



**Your Guide  
to Prescription  
Drug Benefits**

*2013 Preferred Formulary  
and Prescription Drug List*

## How to Contact Us

### By Telephone

For more information about your prescription drug benefit, call BlueCross BlueShield of Tennessee member service. The telephone number is on the back of your member ID card.

### Online

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

### Take Note

Use this page to list your medications and any 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"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

### Questions to ask:

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## Important Information About Your Drug Plan

This guide lists common brand name and generic prescription drugs that have been reviewed by BlueCross BlueShield of Tennessee. Please refer to this formulary guide for information about the availability of frequently prescribed medications covered by your plan. This guide is not meant to be comprehensive but to provide a list of the most commonly prescribed drugs.

This guide is subject to change. If you are unable to 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, you may use our Prescription Drug Search in BlueAccess at [bcbst.com](http://bcbst.com). You may also call member service at the number listed on the back your member ID card to confirm 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 detailed information regarding your pharmacy benefits, including your tiered benefit structure, out-of-pocket costs and applicable exclusions.

### Check the Prescription Drug List

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.

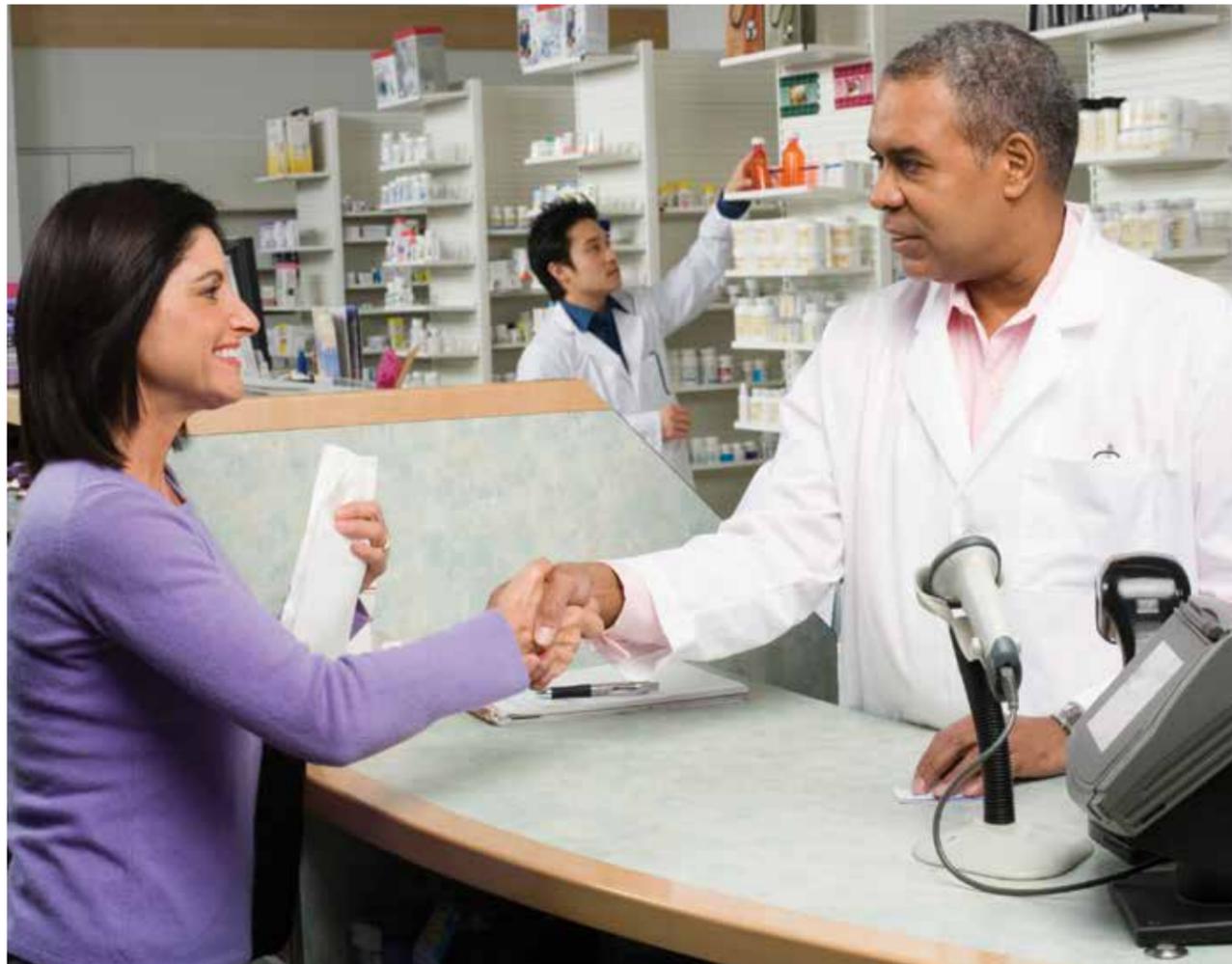
## It's Also Important to Remember:

