

BCN Advantage HMOSM



BCN Advantage Drug Formulary Updates — August 2009

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Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Attention BCN Advantage Members

BCN Advantage may add or remove drugs from the drug formulary during the year. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. Some formulary changes do not require advance notice but will be posted on this [link](#).

If your physician prescribes a drug that is not on our formulary, is not a preferred drug, or is subject to additional utilization requirements, you may ask us to make a coverage exception. Submit a statement from your physician supporting your request. If BCN Advantage ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. For more detailed information about your BCN Advantage prescription drug coverage, please review your [Evidence of Coverage](#) and other Plan materials.

BCN Advantage covers both brand-name and generic drugs. Generic drugs have the same active ingredients as brand-name drugs. Generic drugs usually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs.

If you have questions about the BCN Advantage drug formulary, please call Customer Service at 800-450-3680, 8 a.m. to 8 p.m., seven days a week. TTY users should call 800-430-3211.



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New Generics – Brand-name versions no longer covered

The following drugs are now available as generics (Tier 1) and will be dispensed for the lowest copayment to BCN Advantage members. Members can continue to receive the brand-name version of the drugs below for their Tier 2 or Tier 3 copayment until the effective date noted. After the effective date, members who elect to receive the brand-name versions of these drugs will pay the Tier 2 copayment plus the difference in cost between the brand and generic versions.

Effective Date	Brand Name	Generic Name	Tier	Limits
1/1/2009	Razadyne ER	Galantamine Hydrobromide	1	
1/1/2009	Keppra	Levetiracetam	1	
1/1/2009	Vivactil	Protriptyline	1	
1/1/2009	Imitrex	Sumatriptan	1	QL
1/1/2009	Tobradex Opth	Tobramycin/Dexamethasone	1	QL
1/1/2009	Wellbutrin XL 150mg	Bupropion XL 150mg	1	QL
1/1/2009	Depakote Tabs	Divalproex Sodium	1	
1/1/2009	Camptosar	Ironotecan	4	
1/1/2009	Paxil CR 37.5mg	Paroxetine HCl	1	QL
1/1/2009	Ponstel	Mefenamic Acid	1	
1/1/2009	Phoslo Caps	Calcium Acetate	1	
1/1/2009	CNL 8 Kit	Ciclopirox 8 Kit	1	
1/1/2009	Inspra	Eplerenone	1	
7/1/2009	Risperdal M-tabs	Risperidone	1	
7/1/2009	Solodyn Tabs	Minocycline	1	
7/1/2009	Adderall XL Caps	Amphetamine Comb.	1	
7/1/2009	Cytomel Tabs	Liothyronine	1	
7/1/2009	Zerit 1mg/1ml Solution	Stavudine	1	
9/1/2009	Tegretol XR	Carbamazepine SR	1	
9/1/2009	Cellcept	Mycophenolate	1	PA



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7/14/2009	Casodex	Bicalutamide	1	
6/20/2009	Golytely	PEG 3350/NA SULF,BICARB,CL/KCL	1	
7/25/2009	Alkeran	Melphalan Hcl	1	PA
7/14/2009	Plan B	Levonorgestrel (Next Choice)	1	
7/14/2009	Ortho Tri Cyclen Lo	Norgestimate-Ethinyl Estradiol	1	

Additions to the BCN Advantage formulary

Effective Date	Brand Name	Generic Name	Tier	Limits
1/1/2009	Patanase	Olopatadine	3	
1/1/2009	Alvesco	Ciclesonide	3	
1/1/2009	Relistor	Methylnaltrexone	4	PA/QL
1/1/2009	Cimzia	Certolizumab	4	
1/1/2009	Iquix	Levofloxacin	3	
1/1/2009	Liquadd	Dextroamphetamine	3	
1/1/2009	Taclonex Scalp	Calcipotriene/betamethasone	3	
1/1/2009	Requip XL	Ropinirole	3	
1/1/2009	Benoquin	Monobenzone	2	
1/1/2009	Renvela	Sevelamer acetate	2	
1/1/2009	Simcor	Niacin/Simvastatin	3	ST
1/1/2009	Flector Patch	Diclofenac epolamine	3	
1/1/2009	Arcalyst	Rilonacept	4	PA
2/1/2009	Prilosec Suspension Packets	Omeprazole	3	ST
4/1/2009	Loseasonique	Norgest/ethinyl estradiol	3	QL



