

BCN Advantage HMOSM



Medicare and more

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

BCN Advantage Drug Formulary Updates - September, 2010

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. You or your physician may initiate an exception request. While the use of a form is not always required, they are available for [members](#) and [physicians](#) on the BCNA website. Coverage determinations will be made for standard and urgent requests within 72 and 24 hours, respectively. 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, Tier 3, Tier 4 or Tier 5 copayment until the effective date noted. After the effective date, the brand-name drug will no longer be a covered drug.

Effective Date	Brand Name	Generic Name	Tier	Limits
9/1/2010	ACEON	PERINDOPRIL ERBUMINE	1	
9/1/2010	ACULAR 0.4%, 0.5%	KETOROLAC TROMETHAMINE	1	
9/1/2010	BENZACLIN	CLINDAMYCIN/BENZOYL PEROXIDE/HYALUR NA	1	
9/1/2010	CATAPRES-TTS	CLONIDINE	1	
9/1/2010	ELOXATIN	OXALIPLATIN	4	
9/1/2010	IOPIDINE	APRACLONIDINE HCL	1	
9/1/2010	OPTIVAR	AZELASTINE HCL	1	
9/1/2010	MIRAPEX (all strengths except 0.75mg)	PRAMIPEXOLE DI-HCL	1	
9/1/2010	PLAN B	LEVONORGESTREL	1	
9/1/2010	PROGRAF 0.5 mg	TACROLIMUS ANHYDROUS	2	
9/1/2010	PROGRAF 1.0 mg	TACROLIMUS ANHYDROUS	2	
9/1/2010	PROGRAF 5 mg	TACROLIMUS ANHYDROUS 5 mg	4	
9/1/2010	RAZADYNE 4mg/ml ORAL SOLUTION	GALANTAMINE HYDROBROMIDE 4mg/ml ORAL SOLUTION	1	
9/1/2010	STARLIX	NATEGLINIDE	1	
9/1/2010	ULTRAM ER 100 MG	TRAMADOL HCL 100 MG	1	
9/1/2010	ULTRAM ER 200 MG	TRAMADOL HCL 200 MG	1	



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9/1/2010	TRILEPTAL 60 mg/ml ORAL SUSPENSION	OXCARBAZEPINE 60 MG/ML ORAL SUSPENSION	1	
9/1/2010	VALTRESX 500 MG, 1000 MG TABLETS	VALACYCLOVIR HCL 500 MG, 1000 MG TABLETS	1	
10/1/2010	FLOMAX	TAMSULOSIN	1	

Additions to the BCN Advantage formulary

Effective Date	Brand Name	Generic Name	Tier	Limits
1/1/2010	AFINITOR	EVEROLIMUS	4	QL/PA
1/1/2010	APRI	DESOGESTREL; ETHINYL ESTRADIOL	1	
1/1/2010	ARTHROTEC 50	DICLOFENAC SODIUM; MISOPROSTOL	3	
1/1/2010	AVIANE	ETHINYL ESTRADIOL; LEVONORGESTREL	1	
1/1/2010	BALZIVA	ETHINYL ESTRADIOL; NORETHINDRONE	1	
1/1/2010	CETRAXAL	CIPROFLOXACIN HCL	2	
1/1/2010	CLINDAMYCIN/BENZOYL PEROXIDE	CLINDAMYCIN/BENZOYL PEROXIDE	1	
1/1/2010	COLY-MYCIN S	NEOMY SULF/COLIST SUL/HC/THONZ	3	
1/1/2010	CORDRAN TAPE	FLURANDRENOLIDE	2	



