



**Blue Care
Network**
of Michigan

Formulary Quick Guide for Members

August 2011



The best value for your prescription dollar

Your drug formulary is a regularly updated list of medications that may be covered under your drug benefit. The medications were selected by Michigan physicians, pharmacists and other health care experts for their clinical effectiveness, safety and opportunity for cost savings. Only drugs that have been approved by the Food and Drug Administration are included. The formulary is categorized by tiers, indicating the level of copayment required. Please have your doctor refer to this list when prescribing your medications.

Tier	Description	Two-tier plan	Three-tier plan
1 Formulary Preferred	Mostly generic drugs. Safe and effective. Requires the lowest copayment, making them the most cost-effective option for treatment.	Lowest copayment	Lowest copayment
2 Formulary Options	Brand-name drugs Safe and effective	Higher copayment	Higher copayment
3 Nonformulary	May not have a proven record of safety or as high a clinical value as Tier 1 and Tier 2 drugs. Formulary alternatives available for many of these drugs.	Open plan = highest copayment Closed plan = not covered (unless medical necessity authorization provided)	Highest copayment

See inside for commonly prescribed formulary drugs. **Tier 3 (Nonformulary) drugs are not listed.**

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 monitors drugs for members who have chronic conditions, such as diabetes and heart disease. Before drugs in the step-therapy category can be prescribed, you may need to try more reasonably priced medications in our formulary before moving to more expensive drugs.

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 treatment you need and deserve — at an affordable price. Authorization criteria 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 "ST" or "PA" in the formulary list inside. Some nonformulary drugs also require step therapy or prior authorization. Information regarding prior authorization and step therapy requirements is available on our Web site: **MiBCN.com/drug formulary**.

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

Formulary Preferred/Tier 1 medications will be dispensed as generics for the lowest copayment.

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

ADHD/ADD

Formulary Preferred/Tier 1

Adderall (g) (QL)
Adderall XR (QL)
Concerta (g) (QL)
Dexedrine (g) (QL)
Focalin (g) (QL)
Ritalin, SR; Methylin, ER (g) (QL)

Formulary Options/Tier 2

Metadate CD (QL)

Allergy, asthma, and respiratory

Formulary Preferred/Tier 1

Accolate (g)
Accuneb (g)
Albuterol nebulizer solution (g)
Alvesco BE
Asmanex BE
Astelin nasal spray (g)
Atrovent nasal spray, solution (g)
Duoneb (g)
Flonase (g)

Flovent Diskus, HFA BE

Intal solution (g)
Metaproterenol solution (g)
Mucomyst (g)
Nasalide (g)
Nasarel (g)
Nasacort AQ (g) (ST)
Proventil soln (g)

Pulmicort BE

QVAR BE

Vospire ER (g)
Xopenex solution (g)

Formulary Options/Tier 2

Advair (QL)
Astepro nasal spray
Atrovent inhaler
Combivent
Dulera (QL)
Foradil
Maxair autohaler
ProAir HFA inhaler
Serevent Diskus
Singulair (QL)
Spiriva (QL)
Symbicort
Ventolin HFA inhaler

Anticonvulsants

Formulary Preferred/Tier 1

Depakote, ER, Sprinkles (g)
Diamox, Sequels (g)
Dilantin (g)
Keppra (g)
Klonopin, Wafers (g)
Lamictal, Disper Tablets (g)
Mysoline (g)
Neurontin (g)
Phenobarbital (g)
Tegretol, XR (g)
Topamax (g)
Trileptal (g)
Zarontin (g)
Zonegran (g)

Formulary Options/Tier 2

Banzel
Dilantin Infatabs
Gabitril
Sabril
Tegretol XR 100mg
Vimpat

Antidepressants

Formulary Preferred/Tier 1

Anafranil (g) BE
Celexa (g) BE
Desyrel (g) BE
Effexor, XR (g) (QL) BE
Elavil (g) BE
Ludomil (g) BE
Luvox (g) BE
Nardil (g)
Norpramin (g) BE
Pamelor; Aventyl (g) BE
Paxil CR (g) (QL)
Paxil Tablets (g) BE
Prozac (g) BE
Prozac Weekly (g) (QL)
Remeron (g) BE
Remeron Soltab (g) BE
Sinequan; Adapin (g) BE
Surmontil (g)
Tofranil (g) BE
Tofranil PM (g)
Venlafaxine ER (g) (QL) BE
Wellbutrin XL (g) (QL)
Wellbutrin, SR (g) BE
Zoloft (g) BE

Formulary Options/Tier 2

Lexapro (QL) (ST)

