

2011 Summary of Prescription Drug Changes

Preferred Drug List (PDL) Changes

Removals

Advicor ⁺	Estraderm Patch	Primacare ⁺	Tricor
Avandamet ⁺	Lybrel ⁺	Pristiq	Trilipix
Avandaryl ⁺	Ortho Tri Cyclen Lo	Proventil HFA ⁺	Welchol
Avandia ⁺	Precare ⁺	Provigil	Xopenex HFA ⁺
Daytrana	Premesis Rx ⁺	Symlin	Ziana ⁺

Additions

Dulera
Suboxone
Subutex
Ventolin HFA

⁺Removed from PDL in 2010. Existing users exempted from copayment changes until 1/1/11.

Prior Authorization Program Changes

Additions

Amitiza**	Copaxone*	Lamisil tablet**	Oxandrin*	Sotret**
Amnesteem (30+)**	Copegus*	Leukine*	Procrit*	Sporanox**
Ampyra*	Doryx***	Lotronex	Prolia*	Suboxone*
Anadrol-50*	Differin (30+)**	Neulasta*	Provigil	Subutex*
Aranesp*	Epogen*	Neumega*	Rebif*	Tazorac (30+)**
Avonex*	Extavia*	Neupogen*	Reclast*	Tysabri*
Betaseron*	Forteo*	Novantrone*	Regranex*	Ziana (30+)**
Claravis**	Fuzeon*	Nuvigil**	Soriatane**	

*Existing users exempted.

**Existing users exempted until 1/1/12.

***Existing users exempted until 4/1/11.

Step Therapy Program+

Members must try two of these drugs first, or you must request an exception for them before coverage is available for these drugs
First Choice Drugs	Class	Second Choice Drugs
minocycline (immediate release) AND doxycycline or erythromycin or tetracycline	Oral Tetracycline Antibiotics	Solodyn

Members must try one of these drugs, or you must request an exception for them before coverage is available for these drugs
First Choice Drugs	Class	Second Choice Drugs
prescription benzoyl peroxide	Retinoids - Acne	Atralin, Avita, Differin, Retin-A, Retin-A Micro, Tazorac, Tretin-X or Ziana
Fenofibrate, Fenofibric Acid	Fibric acid derivatives	Antara, Fenoglide, Fibricor, Lipofen, Lofibra, Tricor, Triglide or Trilipix
Over-the-counter Alavert*, Alavert-D*, Claritin*, Claritin-D*, Zyrtec* or Zyrtec-D* or store-brand versions of these products	Non-Sedating Antihistamines	Allegra, Allegra-D, Clarinex, Clarinex-D, fexofenadine, fexofenadine-pseudoephedrine or Xyzal
Over-the-counter Prevacid 24 HR*, Prilosec OTC*, Zegerid OTC* or store-brand versions of these products OR prescription lansoprazole, omeprazole or Nexium	Proton Pump Inhibitors	Aciphex, Dexilant, pantoprazole (generic Protonix), Prevacid, Prilosec, Protonix or Zegerid
zaleplon (generic Sonata) or zolpidem (generic Ambien)	Hypnotics/Non-benzodiazepines	Ambien, Ambien CR, Edluar, Lunesta, Rozerem, Sonata or Zolpimist
amcinonide halcinonide, betamethasone, clobetasol, clocortolone, desoximetasone, diflorasone, fluandrenolide, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, prednicarbate or triamcinolone	Calcineurin inhibitors	Elidel or Protopic
allopurinol or probenecid	Antihyperuricemic agents	Uloric

*With a doctor's prescription, members will pay their plan's generic copayment or coinsurance (if applicable) for these over-the-counter products!

+Existing users exempted until 4/1/11.

PLEASE NOTE: The drug names listed in this document may be registered or unregistered trademarks of third-party pharmaceutical companies. These trademarks are included for informational purposes only and are not intended to imply or suggest any third-party affiliation. A member's benefit document defines actual benefits available and may exclude coverage for certain drugs listed herein. These lists may change or expand from time to time without prior notice. When we list brand-name drugs, programs also apply to any available generic equivalents.

Quantity Management Program Changes

New Drugs with Limits for Most Members

Actonel	Fosamax	Sporanox
Boniva	Lamisil	Stimate
Coreg CR	Lyrica	Vancocin
Cymbalta	Miacalcin	Valtrex
DDAVP	Migranal [^]	

Drugs with New Limits for Most Members[^]

Amerge [^]	Treximet [^]
Frova [^]	Zofran [^]
Imitrex [^]	Zomig [^]
Maxalt [^]	
Relpax [^]	

[^]Existing users exempted until January 1, 2012.

