



Drug Formulary Guide

July 2006

This guide includes:

- Formulary Generic Prescription Drug List
- Formulary Brand Prescription Drug List
- Non Formulary Self Administered Injectable Drug List



**BlueCross BlueShield
of Florida**
Health Options®

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DEAR MEMBER/SUBSCRIBER:

This is your Drug Formulary Guide. This guide includes an abbreviated listing of Brand Name and Generic Prescription Drugs that may be covered under your plan. Please refer to your Pharmacy Program Endorsement for complete coverage details. This guide may also be available to you by visiting **www.bcbsfl.com** or by calling the customer service number listed on your identification card. For the hearing impaired, call Florida TTY Relay Service 711.

The Drug Formulary Guide is divided into three sections – 1.) Formulary Generic Prescription Drugs, 2.) Formulary Brand Name Prescription Drugs and 3.) Non Formulary Self Administered Injectable Drugs. You should familiarize yourself with each section and read the terms of your Pharmacy Program Endorsement, including the Pharmacy Program Schedule of Benefits, in order to understand how your Prescription Drug coverage works and how much you will pay when filling prescriptions.

Here are a few things you should know about your pharmacy coverage.

The amount you will pay for Covered Prescription Drugs will vary depending on:

1. the Pharmacy Program Endorsement under which you are covered;
2. the participation status of, and the terms of our agreement with, the Pharmacy selected (i.e., Participating Pharmacy versus Non-Participating Pharmacy);
3. whether you have satisfied the Pharmacy Deductible, if applicable, and the amount of Copayment or percentage of the Participating Pharmacy Allowance, if any, set forth in the Pharmacy Program Schedule of Benefits;
4. whether the Prescription Drug is a Generic Prescription Drug or a Brand Name Prescription Drug; and
5. whether the Prescription Drug is purchased from the Mail Order Pharmacy.

A Brand Name Prescription Drug included on the Formulary Medication List then in effect may be reclassified as a Non Formulary Prescription Drug on the date the FDA approves a bioequivalent Generic Prescription Drug.

We reserve the right to add, remove, or reclassify the designation of any prescription drug in this Drug Formulary Guide at any time.

If your Pharmacy Program Endorsement covers Generic Only Prescription Drugs you should ask your Physician if a Generic Prescription Drug is appropriate. Please remember that if a Brand Name Prescription Drug is prescribed for you, you will be responsible for the full cost of the Drug, except for Insulin and Covered Prescription Supplies.

What you should know if your Pharmacy Program Endorsement covers only Generic Prescription Drugs:

Some Pharmacy Program Endorsements provide coverage for Generic Prescription Drugs only. Please refer to the endorsement issued with your benefit plan to see if you have this type of coverage. The following applies to the Pharmacy Program Generics Only coverage:

1. You will be responsible for the full cost of any Brand Name Prescription Drug, whether included on the Formulary Medication List or Non Formulary, except for Insulin and Covered Prescription Supplies. Refer to the Pharmacy Program Endorsement issued with your benefit plan for a complete description of what is covered.
2. This Guide will help you identify whether a particular Drug is a Generic or Brand Name Prescription Drug.
3. Due to space limitations, the Generic Prescription Drug list included in this guide does not list all covered Generic Prescription Drugs. If you have a question regarding a particular Prescription Drug or want to know whether a Prescription Drug is covered under your Endorsement, you may call the customer service number on your identification card.
4. There are no Generic Prescription Drugs that are considered Non-Preferred Prescription Drugs at this time.

DRUG FORMULARY GUIDE

Using this guide, your Physician should be able to help you choose Prescription Drugs appropriate for you.

If your Pharmacy Program Endorsement only covers Generic Prescription Drugs, you should ask your Physician if a Generic Prescription Drug is appropriate for you. If your Physician prescribes a Brand Name Prescription Drug, remember you will be responsible for the full cost of the Drug, except for Insulin and Covered Prescription Supplies.

