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For Release May 2006

Effective April 2006

- Drug List Update: Removed from the Preferred Brand Drug List: Estrostep®, Nor-QD®, Ovcon®, and Tri-Norinyl®.
- Pharmacists should not substitute a generic for a brand-name pancreatic enzyme until FDA-approved bioequivalent generic products become available. (Reference: US Pharmacist, FDA, Cystic Fibrosis Foundation)

Effective May 2006

- Drug List Update: Removed from the Preferred Brand Drug List: Metaglip®. The generic version of Metaglip (glipizide-metformin) is available.

Effective June 2006

Proton Pump Inhibitors (PPIs) meet Blue Cross and Blue Shield of Alabama's pharmacy criteria for coverage for the treatment of patients with the conditions listed below when at least one of the following criteria are met:

Patient is diagnosed with:

- Barrett's esophagus
- Duodenal ulcer disease
- Erosive esophagitis - active, maintenance, healed
- Gastric ulcer - active benign; maintenance
- GERD - moderate to severe with symptoms (treatment, maintenance, screening)
- Hypersecretory conditions, including ZES
- *H. pylori*

Drug	Dosage Strength	Quantity Limits
Aciphex (rabeprazole)	20mg	1 tablet per day
Nexium (esomeprazole)	20mg, 40mg	1 capsule per day
Omeprazole	10mg, 20mg	1 capsule per day
Prevacid (lansoprazole)	15mg, 30mg	1 capsule, packet or tablet per day
Prilosec (omeprazole)	10mg, 20mg, 40mg	1 capsule per day
Protonix (pantoprazole)	20mg, 40mg	1 tablet per day
Zegerid (omeprazole)	20mg, 40mg	1 packet per day

For coverage of additional quantities, a member's treating physician may submit a request for prior authorization to Pharmacy Review. Additional quantities of proton pump inhibitors will be considered for coverage for those members who meet any of the following criteria; a diagnosis of a pathological hypersecretory condition (such as ZES), being treated for Barrett's esophagus, or has a diagnosis of GERD and meets ALL of the following criteria:

- Member has breakthrough on once-daily proton pump inhibitor (PPI) after a trial for **3** consecutive months on once daily therapy within the past calendar year.
- Member has tried and failed an adequate trial of a histamine₂ receptor antagonist (H₂RA)—cimetidine (Tagamet™), famotidine (Pepcid™), nizatadine (Axid™), ranitidine (Zantac™)—either prescription or non-prescription given as an evening dose.

Pegylated interferon drugs (Pegasys® and PEG-Intron®) meet Blue Cross and Blue Shield of Alabama's pharmacy criteria for coverage for the treatment of patients when ALL of the following criteria are met:

- Patient must have a diagnosis of Hepatitis C Virus (HCV).
- Genotype and baseline HCV RNA viral level must be documented.
- Patient must be 18 years of age or older.

A complete listing of the Blue Cross Preferred Products can be viewed at:

<https://www.bcbsal.com/pdfs/pdl.pdf>.

Blue Cross and Blue Shield of Alabama

Preferred Brand Drug List

Reviewed monthly
(last updated 5/06)

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 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.

