

# Your Guide to Prescription Drug Benefits

2014 Essential Formulary and Prescription Drug List





## How to Contact Us

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### By Telephone

For more details about your prescription drug plan, call BlueCross BlueShield of Tennessee Member Service. The number is on the back of your member ID card.

### Online

Visit our website at [bcbst.com](http://bcbst.com) to find out more about your plan. Log into BlueAccess<sup>SM</sup> to see the latest version of Your Guide to Prescription Drug Benefits.

### Take Note

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Use this page to list your medicine and questions to ask your doctor or pharmacist.

#### Prescription Drugs I Take

	Generic?	
	Yes	No
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>
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#### Questions to ask:

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## Important Information About Your Drug Plan

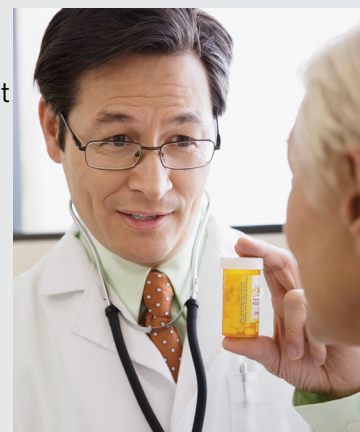
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This guide has common brand name and generic prescription drugs that we reviewed. Please refer to this guide for details about the frequently prescribed medicine covered by your plan. This is not a comprehensive guide -- it is just a list of the most commonly prescribed drugs.

This guide is subject to change. If you cannot find a particular drug in this guide, it does not necessarily mean that it is not covered. For a more complete listing of drug coverage and costs, use our Prescription Drug Search in BlueAccess at bcbst.com. You may also call Member Service at the number on the back your member ID card to see a drug's tier status or verify prescription drug benefits.

A formulary is an expanded list of prescription drugs recommended by a health plan. BlueCross' Pharmacy & Therapeutics (P&T) Committee consists of pharmacists and physicians, some of whom are community practitioners. On a quarterly basis, the P&T Committee reviews new drugs for possible placement on the formulary. The committee also routinely reviews all drugs for new safety and efficacy information.

Please refer to your benefit booklet for details about your pharmacy benefits, including your tiered benefit structure, out-of-pocket costs and applicable exclusions.



## Check the Prescription Drug List

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As a first step, check the Prescription Drug List on pages 6-11 to see if it includes drugs you currently take. You'll see generic drugs are on the list, along with many popular brand drugs. If a drug you take is not on this list, talk with your doctor to see if one of the preferred drugs would be just as effective for you.

Working with your doctor and pharmacist, you can use the information in this brochure to make smart choices about the drugs you take and the amount you pay.

Please become familiar with these lists:

- **Prescription Drug List (PDL)** – A convenient list of the preferred and non-preferred brand drugs and generic medications that help save you money on your prescription costs. Depending on your drug plan and copay levels, your savings could be considerable.
- **Specialty Drug List** – These expensive injectable, infusion and oral medications are used to treat serious, chronic conditions such as multiple sclerosis, rheumatoid arthritis, cancer and hemophilia. They often require special handling, education and monitoring during treatment. It's important to know some specialty drugs must be given in a doctor's office (provider-administered), but others can be used at home (self-administered).
- **Prior Authorization List (PA)** – Specific drugs that may need authorization from your benefit plan before they are dispensed by your pharmacy.
- **Step Therapy (ST)** – Before using a brand-name drug, you may need to first try a similar, alternative medication.
- **Quantity Limitations List (QL)** – In keeping with standard medical practices, certain drugs have limits on the amount that can be purchased at one time.
- **Formulary Exclusions List** – Many plans do not reimburse for certain drugs. In some cases, there are alternative products available.



## Tips on Using Your Prescription Drug Benefits

It's important to understand how your benefits work and be familiar with the drug choices that are appropriate for you. More information is provided on the BlueCross website at [bcbst.com](http://bcbst.com). Simply log into BlueAccess for tips that can help make the most of your prescription drug benefits:

- 1. Talk with your doctor.** Doctors are your partners in achieving and maintaining your good health, so discuss every aspect of the prescribed treatment, including the selection of drugs. The more you know, the better your choices. Show your doctor the Prescription Drug List and discuss the options appropriate for you.
- 2. Ask for generic drugs.** The U.S. Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength and purity as brand-name drugs. You will pay less for generic drugs almost every time. Under most BlueCross plans, if you request a brand name drug that has a generic equivalent, you will incur a penalty. When a penalty is applied, it will require you to pay the Tier 1 copay plus the cost difference between the brand name drug and the generic equivalent. Check your Evidence of Coverage (EOC) to see if this applies to your plan.
- 3. Turn to your pharmacist.** Your pharmacist can answer questions about the drugs you take, help you avoid harmful drug interactions, and help you select appropriate, lower-cost generics and preferred brands whenever available.
- 4. Use a network pharmacy.** Network pharmacies fill your prescriptions and file the claims for you, making the process quicker and easier. Check [bcbst.com](http://bcbst.com) for a list of network pharmacies.
- 5. Above all, be a smart consumer.** The prescription drug industry spends more than \$4 billion on advertising each year to promote its brands. Those costs are passed along to consumers, insurance companies and businesses. So choose a drug based on its effectiveness – not its advertising slogan.



