

Basic Drug List



What is the Basic Drug List?

It's the list of drugs that your plan covers. The Basic Drug List includes all generic drugs. It also includes preferred and non-preferred brand-name drugs selected by a group of doctors and pharmacists. Your plan does not cover any drugs that are not on the Basic Drug List. You will pay 100% of our special discounted rates or the pharmacy's charge, whichever is less, for them.

With the Basic Drug List, you and your doctor have the freedom to choose the medication that works best for you. Since there may be more than one medication available to treat your medical condition, we encourage you to use generic and preferred brand-name medications whenever possible to help manage your prescription costs. To make sure your plan covers any prescriptions you receive, provide your doctor with a copy of the Basic Drug List.

Drug Management Programs

Three Drug Management programs apply to your prescriptions. We base these programs on FDA and manufacturer dosing guidelines, medical literature, safety, accepted medical practice and appropriate use. These programs only affect the medication your plan covers. You and your doctor should make the final decision about the medications that are right for you. The three programs are:

Prior Authorization (PA) promotes the proper use of certain medications. If your doctor prescribes a medication that is included in our PA program, you must get prior approval before your plan will cover your medication. To see the list of drugs that require a PA, select the "Drug Management" link on the Prescription Drug Information page on our website. Then select the "Prior Authorization Drug List" link. Your plan requires PA for Charts 1 and 2.

Quantity Management promotes the safe use of medications. It limits the amounts of some medications that we cover. To see the list of drugs with limits, select the "Drug Management link" on our website. Then select the "Quantity Limit Drug List" link. The drugs and limits in Chart 2 apply to your plan.

Step Therapy can make your medications more affordable by grouping medications into two "steps." Step One medications are just as safe and effective as Step Two medications, and most people should try them first. They often work as well as Step Two medications. See Charts 1 and 2 for the Step One and Step Two medications under your plan.

Are Generic Drugs Safe?

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 have the same quality and strength as their brand-name counterparts, but they cost less. 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. Some generic drugs may even cost you less than your plan's Tier 1 copayment, meaning even more savings for you!

Many of the most popular prescribed drugs have generic versions. In fact, more than two out of every three prescriptions are now filled with generics. Ask your doctor if generics are right for you. When you use a generic drug, you get the same quality as a brand-name drug – at a lower cost. To learn more about generic drugs, visit the Prescription Drug information page on our Web site or talk to your doctor or pharmacist.

You must try at least one Step One medication in Chart 1 before your plan will cover most Step Two medications. For some Step Two medications, you must try two Step One medications before your plan will cover a Step Two medication.