- 1. Some medications are available through Preferred Specialty Drug Vendors.** (See page 12 - 13 for the list.) You get the highest level of benefits when you order specialty drugs through 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 on Our Website [bcbst.com](http://bcbst.com)

Your prescription drug benefits from BlueCross include many useful tools to help you get the most from your pharmacy benefits. In addition to the information in this booklet, you can 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 medications — Relief you need, when you need it

Did you know some over-the-counter (OTC) medications are exactly the same as some prescription drugs – and 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.

## 2013 Prescription Drug List

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

This guide lists drugs most commonly prescribed for BlueCross members; it is not a complete listing of drugs. It encourages you and your doctor to select drugs recognized as the safest and most effective. Referring to this guide can help you understand how your drug plan works and save money on your prescriptions.

### Generic drugs offer the best value

Prescription drugs can be costly, but many are now available as generics. Generic drugs work the same as brand-name drugs, but cost less. Depending on your drug benefit, using generic drugs may lower your cost share. **Generic Equivalents** are made with the same active ingredients in the same dosage form as a brand-name product, and provides the same therapeutic 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, we encourage you to 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 available at a slightly higher copay or coinsurance than generic drugs. These drugs are designated preferred brand because they have been proven to be safe, effective, and favorably 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 physician may appeal the denial of a drug benefit or a drug quantity limit by faxing supportive documents and information to 1-888-343-4232. Please refer to your EOC or member handbook for more information on your grievance rights.

## Prescription Drug List

### Allergy/Cough & Cold

#### Tier 1

azelastine benzonatate brompheniramine/pseudoephedrine codeine/guaifenesin	cyproheptadine desloratadine flunisolide fluticasone	hydroxyzine triamcinolone
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#### Tier 2

Astepro EpiPen <sup>QL</sup>	EpiPen Jr. <sup>QL</sup> Veramyst
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#### Tier 3

Beconase AQ <sup>ST</sup> Nasonex <sup>ST</sup>	Omnaris <sup>ST</sup> Rhinocort Aqua <sup>ST</sup>
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### Asthma/COPD

#### Tier 1

albuterol budesonide nebulizer susp ipratropium	levabuterol nebulizer soln montelukast	theophylline zafirlukast
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#### Tier 2

Advair Diskus Advair HFA Asmanex Combivent	Dulera Flovent HFA ProAir HFA QVAR	Serevent Diskus Spiriva Symbicort Ventolin HFA
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#### Tier 3

Proventil HFA
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### Anti-Infectives Antibiotics/Antifungal/Antiviral

#### Tier 1

acyclovir 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 nitrofurantoin macrocrystals nystatin penicillin VK ribavirin <sup>PA</sup> sulfamethoxazole/trimethoprim terconazole tetracycline valacyclovir
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#### Tier 2

Cleocin Ovules Clindesse	Incivek <sup>PA</sup> Pegasis <sup>PA</sup>	Victrelis <sup>PA</sup> Zovirax cream
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#### Tier 3

Avelox
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### Antineoplastics and Immunosuppressants

#### Tier 1

azathioprine cyclosporine	methotrexate	tamoxifen
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#### Tier 2

Alkeran	Leukeran
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**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 <sup>QL</sup>	dipyridamole fondaparinux <sup>QL</sup>	Jantoven warfarin
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#### Tier 2

Pradaxa PA	Xarelto 10 mg <sup>QL</sup>	Xarelto 15 mg and 20 mg <sup>PA</sup>
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#### Tier 3

Brilinta <sup>QL</sup> Effient	Eliquis <sup>PA</sup> Fragmin <sup>QL</sup>
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### Cardiovascular Drugs High Blood Pressure

