



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 www.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
captopril
captopril/hydrochlorothiazide
enalapril
enalapril/hydrochlorothiazide
lisinopril
lisinopril/hydrochlorothiazide
quinapril
quinapril/hydrochlorothiazide
ramipril

Angiotensin II Receptor Blockers

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

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

DEPRESSION

SSRIs

citalopram
fluoxetine
paroxetine
sertraline
LEXAPRO

Other Antidepressants

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

DIABETES

acarbose
metformin/XR
metformin/glyburide
PRANDIN

Sulfonylureas

glimepiride
glipizide/XL
glyburide/glyburide micronized

DIABETES, cont'd

Thiazolidinedione
ACTOS
AVANDAMET/AVANDIA
DUETACT

Insulin Products

HUMALOG/HUMULIN
LANTUS
NOVOLIN/NOVOLOG

Monitoring Kits/Strips & Syringes

ACCU-CHEK STRIPS & KITS
BD SYRINGES/LANCETS
CHEMSTRIP BG STRIPS & KITS
FREESTYLE STRIPS & KITS
PRECISION STRIPS & KITS

GASTROINTESTINAL

H₂ Receptor Antagonists

cimetidine
famotidine
ranitidine

Proton Pump Inhibitors

omeprazole
NEXIUM

ANTI-INFECTIVE AGENTS

Antibacterials

amoxicillin
amoxicillin/clavulanate
ampicillin
azithromycin tabs/susp
cefactor
cefadroxil
cefdinir
cefprozil
cefuroxime
cephalexin
ciprofloxacin
doxycycline
EES/sulfisoxazole
erythromycin
penicillin VK
tetracycline
tmp-smz DS
ERY-TAB
GRIFULVIN V
LEVAQUIN

Antifungals/Onychomycosis

terbinafine

Antiviral/Herpes

acyclovir
VALTREX

LOW MOLECULAR WEIGHT

HEPARIN
LOVENOX

MIGRAINE

Triptans

sumatriptan
MAXALT/MAXALT-MLT

OPHTHALMIC

Antibacterial

ofloxacin ophth soln
polymyxin B/trimethoprim
tobramycin
VIGAMOX

OPHTHALMIC, cont'd

Glaucoma

brimonidine 0.2%
dorzolamide soln
timolol maleate soln
ALPHAGAN P
AZOPT
TRAVATAN/TRAVATAN Z
XALATAN

Other Eye Products

diclofenac soln
tobramycin/dexamethasone susp
ACULAR/LS/PF
OPTIVAR
PATANOL
TOBRADEX OINT
ZYLET

PAIN/ARTHRITIS

Anti-inflammatory Agents

diclofenac
etodolac
ibuprofen
indomethacin
meloxicam
nabumetone
naproxen
oxaprozin
sulindac
CELEBREX
ENBREL
HUMIRA

RESPIRATORY

Allergy Drugs

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

fenofenadine
flunisolide
fluticasone
ALLEGRA-D – 12HR, 24HR
ASTELIN
ASTEPRO
NASACORT AQ
NASONEX

Asthma Drugs

ADVAIR DISKUS/ADVAIR HFA
FLOVENT HFA
FORADIL AEROLIZER
INTAL
PROAIR HFA
QVAR
SEREVENT DISKUS
SINGULAIR
SYMBICORT

Cough and Cold

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

Miscellaneous

ATROVENT HFA
COMBIVENT
DUONEB
SPIRIVA HANDHALER

SLEEP AIDS

zaleplon
zolpidem

THYROID REPLACEMENT

levothyroxine – includes Levoxyli*

UROLOGIC DISORDERS

Benign Prostatic Hypertrophy

doxazosin
terazosin

Urinary Incontinence

oxybutynin/ext-release
DETROL/DETROL LA

Others

finasteride
AVODART
FLOMAX

WOMEN'S HEALTH

Contraceptives

Monophasic

EE/desogestrel (Apri*)
EE/drospirenone (Ocella*)
EE/levonorgestrel (Aviane*,
Levora*)
EE/norethindrone (Necon*,
Necon 1/35*, Nortrel*, Nortrel 1/35*)
EE/norgestimate (Mononessa*,
Sprintec*)
EE/norgestrel (Low-Ogestrel*)
mestranol/norethindrone
(Necon 1/50*)
YAZ

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

NUVARING
PLAN B

Hormone Therapy

estradiol
estropipate
medoxyprogesterone
norethindrone
ACTIVELLA
CENESTIN
ESTRADERM
PREMARIN
PREMPHASE
PREMPRO
PROMETRIUM
VIVELLE DOT

Miscellaneous

alendronate
ACTONEL
EVISTA
HECTORAL

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.