Chart 1

| To get coverage for these drugs | You must try one of these drugs first |
|---|--|
| Step Two Drugs | Step One Drugs |
| Aciphex, Dexilant, Nexium, Prevacid, Prilosec, Protonix or Zegerid | You must try one of these: Axid, cimetidine, famotidine, nizatidine, Pepcid, ranitidine, Tagamet or Zantac AND one of these: lansoprazole, omeprazole or pantoprazole |
| Advicor, Altoprev, Crestor, Lescol, Lescol XL, Lipitor, Simcor or Vytorin | lovastatin, pravastatin or simvastatin |
| Alora, Cenestin, Enjuvia, Estrace, Estraderm, Femtrace, Menest, Premarin, Vivelle or Vivelle-DOT | estradiol, estradiol transdermal or estropipate |
| Ambien CR, Edluar, Lunesta or Zolpimist | zaleplon or zolpidem |
| Analpram-HC, Capex Shampoo, Derma-Smooth-FS, Desonate, Proctofoam-HC or Proctosol-HC | alclometasone, desonide, fluocinolone acetonide or hydrocortisone |
| Arthrotec, Naprapac or Flector | diclofenac, diflunisal, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, oxaprozin, salsalate, sulindac |
| Avodart, Flomax or Uroxatral | doxazosin, finasteride or terazosin |
| Azelex, Benzaclin, Clindagel, Duac CS or Evoclin | benzoyl peroxide, erythromycin gel, erythromycin/benzoyl peroxide, clindamycin, sulfacetamide lotion or sulfacetamide/sulfur cream, gel or lotion |
| Beconase AQ, Nasacort AQ, Nasonex, Omnaris, Rhinocort Aqua or Veramyst | Flunisolide nasal or fluticasone nasal |
| Betimol or Istalol | levobunolol, metipranolol, timolol or carteolol |
| Bystolic, Coreg CR, InnoPran XL, Levatol | acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol, nadolol, pindolol, propranolol or timolol |
| Celebrex Where clinically appropriate and when medical necessity is documented, Step One drug use may not be required. | You must try one of these: diclofenac, diflunisal, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, oxaprozin, salsalate or sulindac AND one of these: Actron, Anaprox, Ansaid, Cataflam, Clinoril, Daypro diclofenac, etodalac, Feldene, fenoprofen, Fexicam, flurbiprofen, ibuprofen, Indocin, indomethacin, ketoprofen, ketorolac, Lodine, meclofenamate, Meclomen, mefenamic acid, meloxicam, Mobic, Motrin, nabumetone, Nalfon, Naprelan, Naprosyn, naproxen, Orudis, Oruvail, oxaprozin, Ponstel, piroxicam, Relafen, sulindac, Tolectin, tolmetin, Toradol or Voltaren |
| Clarinox, Clarinox-D or Xyzal | fexofenadine or fexofenadine pseudoephedrine |
| Clobex, Halog, Olux-E or Vanos | amcinonide, betamethasone dipropionate, clobetasol desoximetasone, diflorasone diacetate, fluocinonide, halobetasol or triamcinolone acetonide |
| Cloderm, Cordran, Lipocream, Locoid or Luxiq | desoximetasone, betamethasone valerate, fluocinolone acetonide, fluticasone, hydrocortisone butyrate or valerate, mometasone, prednicarbate or triamcinolone acetonide |
| Detrol, Detrol LA, Enablex, Sanctura XR, Vesicare | flavoxate, oxybutynin, oxybutynin ER or trospium |
| Differin or Tazorac | clindamycin, erythromycin sulfacetamide/sulfur sulfacetamide, doxycycline, minocycline, or tetracycline, prescription benzoyl peroxide products or prescription salicylic acid products |
| Elidel or Protopic | amcinonide halcinonide, betamethasone, clobetasol, clocortolone, desoximetasone, diflorasone, fluandrenolide, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, prednicarbate or triamcinolone |
| Ertazco, Mentax, Naftin or Oxistat | ciclopirox, clotrimazole, econazole, ketoconazole, miconazole or nystatin |
| Finacea or Noritate | metronidazole (cream, gel, lotion) |
| Lexapro, Luvox CR, Pexeva, Cymbalta or Pristiq | citalopram, fluoxetine, paroxetine, sertraline, venlafaxine or venlafaxine extended release |
| Retin-A Micro or Ziana | Avita or tretinoin |

You must try at least one Step One medication in Chart 2 before your plan will cover the Step Two medications. Or you must be approved for an exception.

Chart 2

| To get coverage for these drugs | You must try one of these drugs first or your doctor must request an exception for you |
|---|--|
| Step Two Drugs | Step One Drugs |
| Aceon, Benicar, Atacand, Avapro, Diovan, Micardis, Tekturna or Teveten | benazepril, captopril, enalapril, fosinopril, losartan, lisinopril, moexipril, quinapril, ramipril ortrandolapril |
| Avalide, Benicar HCT, Atacand HCT, Diovan HCT, Micardis HCT, Tekturna HCT or Teveten HCT | benazepril/HCTZ, captopril/HCTZ, clonidine, enalapril/HCTZ, fosinopril/HCTZ, guanfacine, losartan/HCTZ, lisinopril/HCTZ or quinapril/HCTZ |
| Celebrex Where clinically appropriate and when medical necessity is documented, Step One drug use may not be required. | You must try one of these: diclofenac, diflunisal, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen, oxaprozin, salsalate or sulindac AND one of these: Actron, Anaprox, Ansaid, Cataflam, Clinoril, Daypro diclofenac, etodalac, Feldene, fenoprofen, Fexicam, flurbiprofen, ibuprofen, Indocin, indomethacin, ketoprofen, ketorolac, Lodine, meclofenamate, Meclomen, mefenamic acid, meloxicam, Mobic, Motrin, nabumetone, Nalfon, Naprelan, Naprosyn, naproxen, Orudis, Oruvail, oxaprozin, Ponstel, piroxicam, Relafen, sulindac, Tolectin, tolmetin, Toradol or Voltaren |

