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This page shows monthly updates to our [BCBSM/BCN Custom Formulary](#). These changes are incorporated in the Formulary when it is updated every January and July.

New generic and brand-name drugs

The table below shows drugs that are now available as generics and can be dispensed at the lowest copayment. The brand-name version of the drug will no longer be covered unless your physician requests coverage based on medical necessity and BCN approves the request. 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 the required copayment for a brand-name medication.

The table also includes new FDA-approved drugs that BCN has reviewed for the Formulary. New drugs that have not been reviewed are not covered.

Brand Name	Generic Name	Category	Formulary Status	Effective Date
New generics				
Analpram HC [®] (g)	hydrocortisone acetate/pramoxine hcl	Gastrointestinal Agents	Formulary Preferred (Tier 1)	3/2012
Ancobon [®] (g)	flucytosine	Anti-infective	Formulary Preferred (Tier 1)	1/2012
Avalide [®] (g)* (150-12.5mg and 300-12.5mg only)	irbesartan/hctz	Cardiovascular	Formulary Preferred (Tier 1)	4/2012
Avapro [®] (g)*	irbesartan	Cardiovascular	Formulary Preferred (Tier 1)	4/2012
Bleph [®] -10 (g)	sulfacetamide sodium	Ophthalmology	Formulary Preferred (Tier 1)	1/2012
Combivir [®] (g)	lamivudine/zidovudine	Anti-infective	Formulary Preferred (Tier 1)	1/2012
Clobex [®] shampoo, lotion (g)	clobetasol propionate	Dermatological	Formulary Preferred (Tier 1)	1/2012
Cutivate [®] (g) lotion	fluticasone propionate	Dermatological	Formulary Preferred (Tier 1)	4/2012
Gastrocrom [®] (g)	cromolyn sodium	Gastrointestinal Agents	Formulary Preferred (Tier 1)	1/2012
Geodon [®] (g)	ziprasidone hcl	Central Nervous System	Formulary Preferred (Tier 1)	3/2012
Lescol [®] (g)*	fluvastatin	Cardiovascular	Formulary Preferred (Tier 1)	4/2012
Lexapro [®] tablets, suspension (g)*	escitalopram	Central Nervous System	Formulary Preferred (Tier 1)	3/2012
LoSeasonique [®] (g) **	levonorgestrel/ethinyl estradiol	Contraceptives	Formulary Preferred (Tier 1)	1/2012

(g) generic dispensed

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

** Depending on member's drug rider.

<s> Specialty drug. Members with a 3-Tier + Specialty drug benefit will pay their Tier 4 copay for all specialty drugs that are Formulary Preferred (Tier 1), and Formulary Option (Tier 2), and will pay their Tier 5 copay for Nonformulary (Tier 3) specialty drugs.

Brand Name	Generic Name	Category	Formulary Status	Effective Date
New generics (cont.)				
Prometrium® (g)	progesterone	Obstetrics and Gynecology	Formulary Preferred (Tier 1)	3/2012
Provigil® (g)*	modafinil	Central Nervous System	Formulary Preferred (Tier 1)	4/2012
Ritalin LA® (g)	methylphenidate hcl	Central Nervous System	Formulary Preferred (Tier 1)	1/2012
Ryzolt® (g)	tramadol hcl	Central Nervous System	Formulary Preferred (Tier 1)	1/2012
Seroquel® (g)	quetiapine fumarate	Central Nervous System	Formulary Preferred (Tier 1)	3/2012
Stalevo® (g)	carbidopa/levodopa/entacapone	Central Nervous System	Formulary Preferred (Tier 1)	4/2012
Teveten® (g)*	eprosartan mesylate	Cardiovascular	Formulary Preferred (Tier 1)	1/2012
Vancocin® (g)	vancomycin	Anti-Infectives	Formulary Preferred (Tier 1)	4/2012
Zanaflex® caps(g)*	tizanidine	Central Nervous System	Formulary Preferred (Tier 1)	2/2012

Brand Name	Generic Name	Category	Formulary Status	Effective Date
New brand-name drugs				
Anturo®	oxybutynin 3% topical gel	Urology	Nonformulary – Not covered (Tier 3)**	2/2012
Dutoprol®*	metoprolol succinate/hctz	Cardiovascular	Nonformulary – Not covered (Tier 3)**	1/2012
Edarbyclor®*	azilsartan/chlorthalidone	Cardiovascular	Nonformulary – Not covered (Tier 3)**	1/2012
Erivedge™	vismodegib	Antineoplastics	Not covered – Pending review for formulary placement	2/2012
Erwinaze™	asparaginase erwinia chrysanthemi	Antineoplastics	Not covered – Medical Benefit	2/2012
Eylea™	afibercept	Ophthalmology	Not covered – Medical Benefit	2/2012
Ferriprox®*	deferiprone	Diagnostics & Other Misc	Nonformulary – Not covered (Tier 3)**	2/2012
Forfivo XL®*	bupropion hydrochloride extended-release	Antidepressants	Nonformulary – Not covered (Tier 3)**	2/2012
Inlyta®	axitinib	Antineoplastics	Not covered – Pending review for formulary placement	2/2012
Intermezzo®*	zolpidem tartrate	Central Nervous System	Nonformulary – Not covered (Tier 3)**	2/2012
Isentress®	raltegravir	Anti-Infectives	Formulary option – Covered (Tier 2)	2/2012
Jakafi™*	ruxolitinib	Endocrinology	Formulary option – Covered (Tier 2)	2/2012