## Please Remember:

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- 1. Some medications are available through Preferred Specialty Drug Vendors.** (See page 12 - 13 for the list.) To order specialty drugs, you need to use one of the preferred specialty drug vendors.
- 2. Some medications require prior authorization or step therapy.** (See page 14 - 15 for the list.) Network doctors are usually familiar with these lists and know how to get authorizations. However, you may want to show this list to your doctor - especially if you use an out-of-network doctor or a doctor outside Tennessee.
- 3. Some medications have quantity limitations.** Benefits for most covered prescriptions are provided for up to a month's supply. But some drugs are limited to a specific amount or dose. (See pages 16 - 17 for the list.)
- 4. Quantities of less than a month's supply.** Coverage for prescription drugs commercially packaged or commonly dispensed in quantities less than a one-month supply will be subject to one copay, as long as the quantity does not exceed the FDA-approved dosage for four calendar weeks.
- 5. You can appeal denials.** If you or your doctor disagree with a denial for a drug that requires prior authorization or has quantity limits, you have the right to appeal the decision. Please read your Evidence of Coverage (EOC) or member handbook for more information.
- 6. Some types of medications are not covered by your plan.** (See page 18 for exclusions list.) Please also review the Limitations and Exclusions section of your EOC or member handbook so you will know what is not covered. An exclusion does not mean you cannot have a particular drug. It simply means that no benefits will be provided, and you will be responsible for the total cost of the drug.
- 7. You can visit our website.** With the multi-level approach to prescription copays from BlueCross, you play an important role in managing your benefits costs. Visit our website at [bcbst.com](http://bcbst.com) for more information about how to get the most out of your drug benefits.

## What You'll Find at [bcbst.com](http://bcbst.com)

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Your prescription drug benefits from BlueCross include many useful tools to help you get the most from your pharmacy benefits. Log into BlueAccess at [bcbst.com](http://bcbst.com) to find these easy-to-use tools:

- Online prescription services — place mail order refill requests and track prescription orders
- Check drug cost — get the estimated cost of your medication and find out about possible generic alternatives, mail order options, and savings opportunities
- Consumer Reports - link to Consumer Reports Best Buy Drugs™ that includes cost, effectiveness and safety information
- Specialist Pharmacists - get an extra level of prescription drug support for members with ongoing conditions that use mail order
- Personal reminders — create and schedule refill reminders and order status alerts for mail order prescriptions
- Drug and health information — search the formulary to find out the tier status of your drug, check drug interaction and side effects, compare your drug to other drugs in the same therapy class, and get health and wellness information
- Pharmacy locator — find a participating pharmacy
- Methods of payment — pay by credit card, check, or money order.



## Over-the-counter medicine — Relief you need, when you need it

Did you know some over-the-counter (OTC) medicine is exactly the same as some prescription drugs and it usually cost significantly less? Whether you need relief from seasonal allergies, heartburn, certain skin problems, or other minor health concerns, you can often get the relief you need, without a prescription from your doctor.

You can learn more about OTC medications and which ones are available at their original prescription-strength without a prescription at [bcbst.com](http://bcbst.com).

It's important to know your benefit plan may not

cover prescription drugs that have OTC equivalents. There are more than 100,000 OTC products that contain ingredients previously available by prescription only, so talk with your doctor or pharmacist about which ones might work for you. Most plans do not cover OTC products, but since these usually cost less than prescription drugs, you could end up spending less on the medications you need.

Please check your EOC or member handbook to find out how your plan covers prescription drugs that have equivalents available over the counter.

## 2014 Prescription Drug List

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### Use Your Prescription Drug List to Save Time and Money

This guide lists drugs most commonly prescribed for our members; it is not a complete listing of drugs. This guide can help you understand how your drug plan works and save money on your prescriptions.

### Generic drugs offer the best value

Generic drugs work the same as brand-name drugs, but cost less. Depending on your drug plan, using generic drugs may lower your cost share. **Generic Equivalents** are made with the same active ingredients in the same dose as a brand-name drug, and provides the same health effects as the brand-name drug. Not all brand-name drugs have generic equivalents, but many do. **Generic Alternatives** may be used to treat the same condition as a brand-name drug. However, it may have a different chemical formula and ingredients. Talk to your doctor or pharmacist if you have questions about generic alternatives.

### What's a Drug Tier?

The drug list includes three tiers of medications: generic, preferred brand-name drugs and non-preferred brand-name drugs. Your copay or coinsurance for your prescription is based on which tier your drug falls into.

Some plans only have two tiers. In this case, this type of plan covers one tier at the lower cost and the second tier at a higher cost. For more details, refer to your EOC or plan documents, or log into BlueAccess at [bcbst.com](http://bcbst.com).

#### Tier 1 — Generic

Tier 1 drugs are typically the most affordable and offer you the lowest available copayment or coinsurance. The active ingredient in a generic drug is chemically identical to the active ingredient of the corresponding brand-name drug. To help lower your out-of-pocket costs, choose a generic medication whenever possible. Look for these drugs under "Tier 1" in this guide.

#### Tier 2 — Preferred brand

Tier 2 drugs are usually have a slightly higher copay or coinsurance than generic drugs. These drugs are a preferred brand because they have been proven to be safe, effective, and better priced compared to other brand drugs that treat the same condition. Look for these drugs under "Tier 2" in this guide.

#### Tier 3 — Non-preferred brand

Tier 3 drugs usually have the highest copay or coinsurance. These drugs are listed as non-preferred because they have not been found to be any more cost effective than available generics, preferred brands or over-the-counter drugs. Look for these drugs under "Tier 3" in this guide.

### Drug Benefit Appeals

Remember: You or your doctor may appeal the denial of a drug benefit or a drug quantity limit by faxing supportive documents and details to 1-888-343-4232. Please refer to your EOC or member handbook for more information on your grievance rights.



