

The BlueCross BlueShield of Tennessee *Preferred Drug List (PDL)* is a list of therapeutically sound, cost-effective drugs. The PDL does not indicate a limitation in drug coverage, but is provided to encourage use of certain drugs within the therapeutic drug classes listed. Please note that different copayment levels may apply to generic, preferred brand-name and elective brand-name drugs.

Prior Authorization Program

In keeping with accepted medical practices, some drugs are subject to prior authorization and quantity limitations. These drugs have specific criteria and indications for usage.

Drugs Requiring Prior Authorization

Prescription drugs listed below need authorization from the benefit plan before dispensing. Contact Caremark at 1-877-916-2271 for prior authorization before prescribing one of these drugs.

- adapalene (**Differin**) - PA required for members age 31 or older
- anabolic steroids
- febuxostat (**Uloric**)
- fluconazole (**Diflucan**) - excluding 3 tablets x 150 mg/30 days
- itraconazole (**Sporanox**)
- linezolid (**Zyvox**) - 3 days therapy then PA required
- posaconazole (**Noxafil**) - 6 days therapy then PA required
- silodosin (**Rapaflo**)
- terbinafine (**Lamisil**)
- terbinafine oral granules (**Lamisil Oral Granules**)
- tretinoin (**Avita, Retin-A, Retin-A Micro**) - PA required for members age 31 or older

How to Obtain Prior Authorization (PA)

All BlueCross BlueShield of Tennessee network physicians are responsible for contacting Caremark to obtain prior authorization for drugs on the prior authorization list. Physicians should do so at the time the medication is prescribed so that it will be ready when the member arrives at the pharmacy. Not all plans have a prior authorization list, but most do.

Specialty Pharmacy Program

BlueCross BlueShield of Tennessee's Specialty Pharmacy Program offers patients with serious, chronic conditions access to certain specialty medications quickly and conveniently. These medications are categorized as either provider-administered or self-administered.

Provider-administered specialty medications are ordered by a provider and administered in an office or outpatient setting. Self-administered specialty medications are administered by patients to themselves.

Prior Authorization for Specialty Products

Some Specialty Pharmacy medications require prior authorization; please visit www.bcbst.com for the most up-to-date list.

To obtain prior authorization for or to order provider-administered Specialty Pharmacy medications call one of these specialty pharmacies:

Caremark Specialty Pharmacy Services:
1-800-237-2767; fax 1-800-323-2445

CuraScript, Inc.:
1-888-773-7376; fax 1-888-773-7386

Accredo Health Group:
1-888-239-0725; fax 1-866-387-1003

Walgreens Specialty Pharmacy:
1-888-347-3416; fax 1-877-231-8302

Appropriate medical criteria for the following Specialty Pharmacy medications must be met for coverage to apply:

Acthar H.P. Gel	growth hormone	Sutent
Actimmune	Increlex	Synagis
Adcirca	Letairis	Tasigna ST
Afinitor	Myobloc	Temodar
Aldurazyme	Nexavar	Thalomid
Amevive	NovoSeven	Tracleer
Aralast	Orencia	Tykerb
Aralast NP	Procrit	Tysabri
Aranesp	Prolastin	Tyvaso
Avastin	Promacta	Vectibix
Botox	Remicade	Velcade
Ceredase	Remodulin	Ventavis
Cerezyme	Revatio	Vivaglobin
Cinryze	Revlimid	Xenazine
Epogen	Rituxan	Xolair
epoprostenol (Flolan)	Sabril	Zavesca
Erbitux	Somatuline ST	Zemaira
Fabrazyme	Sprycel ST	

Appropriateness criteria may be found at www.bcbst.com/providers/manuals. Not all plans cover Specialty Pharmacy medications.

The following drugs may not be covered by the plan. Check with Provider Service to determine coverage. If covered by the plan, these drugs also require prior authorization:

- antifungal/onychomycosis drugs
- antiobesity drugs
- erectile dysfunction drugs - PA required for males under 50
- growth hormones
- infertility drugs
- oral contraceptives (PA requirement applies to plans that cover only when medically necessary)

Drugs With Quantity Limitations (QL)

Drugs that have quantity limitations cannot be filled by the pharmacist for a greater amount than specified by the limitation. All specialty pharmacy products are limited to a one month supply

Greater quantities require physician request for medical necessity by calling 1-877-916-2271.