ABILIFY	CEDAX	DIOVAN	HUMULIN INSULIN
ACCOLATE	CEENU	DIOVAN HCT	HYTAKEROL
ACCU-CHEK METERS	CEENU DOSEPACK	DIPENTUM	HYZAAR
ACCU-CHEK TEST STRIPS	CEFZIL	DOSTINEX	IMITREX
ACTIVELLA	CELLCEPT *	DOVONEX	IMITREX -STATDOSE
ACTOPLUS MET	CEREFOLIN	DRITHO-SCALP	INTRON-A *
ACTOS	CERUMENEX	DYNACIRC CR	INTRON-A W/DILUENT *
ADDERALL XR	CETAPRED	EFFEXOR	INVIRASE
ADVAIR	CIPRO CYSTITIS PAK	EFFEXOR -XR	ISOPTO CETAPRED
ADVICOR	CIPRO XR	ELIDEL *	JENEST-28
AEROLATE III TD	CIPRODEX	EMCYT	K-PHOS
AEROLATE JR	CLEOCIN PED GRAN	EMEND	K-PHOS -MODIFIED
AEROLATE SENIOR	CLEOCIN VAGINAL *	ENABLEX	K-PHOS -2
AGENERASE	CLOBEX SPRAY (added 5/2006)	ENTOCORT EC	K-PHOS NEUTRAL
AGGRENOX	COLAZAL	EPIFRIN	KALETRA
AKNE-MYCIN *	COLESTID	EPIVIR	KETEK
ALKERAN	COLESTID FLAVORED	EPOGEN *	LAMICTAL
ALOMIDE	COMBIPATCH	ERGAMISOL	LAMISIL *
ALTACE	COMBIVENT	ERGOMAR	LANOXICAPS
AMBIEN *	COMBIVIR	ESKALITH-CR	LANOXIN-PEDIATRIC
ANDROGEL	COMPAZINE SPANSULE	ESTRADERM	LANTUS
ANDROGEL PUMP	CONCERTA	ESTRATEST	LEUKERAN
ANDROID	COPEGUS *	ESTRATEST HS	LEVITRA
ANTARA	COREG	ESTRING	LEXAPRO
ANZEMET	CORTIFOAM	EVISTA	LIQUID PRED
ARICEPT	COSOPT	EVOXAC	LOPROX * (generic now available)
ARIMIDEX	COTAZYM	EXELON	LOTREL
AROMASIN	COTAZYM -S	FAMVIR	LOVENOX *
ASACOL	COVERA -HS	FANSIDAR	LOXITANE-C
ASMANEX	COZAAR	FEMSTAT w/APP	LUMIGAN
ASTELIN	CREON	FINACEA	LUPRON DEPOT *
ATROVENT HFA	CRESTOR	FLOMAX	LUPRON DEPOT-PED *
AUGMENTIN XR	CRIVAN	FLOVENT	LYSODREN
AVANDAMET	CUPRIMINE	FLOXIN OTIC	MATULANE
AVANDIA	CYTADREN	FLOXIN OTIC SINGLES	MAXALT
AVANDARYL	CYTOMEL	FLUMADINE	MAXALT MLT
AVELOX	CYTOVENE *	FOCALIN XR (added 5/2006)	MAXIDEX
AVELOX ABC PACK	D.H.E. 45	FOLTX (generic now available)	MEGACE ORAL
AVINZA	DANTRIUM	FORADIL	MELLARIL-S
AVODART	DARAPRIM	FORTOVASE	MENTAX *
AZMACORT	DENAVIR *	FOSAMAX	MEPHYTON
BENZAMYCIN GEL (generic now available) *	DEPAKOTE	FOSAMAX PLUS D	MEPRON
BETASERON W/DILUENT *	DEPAKOTE ER	FURADANTIN	MESTINON
BETOPTIC S	DEPAKOTE SPRINKLES	GABITRIL	MESTINON TIMESPAN
BIAXIN	DEPEN TITRATABS	GANTRISIN PEDIATRIC	METANX
BIAXIN XL	DERMA-SMOOTH/FS *	GLEEVEC *	METROCREAM (generic now available) *
BLEPHAMIDE -S.O.P.	DHT	GLUCOPHAGE XR (generic now available)	METROGEL *
BLEPHAMIDE LIQUIFILM	DIAMOX SEQUELS	GLUCOVANCE (generic now available)	METROLOTION *
CASODEX	DIASTAT	GRIFULVIN -V *	MICARDIS
CATAPRES-TTS -1	DIASTAT PEDIATRIC	HEXALEN	MICARDIS HCT
CATAPRES-TTS -2	DIFFERIN (added 5/2006)	HIVID	MINTEZOL
CATAPRES-TTS -3	DILANTIN INFATABS	HUMALOG INSULIN	MIRAPEX