This Guide is divided into three subsections –

- 1) Formulary Generic Prescription Drugs;**
- 2) Formulary Brand Name Prescription Drugs; and**
- 3) Non Formulary Self Administered Injectable Drugs.**

FORMULARY GENERIC PRESCRIPTION DRUGS

You may pay the lowest amount for Formulary Generic Prescription Drugs. Generic medications are made with the same active ingredients found in brand name medications and must be approved by the Food and Drug Administration (FDA). They also must be dispensed in the same dosage and form as the brand name versions. In some instances, generic prescription drugs may look different from the brand name versions because inactive ingredients such as dyes and fillers are different. Generic equivalents typically become available when the original patent for the brand name drug expires (generally 17 years). If you have a question about the use of generic drugs, please speak with your physician.

FORMULARY BRAND NAME PRESCRIPTION DRUGS

You may pay more for Formulary Brand Name Prescription Drugs than Formulary Generic Prescription Drugs. In general, a Brand Name Prescription Drug is marketed using the manufacturer's proprietary name or trademark. Certain pharmacy benefit plans do not provide coverage for Brand Name Prescription Drugs. Please refer to your Pharmacy Program Endorsement to verify if your plan provides this coverage.

How To Access the National Network Pharmacy: The prescription claims processor, Medco Health Solutions, Inc., (“Medco”), will process Prescriptions for Blue Cross Blue Shield of Florida and Health Options enrollees outside the state of Florida. The Pharmacy must be in the Medco network of participating retail pharmacies. The Pharmacy must use the Medco group number FLHOI for an HOI member, or Medco group number FLBCS for a PPO/Traditional BCBSF member. The Pharmacy should contact Medco if they require assistance.

Dear Physician: Please consider referring to this list when prescribing for a Blue Cross and Blue Shield of Florida, Inc. (“BCBSF”) or Health Options, Inc. (“HOI”) enrollee. Space limitations preclude a complete listing of Generic Prescription Drugs. Additional lists are available upon request from the BCBSF Provider Relations Unit. The list can also be viewed at www.bcbsfl.com by selecting Participating Provider, Pharmacy Programs, Medication Lists. This guide is not intended as a substitute for your professional judgement.

FORMULARY MEDICATION LIST

1) FORMULARY GENERIC PRESCRIPTION DRUGS

This is only a partial listing of Formulary Generic Prescription Drugs.

acetaminophen/butalbital	butalbital/acetaminophen/caffeine	digitek
acetaminophen/codeine	captopril	digoxin
acetaminophen/ dichloralphenazone/isometheptene	carbamazepine	diltiazem
acetaminophen/hydrocodone	carbidopa/levodopa	diltiazem controlled release
acetaminophen/oxycodone	carbinoxamine/pseudoephedrine	doxazosin
acetaminophen/propoxyphene	carisoprodol	doxepin
acyclovir	cartia XT	doxycycline
albuterol	cefaclor	enalapril
alclometasone dipropionate ointment	cephalexin	endocet
allopurinol	chlorthalidone	epinephrine/pilocarpine
alprazolam	chlorzoxazone	erythromycin
amiodarone	cholestyramine	esterified estrogen/ methyltestosterone
amitriptyline	cholestyramine light	estradiol transdermal patch
amoxicillin	choline salicylate/magnesium salicylate	estrogen (esterified)
amoxicillin/clavulanate	ciprofloxacin eye drops	estropipate
amphetamine	ciprofloxacin oral tablets	ethosuximide
ampicillin	citalopram	etodolac
anagrelide	clarithromycin	etoposide
aspirin/butalbital	clindamycin	famotidine
aspirin/caffeine/propoxyphene	clofibrate	felodipine
aspirin/codeine	clonazepam	fentanyl transdermal
aspirin/oxycodone	clonidine	fexofenadine tabs
atenolol	clotrimazole troche	fluconazole
azithromycin tabs	clotrimazole/betamethasone	fluocinolone acetonide
baclofen	codeine/guaifenesin/pseudoephedrine	fluocinonide
benazepril	codeine/promethazine	fluorouracil solution
benazepril/hydrochlorothiazide	colchicine	fluoxetine
benzonatate	cromolyn ophthalmic	fluvoxamine
benzyl peroxide/erythromycin	cyclobenzaprine	folic acid
betamethasone	dexamethasone/neomycin/ polymyxin B	fortical
betaxolol	dextromethorphan/promethazine	fosinopril
bethanechol	diazepam	furosemide
bisoprolol	desmopressin	gabapentin
brimonidine	dichloralphenazone/acetaminophen/ isometheptene	ganciclovir
bromocriptine	diclofenac	gemfibrozil
bumetanide	dicyclomine	gentamicin
bupropion regular release	didanosine delayed release	glimepiride
bupropion sustained release		glipizide
buspirone		glyburide

