

Preferred Drug List (Effective October 1, 2007)

Antihistamines and Decongestants

BlueCaid Preferred

Astelin nasal spray
 Cyproheptadine - Periactin (g)
 Diphenhydramine - Benadryl (g)
 Fexofenadine - Allegra (g)
 Hydroxyzine - Atarax; Vistaril (g)
 Loratadine - Claritin; (OTC) (g)
 P-ephed/Loratadine - Claritin-D (OTC) (g)
 Promethazine - Phenergan (g)

Prior Authorization Required

Allegra D; Allegra Suspension;
 Clarinex, D; Zyrtec, D

Anti-Infectives

BlueCaid Preferred

Amox Tri/Potassium Clavulanate - Augmentin, ES (g)
 Amoxicillin - Amoxicillin (g)
 Azithromycin - Zithromax (g)
 Cefaclor - Ceclor, CD (g)
 Cefpodoxime - Vantin (g)
 Cefprozil - Cefzil (g)
 Cefuroxime - Ceftin (g)
 Cephalexin Monohydrate - Keflex (g)
 Ciprofloxacin - Cipro, XR (g)
 Clarithromycin - Biaxin, XL (g)
 Clindamycin - Cleocin (g)
 Dicloxacillin (g)
 Doxycycline Hyclate - Vibramycin (g)
 Doxycycline Monohydrate - Monodox (g)
 Erythromycin/Sulfisoxazole - Pediazole (g)
 Erythromycin (g)
 Levaquin
 Minocycline - Minocin; Dynacin (g)
 Ofloxacin - Floxin (g)
 Omnicef
 Penicillin V (g)
 Sulfamethoxazole/Trimethoprim - Bactrim; Septra (g)
 Tetracycline - Sumycin (g)

Prior Authorization Required

Augmentin XR; Avelox; Cedax;
 Erythromycin FilmTAB; Factive; Ketek;
 Lorabid; Maxaquin; Noroxin; PCE;
 Proquin XR; Suprax; Z-Max

Antivirals - Herpes

BlueCaid Preferred

Acyclovir - Zovirax (g)

Prior Authorization Required

Famvir; Valtrex

Cardiovascular - ACE Inhibitor

BlueCaid Preferred

Benzapril, HCTZ - Lotensin, HCT (g)
 Captopril - Capoten (g)
 Captopril/HCTZ - Capozide (g)
 Enalapril - Vasotec (g)
 Enalapril/HCTZ - Vasoretic (g)
 Fosinopril - Monopril, HCT (g)

Cardiovascular - ACE Inhibitor (continued)

BlueCaid Preferred (continued)

Lisinopril - Prinivil; Zestril (g)
 Lisinopril/HCTZ - Prinzide; Zestoretic (g)
 Moexipril - Univasc (g)
 Moexipril/HCTZ - Uniretic (g)
 Quinapril, HCTZ - Accupril, Accuretic (g)
 Trandolapril - Mavik (g)

Prior Authorization Required

Aceon; Altace

Cardiovascular - Angiotensin Receptor Blocker

BlueCaid Preferred

Cozaar
 Hyzaar

Prior Authorization Required

Atacand, HCT; Avalide; Avapro;
 Benicar, HCT; Diovan, HCT; Micardis, HCT; Teveten, HCT

Cardiovascular - Beta Blocker

BlueCaid Preferred

Acebutolol - Sectral (g)
 Atenolol - Tenormin (g)
 Atenolol/Chlorthalidone - Tenoretic (g)
 Bisoprolol Fumarate - Zebeta (g)
 Bisoprolol Fumarate/HCTZ - Ziac (g)
 Carvedilol - Coreg (g)
 Indapamide - Lozol (g)
 Labetolol - Normodyne (g)
 Metoprolol, HCTZ - Lopressor, HCT (g)
 Metoprolol - Toprol XL (g)
 Nadolol - Corgard (g)
 Pindolol - Visken (g)
 Propranolol - Inderal, LA (g)
 Propranolol/HCTZ - Inderide (g)
 Sotalol - Betapace, AF (g)
 Timolide
 Timolol Maleate - Blocadren (g)

Prior Authorization Required

Coreg CR; Innopran XL

Cardiovascular - Calcium Channel Blocker

BlueCaid Preferred

Amlodipine - Norvasc (g)
 Amlodipine/Benazepril - Lotrel (g)
 Covera-HS
 Diltiazem - Cardizem CD, SR; Dilacor XR; Tiazac (g)

