

## SECTION I: SELECTED THERAPEUTIC DRUG CATEGORIES

The Highmark Blue Shield Formulary Pocket Guide is not meant to be a complete list of drugs covered under your plan. Since prescription drug benefits vary by client, the inclusion of a drug in this formulary does not imply drug coverage. The cost ranges are based on Highmark's actual claims utilization data as of February 28, 2010 and are subject to change.

<p style="text-align: center;"><b>ANTI-INFECTIVES</b> (Antibiotics/Antifungals) (INGREDIENT COST PER THERAPY)</p> <p><b>Oral Cephalosporins</b></p> <p>&lt;\$10 +cephalexin monohydrate \$20-\$30 +cefuroxime \$30-\$40 +cefadroxil hydrate \$50-\$60 +ceftazidime \$50-\$60 +cefepime \$60-\$70 +cefepime \$70-\$80 +cefepime susp \$100-\$125 Suprax</p> <p><b>Oral Penicillins</b></p> <p>&lt;\$10 +amoxicillin &lt;\$10 +ampicillin \$10-\$20 +penicillin V potassium \$20-\$30 +dicloxacillin sodium \$30-\$40 +amoxicillin/clavulanate \$30-\$40 +amoxicillin/clavulanate ES</p> <p><b>Oral Sulfas</b></p> <p>&lt;\$10 +sulfamethoxazole/trimethoprim \$10-\$20 +sulfisoxazole \$20-\$30 +erythromycin ethylsuccinate/ sulfisoxazole \$40-\$50 +sulfadiazine</p> <p><b>Oral Tetracyclines</b></p> <p>&lt;\$10 +doxycycline hyclate &lt;\$10 +tetracycline HCl \$20-\$30 +minocycline HCl \$600-\$700 +demeclocycline</p> <p><b>Oral Erythromycins</b></p> <p>&lt;\$10 +erythromycin base &lt;\$10 +erythromycin base tablet, enteric coated &lt;\$10 +erythromycin ethylsuccinate &lt;\$10 +erythromycin stearate \$30-\$40 +azithromycin \$30-\$40 +clarithromycin \$30-\$40 +erythromycin estolate \$60-\$70 +clarithromycin ER</p> <p><b>Oral Quinolones</b></p> <p>&lt;\$10 +ciprofloxacin \$40-\$50 Noroxin \$100-\$125 Cipro suspension \$125-\$150 Avelox</p>	<p>\$10-\$20 +carvedilol \$10-\$20 +nadolol \$10-\$20 +propranolol HCl \$10-\$20 +pindolol \$10-\$20 Timolide \$10-\$20 +timolol maleate \$20-\$30 +acebutolol HCl \$20-\$30 +bisoprolol fumarate \$20-\$30 +labetalol HCl \$40-\$50 +metoprolol/HCTZ \$40-\$50 +propranolol LA</p> <p><b>Calcium Blockers</b></p> <p>&lt;\$10 +diltiazem HCl &lt;\$10 ↓+verapamil HCl \$10-\$20 ↓+verapamil HCl tablet, sustained action \$20-\$30 +diltiazem HCl capsule, sustained release 12 hr \$30-\$40 +diltiazem HCl capsule, sustained release 24 hr</p> <p><b>Dihydropyridines</b></p> <p>\$10-\$20 +amlodipine \$30-\$40 +nifedipine tablet, extended release \$40-\$50 +nifedipine tablet, osmotic laser-drilled formulation \$50-\$60 ↓+felodipine tablet, extended