



Horizon Blue Cross Blue Shield of New Jersey

*Making Healthcare Work.*

## **Horizon Blue Cross Blue Shield of New Jersey Preferred Brands and Non-Preferred Generics**

Last Updated 6/9/2005

The following pages contain a list of Preferred BRAND medications and non-Preferred GENERIC medications.

This list is created, reviewed and continually updated by an independent group of physicians and pharmacists.

### **Three Tier Copayment Structure**

#### **Tier One: Preferred Generic (lowest copayment)**

- Generic products are not listed in this guide, but are Preferred unless specified as non-Preferred on page 5 of this guide.
- To confirm if a generic product is Preferred (tier one), please contact Member Services at the number listed on the back of your ID card.

#### **Tier Two: Preferred Brand (middle copayment)**

#### **Tier Three: Non-Preferred (highest copayment)**

For more information, call the number listed on the back of your ID card or visit our online Pharmacy Services Web page at [www.horizonblue.com](http://www.horizonblue.com).

**HORIZON BCBSNJ PREFERRED BRANDS  
and NON-PREFERRED GENERICS  
Subject to Change Without Notice**

**PREFERRED BRANDS**

**- A -**

ABILIFY  
ACCU-CHEK TEST STRIPS  
ACTIMMUNE  
ACTONEL  
ACTOS  
ACULAR  
ACULAR LS  
ACULAR PF  
ADDERALL XR  
ADVAIR DISKUS  
AGENERASE  
AGRYLIN  
ALDARA CREAM  
ALFERON N  
ALINIA  
ALKERAN  
ALLEGRA/ALLEGRA-D\*  
ALOCRIL  
ALPHAGAN P  
ALREX  
ALTACE  
AMARYL  
AMBIEN  
ANALPRAM-HC CREAM / LOTION  
ANDRODERM  
ANDROGEL  
APHTHASOL  
APOKYN  
AQUASOL A  
ARANESP  
ARAVA  
ARICEPT  
ARIMIDEX  
ARISTOCORT HP OINTMENT  
ARISTOCORT R CREAM  
ARMOUR THYROID  
ASACOL  
ASTELIN  
ATROVENT INHALER/SOLUTION  
AVALIDE  
AVANDAMET  
AVANDIA  
AVAPRO  
AVIANE  
AVODART  
AZOPT

**- B -**

BACTROBAN CREAM  
BENZAFLIN GEL  
BETASERON  
BETOPTIC-S  
BIAXIN

BIAXIN XL  
BILTRICIDE  
BIO-THROID  
BLEPHAMIDE S.O.P.  
BOTOX  
BRAVELLE

**- C -**

CAMPRAL  
CANASA  
CARAC  
CARAFATE SUSPENSION  
CARBATROL  
CASODEX  
CATAPRES-TTS  
CEENU  
CELEBREX  
CELESTONE  
CELEXA SOLUTION  
CELLCEPT  
CENESTIN  
CEREDASE  
CERUMENEX  
CHEMET  
CHEMSTRIP TEST STRIPS  
CIPRO SUSPENSION  
CIPRODEX  
CIPRO XR  
CLIMARA  
CLIMARA PRO  
CLINISTIX  
COLAZAL  
COMBIVENT  
COMBIVIR  
COMTAN  
CONCERTA  
CONDYLOX  
COPAXONE  
COPEGUS  
CORDRAN LOTION / OINTMENT /  
TAPE  
COREG  
CORTIFOAM  
COSOPT  
COUMADIN  
CREON  
CRIXIVAN  
CYTADREN  
CYTOMEL

**- D -**

DAPSONE  
DARAPRIM  
DDAVP TABLETS

DEMSEER  
DENAVIR  
DEPAKOTE  
DEPAKOTE ER  
DETROL  
DETROL LA  
DIASTAT  
DIDREX  
DIDRONEL  
DIFFERIN CREAM / GEL /  
SOLUTION  
DILANTIN  
DIOVAN / DIOVAN HCT  
DITROPAN XL  
DORYX  
DOSTINEX  
DOVONEX  
DUONEB

