



2016 Step Therapy List for CoverKids Formulary

Step therapy is a form of prior authorization that begins drug therapy for a medical condition with the most cost-effective and safest drug therapy. To have these medications covered under your prescription drug benefit, you may be required to first try an alternative or complete the prior authorization process. It progresses to alternate drugs only if necessary. Prescription drugs subject to step therapy guidelines are: (1) used only for patients with certain conditions; (2) Covered only for patients who failed to respond to or demonstrated an intolerance to alternate prescription drugs as supported by appropriate medical documentation; and (3) when used with selected prescription drugs to treat your condition.

The following list of drugs requires step therapy:

Drug	Requirement
Angiotensin II Receptor Blockers: Edarbi/Edarbyclor	trial and failure of generic ARB or Benicar/Benicar HCT
Betaseron	trial and failure of Avonex, Copaxone, Extavia, or Rebif
Diabetic Test Strips (e.g., Freestyle/Accu-Chek)	trial and failure of preferred products made by Lifescan (OneTouch) or Bayer (Contour or Breeze2)
Glaucoma Agents: Rescula Xalatan Zioptan	trial and failure of latanoprost, Lumigan or Travatan Z
Humalog/Apidra/Apidra SoloStar	trial and failure of Novolog
Humulin	trial and failure of Novolin
Short-acting Beta Agonists: Proventil HFA Ventolin HFA Xopenex HFA	trial and failure of ProAir HFA or ProAir Respiclick

This list is subject to change throughout the year. Please call Member Service at the phone number listed on your BlueCross BlueShield of Tennessee member ID card or visit our website at bcbst.com for the most up-to-date information.

Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140

Chinese: 如果需要中文的帮助, 请拨打这个号码 1-800-565-9140

Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-565-9140

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