Key:

* = Refer to your Policy, Benefit Booklet or Certificate of Coverage to determine if a particular Prescription Drug is covered. If you are unsure, please call the number indicated on your identification card.

◇ = Frequently Self-Administered Injectable Drug.

☒ = Prior authorization may be required. Refer to your Contract for more information.

Resp Rx = Prescriptions included in the Responsible Rx program have maximum quantities allowed per one month for one co-payment.

1) FORMULARY GENERIC PRESCRIPTION DRUGS (CONTINUED)

gramicidin/neomycin/polymyxin B	methotrexate injection 25mg/ml * ◇	prednisolone acetate 1% ophthalmic soln
guaifenesin/hydrocodone	methyl dopa	prednisone
hydralazine	methylphenidate	prescription prenatal vitamins
hydrochlorothiazide	methylprednisolone	primidone
hydrochlorothiazide/spironolactone	metoclopramide	probenecid
hydrochlorothiazide/triamterene	metolazone	procainamide
hydrocodone/acetaminophen	metoprolol	prochlorperazine
hydrocodone/chlorpheniramine/phenylephrine	metronidazole	promethazine
hydrocodone/chlorpheniramine/pseudoephedrine	metronidazole cream	propafenone
hydrocodone/guaifenesin	metronidazole vaginal gel	propoxyphene napsylate/acetaminophen
hydrocodone/homatropine	mexiletine	propranolol
hydromorphone	midodrine	quinidine gluconate SR
hydroxychloroquine sulfate	minocycline	quinidine sulfate
hydroxyzine	misoprostol	ribavirin
imipramine	mometasone cream & ointment	salsalate
indomethacin	morphine sulfate	selegiline
ipratropium	mupirocin	silver sulfadiazine
isometheptene/dichloralphenazone/acetaminophen	nefazodone	sodium sulfacetamide
isosorbide	nifedical XL	sotalol
isotretinoin	nifedipine ER	spironolactone
itraconazole capsules	nitrofurantoin macro crystals	sulfamethoxazole/trimethoprim
ketoconazole	nitroglycerin SR	tamoxifen
ketoprofen	nitroglycerin	terazosin
labetolol	nitroquick	terconazole vaginal cream
lactulose	nystatin	testosterone *
lamotrigine	nystatin/triamcinolone	tetracycline
leflunomide	omeprazole	temazepam
leuprolide * ◇ ▢	oxazepam capsules	theophylline
levothyroxine	oxybutynin	toremide
levoxyl	oxycodone	tramadol
lidocaine/hydrocortisone	oxycodone/acetaminophen	trazodone
lisinopril	pancrelipase	tretinoin cream *
lisinopril/hydrochlorothiazide	paroxetine	triamcinolone
lithium carbonate	penicillin VK	triamterene/hydrochlorothiazide
lorazepam	pentoxifylline	triazolam
medroxyprogesterone	pergolide	ursodiol
mercaptapurine	phenytoin	valproic acid
mesalamine	pilocarpine	valproate sodium
metformin	piroxicam	verapamil
methotrexate	podofilox	warfarin
	polymyxin B/trimethoprim solution	zidovudine
	potassium chloride	
	prazosin	

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Resp Rx = Prescriptions included in the Responsible Rx program have maximum quantities allowed per one month for one co-payment.

Attention:

Certain Pharmacy Program Endorsements do not provide coverage for Brand Name Prescription Drugs with the exception of Insulin and Covered Prescription Supplies. Please refer to your specific Pharmacy Program Endorsement to verify if your benefit plan provides coverage for these Drugs.