## Prescription Drug List for 2014 *(List is subject to change prior to Jan. 1, 2014)*

### Allergy/Cough & Cold

#### Tier 1

azelastine  
benzonatate  
brompheniramine/pseudoephedrine  
codeine/guaifenesin

cyproheptadine  
desloratadine  
flunisolide  
fluticasone

hydroxyzine  
triamcinolone

#### Tier 2

Astepro  
Auvi-Q **QL**  
EpiPen**QL**

EpiPen Jr.**QL**  
Veramyst

#### Tier 3

Beconase AQ **ST**  
Dymista **ST**

Nasonex **ST**  
Omnaris **ST**

Rhinocort Aqua **ST**

### Asthma/COPD

#### Tier 1

albuterol  
budesonide nebulizer susp  
ipratropium

levabuterol nebulizer soln  
montelukast  
theophylline

zafirlukast

#### Tier 2

Adcirca **PA**  
Advair Diskus  
Advair HFA  
Asmanex  
Combivent Respimat

Daliresp  
Dulera  
Flovent HFA  
ProAir HFA  
QVAR

Serevent Diskus  
Spiriva  
Symbicort  
Tudorza  
Ventolin HFA

#### Tier 3

Proventil HFA

### Anti-Infectives *Antibiotics/Antifungal/Antiviral*

#### Tier 1

acyclovir ointment  
amoxicillin  
amoxicillin/potassium clavulanate  
ampicillin  
azithromycin  
cefdinir  
cefuroxime  
cephalexin  
ciprofloxacin tabs  
clarithromycin  
clarithromycin ext-rel

clindamycin  
clindamycin cream  
doxycycline  
erythromycin  
famciclovir  
fluconazole  
ketoconazole  
levofloxacin  
metronidazole  
minocycline immediate-release

nitrofurantoin macrocrystals  
nystatin  
penicillin VK  
ribavirin **PA**  
sulfamethoxazole/trimethoprim  
terconazole  
tetracycline  
valacyclovir

#### Tier 2

Cleocin Ovules  
Clindesse

Incivek **PA**  
Pegasys **PA**

Victrelis **PA**  
Zovirax cream

#### Tier 3

Avelox

Zovirax ointment

### Antineoplastics and Immunosuppressants

#### Tier 1

azathioprine  
cyclosporine

methotrexate  
tamoxifen

#### Tier 2

Alkeran

Leukeran

**PA** — This drug requires prior authorization  
**ST** — Requires other selected drugs to be tried first  
**QL** — This drug has quantity limits on amount covered  
Visit [www.bcbst.com](http://www.bcbst.com) for updates to the drug list.

This list is not all-inclusive and does not guarantee coverage. Please refer to your EOC or member handbook for specific terms, conditions, limitations and exclusions relative to your drug coverage.

## Cardiovascular Drugs *Coagulation Therapy*

### Tier 1

clopidogrel enoxaparin <b>QL</b>	dipyridamole fondaparinux <b>QL</b>	Jantoven warfarin
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### Tier 2

Brillinta Effient	Eliquis Pradaxa	Xarelto
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### Tier 3

Fragmin **QL**

## Cardiovascular Drugs *High Blood Pressure*

### Tier 1

amlodipine amlodipine/benazepril atenolol benazepril benazepril/hctz bisoprolol bisoprolol/hctz bumetanide candesartan candesartan/hctz captopril captopril/hctz carvedilol clonidine	diltiazem ext-rel enalapril enalapril/hctz eplerenone eprosartan fosinopril fosinopril/hctz furosemide guanfacine hydrochlorothiazide indapamide irbesartan irbesartan/hctz lisinopril	lisinopril/hctz losartan losartan/hctz metoprolol metoprolol ext-rel nifedipine ext-rel propranolol quinapril quinapril/hctz ramipril spironolactone triarterene/hctz valsartan/hctz verapamil ext-rel
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### Tier 2

Azor Benicar Benicar HCT	Bystolic Coreg CR Exforge	Exforge HCT Tribenzor
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### Tier 3

Atacand Diovan Edarbi <b>ST</b>	Edarbyclor <b>ST</b> Micardis Micardis HCT	Teveten <b>ST</b> Teveten HCT <b>ST</b> Twynsta
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## Cardiovascular Drugs *High Cholesterol*

### Tier 1

atorvastatin cholestyramine fenofibric acid fenofibrate	fluvastatin gemfibrozil lovastatin	niacin ext-rel pravastatin simvastatin
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### Tier 2

Crestor Liptruzet	Simcor Vytorin	Zetia
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### Tier 3

Altprev Lescol XL	Livalo <b>ST</b> Niaspan	Trilipix <b>ST</b> Welchol
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## Cardiovascular Drugs *Other*

### Tier 1

amiodarone digoxin	propafenone quinidine	sotalol
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## Central Nervous System *Anxiety/Depression*

### Tier 1

alprazolam bupropion bupropion ext-rel chlordiazepoxide citalopram clorazepate	diazepam duloxetine escitalopram fluoxetine lorazepam mirtazapine	paroxetine paroxetine ext-rel sertraline venlafaxine venlafaxine ext-rel
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### Tier 2

Pristiq ER

### Tier 3

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**QL** — This drug has quantity limits on amount covered

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**Central Nervous System Attention Deficit Disorder****Tier 1**

amphetamine/dextroamphetamine ext-rel dextroamphetamine ext-rel	methylphenidate methylphenidate ext-rel
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**Tier 2**

Daytrana Intuniv	Quillivant XR Vyvanse
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**Tier 3**

Adderall XR Focalin XR	Kapvay Strattera
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**Central Nervous System Migraine****Tier 1**

butalbital compound naratriptan <b>QL</b>	rizatriptan <b>QL</b> sumatriptan <b>QL</b>	zomitriptan <b>QL</b>
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**Tier 2**

Relpax <b>QL</b>	Treximet <b>QL</b>
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**Tier 3**

