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of the Blue Cross and Blue Shield Association

Savings Plus: pharmacy coverage you can count on

March 2011

Savings Plus makes drugs affordable

Blue Care Network's Savings Plus Approved Drug List provides coverage for critical drugs like antibiotics and maintenance generic drugs for the lowest copayment. The list includes most generic drugs and covers some brand-name drugs when an equally effective generic is not available.

The Savings Plus Approved Drug 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.

How it works

The Savings Plus Approved Drug List is categorized by tiers, indicating the level of copay required:

- **Tier 1: Generic prescription drugs** on the list are available for your lowest copay. The generic forms of these critical and maintenance drugs have a proven record of safety and effectiveness and offer the best value.
- **Tier 2: Brand-name prescription drugs** on the Savings Plus Approved Drug List are available for a higher copay if there is no generic formulation available.

Look inside for the Savings Plus Approved Drug List. To view the list online, go to MiBCN.com/drugformulary.

- **Tier 3:** Prescription drugs that are not on the list and not excluded (see Exclusions) may be purchased from your pharmacy at 75 percent copay.

No copay exceptions are allowed for medications on the Savings Plus Approved Drug List.

What you pay for medications

Your drug rider outlines the terms and conditions of your drug coverage. It also lists your copay responsibility as a dollar amount or as a percentage of the total prescription cost and indicates when the copay applies.

Brand name versus generic

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. When you or your physician request that a brand-name version of a drug be dispensed when a generic version is available, you will pay a 75% copay.

The Savings Plus Approved Drug List is subject to change. For updates, please visit MiBCN.com/drugformulary.

Savings Plus Approved Drug List (pages 2 through 5)

Medications in **bold blue** are dispensed as **GENERIC** for the lowest copayment.

Antimicrobials	Fansidar	Cardiovascular, Hypertension, Cholesterol	Minoxidil
TIER 1	Malarone	TIER 1	Moduretic
Amoxil	Mepron	Accupril, Accuretic	Monopril, HCT
Aralen	Mintezol	Aceon	Nifedipine
Augmentin, ES, XR	Mycobutin	Agrylin	Nitroglycerin
Bactrim, DS; Septra, DS	Nebupent aerosol	Aldactone, Aldactazide	Normodyne
Biaxin, XL	Primaquine	Aldomet	Norpace, CR
Ceclor, ER	Stromectol (#)	Aldoril	Norvasc
Ceftin	Vancocin	Altace capsule	Pavabid
Cefzil	Vfend	Amicar	Persantine
Cipro	Zyvox	Apresazide	Plendil
Cipro XR [PA] (#)		Apresoline	Pletal
Cleocin	Antivirals	Betapace, AF	Pravachol
Declomycin	TIER 1	Blocadren	Prinivil, Zestril
Diflucan	Copegus/Rebetol [PA] <s>	Bumex	Prinzide, Zestoretic
Duricef	Cytovene	Calan SR/Isoptin SR	Proamatine
Dynapen	Famvir (#)	Capoten, Capozide	Procardia, XL; Adalat CC (#)
Erythromycin	Flumadine	Cardizem, SR, CD, LA	Pronestyl, SR
Flagyl	Rebetol [PA] <s>	Cardura	Questran, Questran light
Floxin	Retrovir	Catapres	Quinidine sulfate
Grifulvin V suspension	Symmetrel	Colestid	Reserpine
Hiprex/Urex	Valtrex (#)	Cordarone	Rythmol
Humatin	Videx, EC	Coreg	Sectral
Isoniazid	Zerit	Corgard	Sular
Keflex	Zovirax	Corzide	Tambocor
Lamisil tablets		Coumadin	Tarka
Larium	TIER 2	Cozaar (#)	Tenex
Macrobid	Aptivus [PA]	Demadex	Tenoretic
Macrochantin	Atripla	Diamox, Sequels	Tenormin
Monodox	Baraclude <s>	Digoxin tablets	Tiazac
Myambutol	Combivir	Dilacor XR	Ticlid
Mycelex troche	Crixivan	Diuril	Toprol XL
Neomycin	Emtriva	Dynacirc	Trental
Nizoral	Epivir, HBV	Fenofibrate, Fenofibric acid	Uniretic
Nystatin	Epzicom	Guanidine	Univasc
Omnicef	Fuzeon <s>	Heparin <s>	Vasotec, Vaseretic
Pediazole	Hepsera <s>	Hydrodiuril, Microzide	Verelan, PM
Penicillin VK	Hivid	Hygroton, Thalitone	Visken
Periostat	Intelence	Hytrin	Zaroxolyn
Plaquenil	Invirase	Hyzaar (#)	Zebeta, Ziac
Principen	Isentress	Imdur, Ismo, Monoket	Zocor (#)
Pyrazinamide	Kaletra	Inderal, Inderide	
Pyridium	Lexiva	Inderal LA (#)	TIER 2
Rifadin	Norvir	Isopra	Catapres-TTS
Rifamate	Prezista [PA]	Isordil	Crestor [PA] (#)
Spectracef (#)	Rebetol solution [PA] <s>	Kerlone	Effient (#)
Sporanox capsules	Relenza (#)	Lasix	Lotrel 5/40, 10/40 <#>
Sulfadiazine	Rescriptor	Lofibra	Mephyton
Tetracycline	Reyataz	Lopid	Niaspan
Trimethoprim	Selzentry	Lopressor, HCT	Nitro-Bid ointment
Vantin	Sustiva	Lotensin, HCT	Nitrolingual spray
Vermox (#)	Tamiflu capsules, suspension (#)	Lotrel (#)	Plavix
Vibramycin, Vibratabs	Trizivir	Lovenox <s>	
Zithromax	Truvada	Lozol	Central Nervous System
	Valcyte	Mavik	Adderall (#)
TIER 2	Videx	Maxzide, Dyazide	Adderall XR (#)
Alinia	Viracept	Mevacor	Ambien
Avelox, ABC	Viramune	Mexitil	Anafranil
Biltricide	Viread	Midamor	Anaprox, DS
Dapsone	Ziagen	Minipress	Ansaid
Ery-Tab			Aricept, ODT

