

This brochure is an abbreviated version of the BlueChoice HealthPlan Tiered PDL.

For a complete list, visit our website at [www.BlueChoiceSC.com/TieredPDL](http://www.BlueChoiceSC.com/TieredPDL) or contact Member Services (Monday through Friday from 8:30 a.m. to 6 p.m. EST) at 800-868-2528. This list does not apply to our Medicaid or Marketplace (Exchange) plans.

## About the Tiered PDL

The 2016 *Tiered PDL* covers drugs that treat all medical conditions.<sup>1</sup> Each tier represents a different copayment (or coinsurance) level. We assign drugs to a tier based on how well they work (effectiveness) and how much they cost compared to other drugs that treat the same or similar conditions (value). Look at your benefit plan documents to find out how much you will pay when you fill a prescription.

This chart is an overview of the drug tiers your plan covers. Drugs on the lowest tiers will cost you the least amount of money.<sup>2</sup>

Member Cost	Drug Tier	Usually Includes
\$	Tier 1	Lowest-cost prescription generic and some over-the-counter (OTC) drugs.
\$\$	Tier 2	Prescription generic and some OTC drugs.
\$\$\$	Tier 3	Brand drugs that don't have a generic available. Also may include higher-priced generics that have more cost-effective options at lower tiers.
\$\$\$\$	Tier 4	Brand drugs that have brand or generic options at lower tiers. Also may include higher-priced generics that have more cost-effective options at lower tiers.
\$\$\$\$\$	Tier 5	Specialty drugs <sup>3</sup> that may be more cost-effective than other specialty drugs that treat the same conditions. Also may include some non-specialty brand or generic drugs that have more cost-effective options at lower tiers.
\$\$\$\$\$\$	Tier 6	Specialty drugs that have more cost-effective alternatives at Tier 5. Also may include some non-specialty brand or generic drugs that have more cost-effective options at lower tiers.

<sup>1</sup> The exception to this is any drug or category specifically excluded by the member's contract.

<sup>2</sup> Certain drugs required by the Affordable Care Act (ACA) are not assigned a tier and members pay \$0 for these drugs. Also, if you have a high deductible health plan, these tier categories will apply until you reach your deductible. Check your plan documents for information.

<sup>3</sup> Specialty drugs are prescription medications that are used to treat complex or chronic medical conditions like cancer, rheumatoid arthritis, multiple sclerosis and hepatitis C.

A committee of independent physicians and pharmacists advises BlueChoice<sup>®</sup> on pharmacy decisions, including tier placement. CVS/caremark<sup>®</sup> is a division of CVS Health, an independent company that administers the *Tiered PDL* and provides specialty pharmacy services on behalf of BlueChoice HealthPlan. As new drugs come to the market and older drugs become available generically throughout the year, **this list is subject to change at any time without prior notice** to members or health care providers. If you don't see a specific drug listed in this brochure, please review the complete list on our website.

## SAVE \$\$\$ Using the Web

You can find the *Tiered PDL* by visiting our website at [www.BlueChoiceSC.com/TieredPDL](http://www.BlueChoiceSC.com/TieredPDL).

Also, we have created a Prescription Drugs section within My Health Toolkit<sup>®</sup>, a secure, online tool where you can easily find more information about your pharmacy benefits. Go to [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) and select the link for My Health Toolkit. You will need to select a username and password to access this part of the website. Once you have entered My Health Toolkit, select Benefits and choose one of the options under Prescription Drugs. You will be able to:

- Check your drug claims information and history
- See your copayments and out-of-pocket expenses
- Find the nearest network pharmacy
- Find out about drug interactions, recalls and warnings
- Refill mail-service prescriptions

## SAVE \$\$\$ with Generic Drugs

Generic drugs are medications that contain the same active ingredients as the corresponding brand-name drugs, but generally cost less. The U.S. Food and Drug Administration (FDA) requires testing of generic drugs before they are sold to make sure they are of the same quality and effectiveness as their brand-name counterparts. We've designed a program, called **GENERICS NOW<sup>SM</sup>**, to encourage you to use generic drugs. How does it work? Get a prescription from your doctor and take it to a network pharmacy. If your prescription is filled with a generic drug, you will likely pay a low Tier 1 or Tier 2 copayment. If your prescription is filled with a brand-name drug that has a generic option, you will pay a higher copayment or coinsurance, based on your benefit plan, plus the price difference between the generic and the brand-name drug. At no time will you pay more than the retail price.

## SAVE \$\$\$ with Over-the-Counter Medications

Your plan covers certain OTC medications as part of your prescription drug benefits. You will need a prescription from your doctor, specifying the OTC product, before you have coverage for any of these drugs:

- Antihistamines (for example, Alavert OTC, Allegra OTC, Claritin OTC, Zyrtec OTC or OTC store brands)
- Acid reflux medications (for example, Nexium 24HR, Prilosec OTC, Prevacid 24HR, Zegerid OTC or OTC store brands)

We generally cover these medications on Tier 1 or Tier 2.

## SAVE \$\$\$ with Mail-Service Prescriptions

You may have mail service available as part of your pharmacy benefits. With our mail-service program, you get the convenience of having your prescriptions delivered by mail directly to your home in plain, tamper-evident packaging. When you order by mail, you can get most drugs for up to a three-month supply of medication. Ordering your drugs through mail service may save you money when filling prescriptions for drugs you take routinely. Please refer to your plan documents for more information about this service.