Drugs With Quantity Limitations (QL)

Amerge:	9 x 1 mg OR 2.5 mg tablets/30 days
Anzemet:	10 tablets/30 days
Arixtra:	14 days, then PA required
Axert:	6 x 6.25 mg OR 12.5 mg tablets/30 days
butorphanol nasal spray	2 bottles (2.5 mL each)/30 days
Celebrex:	400 mg/day
Emend:	1 capsule (125 mg)/15 days; 2 capsules (80 mg)/15 days; 1 capsule (40 mg)/15 days
fentanyl citrate (Actiq):	6 lozenges/30 days
Fentora:	8 tablets/30 days
fluconazole (Diflucan) 150mg:	3 tablets/30 days
Fragmin:	14 days, then PA required
Frova:	9 tablets/30 days
Gleevec:	60 days, then PA required
granisetron (Kytril):	20 tablets/30 days; 90 mL/30 days
Halflytely:	1 kit/30 days
Infergen:	16 wks, then 2-log decrease in viral load required
Innohep:	14 days, then PA required
ketorolac (Toradol):	20 tablets or 2 injections/30 days
Lovenox:	14 days, then PA required
Lyrica:	600 mg/day
Maxalt, Maxalt-MLT:	9 x 5 mg OR 10 mg tablets/30 days
Migranal:	8 ampules/30 days
Noxafil:	6 days, then PA required

ondansetron (Zofran):	30 tabs x 4 mg OR 30 tabs x 8 mg OR 10 tabs x 24 mg OR 150 mL of 4 mg/5 mL solution/30 days
OxyContin:	120 tabs/30 days (max 320 mg/day)
Pegasys:	16 wks, then 2-log decrease in viral load required
Peg-Intron:	16 wks, then 2-log decrease in viral load required
Plavix 300mg:	one tablet/30 days
Prevpac:	112 units/14 cards/365 days
Pylera:	120 capsules/365 days
Relenza:	20 units/365 days - one treatment
Relpax:	6 x 20 mg or 40 mg tablets/30 days
ribavirin (Copegus, Rebetol, Ribasphere):	16 wks, then 2-log decrease in viral load required
Soriatane:	2 Kits/30 days
Specialty Pharmacy Products:	limited to one month's supply
sumatriptan (Imitrex):	2 injections (one kit) OR one 6-pak nasal sprays; 9 tablets (25 mg, 50 mg & 100 mg)/30 days
Tamiflu:	10 capsules OR 75 ml/365 days - one treatment
Treximet:	9 tablets/30 days
Zomig, Zomig-ZMT:	6 x 2.5 mg OR 5 mg tablets/30 days OR one 6-pack nasal spray/30 days
Zyvox	3 days, then PA required

The following drugs have quantity limits, but may not be covered by the plan. Check with Provider Service to determine coverage before writing the prescription.

Caverject:	8 units/30 days
Cialis:	8 tablets/30 days
Edex:	8 units/30 days
Levitra:	8 tablets/30 days
MUSE:	8 suppositories/30 days
Next Choice (Plan B):	one kit/Rx; 3 kits/365 days (Rx limited to age 17 and under)
Plan B One-Step:	one tablet/Rx; 3 tablets/365 days (Rx limited to age 17 and under)
Viagra:	8 tablets/30 days
Xenical:	90 capsules/30 days

Appeals

Members or their physicians may appeal a denial of a drug or a quantity limitation by faxing supportive documentation to 1-888-343-4232.

