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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	Avita, Fabior, Tazorac, Veltin	No brand-name drugs available
Acne	generic topical tretinoin products AND generic topical adapalene	Differin, Epiduo, Epiduo Forte	No brand-name drugs available
Arthritis / Pain	generic NSAIDs	Flector, Naprelan	No brand-name drugs available
Asthma	generic albuterol HFA, try the brand-name drugs: ProAir HFA, ProAir RespiClick	Proventil HFA, Ventolin HFA, Xopenex HFA	ProAir HFA, ProAir RespiClick
Bipolar / Schizophrenia	aripiprazole (generic Abilify), clozapine (generic Clozaril, Fazaclo), olanzapine (generic Zyprexa), paliperidone ext-rel (generic Invega), quetiapine (generic Seroquel), quetiapine ext-rel (generic Seroquel XR), risperidone (generic Risperdal), ziprasidone (generic Geodon)	Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Rexulti, Risperdal, Saphris, Versacloz, Zyprexa	No brand-name drugs available
Bladder Problems	darifenacin ext-rel (generic Enablex), 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	desvenlafaxine succinate ext-rel (generic Pristiq), venlafaxine	desvenlafaxine ext-rel (generic Khedezla), Fetzima, Khedezla	No brand-name drugs available
Depression / Obsessive-Compulsive Disorder	citalopram (generic Celexa), escitalopram (generic Lexapro), fluoxetine (generic Prozac), fluvoxamine, fluvoxamine ext-rel, paroxetine HCl (generic Paxil), paroxetine HCl ext-rel (generic Paxil CR), sertraline (generic Zoloft)	Celexa, Paxil, Paxil CR	No brand-name drugs available
Gout	allopurinol, probenecid	Uloric	No brand-name drugs available

This list is subject to change at any time during the year without prior notification to members or physicians.

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
High Triglycerides	fenofibrate (generic Fenoglide, Lipofen, Tricor), fenofibric acid (generic Fibracor), fenofibric acid delayed-rel (generic Trilipix)	Fibracor, Tricor, Trilipix	No brand-name drugs available
Migraine Headaches	almotriptan, eletriptan (generic Relpax), frovatriptan (generic Frova), naratriptan (generic Amerge), rizatriptan (generic Maxalt), sumatriptan (generic Imitrex), zolmitriptan (generic Zomig)	Alsuma, Amerge, Frova, Relpax, Treximet, Zomig	No brand-name drugs available
Osteoporosis	alendronate (generic Fosamax), ibandronate (generic Boniva), risedronate (generic Actonel), risedronate delayed-rel (generic Atelvia)	Actonel, Atelvia, Boniva, Fosamax, Fosamax Plus D	No brand-name drugs available
Psoriasis	TWO of these: alclometasone, amcinonide, betamethasone, clobetasol, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide (except cream 0.1%), flurandrenolide, fluticasone, halobetasol, Halog, hydrocortisone #, mometasone, prednicarbate, triamcinolone #, Ultravate lotion	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
cephalexin

§ 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

ANTIRETROVIRAL AGENTS

§ ANTIRETROVIRAL COMBINATIONS

abacavir-lamivudine
ATRIPLA
BIKTARVY
CIMDUO
DESCOVY
GENVOYA
ODEFSEY
SYMFI
SYMFI LO
TRUVADA

ANTIVIRALS

HEPATITIS C AGENTS

EPCLUSA *
HARVONI *
MAVYRET *
VOSEVI *

§ HERPES AGENTS

acyclovir
valacyclovir

§ INFLUENZA AGENTS

oseltamivir
RELENZA

§ MISCELLANEOUS

metronidazole #
sulfamethoxazole-trimethoprim

ANTINEOPLASTIC AGENTS

HORMONAL ANTINEOPLASTIC AGENTS

§ ANTIANDROGENS

*abiraterone **
bicalutamide
ERLEADA *
XTANDI *
ZYTIGA *

§ KINASE INHIBITORS

*imatinib mesylate **
BOSULIF *
IBRANCE *
KISQALI *
KISQALI FEMARA
CO-PACK *
SPRYCEL *

