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Formulary Quick Guide for Members January 2008

Our drug formulary offers the best value

Our drug formulary lists medications that are available to Blue Care Network members who have a prescription drug rider. This list represents the clinical judgment of Michigan physicians, pharmacists and other health care experts. Medications are selected based on clinical effectiveness, safety and opportunity for cost savings.

The formulary is categorized by tiers, indicating the level of copayment required.

- **Formulary Preferred (Tier 1):** These drugs have a proven record of effectiveness and offer the best value for the member. Because they are Tier 1, they require the lowest copayment, making them the most cost-effective option for treatment. Most generic drugs are Tier 1.
- **Formulary Options (Tier 2):** These drugs also have a record of safety and effectiveness. Since more cost-effective therapy or a generic alternative is usually available for these drugs, Tier 2 medications require a higher copayment.
- **Nonformulary (Tier 3):** Nonformulary drugs are not on our list of approved drugs. These drugs may not have a proven record for safety or their clinical value may not be as high as the drugs in Tier 1 and Tier 2. Formulary alternatives are available. Most BCN members do not have coverage for nonformulary drugs unless the

prescriber and BCN agree that the drug is medically necessary. These drugs are considered medically necessary only if none of the available formulary drugs would be effective or if use of the available BCN formulary drugs would pose an unnecessary risk to the member.

Brand name versus generic

Prescription drugs can be costly. One way BCN works to keep costs down while maintaining high-quality care is to promote the use of generic drugs. There's little difference between a brand-name drug and its generic equivalent. The U.S. Food and Drug Administration requires that generic drugs have the identical active ingredients as their brand-name equivalents. They may differ from brand-name drugs only in color and shape. Since the major difference between brand name and generic drugs is price, your prescription will automatically be filled with the generic equivalent when medically appropriate.

Brand-name drugs that physicians prescribe or members request to be dispensed-as-written, but are available as generics, are covered only when determined to be medically necessary by the physician and approved by BCN. If a dispense-as-written prescription is not authorized, you must pay the difference in cost between the brand-name product and the generic drug, in addition to your copayment for a brand-name medication.

Formulary Preferred (Tier 1) and Formulary Options (Tier 2)

Medications in **bold black** are available as **GENERICS** for the lowest copayment
Medications in **bold blue** are available as brand-name drugs for the lowest copayment

Allergy, Asthma and Respiratory

Accolate
Accuneb
Advair
Albuterol nebulizer solution
Alupent
Alupent MDI
Asmanex
Atrovent inhaler
Atrovent solution
Atrovent nasal spray
Azmacort
Combivent
Duoneb
Flonase
Flovent inhaler
Foradil*
Intal inhaler
Intal solution
Maxair autohaler
Metaproterenol solution
Mucomyst
Nasacort AQ
Nasalide
Nasarel
Nasonex
ProAir HFA inhaler
Proventil HFA inhaler
Pulmicort
QVAR
Rhinocort Aqua
Serevent Diskus*
Singulair*
Spiriva
Tilade
Vospire ER

Antidepressants

Celexa
Desyrel
Effexor
Effexor XR*
Elavil
Lexapro*
Norpramin
Pamelor; Aventyl
Paxil
Prozac
Remeron; Soltab
Sinequan; Adapin
Surmontil
Tofranil, PM
Wellbutrin, SR
Wellbutrin XL 300mg
Zoloft

Antifungals

Diflucan
Grifulvin-V suspension
Gris-PEG
Lamisil Oral
Mycelex Troche
Nizoral
Nystatin
Sporanox capsules

Antihistamines and Decongestants

Allegra
Allegra suspension*
Allegra D*
Astelin nasal spray
Atarax; Vistaril
Benadryl
Claritin; Alavert (OTC)
Claritin-D (OTC)
Periactin
Polaramine
Rynatan
Tavist Rx (2.68mg, syrup)
Zyrtec, D (OTC)

Anti-Infectives

Amoxicillin
Augmentin, ES
Avelox, ABC
Bactrim, DS; Septra, DS
Biaxin, XL
Ceclor, CD
Ceftin
Cefzil
Cipro, XR*
Cleocin
Erythromycin
Floxin
Keflex
Macrobid
Macrochantin
Minocin; Dynacin
Omnicef
Pediazole
Penicillin VK
Tetracycline
Vantin
Vibramycin; Vibratabs
Zithromax

Cardiovascular (Heart and High Blood Pressure)

Accupril
Accuretic
Aldactazide
Aldactone
Benicar, HCT*
Betapace, AF
Bidil*
Blocadren
Bumex
Calan, SR; Isoptin, SR
Capoten
Capozide
Cardene
Cardizem, SR, CD
Cardura
Catapres
Cordarone
Coreg
Corgard
Corzide
Coumadin
Covera-HS
Cozaar*
Demadox
Digoxin elixir
Digoxin tablets
Diuril
Dynacirc
Dyrenium
Edecrin
Hydrodiuril; Microzide
Hygroton; Thalitone
Hytrin
Hyzaar*
Inderal, LA
Inderide
Ismo; Monoket; Imdur
Isordil
Lasix
Lopressor, HCT
Lotensin, HCT
Lotrel
Lotrel 5/40, 10/40
Lovenox
Lozol
Mavik
Maxzide; Dyazide
Moduretic
Monopril, HCT
Nimotop
Nitroglycerin capsules, tablets, patches
Norvasc

Cardiovascular (cont.)