**Getting Started with Mail Service:** Get the written prescription(s) from your doctor for a three-month supply of your medication. Remember, it's important that your doctor write your mail-service prescription(s) for a three-month supply. Go to [www.BlueChoiceSC.com](http://www.BlueChoiceSC.com) to get a mail-service order form. Select Members and go to Forms. Under Forms, select Pharmacy Mail Order Form. Print and complete the form and mail it with your original prescription(s) and payment to the address on the form. You can pay by check, money order or credit card.

We can also contact your physician for a new prescription under the **FastStart<sup>®</sup>** program. Please call CVS/caremark at 888-963-7290 for details.

**Refills Are Simple:** You have the option of requesting refills online (see **Save \$\$\$ Using the Web** section) or by phone at 888-963-7290. Both are available 24 hours a day, seven days a week. To refill your prescription, you will need your prescription number, five-digit ZIP code and credit card number with expiration date. Please allow up to 14 days for home delivery by mail from the time you place your refill order.

## Frequently Asked Questions

### What is a PDL?

The *Tiered PDL* is a list of drugs your plan covers. When you have pharmacy benefits with BlueChoice, we cover most prescription drugs that your doctor orders. See the **Lifestyle Medications** and **Coverage Exclusions** sections for information about some drugs we do not cover.

### What will I have to pay for my prescriptions?

The *Tiered PDL* includes all the drugs we cover under the pharmacy benefit and divides them into tiers (copayment or coinsurance levels). See your plan documents for what you have to pay for drugs at each tier.

### How does my prescription benefit work?

When you get a prescription from your health care provider, take it to a participating network pharmacy along with your BlueChoice ID card. You will receive up to a month's supply of your medication for one copayment or coinsurance. If you have mail-service benefits, you can also fill some prescriptions for up to a 90-day supply, by mail. Mail service is a convenient way to get your medications and it may also save you money. See the **Save \$\$\$ with Mail-Service Prescriptions** section.

### Are there special situations?

Your pharmacy benefit covers most drugs. Some drugs, however, may have additional requirements — **Prior Authorization**, **Quantity Limits** and **Step Therapy** — before you get them filled. Also, you must fill drugs on the **Specialty Drug List** through our preferred specialty pharmacy. See these sections for more information.

### What do I do when I have questions?

You can find the answers to many of your questions on our website. Look at the **Save \$\$\$ Using the Web** section in this document for tips on getting the information you need. If you still have questions, please call **Member Services at 800-868-2528**.

## Health Care Reform

The Affordable Care Act (ACA) requires health insurance plans to cover certain drugs, such as aspirin, folic acid, iron supplements, oral fluoride agents, vaccines and tobacco cessation products at no charge. Various age and quantity limits or prerequisite drug requirements may apply. Coverage of brand and generic, prescription and OTC versions varies based upon the item. Covered OTC medications require a prescription.

Certain specific women's preventive services, including contraceptive methods, are also covered at no charge to you when the services are provided by a network provider. BlueChoice offers a wide range of contraceptives that meet the ACA requirements. Generics and some brand contraceptives are available at no member cost. For a list of covered drugs at \$0, please see the [Tiered PDL](#) on our website.

Some "grandfathered" health plans may still choose not to participate in these Health Care Reform changes. If your plan is grandfathered, these ACA benefits may not apply. Check your plan documents.

## Coverage Exclusions

We cover most drugs under your pharmacy benefit. A small number of drugs, however, are excluded from coverage. For a current list of drug exclusions, check the [Tiered PDL](#) on our website. You, your doctor or another person of your choosing may have the right to request that we cover an excluded drug, based on medical necessity. To find out more about requesting a formulary exception for an excluded drug, please contact Member Services.

Also, your pharmacy benefit may not cover these types of medication. Please refer to your plan documents for more information.

- Cosmetic agents
- Drugs considered investigational or that the FDA has not approved
- Drugs to treat infertility
- Drugs to treat sexual dysfunction
- OTC<sup>1</sup> drugs
- Weight-loss agents

<sup>1</sup> We cover some OTC medications with a prescription. See the [Save \\$\\$\\$ with Over-the-Counter Medications](#) section for more information.

You can purchase some drugs in these categories at a discount through participating pharmacies. See the [Lifestyle Medications](#) section.

## Lifestyle Medications

You can purchase certain lifestyle medications at a discounted price under your pharmacy benefits. To receive the discount, present your prescription and member ID card to a participating pharmacy. You will pay the discounted price at the time of purchase. Drugs that fall under the lifestyle medication benefit are:

- Cosmetic agents
- Drugs to treat sexual dysfunction
- Male pattern baldness agents
- Skin-depigmenting agents
- Weight-loss agents

## Quantity Limits

BlueChoice sets maximum-allowed amounts for certain prescription drugs. It bases the amounts on FDA prescribing guidelines and available package sizes. As a result, we limit coverage for some drugs to a certain quantity within a certain period of time. In this drug list, you will see "QL" next to drugs with quantity limits. If your doctor thinks you need more than the amount your plan allows, he or she may request a medical necessity override by calling 800-950-5387 (option #6).

## Step Therapy

BlueChoice requires that certain drugs your prescription benefit covers satisfy specific step therapy criteria. Before you can fill a medication listed on the Step Therapy Drug List, you must first have tried one or more specific alternative drugs that are also appropriate to treat your condition. Step therapy can also help prevent or alert you to any adverse reactions between drugs that could cause serious health problems or have potential drug interactions. Current FDA guidelines and clinical decisions determine the step therapy criteria.

This is a list of the current step therapy medications. This list is subject to change with or without prior notice. You can find more detail about the specific step therapy requirements for a drug in our Web-based [Tiered PDL](#). Drugs with a Step Therapy requirement are noted with an "ST."