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Effective Date	Brand Name	Generic Name	Tier	Limits
1/1/2010	CRYSSELLE-28	ETHINYL ESTRADIOL; NORGESTREL	1	
1/1/2010	ELIGARD 30MG, 45 MG	LEUPROLIDE ACETATE	3	
1/1/2010	ELIGARD 7.5MG, 22.5MG KIT	LEUPROLIDE ACETATE	5	
1/1/2010	EXTAVIA	INTERFERON BETA-1B	4	
1/1/2010	FENOFIBRATE TABS 54MG, 160MG	FENOFIBRATE	1	
1/1/2010	FLUPHENAZINE HCL	FLUPHENAZINE HCL	1	
1/1/2010	GOLYTELY	POLYETHYLENE GLYCOL; POTASSIUM CHLORIDE; SODIUM BICARBONATE; SODIUM CHLORIDE; SODIUM SULFATE	3	
1/1/2010	JUNEL FE	ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE	1	
1/1/2010	JUNEL1	ETHINYL ESTRADIOL; NORETHINDRONE ACETATE	1	
1/1/2010	KARIVA	DESOGESTREL; ETHINYL ESTRADIOL	1	
1/1/2010	KELNOR	ETHINYL ESTRADIOL; ETHYNODIOL DIACETATE	1	
1/1/2010	LEENA	ETHINYL ESTRADIOL; NORETHINDRONE	1	
1/1/2010	LESSINA	ETHINYL ESTRADIOL; LEVONORGESTREL	1	



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Effective Date	Brand Name	Generic Name	Tier	Limits
1/1/2010	LEVORA	ETHINYL ESTRADIOL; LEVONORGESTREL	1	
1/1/2010	LOESTRIN 24 FE	ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE	3	
1/1/2010	LO-OGESTREL	ETHINYL ESTRADIOL; NORGESTREL	1	
1/1/2010	LUTERA	ETHINYL ESTRADIOL; LEVONORGESTREL	1	
1/1/2010	MALATHION	MALATHION	1	
1/1/2010	MELPHALAN HYDROCHLORIDE	MELPHALAN HYDROCHLORIDE	1	PA
1/1/2010	METOPROLOL SUCCINATE ER	METOPROLOL SUCCINATE ER	1	
1/1/2010	MONESSA	ETHINYL ESTRADIOL; NORGESTIMATE	1	
1/1/2010	NAPROXEN DR	NAPROXEN	1	
1/1/2010	NORDITROPIN CARTRIDGE, PENS	SOMATROPIN	4	
1/1/2010	NORTREL	ETHINYL ESTRADIOL; NORETHINDRONE	1	
1/1/2010	NORVIR 100MG CAPSULE	RITONAVIR	2	
1/1/2010	NORVIR ORAL SOLN	RITONAVIR	4	
1/1/2010	OCELLA	DROSPIRENONE; ETHINYL ESTRADIOL	1	



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1/1/2010	OGESTREL	ETHINYL ESTRADIOL; NORGESTREL	1	
1/1/2010	ONDANSETRON HCL INJ	ONDANSETRON HCL	5	
1/1/2010	PAROXETINE ER	PAROXETINE HCL	1	
1/1/2010	PORTIA-28	ETHINYL ESTRADIOL; LEVONORGESTREL	1	
1/1/2010	PREVIFEM	ETHINYL ESTRADIOL; NORGESTIMATE	1	
1/1/2010	QUASENSE	ETHINYL ESTRADIOL; LEVONORGESTREL	1	
1/1/2010	RECLIPSEN	DESOGESTREL; ETHINYL ESTRADIOL	1	
1/1/2010	SEASONIQUE	ETHINYL ESTRADIOL; LEVONORGESTREL	3	
1/1/2010	SPRINTEC 28	ETHINYL ESTRADIOL; NORGESTIMATE	1	
1/1/2010	SRONYX	ETHINYL ESTRADIOL; LEVONORGESTREL	1	
1/1/2010	SUCRAID	SACROSIDASE	3	
1/1/2010	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	1	
1/1/2010	TEV-TROPIN	SOMATROPIN	4	
1/1/2010	TRIAMCINOLONE IN ORABASE	TRIAMCINOLONE ACETONIDE	1	



