



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](http://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 HCT  
captopril/captopril HCT  
enalapril/enalapril HCT  
fosinopril/fosinopril HCT  
irbesartan/irbesartan HCT  
lisinopril/lisinopril HCT  
quinapril/quinapril HCT  
ramipril  
trandolopril

**Angiotensin II Receptor Blockers**

losartan/losartan HCT  
valsartan HCT  
BENICAR/BENICAR HCT

**Beta-Blockers**

acebutolol  
atenolol  
bisoprolol/bisoprolol HCT  
carvedilol  
labetalol  
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  
TRILIPIX  
WELCHOL

**DEPRESSION****SSRIs**

citalopram  
escitalopram  
fluoxetine  
paroxetine  
sertraline

**Other Antidepressants**

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

**DIABETES**

acarbose  
metformin/XR  
metformin/glyburide  
PRANDIN  
VICTOZA

**Dipeptidyl Peptidase 4 Inhibitors**

JANUMET/JANUMET XR  
JANUVIA  
JUVISYNC  
KOMBIGLYZE XR  
ONGLYZA

**Sulfonylureas**

glimepiride  
glipizide/XL  
glyburide/glyburide micronized

**Insulin Products**

HUMALOG/HUMULIN  
LANTUS  
LEVEMIR  
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****H<sub>2</sub> Receptor Antagonists**

cimetidine  
famotidine  
ranitidine

**Proton Pump Inhibitors**

lansoprazole/ODT  
omeprazole  
omeprazole/sodium bicarbonate  
pantoprazole  
NEXIUM

**ANTI-INFECTIVE AGENTS****Antibacterials**

amoxicillin  
amoxicillin/clavulanate  
ampicillin  
azithromycin tabs/susp  
cefactor  
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

**MIGRAINE****Triptans**

naratriptan  
rizatriptan  
sumatriptan

**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  
LUMIGAN  
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**

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

**Cough and Cold**

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

**Miscellaneous**

ATROVENT HFA  
COMBIVENT  
COMBIVENT RESPIMAT  
ipratropium/albuterol sulfate  
SPIRIVA HANDIHALER

**SLEEP AIDS**

zaleplon  
zolpidem/ER

**THYROID REPLACEMENT**

levothyroxine – includes Levoxytl\*

**UROLOGIC DISORDERS****Benign Prostatic Hypertrophy**

doxazosin  
tamsulosin  
terazosin

**Urinary Incontinence**

oxybutynin/ext-release  
tolterodine  
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\*)

**Progestin Only**

norethindrone (Errin\*, Jolivet\*)

**Others**

levonorgestrel 0.75 mg  
NUVARING  
ORTHO EVRA

(continued)

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**COMMONLY PRESCRIBED STANDARD FORMULARY MEDICATIONS**

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BlueCross BlueShield  
of Illinois

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**Hormone Therapy**

estradiol  
estradiol/norethindrone acetate  
estropipate  
medoxyprogesterone  
norethindrone  
progesterone micronized  
ESTRADERM  
VIVELLE DOT

**Miscellaneous**

alendronate  
ibandronate  
ACTONEL  
EVISTA  
ZEMPLAR

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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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