Antifungals

Formulary Preferred/Tier 1

Diflucan (g)
Grifulvin-V suspension (g)
Lamisil tablets (g)
Mycelex Troche (g)
Nizoral (g)
Nystatin (g)
Sporanox capsules (g)
Vfend (g)

Formulary Options/Tier 2

Gris-PEG
Noxafil
Sporanox solution

Antihistamines

Formulary Preferred/Tier 1

Allegra (RX Only) (g)
Allegra D-12 hour (RX Only) (g)
Astelin nasal spray (g)
Atarax; Vistaril (g)
Benadryl (g)
Claritin; Alavert (OTC) (g)
Claritin-D (OTC) (g)
Periactin (g)
Polaramine (g)
Rynatan, suspension (g)
Tavist Rx (2.68mg, syrup) (g)
Xyzal tablets (g) (QL) (ST)
Zyrtec, Zyrtec-D (OTC) (g)

Formulary Options/Tier 2

Allegra D-24 hour (RX Only) (QL)
Astepro nasal spray

Anti-infectives

Formulary Preferred/Tier 1

Amoxil (g)
Augmentin, ES (g)
Bactrim, DS; Septra, DS (g)
Biaxin, XL (g)
Ceclor, CD (g)
Ceftin (g)
Cefzil (g)
Cipro (g)
Cipro XR (g) (PA) (QL)
Cleocin(g)
Dicloxacillin (g)
Doryx (g)
Duricef (g)
Erythromycin (g)
Floxin (g)
Keflex (g)
Levaquin (g)
Macrobid (g)

Macrochantin (g)
Minocin; Dynacin (g)
Omnicef (g)
Pediazole (g)
Penicillin VK (g)
Spectracef (g) (QL)
Tetracycline (g)
Trimethoprim (g)
Vantin (g)
Vibramycin; Vibratabs (g)
Zithromax (g)

Formulary Options/Tier 2

Avelox, ABC

Antipsychotics

Formulary Preferred/Tier 1

Clozaril (g) BE
Haldol (g) BE
Loxitane (g)
Mellaril (g) BE
Navane (g)
Prolixin (g) BE
Risperdal (\$0 copay) (g) BE
Risperdal M-Tab (g) BE
Stelazine (g) BE
Thorazine (g) BE

Formulary Options/Tier 2

Abilify, Discmelt
Geodon
Orap
Seroquel
Zyprexa; Zydys

Bladder control

Formulary Preferred/Tier 1

Bentyl (g)
Ditropan, XL (g)
Levbid (g)
Levsin, SL (g)
Levsinex (g)
Sanctura (g)
Urispas (g)

Formulary Options/Tier 2

Detrol, LA

(g) Generic version available and will be dispensed.

OTC Over-the-counter.

*Coverage depends on member's drug rider.

<s> Specialty drug

PA Prior authorization required. Clinical criteria must be met.

ST Step therapy required. Clinical criteria must be met.

BE Zero copayment for members with Blue Essentials benefit.

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

Formulary Preferred/Tier 1 medications will be dispensed as generics for the lowest copayment.

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

Cardiovascular (heart and high blood pressure)

Formulary Preferred/Tier 1

Accupril/Accuretic (g) BE
Aceon (g)
Agylin (g)
Aldactone/Aldactazide (g) BE
Altace capsules (g) BE
Betapace, AF (g) BE
Blocadren (g) BE
Bumex (g) BE
Calan, SR; Isoptin, SR (g)
Capoten/Capozide (g) BE
Cardene (g)
Cardizem, SR, CD, LA (g)
Cardura (g)
Catapres, TTS (g)
Cordarone (g)
Coreg (g) BE
Corgard (g) BE
Corzide (g) BE
Coumadin (g) BE
Cozaar/Hyzaar (g) (QL) BE
Demadox (g) BE
Diamox (g)
Digoxin elixir/tablets (g)
Diuril (g) BE
Dynacirc (g)
Hydrodiuril; Microzide (g) BE
Hygroton; Thalitone (g) BE
Hytrin (g)
Imdur; Ismo; Monoket (g)
Inderal, LA (g) (QL) BE
Inderide (g) BE
Inspra (g) BE
Isordil (g)
Kerlone (g) BE
Lasix (g) BE
Lopressor, HCT (g) BE
Lotensin, HCT (g) BE
Lotrel (g) BE
Lotrel 5/40mg, 10/40mg (g) (QL)
Lovenox (g) <s>
Lozol (g) BE
Mavik (g) BE
Maxzide; Dyazide (g) BE
Minipress (g)
Moduretic (g) BE
Monopril, HCT (g) BE
Nitroglycerin (caps SA, patch) (g)
Normodyne (g) BE
Norvasc (g) BE
Plendil (g)
Pletal (g)
Prinivil; Zestril (g) BE
Prinzide; Zestoretic (g) BE