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1/1/2010	TRI-LEGEST FE	ETHINYL ESTRADIOL; FERROUS FUMARATE; NORETHINDRONE ACETATE	1	
1/1/2010	VIMPAT INJECTION	LACOSAMIDE	5	
1/1/2010	ZORPTIVE	SOMATROPIN	4	
1/29/2010	ALBUTEROL SULFATE, nebulizer solution	ALBUTEROL SULFATE, nebulizer solution	1	
1/29/2010	ARZERRA	OFATUMUMAB	5	
1/29/2010	CERVARIX	HPV BIVALENT (TYPES 16 & 18) RECOMB VAC	5	
1/29/2010	DYSPORT	ABOBOTULINUMTOXINA	5	
1/29/2010	EFFIENT	PRASUGREL HYDROCHLORIDE	2	
1/29/2010	EMBEDA	MORPHINE SULFATE/NALTREXONE	3	QL
1/29/2010	FOLOTYN	PRALATREXATE	4	
1/29/2010	LUSEDRA	FOSPROPOFOL DISODIUM	5	
1/29/2010	NUCYNTA	TAPENTADOL HYDROCHLORIDE	3	QL
1/29/2010	OFORTA	FLUDARABINE PHOSPHATE	3	
1/29/2010	ONGLYZA	SAXAGLIPTIN HYDROCHLORIDE	3	
1/29/2010	OZURDEX	DEXAMETHASONE	3	
1/29/2010	SABRIL	VIGABATRIN	4	
1/29/2010	TIMOPTIC OCUDOSE	TIMOLOL MALEATE/PF	3	
1/29/2010	VIBATIV	TELAVANCIN HCL	5	
2/1/2010	FLECTOR	DICLOFENAC EPOLAMINE	3	



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2/1/2010	LANSOPRAZOLE	LANSOPRAZOLE	1	
2/16/2010	AZELASTINE OPTH	AZELASTINE HCL	1	
2/16/2010	BEPREVE	BEPOTASTINE BESILATE	3	
2/16/2010	FANAPT	ILOPERIDONE	3	
2/16/2010	GAVILYTE-C	PEG 3350/NA SULF,BICARB,CL/KCL	1	
2/16/2010	GAVILYTE-N	SOD CHLORIDE/NAHCO3/KCL/PEGS	1	
2/16/2010	INVEGA	PALIPERIDONE	3	
2/16/2010	INVEGA SUSTENNA 117mg, 156mg, 234mg	PALIPERIDONE PALMITATE	4	
2/16/2010	INVEGA SUSTENNA 39mg, 78mg	PALIPERIDONE PALMITATE	5	
2/16/2010	LEVALBUTEROL HCL NEBULIZER	LEVALBUTEROL HCL	1	
2/16/2010	MAXAIR AUTOHALER	PIRBUTEROL ACETATE	2	
2/16/2010	POLYETHYLENE GLYCOL	POLYETHYLENE GLYCOL 3350	1	
2/16/2010	PRAMIPEXOLE DI-HCL (0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg)	PRAMIPEXOLE DI-HCL	1	
2/16/2010	RENAGEL	SEVELAMER HCL	2	
2/16/2010	RISPERIDONE ODT	RISPERIDONE	1	
2/16/2010	SAMSCA	TOLVAPTAN	4	