Plavix*
Plendil
Pletal
Prinivil; Zestril
Prinzide; Zestoretic
Procardia, XL; Adalat CC
Sectral
Tenoretic
Tenormin
Tiazac
Ticlid
Toprol XL
Uniretic
Univasc
Vaseretic
Vasotec
Verelan, PM
Visken
Zaroxolyn
Zebeta
Ziac

Central Nervous System

Adderall
Adderall XR
Aricept, ODT
Clozaril
Concerta
Dexedrine
Eskalith, CR
Focalin
Geodon
Haldol
Lithium Citrate
Lithobid
Loxitane
Luvox
Mellaril
Metadate CD
Moban
Namenda
Navane
Nimotop
Orap
Prolixin
Provigil*
Razadyne, ER
Risperdal
Ritalin, SR; Methylin, ER
Seroquel
Stelazine
Thorazine
Zyprexa; Zydys

Cholesterol-Lowering

Colestid
Crestor*
Lofibra
Lopid
Mevacor
Niaspan
Pravachol
Questran, Light
Tricor
Welchol
Zetia*
Zocor

Diabetes Treatment

Actos*
Amaryl
Avandia*
Diabeta; Micronase
Glucophage, XR
Glucotrol, XL
Glucovance
Glynase
Insulin
Humulin/Humalog
Lantus
Novolin/Novolog
Velosulin
Metaglip
Prandin
Precose

Gastrointestinal Agents

Axid
Carafate suspension
Carafate tablets
Cytotec
Helidac
Pepcid (prescription only)
Prevacid*
Prevpac
Prilosec
Prilosec OTC
Reglan tablets, solution
Tagamet tablets, syrup (prescription only)
Zantac, syrup (prescription only)

Hormones and Birth Control**

Alesse; Levlite
Alora
Aggestin
Climara
Crinone

*Step therapy or prior authorization required. Clinical criteria must be met.

**This class of drugs may or may not be covered depending on your drug rider.

Formulary Preferred (Tier 1) and Formulary Options (Tier 2)

Hormones and Birth Control** (cont.)	Hormones and Birth Control** (cont.)	Hormones and Birth Control** (cont.)	Osteoporosis	Pain and Arthritis (cont.)
Demulen Depo-Provera 150mg Depo-SubQ Provera 104 Desogen; Ortho-Cept Estrace Estraderm Estratest, HS Estring Estrostep Fe FemHRT Lo/Ovral Loestrin, Fe Mircette Modicon Nordette; Levlen Norinyl; Ortho-Novum Ogen; Ortho-Est Cyclessa	Ortho-Cyclen Ortho Evra Ortho Micronor; Nor-QD Ortho-Novum 7/7/7, 10/11 Ortho Tri-Cyclen Ortho Tri-Cyclen Lo Ovcon-35 Ovral Premarin, Low Dose Prempro, Low Dose Premphase Prochieve Prometrium Provera Seasonale Tri-Norinyl	Triphasil; Trilevlen Vivelle-DOT Vivelle-DOT 0.0375 Yasmin Yaz Migraine Cafergot Ergomar Fioricet; Esgic, Plus Fiorinal, with codeine Imitrex injection, nasal spray, tablets Maxalt, MLT Midrin Migranal Phrenilin, Forte; Axocet Zomig, ZMT, nasal spray	Actonel, Weekly, with Calcium Didronel Evista Fortical nasal spray Fosamax, Weekly, plus D Miacalcin Pain and Arthritis Anaprox, DS Ansaid Clinoril Daypro Feldene Indocin, SR Lodine, XL Mobic Motrin Naprosyn	Orudis; Oruvail Ponstel Relafen Voltaren, XR; Cataflam Sleep and Anxiety Ambien Ativan Buspar Dalmane Halcion Librium Prosom Restoril Serax Tranxene Valium Xanax, XR

Nonformulary – Not Covered** (Tier 3)