#### Tier 1

amlodipine amlodipine/benazepril atenolol benazepril benazepril/hctz bisoprolol bisoprolol/hctz bumetanide candesartan/hctz captopril captopril/hctz carvedilol clonidine diltiazem ext-rel	enalapril enalapril/hctz epirolone 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 triamterene/hctz valsartan/hctz verapamil ext-rel
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#### Tier 2

Azor Benicar Benicar HCT	Bystolic Coreg CR Micardis	Micardis HCT Tribenzor Twynta
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#### Tier 3

Atacand Diovan	Edarbi Edarbyclor	Exforge Exforge HCT
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### Cardiovascular Drugs High Cholesterol

#### Tier 1

atorvastatin cholestryramine fenofibrate	fluvastatin gemfibrozil lovastatin	pravastatin simvastatin
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#### Tier 2

Crestor Niaspan	Simcor Vytorin
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#### Tier 3

Altprev Lescol XL	Livalo <sup>ST</sup> Trilipix <sup>ST</sup>	Welchol Zetia
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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 escitalopram fluoxetine lorazepam mirtazapine paroxetine	paroxetine ext-rel sertraline venlafaxine venlafaxine ext-rel
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#### Tier 2

Cymbalta	Pristiq ER
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### Central Nervous System Attention Deficit Disorder

#### Tier 1

amphetamine/dextroamphetamine ext-rel  
dextroamphetamine ext-rel

methylphenidate  
methylphenidate ext-rel

#### Tier 3

Daytrana  
Focalin XR

Intuniv  
Strattera

Vyvanse

### Central Nervous System Migraine

#### Tier 1

butalbital compound  
naratriptan **QL**

rizatriptan **QL**  
sumatriptan **QL**

#### Tier 2

Maxalt **QL**  
Maxalt-MLT **QL**

Zomig **QL**  
Zomig-ZMT **QL**

#### Tier 3

Relpax **QL**

### Central Nervous System Seizure Disorders

#### Tier 1

carbamazepine  
clonazepam  
divalproex  
divalproex ext-rel

gabapentin  
lamotrigine  
levetiracetam  
oxcarbazepine

phenobarbital  
phenytoin  
primidone  
topiramate

### Central Nervous System Sleep Agents

#### Tier 1

zaleplon

zolpidem

zolpidem ext-rel

#### Tier 3

Lunesta **ST**

Rozerem **ST**

### Central Nervous System Other

#### Tier 1

amantadine  
benztropine  
carbidopa/levodopa  
carbidopa/levodopa/entacapone

clozapine **PA**  
gabapentin  
olanzapine **PA**  
olanzapine/fluoxetine **PA**

quetiapine **PA**  
risperidone **PA**  
ziprasidone **PA**

#### Tier 2

Abilify **PA**  
Avonex  
Betaseron

Copaxone  
Latuda **PA**  
Rebif

Savella

#### Tier 3

Extavia  
Fanapt **PA**  
Fazaclo **PA**

Geodon **PA**  
Gilenya **PA**  
Invega **PA**

Lyrica **QL**  
Saphris **PA**  
Seroquel XR **PA**

### Dermatology

#### Tier 1

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

erythromycin topical  
fluocinonide  
fluticasone  
hydrocortisone 2.5%  
ketoconazole  
lindane  
mupirocin

nystatin  
nystatin/triamcinolone  
silver sulfadiazine  
tretinoin **PA**  
triamcinolone

#### Tier 2

Acanya

#### Tier 3

Differin

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### Diabetes Blood Glucose Monitoring