If your doctor prescribes a Step Two medication in Chart 2 and a Step One medication is not right for you, please have your doctor call the Caremark Prior Authorizations department at 800-294-5979. Your doctor can also fax requests to 888-836-0730. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of the prescription drug program. Caremark is an independent company that provides pharmacy benefits management.

What Happens at the Pharmacy? The pharmacist enters your prescription into the computer system. If step therapy applies to your medication, the system will check your medication history. If you have filled a prescription for a Step One medication, the pharmacist will fill your new prescription. In some cases, the system will also check for other medications you are using that may be unsafe to take with a Step One medication. If one is found, the pharmacist will fill your new prescription. If you are required to try a Step One medication, you have three choices:

1. You or your pharmacist can call your doctor to change your prescription to a Step One medication.
2. You can pay full price for your original medication prescription.
3. You or your pharmacist can ask your doctor to get prior authorization for the Step Two medication.

If your plan approves the request, it will cover your prescription. If your plan does not approve the request, you can still choose option 1 or 2.

What Will I Pay For My Prescriptions?

The amount you will pay is based on the Tier of your drug on the Basic Drug List. Tier 1 drugs are generic drugs. You will pay the lowest amount for generic drugs. Tier 2 drugs are preferred brand-name drugs. You will pay a higher amount for preferred brand-name drugs than you do for generic drugs. Tier 3 drugs are non-preferred brand-name drugs. You will pay a higher amount for non-preferred brand-name drugs than you do for generic and preferred brand-name drugs. Tier 4 drugs are specialty drugs. Specialty drugs are those that are used to treat chronic conditions like Multiple Sclerosis, Rheumatoid Arthritis and others. They are often injected and require special training to use. You will pay a higher amount for specialty drugs than you do for generic, preferred and non-preferred brand drugs. Even if your specialty drug is a generic drug, you will still pay the specialty drug copayment for it. Refer to your benefits booklet to determine the amounts that apply to you for each Tier. To view the Basic Drug List, visit the Prescription Drug page on our website and select the “Basic Drug List” link.

Selecting a pharmacy

With your prescription drug plan, it’s easy to use a network pharmacy. With over 64,000 pharmacies to choose from, you’re sure to find one that’s convenient for you. To locate a network pharmacy, refer to your network pharmacy directory. If you don’t see your pharmacy listed, check first with your pharmacy to see if it has been added to our network since the list was printed. You can also use the pharmacy locator on our website or call

Caremark at 888-963-7290. You should always check with your pharmacy to see if it is part of our network before you have your prescriptions filled.

If you always use network pharmacies for your prescriptions, you'll never need to file a claim. For those rare times when you need to use a pharmacy that's not in our network or if you ever forget to show your ID card, you can file a claim for the amount you paid for your prescription. Here's how:

1. Pay the full amount of the prescription and complete a Prescription Drug Claim Form.
2. Mail your prescription drug receipt and your completed and signed claim form to:
Caremark Prescription Drug Claim Processing Center
P.O. Box 52059
Phoenix, AZ 85072-2059.

You can get claim forms on the Prescription Drug Information page on our website.

If you need help or have any questions

Visit our website or call Caremark Customer Care at 888-963-7290.

Monday through Friday – 8 a.m. to 12 midnight (EST)

Saturday – 9 a.m. to 9 p.m. (EST)

Sunday – 9 a.m. to 8 p.m. (EST)