Abilify, discmelt	Brevoxyol	Dynabac	Humatrope*	Methitest	Prevacid Solutab*	Taclonex*
Aceon	Betaseron	Dynacirc CR	Humira*	Methylin chewables, solution	Prilosec 40mg*	Targretin gel, oral
Aciphex*	Betimol	Edex*	Increlex*	Micardis, HCT*	ProQuin XR*	Tarka
Activella	Boniva	Elestat	Innohep	Minizide	Protonix*	Tasmara
Actiq*	Brovana*	Elestrin	Innopran XL	Monurol	Protopic*	Tekturna*
Actoplus Met*	Butisol Sodium	Eligard*	Inspira*	Moviprep	Prozac Weekly*	Testim
Acular, PF, LS	Byetta*	Emadine	Invega*	Myfortic	Psorcon E ointment	Testred
Advicor*	Caduet*	Emsam	Inversine	Mylocel	Pylera	Teveten, HCT*
Aerobid, M	Camptral*	Enablex	lipodine	Neulasta	Qualaquin	Tev-Tropin*
Aggrenox	Carbatrol	Enjuvia	iPlex*	Nevanac	Quixin	Tranxene SD
Akne-Mycin	Cardene SR	Entocort EC	Janumet*	Naprelan 375mg*	Ranexa*	Triglide
Alamast	Cardizem LA	Epogen*	Januvia*	Neulasta	Raniclor	Tyzeka
Aldara	Cardura XL	Equetro	Kadian	Neupro	Raptiva*	Ultram ER
Allegra suspension*	Carmol HC	Ertaczo	Keflex 750mg	Nexium*	Regranex*	Vagifem
Altanax	Cedax	Estrace Vaginal cream	Ketek	Nicotrol, NS*	Relpax	Vanos cream
Altace	Celebrex*	Estrasorb	Kineret*	Nifexer Forte	Reprexain	Ventolin inhaler
Altoprev*	Genestin	Estrogel	Lanoxicaps	Niravam	Revlimid*	Veramyst*
Ambien CR*	Centany	Evoclin Foam	Lescol, XL*	Norditropin*	Riomet	Vesicare
Amerge	Cesamet	Evoxac	Levaquin	Noritate	Risperdal M-Tab	Viadur
Amitiza*	Chantix*	Exelderm	Levatol	Noroxin	Ritalin LA	Visicol
Anadrol-50	Clarinox, Reditabs, D*	Exelon	Levemir	Numorphan	Rozerem*	Vusion ointment
Androgel	Cleocin Vag Ovules	Exforge*	Levitra*	Nutrifac ZX	Rythmol SR	Vyvanse
Angeliq	Climara Pro	Exjade*	Lexxel	Nuvaring	Sanctura	Vytorin*
Antara	Clinac BPO	Factive	Lialda	Olux, E	Santyl	Wellbutrin XL 150mg*
Anzemet	Clindesse	Fazaclo	Libritabs	Omnitrope*	Sarafem*	Xalatan
Apidra	Clobex	Femring	Lidoderm 5% patch	Opana, ER	Seasonique	Xenical*
Aranesp*	Cognex	Femtrace	Lipitor*	Optivar	Semprex-D*	Xibrom
Aristocort A	Colectid flavored	Fentora*	Locoid lipocream	Oracea*	Seroquel XR*	Xifaxan
Arixtra	Coly-Mycin S	Fexmid	Loestrin 24 Fe	Orapred ODT	Serostim*	Xodol
Arthrotec*	Combipatch	Finacea	Loprox shampoo, gel	Ortho-Prefest	Serzone (g)	Xolegel
Atacand, HCT*	Commit lozenge*	Flomax	Lotemax	Osmoprep	Solaraze	Xopenex
Augmentin XR	Coreg CR*	Focalin, XR	Lotronex*	Lovaza	Solodyn*	Xyrem
Avalide*	Cortisporin-TC	Follistim AQ	Lunesta*	Lunesta*	Soma 250mg	Xyzal*
Avandamet*	Cymbalta*	Fortamet	Luveris	Luxiq	Sonata*	Zanaflex (g)
Avandaryl*	Darvon-N	Forteo	Luxiq	Lyrical*	Oxytrol	Zantac, granules, efferdose
Avapro*	Daytrana	Fosrenol	Magnacet	Pandel	Panixine	Zavesca
AVC	Denavir	Fragmin	Galzin	Parcopa	Parcopa	Z-Clinz
Avinza	Depen	Frova	Genotropin*	Pataday	Paxil CR*	Zebutal
Avodart	Derma-Smoother/FS	Galzin	Glumetza	PCE	Perforomyst	Zegerid*
Axert	Desonate*	Genotropin*	Glyset	Peveva*	PhosLo	Zelapar
Azasite	Desquam-E, X	Glumetza	Golytely Packets	PhosLo	PhosLo	Ziana*
Azelex	Diovan, HCT*	Glyset	Gynazole-1	PhosLo	PhosLo	Zmax
Azilect	Dipentum	Golytely Packets	Halflytely	PhosLo	PhosLo	Zorbitive
Azort	Dispermox	Gynazole-1	Halog, E	PhosLo	PhosLo	Zydane
Beconase AQ	Doral	Halflytely	Hectorol	PhosLo	PhosLo	Zymar
Benzac W, AC, Wash	Duac	Halog, E	Hectorol	PhosLo	PhosLo	
Benzaclin	Duetact*	Hectorol	Hectorol	PhosLo	PhosLo	
Benzagel Benzashave				PhosLo	PhosLo	