#### Tier 2

Bayer Contour/Breeze2 products **QL**

Roche Accu-Chek products **QL**

#### Tier 3

Abbott Freestyle products **QLST**

Lifescan OneTouch products **QLST**

### Diabetes Diabetic Drugs

#### Tier 1

glimepiride  
glipizide  
glipizide ext-rel  
glyburide

glyburide/metformin  
metformin  
metformin ext-rel  
pioglitazone

pioglitazone/glimepiride  
pioglitazone/metformin

#### Tier 2

Bydureon  
Byetta  
Glucagon emergency kit  
Janumet

Janumet XR  
Januvia  
Jentadueto  
Juvisync

Tradjenta  
Victoza

### Diabetes Insulin

#### Tier 2

BD syringes  
Humulin

Levemir vials  
Novolin

Novolog  
Novolog Mix

#### Tier 3

Humalog **ST**

Lantus pens and vials

Levemir pens

### 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

#### Tier 3

Ciprodex

Patanol

### Gastrointestinal Agents

#### Tier 1

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

lansoprazole  
metoclopramide  
nizatidine  
omeprazole  
ondansetron

pantoprazole  
promethazine  
ranitidine  
sulfasalazine

#### Tier 2

Apriso  
Asacol  
Asacol HD

Creon  
Delzicol  
Nexium

Zenpep

#### Tier 3

Amitiza

Anzemet **QL**

Emend **QL**

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## Hormone Replacement

<b>Tier 1</b> estradiol estradiol transdermal	estropipate medroxyprogesterone	progesterone
<b>Tier 2</b> Androderm <b>PA</b> Androgel <b>PA</b> Evamist	Premarin Premphase Prempro	Vivelle-Dot
<b>Tier 3</b> Cenestin	Testim <b>PAST</b>	Vagifem

## Oral Contraceptives Monophasic

<b>Tier 1</b> all generic monophasic Apri Aviane Gianvi	Junel Junel Fe Levora Low-Ogestrel	Microgestin Microgestin Fe Necon 1/35, 1/50 Ocella
<b>Tier 3</b> Beyaz	Loestrin 24 FE	

## Oral Contraceptives Biphasic

<b>Tier 1</b> all generic biphasic	Kariva	
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## Oral Contraceptives Triphasic

<b>Tier 1</b> all generic triphasic Enpresse Necon 7/7/7 norgestimate/ethinyl estradiol	Tilia FE Tri-Legest FE Tri-Previfem Tri-Sprintec	Trinessa Trivora
<b>Tier 3</b> Lo Loestrin FE	Ortho Tri-Cyclen Lo	

## Oral Contraceptives Other

<b>Tier 1</b> all generic extended-cycle all generic progestin Amethia Lo	Camila Camrese Lo Errin	Jolivette
<b>Tier 2</b> NuvaRing		

## Osteoporosis/Bone Diseases

<b>Tier 1</b> alendronate alendronate plus OTC Vitamin D	calcitonin-salmon ibandronate	
<b>Tier 2</b> Actonel	Boniva	
<b>Tier 3</b> Evista		

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## Rheumatology

<b>Tier 1</b> diclofenac diclofenac/misoprostol etodolac ibuprofen indomethacin	ketoprofen meloxicam methotrexate nabumetone naproxen	naproxen sodium piroxicam sulindac
<b>Tier 3</b> Celebrex	Enbrel <b>PA</b>	Humira <b>PA</b>

## Thyroid Medications

<b>Tier 1</b> levothyroxine		
<b>Tier 3</b> Armour Thyroid	Synthroid	

## Urologic Disorders

<b>Tier 1</b> alfuzosin doxazosin finasteride	oxybutynin oxybutynin ext-rel prazosin	tamsulosin terazosin tolterodine
<b>Tier 2</b> Enblex	Gelnique	Vesicare
<b>Tier 3</b> Avodart	Detrol LA	Rapaflo <b>ST</b>

## Vitamins (prescription only)

<b>Tier 1</b> all generics		
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## 2013 Specialty Drug List

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

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/!SSL/!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>

\*\* Omontys is not available through BCBST's Preferred SP Rx Pharmacies. It is available only at dialysis centers.

## 2013 Specialty Drug List

### Preferred Specialty Drug Vendors

To get the highest level of benefits, make sure you order self-administered specialty drugs from one of these Preferred Specialty Drug Vendors:

<b>Caremark Specialty Phcy:</b> 1-800-238-7828; fax 1-800-323-2445	<b>CuraScript, Inc.:</b> 1-888-773-7376; fax 1-888-773-7386	<b>Accredo Health Group:</b> 1-888-239-0725; fax 1-866-387-1003	<b>Walgreens Specialty Phcy:</b> 1-800-424-9002 fax 1-800-874-9179
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The Preferred Specialty Drug Vendors are experts in these high-cost, biologic drugs and have agreed to offer these medications at special rates. When your doctor writes your prescription and faxes it to the specialty drug vendors, the medication will be sent to your home or other designated location. Plus, registered pharmacists and nurse specialists are available to answer any questions or concerns about your medication.

Depending on your specific plan coverage, 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 administer the drug to yourself - usually by injection. Self-administered specialty medications are typically covered as a prescription drug benefit.