MSIR	PAXIL CR	ROXICET	UNIRETIC
MUSE	PCE	RUM-K SUGAR FREE	UROXATRAL
MYCOBUTIN	PEGASYS *	RYTHMOL SR	VALTrex
MYLERAN	PENTASA	SANDIMMUNE *	VASCOR FILM COATED
NAMENDA	PHENYTEK	SEASONALE	VEPESID
NARDIL	PILOPINE HS	SERENTIL	VERELAN PM
NASACORT	PLAVIX	SEREVENT	VESANOID
NASACORT-AQ	PRAVACHOL (generic now available)	SEROQUEL	VESICARE
NASONEX	PRAVIGARD PAC	SINGULAIR	VIDEX
NEBUPENT	PRECISION SURE DOSE	SPECTAZOLE *	VIDEX PEDIATRIC
NESTABS FA	PRECOSE	SPIRIVA	VIGAMOX
NEUPOGEN *	PRED MILD	SPORANOX *	VIRA-A
NEXIUM	PREMARIN	SPORANOX SOLUTION *	VIRACEPT
NIASPAN	PREMARIN LOW DOSE	SULAR	VIRAMUNE
NICOTROL	PREMPHASE	SUPRAX	VIRILON
NILANDRON	PREMPRO	SUSTIVA	VIROPTIC
NIMOTOP	PREMPRO LOW DOSE	SYMBYAX	VITAFOL-PN
NITROLINGUAL PUMPSPRAY	PRIFTIN	SYNAREL	VIVELLE
NITRONG	PRIMAQUINE PHOSPHATE	SYNTHROID (generic now available)	VOLTAREN OPTHALMIC
NOLVADEX (generic now available)	PROCANBID	TAMOXIFEN CITRATE	VYTORIN
NORVASC	PROCRIT *	TEGRETOL-XR	WELCHOL
NORVIR	PROGLYCEM	TERAZOL 3 *	WELLBUTRIN -SR (generic now available)
NOVOLIN INSULINS, INNOLET	PROGRAF *	TERAZOL 7 *	WELLBUTRIN XL
NOVOLOG (FLEXPEN AND VIAL)	PROMETRIUM	TESLAC	XALATAN
NOVOLOG MIX 70/30 (FLEXPEN AND VIAL)	PROSCAR	TESTRED	YASMIN
NUTROPIN AQ *	PROTONIX	THIOGUANINE	YAZ (added 5/2006)
NUTROPIN AQ PEN *	PROTOPIC *	TILADE	YODOXIN
NUTROPIN DEPOT *	PROTROPIN *	TOBRADEX	ZADITOR
NUVARING	PROVIGIL	TOBRAMYCIN	ZERIT
OCUSERT	PULMICORT RESPULES	TONOCARD	ZETIA
OCUSERT PILO-20	PULMOZYME *	TOPAMAX	ZIAGEN
OCUSERT PILO-40	PURINETHOL	TOPROL XL	ZOCOR
OMNICEF	RAPAMUNE *	TORECAN	ZOFRAN
ONETOUCH METERS	REBETOL *	TRANSDERM-SCOP	ZOFRAN ODT
ONETOUCH TEST STRIPS	REQUIP	TRANXENE -SD	ZOMIG
OPTIVAR	RESCRIPTOR	TRICOR	ZOMIG ZMT
OTOBiotic	RETROVIR	TRILEPTAL	ZYBAN (based on benefit coverage)
OXISTAT *	RHINOCORT AQ	TRIZIVIR	ZYMASE
PARNATE	RIDAURA	TRUSOPT	ZYPREXA
PATANOL	RISPERDAL	ULTRASE	
PAXIL (generic now available)	ROWASA	ULTRASE MT	

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.