The Preferred Drug List, Prior Authorization and Quantity Limitations lists may be updated throughout the year. Call Provider Service or visit the BlueCross BlueShield of Tennessee Web site for current information.

www.bcbst.com/providers/pharmacy



Allergy/Asthma/Cough and Cold

Antihistamines

cypripheptadine
diphenhydramine
fexofenadine
hydroxyzine
• Astelin nasal
• Astepro
• Epipen • Epipen Jr

Asthma Drugs (oral)

albuterol
ipratropium
theophylline
• Pulmicort Respules

Beta-Agonist Inhalers

• ProAir HFA
• Proventil HFA
• Serevent Diskus

Combination Inhalers

• Advair Diskus
• Combivent
• Symbicort

Corticosteroid-Inhalers

• Asmanex
• Flovent HFA
• QVAR

Corticosteroid-Nasal

flunisolide
fluticasone
• Nasacort AQ
• Nasonex
• Veramyst

Cough and

Cold Preparations

benzonatate
codeine/chlorpheniramine/
pseudoephedrine
codeine/guaifenesin

Anti-infectives

Antibiotics (oral)

amoxicillin
amoxicillin/potassium
clavulanate
ampicillin
azithromycin
cefactor
cefdinir
cefuroxime
cephalexin
ciprofloxacin tabs
clarithromycin
clarithromycin ext-rel
dicloxacillin

doxycycline
erythromycin
metronidazole
minocycline
nitrofurantoin macrocrystals
penicillin VK
sulfamethoxazole/trimethoprim
tetracycline

Antifungal

fluconazole^(PA, except 3x150mg/30 days)
ketoconazole
nystatin

Antiviral (Herpes only)

acyclovir
famciclovir
• Valtrex

Vaginal Preparations

clindamycin cream
nystatin vaginal tabs
terconazole
• Cleocin Ovules
• Clindesse

Antineoplastics and Immunosuppressants

azathioprine
cyclosporine
methotrexate
tamoxifen
• Alkeran
• Leukeran

Cardiovascular Drugs

Antiarrhythmics

amiodarone
digoxin
disopyramide
propafenone
quinidine
sotalol

Antihypertensives

ACE Inhibitors
benazepril benazepril/hctz
captopril captopril/hctz
enalapril enalapril/hctz
fosinopril fosinopril/hctz
lisinopril lisinopril/hctz
quinapril quinapril/hctz
ramipril

Angiotensin II

• Atacand • Atacand HCT
• Avapro • Avalide
• Benicar • Benicar HCT
• Micardis • Micardis HCT

Beta-Blockers

atenolol
bisoprolol

bisoprolol/hctz
carvedilol
metoprolol
metoprolol ext-rel
propranolol
• Bystolic
• Coreg CR

Calcium Channel Blockers

amlodipine
diltiazem ext-rel
nifedipine ext-rel
verapamil ext-rel

Other Antihypertensives

amlodipine/benazepril
clonidine
guanfacine
• Azor

Antilipidemics and HMG-CoA Reductase Inhibitors

cholestyramine
gemfibrozil
lovastatin
pravastatin
simvastatin
• Crestor
• Niaspan
• Simcor
• Tricor
• Trilipix
• Vytorin

Diuretics

bumetanide
eplerenone
furosemide
hydrochlorothiazide
indapamide
spironolactone
triamterene/hctz

Central Nervous System (CNS)

Antianxiety

alprazolam
chlordiazepoxide
clorazepate
diazepam
lorazepam
oxazepam

Antidepressants

bupropion
bupropion ext-rel
citalopram
fluoxetine
mirtazapine
nefazodone
paroxetine
paroxetine ext-rel
sertraline

venlafaxine
• Cymbalta
• Lexapro
• Venlafaxine ER tab

Antiseizure Drugs

carbamazepine
clonazepam
divalproex
divalproex ext-rel
gabapentin
lamotrigine
levetiracetam
oxcarbazepine
phenobarbital
phenytoin
primidone
topiramate
valproic acid

Multiple Sclerosis Drugs

• Copaxone
• Rebif

Parkinson Drugs

amantadine
benztropine
carbidopa/levodopa
trihexphenidyl

Psychostimulants

dextroamphetamine ext-rel
methylphenidate
methylphenidate ext-rel

Tranquilizers

chlorpromazine
clozapine
haloperidol
risperidone
thioridazine
thiothixene

Dermatologicals

betamethasone
clindamycin topical
clobetasol
clotrimazole/betamethasone
desoximetasone
erythromycin topical
fluocinonide
hydrocortisone
ketoconazole
lindane
mupirocin
nystatin
nystatin/triamcinolone
silver sulfadiazine
tretinoin^(PA-33 yrs)
triamcinolone
• Duac CS
• Noritate