**Acne:** Atralin, Avita, Differin, Fabor, minocycline ext-rel, Retin-A, Retin-A Micro, Solodyn, Tazorac, Tretin-X, Veltin, Ziana

**Antihistamines (prescription):** Clarinex, Xyzal

**Behavioral Health:** Abilify, clozapine orally disintegrating tabs (generic Fazaclo), Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Risperdal, Saphris, Seroquel, Versacloz, Zyprexa

**Depression:** Cymbalta, Desvenlafaxine ER, Fetzima, Irenka, Khedezla, Pristiq

**Gout:** Uloric

**Heartburn or Acid Reflux:** Aciphex, Dexilant, First-Lansoprazole, First-Omeprazole, Nexium, omeprazole-sodium bicarbonate (generic Zegerid), Prevacid, Prilosec, Protonix, Zegerid

**High Triglycerides:** Antara, Fenofibrate, Fibricor, Lipofen, Lofibra, Tricor, Triglide, Trilipix

**Migraine:** Sumavel DosePro

**Pain/Arthritis:** Celebrex, celecoxib (generic Celebrex)

## Prior Authorization (PA)

BlueChoice asks doctors to get PA before prescribing certain drugs. Current FDA guidelines determine whether or not a specific drug will require prior authorization. There are two types of prior authorization, standard PA and medical necessity PA. The main difference between a standard PA and a medical necessity PA is that drugs requiring medical necessity PA require you to try at least one alternative drug before they are approved. Your doctor will also have to submit additional information as part of the PA process. Drugs with a standard prior authorization requirement have a "PA" beside them. Medical necessity drugs have an "MN" beside them. See the Medical Necessity PA chart for a list of included drugs and their alternatives. Before your doctor prescribes a drug that requires prior authorization, he or she should call the CVS/caremark PA Center at 800-294-5979 to begin the PA process.

Drugs that Require Prior Authorization (in addition to the MN PA drugs):

**Bacterial Infections:** Acticlate, Adoxa, Doryx, Monodox, Targadox

**Benign Prostatic Hypertrophy (BPH):** finasteride (generic Proscar), Proscar

**Compounded Medications/Kits**

**Fungal Infections:** itraconazole (generic Sporanox), Onmel, Sporanox

**High Triglycerides:** Epanova, Lovaza, omega-3 acid ethyl esters (generic Lovaza), Omtryg, Vascepa

**Irritable Bowel Syndrome:** alosetron (generic Lotronex), Lotronex

**Migraine:** Zecuity

**Narcolepsy:** Evekeo, Nuvigil, Provigil, Xyrem

**Narcotic Dependence:** Bunavail, buprenorphine, buprenorphine-naloxone sublingual tabs, Suboxone Film

**Nausea:** Anzemet, granisetron, Sancuso, Zofran, Zuplenz

**Pain:** Abstral, Actiq, butorphanol nasal spray, Exalgo, fentanyl transmucosal lozenge (generic Actiq), Fentora, Gralise, hydromorphone ext-rel (generic Exalgo), Lazanda, Subsys, Zohydro ER

**Pain/Arthritis:** Celebrex, celecoxib (generic Celebrex)

**Psoriasis:** Soriatane

**Steroids:** Anadrol-50

**Sublingual Immunotherapy:** Grastek, Oralair, Ragwitek

**Testosterone (Implant):** Testopel; **(Inj):** Delatestryl,

Depo-Testosterone; **(Oral):** Android, Methitest, Testred;

**(Topical):** Androderm, Axiron, testosterone gel (generic Androgel, Fortesta, Testim, Vogelxo)

**Weight Gain:** Oxandrin

As new drugs come out and indications change, we may add or remove drugs from the PA list at any time without notice. For the most recent list of drugs requiring prior authorization, please view the [Tiered PDL](#) on our website at [www.BlueChoiceSC.com](#).

## Specialty Drugs

Some prescription drugs are designated as specialty drugs. These are drugs used to treat complex medical conditions. These medications include, but are not limited to, intravenous (IV) drugs, injectable and self-injectable medications, inhaled, topical and certain oral drugs used to treat chronic or rare diseases. See the Specialty Drugs section for coverage of select specialty drugs. Go to our website at [www.BlueChoiceSC.com/TieredPDL](#) for the complete Specialty Drug List.

We require most BlueChoice members to use CVS/specialty™, our preferred specialty pharmacy, for specialty medications. You can call CVS/specialty at 800-237-2767. Drugs on the Specialty Drug List are limited to a 31-day supply.

## Legend

delayed-rel	Delayed-release (also known as enteric-coated)
ext-rel	Extended-release (also known as sustained-release)
#	Requires a prescription
MN	Requires Medical Necessity Review
OTC	Over the Counter
PA	Prior Authorization requirement applies
QL	Quantity Limit
ST	Step Therapy criteria applies

## Non-Specialty Medical Necessity PA

We will not cover some medications without prior authorization for medical necessity. If you are currently using one of the drugs requiring prior authorization for medical necessity, ask your doctor to choose one (or more, as indicated) of the alternative drugs listed.

