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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.

Condition used to treat	You must try these first or your doctor must request an exception for you before you can get coverage for these.	Or ask your doctor about these:
	First Choice Medications	Second Choice Medications	Alternative Brand-Name Medications
Acne	generic topical tretinoin products	Atralin, Avita, Differin, Fabior, Retin-A, Retin-A Micro, Tazorac, Tretin-X, Veltin, Ziana	No brand-name drugs available
Acne	immediate-release minocycline AND one of these: doxycycline, erythromycin, tetracycline	Solodyn	No brand-name drugs available
Allergies or Hives	OTC Alavert, OTC Alavert D-12, OTC Allegra, OTC Allegra-D, OTC Claritin, OTC Claritin-D, OTC store brands, OTC Zyrtec, OTC Zyrtec-D	Clarinex, Clarinex-D, Xyzal	No brand-name drugs available
Arthritis/Pain	ibuprofen (generic Advil), indomethacin, meloxicam (generic Mobic), naproxen (generic Anaprox, Naprosyn) and all other generic non-steroidal anti-inflammatory drugs (NSAIDs)	Arthrotec, Celebrex (other than 400 mg), diclofenac sodium delayed-rel/misoprostol (generic Arthrotec), Flector, Nalfon, Naprelan, Zipsor, Zorvolex and all other brand NSAIDs	No brand-name drugs available
Asthma	No generics available; try the brand-name drug, ProAir HFA	Proventil HFA, Ventolin HFA, Xopenex HFA	ProAir HFA
Bipolar/Schizophrenia	clozapine (generic Clozaril, Fazaclo), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), risperidone (generic Risperdal), ziprasidone (generic Geodon)	Abilify, Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Risperdal, Saphris, Seroquel, Versacloz, Zyprexa	Seroquel XR
Bladder Problems	oxybutynin, oxybutynin ext-rel (generic Ditropan XL), tolterodine (generic Detrol), tolterodine ext-rel (generic Detrol LA), trospium, trospium ext-rel	Detrol, Detrol LA, Ditropan XL, Enablex, Myrbetriq, Oxytrol, Toviaz	Gelnique, Vesicare
Depression	venlafaxine, venlafaxine ext-rel (generic Effexor XR)	desvenlafaxine ext-rel, Effexor XR, Fetzima, Khedezla, Pristiq	No brand-name drugs available

Condition used to treat	You must try these first or your doctor must request an exception for you before you can get coverage for these.	Or ask your doctor about these:
	First Choice Medications	Second Choice Medications	Alternative Brand-Name Medications
Depression/ Obsessive-Compulsive Disorder	citalopram (generic Celexa), escitalopram (generic Lexapro), fluoxetine (generic Prozac), fluvoxamine, fluvoxamine ext-rel (generic Luvox CR), paroxetine (generic Paxil), paroxetine ext-rel (generic Paxil CR), sertraline (generic Zoloft)	Celexa, Lexapro, Luvox CR, Paxil, Paxil CR, Pexeva, Prozac, Zoloft	No brand-name drugs available
Gout	allopurinol, probenecid	Uloric	No brand-name drugs available
Heartburn or Acid Reflux	lansoprazole (generic Prevacid), omeprazole (generic Prilosec), pantoprazole (generic Protonix), Prevacid 24 HR OTC, Prilosec OTC, rabeprazole (generic Aciphex), Zegerid OTC	Aciphex, Dexilant, esomeprazole strontium, First-Omeprazole, Lansoprazole Suspension, Nexium, omeprazole-sodium bicarbonate (generic Zegerid capsules), Prevacid, Prilosec, Protonix, Zegerid	No brand-name drugs available
High Triglycerides	fenofibrate (generic Antara, Lipofen, Lofibra, Tricor), fenofibric acid (generic Fibracor), fenofibric acid delayed-rel (generic Trilipix)	Antara, Fenoglide, Fibracor, Lipofen, Lofibra, Tricor, Triglide, Trilipix	No brand-name drugs available
Migraine Headaches	naratriptan (generic Amerge), rizatriptan (generic Maxalt), sumatriptan (generic Imitrex), zolmitriptan (generic Zomig)	Alsuma, Amerge, Axert, Frova, Imitrex, Relpax, Sumavel DosePro, Treximet, Zomig	No brand-name drugs available
Osteoporosis	alendronate (generic Fosamax), ibandronate (generic Boniva), risedronate (generic Actonel)	Actonel, Atelvia, Binosto, Boniva, Fosamax, Fosamax Plus D	No brand-name drugs available
Psoriasis	TWO of these: Aclovate, aclometasone, amcinonide, betamethasone, clobetasol, Clobex, clocortolone, Cordran, Cutivate, Dermatop, Desonate, desonide, DesOwen, desoximetasone, diflorasone, Diprolene, Elocon, fluocinolone, fluocinonide, fluticasone, halobetasol, Halog, hydrocortisone, Kenalog Spray, Luxiq, mometasone, Olux, prednicarbate, Temovate, Topicort, triamcinolone, Ultravate, Verdeso	Tazorac	No brand-name drugs available