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2/16/2010	SORIATANE 17.5MG, 22.5MG CAPS	SORIATANE	4	
2/16/2010	TIMOLOL MALEATE GEL-FORMING SOLUTION	TIMOLOL MALEATE	1	
2/16/2010	VALCYTE SOLN	VALGANCICLOVIR HYDROCHLORIDE	4	
2/16/2010	ZENPEP	LIPASE/PROTEASE/AMYLASE	3	
2/22/2010	ONSOLIS	FENTANYL CITRATE	3	PA, QL
2/22/2010	SAPHRIS	ASENAPINE	3	QL
2/22/2010	TYVASO	TREPROSTINIL	4	QL
2/25/2010	CEFDITOREN PIVOXIL	CEFDITOREN PIVOXIL	1	
2/25/2010	MULTAQ	DRONEDARONE HYDROCHLORIDE	2	
2/25/2010	ZYPREXA RELPREVV	OLANZAPINE PAMOATE	4	
2/26/2010	ASACOL HD	MESALAMINE	2	
3/9/2010	NUVIGIL	ARMODAFINIL	3	QL
3/11/2010	CICLOPIROX NAIL LAQUER	CICLOPIROX	1	
3/11/2010	NORVIR 100MG TABLET	RITONAVIR	2	
3/11/2010	PHENYTOIN SODIUM EXTENDED CAP 200, 300MG	PHENYTOIN SODIUM	1	
3/11/2010	SIMPONI	GOLIMUMAB	4	PA
3/11/2010	VAGIFEM 10MCG TABS	ESTRADIOL	3	
3/19/2010	IMIQUIMOD 5%	IMIQUIMOD	1	
4/1/2010	INTUNIV	GUANFACINE HCL	3	ST, QL



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Effective Date	Brand Name	Generic Name	Tier	Limits
4/1/2010	STELARA	USTEKINUMAB	4	PA
4/1/2010	SUMAVEL DOSEPRO	SUMATRIPTAN SUCCINATE	3	ST,QL
4/1/2010	VOTRIENT	PAZOPANIB HYDROCHLORIDE	4	PA
4/26/2010	METAXALONE	METAXALONE	1	
5/1/2010	ACUVAIL 0.45%	KETOROLAC TROMETHAMINE	3	
5/1/2010	COARTEM	ARTEMETHER; LUMEFANTRINE	2	
5/1/2010	FLUOXETINE DR 90MG	FLUOXETINE	1	
5/1/2010	LOSEASONIQUE	ETHINYL ESTRADIOL; LEVONORGESTREL	3	
5/25/2010	ZIRGAN	GANCICLOVIR	2	
5/28/2010	HIZENTRA	IMMUNE GLOBULIN, GAMMA (IGG)	4	
6/1/2010	AMOXICILLIN/ POTASSIUM CLAVULANATE	AMOXICILLIN/ POTASSIUM CLAVULANATE	1	
6/1/2010	AMOXICILLIN/CLAVULANATE POTASSIUM ER	AMOXICILLIN/CLAVULANATE POTASSIUM	1	
6/1/2010	LOSARTAN	LOSARTAN POTASSIUM	1	ST
6/1/2010	LOSARTAN/HYDROCHLOROT HIAZIDE	LOSARTAN POTASSIUM;HYDROCHLOROTHI AZIDE	1	ST
6/1/2010	VPRIV	VELAGLUCERASE ALFA	4	
6/14/2010	VIMPAT (TABS, SOLN)	LACOSAMIDE	3	



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Effective Date	Brand Name	Generic Name	Tier	Limits
6/21/2010	GIANVI	ETHINYL ESTRADIOL/DROSPIRENONE	1	
6/21/2010	TRANDOLAPRIL/VERAPAMIL HCL	TRANDOLAPRIL/VERAPAMIL HCL	1	
7/19/2010	AZELASTINE NASAL SPRAY	AZALASTINE HCL	1	
7/19/2010	PANCREAZE	LIPASE/PROTEASE/AMYLASE	3	
8/1/2010	IXIARO	JAPANESE ENCEPHALITIS VIR VAC INACT ADS	5	
8/26/2010	LYSTEDA	TRANEXAMIC ACID	3	QL
9/1/2010	ZORTRESS 0.25MG	EVEROLIMUS	3	PA
9/1/2010	ZORTRESS 0.5MG, 0.75MG	EVEROLIMUS	4	PA

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
6/1/2010	VISTRA 650	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	ALI-FLEX	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	ZGESIC	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	ALPAIN	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	QFLEX	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	HYFLEX-DS	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	RHINOFLEX	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE



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Effective Date	Brand Name	Generic Name
6/1/2010	GENECAR	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	DOLOGESIC	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	LAGESIC	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	POLY-650	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	STAFLEX	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	DOLOREX	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	FLEXTRA-DS	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	ACUFLEX	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	RELAGESIC	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	FLEXTRA	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	MYOPHEN	ACETAMINOPHEN/PHENYLTOLXAMINE CITRATE
6/1/2010	OTILAM	ANTIPYRINE/BENZOCAINE/GLY/UREA
6/1/2010	ANTIPYRINE WITH BENZOCAINE	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	PRO-OTIC	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	AURODEX	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	OTOGESIC	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	AUROGUARD	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	AUROTO	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	A-B OTIC	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	ALLERGEN	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	BENZOTIC	ANTIPYRINE/BENZOCAINE/GLYCERIN
6/1/2010	HOMATROPINE HYDROBROMIDE	HOMATROPINE HBR
6/1/2010	HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE



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6/1/2010	RECTASOL-HC	HYDROCORTISONE ACETATE
6/1/2010	HEMORRHOIDAL HC	HYDROCORTISONE ACETATE
6/1/2010	CORTIFOAM	HYDROCORTISONE ACETATE
6/1/2010	COMBIFLEX ES	MG SAL/ACETAMINPHN/PHENYLTOLXAMINE/CAFF
6/1/2010	CAFGESIC FORTE	MG SAL/ACETAMINPHN/PHENYLTOLXAMINE/CAFF
6/1/2010	DURABAC FORTE	MG SAL/ACETAMINPHN/PHENYLTOLXAMINE/CAFF
6/1/2010	PHENYLEPHRINE HCL	PHENYLEPHRINE HCL
6/1/2010	ALTAFRIN	PHENYLEPHRINE HCL
6/1/2010	AK-DILATE	PHENYLEPHRINE HCL
6/1/2010	NEOFRIN	PHENYLEPHRINE HCL
6/1/2010	PHENOPTIC	PHENYLEPHRINE HCL
6/1/2010	NEO-SYNEPHRINE	PHENYLEPHRINE HCL
6/1/2010	MYDFRIN	PHENYLEPHRINE HCL
6/1/2010	NASOP	PHENYLEPHRINE HCL
6/1/2010	AH-CHEW D	PHENYLEPHRINE HCL
6/1/2010	GILCHEW IR	PHENYLEPHRINE HCL
6/1/2010	SELENOS	SELENIUM SULFIDE
6/1/2010	SELENIUM SULFIDE	SELENIUM SULFIDE
6/1/2010	SELSEB	SELENIUM SULFIDE
6/1/2010	TERSI FOAM	SELENIUM SULFIDE
6/1/2010	OVACE PLUS	SULFACETAMIDE SODIUM
6/1/2010	OVACE	SULFACETAMIDE SODIUM
6/1/2010	CERISA	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	SODIUM SULFACETAMIDE/SULFUR	SULFACETAMIDE SODIUM/SULFUR



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6/1/2010	10-1	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	PRASCION TS	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	TOPISULF	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	AVAR	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	SULFATOL C	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	SULZEE	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	AVAR-E	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	SUMAXIN	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	CLARIFOAM EF	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	ROSAC	SULFACETAMIDE SODIUM/SULFUR
6/1/2010	CARMOL SCALP	SULFACETAMIDE SODIUM/UREA
6/1/2010	ROSULA NS	SULFACETAMIDE SODIUM/UREA
6/1/2010	SODIUM SULFACETAMIDE	SULFACETAMIDE SODIUM/UREA
6/1/2010	SULFACETAMIDE SODIUM	SULFACETAMIDE SODIUM/UREA
6/1/2010	SCALP TREATMENT	SULFACETAMIDE SODIUM/UREA
10/1/2010	ATROPINE SULFATE 1% DROPS	ATROPINE SULFATE
10/1/2010	ATROPINE SULFATE 1% OINTMENT	ATROPINE SULFATE
10/1/2010	ISOPTO ATROPINE 1% DROPS	ATROPINE SULFATE
10/1/2010	ATROPINE CARE 1% DROPS	ATROPINE SULFATE
10/1/2010	PYRIDIUM 100MG, 200MG TABLET	PHENAZOPYRIDINE HCL