Drugs Requiring PA for Medical Necessity	Alternatives that Do Not Require PA for Medical Necessity
<b>Allergies - Nasal Steroids</b>	
BECONASE AQ, DYMISTA, NASACORT AQ, OMNARIS, QNASL, RHINOCORT AQUA, VERAMYST, ZETONNA	budesonide spray, flunisolide spray, fluticasone spray, triamcinolone spray, NASONEX
<b>Asthma - Corticosteroid / Beta Agonist Combinations</b>	
DULERA	ADVAIR, SYMBICORT
<b>Corticosteroids, Oral</b>	
RAYOS	prednisone
<b>Corticosteroids, Topical</b>	
OLUX-E FOAM	clobetasol propionate foam 0.05%
<b>Depression - Antidepressants</b>	
OLEPTRO	trazodone
<b>Diabetes</b>	
BYETTA, TANZEUM, TRULICITY	BYDUREON, VICTOZA
INVOKAMET, INVOKANA	FARXIGA, JARDIANCE, SYNJARDY, XIGDUO XR
FORTAMET, GLUMETZA, RIOMET	metformin, metformin ext-rel
JENTADUETO, KAZANO, NESINA, OSENI, TRADJENTA	JANUMET, JANUMET XR, JANUVIA, KOMBIGLYZE XR, ONGLYZA
All test strips EXCEPT ONETOUCH	ONETOUCH STRIPS
APIDRA, HUMALOG, HUMALOG MIX 50/50, HUMALOG MIX 75/25, HUMULIN 70/30, HUMULIN N, HUMULIN R *	NOVOLIN 70/30, NOVOLIN N, NOVOLIN R, NOVOLOG, NOVOLOG MIX 70/30
LEVEMIR, TOUJEO	LANTUS
* HUMULIN R U-500 concentrate will not be subject to PA and will continue to be covered.	
<b>Glaucoma</b>	
LUMIGAN 0.01%	bimatoprost 0.03%, latanoprost, travoprost, TRAVATAN Z, ZIOPTAN
<b>Heartburn / Acid Reflux</b>	
NEXIUM	NEXIUM 24HR <i>and</i> one of these: lansoprazole, omeprazole, pantoprazole, rabeprazole
<b>High Blood Pressure</b>	
ATACAND, ATACAND HCT, AVALIDE, AVAPRO, COZAAR, DIOVAN, DIOVAN HCT, EDARBI, EDARBYCLOR, HYZAAR, MICARDIS, MICARDIS HCT, TEKTURN, TEKTURN HCT, TEVETEN, TEVETEN HCT	candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide, BENICAR, BENICAR HCT
<b>High Cholesterol</b>	
ADVICOR	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, SIMCOR
ALTOPREV, LESCOL, LESCOL XL, LIPITOR, LIVALO, MEVACOR, PRAVACHOL, ZOCOR	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin
CRESTOR, LIPTRUZET, VYTORIN	atorvastatin
<b>Irritable Bowel Syndrome</b>	
AMITIZA	LINZESS
<b>Narcotic Dependence</b>	
BUNAVAIL, ZUBSOLV	buprenorphine-naloxone sublingual tabs, SUBOXONE FILM
<b>Overactive Bladder / Incontinence</b>	
DETROL, DETROL LA, DITROPAN XL, MYRBETRIQ, OXYTROL, TOVIAZ	oxybutynin, oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, VESICARE
<b>Pain / Inflammation - NSAIDs</b>	
NAPRELAN, PENNSAID, SPRIX, ZIPSOR, ZORVOLEX	generic NSAID
<b>Skeletal Muscle Relaxants</b>	
AMRIX	cyclobenzaprine
<b>Sleep Hypnotics</b>	
AMBIEN, AMBIEN CR, BELSOMRA, EDLUAR, INTERMEZZO, LUNESTA, SILENOR, SONATA, ZOLPIMIST	eszopiclone, zaleplon, zolpidem, zolpidem ext-rel
<b>Testosterone Replacement</b>	
ANDROGEL, FORTESTA, NATESTO, TESTIM, VOGELXO	testosterone gel, ANDRODERM, AXIRON

## BlueChoice HealthPlan 2016 Non-Specialty Tiered PDL

Brand Name	Tier	Available Generic	Tier	Brand Name	Tier	Available Generic	Tier
<b>Cardiovascular (Heart and Hypertensive)</b>				<b>Cardiovascular (Heart and Hypertensive) (Continued)</b>			
ACCUPRIL	4	quinapril	1	BIDIL	5		
ALTACE	4	ramipril	1	BYSTOLIC	3		
AVALIDE MN	4	irbesartan-hydrochlorothiazide	1	COZAAR MN	4	losartan	1
AVAPRO MN	4	irbesartan	1	DIOVAN MN	4	valsartan	1
ATACAND MN	4	candesartan	1	DIOVAN HCT MN	4	valsartan-hydrochlorothiazide	1
ATACAND HCT MN	4	candesartan-hydrochlorothiazide	1	EDARBI MN	4		
AZOR	3			EDARBYCLOR MN	4		
BENICAR	3			EDECIN	5		
BENICAR HCT	3			EXFORGE	3	amlodipine-valsartan	1

Brand Name	Tier	Available Generic	Tier
<b>Cardiovascular (Heart and Hypertensive) (Continued)</b>			
EXFORGE HCT	3	amlodipine-valsartan-hydrochlorothiazide	1
HYZAAR MN	4	losartan-hydrochlorothiazide	1
INDERAL LA	4	propranolol ext-rel	1
LOTREL	4	amlodipine-benazepril	1
MICARDIS MN	4	telmisartan	1
MICARDIS HCT MN	4	telmisartan-hydrochlorothiazide	1
NORVASC	4	amlodipine	1
RECTIV	5		
TEKURNA MN	4		
TEKURNA HCT MN	4		
TENORMIN	4	atenolol	1
TEVETEN MN	4	eprosartan	1
TEVETEN HCT MN	4		
TOPROL-XL	4	metoprolol succinate ext-rel	1
TRIBENZOR	3		
TWYNSTA	4	telmisartan-amlodipine	1
ZESTRIL	4	lisinopril	1