*Step therapy or prior authorization required. Clinical criteria must be met.

**Depending on member's drug rider.

Understanding your prescription benefit

If you have a Blue Care Network prescription drug rider, you have prescription drug coverage. Your drug rider outlines the terms and conditions of your drug coverage. It also lists your copayment responsibility as a dollar amount or as a percentage of the total prescription cost and indicates when the copayment applies. Drug riders do not cover certain types of medications and medical supplies, including:

- Cosmetic drugs or drugs used for cosmetic purposes
 - Drugs used for experimental or investigational purposes
 - Prescriptions filled after you are no longer a BCN member
 - Drugs included as a health care benefit, such as vaccines and other injectable drugs that are normally administered in a physician's office
 - Drugs included as a benefit under Medicare or under any health care program funded in whole or in part by the federal or state government
 - New drugs not yet added to the formulary
 - Replacement prescriptions resulting from loss, theft or mishandling
 - Drugs acquired without cost to the providers or included in the cost of other services or supplies
 - Drugs for which there are over-the-counter equivalents in both strength and dosage
- Note: BCN provides coverage for a few select over-the-counter medications, with a prescription. (These OTC medications are included on the *BCN Custom Formulary* and are covered with the required copayment.)
- Durable medical equipment and supplies, such as inhaler spacer devices and blood glucose monitors

Your drug plan may not cover nonformulary drugs and it may exclude other items. Check your drug rider for details.

Some drugs must meet criteria

BCN monitors the use of certain medications to ensure that our members receive the most appropriate and cost-effective drug therapy.

Prior authorization for these drugs means that certain clinical criteria must be met before coverage is provided. Drugs that require step therapy, for example, may require previous treatment with one or more formulary agents. Drugs that must meet clinical criteria are marked with an asterisk (*) in the formulary list on the reverse side. Your physician can contact our pharmacy help desk to request prior authorization for these drugs.

The criteria for authorization are based on current medical information and the recommendations of BCN's Pharmacy and Therapeutics Committee. You may be required to pay the entire cost of the drug if you do not have prior authorization.

When a drug is not a covered benefit

When your doctor prescribes a drug that's nonformulary, requires prior authorization or is not covered under your drug rider, it may not be a covered benefit. BCN reviews all physician and member requests to determine if the drug is medically necessary and that there aren't equally effective alternative drugs on the formulary. BCN will notify both you and your doctor in writing if the request is denied. We will include information on how to appeal our decision, and either you or your doctor can initiate the appeal process.

Please call Customer Service at 800-662-6667 if you have questions about your drug coverage, a drug claim or filing a benefit exception.

Filling your prescription

There are several ways you can fill a prescription:

- **At a BCN pharmacy**

BCN pharmacies are located in BCN's Family Health Centers in Lansing and East Lansing.

Lansing
1401 South Creyts Road

East Lansing
1525 Lake Lansing Road

- **At a retail pharmacy**

You may fill up to a three-month supply of your medication at a retail pharmacy, following an initial 34-day trial period. Over 2,000 retail pharmacies in Michigan, including most major chains, and 40,000 retail pharmacies nationwide participate with Blue Care Network. Please show your BCN membership card at a participating pharmacy to get the best value from your benefit. Call Customer Service at 800-662-6667 for information about participating pharmacies outside of Michigan.

- **Mail order through Medco®**

You may fill up to a three-month supply of your medication through Medco®. To request a mail order form, call Customer Service at 800-662-6667.

- **Specialty drug mail order from Option Care**

Only Option Care handles mail order prescriptions for specialty drugs, used to treat complex or rare conditions such as arthritis, asthma, multiple sclerosis, hepatitis C, and others. BCN members can get a 34-day supply of specialty drugs. For general benefit information, including mail order refills and inquiries, please call Option Care Customer Service at 866-515-1355.

Formulary lists

The 2008 Formulary Quick Guide for Members on the reverse side provides a ready reference to commonly prescribed drugs. For a complete list of drugs included in BCN's formulary, logon to our Web site: mibcn.com/drugformulary