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# Formulary Quick Guide for Members July 2009

## 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 safety and effectiveness and offer the best value for our members. Tier 1 drugs 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.

See inside for a ready reference to commonly prescribed formulary drugs. Nonformulary drugs are not included. For a list of these drugs, logon to [mibcn.com/drugformulary](http://mibcn.com/drugformulary).

- **Nonformulary (Tier 3):** Most BCN members do not have coverage for nonformulary drugs. Please check your drug rider to determine if you have this coverage. If you have coverage for nonformulary drugs, you may pay a higher copayment for these drugs.

Nonformulary drugs may not have a proven record for safety or their clinical value may not be as high as the formulary drugs in Tier 1 and Tier 2. Formulary alternatives are available. If your physician determines that the nonformulary drug is medically necessary, your physician may request authorization for coverage. The request is only approved if the physician and BCN agree that 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.

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

### ADHD/ADD

**Adderall, XR**  
 Concerta  
**Dexedrine**  
 Focalin  
 Metadate CD  
**Ritalin, SR; Methylin, ER**

### Allergy, asthma, and respiratory

Accolate  
**Accuneb**  
 Advair  
**Albuterol nebulizer solution**  
**Alupent tablets**  
**Asmanex**  
 Astelin nasal spray  
 Atrovent inhaler  
**Atrovent nasal spray, solution**  
**Azmacort**  
 Combivent  
**Duoneb**  
**Flonase**  
**Flovent inhaler**  
 Foradil  
**Intal inhaler**

### Intal solution

Maxair autohaler  
**Metaproterenol solution**  
**Mucomyst**  
 Nasacort AQ\*  
**Nasalide**  
**Nasarel**  
 ProAir HFA inhaler  
 Proventil HFA inhaler  
**Proventil solution**  
**Pulmicort**  
**QVAR**  
 Serevent Diskus  
 Singulair\*  
 Spiriva  
 Symbicort  
 Ventolin HFA inhaler  
**Vospire ER**

### Anticonvulsants

Banzel  
**Depakote, ER, Sprinkles**  
**Diamox, Sequels**  
**Dilantin**  
 Dilantin Infatabs  
 Gabitril  
**Keppra**  
**Klonopin, Wafers**  
**Lamictal, Disper tablets**  
**Mysoline**  
**Neurontin**  
**Phenobarbital**

### Anticonvulsants (cont.)

**Tegretol, XR**  
**Topamax**  
**Trileptal**  
**Zarontin**  
**Zonegran**

### Antidepressants

**Celexa**  
**Desyrel**  
**Effexor**  
 Effexor XR\*  
**Elavil**  
 Lexapro\*  
**Luvox**  
**Norpramin**  
**Pamelor; Aventyl**  
**Paxil, CR**  
**Prozac**  
**Remeron; Soltab**  
**Sarafem**  
**Sinequan; Adapin**  
**Surmontil**  
**Tofranil, PM**  
 Venlafaxine ER\*  
**Wellbutrin, SR, XL**  
**Zoloft**

### Antifungals

**Diflucan**  
**Grifulvin-V suspension**  
 Gris-PEG  
**Lamisil tablets**  
**Mycelex Troche**  
**Nizoral**  
 Noxafil  
**Nystatin**  
**Sporanox capsules**  
 Sporanox solution  
 Vfend

### Antihistamines

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

### Anti-infectives

**Amoxil**  
**Augmentin, ES**

### Anti-infectives (cont.)

Avelox, ABC  
**Bactrim, DS; Septra, DS**  
**Biaxin, XL**  
**Ceclor, CD**  
**Ceftin**  
**Cefzil**  
**Cipro**  
**Cipro XR\***  
**Cleocin**  
**Dicloxacillin**  
**Duricef**  
**Erythromycin**  
**Floxin**  
**Keflex**  
**Macrobid**  
**Macroclant**  
**Minocin; Dynacin**  
**Omnicef**  
**Pediazole**  
**Penicillin VK**  
**Tetracycline**  
**Trimethoprim**  
**Vantin**  
**Vibramycin; Vibratabs**  
**Zithromax**

### Antipsychotics

Abilify, Discmelt  
**Clozaril**  
 Geodon  
**Haldol**  
**Loxitane**  
**Mellaril**  
**Navane**  
 Orap  
**Prolixin**  
**Risperdal (no copay)**  
**Risperdal M-Tab**  
 Seroquel  
**Stelazine**  
**Thorazine**  
 Zyprexa; Zydys

