

# 2012 Prescription Drug List UPDATES

Here are key updates to the Prescription Drug List (PDL), effective January 1, 2012. Please consult the full PDL and Specialty Injectable and Infusable list on our website [BlueChoiceSC.com](http://BlueChoiceSC.com) for more information.

## Medications Moving to Preferred (Middle) Copayment

- Banzel
- Twynsta
- Pradaxa (PA)

## Medications Moving to Non-Preferred (Highest) Copayment

- Humalog Insulin
- Humulin Insulin

Please note that Novolog insulin and Novolin insulin are available at the preferred (middle) copayment.

## Step Edits Added or Updated (Quantity limits apply)

- **Atypical Antipsychotics:** Requires that members must have filled at least a 30-day supply in the previous 365 days of generic risperidone, Geodon, Seroquel, Seroquel XR or Zyprexa **before** Abilify, Fanapt, Invega, Latuda or Saphris.
- **Proton Pump Inhibitors (PPIs) - updated 2012:** Requires members to try a generic PPI, OTC PPI or preferred brand Nexium **before** filling a prescription for a non-preferred PPI (Aciphex, Dexilant, omeprazole sodium bicarbonate (generic Zegerid), Prevacid, Prilosec, Protonix or Zegerid). We continue to cover over-the-counter Prevacid, Prilosec and Zegerid with a prescription, for a generic copayment.
- **Vytorin 10/80 mg and Zocor (simvastatin) 80 mg:** Requires that members have **filled** at least a 290 day supply of the 10/80 mg strength of Vytorin or the 80 mg strength of simvastatin within the previous 365 days.



## Prior Authorizations (PAs) Added or Updated

(Physicians are asked to call our Prior Authorization department to start the PA process. Quantity limits apply.)

- **Abstral, Lazanda, Onsolis:** Coverage provided for members 18 years and older for management of breakthrough cancer pain who are already receiving opioid therapy.
- **Adoxa, Doryx, Monodox:** Coverage allows up to 14 days of therapy in 365 days for acne treatment. Additional days of therapy for non-acne use require medical review.
- **Antiemetics - Anzemet, granisetron, Granisol, Sancuso, Zofran, Zuplenz:** Coverage provided for treatment of nausea and vomiting associated with chemotherapy or pregnancy (granisetron, Granisol, Sancuso or Zofran only).
- **Celebrex:** Coverage provided at doses greater than 200 mg total per day only for treatment of acute pain, ankylosing spondylitis, rheumatoid arthritis or dysmenorrhea, after satisfying initial step criteria.
- **Pradaxa:** Coverage provided for treatment of non-valvular atrial fibrillation and risk factors for thromboembolism. This medication has significant safety risks when used in individuals over age 75.

## Quantity Limits Added

(Requests above these limits require prior authorization review)

- Conzip: 30/month
- Rybix: 240/month

## Oral Specialty Pharmaceutical Drugs Added

- Xalkori
- Zelboraf



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