Procardia, XL; Adalat CC (g) (QL)
Rythmol, SR (g)
Sectral (g) BE
Sular (g)
Tenex (g)
Tenoretic (g) BE
Tenormin (g) BE
Tiazac (g)
Ticlid (g)
Toprol XL (g) BE
Trental (g)
Uniretic (g) BE
Univasc (g) BE
Vaseretic (g) BE
Vasotec (g) BE
Verelan, PM (g)
Zaroxolyn (g) BE
Zebeta (g) BE
Ziac (g) BE

Formulary Options/Tier 2

Benicar, HCT (ST) (QL)
Covera-HS
Dyrenium
Edecrin
Effient (QL)
Multaq (QL)
Nitro-Bid ointment
Nitromist
Nitrostat sublingual tablets
Plavix
Pradaxa (QL)

Central nervous system (miscellaneous)

Formulary Preferred/Tier 1

Aricept, ODT (g)
Cogentin (g)
Dostinex (g)
Eldepryl (g)
Eskalith, CR (g)
Exelon capsules (g) (QL)
Lithium citrate (g)
Lithobid (g)
Mirapex (g)
Parcopa (g)
Parlodel (g)
Razadyne, ER (g)
Requip (g)
Sinemet, CR (g)
Symmetrel (g)

Formulary Options/Tier 2

Comtan
Exelon patch, solution (QL)
Namenda
Provigil (PA) (QL)

Cholesterol-lowering

Formulary Preferred/Tier 1

Colestid (g)
Fibricor (g) BE
Lofibra (g) BE
Lopid (g) BE
Mevacor (g) BE
Pravachol (g) BE
Questran, Light (g)
Zocor (g) (QL) BE

Formulary Options/Tier 2

Crestor (QL) (ST)
Niaspan BE
Tricor (QL)
Welchol
Zetia (QL) (ST)

Diabetes treatment

Formulary Preferred/Tier 1

Amaryl (g) BE
Diabinese (g) BE
Diabeta; Micronase (g) BE
Glucophage, XR (g) BE
Glucotrol, XL (g) BE
Glucovance (g) BE
Glynase (g) BE
Metaglip (g) BE
Orinase (g)
Precose (g)
Starlix (g)
Tolinase (g)

Formulary Options/Tier 2

Actos (QL) (ST)
ActoPlus Met (QL)
Apidra
Duetact (PA) (QL)
Humulin/Humalog BE –
vials only
Insulin (all)
Lantus
Levemir
Novolin/Novolog BE –
vials only
Prandin

Gastrointestinal agents

Formulary Preferred/Tier 1

Antivert (g)
Axid (Rx Only) (g)
Carafate tablets (g)
Compazine (g)
Cytotec (g)
Kytril (g) (QL)
Marinol (g)
Pepcid (Rx Only) (g)
Phenergan (g)
Prevacid (Rx Only) (g) (ST)
Prevacid Solutab (g) (ST)
Prilosec (g)
Prilosec OTC (g)
Protonix (g)
Reglan (g)
Tagamet (Rx Only) (g)
Zantac (Rx Only) (g)
Zegerid (g) (PA) (QL)
Zofran, ODT (g)

Formulary Options/Tier 2

Carafate suspension
Emend 80, 125mg capsules (QL)
Helidac
Pancreaze
Prevpac
Relistor (PA) (QL)
Transderm-Scop

Glaucoma agents

Formulary Preferred/Tier 1

Alphagan, P 0.15% (g)
Betagan (g)
Betoptic solution (g)
Cosopt (g)
Pilocar, Isopto-Carpine (g)
Propine (g)
Timoptic, XE (g)
Trusopt (g)
Xalatan (g)

Formulary Options/Tier 2

Alphagan P 0.1%
Azopt
Betoptic S
Lumigan
Travatan, Z

(g) Generic version available and will be dispensed.

OTC Over-the-counter.

<s> Specialty drug

PA Prior authorization required. Clinical criteria must be met.

ST Step therapy required. Clinical criteria must be met.

BE Zero copayment for members with Blue Essentials benefit.

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

Formulary Preferred/Tier 1 medications will be dispensed as generics for the lowest copayment.