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

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

## 2013 Prior Authorization List

To maximize your benefits, the drugs listed below need authorization from your benefit plan before they are dispensed by your pharmacy. Your network physician is responsible for obtaining prior authorization when prescribing a drug on this list. Ask your physician to make the call at the same time the medication 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
aromatase inhibitors (e.g., Arimidex (anastrozole), Aromasin (exemestane), Femara (letrozole))	PA required for all males ages 19 and older; PA required for females ages 44 years and younger
atypical antipsychotics (e.g., Abilify, Risperdal, Seroquel, Zyprexa)	PA required for patients 17 years and younger
buprenorphine	PA required
buprenorphine/naloxone (Suboxone)	PA required
Butrans	PA required
Eliquis	PA required
Nuvigil	PA required
Pradaxa	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.
Xarelto	PA required for 15 mg, 20 mg strengths
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.

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

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

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

growth hormone (Norditropin)

## 2013 Step Therapy List

A form of prior authorization that begins drug therapy for a medical condition with the most cost-effective and safest drug therapy. To have these medications covered under your prescription drug benefit, you may be required to first try an alternative or complete the prior authorization process. It progresses to alternate drugs only if necessary. Prescription drugs subject to step therapy guidelines are: (1) used only for patients with certain conditions; (2) Covered only for patients who failed to 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
Diabetic Test Strips (Freestyle/One Touch)	trial and failure of preferred products made by Roche (Accu-Chek) or Bayer (Contour or Breeze2)
Humalog	trial and failure of Novolog
<b>Lipid Lowering Agents</b>	trial and failure of a generic fenofibrate or gemfibrozil
Antara	
Fenoglide	
Lipofen	
Tricor	
Triglide	
Trilipix	
Livalo	trial and failure of a generic HMG-CoA reductase inhibitor
Lunesta	trial and failure of zolpidem, zolpidem ext-rel, or zaleplon
Nasal Steroids	trial and failure of flunisolide, fluticasone, triamcinolone, or Veramyst
Beconase AQ	
Flonase	
Nasacort AQ	
Nasonex	
Omnaris	
Rhinocort Aqua	
Rapaflo	trial and failure of alfuzosin or tamsulosin
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>

## 2013 Quantity Limit List

Quantity limits help promote appropriate use of selected drugs and enhance patient 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)
Brilinta	30 days of therapy, then PA required
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
Zomig/Zomig-ZMT tablets	Up to 8 tablets (40mg) in a 30-day period

## 2013 Quantity Limit List

Drug	Limit
Noxafil	210 mL/30 days, then PA required
Nucynta/Nucynta ER	180 tablets/30 days
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
Vimpat	90 tablets/30 days (50 mg & 100 mg); 60 tablets/30 days (150 mg & 200 mg)
Xarelto 10 mg	35 tablets/30 days; limit of 35 tablets/90 days
Zyvox	14 days of therapy, then PA required

Some plans do not cover the following medications. Check your benefit materials or call customer 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
Next Choice One Dose (Plan B One-Step)	one tablet/Rx; 3 tablets/365 days (Rx limited to age 16 and under)



## 2013 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>
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
Dicopanol	OTC diphenhydramine
Doryx	doxycycline immediate-release
Duexis	ibuprofen and OTC famotidine
Dymista	flunisolide, fluticasone, triamcinolone, Veramyst
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
Kapvay	clonidine
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
minocycline ext-rel	minocycline immediate-release
modafinil	Nuvigil <b>PA</b>
Momexin	mometasone, OTC Lac-Hydrin

Excluded	Alternatives
Morgidox	doxycycline
Moxatag	amoxicillin
Myrbetriq	oxybutynin, oxybutynin ER, Enablex, Vesicare
Nalfon 400 mg	fenoprofen 200 mg, 300 mg
Nexiclon XR	clonidine
Oleptro	trazodone
omeprazole/sodium bicarbonate	omeprazole 20 mg
Onglyza	Januvia, Tradjenta
Oracea	doxycycline
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
Rybix ODT	tramadol
Sancuso	oral granisetron
Silenor	doxepin
Sklice	Lindane
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
Viiibryd	generic SSRI
Vimovo	naproxen & OTC omeprazole
Xerese	Zovirax & OTC hydrocortisone cream
Zegerid	omeprazole 20 mg
Ziana	clindamycin topical & tretinoin
Zioptan	latanoprost
Zipsor	diclofenac potassium
Zolpimist	zolpidem
Zuplenz	ondansetron
Zyflo, Zyflo CR	montelukast, zafirlukast
Zypram	hydrocortisone acetate/pramoxine



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