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Brand Name	Generic Name	Category	Formulary Status	Effective Date
New brand-name drugs (cont.)				
Juvisync ^{®*}	sitagliptin/simvastatin	Endocrinology	Nonformulary – Not covered (Tier 3)**	1/2012
Kalydeco [™]	ivacaftor	Diagnostics & Other Misc	Not covered – Pending review for formulary placement	2/2012
Onfi [™]	clobazam	Central Nervous System	Not covered – Pending review for formulary placement	1/2012
Prezista [®]	darunavir	Anti-Infectives	Formulary option – Covered (Tier 2)	2/2012
Subsys ^{™*}	fentanyl sublingual spray	Central Nervous System	Nonformulary – Not covered (Tier 3)**	2/2012
Voraxaze [™]	glucarpidase IV	Diagnostics & Other Misc	Not covered – Medical Benefit	2/2012

Other Changes

BCN monitors the use of certain medications to ensure that our members receive the most appropriate and cost-effective drug therapy. This table reflects new or changed prior authorization requirements based on current medical information and the recommendations of BCN's Pharmacy and Therapeutics Committee.

Brand Name	Generic Name	Category	Formulary Status	Effective Date
New prior authorization/step therapy criteria				
Doryx ^{®*} (g)	doxycycline hyclate	Anti-infective	Requires documentation that the member has experienced treatment failure of or intolerance to generic immediate release doxycycline hyclate products.	2/2012
Dutoprol ^{®*}	metoprolol succinate/hctz	Cardiovascular	Requires successful treatment of at least three months of therapy with the individual agents.	1/2012
Edarbyclor ^{®*}	azilsartan/chlorthalidone	Cardiovascular	Requires documentation that the member has experienced intolerance to an ACE inhibitor AND experienced treatment failure of or intolerance to a formulary ARB (Cozaar [®] (g), Hyzaar [®] (g); Benicar [®] , HCT).	1/2012
Forfivo XL ^{®*}	bupropion hydrochloride extended-release	Antidepressants	Treatment failure of or intolerance to at least three generic formulary antidepressants, one of which is bupropion XL, AND explanation as to why Forfivo XL would work if generic bupropion XL has not.	2/2012
Intermezzo ^{®*}	zolpidem tartrate	Central Nervous System	Requires documentation that the member has experienced treatment failure of or intolerance to an adequate trial of both Ambien [®] (g) and Sonata [®] (g) then Ambien CR [®] (g).	2/2012

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New prior authorization/step therapy criteria (cont.)				
Jakafi™*	ruxolitinib	Endocrinology	Coverage is provided for the treatment of intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-essential thrombocythemia myelofibrosis. Requires documentation that the member has experienced treatment failure of or intolerance to hydroxyurea.	2/2012
Juvisync®*	sitagliptin/simvastatin	Endocrinology	Requires successful treatment of at least three months of therapy with the individual agents.	1/2012
Monodox® 75mg*(g)	doxycycline monohydrate	Anti-infective	Requires documentation that the member has experienced treatment failure of or intolerance to generic doxycycline hyclate product OR to generic doxycycline monohydrate (100mg or 50mg).	2/2012
Subsys™*	fentanyl sublingual spray	Central Nervous System	For the treatment of breakthrough cancer pain in members that are tolerant to high dose narcotics and who are currently receiving a long-acting narcotic. The member must also have experienced treatment failure of or intolerance to Actiq® (g) and other oral immediate-release narcotics for the management of breakthrough pain.	2/2012
Formulary status change				
Maxair® Autohaler	pirbuterol acetate	Respiratory	Removed from formulary (Tier 3)**	4/2012
Recalls				
Lo/Ovral®-28 Norgestrel and Ethinyl Estradiol	norgestrel and ethinyl estradiol	Contraceptives	Pfizer recalled 14 lots of Lo/Ovral-28 and Norgestrel/Ethinyl Estradiol tablets, marketed by Akrimax Rx Products, due to the possibility of out of sequence tablets. For a complete list of the affected lots visit: http://www.fda.gov/Safety/Recalls/ucm289770.htm	2/2012
Ortho Tri-Cyclen® Norgestimate and Ethinyl Estradiol	norgestimate and ethinyl estradiol	Contraceptives	Glenmark Generics Inc. recalled 7 Lots of Norgestimate and Ethinyl Estradiol tablets USP, 0.18 mg/0.035 mg, 0.215 mg/0.035 mg, 0.25 mg/0.035 mg (generic) due to possibility of out of sequence tablets. http://www.fda.gov/Safety/Recalls/ucm293347.htm?source=ovdelivery	2/2012

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