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

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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.

<table>
<thead>
<tr>
<th>Condition used to treat</th>
<th>You must try these first or your doctor must request an exception for you ...</th>
<th>... before you can get coverage for these.</th>
<th>Or ask your doctor about these: Alternative Brand-Name Medications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne</td>
<td>generic topical tretinoin products</td>
<td>Avita, Fabior, Tazorac, Voltin</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Acne</td>
<td>generic topical tretinoin products AND generic topical adapalene</td>
<td>Differin, Epiduo, Epiduo Forte</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Arthritis / Pain</td>
<td>generic topical tretinoin products AND generic NSAIDs</td>
<td>Flector, Naprelan</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Asthma</td>
<td>generic albuterol HFA, try the brand-name drugs: ProAir HFA, ProAir RespiClick</td>
<td>Proventil HFA, Ventolin HFA, Xopenex HFA</td>
<td>ProAir HFA, ProAir RespiClick</td>
</tr>
<tr>
<td>Bipolar / Schizophrenia</td>
<td>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)</td>
<td>Clozaril, Fanapt, Fazaclo, Geodon, Invega, Latuda, Rexulti, Risperdal, Saphris, Versacloz, Zyprexa</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Bladder Problems</td>
<td>darifenac ext-rel (generic Enablex), oxybutynin, oxybutynin ext-rel (generic Ditropan XL), tolterodine (generic Detrol), tolterodine ext-rel (generic Detrol LA), trospium, trospium ext-rel</td>
<td>Detrol, Detrol LA, Ditropan XL, Enablex, Myrbetriq, Oxytrol, Toviaz</td>
<td>Gelnique, Vesicare</td>
</tr>
<tr>
<td>Depression</td>
<td>desvenlafaxine succinate ext-rel (generic Pristiq), venlafaxine</td>
<td>desvenlafaxine ext-rel (generic Khedezla), Fetzima, Khedezla</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Depression / Obsessive-Compulsive Disorder</td>
<td>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)</td>
<td>Celexa, Paxil, Paxil CR</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Gout</td>
<td>allopurinol, probenecid</td>
<td>Uloric</td>
<td>No brand-name drugs available</td>
</tr>
</tbody>
</table>

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April 2019
<table>
<thead>
<tr>
<th>Condition used to treat</th>
<th>You must try these first or your doctor must request an exception for you ...</th>
<th>... before you can get coverage for these.</th>
<th>Or ask your doctor about these:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Choice Medications</td>
<td>Second Choice Medications</td>
<td>Alternative Brand-Name Medications</td>
</tr>
<tr>
<td>High Triglycerides</td>
<td>fenofibrate (generic Fenoglide, Lipofen, Tricor), fenofibric acid (generic Fibricor), fenofibric acid delayed-rel (generic Trilipix)</td>
<td>Fibricor, Tricor, Trilipix</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Migraine Headaches</td>
<td>almotriptan, eletriptan (generic Relpax), frovatriptan (generic Frova), naratriptan (generic Maxalt), sumatriptan (generic Immitrex), rizatriptan (generic Maxalt), sumatriptan (generic Immitrex), zolmitriptan (generic Zomig)</td>
<td>Alsuma, Amerge, Frova, Relpax, Treximet, Zomig</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>alendronate (generic Fosamax), ibandronate (generic Boniva), risedronate (generic Actonel), risedronate delayed-rel (generic Atelvia)</td>
<td>Actonel, Atelvia, Boniva, Fosamax, Fosamax Plus D</td>
<td>No brand-name drugs available</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>TWO of these: aclometasone, amcinonide, betamethasone, clobetasol, desonide, desoximetasone, dillorason, fluocinolone, fluocinonide (except cream 0.1%), flurandrenolide, fluticasone, halobetasol, Halog, hydrocortisone #, mometasone, prednicarbate, triamcinolone #, Ultravate lotion</td>
<td>Tazorac</td>
<td>No brand-name drugs available</td>
</tr>
</tbody>
</table>

