

Blue Cross and Blue Shield of Alabama

Preferred Brand Drug List

Reviewed Quarterly

(last updated 5/10)

Please note that brand name drugs that have a generic equivalent are no longer considered Preferred Drugs. As generics become available for the brands on this list, the brand-name product will be removed from the list. Keep the following in mind when purchasing prescription drugs:

- Generic drugs have the **lowest** copayment.
- Preferred Brand Drugs have the **standard, or next lowest**, copayment.
- All other brand name drugs (not on this list) have the **highest** copayment.
- **All versions or dosages of a drug may not be Preferred.**
- Some groups may include or exclude coverage for specific drugs on the list. Please review your group benefit material for specific coverage information.
- Some drugs may be considered Specialty Drugs and may require a higher copayment based on your benefit design.

ACCOLATE	CORTISPORIN	INTRON-A W/DILUENT *	ONETOUCH METERS
ACCU-CHEK METERS	COZAAR – removed 5/1/10 (generic available)	INVIRASE	ONETOUCH TEST STRIPS
ACCU-CHEK TEST STRIPS	CREON	JANUMET	OPTIVAR
ACTIVELLA	CRESTOR	JANUVIA	OXISTAT *
ACTONEL	CRIVIVAN	K-PHOS	OXSORALEN
ACTONEL WITH CALCIUM	CUPRIMINE	KALETRA	PATADAY
ACTOPLUS MET	CYMBALTA	KENALOG SPRAY	PATANOL
ACTOS	CYTOMEL	LAMICTAL (generic now available)	PEGASYS *
ADVAIR	DARAPRIM	LANOXICAPS	PENTASA
ADVAIR HFA	DENAVIR *	LANOXIN (generic available)	PHENYTEK
AGGRENOX	DEPAKOTE ER (generic now available)	LANTUS	PILOPINE HS
AKNE-MYCIN *	DEPAKOTE SPRINKLES (generic now available)	LEVEMIR	PLAVIX
ALKERAN	DETROL	LEXAPRO	PRED MILD
ALOMIDE	DETROL LA	LIPOFEN	PREMARIN
AMBIEN CR *	DIASTAT	LOVAZA	PREMARIN LOW DOSE
ANDROGEL	DIASTAT PEDIATRIC	LOVENOX *	PREMPHASE
ANDROGEL PUMP	DIFFERIN	LUPRON DEPOT *	PREMPRO
ANDROID	DILANTIN (generic available)	LUPRON DEPOT-PED *	PREMPRO LOW DOSE
ANZEMET	DIOVAN	LYRICA	PRIMAQUINE PHOSPHATE
ARICEPT	DIOVAN HCT	LYSODREN	PROAIR HFA
ARIMIDEX	DIPENTUM	MATULANE	PROCRIT *
AROMASIN	DOVONEX	MAXALT	PROGRAF * (generic available)
ASACOL	DRITHO-SCALP	MAXALT MLT	PROMETRIUM
ASACOL HD	DUETACT	MAXIDEX	PROTOPIC *
ASMANEX	DYNACIRC CR	MENTAX *	PULMICORT RESPULES
ASTELIN	ELIDEL *	MEPHYTON	PULMOZYME *
ASTEPRO	EMCYT	MEPRON	RAPAMUNE *
ATROVENT HFA	EMEND	METANX	REYATAZ
AUGMENTIN XR	ENABLEX	METROGEL *	RIDAURA
AVANDAMET	ENTOCORT EC	MICARDIS	RYTHMOL
AVANDARYL	EPIPEN	MICARDIS HCT	RYTHMOL SR
AVANDIA	EPIVIR	MIRAPEX	SANDIMMUNE *
AVELOX	EPOGEN *	MUSE	SEREVENT
AVELOX ABC PACK	ERGOMAR	MYCOBUTIN	SEROQUEL
AVINZA	ESTRADERM	MYLERAN	SEROQUEL XR
AVODART	ESTRING	NAMENDA	SINGULAIR
AVONEX	EVISTA	NARDIL	SPIRIVA
BETASERON W/DILUENT *	EVOXAC	NASONEX	SULAR
BETOPTIC S	EXELON	NEBUPENT	SUSTIVA
BLEPHAMIDE	EXFORGE	NEUPOGEN *	SYMBICORT
BONIVA TABLETS	EXFORGE HCT	NEXIUM	SYMBYAX
BYETTA	FLOMAX – removed 5/1/10 (generic available)	NIASPAN	SYMLIN
CEENU	FLOVENT DISKUS	NILANDRON	SYNTHROID (generic available)
CELLCEPT * (generic available)	FLOVENT HFA	NITROLINGUAL PUMPSPRAY	TEGRETOL-XR
CEREFOLIN	FOCALIN XR	NORPACE CR	TEKTURNA
CIPRODEX	FORADIL	NORVIR	TEKTURNA HCT
CLOBEX	FURADANTIN	NOVOLIN INSULINS, INNOLET	TESTRED
COMBIPATCH	GABITRIL	NOVOLOG (FLEXPEN AND VIAL)	TOBRADEX
COMBIVENT	GLEEVEC *	NOVOLOG MIX 70/30 (FLEXPEN AND VIAL)	TOPAMAX (generic now available)
COMBIVIR	GLUCAGON	NOVOLOG PENFILL	TRANSDERM-SCOP
CONCERTA	HUMALOG INSULIN	NUTROPIN AQ *	TRAVATAN
COPAXONE	HUMULIN INSULIN	NUTROPIN AQ PEN *	TRAVATAN Z
COREG CR	HYZAAR – removed 5/1/10 (generic available)	NUTROPIN DEPOT *	TRILIPIX
CORTIFOAM	INTRON-A *	NUVARING	TRIZIVIR

ULTRASE
ULTRASE MT
UROXATRAL
VALTRES
VENTOLIN HFA
VESANOID

VESICARE
VIGAMOX
VIRACEPT
VIRAMUNE
VIVELLE
VOLTAREN GEL

VYTORIN
VYVANSE
WELCHOL
XALATAN
YAZ
ZEMPLAR

ZETIA
ZIAGEN

For the most up-to-date information about Blue Cross and Blue Shield of Alabama's Preferred Brand Drug List, please see the Pharmacy Programs information on our web site at www.bcbsal.com. You can view the current list by selecting **Go** from the menu; then at the next screen, selecting **Prescription drug guide** from the Prescription Drug Reference section on the right of the screen. Then, click on the highlighted **Preferred Brand Drug List** icon under Option 2: View Drug Lists. Our Preferred Brand Drug List is reviewed quarterly by our Pharmacy and Therapeutics Committee. Future updates, such as additions to and deletions from the list, may be noted during the quarter in an effort to keep you aware of the upcoming changes for the next quarter. If you have a printed copy of the Preferred Drug List, please compare your list's date to the date in the bottom right hand corner of the web page to ensure you are viewing the most current listing available.