#### Lipid-Lowering Agents

<b>Fibrates</b>			
ANTARA ST	4	fenofibrate	1
FENOGLIDE ST	4	fenofibrate	1
FIBRICOR ST	4	fenofibric acid	1
LIPOFEN ST	4	fenofibrate	1
LOPID	4	gemfibrozil	1
LOFIBRA ST	4	fenofibrate, micronized	1
TRICOR ST	4	fenofibrate	1
TRIGLIDE ST	4		
TRILIPIX ST	4	fenofibric acid delayed-rel	1

#### HMG-CoA Reductase Inhibitors / Combinations

ALTOPREV MN	4		
CRESTOR MN	4		
LESCOL MN	4	fluvastatin	1
LESCOL XL MN	4		
LIPITOR MN	4	atorvastatin	1
LIPTRUZET MN	4		
LIVALO MN	4		
MEVACOR MN	4	lovastatin	1
PRAVACHOL MN	4	pravastatin	1
VYTORIN MN	4		
ZOCOR MN	4	simvastatin	1

#### Niacins / Combinations

ADVICOR MN	4		
NIASPAN	4	niacin ext-rel	1
SIMCOR	3		

#### Lipid-Lowering, Miscellaneous

COLESTID	4	colestipol	1
EPANOVA PA	4		
LOVAZA PA	5	omega-3 acid ethyl esters PA	1
OMTRYG PA	4		
QUESTRAN	4	cholestyramine	1
VASCEPA PA	4		
WELCHOL	3		
ZETIA	4		

#### Dermatology

<b>Acne - Oral</b>			
ACTICLATE PA	5		
ADOXA PA	4	doxycycline monohydrate	1
AMNESTEEM	3		
CLARAVIS	3		
DORYX PA	5		
ERY-TAB	3		
MINOCIN	4	minocycline	1
MONODOX PA	4	doxycycline monohydrate	1
MYORISAN	3		
SOLODYN ST	5	minocycline ext-rel ST	1
TARGADOX PA	5		
VIBRAMYCIN	4	doxycycline hyclate	1
ZENATANE	3		

#### Acne - Topical

ATRALIN ST	4		
AVITA ST	4		
BENZAACLIN	5		
CLEOCIN T	4	clindamycin	1
CLINDAGEL	5		
DIFFERIN ST	4	adapalene	1
FABIOR ST	4		
RETIN-A ST	4	tretinoin	1
RETIN-A MICRO ST	4	tretinoin gel microsphere	1

Brand Name	Tier	Available Generic	Tier
<b>Acne - Topical (Continued)</b>			
RIAX	5		
TAZORAC ST	4		
TRETIN-X ST	4		
VELTIN ST	4		
ZIANA ST	4		

#### Analgesics (Miscellaneous) - Topical

ACTIVE-PAC PA	5		
ACTIVE-PREP CRM KIT PA	5		
AMITRIPTYLINE KIT 2% PA	5		
BACLOFEN CRM 1% PA	5		
CYCLOBENZAPRINE CRM 20 MG/GM PA	5		
LIDOCAINE CRM 10% PA	5		
LIDODERM	4	lidocaine patch	1
MARLIDO PA	5		
NAPRO CRM 15% PA	5		
PAIN RELIEF PAD PATCH PA	5		
RECIPHEXAMINE DIS 4-1% PA	5		
RELYYKS PAD PA	5		
TRAMADOL CRM 5% PA	5		

#### Antifungals - Topical

ECOZA	5		
JUBLIA	5		
KERYDIN	5		
LOPROX	4	ciclopirox	1
LUZU	5		
VUSION	5		

#### Corticosteroids - Oral

		prednisone	1
RAYOS MN	4		

#### Corticosteroids - Topical

APEXICON E	5		
CLODERM	4	clocortolone crm	1
LOCOID	5		
LUXIQ	5		
OLUX-E FOAM MN	4	clobetasol propionate foam 0.05%	1
TEMOVATE	4	clobetasol propionate crm, gel, oint, soln 0.05%	1

#### Psoriasis

DOVONEX	4	calcipotriene	1
OXSORALEN-ULTRA	4	methoxsalen	3
SORIATANE PA	4	acitretin	1
TACLONEX	4	calcipotriene-betamethasone	3
VECTICAL	5		
ZITHRANOL	5		

#### Rosacea

AVAR	5		
AVAR-E	5		
METROGEL	4	metronidazole gel 1%	1
MIRVASO	5		
NORITATE	5		
ORACEA	5	doxycycline delayed-rel	1
PLEXION	5		
SOOLANTRA	5		

#### Scabies and Pediculosis

OVIDE	4	malathion	1
NATROBA	4	spinosad	1
SKLICE	5		
ULESFIA	5		

#### Depression

		trazodone	1
CELEXA	4	citalopram	1
CYMBALTA ST QL	4	duloxetine QL	1
DESVENLAFAXINE ER ST QL	4		
FETZIMA ST QL	4		
IRENKA ST QL	4		
KHEDEZLA ST QL	4		
LEXAPRO	4	escitalopram	1
NARDIL	4	phenelzine	1
OLEPTRO MN	4		
PAXIL	4	paroxetine	1
PAXIL CR	4	paroxetine ext-rel	1
PRISTIQ ST QL	4		
PROZAC	5	fluoxetine	1
PROZAC WEEKLY QL	4	fluoxetine delayed-rel QL	1
REMERON	4	mirtazapine	1
WELLBUTRIN	4	bupropion	1
WELLBUTRIN XL QL	4	bupropion ext-rel QL	1
ZOLOFT	4	sertraline	1