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1/1/2009	ProAir HFA	Albuterol	2	
1/1/2009	Ventolin HFA	Albuterol	2	
4/18/2009	Mozobil	Plerixafor	4	PA
4/18/2009	TriLipix	Fenofibric acid delayed-release	3	ST/QL
4/25/2009	Kapidex	Dexlansoprazole	3	ST/QL
4/18/2009	Toviaz	fesoterodine	3	QL
4/18/2009	Banzel	rufinamide	2	
4/18/2009	Rapaflo	silodosin	3	QL
4/18/2009	Promacta	eltrombopag	4	PA/QL
4/18/2009	Cinryze	C1-esterase inhibitor	4	PA
4/18/2009	Vimpat tablets	Lacosamide tablets	3	
4/18/2009	Vimpat injection	Lacosamide injection	5	
4/18/2009	Keppra XR	levetiracetam	3	
4/18/2009	Apriso	Mesalamine extended release	3	
4/18/2009	LoSeasonique	Levonorgestrel/ethinyl estradiol	3	
4/18/2009	Conjugated estrogen, synthetic	Conjugated estrogen vaginal cream	3	
4/18/2009	Degarelix	Degarelix injection	5	PA
4/18/2009	Vectical	Calcitriol ointment	3	
5/5/2009	Actonel 150mg weekly	Risendronate	2	ST/QL
8/01/2009	Lamictal ODT	Lamotrigine	3	
5/30/2009	Exforge HCT	Valsartan/Amlodipine/HCTZ	3	ST
8/1/2009	Samsca	Tolvaptan	4	
8/1/2009	Besivance	Besifloxacin HCL	3	
8/1/2009	Cetraxal	Ciprofloxacin	2	
8/1/2009	Adcirca	Tadalafil	4	PA/QL
8/1/2009	Edluar	Zolpidem	3	QL/ST
8/1/2009	Epiduo	Adapalene/Benzoyl Peroxide	3	



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8/1/2009	Lamictal XR	Lamotrigine	3	
8/1/2009	Nuvigil	Armodafinil	3	QL
8/1/2009	Ulesfia	Benzyl Alcohol	3	
8/1/2009	Uloric	Febuxostat	3	ST/QL
9/1/2009	Afinitor	Everolimus	4	PA/QL
9/1/2009	Asacol HD	Mesalamine	2	
9/1/2009	Renvela Powder	Sevelamer	2	
8/1/2009	Tacrolimus 0.5mg, 1mg	Tacrolimus	1	
8/1/2009	Tacrolimus 5mg	Tacrolimus	4	
8/1/2009	Clonidine Patch	Clonidine	1	

Drugs removed from the BCN Advantage formulary

The following drugs have been removed from the BCN Advantage formulary based on CMS exclusion from Part D coverage, manufacturer withdrawal from the marketplace, or by order of the Food & Drug Administration (usually for safety reasons).

Effective Date	Brand Name	Generic Name
1/1/2009	Atopiclair	DI-e AC/Grape/Hyaluronic Acid
1/19/2009	Nitroglycerin capsules ER/CR	Nitroglycerin capsule
1/19/2009	Bulk powder/compounded – Miscellaneous	Bulk powders for compounds
1/19/2009	Bulk powder/compounded - Triamcinolone	Triamcinolone powder
1/19/2009	Bulk powder/compounded – Betamethasone	Betamethasone powder



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1/19/2009	Bulk powder/compounded –Tetracycline	Tetracycline powder
1/19/2009	Bulk powder/compounded –Nifedipine	Nifedipine
1/19/2009	Bulk powder/compounded –Testosterone	Testosterone powder
1/19/2009	Bulk powder/compounded – Clobetasol	Clobetasol powder
1/19/2009	Bulk powder/compounded – Ketoprofen	Ketoprofen powder
1/19/2009	Bulk powder/compounded – Progesterone	Progesterone powder
1/19/2009	Bulk powder/compounded – Estriol	Estriol powder
1/19/2009	Bulk powder/compounded – Estradiol	Estradiol powder
1/19/2009	Bulk powder/compounded – Nystatin	Nystatin powder
1/19/2009	Bulk powder/compounded – Baclofen	Baclofen powder
1/19/2009	Bulk powder/compounded – Hydrocortisone	Hydrocortisone powder
1/19/2009	Bulk powder/compounded – Ketorolac	Ketorolac powder
1/19/2009	Bulk powder/compounded – Itraconazole	Itraconazole powder
1/19/2009	Bulk powder/compounded – Ketoconazole	Ketoconazole powder
1/19/2009	Bulk powder/compounded – Gabapentin	Gabapentin powder
1/19/2009	Bulk powder/compounded – Papaverine	Papaverine powder
1/19/2009	Biafine emulsion	Emollient combination
1/19/2009	Rosaderm cleanser	Sulfacetamide
1/19/2009	Prascion cleanser	Sulfacetamide
1/19/2009	Sulfatol gel, lotion	Sulfacetamide



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Changes made to the Drugs in the BCN Advantage Formulary

Effective Date	Brand Name	Generic Name	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copayment
1/1/2009	Geodon	Ziprasidone Mesylate	Moved to Tier 2	Original tier placement in error	N/A	N/A
1/1/2009	Zetia	Ezetimibe	Moved to Tier 2	Correction to formulary file	N/A	N/A
1/1/2009	Avandia	Rosiglitazone	Moved to Tier 2	Correction to formulary file	N/A	N/A
1/1/2009	Lybrel	Levonorgestrel/ ethinyl estradiol	Moved to Tier 2	Correction to formulary file	N/A	
3/7/09	Toprol XL	Metoprolol Succinate	Added to Tier 2	Temporary placement of brand product due to recall of generic product	N/A	
1/1/09	Abilify, Abilify Discmelt	Aripiprazole	Moved to Tier 2	Update of publication	N/A	N/A
1/1/2009	Premphase		Tier 2	Update of publication	N/A	N/A
1/1/2009	Flonase (g)	Fluticasone	Tier 1	Update of publication	N/A	N/A
1/1/2009	Carac	Fluorouracil	Tier 2	Update of publication	N/A	N/A
1/1/2009	Effexor XR	Venafaxine ER	Tier 2	Update of publication	N/A	N/A