[PA] Prior authorization required; (#) Quantity limits apply; <s> Specialty drug

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Artane	Mebaral	Tofranil, PM	Donnatal
Asendin	Meclomen	Tolectin, DS	Glycolax
Aspirin w/codeine	Mellaril	Topamax	Golytely
Atarax, Vistaril	Mestinon	Toradol (#)	Kytril (#)
Ativan	Methadone	Tranxene	Lactulose
Buspar	Midrin	Trilafon	Levbid
Cafergot (#)	Miltown, Equanil	Trileptal	Levsin, SL
Cataflam	Mirapex	Trilisate	Levsinex
Celexa	Mobic	Tylenol w/codeine	Lidocaine-Hydrocortisone
Chloral hydrate	Morphine sulfate, IR, ER, solution, suppository	Tylox	Lomotil
Clinoril	Motrin (Rx only)	Ultram, Ultracet	Marinol (#)
Clozaril	MS Contin	Valium	Mesalamine
Codeine sulfate	Mysoline	Venlafaxine ER (#)	Nulytely
Cogentin	Naprosyn, EC	Vicodin, Lortab (#)	Paregoric
D.H.E.45 (#)	Navane	Vicoprofen	Pepcid (Rx only)
Dantrium	Neurontin	Vivactil	Phenergan
Daypro	Nimotop	Voltaren, XR	Pro-banthine
Demerol	Norflex	Wellbutrin, SR, XL	Proctocort suppository
Depakene	Norgesic, Forte	Xanax, XR	Proctofoam
Depakote	Norpramin	Zarontin	Rectagel HC
Desyrel	Orudis	Zoloft	Reglan
Dexedrine (#)	Oxycodone (IR only)	Zonegran	Robinul, Forte
Diflunisal	Pamelor, Aventyl	TIER 2	Rowasa enema
Dilantin	Paraflex, Parafon forte DSC	Abilify, Discmelt, Solution	Tagamet (Rx only)
Dilaudid	Parcopa	Akineton	Tigan
Disalcid, Salflex	Paregoric	Banzel	Urso, Forte
Dolgic LQ; Esgic, Plus; Fioricet; Zebutal	Parlodel	Depakote sprinkles	Zantac (Rx only)
Dostinex	Parnate	Dilantin infatabs, 30mg kapseal	Zofran, ODT (#)
Duragesic (#)	Paxil, CR (#)	Exelon Patch (#)	TIER 2
Effexor	Percocet	Gabitril	Asacol, HD
Effexor XR (#)	Percodan	Geodon	Creon
Elavil	Phenobarbital	Metadate CD (#)	Emend (#)
Eldepryl	Phrenilin	Namenda, solution	Zenpep
Eskalith, CR	Prolixin	Neurontin solution	Obstetrics and Gynecology
Etrafon	Prosom	Oramorph SR	TIER 1
Exelon	Prozac	Orap	Activella
Feldene	Prozac weekly (#)	Rilutek	Alesse, Levlite*
Fioricet w/codeine	Razadyne, ER	Sabril <s>	Aygestin
Fiorinal	Relafen	Seroquel	Cleocin vaginal cream
Fiorinal w/codeine	Remeron, Soltab	Stalevo, 50	Climara (#)
Flexeril	Requip	Vimpat	Clomid