Brand Name	Tier	Available Generic	Tier
<b>Diabetes</b>			
ACTOPLUS MET	4	pioglitazone-metformin	1
ACTOS	4	pioglitazone	1
AMARYL	4	glimepiride	1
BYDUREON	3		
BYETTA MN	4		
DIABETA	4	glyburide	1
DUETACT	4	pioglitazone-glimepiride	1
FARXIGA	3		
FORTAMET MN	4	metformin ext-rel	1
GLUCOPHAGE	4	metformin	1
GLUCOPHAGE XR	4	metformin ext-rel	1
GLUCOTROL	4	glipizide	1
GLUCOTROL XL	4	glipizide ext-rel	1
GLUCOVANCE	4	glyburide-metformin	1
GLUMETZA MN	4		
GLYNASE	4	glyburide, micronized	1
INVOKAMET MN	4		
INVOKANA MN	4		
JANUMET	3		
JANUMET XR	3		
JANUVIA	3		
JARDIANCE	3		
JENTADUETO MN	4		
KAZANO MN	4		
KOMBIGLYZE XR	3		
METAGLIP	4	glipizide-metformin	1
NESINA MN	4		
ONGLYZA	3		
OSENI MN	4		
PRANDIN	4	repaglinide	1
PRECOSE	4	acarbose	1
RIOMET MN	4		
SYMLINPEN	4		
SYNJARDY	3		
TANZEUM MN QL	4		
TRADJENTA MN	4		
TRULICITY MN QL	4		
VICTOZA	3		
XIGDUO XR	3		
<b>Insulin and Monitoring Products</b>			
All test strips MN	4		
EXCEPT ONETOUCH			
APIDRA MN	4		
HUMALOG MN	4		
HUMALOG MIX MN	4		
HUMULIN MN	4		
HUMULIN R U-500	3		
LANCETS	3		
LANTUS	3		
LEVEMIR MN	4		
NOVOLIN	3		
NOVOLOG	3		
NOVOLOG MIX	3		
ONETOUCH STRIPS AND KITS	3		
TOUJEO MN	4		
<b>Gastrointestinal (Ulcer, Miscellaneous)</b>			
ACIPHEX ST QL	4	rabeprazole QL	1
AMITIZA MN	4		
CARAFATE	4	sucralfate	1
DELZICOL	5		
DEXILANT ST QL	4		
DIPENTUM	5		
DONNATAL	5		
FIRST-LANSOPRAZOLE ST QL	4		
FIRST-OMEPRAZOLE ST QL	4		
FULYZAQ	5		
LINZESS	3		
LOTRONEX PA	4	alosetron PA	1
NEXIUM MN ST QL	4		
NEXIUM 24HR OTC # QL	1		
PREVACID ST QL	4	lansoprazole QL	1
PREVACID 24HR OTC # QL	1		
PRILOSEC ST QL	4	omeprazole QL	1
PRILOSEC OTC OTC # QL	1		
PROTONIX ST QL	4	pantoprazole QL	1
REGLAN	4	metoclopramide	1
UCERIS	5		
ZANTAC	4	ranitidine	1

Brand Name	Tier	Available Generic	Tier
<b>Gastrointestinal (Ulcer, Miscellaneous) (Continued)</b>			
ZEGERID ST QL	5	omeprazole-sodium bicarbonate ST QL	4
ZEGERID OTC OTC # QL	1		
<b>Infectious Disease</b>			
AUGMENTIN	4	amoxicillin-clavulanate	1
AVELOX	4	moxifloxacin	1
BIAXIN XL	4	clarithromycin ext-rel	1
CIPRO	4	ciprofloxacin	1
DIFLUCAN	4	fluconazole	1
ERY-TAB	3		
FLAGYL QL	4	metronidazole QL	1
LAMISIL	4	terbinafine tabs	1
LEVAQUIN	4	levofloxacin	1
MALARONE	4	atovaquone-proguanil	1
ONMEL PA	4		
SPORANOX PA QL	4	itraconazole PA QL	1
VALTREX QL	4	valacyclovir QL	1
ZITHROMAX	4	azithromycin	1
ZOVIRAX	4	acyclovir, oral	1
<b>Insomnia</b>			
AMBIEN MN QL	4	zolpidem QL	1
AMBIEN CR MN QL	4	zolpidem ext-rel QL	1
BELSOMRA MN QL	5		
EDLUAR MN QL	4		
HALCION QL	4	triazolam QL	1
INTERMEZZO MN QL	4		
LUNESTA MN QL	4	eszopiclone QL	1
PROSOM QL	4	estazolam QL	1
RESTORIL QL	4	temazepam QL	1
ROZEREM QL	3		
SILENOR MN QL	4		
SONATA MN QL	4	zaleplon QL	1
ZOLPIMIST MN QL	4		
<b>Migraine</b>			
ALSUMA QL	4		
AMERGE QL	4	naratriptan QL	1
AXERT QL	5	almotriptan QL	1
FROVA QL	4		
IMITREX QL	4	sumatriptan QL	1
MAXALT QL	4	rizatriptan QL	1
RELPAZ QL	4		
SUMAVEL DOSEPRO ST QL	4		
TREXIMET QL	5		
ZOMIG QL	4	zolmitriptan QL	1
ZOMIG NASAL SPRAY QL	4		
<b>Ophthalmic (Eye)</b>			
		bimatoprost 0.03%	1
		travoprost	1
ALPHAGAN P 0.1%	3		
AZOPT	3		
BEPREVE	5		
BLEPHAMIDE SOP	3		
COMBIGAN	3		
COSOPT	4	dorzolamide-timolol	1
DUREZOL	3		
LOTEMAX	3		
LUMIGAN 0.01% MN	4		
MOXEZA	5		
PATADAY	3		
POLYTRIM	4	polymyxin B-trimethoprim	1
PRED MILD	3		
SIMBRINZA	5		
TIMOPTIC	4	timolol maleate	1
TOBRADEX ST	3		
TOBREX	4	tobramycin	1
TRAVATAN Z	3		
TRUSOPT	4	dorzolamide	1
VIGAMOX	3		
XALATAN	4	latanoprost	1
ZIOPTAN	3		
ZYLET	3		
ZYMAXID	4	gatifloxacin	1
<b>NSAIDs / Skeletal Muscle Relaxants</b>			
AMRIX MN	5	cyclobenzaprine	1
ARTHROTEC	4	diclofenac sodium-misoprostol	1
CELEBREX ST QL PA	4	celecoxib ST QL PA	1
CONZIP	5	tramadol ext-rel	1
FELDENE	4	piroxicam	1