**- E -**

EFFEXOR/EFFEXOR XR  
EFUDEX CREAM  
ELIDEL  
ELMIRON  
EMCYT  
EMEND  
EMTRIVA  
ENBREL  
ENTOCORT EC  
EPIPEN/EPIPEN JR.  
EPIVIR  
EPIVIR HBV  
EPZICOM  
ERGOMAR  
ERY-TAB  
ESKALITH  
ESTRADERM  
ESTRING  
ETHMOZINE  
EVISTA  
EVOXAC

**- F -**

FANSIDAR  
FARESTON  
FAST TAKE TEST STRIPS  
FELBATOL  
FEMARA  
FEMRING  
FIORICET w/CODEINE  
FLOMAX  
FLONASE  
FLOVENT  
FLOXIN OTIC

**HORIZON BCBSNJ PREFERRED BRANDS  
and NON-PREFERRED GENERICS  
Subject to Change Without Notice**

FLUORABON  
FML S.O.P.OINTMENT  
FOLLISTIM AQ  
FORADIL  
FORTEO  
FORTOVASE  
FOSAMAX  
FUROXONE  
FUSEON

**- G -**

GABITRIL  
GENOTROPIN  
GLUCAGON  
GLYSET

**- H -**

HEPARIN  
HEPSERA  
HEXALEN  
HIVID  
HOMATROPINE  
HUMIRA  
HYTAKEROL

**- I -**

IMITREX  
INDERAL LA  
INNOPRAN XL  
INTRON-A  
INVIRASE  
IOPIDINE SOLUTION  
ISONIAZID

**- K -**

KALETRA  
KAY CIEL  
KEPPRA  
KLOR-CON  
KLOTRIX

**- L -**

LACRISERT  
LAMICTAL  
LAMISIL  
LANOXICAPS  
LANOXIN  
LANTUS  
LEUCOVORIN  
LEUKERAN  
LEUKINE  
LEVAQUIN

LEXAPRO  
LEXIVA  
LIDODERM  
LIPITOR  
LIVOSTIN  
LOPROX GEL / LOTION  
LOTEMAX  
LOTREL  
LOVENOX  
LOXITANE  
LUMIGAN  
LYSODREN

**- M -**

MATULANE  
MAXAIR AUTOHALER  
MAXALT/ MAXALT-MLT  
MAXIDEX  
MEBARAL  
MEPHYTON  
MEPRON  
METHADONE  
METHERGINE  
METROGEL  
METROLOTION  
MIACALCIN SPRAY  
MINTEZOL  
MIRAPEX  
MIRCETTE  
MODICON  
MUSE  
MYCOBUTIN  
MYLERAN

**- N -**

NAMENDA  
NAPHCON-A  
NARDIL  
NASACORT AQ  
NASONEX  
NATACYN  
NEBUPENT  
NEUMEGA  
NEUPOGEN  
NEXIUM  
NIASPAN  
NILANDRON  
NIMOTOP  
NITROLINGUAL  
NORVASC  
NORVIR  
NOVOLIN

NOVOLOG  
NOVOLOG MIX  
NUTROPIN/NUTROPIN AQ  
NUVARING

**- O -**

OCUSERT  
OLUX  
OMNICEF  
ONETOUCH TEST STRIPS  
OPTIVAR  
ORTHO EVRA  
ORTHO MICRONOR  
ORTHO TRI-CYCLEN  
ORTHO TRI-CYCLEN LO  
ORTHO-CEPT  
ORTHO-CYCLEN  
ORTHO-NOVUM  
OSMOGLYN  
OXSORALEN-ULTRA  
OXYCONTIN  
OXYTROL

**- P -**

PANCREASE MT  
PATANOL  
PAXIL CR  
PEGANONE  
PEGASYS  
PERIOSTAT  
PHOSLO  
PILOPINE HS GEL  
PLAN B  
PLAVIX  
POLY-PRED  
PRANDIN  
PRAVACHOL  
PRAVIGARD PAC  
PRECOSE  
PRED FORTE  
PRED-G  
PREGNYL  
PREMARIN  
PREMARIN VAGINAL CREAM  
PREMPHASE  
PREMPRO  
PREVACID  
PREVACID NAPRAPAC  
PREVEN  
PRIMAQUINE  
PROAMATINE  
PRO-BANTHINE

