

The following is a **partial** list of BMR's most commonly used generic drugs.

ANTIDEPRESSANTS

citalopram
fluvoxamine
fluoxetine
paroxetine
sertraline
venlafaxine

**ANTIHYPERTENSIVES
(HIGH BLOOD
PRESSURE)**

benazepril
captopril
enalapril
fosinopril
lisinopril
quinapril
ramipril
moexipril
trandolapril
benazepril/HCTZ
captopril/HCTZ
enalapril/HCTZ
lisinopril/HCTZ
quinapril/HCTZ
fosinopril/HCTZ
moexipril/HCTZ
quinarectic
amlodipine/benazepril

**ANTI-VIRALS
(ANTI-HERPES)**

acyclovir
famciclovir
valacyclovir

**BISPHOSPHONATES
(OSTEOPOROSIS)**

alendronate

NSAIDs

(ANTI-INFLAMMATORY)

ibuprofen
indomethacin
naproxen
piroxicam
fenopropfen
ketoprofen
etodolac
sulindac
diclofenac
nabumetone
oxaprozin
meloxicam
tolmetin sodium
meclofenamate sodium

**HYPNOTICS
(SLEEP AGENTS)**

zolpidem
zaleplon

**INTRANASAL STEROIDS
(ALLERGY)**

fluticasone
flunisolide spray

**NON-SEDATING ANTIHIS-
TAMINES (ALLERGY)**

levocetirizine

**PROTON PUMP INHIBITOR
(GI/ULCER)**

omeprazole
lansoprazole
pantoprazole

**STATINS
(HIGH CHOLESTEROL)**

lovastatin
pravastatin
simvastatin

If your prescription is for a generic medication, you will pay the lowest copay.

For specific coverage on your plan or copay amounts, please refer to your prescription information on your ID card.

Si usted necesita ayuda en Español, por favor llame a Servicios al Cliente de BMR al 1-866-718-2375.



866-718-2375 www.BMR-inc.com



Preferred Product Formulary

Member Guidelines

BMR administers your prescription benefit plan. Our goal is to provide the highest quality pharmaceutical care, at lower costs.

The most effective way to control costs are through the use of generic drugs and a drug formulary.

When a generic is not available, there may be more than one brand name drug that may be appropriate for you. The brand name medications listed are considered preferred and were selected based on their ability to meet patient needs at a lower cost.

If a generic medication is not available, ask your physician to prescribe a preferred brand.

The list may not include all preferred items.

Always ask for a Generic when available to minimize your out of pocket cost.

- Generics have the lowest copay.
- Preferred brands have the middle copay.
- Non-Preferred Brands have the highest copay.
- Medications highlighted in **orange** will be removed 7/31/12.
- Single source oncology, transplant, and HIV brands are preferred.
- **Effective Date 5/1/12—7/31/12
CODE A10**

View the most current Preferred Product Listing at www.BMR-inc.com

A

ACANYA GEL
 ACCU-CHEK METER
 ACCU-CHEK STRIPS/
 LANCETS
 ACTONEL
 ACTOPLUS MET
 ACTOS
 ACUVAIL
 ADAIR DISKUS
 ADAIR HFA
 ALPHAGAN-P (0.1%)
 ALREX
 ALTABAX
 AMTURNIDE
 ANDRODERM
 ANDROGEL
 ANTARA
 APIDRA
 ARANESP
 ARCAPTA NEOHALER
 ARICEPT 23 MG
 ASACOL
 ASACOL HD
 ASMANEX
 ASTEPRO
 ATRALIN GEL
 AVELOX/AVELOX-ABC
 AVINZA
 AVODART
 AVONEX
 AZILECT
 AZOPT
 AZOR

B

BARACLUDE
 B-D SYRINGES/NEEDLES
 BENICAR
 BENICAR HCT
 BETIMOL
 BETOPTIC-S
 BEYAZ
 BONIVA
 BRAVELLE
 BYETTA
 BYSTOLIC

C

CAMPRAL
 CANASA
 CARAC

CELEBREX
 CETROTIDE
 CHANTIX
 CIALIS
 CIPRODEX
 CLIMARA PRO
 COLCRYS
 COMBIVENT
 COMTAN
 CONCERTA
 CONDYLOX GEL ONLY
 COPAXONE
 COREG CR
 CORTIFOAM
 CREON
 CUPRIMINE
 CYMBALTA

D

DALIRESP
 DAPSONE
 DEPLIN
 DETROL
 DETROL LA
 DEXILANT
 DIASTAT
 DIFFERIN Lot/0.3%, Gel
 DIOVAN
 DIOVAN HCT
 DOVONEX CREAM/OINT
 DUAC TOPICAL GEL
 DUETACT
 DULERA
 DYNACIRC CR