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
 cefdinir
 cephalixin

**§ ERYTHROMYCINS /
MACROLIDES**

azithromycin
 clarithromycin
 clarithromycin ext-rel
 erythromycins

§ FLUOROQUINOLONES

ciprofloxacin
 ciprofloxacin ext-rel
 levofloxacin

§ PENICILLINS

amoxicillin
 amoxicillin-clavulanate
 dicloxacillin
 penicillin VK

§ TETRACYCLINES

doxycycline hyclate
 minocycline
 tetracycline

§ ANTIFUNGALS

fluconazole
 itraconazole
 terbinafine tablet

ANTIVIRALS**§ HERPES AGENTS**

acyclovir
 valacyclovir

§ INFLUENZA AGENTS

amantadine
 rimantadine
 RELENZA
 TAMIFLU

§ MISCELLANEOUS

metronidazole
 sulfamethoxazole-
 trimethoprim

CARDIOVASCULAR**§ ACE INHIBITORS**

fosinopril
 lisinopril
 quinapril
 ramipril

**§ ACE INHIBITOR /
CALCIUM CHANNEL
BLOCKER
COMBINATIONS**

amlodipine-benazepril

**§ ACE INHIBITOR /
DIURETIC
COMBINATIONS**

fosinopril-
 hydrochlorothiazide
 lisinopril-
 hydrochlorothiazide
 quinapril-
 hydrochlorothiazide

**§ ANGIOTENSIN II
RECEPTOR
ANTAGONISTS /
DIURETIC
COMBINATIONS**

irbesartan / irbesartan-
 hydrochlorothiazide
 losartan / losartan-
 hydrochlorothiazide
 telmisartan / telmisartan-
 hydrochlorothiazide
 valsartan / valsartan-
 hydrochlorothiazide
 BENICAR / BENICAR HCT

**§ ANGIOTENSIN II
RECEPTOR ANTAGONIST /
CALCIUM CHANNEL
BLOCKER
COMBINATIONS**

telmisartan-amlodipine
 AZOR

**ANGIOTENSIN II
RECEPTOR ANTAGONIST /
CALCIUM CHANNEL
BLOCKER / DIURETIC
COMBINATIONS**

TRIBENZOR

ANTILIPEMICS**§ BILE ACID RESINS**

cholestyramine
 WELCHOL

**CHOLESTEROL
ABSORPTION INHIBITORS**

ZETIA

§ FIBRATES

fenofibrate

**§ HMG-CoA REDUCTASE
INHIBITORS**

atorvastatin
 fluvastatin
 pravastatin
 simvastatin

**§ NIACINS /
COMBINATIONS**

niacin ext-rel
 SIMCOR

§ BETA-BLOCKERS

atenolol
 carvedilol
 metoprolol
 metoprolol
 succinate ext-rel
 nadolol
 propranolol
 BYSTOLIC