**HORIZON BCBSNJ PREFERRED BRANDS  
and NON-PREFERRED GENERICS  
Subject to Change Without Notice**

PROCTOFOAM  
PROGRAF  
PROLEUKIN  
PROMETRIUM  
PROSCAR  
PROSTIGMIN  
PROTOPIC OINTMENT  
PROVIGIL  
PULMICORT  
PULMOZYME

**- Q -**  
QUIXIN

**- R -**  
RAPAMUNE  
REBETRON  
REGRANEX  
REMINYL  
RENAGEL  
REPRONEX  
REQUIP  
RESCRIPTOR  
RESTASIS  
RETIN-A MICRO  
RETROVIR  
REYATAZ  
RHINOCORT AQUA  
RIDAURA  
RILUTEK  
RISPERDAL  
ROFERON-A

**- S -**  
SANDOSTATIN  
SCOPOLAMINE  
SENSIPAR  
SEREVENT DISKUS  
SEROMYCIN  
SEROPHENE  
SEROQUEL  
SEROSTIM  
SINGULAIR  
SKELAXIN  
SOLGANAL  
SOMAVERT  
SORIATANE  
SPIRIVA  
SSKI  
STALEVO  
STARLIX  
STROMEKTOL

SURESTEP TEST STRIPS  
SURESTEP PRO TEST STRIPS  
SUSTIVA  
SYNAREL  
SYNTHROID

**- T -**  
TAMOXIFEN  
TARCEVA  
TAZORAC CREAM/GEL  
TEGRETOL-XR  
TERAZOL 3 SUPPOSITORY  
TESLAC  
TESTODERM  
THEO-24  
THIOGUANINE  
THYROLAR  
TILADE  
TOBI  
TOBRADEX OINTMENT /  
SUSPENSION  
TONOCARD  
TOPAMAX  
TRACLEER  
TRANSDERM-SCOP  
TRI-NORINYL  
TRIAZ  
TRICOR TABLETS  
TRIZIVIR  
TRUSOPT  
TRUVADA  
TUSSIONEX SUSPENSION

**- U -**  
UROCIT-K

**- V -**  
VAGIFEM  
VALCYTE  
VALTrex  
VANCOCIN HCL  
VESANOID  
VFEND  
VIAGRA  
VIGAMOX  
VIOKASE  
VIRACEPT  
VIRAMUNE  
VIREAD  
VISICOL  
VITAFOL-PN  
VIVELLE/VIVELLE-DOT

VOLTAREN SOLUTION

**- W -**  
WELCHOL  
WELLBUTRIN XL

**- X -**  
XALATAN  
XELODA

**- Y -**  
YASMIN

**- Z -**  
ZAVESCA  
ZELNORM  
ZERIT  
ZETIA  
ZIAGEN  
ZITHROMAX  
ZOCOR  
ZOFRAN/ZOFRAN ODT  
ZOLOFT  
ZORBTIVE  
ZOMIG/ ZOMIG-ZMT  
ZYPREXA/ZYPREXA ZYDIS

\*ALLEGRA and ALLEGRA-D are  
PREFERRED (tier 2) for plan  
participants that DO NOT have a  
three-tier benefit design

**HORIZON BCBSNJ PREFERRED BRANDS  
and NON-PREFERRED GENERICS  
Subject to Change Without Notice**

**NON - PREFERRED GENERICS**

**Due to clinical reasons, the following generic drugs are non-Preferred and are covered under Tier Three (highest copayment). All other generic drugs are Preferred and covered under Tier One (lowest copayment).**

- acetohexamide
- carisoprodol
- carisoprodol / aspirin
- chlorpropamide
- cimetidine
- estazolam
- flurazepam
- maprotiline
- propoxyphene hcl
- propoxyphene hcl / acetaminophen
- propoxyphene napsylate
- propoxyphene napsylate / acetaminophen
- ticlopidine
- triazolam