Focalin (#)	Restoril	Zyprexa, Zydis	Cyclessa*
Halcion	Revia	Gastrointestinal	Demulen*
Haldol	Risperdal, M-Tab	TIER 1	Depo-Provera 150 mg*
Hydrocodone/ Acetaminophen	Ritalin, SR; Methylin ER (#)	Actigall	Desogen, Ortho-Cept*
Imitrex, injection (#)	Robaxin	Anamantle HC	Diflucan 150 mg
Indocin, SR	Roxanol	Anusol HC, Proctocream HC	Estrace
Keppra	Salsalate	Antivert	Estratest, H.S.
Klonopin, ODT	Serax	Axid (Rx only)	Estrostep Fe*
Lamictal, ODT	Sinemet, CR	Azulfidine, EN-Tab	Lo/Ovral*
Librium	Sinequan	Bellamine/Bellaspas	Loestrin, Fe*
Limbitrol, DS	Sonata	Bentyl	Metrogel vaginal
Lioresal	Stadol NS	Carafate tablets	Mircette*
Lithium citrate, Carbonate	Stelazine	Colazal	Modicon*
Lithobid	Surmontil	Colyte	Necon*
Lodine, XL	Symmetrel	Compazine	Nordette, Levlen*
Loxitane	Talacen	Cortenema	Norinyl, Ortho-Novum*
Ludiomil	Talwin NX	Cytotec	Nystatin
Luvox	Tegretol, XR		
	Thorazine		

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*Coverage and copay depend on member's drug rider

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Ogen, Ortho-Est
Ortho micronor, Nor-QD*
Ortho tri-cyclen*
Ortho-Cyclen*
Ortho-Novum 7/7/7*
Ovcon 35*
Ovral*
Progesterone in oil (Inj)
Provera
Seasonale (#)*
Terazol 3, 7
Tri-Norinyl*
Triphasil, Trilevlen*
Vivelle
Yasmin*
Yaz*

TIER 2

Crinone
Estraderm
Lupron depot <s>
Methergine
Prochieve
Prometrium
Vivelle DOT (#)

Rheumatology and Musculoskeletal

TIER 1

Arava (#)
Colbenemid
Didronel
Fortical, Miacalcin nasal spray
Fosamax
Fosamax weekly (#)
Imuran
Methotrexate
Probenecid
Zyloprim

TIER 2

Colcrys
Cuprimine (#)
Enbrel [PA] (#) <s>
Humira [PA] (#) <s>
Miacalcin injection
Rheumatrex, Trexall, injection

Endocrinology

TIER 1

Amaryl
Calciferol
Cortef; Hydrocortisone
Cortisone acetate
Cytomel
Danocrine
DDAVP tablets, solution, injection, spray
Decadron

Depo-Testosterone
Diabinese
Florinef
Fluoxymesterone
Glucophage, XR
Glucotrol, XL
Glucovance
Glynase
Levothyroxine
Lupron <s>
Medrol, DosePak
Metaglip
Micronase
Orapred
Orinase
Oxandrin
Precose
Prednisolone
Prednisone
Propylthiouracil
Rocaltrol
Sandostatin [PA] <s>
SSKI
Starlix
Tapazole
Tolinase