2) FORMULARY BRAND NAME PRESCRIPTION DRUGS

(NOT COVERED UNDER PHARMACY PROGRAM GENERICS ONLY ENDORSEMENTS)

8-MOP	Ana-Guard * ◇	Betoptic, S
Accolate	Ana-Kit * ◇	Biaxin, XL
Accu-Chek Active Care Kit *	Analpram HC	Blephamide
Accu-Chek Active Test Strip *	Anamantle HC	Boeh-Mann Soft Touch & lancets *
Accu-Chek Advantage Care Kit *	Ancobon	Bricanyl
Accu-Chek Advantage Test Strip *	Androderm	Bromfed, PD
Accu-Chek Comfort Curve Test Strip *	Androgel	Byetta ◇
Accu-Chek Compact Care Kit *	Ansaid	Calan SR
Accu-Chek Compact Test Strip *	Antabuse	Calderol
Accu-Chek Simplicity Test Strip *	Antagon *	Campath
Accuneb	Anusol HC	Canasa
Aceon	Anzemet	Cantil
Accupril	Apidra	Capex Shampoo
Accuretic	Aptivus	Carafate
Aciphex	Aranesp * ◇ ☞	Carbatrol
Aclovate	Arava	Cardioquin
Actimmune * ◇	Aricept	Cardizem SR, LA
Actinex	Arimidex	Carmol HC, Scalp
Actiq	Aromasin	Carnitor
Activella	Arthrotec	Casodex
Actonel	Asacol	Cataflam
Actoplus Met	Asmanex	Catapres -TTS
Actos	Astelin nasal spray	Ceclor CD
Acular	Atacand, HCT	Ceenu
Adderall XR	Atrovent	Ceftin
Adrenalin * ◇	A/T/S	Cefzil
Advair	Augmentin, ES, XR	Celebrex
Advicor	Avandamet	Celexa
Agenerase	Avandia	Cellcept
Aggrenox	AVC	Celontin
Agrylin	Avelox	Cenestin
Alamast	Avinza	Cephulac
Albenza	Avodart	Cerumenex
Alesse	Avonex * ◇	Cetrotide *
Alinia	Axid	Chemet
Alkeran	Azasan	Chemstrip BG *
Allegra, D	Azelex	Chromagen FA, Forte
Alocril	Azmacort	Chronulac
Alomide	Azopt	Cipro, HC, XR
Alphagan, P	Azulfidine	Ciprodex
Alex	Bacitracin ophthalmic	Clarinox
Altace	Baraclude	Cleocin, vaginal, T
Altacor	Beclovent	Climara
Altoprev	Benicar, HCT	Clobex
Alupent	Bentyl	Clomid *
Amaryl	Benzaclin	Clozaril
Ambien	Benzamycin	Colazal
Amerge ^{Resp Rx}	Betaseron * ◇	Colestid
Amoxil	Betimol	Combipatch

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2) FORMULARY BRAND NAME PRESCRIPTION DRUGS (CONTINUED)
 (NOT COVERED UNDER PHARMACY PROGRAM GENERICS ONLY ENDORSEMENTS)