Quantity Management Drugs and Limits

AcipHex (1 tablet per day)*+++	Dexilant (1 dose per day)*+++	Maxalt MLT (8 tablets per month)*+	Serevent Diskus (60 blisters per month)
Actiq (120 lozenges per month)	Dilaudid (180 tablets per month)	Metadate CD (60 tablets per month)	Silenor (1 capsule per day)++
Actonel 150 mg (1 tablet per month)	Doral (1 tablet per day)++	Methylin Chew (180 tablets per month)	Sonata (1 capsule per day)++
Actonel 35 mg (4 tablets per month)	Dulera (1 inhaler per month)	Methylin Solution (900 ml per month)	Spiriva (31 capsules per month)
Actonel 5 mg (31 tablets per month)	Duoneb (540 ml per month)	Miacalcin injection (8 ml per month)	Sporanox (120 capsules per month, 360 capsules per year)
Actonel 75 mg (2 tablets per month)	Duragesic (10 patches per month) *	Miacalcin NS (8 ml per month)	Sporanox solution (600 ml per month, 1,800 ml per year)
Actonel with calcium (4 tablets per month)	Eduar (1 tablet per day)++	Migranal (1 kit per month)	Stimate (2 bottles per month)
Adderall (2 tablets per day)	Effxor XR (1 capsule per strength per day)	Morphine Immediate release (180 tablets per month)	Strattera (60 capsules per month)
Adderall XR (1 tablet per day)	Embeda (60 capsules per month)*	Morphine solution (180 ml per month)	Sumavel (1 box per month)*+
Advair Diskus (1 package per month)	Emend 125 mg (2 tablets per month)*	MS Contin (90 tablets per month)*	Symbicort (1 inhaler per month)
Advair HFA (1 package per month)	Emend 40 mg (4 tablets per month)*	Nasacort AQ (1 inhaler per month)	Talacen (135 capsules per month)
Aerobid (2 inhalers per month)	Emend 80 (2 tablets per month)*	Nasarel (1 inhaler per month)	Talwin NX (360 tablets per month)
Aerobid-M (2 inhalers per month)	Exalgo (60 tablets per month)*	Nasonex (1 inhaler per month)	Tamiflu 30 mg (20 capsules, 3 per year)
albuterol inhalation solution (375 ml per month)	Fentora (120 tablets per month)	Needles (200 per month)	Tamiflu 45 mg (10 capsules, 3 per year)
albuterol nebulizer solution (120 ml per month)	Fioricet (1 inhaler per month)	Nexium (1 dose per day)*+++	Tamiflu 75 mg (10 capsules, 3 per year)
Aloxi Solution (5 ml per month)*	Flovent (2 inhalers per month)	Nucynta (600 mg per day)++++	Tamiflu susp (1 bottle per fill, 3 fills per year)
Alvesco (2 inhalers per month)	Flovent Diskus (1 to 4 boxes per month depending on strength)	Omnaris (1 inhaler per month)	Test strips (200 per month)
Ambien (1 tablet per day)++	Flovent HFA (2 inhalers per month)	Onsolis (120 units per month)	Toradol (20 tablets per month)
Ambien CR (1 tablet per day)++	Focalin (60 tablets per month)	Opana (120 tablets per month)	Treximet (9 tablets per month)*+
Amerge (8 tablets per month)*+	Focalin XR (60 capsules per month)	Opana ER (120 tablets per month)*	Ultracet (240 tablets per month)
Anzemet 100 mg (3 tablets per month)*	Foradil (60 capsules per month)	Oramorph SR (90 tablets per month)*	Ultram (240 tablets per month)
Anzemet 50 mg (3 tablets per month)*	Fosamax 10 mg (31 tablets per month)	oxycodone immediate release (180 capsules per month)	Ultram ER (30 tablets per month)
Anzemet Solution (300 mg per month)*	Fosamax 35 mg (4 tablets per month)	oxycodone with acetaminophen (varies by strength)	Valtrex 1000 mg (31 tablets per month)
Asmanex (1 inhaler per month)	Fosamax 5 mg (31 tablets per month)	oxycodone with ibuprofen (varies by strength)	Valtrex 500 mg (62 tablets per month)
Astelir (1 inhaler per month)	Fosamax 70 mg (4 tablets per month)	Oxycontin (120 tablets per month)*	Vancocin (limits vary by strength)
Astepro (1 inhaler per month)	Fosamax D (4 tablets per month)	Patanase (1 inhaler per month)	Ventolin HFA (2 inhalers per month)
Avinza (30 capsules per month)*	Fosamax Solution (75 ml per month)	Perforomist (60 vials per month)	Veramyst (1 inhaler per month)
Axert (8 tablets per month)*+	Frova (8 tablets per month)*+	Prevacid (1 dose per day)*+++	Victoza (one box per month)
