Try Generics Drug List

The Try Generics Drug List gives you and your doctor many choices. It also helps make sure you know when a generic medication could treat your health condition. The Try Generics Drug List will help you make good choices about the medications you take. It will also help you ask your doctor or pharmacist the right questions about your medication needs. The more you know, the better choices you make!

**What Is the Try Generics Drug List?**
It's a list of medications that have a step-therapy requirement. Step therapy groups medications into a series of "steps" that require members to try cost-effective "First Choice" medications before more expensive "Second Choice" medications. In some cases, you can use an alternative brand-name medication without trying a First Choice medication. First Choice medications often work as well as Second Choice medications.

If none of the First Choice or alternative brand drugs are right for you, ask your doctor to call the Caremark Prior Authorization department at 800-294-5979. Caremark is an independent company that assists in the administration of the prescription drug program on behalf of BlueCross. Your doctor can also fax requests to Caremark at 888-836-0730. If your exception request is approved, your plan will cover the Second Choice medications at your highest plan's copayment. If you don't try a First Choice medication or you don't get an exception, your plan will not cover the Second Choice medications, and you will pay 100 percent of the cost for them.

We base the Try Generics Drug List on U.S. Food and Drug Administration (FDA) and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design. The Try Generics Drug List only affects the medications your benefit plan covers. You and your doctor should make the final decision about the medications that are right for you.

**What Medications Are Included?**
See the First Choice and Second Choice medications by conditions they are used to treat in this chart. We list any alternative brand-name medications in the last column on the right.

<table>
<thead>
<tr>
<th>Condition used to treat</th>
<th>You must try these first or your doctor must request an exception for you ...</th>
<th>... before you can get coverage for these.</th>
<th>Or ask your doctor about these: Alternative Brand-Name Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Choice Medications</td>
<td>Second Choice Medications</td>
<td></td>
</tr>
<tr>
<td>Acne</td>
<td>generic topical tretinoin products</td>
<td>Avita, Differin, Epiduo, Epiduo Forte, Fabior, Tazorac, Tretin-X, Veltin</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Arthritis / Pain</td>
<td>generic NSAIDs</td>
<td>Naprelan, Pennsaid, Sprix, Zipsor, Zovoxel</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Asthma</td>
<td>No generics available: try the brand-name drugs: ProAir HFA, ProAir RespiClick</td>
<td>Proventil HFA, Ventolin HFA, Xopenex HFA</td>
<td>ProAir HFA, ProAir RespiClick</td>
</tr>
<tr>
<td>Bipolar / Schizophrenia</td>
<td>aripiprazole (generic Abilify), clozapine (generic Clozaril, Fazaclo), olanzapine (generic Zyprexa), paliperdone ext-rel (generic Invega), quetiapine (generic Seroquel), quetiapine ext-rel (generic Seroquel XR), risperidone (generic Risperdal), ziprasidone (generic Geodon)</td>
<td>Abilify, Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Rexulti, Risperdal, Saphris, Seroquel, Seroquel XR, Versacloz, Zyprexa</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Bladder Problems</td>
<td>darifenacin ext-rel (generic Enablex), oxybutynin, oxybutynin ext-rel (generic Ditropan XL), tolterodine (generic Detrol), tolterodine ext-rel (generic Detrol LA), tropsium, tropsium ext-rel</td>
<td>Detrol, Detrol LA, Ditropan XL, Enablex, Myrbetriq, Oxytrol, Toviaz</td>
<td>Gelnique, Vesicare</td>
</tr>
<tr>
<td>Depression</td>
<td>desvenlafaxine succinate ext-rel (generic Pristiq), venlafaxine</td>
<td>desvenlafaxine ext-rel (generic Khedezlia), Effexor XR, Fetzima, Khedezlia, Pristiq</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Depression / Obsessive-Compulsive Disorder</td>
<td>citalopram (generic Celexa), escitalopram (generic Lexapro), fluoxetine (general Prozac), fluvoxamine, fluvoxamine ext-rel, paroxetine (generic Paxil), paroxetine ext-rel (generic Paxil CR), sertraline (generic Zoloft)</td>
<td>Celexa, Lexapro, Paxil, Paxil CR, Pexeva, Prozac, Zoloft</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Gout</td>
<td>allopurinol, probenecid</td>
<td>Uloric</td>
<td>No brand-name drugs available</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Condition used to treat</th>
<th>You must try these first or your doctor must request an exception for you ...</th>
<th>... before you can get coverage for these.</th>
<th>Or ask your doctor about these:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Choice Medications</td>
<td>Second Choice Medications</td>
<td>Alternative Brand-Name Medications</td>
</tr>
<tr>
<td>High Triglycerides</td>
<td>fenofibrate</td>
<td>Antalba, Fibrin, Lipofen, Lofibra, Tricor, Triglide, Trilipix</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td></td>
<td>(generic Fenofibrate, Lipofen, Lofibra, Tricor), fenofibrin acid (generic Fibrinor), fenofibrin acid delayed-rel (generic Trilipix)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Migraine Headaches</td>
<td>almotriptan</td>
<td>Alsuma, Amerge, Axert, Frova, Imitrex, Relpax, Sumavel DosePro, Treximet, Zomig</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td></td>
<td>(generic Axert), frovatriptan (generic Frova), naratriptan (generic Amerge), rizatriptan (generic Maxalt), sumatriptan (generic Imitrex), zolmitriptan (generic Zomig)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muscle Relaxant</td>
<td>cyclobenzaprine</td>
<td>Amrix</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>alendronate</td>
<td>Actonel, Atelvia, Binosto, Boniva, Fosamax, Fosamax Plus D</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td></td>
<td>(generic Fosamax), ibandronate (generic Boniva), risiedronate (generic Actonel), risedronate delayed-rel (generic Atelvia)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psoriasis</td>
<td>TWO of these:</td>
<td>Tazorac</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td></td>
<td>Aclovate, alclometasone, aminonide, betamethasone, clobetasol, Clobex, clocortolone, Cordran, Cultivate, Desonate, desonide, DesOwen, desoximetasone, diflorasone, Diprolene, Elocon, fluocinolone, fluocinonide (except cream 0.1%), flurandrenolide, fluticasone, halobetasol, Halog, hydrocortisone, Kenalog Spray, Luxiq, mometasone, Oloxi, prednicarbate, Temovate, Topicort, triamcinolone, Ultravate, Verdeso</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are Generic Drugs Safe?**