Isradipine - Dynacirc (g)
 Adalat CC; Procardia, XL (g)
 Nifedipine - Cardene (g)
 Verapamil - Calan, SR; Isoptin, SR; Verelan (g)

Prior Authorization Required

Cardizem LA; Dynacirc CR; Lixel;
 Lotrel 10/40, 5/40; Sular; Tarka;
 Verelan PM

Cardiovascular - Miscellaneous

BlueCaid Preferred

Amiodarone - Cordarone (g)
 Cilostazol - Pletal (g)
 Clonidine - Catapres (g)
 Digoxin (g)
 Dipyridamole - Persantine (g)
 Felodipine - Plendil (g)
 Isosorbide Dinitrate - Isordil (g)
 Isosorbide Mononitrate - Ismo; Monoket; Imdur (g)
 Lovenox
 Nitroglycerin (g)
 Plavix
 Ticlopidine - Ticlid (g)
 Warfarin Sodium - Coumadin (g)

Prior Authorization Required

Aggrenox

Diabetes

BlueCaid Preferred

Actos
 Avandia
 Glimepiride - Amaryl (g)
 Glipizide - Glucotrol, XL (g)
 Glipizide/Metformin - Metaglip (g)
 Glyburide - Diabeta; Micronase (g)
 Glyburide micronized - Glynase (g)
 Glyburide/Metformin - Glucovance (g)
 Insulins
 Lantus
 Metformin - Glucophage, XR (g)
 Supplies (strips, lancets, syringes)

Prior Authorization Required

Actoplus Met; Avandamet; Avandaryl;
 Byetta; Duetact; Exubera; Glumetza;
 Glyset; Janumet; Januvia; Prandin;
 Precose; Starlix; Symlin

Gastrointestinal Agents

BlueCaid Preferred

Cimetidine - Tagamet (g)
 Famotidine - Pepcid (g)
 Helidac
 Metoclopramide - Reglan (g)
 Misoprostol - Cytotec (g)
 Nizatidine - Axid (g)
 Omeprazole - Prilosec (g)
 Prilosec OTC
 Protonix
 Ranitidine - Zantac (g)
 Sucralfate - Carafate tablets (g)

Prior Authorization Required

Aciphex; Nexium; Prevacid; Zegerid

Cholesterol Lowering

BlueCaid Preferred

Lovastatin - Mevacor (g)
 Pravastatin - Pravachol (g)
 Simvastatin - Zocor (g)
 Zetia

Prior Authorization Required

Advicor; Altoprev; Caduet; Crestor;
 Lescol, XL; Lipitor; Vytorin

Hormones - Contraceptive

BlueCaid Preferred

Desogestrel-EE - Cyclessa Desogen, Ortho-Cept (g)
 Desog-Et Estra/EE - Mircette (g)
 Ethynodiol D-EE - Demulen (g)
 Levonorgestrel-EE - Alesse, Levlite (g)
 Levonorgestrel-EE - Nordette; Levlon (g)
 Levonorgestrel-EE - Seasonale (g)
 Levonorgestrel-EE - Triphasil; Trileven (g)
 Medroxyprogesterone Acet - Depo-Provera (150mg) (g)
 Noregestimate-EE - Ortho Tri-Cyclen (g)
 Noreth-A-EE/Fe fumarate - Loestrin, Fe (g)
 Norethindrone Acetate - Aygestin (g)
 Norethindrone - Ortho Micronor; Nor-QD (g)
 Norethindrone-EE - Modicon (g)
 Norinyl, Ortho-Novum (g)
 Ovcon-35 (g)
 Tri-Norinyl (g)
 Norgestimate-EE - Ortho-Cyclen (g)
 Norgestrel-EE - Lo/Ovral (g)
 Nuvaring
 Ortho Evra
 Ortho Tri-Cyclen Lo
 Yasmin

Prior Authorization Required

Estrostep FE; FemHRT; Loestrin 24 FE;
 Ovcon-50, FE; Seasonique; Yaz

Hormones - Miscellaneous

BlueCaid Preferred

Crinone
 Depo-SubQ Provera 104
 Estrace
 Estraderm
 Estradiol - Climara (g)
 Estradiol - Vivelle, Vivelle-DOT (g)
 Estring
 Estrogen, Ester/Me-Testosterone - Syntest, DS & HS
 Estropipate - Ogen; Ortho-Est (g)
 Medroxyprogesterone Acet - Provera (g)
 Me-testosterone/Estrogen, Ester - Estratest, HS (g)
 Premarin, Low Dose
 Prempro, Low Dose