**§ CALCIUM CHANNEL
BLOCKERS**

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

**§ CALCIUM CHANNEL
BLOCKER / ANTILIPEMIC
COMBINATIONS**

amlodipine-atorvastatin

§ DIGITALIS GLYCOSIDES

digoxin

§ DIURETICS

furosemide
 hydrochlorothiazide
 metolazone
 spironolactone-
 hydrochlorothiazide
 torsemide
 triamterene-
 hydrochlorothiazide

MISCELLANEOUS

RANEXA

**CENTRAL NERVOUS
SYSTEM****ANTIDEPRESSANTS****§ SELECTIVE SEROTONIN
REUPTAKE INHIBITORS
(SSRIs)**

citalopram
 escitalopram
 fluoxetine
 paroxetine
 paroxetine ext-rel
 sertraline

**§ SEROTONIN
NOREPINEPHRINE
REUPTAKE INHIBITORS
(SNRIs)**

duloxetine delayed-rel
 venlafaxine
 venlafaxine ext-rel

**§ MISCELLANEOUS
AGENTS**

bupropion
 bupropion ext-rel
 mirtazapine

**§ HYPNOTICS,
NONBENZODIAZEPINES**

zaleplon
 zolpidem
 ROZEREM

MIGRAINE**§ SELECTIVE SEROTONIN
AGONISTS**

naratriptan
 rizatriptan
 sumatriptan
 zolmitriptan

**ENDOCRINE AND
METABOLIC****ANDROGENS**

ANDRODERM
 AXIRON
 FORTESTA

ANTIDIABETICS**§ BIGUANIDES**

metformin
 metformin ext-rel

**§ BIGUANIDE /
SULFONYLUREA
COMBINATIONS**

glipizide-metformin

**DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITORS**

JANUVIA
 ONGLYZA

**DIPEPTIDYL PEPTIDASE-4
(DPP-4) INHIBITOR /
BIGUANIDE
COMBINATIONS**

JANUMET
 JANUMET XR
 KOMBIGLYZE XR

**INCRETIN MIMETIC
AGENTS**

BYDUREON
 VICTOZA

INSULINS

HUMULIN R U-500
 LANTUS
 LEVEMIR
 NOVOLIN
 NOVOLOG

§ INSULIN SENSITIZERS

pioglitazone

**§ INSULIN SENSITIZER /
BIGUANIDE
COMBINATIONS**

pioglitazone-metformin

**§ INSULIN SENSITIZER /
SULFONYLUREA
COMBINATIONS**

pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
 repaglinide

§ SULFONYLUREAS

glimepiride
 glipizide
 glipizide ext-rel

SUPPLIES

ACCU-CHEK STRIPS
 AND KITS
 BD INSULIN SYRINGES
 AND NEEDLES
 NOVOFINE NEEDLES
 NOVOTWIST NEEDLES
 ONETOUCH STRIPS
 AND KITS

CALCIUM REGULATORS**§ BISPHOSPHONATES**

alendronate
 ibandronate

§ CALCITONINS

calcitonin-salmon

**PARATHYROID
HORMONES**

FORTEO

CONTRACEPTIVES**§ MONOPHASIC**

ethinyl estradiol-
 drospirenone
 (gianvi, ocella)
 ethinyl estradiol-
 levonorgestrel
 (aviane, levora)