Absolutely! Generic drugs must meet the same strict FDA manufacturing standards as brand-name drugs. The color and shape of a generic drug may be different from its brand-name counterpart, but the active ingredients are the same for both. Generic drugs become available when patents expire on brand-name drugs. They tend to cost less than brand-name drugs because the companies that make them do not have the same development costs as makers of new drugs. When you use a generic drug, you get the same quality as a brand-name drug — at a lower cost.

**Does My Plan Cover Other Drugs?**

Yes! Other drugs your plan covers are listed here by the condition they're used to treat. The amount you will pay for these drugs is based on their Preferred Drug List tier. We list generics first and in italics. You will pay the lowest copayment or coinsurance under your plan for any generics you use. We list preferred brand-name drugs in all capital letters after the generic drugs. You will pay a higher copayment or coinsurance for any preferred brand-name drugs you use. We do not list non-preferred brand-name drugs in this brochure. You will pay the highest copayment or coinsurance for any non-preferred brand-name drugs you use.

**What is a Preferred Drug List?**

A Preferred Drug List (PDL) is a list of medications chosen for their clinical value and cost-effectiveness by a group of doctors and pharmacists. A PDL gives you and your doctor the freedom to choose the medication that works best for you. Tier 1 drugs (lowercase letters) are generic drugs. For the lowest out-of-pocket expense, you should always choose Tier 1 drugs if you and your doctor decide they are right for you. Tier 2 drugs are preferred brand-name drugs. Consider Tier 2 drugs if there is not a Tier 1 drug for your condition. Tier 3 drugs are non-preferred and will usually cost you more. If you are using a Tier 3 drug, talk to your doctor about using Tier 1 and 2 drugs first. **NOTE:** When a generic becomes available, most of the time the brand-name drug will automatically move to the third tier. Since there may be more than one drug available for your medical condition, we urge you to use generic and preferred brand-name drugs whenever possible to help manage your prescription costs.