Maxalt <b>QL</b> Maxalt-MLT <b>QL</b>	Zomig <b>QL</b> Zomig-ZMT <b>QL</b>
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**Central Nervous System Seizure Disorders****Tier 1**

carbamazepine clonazepam divalproex divalproex ext-rel	gabapentin lamotrigine levetiracetam oxcarbazepine	phenobarbital phenytoin primidone topiramate
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**Tier 2**

Vimpat
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**Central Nervous System Sleep Agents****Tier 1**

zaleplon	zolpidem	zolpidem ext-rel
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**Tier 3**

Lunesta <b>ST</b>	Rozerem <b>ST</b>
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**Central Nervous System Other****Tier 1**

amantadine benztropine carbidopa/levodopa carbidopa/levodopa/entacapone	clozapine <b>PA</b> gabapentin olanzapine <b>PA</b> olanzapine/fluoxetine <b>PA</b>	quetiapine <b>PA</b> risperidone <b>PA</b> ziprasidone <b>PA</b>
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**Tier 2**

Abilify <b>PA</b> Avonex Copaxone Gilenya <b>PA</b>	Latuda <b>PA</b> Lyrica <b>QL</b> Nuvigil <b>PA</b> Rebif	Savella Seroquel XR <b>PA</b> Tecfidera <b>PA</b>
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**Tier 3**

Betaseron <b>ST</b> Extavia Fanapt <b>PA</b>	Fazaclor <b>PA</b> Geodon <b>PA</b> Invega <b>PA</b>	Saphris <b>PA</b>
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## Dermatology

### Tier 1

adapalene  
betamethasone  
clindamycin/benzoyl peroxide  
clindamycin topical  
clobetasol  
clotrimazole/betamethasone  
desoximetasone

erythromycin topical  
flucinonide  
fluticasone  
hydrocortisone 2.5%  
ketoconazole  
lindane  
mupirocin

nystatin  
nystatin/triamcinolone  
silver sulfadiazine  
tretinoin microsphere  
triamcinolone

### Tier 2

Acanya  
Atralin  
Carac

Elidel  
Protopic  
Epiduo

Zyclara

### Tier 3

Differin

Retin-A-Micro

## Diabetes Blood Glucose Monitoring

### Tier 2

Bayer Contour/Breeze2 products **QL**

Lifescan OneTouch products **QLST**

### Tier 3

Abbott Freestyle products **QLST**

Roche Accu-Chek products **QL**

## Diabetes Diabetic Drugs

### Tier 1

glimepiride  
glipizide  
glipizide ext-rel  
glyburide

glyburide/metformin  
metformin  
metformin ext-rel  
pioglitazone

pioglitazone/glimepiride  
pioglitazone/metformin  
repaglinide

### Tier 2

Bydureon  
Byetta  
Glucagon emergency kit  
Invokana

Janumet  
Janumet XR  
Januvia  
Jentaduetto

Juvisync  
Tadjenta  
Victoza

## Diabetes Insulin

### Tier 2

BD syringes  
Humulin

Levemir vials/pens  
Novolin

Novolog  
Novolog Mix

### Tier 3

Humalog **ST**

Lantus pens and vials

## Eye/Ear

### Tier 1

brimonidine  
carteolol solution  
ciprofloxacin otic  
diclofenac sodium ophthalmic  
gentamicin ophthalmic

ketotifen  
latanoprost  
naphazoline  
ofloxacin  
polymyxin B/bacitracin/neomycin ophthalmic

polymyxin B/neomycin/hydrocortisone otic  
polymyxin B/trimethoprim ophthalmic  
timolol maleate  
tobramycin ophthalmic

### Tier 2

Azopt  
Betimol

Lumigan  
Travatan Z

### Tier 3

Ciprodex  
Patanol

Rescula **ST**  
Xalatan **ST**

Zioptan **ST**

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## Gastrointestinal Agents

### Tier 1

cimetidine  
diphenoxylate/atropine  
famotidine  
granisetron **QL**  
lactulose

lansoprazole  
metoclopramide  
nizatidine  
omeprazole  
ondansetron

pantoprazole  
promethazine  
ranitidine  
sulfasalazine

### Tier 2

Amitiza  
Apriso  
Asacol HD

Creon  
Delzicol  
Linzess

Nexium  
Zenpep

### Tier 3

Anzemet **QL**

Emend **QL**

## Hormone Replacement

### Tier 1

estradiol  
estradiol transdermal

estropipate  
medroxyprogesterone

progesterone

### Tier 2

Androderm **PA**  
Androgel **PA**  
Evamist

Premarin  
Premphase  
Prempro

Vivelle-Dot

### Tier 3

Cenestin

Testim **PA**

Vagifem

## Oral Contraceptives *Monophasic*

### Tier 1

all generic monophasic  
Apri  
Aviane  
Gianvi

Junel  
Junel Fe  
Levora  
Low-Ogestrel

Microgestin  
Microgestin Fe  
Necon 1/35, 1/50  
Ocella

### Tier 3

Beyaz

Loestrin 24 FE

## Oral Contraceptives *Biphasic*

### Tier 1

all generic biphasic

Kariva

## Oral Contraceptives *Triphasic*

### Tier 1

all generic triphasic  
Enpresse  
Necon 7/7/7  
norgestimate/ethinyl estradiol

Tilia FE  
Tri-Legest FE  
Tri-Previfem  
Tri-Sprintec

Trinessa  
Trivora

### Tier 3

Lo Loestrin FE

Ortho Tri-Cyclen Lo

## Oral Contraceptives *Other*

### Tier 1

all generic extended-cycle  
all generic progestin  
Amethia Lo

Camila  
Camrese Lo  
Errin

Jolivette

### Tier 2

NuvaRing

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## Osteoporosis/Bone Diseases

### Tier 1

alendronate alendronate plus OTC Vitamin D	calcitonin-salmon ibandronate
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### Tier 2