Prior Authorization Required

Alora; Angeliq; Cenestin; Climara Pro; Combipatch; Esclim; Estrogel; FemHRT; Menest; Menostar; Ortho-Prefest; Premphase; Prometrium

Migraine

BlueCaid Preferred

Imitrex injection, nasal spray, tablets
 Zomig, ZMT, nasal spray

Prior Authorization Required

Amerge; Axert; Frova; Maxalt, MLT; Relpax

Preferred Drug List (Effective October 1, 2007)

Muscle Relaxants

BlueCaid Preferred

Baclofen - Lioresal (g)
Chlorzoxazone - Parafon Forte (g)
Cyclobenzaprine - Flexeril (g)
Dantrolene - Dantrium (g)
Methocarbamol - Robaxin (g)
Orphenadrine Citrate - Norflex (g)
Orphenadrine/Aspirin/Caffeine - Norgesic Forte (g)

Prior Authorization Required
Skelaxin

Ophthalmics – Anti-Infectives

BlueCaid Preferred

Ciprofloxacin - Ciloxan (g)
Ofloxacin - Ocuflax (g)
Polymyxin B Sulfate (g)
Polymyxin B Sulfate/TMP - Polytrim (g)
Tobramycin Sulfate - Tobrex (g)

Prior Authorization Required

Chibroxin; Quixin; Vigamox; Zymar

Ophthalmics – Glaucoma

BlueCaid Preferred

Alphagan P
Azopt
Dipivefrin - Propine (g)
Levobunolol - Betagan (g)
Lumigan
Pilocarpine - Isopto Carpine (g)
Timolol Maleate - Timoptic, XE (g)
Xalatan

Prior Authorization Required

Betimol; Betoptic S; Carbastat; Cosopt; Humorsol; Iopidine; Isopto Carbachol; Miochol-E; Miostat; Phospholine Iodide; Travatan; Trusopt

Over-the-Counter Meds (prescription required for coverage)

BlueCaid Preferred

Acetaminophen - Tylenol (g)
Aluminum hydroxide (g)
Aquasol E (g)
Artificial Tears (g)
Aspirin & Enteric-Coated Aspirin
Bacitracin (g)
Bacitracin/Polymyxin (g)
Betadine (g)
Bisacodyl - Dulcolax (g)
Buffered Aspirin (Bufferin) (g)
Calcium Carbonate (g)
Chlorpheniramine - Chlor-Trimeton (g)
Cimetidine - Tagamet HB (g)
Clotrimazole - Lotrimin - Mycelex (g)
Condoms (g) #
Corticaïne (g)
Diphenhydramine - Benadryl (g)
Docusate Sodium - Colace (g)
Famotidine - Pepcid AC (g)
Ferrous Gluconate (g)
Ferrous Sulfate (g)
Fleet's Enema (g)
Hydrocortisone (g)
Loperamide - Imodium (g)

Over-the-Counter Meds (prescription required for coverage) (continued)

BlueCaid Preferred (continued)

Ibuprofen - Motrin (g)
Kaolin Pectin (g)
Kaopectate (g)
Lice B Gone (g)
Meclizine - Dramamine II (g)
Miconazole 3 & 7 - Monistat (g)
Mineral Oil Enema (g)
Neomy Sulf/Bacitra/Polymyxin B - Neosporin (g)
Nephazoline/Phenir Mal - Visine A (g)
Niacin (g)
Nonoxynol 9
Conceptrol, Delfen, Emko, Encare, Gyn
Povidone-Iodine (g)
Pyrethrin (RID) (g)
Tioconazole - Vagistat-1 (g)
Today Sponge

Pain and Arthritis

BlueCaid Preferred

Codeine (g)
Codeine/Acetaminophen - Tylenol #3 (g)
Diclofenac Sodium - Voltaren (g)
Etodolac - Lodine, XL (g)
Fentanyl - Duragesic (g)
Hydrocodone /Acetaminophen - Vicodin, ES (g)
Ibuprofen - Motrin (g)
Ibuprofen/Hydrocodone - Vicoprofen (g)
Indomethacin - Indocin (g)
Ketoprofen - Orudis; Oruvail (g)
Mefenamic Acid - Ponstel (g)
Meloxicam - Mobic (g)
Morphine Sulfate IR (g)
Morphine Sulfate SR - MS Contin; Oramorph SR (g)
Nabumetone - Relafen (g)
Naproxen Sulfate - Naprosyn (g)
Oxapropin - Daypro (g)
Oxycodone/Acetaminophen - Percocet (g)
Oxycodone/Aspirin - Percodan (g)
Piroxicam - Feldene (g)
Propoxyphene - Darvon (g)
Propoxyphene/Acetaminophen - Darvocet (g)
Tramadol - Ultram (g)
Tramadol/Acetaminophen - Ultracet (g)

