

Blue Cross and Blue Shield of Alabama Drug Exclusion Strategy – Alternative Drug List

Effective 1/1/18

Below is a list of medicines by drug category that may be excluded from coverage under your prescription drug benefit. In most cases, if you fill a prescription for any of the drugs listed under the Excluded Medications column, you will pay the full retail price. This list will be reviewed annually and is subject to change at any time.

Take action to avoid paying full price. If you are currently using one of the excluded medications, please ask your doctor to consider writing a new prescription for one of the preferred alternatives.

Drug Category	Excluded Medications	Alternatives
ANDROGENS AND ANABOLIC STEROIDS	ANDRODERM, AXIRON**, EC-RX TESTOSTERONE, FIRST-TESTOSTERONE, FIRST-TESTOSTERONE MC, FORTESTA, NATESTO, STRIANT, TESTIM, TESTOSTERONE 1% & 2% gel, TESTOSTERONE PUMP, VOGELXO, VOGELXO PUMP	ANDROGEL 1.62%; ANDROGEL** 1%, testosterone gel 1% (generic for Androgel), testosterone transdermal solution 30 mg/actuation
DOXYCYCLINE/ MINOCYCLINE	ACTICLATE**, ADOXA**, ADOXA PAK**, AVIDOXY DK, BENZODOX, DORYX** tab 50 mg & 200 mg, DORYX MPC, DOXYCYCLINE 40 mg delayed-release, MINOCIN** caps, MINOCYCLINE 45 mg tab, MONODOX**, MORGIDOX kit, NUTRIDOX, ORACEA, SOLODYN, TARGADOX, VIBRAMYCIN** caps, VIBRAMYCIN** suspension, VIBRAMYCIN syrup	Avidoxy 100 mg; doxycycline hyclate caps, tabs; doxycycline hyclate delayed-release tabs; doxycycline monohydrate; minocycline caps; minocycline extended-release 90 & 135 mg tabs; Mondoxyne NL; Morgidox caps
GLUCOSE TEST STRIPS	All glucose test strip manufacturers (except Ascensia/Bayer) [±] e.g. ACCU-CHEK, ADVANCE, ADVOCATE, ASSURE, CLEVER CHEK, EASY PLUS/MAX/TALK/TOUCH, EMBRACE, FORA, FREESTYLE, GLUCOCARD, ONETOUCH. OPTIUM, PRECISION, PRODIGY, RELION, RIGHTTEST, TRUE METRIX, TRUETEST, TRUETRACK, UNISTRIP	ASCENSIA (e.g. BREEZE, BREEZE 2, CONTOUR, etc)
GROWTH HORMONES	GENOTROPIN, GENOTROPIN MINIQUICK, HUMATROPE, HUMATROPE COMBO PACK, NORDITROPIN FLEXPLO, NUTROPIN AQ NUSPIN, SAIZEN, SAIZEN CLICK EASY, SAIZENPREP, SEROSTIM, ZOMACTON, ZORBTIVE	OMNITROPE
INSOMNIA	AMBIEN**, AMBIEN CR**, BELSOMRA, EDLUAR, INTERMEZZO**, LUNESTA**, ROZEREM, SILENOR, SONATA**, ZOLPIMIST	eszopiclone; zaleplon; zolpidem tartrate; zolpidem tartrate ER
INSULINS (EXCLUSIVE NOVO)	AFREZZA, APIDRA, APIDRA SOLOSTAR, HUMALOG, HUMALOG KWIKPEN, HUMALOG JR KWIKPEN, HUMALOG MIX 50/50, HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25, HUMALOG MIX 75/25 KWIKPEN, HUMULIN N, HUMULIN N KWIKPEN, HUMULIN R, HUMULIN 70/30, HUMULIN 70/30 KWIKPEN	HUMULIN R U-500 (CONCENTRATE), HUMULIN R U-500 KWIKPEN; LANTUS; LANTUS SOLOSTAR; LEVEMIR; LEVEMIR FLEXTOUCH; NOVOLIN N; NOVOLIN N RELION; NOVOLIN N U-100; NOVOLIN R; NOVOLIN R RELION; NOVOLIN 70/30; NOVOLIN 70/30 RELION; NOVOLOG; NOVOLOG FLEXPEN; NOVOLOG MIX 70/30; NOVOLOG MIX 70/30 FLEXPEN; NOVOLOG PENFILL; RELION R; TOUJEO SOLOSTAR; TRESIBA FLEXTOUCH
NASAL STEROIDS	AZENASE, BECONASE AQ, FLONASE**, FLUNISOLIDE, NASONEX**, OMNARIS, PROPEL, PROPEL MINI, QNASL, QNASL CHILDRENS, RHINOCORT AQUA**, TICASPRAY, VERAMYST, ZETONNA	budesonide; fluticasone propionate; triamcinolone acetonide