TIER 2

Actos [PA] (#)
Apidra, Solostar
Genotropin [PA] <s>
Glucagon emergency kit
Humalog, Mix (pen/cartridge/vial)
Humulin (pen/cartridge/vial)
Lantus (pen/cartridge/vial)
Levemir (pen/vial)
Lupron Depot, Ped <s>
Novolin (pen/vial/cartridge)
Novolog (pen/cartridge/vial)
Novolog Mix (pen/vial)
Nutropin, AQ, Nuspin [PA] <s>
Somatuline depot <s>
Synarel
Trelstar Depot, LA <s>

Antineoplastics and Immunosuppressants

TIER 1

Arimidex [PA] <s>
Casodex <s>
Cellcept <s>
Cytosan
Efudex
Eulexin
Hydrea
Imuran
Leucovorin
Megace
Neoral <s>

Prograf <s>
Purinethol
Tamoxifen
Vepesid
Vesanoid

TIER 2

Afinitor [PA] (#) <s>
Alkeran
Arcalyst [PA] <s>
Aromasin [PA] <s>
Ceenu
Cellcept suspension <s>
Droxia
Emcyt
Fareston
Faslodex
Femara [PA] <s>
Gleevec <s>
Hexalen
Hycamtin [PA] <s>
Iressa [PA] <s>
Leukeran
Leukine <s>
Lysodren
Matulane
Mesnex
Myleran
Nexavar [PA] (#) <s>
Nilandron
Rapamune tablet, solution <s>
Sandimmune <s>
Sprycel [PA] <s>
Sutent [PA] (#) <s>
Tarceva [PA] <s>
Tasigna <s>
Temodar capsules <s>
Thalomid <s>
Thioguanine
Trelstar depot, LA <s>
Tykerb [PA] <s>
Xeloda <s>
Zoladex (#) <s>
Zolinza [PA] <s>
Zortress (#) <s>

Immunology and Hematology

TIER 1

None

TIER 2

Actimmune <s>
Alferon N
Avonex <s>
Copaxone <s>
Infergen [PA] <s>
Intron A [PA] <s>
Leukine <s>
Neumega <s>
Neupogen <s>

Pegasys [PA] (#) <s>
Peg-Intron, Redipen [PA] <s>
Procrit [PA] <s>
Promacta [PA] (#) <s>
Rebif <s>
Vivotif Berna (#)

Dermatology

TIER 1

Accutane (Requires derm. consult)
Accuzyme, Ethezyme, Gladase
Aclovate
Aldara (#)
Spectarole
Amnesteem (Requires derm. consult.)
Aristocort, Kenalog
Bactroban ointment
Benzamycin
Betamethasone valerate
Carmol
Claravis, Sotret (Requires derm. consult)
Cleocin T
Condylox solution
Cutivate
Cyclocort
Dermacort, Hytone (Rx only)
Dermatop
Desowen, Tridesilon
Diprolene, AF
Diprosone, Maxivate
Dovonex solution
Drithocrema
Drysol
Efudex
Elimite
Elocon
Emla
Erythromycin topical soln, gel
Gentamicin cream, ointment
Granulex
Hydrocortisone acetate
Kenalog II
Kerzol, ZX
Lidex, E
Lidocaine cream, ointment
Locoid
Loprox cream, lotion, gel
Lotrimin
Lotrisone cream, lotion
Metrocream, gel, lotion
Monistat-Derm
Mycostatin
Nizoral cream, shampoo
Olux

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Ovide
Panafil
Plexion, TS
Pramosone
Retin-A, Avita
Rosaderm
Rosula cleanser
Seb-Prev
Selsun Rx
Silvadene
Spectazole
Sulfacet-R
Synalar 0.025%
Temovate, Clobevate
Topicort LP
Ultravate
Valisone
Westcort
Xylocaine viscous

TIER 2

Bactroban cream, nasal
Differin
Dovonex cream
Elidel **[PA]**
Eurax
Santyl
Zovirax cream, ointment

Ophthalmology

TIER 1

Acular, LS
Albalon
Alphagan, P 0.15%
Bacitracin
**Bacitracin/Neomycin/
Polymyxin B ointment**
**Bacitracin/Polymyxin B
ointment**
Betagan
Betoptic
Bleph-10, Sodium sulamyde
Brimonidine
Ciloxan solution
Cortisporin
Cosopt
Cyclogyl
Dexamethasone
Erythromycin ointment
Garamycin
Iopidine drops
Isopto atropine
Isopto homatropine
Maxitrol
Mydriacyl
**Neosporin ophthalmologic
solution, ointment**
Ocufen
Ocuflox
Ocupress