Prior Authorization Required

Arthrotec; Avinza; Stadol (g); Capital with codeine; Celebrex; Fentanyl Citrate - Actiq (g); Fentora; Kadian; Naprelan; Oxycontin; Prevacid NapraPAC; Zydone

Respiratory-Inhaled Beta Agonist

BlueCaid Preferred

Albuterol Soln - Accuneb 1.25mg (g)
Alupent MDI
Metaproterenol Soln - Alupent (g)
ProAir HFA

Respiratory-Inhaled Beta Agonist (continued)

BlueCaid Preferred (continued)

Proventil HFA
Serevent Diskus
Ventolin HFA

Prior Authorization Required

Foradil; Maxair autohaler; Xopenex HFA

Respiratory-Inhaled Steroid

BlueCaid Preferred

Flovent HFA
Pulmicort, Respules

Prior Authorization Required

Aerobid, M; Asmanex; Azmacort; QVAR

Respiratory-Intranasal Steroid

BlueCaid Preferred

Flunisolide nasal spray (g)
Fluticasone Propionate - Flonase (g)
Nasarel
Nasonex, AQ

Prior Authorization Required

Beconase AQ; Nasacort AQ; Rhinocort Aqua

Respiratory-Miscellaneous

BlueCaid Preferred

Accolate
Acetylcysteine - Mucomyst (g)
Advair Diskus, HFA
Albuterol Sulfate - Vospire ER (g)
Atrovent Inhaler
Combivent
Cromolyn Sodium - Intal solution (g)
Intal Inhaler
Ipratropium Bromide - Atrovent solution, nasal (g)
Singular
Spiriva
Tilade

Prior Authorization Required

Zyflo

Smoking Cessation

Smoking cessation products included on the *Michigan Pharmaceutical Product List* (MPPL) are covered if the member is enrolled in Quit the Nic. Coverage is limited to three months every 12 months.

Topical Steroids

BlueCaid Preferred

Alclometason Dipropionate - Aclovaite (g)
Aminonide - Cyclocort (g)
Betamethasone Dipropionate - Diprolene, AF; Diprosone (g)
Betamethasone Valerate - Valisone (g)
Clobetasol - Clobevaite (g)
Clobetasol Propionate - Temovate (g)
Desonide - Desowen; Tridesilon (g)
Desoximetasone - Topicort (g)

Topical Steroids (continued)

BlueCaid Preferred (continued)

Diflorasone Diacetate - Florone; Psorcon, E (g)
Fluocinolone Acetonide - Synalar (g)
Fluocinonide - Lidex, Lindane (g)
Fluticasone Propionate - Cutivate (g)
Halobetasol Propionate - Ultravate (g)
Hydrocortisone Butyrate - Locoid (g)
Hydrocortisone (g)
Mometasone Furoate - Elocon (g)
Prednicarbate - Dermatop (g)
Triamcinolone Acetonide - Aristocort, Kenolog (g)

Prior Authorization Required

Cloderm; Cordran; Decaspray; Halog, E; Luxiq; Olux, E; Pandel

Urologic – Benign Prostatic Hypertrophy

BlueCaid Preferred

Doxazosin Mesylate - Cardura (g)
Finasteride - Proscar (g)
Terazosin - Hytrin (g)

Prior Authorization Required

Avodart; Cardura XL; Flomax; Uroxatral

Urologic – Urinary Incontinence

BlueCaid Preferred

Oxybutynin Chloride - Ditropan, XL (g)

Prior Authorization Required

Detrol, LA; Enablex; Oxytrol; Sanctura; Vesicare

ADHD Agents; Antianxiety Agents; Lyrica; Sedative/Hypnotic Agents; Strattera

Coverage for these agents is based on the **Michigan Department of Community Health** criteria. Please refer to the First Health Services Corporation web site for additional information:

michigan.fhsc.com/Providers/DrugInfo.asp

Some drugs require authorization before BlueCaid covers them. Both your doctor and BlueCaid must agree that the drug is medically necessary based on your condition.

(g) - BlueCaid provides coverage for the generic equivalent
- Quantity limits apply

BlueCaid Customer Service 800-228-8554

TTY users call 800-649-3777

MIBCN.com/BlueCaid

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