Generic Drugs = **bold** Brand Drugs = CAPITAL LETTERS ** = generic available

Drug Category	Excluded Medications	Alternatives
TOPICAL ANTIBIOTICS	ACANYA, ACZONE, AKTIPAK, AVAR PAD, AVAR FOAM 9.5-5%, AVAR LS, AVAR LS cleanser**, AVAR-E-LS**, AZELEX, BENZAQ AC**, BENZACLIN**, BENZAMYCIN** gel, BENZEFOAM**, BENZEFOAM ULTRA**, BENZIQ, BENZIQ LS, BENZIQ WASH, BENZODOX, BP CLEANSING WASH 10-4%, BPO 3% or 9% cloths, BP gel, CLEOCIN-T**, CLINDACIN ETZ, CLINDACIN PAC, CLINDAGEL, CLINOIN, DUAC**, ERYGEL**, EVOCLIN**, FABIOR, INOVA, KLARON**, METROCREAM**, METROGEL**, METROLOTION**, NEUAC kit, NORITATE, ONEXTON, PLEXION**, PLEXION CLEANSING CLOTHS, RIAx, ROSADAN KIT, ROSULA liquid, ROSULA pad, SODIUM SULFACETAMIDE/SULFUR 10-5% emulsion or lotion, SODIUM SULFACETAMIDE/ SULFUR 10-5% suspension, SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA emulsion 10-5%, SSS 10-5; SUMADIN KIT**, SUMADAN WASH**, SUMADAN XLT**, SUMAXIN CP KIT, SUMAXIN** pad, SUMAXIN TS**, SUMAXIN WASH**, VANOXIDE-HC, VELTIN, ZACARE kit, ZAFLIR, ZIANA**	<p>Clindacin-ETZ pledgets; Clindacin-P, clindamycin phosphate 1% foam, gel, lotion, soln, swab; clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%; clindamycin phosphate-benzoyl peroxide gel 1-5%; clindamycin phosphate- tretinoin 1.2-0.025% gel;</p> <p>ERY; erythromycin 2% gel, pads, soln; erythromycin/ benzoyl peroxide;</p> <p>FINACEA; metronidazole 0.75% cream, gel, lotion; metronidazole 1% gel;</p> <p>Neuac gel; Rosadan cream, gel</p> <p>sulfacetamide sodium 10% lotion</p>
TOPICAL RETINOIDS	ADAPALENE lotion, ATRALIN**, DIFFERIN** cream, DIFFERIN** gel, DIFFERIN lotion, EPIDUO**, EPIDUO FORTE, RETIN-A**, RETIN-A MICRO** 0.1%, RETIN-A MICRO** 0.04%, RETIN-A MICRO PUMP 0.08%, TAZORAC** cream, TRETIN-X	<p>adapalene cream, gel; Avita; TAZORAC gel, tretinoin cream 0.025%, 0.05%; tretinoin gel 0.01%, 0.025%, 0.05%; tretinoin microsphere gel 0.4%, 0.1%</p>

*Not a comprehensive list of all excluded glucose test strips

*Applies to Blue Cross plan members with coverage through Blue Cross Blue Shield of Alabama Drug List Exclusions. Check your Blue Cross benefit Bookly for more information.

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