Ophthetic
Opticrom
Optipranolol
Phenylephrine
Pilocar, Isopto-Carpine
Polysporin
Polytrim
Pred Forte
Prednisolone sodium
phosphate
Tetracaine
Timoptic, XE
Tobradex
Tobrex
Trusopt
Vasocidin
Viroptic
Voltaren

TIER 2

Alocril
Alomide
Azopt
Blephamide solution,
ointment
FML, Forte, S.O.P.
Isopto carbachol
Isopto hyoscine
Lacrisert
Lumigan
Natacyn
Phospholine iodide
Pilopine HS
Poly-Pred
Pred Mild
Propine
Tobradex ointment
Travatan, Z
Vexol
Vigamox
Zirgan

Otic and Nasal Preparations

TIER 1

AB otic
Acetasol, HC; Vosol, HC
Astelin
Atrovent nasal spray
Auralgan
Cortisporin
Domeboro otic
Flonase
Floxin otic
Nasalide
Nasarel

TIER 2

Cipro HC
Ciprodex

Respiratory

TIER 1

Accolate
Accuneb
Albuterol nebulizer solution
Alupent
Aminophylline
Atarax, Vistaril
Atrovent solution
Brethine
Duoneb
Epinephrine
Intal solution
Mucomyst
Proventil solution
Proventil tablets
Theodur; Slobid; Uniphyl
Vospire ER

TIER 2

Alvesco
Asmanex
Atrovent inhaler
Combivent
Dulera
Epipen, JR
Flovent HFA, Diskus
Foradil
Letairis **[PA] (#) <s>**
Maxair autohaler
Proair, Ventolin HFA
Pulmicort
Pulmozyme **<s>**
QVAR
Remodulin
Revatio **[PA] (#) <s>**
Serevent diskus
Singulair **(#)**
Spiriva
Tracleer **[PA] <s>**
Tyvaso **[PA] (#) <s>**
Ventavis **[PA] (#) <s>**

Urology

TIER 1

Cardura
Cytra-2, 3, K
Ditropan, XL
Flomax
Hytrin
K-Phos neutral
Polycitra
Proscar
Prosed DS
Pyridium
Urecholine
Urelle
Urised

Urispas
Urocit-K
UTA

TIER 2

Detrol, LA
Renacidin

Vitamins and Minerals

TIER 1

Calciferol
Cyanocobalamin
Poly-VI-Flor
Potassium chloride
Rocaltrol
Select Rx multivitamins
**Select Rx multivitamins
w/fluoride**
Select Rx prenatal vitamins
**Select Rx sodium fluoride
products**
Tri-VI-Flor

TIER 2

None

Diagnostic and Other Miscellaneous

TIER 1

Carnitor
Colyte
Desferal
Golytely
Kayexalate
Nulytely
Peridex
PhosLo
Polycitra
Revia
Salagen
Urocit-K

TIER 2

Antabuse
Kuvan **[PA] <s>**
Renagel
Renvela, Packet 2.4G
Rhogam **<s>**
Samsca **<s>**

Lifestyle Modification

TIER 1

Commit lozenge OTC (#)
Nicotine gum, patch (#)
Zyban

TIER 2

None

Exclusions

Your drug rider does not cover certain types of medications and medical supplies, including:

- Compounded medications
- Cough and cold preparations (Over-the-counter products are readily available.)
- Drugs used for weight loss
- Drugs used for erectile dysfunction
- Non-sedating antihistamines and combination products
- Proton pump inhibitors, for example, Prilosec, Prevacid and Nexium, except when authorized by BCN for confirmed diagnosis of Barrett's Esophagitis or Zollinger-Ellison syndrome. BCN's Quality Interchange Program rules (at MiBCN.com) apply if a proton pump inhibitor is authorized. (OTC products are readily available.)
- Drug formulations specifically designed for patient convenience
- 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 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 Approved Drug List
- 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 OTC equivalents in both strength and dosage
- Drugs that are not FDA approved, including medical foods and supplements
- Creams and other products approved as devices by the FDA
- Syringes and needles, except those dispensed with insulin
- Durable medical equipment and supplies, such as blood glucose monitors, test strips, and ostomy supplies
- Drugs filled at an out-of-network pharmacy