Actonel
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### Tier 3

Boniva	Evista
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## Rheumatology

### Tier 1

diclofenac diclofenac/misoprostol etodolac ibuprofen indomethacin	ketoprofen meloxicam methotrexate nabumetone naproxen	naproxen sodium piroxicam sulindac
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### Tier 3

Celebrex Enbrel <b>PA</b>	Humira <b>PA</b> Orencia <b>SQ PA</b>
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## Thyroid Medications

### Tier 1

levothyroxine
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### Tier 3

Armour Thyroid	Synthroid
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## Urologic Disorders

### Tier 1

alfuzosin doxazosin finasteride	oxybutynin oxybutynin ext-rel prazosin	tamsulosin terazosin tolterodine
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### Tier 2

Enablex Gelnique	Myrbetriq Vesicare
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### Tier 3

Avodart Detrol LA	Rapaflo
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## Vitamins (prescription only)

### Tier 1

all generics
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## 2014 Specialty Drug List

Specialty drugs are injectable, infusion and oral medications used to treat serious, chronic conditions such as multiple sclerosis, rheumatoid arthritis, cancer and hemophilia. And they often require special handling, education and monitoring during treatment. It's important to know some specialty drugs must be given in a doctor's office (provider-administered), but others can be used at home (self-administered). The telephone numbers for the preferred specialty drug vendors are on the next page.

### Provider-Administered

The following specialty drugs are provider-administered, meaning that a doctor or other health care professional orders the drug and gives the treatment in the office or facility setting. Provider-administered specialty drugs are typically covered as a medical benefit and not a prescription drug benefit.

Abilify Maintena	Erbitux <b>PA</b>	Marqibo <b>PA</b>	Supartz <b>MPC</b>
Abraxane	Erwinaze <b>PA</b>	mitoxantrone (Novantrone)	Supprelin
Actemra <b>PA</b>	Euflexxa <b>MPC</b>	Mozobil	Synagis <b>PA</b>
Acthar H.P. Gel <b>PA</b>	Eylea <b>MPC</b>	Myobloc <b>MPC</b>	Synribo <b>PA</b>
Adagen	Fabrazyme <b>MPC</b>	Myozyme <b>MPC</b>	Synvisc <b>MPC</b>
Adcetris <b>PA</b>	Firmagon <b>MPC</b>	Naglazyme <b>MPC</b>	Synvisc One <b>MPC</b>
Aldurazyme <b>MPC</b>	Folotyn <b>PA</b>	Neulasta <b>MPC</b>	Temodar inj <b>PA</b>
Alferon N	Gazyva <b>PA</b>	Neumega	Thyrogen
Alimta <b>PA</b>	Gel One <b>MPC</b>	Neupogen <b>MPC</b>	Torisel
Amevive <b>PA</b>	Gemzar	Nexplanon	Treanda <b>PA</b>
Aralast NP <b>MPC</b>	Granix <b>PA</b>	NovoSeven RT	Trelstar
Aranesp <b>PA</b>	Halaven <b>PA</b>	Nplate	Trisenox
Arranon	Herceptin	Orencia <b>PA</b>	Tysabri <b>PA</b>
Arzerra <b>PA</b>	Hyalgan <b>MPC</b>	Orthovisc <b>MPC</b>	Vantas
Avastin <b>PA</b>	Hycamtin inj	Ozurdex	Vectibix <b>PA</b>
Benlysta <b>PA</b>	Hylenex	Perjeta <b>PA</b>	Velcade <b>PA</b>
Berinert <b>PA</b>	Ilaris <b>MPC</b>	Prialt	Vidaza <b>MPC</b>
Botox <b>MPC</b>	Immune Globulins <b>MPC</b>	Procrit <b>PA</b>	Vistide
Campath <b>MPC</b>	Intron A IV	Proleukin	Visudyne
Camptosar	Istodax <b>PA</b>	Prolia <b>PA</b>	Vivitrol
Cerezyme <b>MPC</b>	Ixempra	Provenge <b>PA**</b>	Vpriv <b>MPC</b>
Cimzia vials <b>PA</b>	Jetrea <b>PA</b>	Qutenza	Xeomin <b>MPC</b>
Cinryze <b>PA</b>	Jevtana	Remicade <b>PA</b>	Xgeva <b>PA</b>
Cytovene IV	Kadcyla <b>PA</b>	Remodulin <b>PA</b>	Xiaflex <b>MPC</b>
Dacogen	Krystexxa <b>PA</b>	Retisert	Xolair <b>PA</b>
Dysport <b>MPC</b>	Kyprolis <b>PA</b>	RiaSTAP	Yervoy <b>PA</b>
Elaprase	Leukine	Risperdal Consta	Zaltrap <b>PA</b>
Elelyso <b>PA</b>	Lucentis	Rituxan <b>PA</b>	Zemaira <b>MPC</b>
Eligard IM <b>MPC</b>	Lumizyme <b>MPC</b>	Sandostatin LAR	Zoladex
Eloxatin	Lupron Depot <b>MPC</b>	Soliris <b>PA</b>	zoledronic acid (Reclast, Zometa) <b>MPC</b>
Epogen <b>PA</b>	Macugen	Somatuline	
epoprostenol (Flolan, Veletri) <b>PA</b>	Makena	Stelara <b>PA</b>	

**PA** This drug requires prior authorization before dispensing/administration.

**MPC** Medical policy criteria must be satisfied. The criteria can be found at <http://www.bcbst.com/mpmanual/ISSL/!WebHelp/mpmprov.htm>

\*\* Provenge is not available through BCBST's Preferred SP Rx Pharmacies. Information on obtaining Provenge may be found at <http://www.provenge.com/contact-us.aspx>