Brand Name	Tier	Available Generic	Tier
<b>NSAIDs / Skeletal Muscle Relaxants (Continued)</b>			
LORZONE	5		
MOBIC	4	meloxicam	1
NAPRELAN MN	4	naproxen sodium ext-rel	1
NAPROSYN	4	naproxen	1
PENNSAID MN	4	diclofenac sodium topical soln 1.5%	1
SPRIX MN	4		
ZIPSOR MN	4		
ZORVOLEX MN	4		
<b>Opioids</b>			
ABSTRAL PA QL	4		
ACTIQ PA QL	4	fentanyl transmucosal lozenge PA QL	1
DILAUDID QL	4	hydromorphone QL	1
DURAGESIC QL PA	4	fentanyl transdermal QL PA	1
EXALGO PA QL	5	hydromorphone ext-rel PA QL	4
FENTORA PA QL	4		
LAZANDA PA QL	4		
MS CONTIN QL	4	morphine ext-rel QL	1
NORCO QL	4	hydrocodone-acetaminophen QL	1
OXYCONTIN QL	3		
PERCOCET QL	4	oxycodone-acetaminophen QL	1
SUBSYS PA QL	5		
TYLENOL w/CODEINE QL	4	codeine-acetaminophen QL	1
XARTEMIS XR QL	5		
ZOHYDRO ER PA QL	5		
<b>Narcotic Dependence</b>			
		buprenorphine PA QL	1
		buprenorphine-naloxone sublingual tabs PA QL	1
BUNAVAIL MN QL	4		
SUBOXONE FILM PA QL	3		
ZUBSOLV MN QL	4		
<b>Respiratory</b>			
<b>Allergy</b>			
		flunisolide nasal spray QL	1
		fluticasone nasal spray QL	1
ALAVERT OTC #	1	loratadine OTC #	1
ALAVERT-D OTC #	1	loratadine-pseudoephedrine OTC #	1
ALLEGRA OTC #	1	fexofenadine OTC #	1
ALLEGRA-D OTC #	1	fexofenadine-pseudoephedrine OTC #	1
ASTEPRO QL	4	azelastine QL	1
ATROVENT QL	4	ipratropium nasal spray QL	1
BECONASE AQ MN QL	4		
CLARINEX ST	4	desloratadine	1
CLARITIN OTC #	1	loratadine OTC #	1
CLARITIN-D OTC #	1	loratadine-pseudoephedrine OTC #	1
DYMISTA MN QL	4		
NASACORT AQ MN QL	4	triamcinolone nasal spray QL	1
NASONEX QL	3		
OMNARIS MN QL	4		
PATANASE QL	4	olopatadine nasal spray QL	1
ONASL MN QL	4		
RHINOCORT AQUA MN QL	4	budesonide nasal spray QL	1
VERAMYST MN QL	4		
XYZAL ST	4	levocetirizine	1
ZETONNA MN QL	4		
ZYRTEC OTC #	1	cetirizine OTC #	1
ZYRTEC-D OTC #	1	cetirizine-pseudoephedrine OTC #	1
<b>Asthma / COPD</b>			
ADVAIR QL	3		
ALVESCO QL	3		
ANORO ELLIPTA QL	3		
ASMANEX QL	3		
ATROVENT HFA QL	3		
BREO ELLIPTA QL	3		
BROVANA QL	4		
COMBIVENT RESPIMAT QL	3		

Brand Name	Tier	Available Generic	Tier
<b>Asthma / COPD (Continued)</b>			
DULERA MN QL	4		
FLOVENT QL	3		
FORADIL QL	3		
PERFORMIST QL	4		
PROAIR HFA QL	3		
PROAIR RESPICLICK QL	3		
PULMICORT FLEXHALER QL	4		
PULMICORT RESPULES QL	4	budesonide inh susp QL	1
QVAR QL	3		
SEREVENT QL	3		
SINGULAIR	4	montelukast	1
SPIRIVA QL	3		
SYMBICORT QL	3		
VENTOLIN HFA QL	3		
<b>Testosterone Replacement</b>			
ANDRODERM PA	3		
ANDROGEL MN	4	testosterone gel PA	1
ANDROID PA	4		
AXIRON PA	3		
DELATESTRYL PA	4		
DEPO-TESTOSTERONE PA	4		
FORTESTA MN	4	testosterone gel PA	1
METHITEST PA	4		
NATESTO MN	4		
TESTIM MN	4	testosterone gel PA	1
TESTOPEL PA	4		
TESTRED PA	4		
VOGELXO MN	4	testosterone gel PA	1
<b>Thyroid Agents</b>			
LEVOXYL	1	levothyroxine	1
SYNTHROID	4	levothyroxine	1
TAPAZOLE	4	methimazole	1
TIROSINT	5		
<b>Prostate and Bladder</b>			
		oxybutynin	1
		tropium	1
		tropium ext-rel	1
CARDURA	4	doxazosin	1
DETROL MN	4	tolterodine	1
DETROL LA MN	4	tolterodine ext-rel	1
DITROPAN XL MN	4	oxybutynin ext-rel	1
FLOMAX	4	tamsulosin	1
GELNIQUE	3		
MYRBETRIQ MN	4		
OXYTROL MN	4		
PROSCAR PA	4	finasteride PA	1
PYRIDIUM	4	phenazopyridine	1
TOVIAZ MN	4		
URECHOLINE	4	bethanechol	1
UROXATRAL	4	alfuzosin ext-rel	1
VESICARE	3		
<b>Women's Health</b>			
<b>Hormonal Therapy</b>			
ENJUVA	3		
FEMRING	3		
PREMARIN	3		
PREMPHASE	3		
PREMPRO	3		
<b>Osteoporosis</b>			
ACTONEL QL	4	risedronate QL	1
BONIVA QL	4	ibandronate QL	1
EVISTA	4	raloxifene	1
FOSAMAX QL	4	alendronate QL	1
FOSAMAX PLUS D QL	4		