Combivent	Dritho-scalp	Flagyl ER
Combivir	Droxia	Flomax
Comtan	Duac	Flonase
Concerta	DuoNeb	Flovent, Rotadisk
Copaxone * ◇	Duragesic	Floxin
Copegus	Duratuss, DM, G, GP, HD	Fludara
Cordran, SP	Dynabac	Foltx
Coreg	DynaCirc, CR	Foradil
Cortef	Effexor, XR	Forteo
Cortone	Efudex cream	Fortovase
Cosopt	Elidel	Fosamax, D
Covera HS	Elmiron	Fosrenol
Cozaar	Elocon	Fragmin *
Crestor	Emcyt	Frova ^{Resp Rx}
Crinone *	Emtriva	FS Shampoo
Crixivan	Enablex	Furadantin
Cuprimine	Enbrel * ◇ ☞	Furoxone
Cyclessa	Entex LA, PSE	Fuzeon * ◇
Cyclogyl	Entocort EC	Gabitril
Cymbalta	Epi E-Z Pen * ◇	Gantrisin
Cystagon	EpiPen, Jr. & Auto-Injector * ◇	Genotropin * ◇ ☞
Cytadren	Epivir, Epivir-HBV	Geocillin
Cytomel	Epzicom	Geodon
Cytoxan	Ergamisol	Gleevec
Danocrine	Ergomar	Glucagon injection * ◇
Dapsone	Ertaczo	Glucophage XR
Daraprim	Esclim	Glucovance
Daypro	Estraderm	Glynase
DDAVP * ◇	Estratest, HS	Glyset
Deconamine SR, Syrup	Estring	Golytely
Deconsal II	Estrostep Fe	Gonal F *
Demulen	Ethmozine	Grifulvin V
Denavir	Eulexin	Guaifed, PD
Depakene	Euthroid	Habitrol *
Depakote, ER	Evista	Halcion
Derma-Smoothie/FS	Evoxac	Halflytely
Desowen Lotion	Exelon	Halotestin
Detrol, LA	Famvir	Hectorol
DiaBeta	Fansidar	Helidac
Didronel	Fareston	Hexalen
Differin *	Fast Take Test Strip *	Hiprex
Dilacor XR	Felbatol	Histex HC, PD
Dilatrate-SR	Femara	Hivid
Diovan, HCT	Femhrt	HMS Liquifilm
Dipentum	Fertinex *	Humalog, Pen * ◇
Diprolene	Finacea	Humatrope * ◇ ☞
Ditropan, XL	Fioricet	Humibid DM
Dovonex	Fiorinal	Humulin * ◇
Drithocrema, HP	Fiv-ASA	Hytakerol

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2) FORMULARY BRAND NAME PRESCRIPTION DRUGS (CONTINUED)
 (NOT COVERED UNDER PHARMACY PROGRAM GENERICS ONLY ENDORSEMENTS)

Hytrin	Loestrin, FE	Monodox
Hyzaar	Lopid	Motofen
Imdur	Lopressor, HCT	MS Contin
Imitrex [◇] Resp Rx	Lorabid	MSIR
Imuran	Lortab	Mycobutin
Increlex [⌘]	Lotemax	Mydriacyl
Innopran XL	Lotrel	Myleran
Inspra	Lotrisone	Mysoline
Insulin * [◇]	Lovenox * [◇]	Mytelase
Intal	Lumigan	Namenda
Intron A * [◇]	Luvox	Naprelan
Invirase	Luxiq	Nardil
Iressa	Lysodren	Nasacort, AQ
Ismelin	Macrodotin	Nasonex
Ismo	Malarone	Natacyn
Isotrate ER	Marinol	Nebupent
Kaletra	Matulane	Neggram
Kaon CI	Maxair	Neoral
K-Dur	Maxalt, MLT ^{Resp Rx}	Nephro-Fer
Kepivance	Mebaral	Neulasta * [◇] [⌘]
Keppra	Medrol	Neumega * [◇] [⌘]
Keralac	Menest	Neupogen * [◇] [⌘]
Ketek	Mentax	Neurontin
Kineret * [◇] [⌘]	Mephyton	Nexavar
K-PHOS	Mepron	Nexium
K-Tab	Mesantoin	Niaspan
Kytril ^{Resp Rx}	Mesnex	Nilandron
Lamictal	Mestinon	Nimotop
Lamisil	Metaglip	Nitro-Dur
Lamprene	Methergine	Nitrolingual
Lantus * [◇]	Methyltestosterone	Nitroquick
Lasix	Metrogel	Nizoral
Leucovorin	Mevacor	Nordette
Leukeran	Miacalcin NS	Norditropin * [◇] [⌘]
Leukine * [◇] [⌘]	Micardis, HCT	Normodyne
Levaquin	Micronase	Noroxin
Levbid ER	Micronor	Norpramin
Levemir	Microzide	Nor-QD
Levoxyl	Midrin	Norvasc
Levsin, EX, SL	Migranal ^{Resp Rx}	Norvir
Lexapro	Mintezol	Novolin * [◇]
Lexiva	Miradon	Novolog * [◇]
Lida Mantle, HC	MiraLax	NuLev
Lidoderm	Mirapex	NuLytely
Lipitor	Mircette	Nutropin, AQ and Depot * [◇] [⌘]
Liquid Pred	Moban	NuvaRing
Lo/Ovral	Mobic	Ocuflox
Locoid	Modicon	Ocupress
Lodine, XL	Monistat Derm	Olux