release</p> <p><b>Nitroglycerin Patches</b></p> <p>\$20-\$30 +nitroglycerin patch \$100-\$125 Nitro-Dur</p>	<p><b>Oral Contraceptives</b></p> <p>\$20-\$30 ☒⊕Allesse \$20-\$30 ☒⊕Demulen \$20-\$30 ☒⊕Micronor \$20-\$30 ☒⊕Ortho-Cyclen \$20-\$30 ☒⊕Triphasil \$30-\$40 ☒⊕Modicon \$30-\$40 ☒⊕Ovral \$30-\$40 ☒⊕Ortho-Novum \$30-\$40 ☒Ortho-Novum 7/7/7 \$30-\$40 ☒⊕Ortho-TriCyclen \$40-\$50 ☒Plan B \$50-\$60 ☒⊕Lo/Ovral \$50-\$60 ☒Lybrel \$50-\$60 ☒⊕Ortho-Cept \$60-\$70 ☒⊕Loestrin Fe \$60-\$70 ☒⊕Mircette \$60-\$70 ☒⊕Nordette \$60-\$70 ☒Ortho-TriCyclen Lo \$60-\$70 ☒⊕Yasmin \$70-\$80 ☒⊕Estrostep Fe \$70-\$80 ☒YAZ \$175-\$200 ☒Seasonique<sup>2</sup></p> <p><b>Other Contraceptives</b></p> <p>\$60-\$70 ☒Nuvaring \$60-\$70 ☒Ortho Evra</p>	<p>\$70-\$80 ↓+risperidone \$80-\$90 Orap \$150-\$175 ↓+clozapine \$175-\$200 ↓+risperidone ODT \$200-\$250 ↓Moban \$250-\$300 ↓Seroquel \$400-\$450 Zyprexa</p> <p style="text-align: center;"><b>NSAIDs (Pain Relievers)</b> (INGREDIENT COST PER THERAPY)</p> <p><b>NSAIDs</b></p> <p>&lt;\$10 ☒+ibuprofen &lt;\$10 ☒⊕+piroxicam \$10-\$20 ☒+ketoprofen \$10-\$20 ☒⊕+naproxen \$10-\$20 ☒+sulindac \$20-\$30 ☒+diclofenac sodium \$20-\$30 ☒+etodolac \$20-\$30 ☒⊕+indomethacin \$20-\$30 ☒⊕+indomethacin sustained release \$20-\$30 ☒⊕+naproxen sodium \$20-\$30 ☒⊕+oxaprozin \$30-\$40 ☒+flurbiprofen</p> <p><b>NSAID COX-2 Inhibitors</b></p> <p>\$125-\$150 ☒Celebrex</p>
<p style="text-align: center;"><b>CARDIOVASCULAR</b> (Blood Pressure/Heart/Cholesterol) (INGREDIENT COST PER THERAPY)</p> <p><b>ACE Inhibitors</b></p> <p>&lt;\$10 ☒↓+captopril &lt;\$10 ☒↓+enalapril maleate &lt;\$10 ☒↓+lisinopril \$10-\$20 ☒↓+benazepril \$10-\$20 ☒↓+benazepril/HCTZ \$10-\$20 ☒↓+captopril/HCTZ \$10-\$20 ☒↓+lisinopril/HCTZ \$20-\$30 ☒↓+enalapril/HCTZ \$20-\$30 ☒↓+quinapril \$30-\$40 ☒↓+quinapril/HCTZ \$70-\$80 ☒↓+perindopril</p> <p><b>Angiotensin II Blockers</b></p> <p>\$60-\$70 ☒Benicar \$70-\$80 ☒Avapro \$70-\$80 ☒Diovan \$70-\$80 ☒+losartan \$80-\$90 ☒Avalide \$80-\$90 ☒Benicar HCT \$90-\$100 ☒Diovan HCT \$90-\$100 ☒+losartan/HCTZ</p> <p><b>Other Antihypertensive Combinations</b></p> <p>\$10-\$20 +hydralazine HCl/HCTZ \$10-\$20 ⊕+methyldopa/HCTZ \$30-\$40 ↓Clorpres \$70-\$80 ☒+amlodipine besylate/benazepril HCl \$100-\$125 ☒Exforge</p> <p><b>Antilipidemics</b></p> <p>\$10-\$20 ↓+gemfibrozil \$10-\$20 ☒+pravastatin \$10-\$20 ☒+simvastatin \$20-\$30 ☒+lovastatin \$50-\$60 +colestipol \$80-\$90 +cholestyramine light \$80-\$90 +cholestyramine/sucrose \$100-\$125 ☒Lipitor \$100-\$125 Niaspan ER \$100-\$125 Tricor \$100-\$125 Zetia \$125-\$150 ☒Advicor \$175-\$200 Welchol</p> <p><b>Beta Blockers</b></p> <p>&lt;\$10 ☒+atenolol &lt;\$10 ☒+atenolol/chlorthalidone &lt;\$10 +metoprolol tartrate &lt;\$10 +propranolol HCl/HCTZ tablet \$10-\$20 +bisoprolol fumarate/HCTZ</p>	<p style="text-align: center;"><b>ENDOCRINE</b> (Diabetes/Hormones/Contraceptives) (INGREDIENT COST PER THERAPY)</p> <p><b>Insulin Therapy</b></p> <p>\$70-\$80 Novolin \$80-\$90 Iletin II \$90-\$100 Humulin \$100-\$125 InnoLet \$150-\$175 Lantus Vial \$150-\$175 Levemir Vial \$175-\$200 Humulin Cartridge \$175-\$200 Novolin Cartridge \$200-\$250 Apidra \$200-\$250 Humalog, Pen, Cartridge \$200-\$250 Lantus Cartridge \$200-\$250 Levemir Cartridge \$200-\$250 NovoLog, Pen, Cartridge \$200-\$250 NovoLog Mix \$300-\$350 NovoLog Mix Cartridge</p> <p><b>Blood Glucose Test Strips</b></p> <p>\$70-\$80 One Touch Fast Take \$80-\$90 Precision QID \$90-\$100 One Touch Surestep \$100-\$125 Freestyle \$100-\$125 Freestyle Lite \$100-\$125 One Touch \$100-\$125 One Touch Ultra \$100-\$125 Precision Xtra</p> <p><b>Non-Insulin Hypoglycemic Agents</b></p> <p>&lt;\$10 ↓+glipizide \$10-\$20 +glimepiride \$10-\$20 ↓+glyburide \$10-\$20 ↓+glyburide, micronized \$10-\$20 +metformin \$10-\$20 +metformin ER \$20-\$30 ↓+glipizide, extended release \$40-\$50 ↓+glyburide/metformin \$60-\$70 ↓+glipizide/metformin \$80-\$90 Glyset \$80-\$90 Precose \$150-\$175 Janumet \$175-\$200 Actos \$175-\$200 Avandamet \$175-\$200 Avandaryl \$175-\$200 Avandia \$175-\$200 Januvia \$175-\$200 ↓Prandin \$200-\$250 Actoplus Met \$200-\$250 Byetta \$200-\$250 Duetact \$400-\$450 Symlin</p> <p><b>Estrogens/Combinations</b></p> <p>&lt;\$10 ☒+estradiol &lt;\$10 ☒+estropipate \$20-\$30 ☒Menest \$20-\$30 (generic) } \$80-\$90 (brand) } ☒⊕Estratest H.S. \$30-\$40 (generic) } \$90-\$100 (brand) } ☒⊕Estratest \$50-\$60 ☒Premarin \$50-\$60 ☒Combipatch \$50-\$60 ☒Estraderm \$50-\$60 ☒Vivelle \$60-\$70 ☒⊕Climara \$60-\$70 ☒Estring \$60-\$70 ☒Femhrt \$60-\$70 ☒Premphase \$60-\$70 ☒Prempro</p>	<p style="text-align: center;"><b>G.I. (Ulcer)</b> (INGREDIENT COST PER THERAPY)</p> <p><b>H<sub>2</sub> Antagonists</b></p> <p>\$10-\$20 +famotidine \$10-\$20 +ranitidine HCl \$30-\$40 ⊕+cimetidine HCl \$50-\$60 +nizatidine \$50-\$60 +ranitidine HCl syrup</p> <p><b>Proton Pump Inhibitors</b></p> <p>\$20-\$30 +omeprazole<sup>1</sup> \$100-\$125 +pantoprazole<sup>1</sup> \$175-\$200 Nexium<sup>1</sup></p> <p><b>Other