## 2014 Specialty Drug List

### Specialty Pharmacy Network

To get your self-administered specialty drugs, please use one of these Specialty Network pharmacies:

<b>Accredo Health Group:</b> 1-888-239-0725; fax 1-866-387-1003	<b>Amerita, Inc.:</b> 1-855-778-2229; fax 1-877-801-1540	<b>BioPlus Specialty Pharmacy:</b> 1-888-292-0744; fax 1-800-269-5493	<b>Caremark Specialty Pharmacy Services</b> 1-800-237-2767 fax 1-800-323-2445	<b>CoramRx:</b> 1-866-710-9130; fax 1-877-513-7847
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The Specialty Pharmacy Network includes experts in these high-cost, biologic drugs and to offer these medications at special rates. When your doctor writes your prescription and faxes it to the specialty pharmacy your medicine will be sent to your home or other designated location. Plus, pharmacists and nurse specialists are available to answer any questions or concerns about your medication.

Depending on your specific plan, your copay may be higher if you purchase self-administered specialty drugs from another pharmacy instead of a preferred vendor. Please check your EOC or member handbook for details about your specific benefits.

### Self-Administered

The following specialty drugs are self-administered, meaning the doctor would provide a prescription, but then you would purchase and give yourself the drug – usually by injection. Self-administered specialty medicine are typically covered as a prescription drug benefit.

Actemra SQ <b>PA</b>	Erivedge <b>PA</b>	Letairis <b>PA</b>	Simponi <b>PA</b>
Acthar H.P. Gel <b>PA</b>	Exjade	leuprolide SQ (Eligard, Lupron SQ)	Somavert
Actimmune <b>PA</b>	Extavia	Mekinist <b>PA</b>	Sprycel
Adcirca <b>PA</b>	Ferriprox	Mozobil	Stimate
Adempas <b>PA</b>	Firazyr <b>PA</b>	Neulasta	Stivarga <b>PA</b>
Afinitor <b>PA</b>	Forteo	Neumega	Stribild
Ampyra <b>PA</b>	Fuzeon	Neupogen	Sutent <b>PA</b>
Anti-Hemophilic Factors	Gammagard Liquid <b>PA</b>	Nexavar <b>PA</b>	Sylatron <b>PA</b>
Apokyn	Gamunex C <b>PA</b>	NovoSeven RT	Tafinlar <b>PA</b>
Aranesp <b>PA</b>	Gattex <b>PA</b>	octreotide SQ (Sandostatin SQ)	Tarceva <b>PA</b>
Arcalyst	Gilenya <b>PA</b>	Opsumit <b>PA</b>	Targretin <b>PA</b>
Atripla	Gleevec	Orencia Sub-Q <b>PA</b>	Tasigna
Aubagio <b>PA</b>	Growth Hormone (Norditropin) <b>PA</b>	Orfadin	Tecfidera <b>PA</b>
Avonex	Hizentra <b>PA</b>	Pegasys <b>PA</b>	temozolomide (Temodar oral) <b>PA</b>
Berinert <b>PA</b>	Humira <b>PA</b>	Peg-Intron <b>PA</b>	Thalomid <b>PA</b>
Betaseron <b>PA*</b>	Hycamtin oral	Pomalyst <b>PA</b>	TOBI <b>PA</b>
Bethkis <b>PA</b>	Iclusig <b>PA</b>	Procrit <b>PA</b>	Tracleer <b>PA</b>
Bosulif <b>PA</b>	Imbruvica <b>PA</b>	Procysbi <b>PA</b>	Tykerb <b>PA</b>
Caprelsa <b>PA</b>	Incivek <b>PA</b>	Promacta	Tyvaso <b>PA</b>
Cayston <b>PA</b>	Increlex <b>PA</b>	Pulmozyme	Valchlor <b>PA</b>
Cimzia syringes <b>PA</b>	Infergen <b>PA</b>	Ravicti	Ventavis <b>PA</b>
Cinryze <b>PA</b>	Inlyta <b>PA</b>	Rebif	Victrelis <b>PA</b>
Cometriq	Intron A SQ <b>PA</b>	Remodulin <b>PA</b>	Votrient <b>PA</b>
Complera	Jakafi <b>PA</b>	Revlimid <b>PA</b>	Xalkori <b>PA</b>
Copaxone	Juxtapid <b>PA</b>	ribavirin (Copegus, Rebetol, Ribasphere) <b>PA</b>	Xeljanz <b>PA</b>
Cystadane	Kalydeco <b>PA</b>	Sabril	Xeloda
Cystaran	Kineret <b>PA</b>	Samsca	Xenazine <b>PA</b>
Enbrel <b>PA</b>	Korlym <b>PA</b>	Sensipar	Xtandi <b>PA</b>
Epogen <b>PA</b>	Kuvan	Signifor <b>PA</b>	Zavesca <b>PA</b>
epoprostenol (Flolan, Veletri) <b>PA</b>	Kynamro <b>PA</b>	sildenafil (Revatio) <b>PA</b>	Zelboraf <b>PA</b>
			Zolinza
			Zytiga

**PA** These drugs require prior authorization. Your network physician or specialty pharmacy vendor must call for prior authorization.

**PA\*** This product requires step therapy or prior authorization.



## 2014 Prior Authorization List

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To maximize your benefits, the drugs listed below need authorization from your benefit plan before they are given by your pharmacy. Your network physician is responsible for obtaining prior authorization when prescribing a drug on this list. Ask your doctor to make the call at the same time your medicine is prescribed so there will be no delay when you go to the pharmacy.

