



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

amlodipine/benazepril
benazepril
benazepril/hydrochlorothiazide
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
quinapril
quinapril/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/XR/SR
nifedipine ER
verapamil/SR/ER

Cholesterol Lowering Drugs

atorvastatin
cholestyramine
colestipol pkt
fenofibrate
gemfibrozil
lovastatin
pravastatin
simvastatin
CRESTOR
NIASPAN
TRICOR
TRILIPIX
WELCHOL

DEPRESSION

SSRIs

citalopram
escitalopram
fluoxetine
paroxetine
sertraline
LEXAPRO

Other Antidepressants

amitriptyline
bupropion/SR/XL
bupropion ext-release 24hr
mirtazapine/ODT
nefazodone
trazodone
venlafaxine/ER

DIABETES

acarbose
metformin/XR
metformin/glyburide
PRANDIN

Dipeptidyl Peptidase 4 Inhibitors

JANUVIA

JANUMET
KOMBIGLYZE XR
ONGLYZA

Sulfonylureas

glimepiride
glipizide/XL
glyburide/glyburide micronized

Insulin Products

HUMALOG/HUMULIN
LANTUS
NOVOLIN/NOVOLOG

Monitoring Kits/Strips & Syringes

ACCU-CHEK STRIPS & KITS
ACCU-CHEK LANCETS
BAYER BREEZE STRIPS
BAYER CONTOUR STRIPS
BAYER MICROLET LANCETS
BD NEEDLES/SYRINGES
CHEMSTRIP BG STRIPS & KITS

GASTROINTESTINAL

H₂ Receptor Antagonists

cimetidine
famotidine
ranitidine

Proton Pump Inhibitors

lansoprazole/ODT
omeprazole
pantoprazole
NEXIUM

ANTI-INFECTIVE AGENTS

Antibacterials

amoxicillin
amoxicillin/clavulanate
ampicillin
azithromycin tabs/susp
cefaclor
cefadroxil
cefdinir
cefprozil
cefuroxime
cephalexin
ciprofloxacin
doxycycline
EES/sulfisoxazole
erythromycin
levofloxacin
penicillin VK
tetracycline
tmp-smz DS

Antifungals/Onychomycosis

terbinafine
voriconazole

Antiviral/Herpes

acyclovir
valacyclovir

LOW MOLECULAR WEIGHT

HEPARIN

enoxaparin
LOVENOX 300 mg/3 mL

MIGRAINE

Triptans

naratriptan
sumatriptan
MAXALT/MAXALT-MLT

OPHTHALMIC

Antibacterial

ofloxacin ophth soln
polymyxin B/trimethoprim
tobramycin
VIGAMOX

Glaucoma

brimonidine 0.15%, 0.2%
dorzolamide soln
latanoprost
timolol maleate soln
ALPHAGAN P 0.1%
AZOPT
TRAVATAN Z

Other Eye Products

azelastine soln
diclofenac soln
ketorolac soln 0.4%, 0.5%
tobramycin/dexamethasone susp
PATADAY
TOBRADEX OINT
ZYLET

PAIN/ARTHRITIS

Anti-inflammatory Agents

diclofenac
etodolac
ibuprofen
indomethacin
meloxicam
nabumetone
naproxen
oxaprozin
sulindac
CELEBREX
HUMIRA

RESPIRATORY

Allergy Drugs

All generically available
antihistamine/decongestant
combinations that require a
prescription are on the formulary.

azelastine
fexofenadine
fluticasone
levocetirizine
triamcinolone
ASTEPRO
NASONEX

Asthma Drugs

zafirlukast
ADVAIR DISKUS/ADVAIR HFA
ASMANEX
DULERA
FLOVENT DISKUS/FLOVENT HFA
FORADIL AEROLIZER
PROAIR HFA
QVAR
SINGULAIR
SYMBICORT
VENTOLIN HFA

Cough and Cold

All generically available cough/
cold medications that require a
prescription are on the formulary.

Miscellaneous

ATROVENT HFA
COMBIVENT
ipratropium/albuterol sulfate
SPIRIVA HANDIHALER

SLEEP AIDS

zaleplon
zolpidem/ER

THYROID REPLACEMENT

levothyroxine – includes Levoxyll*

UROLOGIC DISORDERS

Benign Prostatic Hypertrophy

doxazosin
tamsulosin
terazosin

Urinary Incontinence

oxybutynin/ext-release
DETROL/DETROL LA
VESICARE

Others

finasteride
AVODART

WOMEN'S HEALTH

Contraceptives

Monophasic

EE/desogestrel (Apri*)
EE/drospirenone (Gianvi*, Ocella*,
Zarah*)
EE/levonorgestrel (Aviane*,
Levora*)
EE/norethindrone (Necon*,
Necon 1/35*, Nortrel*, 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*, Jolivet*)

Others

levonorgestrel 0.75 mg
NUVARING

Hormone Therapy

estradiol
estradiol/norethindrone acetate
estropipate
medoxyprogesterone
norethindrone
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
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