Beconase AQ (2 inhalers per month)	Halcion (1 tablet per day)++	Prevacid 24HR (4 doses per day)	Vimovo (2 tablets per day)
Boniva 150 mg (1 tablet per month)	hydrocodone with acetaminophen (varies by strength)	Prilosec (1 capsule per day)*+++	Vyvanse (60 tablets per month)
Boniva 2.5 mg (31 tablets per month)	hydrocodone with ibuprofen (varies by strength)	Prilosec OTC (4 doses per day)	Wellbutrin XL 150 mg (1 tablet per day)
Brovana Solution (120 ml per month)	hydromorphone (180 tablets per month)	Pristiq (1 capsule per day)	Xopenex HFA (2 inhalers per month)
butorphanol nasal spray (2 inhalers per month)*	Imitrex (8 tablets per month)*+	ProAir HFA (2 inhalers per month)	Xopenex nebulizer solution (3 boxes per month)
Cambia (4 packets per month)	Imitrex Injection (5 vials per month)*+	Procentra (1200 ml per month)	Zegerid (1 dose per day)*+++
Celebrex 100 mg (2 capsules per day)	Imitrex Kits (3 kits per month)*+	ProSom (1 tablet per day)++	Zegerid OTC (4 doses per day)
Celebrex 200 mg (1 capsule per day)*	Imitrex Nasal (1 box per month)*+	Protonix (1 tablet per day)*+++	Zofran 24 mg (1 tablet per month)*
Celebrex 50 mg (2 capsules per day)	Insulin syringes (200 per month)	Proventil HFA (2 inhalers per month)	Zofran 4 mg (9 tablets per month)*
Cesamet (20 capsules per month)*	Intal Solution for Inhalation (120 vials per month)	Pulmicort Flexhaler (2 inhalers)	Zofran 8 mg (9 tablets per month)*
codeine (45 tablets per month)	ipratropium nebulizer solution (120 vials per month)	Pulmicort Respules (1 box per month)	Zofran injection (10 ml per month)*
codeine with acetaminophen (varies by strength)	Kadian (60 capsules per month)*	Quaalun (42 capsules, 7 days supply per year)*	Zofran ODT (9 tablets per month)*
Combivent (2 inhalers per month)	Kytril 1 mg (6 tablets per month)*	Qvar (2 inhalers per month)	Zofran Solution (100 ml per month)*
Concerta (60 tablets per month)	Kytril injection (1 ml per month)*	Relenza (20 blisters per fill, 3 fills per year)	Zolpimist (1 unit per month)++
Coreg CR (31 tablets per month)	Kytril oral solution (30 ml per month)*	Relpax (8 tablets per month)*+	Zomig (8 tablets per month)*+
Cymbalta (62 tablets of each strength per month)	Lancets (200 per month)	Restoril (1 capsule per day)++	Zomig ZMT (8 tablets per month)*+
Dalmane (1 capsule per day)++	Levo-Dromoran (180 tablets per month)	Rhinocort Aqua (2 inhalers per month)	Zortress (2 tablets per day)
Darvocet (varies by strength)	Lunesta (1 tablet per day)++	Ritalin (90 tablets per month)	Zuplenz 4 mg (9 oral patches per month)*
Darvon (180 tablets per month)	Lyrica 225mg (60 capsules per month)	Ritalin LA (60 tablets per month)	Zuplenz 8 mg (6 oral patches per month)
Darvon-N (180 tablets per month)	Lyrica 25mg-200 mg (90 capsules per month)	Ritalin SR (90 tablet per month)	
Daytrana (30 patches per month)	Lyrica 300mg (60 capsules per month)	Roxicodone (180 tablets per month)	
DDAVP (2 bottles per month)	Maxair .2% (1 inhaler per month)	Rozerem (1 tablet per day)++	
Demerol (30 tablets per month)	Maxair Autoinhaler (1 inhaler per month)	Ryzolt (30 tablets per month)	
Desoxyn (120 tablets per month)	Maxalt (8 tablets per month)*+	Sancuso (2 patches per month)*	
Dexedrine (90 tablets per month)			

The monthly migraine (+), sleep aid (++) , ulcer (+++) and select pain (++++) drug quantity limits apply to all prescription medications within the drug class. For example, if coverage for a sleep aid is limited to one tablet per day, only one sleep aid tablet per day will be covered.

*Medical necessity exceptions available for higher quantities.

Exception Requests

To request medical necessity exceptions, call the Caremark Prior Authorizations department at 800-294-5979. Or fax requests to 888-836-0730. On behalf of BlueCross BlueShield of South Carolina, Caremark administers the Quantity Management program. Caremark is an independent company that manages pharmacy benefits.