§ EXTENDED CYCLE

amethia
 amethia lo
 camrese
 camrese lo
 ethinyl estradiol-
 levonorgestrel

§ TRANSDERMAL

ethinyl estradiol-
 norelgestromin

VAGINAL

NUVARING

ESTROGENS**§ ORAL**

estradiol
 estropiate
 ENJUVIA
 PREMARIN

§ TRANSDERMAL

estradiol
 VIVELLE-DOT

**§ ESTROGEN /
PROGESTINS, ORAL**

estradiol-norethindrone
 PREMPHASE
 PREMPRO

§ PROGESTINS, ORAL

medroxyprogesterone
 progesterone, micronized

**§ SELECTIVE ESTROGEN
RECEPTOR
MODULATORS**

raloxifene

**§ THYROID
SUPPLEMENTS**

levothyroxine

GASTROINTESTINAL**§ H₂ RECEPTOR
ANTAGONISTS**

ranitidine

**§ PROTON PUMP
INHIBITORS**

lansoprazole
 omeprazole
 omeprazole-sodium
 bicarbonate
 pantoprazole
 PREVACID 24HR OTC †
 PRILOSEC OTC †
 ZEGERID OTC †

GENITOURINARY
**§ BENIGN PROSTATIC
HYPERPLASIA**

doxazosin
finasteride
tamsulosin
terazosin
AVODART

**§ URINARY
ANTISPASMODICS**

oxybutynin
oxybutynin ext-rel
tolterodine
tropium
GELNIQUE
VESICARE

HEMATOLOGIC
§ ANTICOAGULANTS

warfarin
PRADAXA

RESPIRATORY
**ANAPHYLAXIS
TREATMENT AGENTS**

EPIPEN
EPIPEN JR

§ ANTICHOLINERGICS
SPIRIVA

**§ ANTICHOLINERGIC /
BETA AGONIST
COMBINATIONS**

ipratropium-albuterol
inhalation solution
COMBIVENT RESPIMAT

**§ ANTIHISTAMINES,
LOW SEDATING**

OTC STORE BRANDS †
ZYRTEC OTC †

**§ ANTIHISTAMINES,
NONSEDATING**

ALLEGRA OTC †
CLARITIN OTC †
OTC STORE BRANDS †

**§ ANTIHISTAMINE /
DECONGESTANTS**

ALLEGRA-D OTC †
CLARITIN-D OTC †
OTC STORE BRANDS †
ZYRTEC-D OTC †

**BETA AGONISTS,
INHALANTS**

§ SHORT ACTING

albuterol
PROAIR HFA

LONG ACTING
FORADIL
SEREVENT

**§ LEUKOTRIENE
RECEPTOR
ANTAGONISTS**

montelukast
zafirlukast

**§ NASAL
ANTIHISTAMINES**
azelastine

§ NASAL STEROIDS

flunisolide
fluticasone
triamcinolone
NASONEX

**STEROID / BETA
AGONIST COMBINATIONS**

ADVAIR
DULERA
SYMBICORT

§ STEROID INHALANTS

budesonide suspension
ALVESCO
ASMANEX
FLOVENT
PULMICORT FLEXHALER

QVAR

**TOPICAL
DERMATOLOGY**

§ ACNE
adapalene
clindamycin solution
clindamycin-benzoyl
peroxide
erythromycin solution
erythromycin-benzoyl
peroxide
tretinoin
tretinoin gel microsphere

OPHTHALMIC
§ ANTIALLERGICS

azelastine

§ ANTI-INFECTIVES

gatifloxacin

**§ ANTI-
INFLAMMATORIES,
STEROIDAL**

DUREZOL

**§ BETA-BLOCKERS,
NONSELECTIVE**

timolol maleate solution

**BETA-BLOCKERS,
SELECTIVE**
BETOPTIC S

**§ CARBONIC
ANHYDRASE INHIBITORS**
AZOPT

§ PROSTAGLANDINS

latanoprost
TRAVATAN Z
ZIOPTAN

§ SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

**SYMPATHOMIMETIC /
BETA-BLOCKER
COMBINATIONS**

COMBIGAN

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

† 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.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies. These trademarks are included here for informational purposes only and are not intended to imply or suggest any affiliation with any such third-party pharmaceutical companies.

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 doctors. Your benefit document defines your actual benefit and may exclude coverage for certain drugs listed in this brochure. 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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