basis. The formulary may contain medications not covered under your prescription drug benefit plan. In addition, prescription versions of over-the-counter (OTC) medications may not be covered based on your prescription drug benefit plan. If you have questions about your prescription drug benefit, call the Pharmacy Program number on the back of your ID card.

CARDIOVASCULAR
ACE Inhibitors/Combinations
amilodipine/benazepril
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
ramipril
Angiotensin II Receptor Blockers
losartan/losartan HCT
BENICAR/BENICAR HCT
DIOVAN/DIOVAN HCT
Beta-Blockers
atenolol
carvedilol
metoprolol/metoprolol ER
propranolol
INNOPRAN XL
Calcium Channel Blockers
amlodipine
diltiazem/HR/SR
nifedipine/ER
verapamil/SR/ER
Cholesterol Lowering Drugs
cholestyramine
colestipol pkt
gemfibrozil
lovastatin
pravastatin
simvastatin
CRESTOR
NIASPAN
TRICOR
TRILIPIX
WELCHOL
DEPRESSION
SSRIs
citalopram
fluoxetine
paroxetine
sertraline
LEXAPRO
Other Antidepressants
amitriptyline
bupropion/IR/XL
bupropion ext-release 24 hr
mirtazapine/ODT
nefazodone
trazodone
venlafaxine/IR
DIABETES
acarbose
metformin/IR
metformin/glyburide
PRANDIN
Dipeptidyl Peptidase 4 Inhibitor
JANOVIA
JANUMET
DIABETES, cont’d
Sulfonylureas
glimepiride
glipizide/XL
glyburide/glyburide micronized
Insulin Products
HUMALOG/HUMULIN
LANTUS
NOVOLUM/NOVOLOG
Monitoring Kits/Strips & Syringes
ACCU-CHEK STRIPS & KITS
ASCENDA STRIPS
BAYER BREEZE STRIPS
BAYER CONTOUR STRIPS
BD SYRINGES/LANCETS
CHEMSTRIP BG STRIPS & KITS
GASTROINTESTINAL
H2 Receptor Antagonists
cimetidine
ranitidine
Proton Pump Inhibitors
lansoprazole
omeprazole
NEXIUM
ANTI-INFECTION AGENTS
Antibacterials
amoxicillin
amoxicillin/clavulanate
ampicillin
azithromycin tabs/susp
cefaclor
cefadroxil
cefdinir
cefprozil
cefturoxime
cefphepalin
ciprofloxacin
doxycycline
EES/sulfadoxazole
erythromycin
penicillin VK
tetracycline
tmp-smz DS
ERY-TAB
GRIFULVIN V
LEVAQUIN
Antifungals/Onychomycosis
terbinafine
Antivirals/Herpes
acyclovir
valacyclovir
LOW MOLECULAR WEIGHT HEPARIN
enoxaparin
LOVENOX
MIGRAINE
Triptans
naratriptan
sumatriptan
MAXALT/MAXALT-MLT
OPHTHALMIC
Antibacterial
doxycyclin ophth soln
polymyxin B/trimethoprim
tobramycin
VIGAMOX
Glaucoma
brimonidine 0.15%, 0.2%
dorzolamide soln
timolol maleate soln
ALPHAGAN P 0.1%
AZOPT
TRAVATAN Z
XALATAN
Other Eye Products
azelastine soln
diclofenac soln
ketorolac soln 0.4%, 0.5%
tobramycin/dexamethasone susp
PATANOL
TOBRADEX OINT
ZYLET
PAIN/ARTHRITIS
Anti-inflammatory Agents
diclofenac
etodolac
ibuprofen
indomethacin
meloxicam
naproxen
oxaprozin
sulindac
CELEBREX
HUMIRA
RESPIRATORY
Allergy Drugs
All genetically available antihistamine/decongestant combinations that require a prescription are on the formulary.
feofexadine
flunisolide
fluticasone
ASTEPRO
NASACORT AQ
NAXONEX
Asthma Drugs
ADVAIR DISKUS/ADVAIR HFA
DULERA
FLOWT HFA
FORADIL AEROLIZER
PROAIR HFA
QVAR
SINGULAR
SYMBICORT
Cough and Cold
All genetically available cough/cold medications that require a prescription are on the formulary.
MISCELLANEOUS
ATROVENT HFA
COMBIVENT
ipratropium/albuterol sulfate
SPIRIYA HANDBALER
SLEEP AIDS
 zaleplon
zolpidem
THYROID REPLACEMENT
levothyroxine – includes Levoxyl*
UROLOGIC DISORDERS
Benign Prostatic Hypertrophy
doxazosin
tamsulosin
terazosin
Urinary Incontinence
oxybutynin/ext-release
DETOREL/DETROL LA
Others
flutamide
AVODART
WOMEN’S HEALTH
Contraceptives
Monophasic
EE/desogestrel (Apri*)
EE/drospirenone (Ganirelix*, Zarah*)
EE/levonorgestrel (Aviane*, Levora*)
EE/norethindrone (Necon*, Necon 1/35*, Nordrel*, Nortrel 1/35*)
EE/norgestimate (Mononessa*, Sprintec*)
EE/norgestrel (Low-Ogestrel*)
Biphasic
EE/desogestrel (Kariva*)
EE/norethindrone (Necon 10/11*)
Triphasic
EE/desogestrel (Velivet*)
EE/levonorgestrel (Trivora*)
EE/norethindrone (Necon 7/7/7*, Nortrel 7/7/7*)
EE/norgestimate (Tri-Sprintec*, Trinessa*)
ORTHO TRI-CYCLEN LO
Progestin Only
norethindrone (Errin*, Jolivette*)
Others
levonorgestrel 0.75 mg
NUVARING
Hormone Therapy
estradiol
estradiol/medoxyprogesterone
norethindrone
ACTIVELLA
ESTRADERM
PROMETRIUM
VIVELLE DOT
Miscellaneous
alendronate
ACTONEL
EVISTA
ZEMPLAR

Formulary brand drugs are noted with names in UPPERCASE. Certain generic drug products are listed by their proprietary name, and are indicated with an asterisk (*). EE = ethinyl estradiol. Drug trademarks and servicemarks are the property of their respective third-party owners.