



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 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, 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	ONE of these: Beconase AQ, Flonase, flunisolide nasal, fluticasone nasal (generic Flonase), Nasacort AQ, Nasonex, Omnaris, Rhinocort Aqua, triamcinolone nasal (generic Nasacort AQ), Veramyst AND one of these: OTC Alavert, OTC Alavert D-12, OTC Allegra, OTC Allegra-D, OTC Claritin, OTC Claritin-D, OTC store brands, OTC Zyrtec, OTC Zyrtec-D	montelukast (generic Singulair), Singulair	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	Clarinet, Clarinet-D, desloratadine (generic Clarinet), levocetirizine (generic Xyzal), 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 and all other brand NSAIDs	No brand-name drugs available
Asthma	Advair, Alvesco, Asmanex, budesonide suspension (generic Pulmicort Respules), Dulera, Flovent, Pulmicort Flexhaler, QVAR, Symbicort	montelukast (generic Singulair), Singulair	No brand-name drugs available
Asthma	No generics available; try the brand-name drug, ProAir HFA	Maxair, Proventil HFA, Ventolin HFA, Xopenex HFA	ProAir HFA

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
Bipolar/Schizophrenia	clozapine (generic Clozaril), olanzapine (generic Zyprexa), quetiapine (generic Seroquel), risperidone (generic Risperdal), ziprasidone (generic Geodon)	Abilify, Clozaril, Fanapt, Geodon, Invega, Latuda, Risperdal, Saphris, Seroquel, Zyprexa	Seroquel XR
Bladder Problems	oxybutynin, oxybutynin ext-rel (generic Ditropan XL), tolterodine (generic Detrol), trospium (generic Sanctura)	Ditropan XL, Enablex, Myrbetriq, Oxytrol, Sanctura, Sanctura XR, Toviaz, trospium ext-rel (generic Sanctura XR)	Gelnique, Vesicare
Depression	venlafaxine, venlafaxine ext-rel (generic Effexor XR)	Effexor XR, Pristiq	No brand-name drugs available
Depression/Obsessive-Compulsive Disorder	citalopram (generic Celexa), escitalopram (generic Lexapro), fluoxetine (generic Prozac), fluvoxamine, 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, Zegerid OTC	Aciphex, Dexilant, Nexium, omeprazole-sodium bicarbonate (generic Zegerid capsules), Prevacid, Prilosec, Protonix, Zegerid	No brand-name drugs available
High Triglycerides	fenofibrate (generic Lofibra, Tricor), fenofibric acid (generic Fibracor)	Antara, Fenoglide, Fibracor, Lipofen, Lofibra, Tricor, Triglide, Trilipix	No brand-name drugs available
Migraine Headaches	naratriptan (generic Amerge), rizatriptan (generic Maxalt), sumatriptan (generic Imitrex)	Alsuma, Amerge, Axert, Frova, Imitrex, Maxalt, Relpax, Sumavel DosePro, Treximet, Zomig	No brand-name drugs available
Osteoporosis	alendronate (generic Fosamax), ibandronate (generic Boniva)	Actonel, Atelvia, Binosto, Boniva, Fosamax, Fosamax Plus D	No brand-name drugs available
Psoriasis	TWO of these: Aclovate, alclometasone, amcinonide, betamethasone, clobetasol, Clobex, Cloderm, 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 3rd 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

cefactor
cefдинир
cephalexin

§ ERYTHROMYCINS / MACROLIDES

azithromycin
clarithromycin
clarithromycin ext-rel
erythromycins

§ FLUOROQUINOLONES

ciprofloxacin ext-rel
ciprofloxacin tablet
levofloxacin
CIPRO SUSPENSION

§ 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
valsartan-
hydrochlorothiazide
BENICAR / BENICAR HCT
MICARDIS /
MICARDIS HCT

ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

AZOR
TWINSTA

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

NIASPAN
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

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram
fluoxetine
paroxetine
paroxetine ext-rel
sertraline

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)¹

venlafaxine
venlafaxine ext-rel
CYMBALTA

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine

§ HYPNOTICS, NONBENZODIAZEPINES

zaleplon
zolpidem
ROZEREM

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

naratriptan
rizatriptan
sumatriptan

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
BYETTA
VICTOZA

INSULINS

APIDRA
HUMALOG
HUMULIN
LANTUS
LEVEMIR
NOVOLIN
NOVOLOG

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

DUETACT

§ MEGLITINIDES

nateglinide
PRANDIN

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

ACCU-CHEK STRIPS
AND KITS
BD INSULIN SYRINGES
AND 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 ORTHO EVRA

VAGINAL NUVARING

ESTROGENS

§ ORAL

estradiol
estropipate
ENJUVIA
PREMARIN

§ TRANSDERMAL

estradiol
VIVELLE-DOT

§ ESTROGEN / PROGESTINS, ORAL

estradiol-norethindrone
PREMPHASE
PREMPRO

§ PROGESTINS, ORAL

medroxyprogesterone
progesterone, micronized

SELECTIVE ESTROGEN RECEPTOR MODULATORS

EVISTA

§ 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
trospium
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
ASTEPRO

§ 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
RETIN-A MICRO

OPHTHALMIC

§ ANTIALLERGICS

azelastine

§ ANTI-INFECTIVES

ZYMAXID

§ 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.

¹ Indicates the proposed mechanism of action, based on the American Psychiatric Association Summary of Treatment Recommendations.

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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