### Bladder control

**Bentyl**  
 Detrol, LA  
**Ditropan, XL**  
**Levbid**  
**Levsin, SL**  
**Levsinex**  
**Urispas**

### Cardiovascular (heart and high blood pressure)

**Accupril**  
**Accuretic**  
**Agrylin**  
**Aldactazide**  
**Aldactone**  
**Altace capsules**

### Cardiovascular (heart and high blood pressure) (cont.)

Benicar, HCT\*  
**Blocadren**  
**Bumex**  
**Calan, SR; Isoptin, SR**  
**Capoten**  
**Capozide**  
**Cardene**  
**Cardizem, SR, CD**  
**Cardura**  
**Catapres**  
 Catapres-TTS  
**Cordarone**  
**Coreg**  
**Corgard**  
**Corgide**  
**Coumadin**  
 Covera-HS  
 Cozaar\*  
**Demadex**  
 Digoxin elixir  
**Digoxin tablets**  
**Diuril**  
**Dynacirc**  
 Dyrenium  
 Edecrin  
**Hydrodiuril; Microzide**  
**Hygroton; Thalitone**  
**Hytrin**  
 Hyzaar\*  
 Imdur 120 mg  
**Inderal, LA**  
**Inderide**  
**Ismo; Monoket; Imdur, 30 and 60 mg**  
**Inspra**  
**Isordil**  
**Kerlone**  
**Lasix**  
**Lopressor, HCT**  
**Lotensin, HCT**  
**Lotrel**  
 Lotrel 5/40, 10/40  
 Lovenox  
**Lozol**  
**Mavik**  
**Maxzide; Dyazide**  
**Minipress**  
**Moduretic**  
**Monopril, HCT**  
**Nimotop**  
**Nitroglycerin (capsules SA, patch)**  
 Nitrostat sublingual tablets  
**Nitro-Bid ointment**  
**Normodyne**  
**Norvasc**  
 Plavix

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

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

### Cardiovascular (heart and high blood pressure) (cont.)

**Plendil**  
**Pletal**  
**Prinivil; Zestril**  
**Prinzide; Zestoretic**  
**Procardia, XL; Adalat CC**  
**Sectral**  
**Sular (20, 30 and 40 mg)**  
**Tenex**  
**Tenoretic**  
**Tenormin**  
**Tiazac**  
**Ticlid**  
 Toprol XL  
**Trental**  
**Uniretic**  
**Univasc**  
**Vaseretic**  
**Vasotec**  
**Verelan, PM**  
**Zaroxolyn**  
**Zebeta**  
**Ziac**

### Central nervous system (miscellaneous)

Aricept, ODT  
**Cogentin**  
 Comtan  
**Dostinex**  
**Eldepryl**  
**Eskalith, CR**  
 Exelon  
**Lithium Citrate**  
**Lithobid**  
 Mirapex  
 Moban  
 Namenda  
**Parcopa**  
**Parlodel**  
**Prolixin**  
 Provigil\*  
**Razadyne, ER**  
**Requip**  
**Sinemet, CR**  
**Symmetrel**

### Cholesterol-lowering

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

### Diabetes treatment

Actos\*  
**Amaryl**  
 Avandia\*  
**Diabinese**  
**Diabeta; Micronase**  
**Glucophage, XR**  
**Glucotrol, XL**  
**Glucovance**  
**Glyname**  
 Insulin (all)  
     Apidra  
     Humulin/Humalog  
     Lantus  
     Levemir  
     Novolin/Novolog  
**Metaglip**  
 Prandin  
**Precose**

### Gastrointestinal agents

**Antivert**  
**Axid (Rx only)**  
 Carafate suspension  
**Carafate tablets**  
**Compazine**  
**Cytotec**  
 Emend 80 and 125 mg capsules  
 Helidac  
**Kytril**  
**Marinol**  
**Pepcid (Rx only)**  
**Phenergan**  
 Prevacid, Solutab\*  
 Prevpac  
**Prilosec 10 and 20 mg (OTC)**  
**Prilosec 40 mg\***  
**Protonix\***  
**Reglan**  
 Relistor\*  
**Tagamet (Rx only)**  
**Tigan**  
**Transderm-Scop**  
**Zantac (Rx only)**  
**Zofran, ODT**

### Glaucoma agents

**Alphagan**  
 Alphagan P  
 Azopt  
**Betagan**  
**Betoptic solution**  
 Betoptic S  
**Cosopt**  
 Lumigan  
**Pilocar, Isopto-Carpine**  
**Propine**  
**Timoptic, XE**  
 Travatan, Z  
**Trusopt**