**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. Tier 2 drugs (capital letters) are preferred brand-name 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.
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§ ANTIHISTAMINES, LOW SEDATING

cetirizine (generic Rx and OTC covered)

§ ANTIHISTAMINES, NONSEDATING

loratadine OTC †

§ ANTIHISTAMINE / DECONGESTANTS

cetirizine-pseudoephedrine ext-rel OTC †
loratadine-pseudoephedrine ext-rel OTC †

BETA AGONISTS, INHALANTS

§ SHORT ACTING

albuterol HFA
albuterol inhalation solution
PROAIR HFA

§ ANTIHISTAMINES

LONG ACTING

erupvent

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast
zafirlukast

§ STEROID / BETA AGONIST COMBINATIONS

ADVAIR
BREO ELLIPTA
SYMBICORT

tretinoin gel microsphere

STEROID / BETA AGONIST COMBINATIONS

ADVAIR
BREO ELLIPTA
SYMBICORT

§ STEROID INHALANTS

budesonide suspension
ASMANEX FLOVENT
PULMICORT FLEXHALER
QVAR REDIHALER

TOPICAL DERMATOLOGY

§ ACNE

adapalene
clindamycin solution
clindamycin-benzoyl peroxide
erythromycin solution
erythromycin-benzoyl peroxide

tretinoin

§ ACNE

adapalene
clindamycin solution
clindamycin-benzoyl peroxide
erythromycin solution
erythromycin-benzoyl peroxide

tretinoin

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast
zafirlukast

§ STEROID INHALANTS

budesonide suspension
ASMANEX FLOVENT
PULMICORT FLEXHALER
QVAR REDIHALER

§ ANTI-INFECTIVES

gatifloxacin

§ LEUKOTRIENE RECEPTOR ANTAGONISTS

montelukast
zafirlukast

§ ANTI-INFLAMMATORY, STEROIDAL

FLONASE ALLERGY RELIEF OTC †

§ NASAL STEROIDS

flunisolide
mometasone
triamcinolone
FLONASE ALLERGY RELIEF OTC †

§ NASAL STEROIDS

flunisolide
mometasone
triamcinolone

§ ETIOLOGY

azelastine

§ ETIOLOGY

azelastine

§ PROSTAGLANDINS

latanoprost
TRAVATAN Z
ZIOPTAN

SYMPATHOMIMETICS

brimonidine
ALPHAGAN P

SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS

COMBIGAN

SYMPATHOMIMETIC / BETA-BLOCKER COMBINATIONS

COMBIGAN

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 actual benefits available and may exclude over-the-counter (OTC) coverage. Check your benefit information to verify coverage, or view personal benefit information through our website.

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www.SouthCarolinaBlues.com

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Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you’re assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Đề nghị chuyển với một thông dịch viên, xin gọi 1-844-389-4838. (Vietnamese)

이 건강보험에 관하여 궁극한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오.
귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka namakakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعدته أسئلة بخصوص خطة الصحة هذه، فعليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أي تكلفة. للتحدث مع مرجم اتصل ب 1-844-396-0189. (Arabic)
Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèpèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金がかかっていません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

accel Shas ya fredi ke be aw kem mi kiney sèvalatí dr baryi ay renamè mi bëdanyi kiney dawat layid, às an mëna dawat be kem mi atlatas be zyan kòd mi be dour rayiagon dreyat kiney. Bé ay sahi bòd mi bët dji, lefàna ba shmarèy 333-6239-3981-847-1 temas hassel (Persian-Farsi)

Ni da doodago t’aá háída biká’aná nilwo’igii dií Béesó Ač’ággh naa’niligí háá’ída yí na’ ídíl kidgo, nihá’áhoót’i’ nihi ká’a’doó wolgo kwii hàát’ishij bi na’idokidigi doo bik’é’azlángóó. Ata’ halne’è la’ bich’i’ ha desdzih ninízingo, kojí’ bëésh bée hólne’ 1-844-516-6328. (Navajo)