The following list of drugs requires prior authorization:

Drug	Requirement
anabolic steroids (e.g., Anadrol-50, Oxandrin)	PA required
androgens (e.g., Androderm, Androgel, Testim)	PA required for males 30 years and younger; PA required for all females
atypical antipsychotics (e.g., Abilify, Risperdal, Seroquel, Zyprexa)	PA required for patients 17 years and younger
buprenorphine	PA required
buprenorphine/naloxone (Suboxone)	PA required
Nuvigil	PA required
retinoids (e.g., Avita, Retin-A, Tazorac)	PA required for patients 31 years and older
Specialty Pharmacy Products	Many of these drugs also require prior authorization. See Specialty Pharmacy Drug List.
Xyrem	PA required

The following drugs may not be covered by your plan. Check with customer service to determine coverage. If covered by the plan, these drugs also require prior authorization.

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anti-obesity drugs (e.g., benzphetamine, diethylpropion, orlistat (Xenical), phendimetrazine, phentermine, Belviq, Qsymia)

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chemical dependency/detoxification (e.g., buprenorphine, buprenorphine/naloxone, Campral, disulfiram, Revia, Suboxone)

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erectile dysfunction drugs (e.g., Caverject, Cialis, Edex, Levitra, Muse, Staxyn, Viagra)

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growth hormone (Norditropin)

## 2014 Step Therapy List

This is a form of prior authorization that starts drug therapy for a medical condition. To have this medicine covered under your prescription drug benefit, you may need to first try an alternative or complete the prior authorization process. It progresses to alternate drugs only if needed. Prescription drugs with step therapy guidelines are: (1) used only for patients with certain conditions; (2) covered only for patients who did not respond to or demonstrated an intolerance to alternate prescription drugs as supported by appropriate medical documentation; and (3) when used with selected prescription drugs to treat your condition.

The following list of drugs requires step therapy:

Drug	Requirement
Angiotensin II Receptor Blocker Edarbi/Edarbyclor Teveten/Teveten HCT	trial and failure of generic ARB or Benicar/Benicar HCT
Betaseron	trial and failure of Avonex, Copaxone, or Rebif
Diabetic Test Strips (Accu-Chek/ Freestyle)	trial and failure of preferred products made by Bayer (Contour or Breeze2) or Lifescan (One Touch).
Glaucoma Agents Rescula Xalatan Zioptan	trial and failure of latanoprost or Lumigan or Travatan Z
Humalog	trial and failure of Novolog
Lipid Lowering Agents Antara Fenoglide Lipofen Tricor Triglide Trilipix	trial and failure of a generic fenofibrate or gemfibrozil
Livalo	trial and failure of a generic HMG-CoA reductase inhibitor
Lunesta	trial and failure of zolpidem, zolpidem ext-rel, or zaleplon
Nasal Steroids Beconase AQ Dymista Flonase Nasacort AQ Nasonex Omnaris Rhinocort Aqua	trial and failure of flunisolide, fluticasone, triamcinolone, or Veramyst
Rozerem	trial and failure of zolpidem, zolpidem ext-rel, or zaleplon
Testim	trial and failure of Androderm <b>PA</b> or Androgel <b>PA</b>

## 2014 Quantity Limit List

Quantity limits help promote the best use of selected drugs and enhance your safety. If your prescription is written for more than the allowed quantity, it will be filled to the allowed quantity. Your doctor can request a greater quantity for medical necessity reasons.

The following list of drugs require quantity limits

Drug	Limit
Anaphylaxis Agents (e.g., Auvi-Q, Epipen, Epipen Jr.)	2 kits/30 days
<b>Antinausea drugs:</b>	
Anzemet	7 tabs (700mg) per 30 days
Emend	5 treatment days per 21 days: 1-125mg tablet and 4-80mg tablets
granisetron	14 tabs (14mg) in 30 days - 2 patches in 30 days
ondansetron (Zofran)	42 tabs (168 mg) per 30 days
Avinza	120 capsules/30 days (max 480mg/day)
butorphanol nasal spray	4 bottles (2.5 mL each)/30 days
Diabetic supplies	306 qty/30 days; 918 qty/90 days
<b>Fentanyl oral products:</b>	Maximum of any combination oral fentanyl products of 16 units/30 days OR single product limitations as follows:
Abstral	8 units/30 days
Actiq	6 lozenges/30 days
fentanyl lozenges	6 lozenges/30 days
Fentora	8 tablets/30 days
Onsolis	8 buccal films/30 days
ketorolac (Toradol)	Up to 20 tablets in a 90-day period
Low molecular weight heparins (e.g., enoxaparin, fondaparinux, Arixtra, Fragmin, Lovenox)	21 day supply/180 days
Lyrica	13,500 mg/30 days or 40,500 mg/90 days
<b>Migraine drugs:</b>	
Axert	Up to 8 tablets (100mg) in a 30-day period
Frova	Up to 12 tablets (30mg) in a 30-day period
Migranal	Up to 1 kit in a 30-day period
naratriptan (Amerge)	Up to 8 tablets (20mg) in a 30-day period
Relpax	Up to 8 tablets (320mg) in a 30-day period
rizatriptan (Maxalt/Maxalt MLT)	Up to 12 tablets (120mg) in a 30-day period
sumatriptan (Imitrex) tablets	Up to 9 tablets (900mg) in a 30-day period
sumatriptan (Alsuma, Imitrex) injection	Up to 8 syringes or vials/4 kits in a 30-day period
sumatriptan (Imitrex) nasal spray	Up to 12 devices in a 30-day period
Sumavel DosePro	Up to 8 syringes or vials/4 kits in a 30-day period
Treximet	Up to 9 tablets in a 30-day period
Zomig Nasal Spray	Up to 2 cartons (40mg) in a 30-day period
zolmitriptan (Zomig/Zomig-ZMT) tablets	Up to 8 tablets (40mg) in a 30-day period

## 2014 Quantity Limit List

Drug	Limit
Nucynta/Nucynta ER	180 tablets/30 days
Opana ER	120 tablets/30 days (max 160 mg/day)
OxyContin	120 tablets/30 days (max 320 mg/day)
Relenza	One treatment course per 180-day period
Specialty Pharmacy Products	Limited to one month's supply
Sprix	Up to 10 bottles in a 90-day period
Tamiflu	One treatment course per 180-day period
Zyvox	14 days of therapy, then PA required

Some plans do not cover the following medications. Check your benefit materials or call Member Service to determine coverage before your doctor writes the prescription.