### Hormones and birth control\*\*

**Allesse; Levlite**  
 Alora  
**Aygestin**  
**Climara**  
 Crinone  
**Cyclessa**  
**Demulen**  
**Depo-Provera 150 mg**  
 Depo-SubQ Provera 104  
**Desogen; Ortho-Cept**  
**Estrace**  
 Estraderm  
**Estratest, HS**  
 Estring  
**Estrostep Fe**  
 FemHRT  
**Lo/Ovral**  
**Loestrin, Fe**  
 Lybrel  
**Mircette**  
**Modicon**  
**Nordette; Levlen**  
**Norinyl**  
**Ogen; Ortho-Est**  
**Ortho-Cyclen**  
 Ortho Evra  
**Ortho Micronor; Nor-QD**  
**Ortho-Novum**  
**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  
**Yasmin**  
 Yaz

### Migraine

**Cafegot**  
**D.H.E. 45**  
 Ergomar  
**Fioricet; Esgic, Plus**  
**Fiorinal, with codeine**  
**Imitrex (all)**  
 Maxalt, MLT\*  
**Midrin**  
 Migranal  
**Phrenilin**  
 Phrenilin Forte

### Osteoporosis

Actonel (all)\*  
**Didronel**  
 Evista  
 Fortical nasal spray  
**Fosamax, weekly**  
**Miacalcin nasal spray**

### Pain (anti-inflammatory drugs)

**Anaprox, DS**  
**Ansaid**  
**Clinoril**  
**Daypro**  
**Feldene**  
**Indocin, SR**  
**Lodine, XL**  
**Mobic**  
**Motrin**  
**Naprosyn**  
**Orudis; Oruvail**  
 Ponstel  
**Relafen**  
**Voltaren, XR; Cataflam**

### Prostate health

**Cardura**  
**Hytrin**  
**Proscar**  
 Uroxatral

### Rheumatoid arthritis

**Arava**  
**Azulfidine EN-Tab**  
 Enbrel\*  
 Humira\*  
**Imuran**  
**Methotrexate**  
**Plaquenil**  
 Rheumatrex; Trexall

### Sleep and anxiety

**Ambien**  
**Ativan**  
**Buspar**  
**Dalmane**  
**Halcion**  
**Librium**  
**Prosom**  
**Restoril**  
**Serax**  
**Sonata**  
**Tranxene**  
**Valium**  
**Xanax, XR**

### Smoking cessation products

Chantix  
**Commit Lozenge 2 mg (OTC)**  
**Nicotine gum (OTC)**  
**Nicotine patches (OTC)**  
**Zyban**

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

\*\*Coverage depends 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 in our formulary and are covered with the required copayment.)

- Durable medical equipment and supplies, such as inhaler spacer devices and blood glucose monitors
- Drugs that are not FDA approved, including medical foods and supplements
- Creams and other products approved as devices
- Syringes and needles except for those dispensed with insulin

Check your drug rider for additional items that may be excluded from your prescription benefit. Nonformulary drugs are not a covered benefit for most members.

## Step therapy and prior authorization

We monitor the use of certain medications to help ensure that members receive the most appropriate and cost-effective drug therapy. Step therapy is a program that supports the use of cost-effective drugs, particularly for members who take prescription drugs for chronic conditions, such as diabetes and heart disease. Before drugs in the step-therapy category can be prescribed, you may need to try one or more cost-effective drugs in our formulary. Our prior authorization program requires that certain clinical criteria be met before coverage is provided. These conditions, which vary with the drug and the treatment, ensure that you receive the affordable treatment you need and deserve. The criteria for authorization are based on medical information and the recommendations of BCN's Pharmacy and Therapeutics Committee.

Formulary drugs requiring step therapy or prior authorization are marked with an asterisk in the formulary list. Some nonformulary drugs also require step therapy or prior authorization. Refer to [mibcn.com/drugformulary](http://mibcn.com/drugformulary) for a list of these drugs. Your physician will receive information about the step therapy and prior authorization requirements for your drug therapy.

## 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 retail pharmacy**  
You may fill prescriptions, including specialty drugs, at any pharmacy in our network. Over 2,000 retail pharmacies in Michigan, including most major chains, and 40,000 retail pharmacies nationwide participate with Blue Care Network. At some Michigan pharmacies, you can also order up to a three-month (90-day) supply of the medications you regularly use and pay only two copayments instead of three, following an initial 34-day trial period. Please show your BCN membership card to get the best value from your benefit. For information about participating pharmacies outside Michigan, call Customer Service at 800-662-6667.
- **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 through OptionCare or at a participating retail pharmacy**  
Only OptionCare handles mail order prescriptions for specialty drugs. These drugs are used to treat complex or rare conditions such as arthritis, asthma, multiple sclerosis, hepatitis C and others. For general benefit information, including mail order refills and inquiries, please call OptionCare Customer Service at 866-515-1355.

## Formulary lists

See inside for a ready reference to commonly prescribed drugs. For a complete list of drugs included in BCN's formulary, log on to [mibcn.com/drugformulary](http://mibcn.com/drugformulary).