Prior authorization

We monitor the use of certain medications to help ensure members receive the most appropriate and cost-effective drug therapy. Our prior authorization program requires that certain clinical criteria be met before coverage is provided. Blue Care Network reviews all physician and member requests for drugs that require prior authorization to determine if the drug is medically necessary and that there aren't equally effective alternative drugs on the Approved Drug List. The criteria for authorization are based

on medical information and the recommendations of BCN's Pharmacy and Therapeutics Committee. Tier 1 and Tier 2 drugs requiring prior authorization are marked [PA] in the Approved Drug List. Tier 3 narcotics and specialty drugs included on BCN's Quality Interchange Program also require prior authorization.

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. If you have questions about your drug coverage, a drug claim or filing a benefit exception, please call Customer Service.

Filling your prescription

There are several ways you can fill a prescription:

- **At a retail pharmacy**
You may fill up to a three-month (90-day) supply of your prescription for only two copays, following an initial 30-day trial period. BCN's network includes more than 2,300 retail pharmacies in Michigan, including most major chains. If you have prescription drug coverage, you can have your prescription filled while you're traveling at more than 60,000 pharmacies nationwide. Please show your ID card to get the best value from your benefit. You must use a participating pharmacy for coverage. To find a pharmacy while you're traveling, call BCN Customer Service at the number on the back of your ID card.
- **Mail order through Medco®**
You may fill up to a three-month supply of your medication through Medco. For Medco mail order forms, call BCN Customer Service.
- **Specialty drug mail order from Walgreens Specialty Pharmacy**
Only Walgreens Specialty Pharmacy handles BCN members' 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 up to a 30-day supply of specialty drugs from a BCN participating retail pharmacy as well as from Walgreens Specialty Pharmacy. For general benefit information, including mail order refills and inquiries, please call Walgreens Specialty Pharmacy Customer Service at 1-866-515-1355.

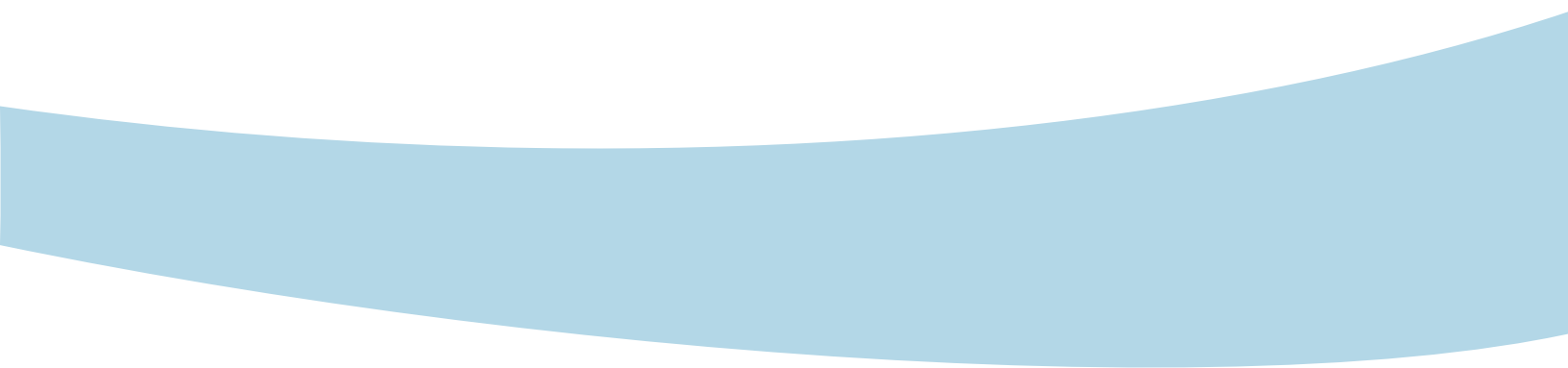
Pharmacy information online

For more information about your drug benefit, visit MiBCN.com/pharmben.

BCN Customer Service

Call the number on the back of your ID card.

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