<b>Erectile dysfunction:</b>	
Caverject	8 injections/30 days
Cialis	8 tablets/30 days
Edex	8 injections/30 days
Levitra	8 tablets/30 days
MUSE	8 urethral suppositories/30 days
Staxyn	8 tablets/30 days
Viagra	8 tablets/30 days
Ella	one tablet/Rx; 3 tablets/365 days





## 2014 Formulary Exclusion List

Most plans do not reimburse for the following drugs. Refer to your EOC or member handbook for coverage details.

Excluded	Alternatives
Aciphex	omeprazole 20 mg
Analpram E	hydrocortisone/pramoxine
Aplenzin	bupropion ext-rel
Asmalpred Plus	prednisolone
Axiron	Androderm <b>PA</b> , Androgel <b>PA</b>
Brisdelle	paroxetine hcl
Cambia	diclofenac tablets
Cetraxal	ofloxacin 0.3% otic soln
Clindacin Pac	clindamycin topical
Cocet Plus	acetaminophen plus codeine
Comfort Pac-Cyclobenzaprine	cyclobenzaprine
Comfort Pac-Ibuprofen	ibuprofen
Comfort Pac-Naproxen	naproxen
Comfort Pac-Tizanidine	tizanidine
Conzip	tramadol or tramadol ext-rel
Deprizine	ranitidine
Dexilant	omeprazole, pantoprazole, Nexium
Diclegis	OTC doxylamine, OTC pyridoxine
Dicopanl	OTC diphenhydramine
Doryx	doxycycline immediate-release
Duexis	ibuprofen and OTC famotidine
Edular	zolpidem tartrate oral
Egrifta	
Exalgo	hydromorphone
Fanatrex	gabapentin
Fortesta	Androderm <b>PA</b> , Androgel <b>PA</b>
Forfivo XL	bupropion ext-rel
Gralise	gabapentin
Growth Hormones (other than Norditropin <b>PA</b> , including but not limited to: Genotropin, Humatrope, Nutropin, and Omnitrope)	Norditropin <b>PA</b>
IC 400	ibuprofen
IC 800	ibuprofen
Intermezzo	zaleplon, zolpidem, zolpidem ext-rel
Kazano	Januvia or Tradjenta, plus biguanide
Kombiglyze XR	Janumet
Lamisil Oral Granules	terbinafine tablets
Latisse	
Lazanda	fentanyl lozenges <b>QL</b>
Lovaza	OTC fish oil, fenofibrate, gemfibrozil
Medical foods	
Metozolv ODT	metoclopramide
Mimyx	OTC moisturizers and emollients
Minocin Combo Pack	minocycline

Excluded	Alternatives
minocycline ext-rel	minocycline immediate-release
modafinil	Nuvigil <b>PA</b>
Momexin	mometasone, OTC Lac-Hydrin
Morgidox	doxycycline
Moxatag	amoxicillin
Nalfon 400 mg	fenoprofen 200 mg, 300 mg
Nesina	Januvia or Tradjenta
Nexiclon XR	clonidine
Obivan CF	acetaminophen/butalbital
omeprazole/sodium bicarbonate	omeprazole 20 mg
Onglyza	Januvia, Tradjenta
Oracea	doxycycline
Oseni	Januvia or Tradjenta, plus pioglitazone
Pediaderm HC	OTC hydrocortisone cream
Pennsaid	oral diclofenac
Picato	imiquimod
Prescription drugs with over-the-counter (OTC) equivalents	
Provigil	Nuvigil <b>PA</b>
Prumyx	OTC moisturizers and emollients
Qnasl	flunisolide, fluticasone, triamcinolone, Veramyst
Rayos	prednisone
Rectiv	nitroglycerin ointment
Regimex	diethylpropion, phendimetrazine, phentermine
Rybix ODT	tramadol
Sancuso	oral granisetron
Silenor	doxepin
Sklice	Lindane
Sodium Sulfacetamide Kit	sulfacetamide sodium/sulfur
Solodyn	minocycline
Subsys	fentanyl lozenges <b>QL</b>
Sumadan	sulfacetamide/sulfur
Sumaxin CP	sulfacetamide/sulfur
Synapryn	tramadol & OTC glucosamine
Tabradol	cyclobenzaprine & OTC MSM
Terbinex Kit	terbinafine
Tirosint	levothyroxine
Toviaz	oxybutynin, oxybutynin ER, Enablex, Vesicare
Vascepa	OTC fish oil, fenofibrate, gemfibrozil
Veltin	clindamycin topical & tretinoin
Vimovo	naproxen & OTC omeprazole
Vituz	hydrocodone/chlorpheniramine suspension
Xerese	Zovirax & OTC hydrocortisone cream

## 2014 Formulary Exclusion List

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Most plans do not reimburse for the following drugs. Refer to your EOC or member handbook for coverage details.

<b>Excluded</b>	<b>Alternatives</b>
Zegerid	omeprazole 20 mg
Ziana	clindamycin topical & tretinoin
Zipsor	diclofenac potassium
Zetonna	flunisolide, fluticasone, triamcinolone, Veramyst
Zolpimist	zolpidem
Zuplenz	ondansetron
Zyflo	montelukast, zafirlukast
Zypram	hydrocortisone acetate/pramoxine





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