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
olmesartan / olmesartan-hydrochlorothiazide
telmisartan / telmisartan-hydrochlorothiazide
valsartan / valsartan-hydrochlorothiazide

§ ANGIOTENSIN II RECEPTOR ANTAGONIST / CALCIUM CHANNEL BLOCKER COMBINATIONS

amlodipine/olmesartan
telmisartan-amlodipine

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

olmesartan-amlodipine-hydrochlorothiazide

ANTILIPEMICS

§ BILE ACID RESINS

cholestyramine
colesevelam

§ CHOLESTEROL ABSORPTION INHIBITORS

ezetimibe

§ FIBRATES

fenofibrate

§ HMG-CoA REDUCTASE INHIBITORS

atorvastatin
fluvastatin
pravastatin
simvastatin

§ NIACINS

niacin ext-rel

§ BETA-BLOCKERS

atenolol
carvedilol
metoprolol
succinate ext-rel
metoprolol tartrate
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

PULMONARY ARTERIAL HYPERTENSION

ENDOTHELIN RECEPTOR AGONISTS
OPSUMIT *

PROSTACYCLIN RECEPTOR AGONISTS
UPTRAVI *

§ MISCELLANEOUS

RANEXA

CENTRAL NERVOUS SYSTEM

ANTIDEPRESSANTS

§ SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)

citalopram
escitalopram
fluoxetine
paroxetine HCl
paroxetine HCl ext-rel
sertraline

§ SEROTONIN NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)

duloxetine delayed-rel
venlafaxine

§ MISCELLANEOUS AGENTS

bupropion
bupropion ext-rel
mirtazapine

§ HYPNOTICS, NONBENZODIAZEPINES

zaleplon
zolpidem
ROZEREM

MIGRAINE

§ SELECTIVE SEROTONIN AGONISTS

naratriptan
rizatriptan
sumatriptan
zolmitriptan

ENDOCRINE AND METABOLIC

§ ANDROGENS

testosterone solution
ANDRODERM

ANTIDIABETICS

§ BIGUANIDES

metformin
*metformin ext-rel ***

§ BIGUANIDE / SULFONYLUREA COMBINATIONS

glipizide-metformin

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

JANUVIA

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

JANUMET
JANUMET XR

INCRETIN MIMETIC AGENTS

OZEMPIC
TRULICITY
VICTOZA

INSULINS

HUMULIN R U-500
LANTUS
NOVOLIN ##
NOVOLOG
TOUJEO

§ INSULIN SENSITIZERS

pioglitazone

§ INSULIN SENSITIZER / BIGUANIDE COMBINATIONS

pioglitazone-metformin

§ INSULIN SENSITIZER / SULFONYLUREA COMBINATIONS

pioglitazone-glimepiride

§ MEGLITINIDES

nateglinide
repaglinide

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA
JARDIANCE

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS

SYNJARDY
XIGDUO XR

§ SULFONYLUREAS

glimepiride
glipizide
glipizide ext-rel

SUPPLIES

BD ULTRAFINE 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)