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2) FORMULARY BRAND NAME PRESCRIPTION DRUGS (CONTINUED)
 (NOT COVERED UNDER PHARMACY PROGRAM GENERICS ONLY ENDORSEMENTS)

Omnicef	Phrenilin	Relafen
One Touch *	Plan B	Relenza
One Touch Basic System *	Plaquenil	ReliOn/Novolin * ◇
One Touch Sure Step System *	Plavix	Relpax ^{Resp Rx}
One Touch Test Strip *	Plendil	Remeron, Soltabs
One Touch Ultra Smart System *	Pletal	Remicade * ⚡
One Touch Ultra System *	Plexion	Reminyl
One Touch Ultra Test Strip *	Poly-Pred	Renagel
Optimine	Pramosone	Repronex *
Optipranolol	Prandin	Requip
Optivar	Pravachol	Rescriptor
Oramorph	Precare	Respi-Tann
Orap	Precose	Restoril
Orapred	Pred Mild	Retin-A Micro *
Ortho Tri-Cyclen, Lo	Premarin, Low Dose	Retrovir
Ortho-Cept	Premesis	Revatio ⚡
Ortho-Cyclen	Premphase	Revlimid
Ortho Dienestrol	Prempro, Low Dose	Reyataz
Ortho Evra	Prenate Elite	Rhinocort, AQ
Ortho-Novum	Preven	Ridaura
Oruvail	Prilosec Rx	Rifadin
Ovidrel	Primaquine	Rilutek
Ovral	Primsol	Risperdal
Ovrette	Procanbid	Rocaltrol solution
Oxsoralen	Procrit * ◇ ⚡	Rondec
Oxycontin	Proctofoam-HC	Roferon A * ◇
OxyFAST	Profasi *	Rosanil
OxyIR	Proglycem	Rosula
Oxytrol	Prograf	Rowasa
Pamine, Forte	Proleukin * ◇	Roxicet solution
Pandel	Prometrium	Rozerem
Panretin gel	Proscar	Rozex
Parlodel	ProSom	Rythmol SR
Parnate	Prostigmin * ◇	Salagen
Patanol	Protopic	Sansert
Paxil, CR	Protropin * ◇ ⚡	Santyl
PCE	Proventil, HFA	Sarafem
Pediapred	Provigil	Seasonale
Peganone	Psorcon E	Sectral
Pegasys * ◇	Pulmicort	Semprex D
PEG-Intron * ◇	Pulmozyme	Sensipar
Penlac	Quibron T	Serentil
Pentasa	Quinidex Extentabs	Serevent, Diskus
Pepcid, RPD	Quixin	Serophene
Pergonal *	Qvar	Seroquel
Permax	Rapamune	Silvadene
Phenytek	Razadyne ER	Sinemet CR
PhosLo	Rebetron * ◇	Singulair
Phospholine Iodine	Rebif * ◇	Skelaxin

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2) FORMULARY BRAND NAME PRESCRIPTION DRUGS (CONTINUED)
 (NOT COVERED UNDER PHARMACY PROGRAM GENERICS ONLY ENDORSEMENTS)