G.I. Drugs</b></p> <p>\$20-\$30 +sucralfate \$50-\$60 +misoprostol \$300-\$350 Helidac \$350-\$400 Prevpac</p>	<p style="text-align: center;"><b>RESPIRATORY (Allergy/Asthma)</b> (INGREDIENT COST PER THERAPY)</p> <p><b>Antihistamines/Combinations</b></p> <p>&lt;\$10 ⊕+diphenhydramine HCl (Rx Only) &lt;\$10 ⊕+hydroxyzine pamoate \$10-\$20 ↓+clemastine fumarate \$10-\$20 +cyproheptadine HCl \$10-\$20 +promethazine HCl \$20-\$30 ⊕+hydroxyzine HCl \$30-\$40 ⊕+dexchlorpheniramine \$40-\$50 +fexofenadine \$90-\$100 Astepro \$100-\$125 Allegra D 12 Hour \$100-\$125 +azelastine nasal spray</p> <p><b>Beta Agonists</b></p> <p>\$10-\$20 +albuterol sulfate (oral) \$10-\$20 +albuterol sulfate solution \$20-\$30 (generic) } \$40-\$50 (brand) } ☒⊕Proventil (inh) \$30-\$40 +metaproterenol sulfate \$30-\$40 Ventolin HFA \$40-\$50 Alupent Inhaler \$40-\$50 Proair HFA \$40-\$50 Proventil HFA \$90-\$100 Vospire ER \$100-\$125 Maxair Autohaler \$125-\$150 Foradil \$150-\$175 Serevent Diskus</p> <p><b>Inhaled Steroids</b></p> <p>\$90-\$100 Qvar \$100-\$125 Flovent Diskus \$125-\$150 Asmanex Twisthaler \$125-\$150 Azmacort \$125-\$150 Flovent HFA \$125-\$150 Pulmicort Flexhaler \$200-\$250 +Pulmicort Respules</p> <p><b>Nasal Corticosteroids</b></p> <p>\$10-\$20 +fluticasone \$90-\$100 Nasonex \$90-\$100 Rhinocort Aqua</p>
<p style="text-align: center;"><b>KEY</b></p> <p>The cost ranges are based on Highmark's actual claims utilization data as of February 28, 2010. Ingredient costs are the Average Wholesale Price for brand medications and the maximum allowable cost for most generic medications less the average pharmacy discount. These ranges are meant to provide a relative cost difference between drugs used to treat similar conditions.</p> <p>+ = Means only the generic drug is formulary; the brand-name drug has the highest co-payment.</p> <p>⊕ = Means both brand-name and generic drugs are formulary, but the generic alternative has a lower co-payment.</p> <p>↓ = Means that a dose lower than the manufacturer's guidelines is recommended.</p> <p>▲ = Means that use by people 65 and older is associated with increased risk; safer versions may be available. If used, dosage should generally be lowered.</p> <p>☒ = Means use by pregnant women is associated with increased risks. The risk to the baby outweighs the benefit of the medication.</p> <p>☒ = Means do not use in pregnancy.</p> <p>1 = Dosing limits may apply.</p> <p>2 = Cost of 90-day therapy.</p>			