Diabetes

Blood Glucose Strips

LifeScan OneTouch products
Roche ACCU-CHEK products

Diabetic Drugs

glimepiride
glipizide
glipizide ext-rel
glyburide
glyburide/metformin
metformin
metformin ext-rel
• ACTOplus met
• Actos
• Avandamet
• Avandaryl
• Avandia
• Glucagon emergency kit

Insulin & Syringes

• Humulin
• Lantus vials
• Levemir vials
• Novolin
• Novolog
• Novolog Mix
• BD syringes

Eye/Ear

Glaucoma

brimonidine
carteolol solution
timolol maleate
• Alphagan P
• Azopt
• Betimol
• Xalatan

Miscellaneous Eye or Ear

diclofenac sodium ophthalmic
gentamicin ophthalmic
ofloxacin
polymyxin/bacitracin/neomycin
ophthalmic
polymyxin/neomycin/hydrocortisone
otic
polymyxin/trimethoprim ophthalmic
tobramycin ophthalmic

Gastrointestinal Agents

H₂ Antagonists

cimetidine
famotidine
nizatidine
ranitidine

Other GI Agents

diphenoxylate/atropine
hydrocortisone enema
lactulose
metoclopramide

ondansetron^(OJ)
promethazine
sulfasalazine

Proton Pump Inhibitors

omeprazole
pantoprazole
• Nexium
• Prevacid

Hepatitis C

ribavirin^(OJ)
• Pegasys^(OJ)

Hormone Replacement

Androgens

• Androderm
• Androgel

Estrogens (oral)

estradiol
estropipate
• Premarin

Estrogens (patch)

estradiol
• Climara
• Vivelle-Dot

Estrogen Combinations

• Premphase
• Prempro

Estrogen (vaginal)

• Premarin

Progesterone

medroxyprogesterone

Oral Contraceptives*

Monophasic

Apri
Aviane
Junel
Junel Fe
Levora
Low-Ogestrel
Microgestin
Microgestin Fe
Necon 1/35, 1/50
Ocella
• Loestrin 24 FE
• Yaz

Biphasic

Kariva
• Necon 10/11

Triphasic

Aranelle
Empresse
Leena
Necon 7/7/7
Tilia FE
Tri-Legest FE

Trinessa
Tri-Sprintec
Trivora
• Cyclessa

Progestin

Camila
Errin
Joilvette

Other Contraceptives*

• NuvaRing

Migraine/Pain

Migraine Drugs

butalbital compound
sumatriptan^(OJ)
• Maxalt^(OJ) • Maxalt-MLT^(OJ)
• Zomig^(OJ) • Zomig-ZMT^(OJ)

Miscellaneous

• Savella

Moderate to Severe Pain

codeine
codeine/acetaminophen
fentanyl citrate^(OJ)
hydrocodone/
acetaminophen
hydromorphone
morphine
morphine ext-rel
oxycodone/acetaminophen
oxycodone/aspirin
• Avinza
• Opana ER
• OxyContin^(OJ)

Rheumatology

methotrexate

NSAIDs

diclofenac
etodolac
fenoprofen
ibuprofen
indomethacin
ketoprofen
meloxicam
nabumetone
naproxen
naproxen sodium
piroxicam
salsalate
sulindac

Osteoporosis/Bone Diseases

alendronate
alendronate plus OTC vitamin D
calcitonin-salmon
• Actonel / Actonel with Calcium

• Macalgin

Platelet Aggregation Inhibitors

dipyridamole
ticlopidine

Thyroid Medications

levothyroxine
thyroid

Urologic Disorders

doxazosin
finasteride
oxybutynin
oxybutynin ext-rel
prazosin
terazosin
• Enablex
• Vesicare

Vitamins (prescription only)

All generics

* If covered by the plan and medically necessary and appropriate

• indicates branded product

PA: requires prior authorization

QL: drug has quantity limitation

ST: Step Therapy

Note: Members may have a differential copay for generic vs. Preferred Brand vs. Elective (nonpreferred) Brand. Generics will always be paid at the lowest copay level.

Disclaimer: Changes in drug lists may occur during the year.