## BlueChoice HealthPlan 2016 Specialty Tiered PDL

Most members are required to have their specialty drug prescriptions filled at our preferred specialty pharmacy, CVS/specialty. See the Specialty Drug section for more information. Also, some specialty drugs require prior authorization (PA). If your drug requires PA, please have your doctor make the request to CVS/specialty by calling 800-237-2767 or faxing 800-323-2445.

Brand Name	Tier	Available Generic	Tier
<b>Anemia</b>			
ARANESP PA	6		
EPOGEN PA	6		
PROCRIT PA	5		
<b>Growth Hormones</b>			
GENOTROPIN MN	6		
HUMATROPE PA	5		
NORDITROPIN PA	5		
NUTROPIN AQ MN	6		
OMNITROPE MN	6		
SAIZEN MN	6		
ZOMACTON MN	6		
<b>Infertility</b>			
BRAVELLE MN	6		
FOLLISTIM AQ MN	6		
GONAL-F PA	5		
<b>Inflammatory Bowel Disease (Crohn's Disease, etc.)</b>			
CIMZIA MN	6		
ENTYVIO MN	6		
HUMIRA PA	5		
REMICADE MN	6		
SIMPONI MN	6		
TYSABRI MN	6		
<b>Multiple Sclerosis</b>			
AMPYRA PA	5		
AUBAGIO MN	6		
AVONEX MN	6		
BETASERON PA	5		
COPAXONE PA	5	GLATOPA PA	5
EXTAVIA MN	6		
GILENYA PA	5		
PLEGRIDY MN	6		
REBIF PA	5		
TECFIDERA PA	5		
TYSABRI MN	6		
<b>Osteoarthritis</b>			
EUFLEXXA MN	6		
GEL-ONE PA	5		
HYALGAN PA	5		
MONOVISC MN	6		
ORTHOVISC MN	6		
SUPARTZ PA	5		
SYNVISC MN	6		
SYNVISC-ONE MN	6		

Brand Name	Tier	Available Generic	Tier
<b>Osteoporosis</b>			
FORTEO PA	5		
PROLIA PA	6		
RECLAST PA	6	zoledronic acid PA	6
<b>Psoriasis</b>			
COSENTYX MN	6		
ENBREL PA	5		
HUMIRA PA	5		
OTEZLA MN	6		
REMICADE MN	6		
STELARA MN	6		
<b>Pulmonary Arterial Hypertension</b>			
ADCIRCA PA	6		
ADEMPAS PA	5		
FLOLAN PA	6	epoprostenol PA	6
LETAIRIS PA	5		
OPSUMIT PA	5		
ORENITRAM PA	6		
REMODULIN PA	6		
REVATIO PA	6	sildenafil PA	6
TRACLEER PA	5		
TYVASO PA	6		
VELETRI PA	6		
VENTAVIS PA	6		
<b>Rheumatoid Arthritis</b>			
ACTEMRA MN	6		
CIMZIA MN	6		
ENBREL PA	5		
HUMIRA PA	5		
KINERET MN	6		
ORENCIA MN	6		
REMICADE MN	6		
RITUXAN MN	6		
SIMPONI MN	6		
SIMPONI ARIA MN	6		
XELJANZ MN	6		

## Specialty Medical Necessity PA

We will not cover some drugs without prior authorization for medical necessity. For drugs that require medical necessity PA, you have to try at least one alternative drug before they are approved. Your doctor will also have to submit additional information as part of the PA process.

Drugs Requiring PA for Medical Necessity	Alternatives that Do Not Require PA for Medical Necessity
<b>Growth Deficiency</b>	
GENOTROPIN, NUTROPIN AQ, OMNITROPE, SAIZEN, ZOMACTON	HUMATROPE, NORDITROPIN
<b>Infertility</b>	
BRAVELLE, FOLLISTIM AQ	GONAL-F
<b>Inflammatory Conditions (Crohn's Disease, Psoriasis, Rheumatoid Arthritis)</b>	
ACTEMRA, CIMZIA, COSENTYX, ENTYVIO, KINERET, ORENCIA, OTEZLA, REMICADE, RITUXAN, SIMPONI, SIMPONI ARIA, STELARA, TYSABRI, XELJANZ	ENBREL <i>and</i> HUMIRA
<b>Multiple Sclerosis (MS)</b>	
AUBAGIO, AVONEX, EXTAVIA, PLEGRIDY, TYSABRI	BETASERON, COPAXONE, GILENYA, GLATOPA, REBIF, TECFIDERA
<b>Osteoarthritis</b>	
EUFLEXXA, MONOVISC, ORTHOVISC, SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ

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