E

EFFIENT
 ELMIRON
 ENABLEX
 ENBREL
 ENJUVIA
 EPIDUO GEL
 EPINEPHRINE INJECTION
 EPIPEN / EPIPEN JR.
 ESTRADERM
 EVAMIST
 EVISTA
 EVOXAC
 EXELON (PATCH/SOL)
 EXFORGE
 EXFORGE HCT

F

FEMRING
 FLECTOR PATCH
 FLOVENT HFA
 FLOVENT ROTADISK
 FOCALIN XR
 FOLLISTIM AQ
 FORADIL
 FORTEO
 FOSRENOL

G

GENOTROPIN
 GEODON
 GLUCAGON
 GRIS-PEG

H

HALFLYTELY
 HECTOROL
 HEPSERA
 HUMALOG
 HUMIRA
 HUMULIN

I

INCIVEK
 INTAL INHALERS
 INTRON A
 INVEGA

J

JANUMET
 JANUVIA

K

KADIAN
 KOMBIGLYZE XR
 KRISTALOSE

L

LAMICTAL CHEW, IR, ODT, XR
 LEVEMIR
 LEXAPRO
 LIDODERM
 LIPOFEN
 LOESTRIN 24 FE
 LO LOESTRIN FE
 LO SEASONIQUE
 LOCOID LIPO CREAM
 LOCOID LOTION
 LOTEMAX
 LOVAZA

M

LUMIGAN
 LUXIQ
 LYRICA
 MAXALT
 MAXALT MLT
 METADATE CD
 METROGEL GEL 1%
 MICARDIS
 MICARDIS HCT
 MIGRANAL
 MOVIPREP
 MULTAQ
 MYFORTIC

N

NAMENDA
 NARDIL
 NASONEX
 NATAZIA
 NEULASTA
 NEUPOGEN
 NEUPRO
 NEXA SELECT
 NEXIUM
 NIASPAN
 NORDITROPIN
 NOVOFINE
 NOVOLIN
 NOVOLOG
 NUCYNTA
 NUCYNTA ER
 NUVARING

O

ONE TOUCH METER
 ONE TOUCH TEST STRIPS
 ONGLYZA
 OPANA ER
 ORTHO EVRA
 ORTHO TRI-CYCLEN LO
 OSMOPREP
 OVIDREL
 OXISTAT
 OXYCONTIN
 OXYTROL

P

PEG-INTRON
 PEG-INTRON REDIPEN
 PEGASYS
 PENTASA
 PLAVIX
 PRADAXA
 PRANDIN

PRED MILD
 PREFERA OB
 PREFERA OB ONE
 PREFERA OB + DHA
 PREMARIN
 PREMARIN CREAM
 PREMPHASE
 PREMPRO
 PRENEXA
 PRIMABELLA
 PRO-AIR HFA
 PROCRIT
 PROMETRIUM
 PROTOPIC
 PROVENTIL HFA
 PULMICORT FLEXHALER
 PULMICORT RESPULES
 PYLERA

Q

QVAR

R

RANEXA
 RAPAFLO
 REBETRON
 REBIF
 RENVELA
 RESTASIS
 RETIN-A MICRO
 REVATIO
 RIDAURA

S

SANCTURA XR
 SAVELLA
 SEREVENT DISKUS
 SEROQUEL
 SEROQUEL XR
 SIMCOR
 SINGULAIR
 SOLARAZE
 SPIRIVA
 STALEVO
 STRATTERA
 SUBOXONE
 SYMBICORT

SYMLINPEN
 SYNVISC
 SYNVISC-ONE

T

TAZORAC
 TEKAMLO
 TEKURNA
 TEKURNA HCT
 TOBRADEX ST
 TRAVATAN Z
 TREXIMET
 TRICOR
 TRILIPIX
 TYZEKA

U

ULTRASE
 ULTRASE MT

V

VALCYTE
 VALTURNA
 VELTIN GEL
 VENTOLIN HFA
 VERAMYST
 VESICARE
 VICTOZA
 VIGAMOX
 VIMOVO
 VIMPAT
 VIOKASE
 VIVELLE-DOT
 VYTORIN

W

WELCHOL

X

XYREM

Z

ZEMPLAR
 ZETIA
 ZOMIG TABS/NASAL
 SPRAY/ZMT TABS
 ZYLET

Some of the medications and categories on this list may NOT be covered by your plan. Their presence on this list does NOT guarantee coverage.

This document represents BMR's standard formulary. Coverage will vary by client.