## SECTION II: NONFORMULARY MEDICATIONS AND THEIR POSSIBLE FORMULARY ALTERNATIVES

Nonformulary	Possible Formulary Products	Nonformulary	Possible Formulary Products	Nonformulary	Possible Formulary Products	Nonformulary	Possible Formulary Products
Aciphex®	omeprazole (generic), pantoprazole (generic), Nexium® (AstraZeneca)	Desogen®	Ortho-Cept® (Ortho Pharmaceutical)	Micardis®	losartan (generic), Benicar® (Sankyo), Avapro® (Bristol-Myers Squibb), Diovan® (Novartis)	Ovcon®	Lo/Ovral® (Wyeth), Nordette® (Monarch Pharmaceutical)
Aerobid®	Asmanex® (Schering), Azmacort® (Kos Pharmaceuticals), Flovent Diskus®, HFA (GlaxoSmithKline), Pulmicort® (AstraZeneca), Qvar® (Teva)	Esclim®	Climara® (Berlex Laboratories), Estraderm® (Novartis), Vivelle® (Novartis)	Micardis HCT®	losartan/HCTZ (generic), Benicar HCT® (Sankyo), Avalide® (Bristol-Myers Squibb), Diovan HCT® (Novartis)	Paxil CR®	paroxetine (generic)
Altace®	benazepril (generic), enalapril maleate (generic), lisinopril (generic), quinapril (generic), Aceon® (Solvay)	Estinyl®	estradiol (generic), estropipate (generic), Menest® (Monarch), Premarin® (Wyeth)	Mobic®	ibuprofen (generic), naproxen (generic), diclofenac (generic)	Prevacid®	omeprazole (generic), pantoprazole (generic), Nexium® (AstraZeneca)
Brevicon®	Modicon® (Ortho Pharmaceutical)	Estrace® cream with applicator	Premarin® (Wyeth)	Monopril®	benazepril (generic), enalapril maleate (generic), lisinopril (generic), quinapril (generic), Aceon® (Solvay)	Toprol XL®	atenolol (generic), bisoprolol fumarate (generic), metoprolol tartrate (generic)
Cardene®	felodipine (generic), amlodipine (generic), nifedipine ER (generic)	Glucophage XR®	metformin ER (generic)	Nasalide®	fluticasone (generic), Nasonex® (Schering Corporation)	Tri-Levlen®	levonorgestrel/ethinyl estradiol (generic), Triphasil® (Wyeth)
Cardene SR®	felodipine (generic), amlodipine (generic), nifedipine ER (generic)	Hyzaar®	losartan/HCTZ (generic)	Nasarel®	fluticasone (generic), Nasonex® (Schering Corporation)	Tri-Norinyl®	levonorgestrel/ethinyl estradiol (generic), Triphasil® (Wyeth)
Cozaar®	losartan (generic)	Lescol®	lovastatin (generic), pravastatin (generic), simvastatin (generic), Lipitor® (Pfizer)	Norinyl®	Ortho-Novum® (Ortho Pharmaceutical)	Ultracet®	tramadol (generic)
Crestor®	lovastatin (generic), pravastatin (generic), simvastatin (generic), Lipitor® (Pfizer)	Levlen®	levonorgestrel/ethinyl estradiol (generic), Nordette® (Monarch Pharmaceutical)	Ortho-Est®	estropipate (generic)		
		Loestrin®	levonorgestrel/ethinyl estradiol (generic), Lo/Ovral® (Wyeth), Nordette® (Monarch Pharmaceutical), Loestrin Fe® (Pfizer)				
		Lyrca®	gabapentin (generic)				
		Mavik®	benazepril (generic), enalapril maleate (generic), lisinopril (generic), quinapril (generic), Aceon® (Solvay)				

**Dear Physician:**

Please refer to this pocket guide when prescribing medications for this patient. Section I lists commonly prescribed formulary medications by therapeutic category. Due to space limitations, not all categories are included; however, a complete formulary is available upon request. The Highmark Blue Shield formulary can also be found at: <http://highmark.formularies.com>. Section II lists commonly prescribed nonformulary medications and their possible therapeutic alternatives. Please prescribe formulary medications for this patient if appropriate.

Because of the special considerations involved in prescribing for patients over 65, additional information is provided based on guidelines proposed by medical experts in geriatric pharmacology. Medications preceded by a ▲ symbol should be used with caution in patients over 65; safer alternatives may be available. Medications preceded by a ↓ symbol may require dosage reduction below manufacturer guidelines in patients over 65.

Please understand that this pocket guide, including the accompanying recommendations, is not intended as a substitute for your professional judgment. Rather, it is offered as a tool to help you maximize therapeutic efficacy while taking into account both drug therapy problems and costs. We hope that you will use it as a guide to the prescribing of formulary drugs and as a safety check on drug selection and dosing.

**Dear Participant:**

In an effort to continue providing quality care and to help contain the increasing cost of prescription drug coverage, a formulary feature is included in your prescription drug benefit. A formulary is a select list of FDA-approved prescription drugs reviewed by our Pharmacy and Therapeutics Committee, an independent network of physicians and pharmacists. The formulary can assist in maintaining quality care while meeting your plan's cost containment objectives.

**Please note: This formulary, which represents a listing of the most frequently prescribed drugs, is current as of September 1, 2010 and is updated from time to time. Please consult your healthcare provider to check if any drugs have been removed from or new drugs added to the list. A complete listing of all formulary drugs is available on the Highmark Blue Shield website. Since prescription drug benefit programs vary by client, the inclusion of a drug in this formulary does NOT imply drug coverage.**



**If you have questions regarding your prescription drug benefit, call Member Services. If you have questions regarding your drug therapy, please contact your doctor or pharmacist.**