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10/1/2010	PHENAZOPYRIDINE HCL 100MG, 200MG TABLET	PHENAZOPYRIDINE HCL
10/1/2010	SERADEX-LA	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	BROVEX PB	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	TANABID SR	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	NITROGLYCERIN 6.5MG	NITROGLYCERIN
10/1/2010	BROVEX PEB	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	ALENAZE-D	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	RESPAHIST-II	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	ALACOL	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	J-TAN D	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	ZOTEX-PE	PHENYLEPHRINE/BROMPHENIRAMINE
10/1/2010	ZOTANE HC	HC/PRAMOX HCL/CL-XYLENOL/WATER
10/1/2010	PRAMOXINE-HC	HC/PRAMOX HCL/CL-XYLENOL/WATER
10/1/2010	CETACAINE	TETRACAINE/BENZOCAINE/BUTAMBEN
10/1/2010	LEVULAN	AMINOLEVULINIC ACID HCL
10/1/2010	MYOCHRYSINE	GOLD SODIUM THIOMALATE
10/1/2010	GOLD SODIUM THIOMALATE	GOLD SODIUM THIOMALATE
11/1/2010	PHENYLEPHRINE HCL-NS	PHENYLEPHRINE HCL/NS/PF
11/1/2010	PRAMOSONE E TOPICAL CREAM	HYDROCORT ACE/PRAMOX HCL/EMOLL
11/1/2010	OTIRX OTIC DROPS	HC/PRAMOXINE HCL/CHLOROXYLENOL
11/1/2010	OTICIN HC OTIC DROPS	HC/PRAMOXINE/CHLOROXYLENOL/BAK
11/1/2010	ISOXSUPRINE HCL 20MG	ISOXSUPRINE HCL
11/1/2010	PRAMOXINE-HC OTIC DROPS	HC/PRAMOX HCL/CL-XYLENOL/WATER



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Effective Date	Brand Name	Generic Name
11/1/2010	CETACAINE KIT	TETRACAINE/BENZOCAINE/BUTAMBEN
11/1/2010	TRIMETHOBENZAMIDE HCL 250mg CAPS	TRIMETHOBENZAMIDE HCL

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
1/29/2010	AVANDIA	ROSIGLITAZONE MALEATE	Moved to Tier 2	Original Tier placement in error	N/A	N/A
1/29/2010	XALATAN	LATANOPROST	Moved to Tier 2	Original Tier placement in error	N/A	N/A
2/1/2010	SANTYL	COLLAGENASE	Moved to Tier 2	Original Tier placement in error	N/A	N/A
2/1/2010	INSULIN SYRINGES	INSULIN SYRINGES	Moved to Tier 1	Original Tier placement in error	N/A	N/A
2/25/2010	DUETACT	PIOGLITAZONE/GLIMEPI RIDE	Moved to Tier 2	Original Tier placement in error	N/A	N/A
4/1/2010	Privigen	IMMUNE GLOBULIN,GAMMA (IGG)	Tier 5	Original Tier placement in error	N/A	N/A



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Effective Date	Brand Name	Generic Name	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copayment
9/10/2010	LAMICTAL STARTER PACK KITS	LAMOTRIGINE	Moved to Tier 2	Original Tier placement in error	N/A	N/A
9/10/2010	PACERONE 200MG, 300MG	AMIODARONE	Tier 3	Original Tier posting did not indicate Tier differences based on dosage form	N/A	N/A
9/10/2010	PACERONE 100 MG	AMIODARONE	Tier 1	Original Tier posting did not indicate Tier differences based on dosage form	N/A	N/A
9/10/2010	AMIODARONE 200MG, 400MG	AMIODARONE	Tier 1	Original Tier posting did not indicate Tier differences based on dosage form	N/A	N/A