

## PREFERRED DRUG FORMULARY

This Preferred Drug Formulary is designed to assist in the selection of pharmaceutical products for members of Blue Cross Blue Shield of Georgia (BCBSGa) and Blue Cross Blue Shield Healthcare Plan of Georgia (BCBSHP). Updates to the Preferred Drug Formulary occur every quarter following the Pharmacy & Therapeutics Committee meeting. The most current listing of the Preferred Drug Formulary can be accessed on the website at: [www.bcbsga.com](http://www.bcbsga.com).

## GENERIC DRUGS

BCBSGa/BCBSHP endorses the use of FDA approved bioequivalent generics and encourages the prescribing and dispensing of these generic medications whenever medically appropriate. The Pharmacy & Therapeutics Committee recognizes that certain medications possess narrow therapeutic dose response characteristics. Therefore, the Committee discourages the use of generic substitutes for drugs classified by the FDA as having a narrow therapeutic index (NTI).

## PRIOR AUTHORIZATION OF BENEFITS

Select formulary drugs require prior authorization of benefits (PAB). Medication utilization must meet **FDA approved** indications as well as BCBSGa/BCBSHP guidelines. Other medications are subject to PAB according to the Pharmacy & Therapeutics Committee recommendations. Physicians who wish to request a medication exception to the formulary based on a member's clinical needs can initiate this process by calling 1-800-422-7305.

**Step Therapy Protocols:** Step therapy requires the use of one or more medications before benefits for the use of another medication can be authorized. To obtain authorization for a drug requiring step therapy, contact WellPoint Pharmacy Management at 1-800-422-7305. The following drugs currently require step therapy: Aciphex, Nexium, Prilosec, Zegerid, Crestor, Vytorin, Elidel, Protopic, Emend, Lunesta, Zetia, Ambien CR, Rozarem, Lyrica, Celebrex, Mobic and Arthrotec.

BCBSGa/BCBSHP may add or remove medications from this list. For the most current information on medications requiring PAB or step therapy, go to [www.bcbsga.com](http://www.bcbsga.com) or call Customer Service at 1-800-441-2273

**Quantity Limits:** BCBSGa/BCBSHP has identified a number of select medications which will be subject to quantity limits. A quantity limit establishes the maximum amount of a prescription medication BCBSGa/BCBSHP will cover as a benefit within a defined period of time. Quantity limits may be implemented on a per day basis (e.g. 1 tablet per day), per prescription or per 30 days. We reserve the right to assign a quantity limit to other agents as appropriate. Please refer to the formulary list found on the website at [www.bcbsga.com](http://www.bcbsga.com) to determine if a medication is subject to quantity limitations. Requests for quantities greater than the established limit require PAB and should be submitted to the BCBSGa/BCBSHP UM Department for evaluation.