§ TRIPHASIC

ethinyl estradiol-norgestimate

§ EXTENDED CYCLE

amethia
amethia lo
camrese
camrese lo
ethinyl estradiol-levonorgestrel

§ TRANSDERMAL

ethinyl estradiol-norelgestromin

VAGINAL

NUVARING

ESTROGENS

§ ORAL

estradiol
PREMARIN

§ TRANSDERMAL

estradiol

§ 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

omeprazole
(only Rx covered)
pantoprazole

GENITOURINARY

§ BENIGN PROSTATIC HYPERPLASIA

doxazosin
dutasteride
finasteride
tamsulosin
terazosin

§ URINARY ANTISPASMODICS

oxybutynin
oxybutynin ext-rel
tolterodine
trospium
GELNIQUE
VESICARE

HEMATOLOGIC

§ ANTICOAGULANTS

warfarin
ELIQUIS
XARELTO

IMMUNOLOGIC AGENTS

AUTOIMMUNE AGENTS

COSENTYX *
ENBREL *
HUMIRA *
KEVZARA *
OTEZLA *
STELARA *
XELJANZ *
XELJANZ XR *

RESPIRATORY

§ ANAPHYLAXIS TREATMENT AGENTS

epinephrine auto-injector #

§ ANTICHOLINERGICS

ATROVENT HFA
SPIRIVA
SPIRIVA RESPIMAT

§ ANTICHOLINERGIC / BETA AGONIST COMBINATIONS

ipratropium-albuterol inhalation solution
ANORO ELLIPTA
BEVESPI AEROSPHERE
COMBIVENT RESPIMAT
STIOLTO RESPIMAT

<p>§ ANTIHISTAMINES, LOW SEDATING <i>cetirizine (generic Rx and OTC covered)</i></p>	<p>PROAIR RESPICLICK</p> <p>LONG ACTING SEREVENT</p>	<p>STEROID / BETA AGONIST COMBINATIONS ADVAIR BREO ELLIPTA SYMBICORT</p>	<p><i>tretinoin gel microsphere</i></p> <p>OPHTHALMIC § ANTIALLERGENICS <i>azelastine</i></p>	<p>§ CARBONIC ANHYDRASE INHIBITORS AZOPT</p>
<p>§ ANTIHISTAMINES, NONSEDATING <i>loratadine</i> OTC †</p>	<p>§ LEUKOTRIENE RECEPTOR ANTAGONISTS <i>montelukast</i> <i>zafirlukast</i></p>	<p>§ STEROID INHALANTS <i>budesonide suspension</i> ASMANEX FLOVENT PULMICORT FLEXHALER QVAR REDHALER</p>	<p>§ ANTI-INFECTIVES <i>gatifloxacin</i></p>	<p>DRY EYE DISEASE RESTASIS XIIDRA</p>
<p>§ ANTIHISTAMINE / DECONGESTANTS <i>cetirizine-pseudoephedrine ext-rel</i> OTC † <i>loratadine-pseudoephedrine ext-rel</i> OTC †</p>	<p>§ NASAL ANTIHISTAMINES <i>azelastine</i></p>	<p>TOPICAL DERMATOLOGY § ACNE <i>adapalene</i> <i>clindamycin solution</i> <i>clindamycin-benzoyl peroxide</i> <i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>tretinoin</i></p>	<p>§ ANTI-INFLAMMATORIES, STEROIDAL DUREZOL</p>	<p>§ PROSTAGLANDINS <i>latanoprost</i> TRAVATAN Z ZIOPTAN</p>
<p>BETA AGONISTS, INHALANTS § SHORT ACTING <i>albuterol HFA</i> <i>albuterol inhalation solution</i> PROAIR HFA</p>	<p>§ NASAL STEROIDS <i>flunisolide</i> <i>mometasone</i> <i>triamcinolone</i> FLONASE ALLERGY RELIEF OTC †</p>		<p>§ BETA-BLOCKERS, NONSELECTIVE <i>timolol maleate solution</i></p>	<p>§ SYMPATHOMIMETICS <i>brimonidine</i> ALPHAGAN P</p>
			<p>BETA-BLOCKERS, SELECTIVE BETOPTIC S</p>	<p>SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS COMBIGAN</p>

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

* Your copay for these drugs may vary depending on your pharmacy benefit. Log into the website to determine the copay that applies to your drug.

** Listing does not include generic FORTAMET and generic GLUMETZA.

Select drugs from certain manufacturers are excluded.

Novolin Relion is not preferred.

† 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. 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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