

# 2009 Preferred Drug List

## For Providers

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
- exenatide (**Byetta**) - therapy with metformin and/or sulfonylurea drug and/or a thiazolidinedione (TZD) drug or PA
- fluconazole (**Diflucan**) - excluding 3 tablets x 150 mg/30 days
- itraconazole (**Sporanox**)
- terbinafine oral granules (**Lamisil Oral Granules**)
- tretinoin (**Avita, Retin-A**) - 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](http://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

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

Acthar H.P. Gel	Orencia	Ventavis
Actimmune	Procrit	Vivaglobin
Aldurazyme	Prolastin	Xolair
Amevive	Raptiva	Zavesca
Aralast	Remicade	Zemaira
Aranesp	Remodulin	
Avastin	Revatio	
Botox	Revlimid	
Ceredase	Rituxan	
Cerezyme	Somatuline <sup>ST</sup>	
Epogen	Sprycel <sup>ST</sup>	
epoprostenol (Flolan)	Sutent	
Erbix	Synagis	
Fabrazyme	Tasigna <sup>ST</sup>	
growth hormone	Temodar	
Increlex	Thalomid	
Letairis	Tracleer	
Myobloc	Tykerb	
Nexavar	Tysabri	
NovoSeven	Vectibix	
	Velcade	

Appropriateness criteria may be found at [www.bcbst.com/providers/manuals](http://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**.

- 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 (40mg)/15days
- fentanyl citrate (Actiq):** 6 lozenges/30 days
- Fentora:** 8 tablets/30 days
- fluconazole (Diflucan) 150 mg:** 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
- 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:** 600mg/day
- Maxalt:** 12 x 5mg OR 10 mg Tablets/ 30days
- Maxalt-MLT:** 9 x 5mg OR 10 mg tablets/30days
- 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/30days (maximum dose: 320 mg/day)
- Pegasys:** 16 wks, then 2-log decrease in viral load required
- PegIntron:** 16 wks, then 2-log decrease in viral load required

- Plavix:** 1 tablet/30 days
- Prevpac:** 112 units/14 cards/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 CK:** 2 Kits/ 30days
- Specialty Pharmacy Products:** limited to one month's supply
- sumatriptan (Imitrex):** 2 injections (one kit) OR one 6-pak nasal spray; 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
- Smog, 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
- Plan-B:** one kit/Rx; 3 kits/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](http://www.bcbst.com/providers/pharmacy)



bcbst.com

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## Allergy/Asthma/ Cough and Cold Antihistamines

cyproheptadine  
diphenhydramine  
fexofenadine  
hydroxyzine  
• Astelin nasal  
• 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  
cefaclor  
cefdinir  
cefuroxime  
cephalexin  
ciprofloxacin tabs  
clarithromycin  
clarithromycin ext-rel  
dicloxacillin  
doxycycline

erythromycin  
metronidazole  
minocycline  
nitrofurantoin macrocrystals  
penicillin VK  
sulfamethoxazole/trimethoprim  
tetracycline

## Antifungal

fluconazole<sup>(PA, except 3x150mg/30 days)</sup>  
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  
procainamide  
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
• Avalide	• Avapro
• Benicar	• Benicar HCT
• Micardis	• Micardis HCT

## Beta-Blockers

atenolol  
bisoprolol  
bisoprolol/hctz  
carvedilol  
metoprolol  
metoprolol ext-rel  
propranolol

## Calcium Channel Blockers

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

## Other Antihypertensives

clonidine  
guanfacine  
• Azor

## Antilipidemics and HMG- CoA Reductase Inhibitors

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

## Diuretics

bumetanide  
eplerenone  
furosemide  
hydrochlorothiazide  
indapamide  
spironolactone  
triarterene/hctz

## Central Nervous System (CNS)

### Antianxiety/Sleep Drugs

alprazolam  
chlordiazepoxide  
clorazepate  
diazepam  
flurazepam  
lorazepam  
oxazepam  
temazepam  
triazolam  
zaleplon  
zolpidem

### Antidepressants

bupropion  
bupropion ext-rel  
citalopram

fluoxetine  
mirtazapine  
nefazodone  
paroxetine  
paroxetine ext-rel  
sertraline  
venlafaxine  
• Cymbalta  
• Lexapro

## Antiseizure Drugs

carbamazepine  
clonazepam  
divalproex  
gabapentin  
lamotrigine  
oxcarbazepine  
phenobarbital  
phenytoin  
primidone  
valproic acid

## Multiple Sclerosis Drugs

• Copaxone  
• Rebif

## Parkinson's Disease Drugs

amantadine  
benztropine  
carbidopa/levodopa  
trihexyphenidyl

## Psychostimulants

dextroamphetamine  
methylphenidate  
methylphenidate ext-rel

## Tranquilizers

chlorpromazine  
clozapine  
haloperidol  
thioridazine  
thiothixene

## Dermatologicals

betamethasone  
clindamycin topical  
clobetasol  
clotrimazole/betamethasone  
desoximetasone  
erythromycin topical  
fluocinonide  
hydrocortisone  
ketoconazole  
lindane  
mupirocin  
nystatin  
nystatin/triamcinolone  
silver sulfadiazine  
tretinoin<sup>(PA>31 yrs)</sup>  
triamcinolone  
• Duac CS  
• Noritate

## Diabetes Blood Glucose Strips

LifeScan OneTouch products:  
• Basic/Profile  
• FastTake  
• SureStep  
• Ultra  
Roche Diagnostic ACCU-CHEK products:  
• Active  
• Aviva  
• Comfort Curve  
• Compact Test Drum

## 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  
diclofenac sodium  
timolol maleate  
• Alphagan P  
• Azopt  
• Betimol  
• Xalatan

## Miscellaneous Eye or Ear

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

## Gastrointestinal Agents

### H<sub>2</sub> Antagonists

cimetidine  
famotidine  
nizatidine  
ranitidine

### Other GI Agents

diphenoxylate/atropine  
hydrocortisone enema  
lactulose  
metoclopramide  
ondansetron<sup>(QL)</sup>  
promethazine  
sulfasalazine

### Proton Pump Inhibitors

omeprazole  
• Nexium  
• Prevacid

## Hepatitis C

ribavirin<sup>(QL)</sup>  
• Pegasys<sup>(QL)</sup>

## Hormone Replacement Androgen

• Androgel  
• Androderm

### Estrogens (oral)

estradiol  
estropiate  
• 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

Enpresse  
Necon 7/7/7  
Tilia FE  
Tri-Legest FE  
Trinessa  
Tri-Sprintec  
Trivora  
• Cyclessa

### Progestin

Camila  
Errin  
Jolivette

## Other Contraceptives\*

• NuvaRing

## Migraine/Pain Migraine Drugs

butalbital compound  
sumatriptan<sup>(QL)</sup>  
• Maxalt<sup>(QL)</sup> • Maxalt-MLT<sup>(QL)</sup>  
• Zomig<sup>(QL)</sup> • Zomig-ZMT<sup>(QL)</sup>

### Moderate to Severe Pain

codeine  
codeine/acetaminophen  
fentanyl citrate<sup>(QL)</sup>  
hydrocodone/  
acetaminophen  
hydromorphone  
morphine  
morphine ext-rel  
oxycodone/acetaminophen  
oxycodone/aspirin  
oxycodone ext-rel<sup>(QL)</sup>  
• Avinza  
• Opana ER  
• OxyContin<sup>(QL)</sup>

## 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  
• Actonel/Actonel with Calcium  
• Miacalcin

## 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.