Slo-bid	Tobrex	Vira-A
Soft Clix *	Tofranil PM	Viracept
Soft Touch *	Tonocard	Viramune
Somavert * ◇	Topamax	Visken
Sonata	Topicort, LP	Vivelle
Soriatane	Toprol XL	Volmax ER
Spiriva	T-PHYL	Voltaren, XR
Sporanox	Tracer BG *	Voltaren ophthalmic
Starlix	Tracleer	Vytorin
Strattera	Transderm-Nitro	Welchol
Strongstart	Travatan	Wellbutrin, SR, XL
Sular	Tricor	Xalatan
Sultrin	Trental	Xanax
Sure Step Test Strip *	Tridione	Xeloda
Surmontil	Triglide	Xenical *
Sustiva	Trileptal	Xopenex
Sutent	Trilisate	Yasmin
Symlin ◇	Trinalin	Yodoxin
Synarel	Triphasil	Zaditor
Syn-Rx	Tritec	Zanaflex
Syprine	Trizivir	Zantac
Tamiflu ^{Resp Rx}	Trusopt	Zavesca
Tarceva	Truvada	Zemplar (oral)
Targretin, gel	Tussionex	Zerit
Tasmar	Uracil Mustard	Zetia
Tavist 2.68 mg & Syrup	Ultrase, MT	Ziac
Tazorac	Uroxatral	Ziagen
Tegretol, XR	Urso, Forte	Zithromax
Temodar	Vagifem	Zocor
Tenex	Valcyte	Zoderm
Tenuate *	Valtrex	Zofran, ODT ^{Resp Rx}
Tequin	Vancenase, AQ	Zoloft
Terazol	Vanceril, DS	Zomig, ZMT ^{Resp Rx}
Teslac	Vancocin	Zonegran
Testim	Vaseretic	Zovirax
Thalomid	Velosulin * ◇	Zylet
Theo-24	Ventavis	Zymar
Theochron	Ventolin, Rotacap	Zyprexa
Theo-dur	Verelan PM	Zyrtec, D
Theolair, SR	Verrex	
Thioguanine	Vesanoid	
Thyroid	Vesicare	
Thyrolar	Vexol	
Ticlid	Vfend	
Tilade	Vicoprofen	
Tikosyn	Vidaza * ◇	
Timoptic, XE	Videx, EC	
Tobi	Vigamox	
Tobradex	Viokase	

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Resp Rx = Prescriptions included in the Responsible Rx program have maximum quantities allowed per one month for one co-payment.

NON FORMULARY SELF-ADMINISTERED INJECTABLE DRUGS*

In the event you are prescribed a Self-Administered Injectable Prescription Drug that is non formulary, we have included a list of drugs that may be covered. Not all pharmacy endorsements provide coverage for Self-Administered Injectable Prescription Drugs, so please *refer to your Policy, Benefit Booklet or Certificate of Coverage to determine if a particular Prescription Drug is covered.

Please note that if your benefit covers Generic Prescription Drugs only, you would be responsible for the full cost of these Prescription Drugs.

Non Formulary Self-Administered Injectable Brand Name Prescription Drugs

Arixtra * ◇	Innohep * ◇
Biotropin ◇ ㉔	Lupron * ◇ ㉔ (1mg/0.2ml only)
Calciferol * ◇	Nordiflex ◇ ㉔
Calcijex * ◇	Orgaran * ◇
Calcitonin * ◇	Phytonadione * ◇
Calcitriol * ◇	Protropin ◇ ㉔
Cyanocobalamin * ◇	Raptiva * ◇ ㉔
D.H.E. 45 * ◇	Saizen * ◇ ㉔
Eligard * ◇ ㉔	Sandostatin (subcutaneous only) * ◇
Epogen * ◇ ㉔	Serostim * ◇ ㉔
Forteo * ◇ ㉔	Stimate * ◇
Fragmin ◇	Supprelin * ◇ ㉔
Geref ◇ ㉔	Tev-Tropin ◇ ㉔
Humira * ◇ ㉔	Zemlar * ◇
Infergen * ◇	Zorbtive ◇ ㉔

This Medication Guide shall not extend, vary, alter, replace, or waive any of the provisions, benefits, exclusions, limitations, or conditions contained in the Endorsement. In the event of any inconsistencies between the Medication Guide and the provisions contained in the Endorsement, the provisions contained in the Endorsement shall control to the extent necessary to effectuate the intent of Blue Cross and Blue Shield of Florida, Inc. or Health Options, Inc.

Key:

- * = Refer to your Policy, Benefit Booklet or Certificate of Coverage to determine if a particular Prescription Drug is covered. If you are unsure, please call the number indicated on your identification card.
- ◇ = Frequently Self-Administered Injectable Drug.
- ㉔ = Prior authorization may be required. Refer to your Contract for more information.