### ANTI-INFECTIVES

**ANTIBACTERIALS**

§ CEPHALOSPORINS
cefaclor
céfdinir
cephalexin

§ FLUOROQUINOLONES
ciprofloxacin
ciprofloxacin ext-rel
levofoxacin

§ PENICILLINS
amoxicillin
amoxicillin-clavulanate
dicloxacillin
penicillin VK

§ TETRACYCLINES
doxycycline hyclate
minocycline
tetracycline

§ ANTIFUNGALS
fluconazole
itraconazole
terbinafen tablet

### ANTIVIRALS

§ HERPES AGENTS
acyclovir
valacyclovir

§ INFLUENZA AGENTS
oseltamivir capsules
relenza
TAMIFLU SUSPENSION

§ MISCELLANEOUS
metronidazole
sulfamethoxazole-trimethoprim

### CARDIOVASCULAR

§ ACE INHIBITORS
fosinopril
lisinopril
quinapril
ramipril

§ ACE INHIBITOR / CALCIUM CHANNEL BLOCKER COMBINATIONS
alnidipine-benazepril

§ ACE INHIBITOR / DIURETIC COMBINATIONS
fosinopril-hydrochlorothiazide
lisinopril-hydrochlorothiazide
quinapril-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONISTS / DIURETIC COMBINATIONS
irbesartan / irbesartan-hydrochlorothiazide
losartan / losartan-hydrochlorothiazide
olmesartan / olmesartan-hydrochlorothiazide
telmisartan / telmisartan-hydrochlorothiazide

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STEROID / BETA AGONIST COMBINATIONS

ADVAIR
BREO ELLIPTA
SYMBICORT

§ STEROID INHALANTS
budesonide suspension
ASMANEX
FLOVENT
PULMICORT FLEXHALER
QVAR

TOPICAL DERMATOLOGY
§ ACNE
adapalene
cldamycin solution
cldamycin-benzoyl peroxide
erthromycin solution
erthromycin-benzoyl peroxide
tretinoin
tretinoin gel microsphere

OPHTHALMIC
§ ANTIALLERGICS
azelastine
timolol maleate solution

§ ANTI-INFECTIVES
gatifloxacin

§ ANTI-INFLAMMATORIES, STEROIDAL
DUREZOL

§ BETA-BLOCKERS, NONSELECTIVE
travatan z zioptan

§ SYMPATHOMIMETICS
brimonidine
alphagan p

§ CARBONIC ANHYDRASE INHIBITORS
azopt

§ SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS
combigan

§ PROSTAGLANDINS
latanoprost

§ Generics are available in this class and should be considered the first line of prescribing.

* Listing does not include generic GLUMETZA.

† Your benefit document defines actual benefits available and may exclude over-the-counter (OTC) drug coverage. Check your benefit information to verify coverage, or view personal benefit information through our website.

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What if My Drug Is Not Listed in This Brochure?
This brochure is a listing of the most commonly prescribed drugs that treat certain health conditions. If your drug is not listed, it may well be that:

1. Your drug is a generic and all generics are preferred drugs.
2. Your drug is not a preferred drug and is available at the highest copayment or coinsurance.
3. Your drug is preferred, but is not included in this brochure.
4. There are a few drugs for which your doctor may need to request prior authorization before you fill the prescription. This is to make sure your benefit plan covers them. Visit our website for more details.
5. Your drug is available over the counter or is not covered by your plan. For many conditions, an over-the-counter medication may be the appropriate treatment. Talk to your doctor about over-the-counter medications. They may be a good choice for you and may cost you less.

Keep in mind this list is subject to change at any time during the year without prior notice to members or physicians. Your benefit document defines your actual benefit and may exclude coverage for certain drugs listed in this brochure. Please see your plan's website for a list of excluded drugs. Some drugs have quantity limits on them. This means you can only receive a limited amount at one time or during a specific time period. Your pharmacist can tell you if your benefit plan puts any limits on your prescriptions. Pharmacy law requires a valid prescription for the purchase of needles and syringes in certain states. If covered in the pharmacy benefit, OTC products require a valid prescription.

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