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

Hormones and birth control**

Formulary Preferred/Tier 1

Activella (g)
Alesse; Levlite (g)
Aygestin (g)
Climara (g)
Cyclessa (g)
Demulen (g)
Depo-Provera 150mg (g)
Desogen; Ortho-Cept (g)
Estrace (g)
Estratest, HS (g)
Estrostep Fe (g)
Femara (g)
Femcon Fe (g)
Femhrt (g)
Lo/Ovral (g)
Loestrin, Fe (g)
Lybrel (g)
Mircette (g)
Modicon (g)
Nordette; Levlen (g)
Norinyl (g)
Ogen; Ortho-Est (g)
Ortho-Cyclen (g)
Ortho Micronor; Nor-QD (g)
Ortho-Novum (g)
Ortho Tri-Cyclen (g)
Ovcon-35 (g)
Ovral (g)
Plan B (g)
Provera (g)
Seasonale (g)
Tri-Norinyl (g)
Triphasil; Trilevlen (g)
Yasmin (g)
Yaz (g)

Formulary Options/Tier 2

Alora (QL)
Crinone
Depo-SubQ Provera 104
Estraderm
Estring (QL)
FemHRT LO
Ortho Tri-Cyclen Lo
Ortho Evra (QL)
Premarin, Low Dose
Prempro, Low Dose
Premphase
Prochieve
Prometrium
Vivelle-DOT

Migraine

Formulary Preferred/Tier 1

Amerge (g) (QL) (ST)
D.H.E. 45 (g)
Fioricet; Esgic, Plus (g)
Fiorinal, with codeine (g)
Imitrex (all) (g) (QL)
Midrin (g)
Phrenilin (g)

Formulary Options/Tier 2

Cafegot (QL)
Ergomar (QL)
Maxalt, MLT (QL) (ST)
Migranal (QL)
Phrenilin Forte

Osteoporosis

Formulary Preferred/Tier 1

Didronel (g) (QL)
Fosamax Tablets (g) (QL) BE
Fosamax Weekly (g) (QL) BE
Miacalcin nasal spray (g)

Formulary Options/Tier 2

Actonel (all) (QL) (ST)
Evista

Pain (anti-inflammatory drugs)

Formulary Preferred/Tier 1

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

Formulary Options/Tier 2

Ponstel

Prostate health

Formulary Preferred/Tier 1

Cardura (g)
Flomax (g)
Hytrin (g)
Proscar (g)
Uroxatral (g)

Formulary Options/Tier 2

Avodart

Rheumatoid arthritis

Formulary Preferred/Tier 1

Arava (g)
Azulfidine EN-Tab (g)
Imuran (g)
Methotrexate (g)
Plaquenil (g)

Formulary Options/Tier 2

Rheumatrex; Trexall
Enbrel <s> (PA) (QL)
Humira <s> (PA) (QL)

Sleep and anxiety

Formulary Preferred/Tier 1

Ambien(g)
Ambien CR (g) (QL) (ST)
Ativan (g)
Buspar (g)
Dalmane (g)
Halcion (g)
Librium (g)
Niravam (g)
Prosom (g)
Restoril (g)
Serax (g)
Sonata (g)
Tranxene (g)
Valium (g)
Xanax, XR (g)

Smoking-cessation products

Formulary Preferred/Tier 1

Commit Lozenge (OTC) (g) BE
Nicotine gum (OTC) (g) BE
Nicotine patches (OTC) (g) BE
Zyban (g) BE

Formulary Options/Tier 2

Chantix (QL)

Formulary lists

For a complete list of drugs included in BCN's formulary, logon to our Web site:

mibcn.com/drugformulary.

(g) Generic version available and will be dispensed.

OTC Over-the-counter.

*Coverage depends on member's drug rider.

<s> Specialty drug

PA Prior authorization required. Clinical criteria must be met.

ST Step therapy required. Clinical criteria must be met.

BE Zero copayment for members with Blue Essentials benefit.

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 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
- Drugs that are not FDA approved, including medical foods and supplements
- Creams and other products approved as devices
- Syringes and needles except for insulin syringes and needles when dispensed with insulin.
- Compounded products, unless there is: clear medical necessity and the use is supported by scientific literature, the ingredients are all FDA-approved, and if there are no appropriate FDA-approved commercial formulations available.

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.



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. The U.S. Food and Drug Administration require that generic drugs have the identical active ingredients as their brand name equivalents. 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.

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 the Customer Service phone number on the back of your BCN ID card if you have questions about your drug coverage, a drug claim or filing a benefit exception.

How to fill a prescription

There are several ways you can fill a prescription:

- **At a retail pharmacy** (Over 2,300 retail pharmacies in Michigan, including most major chains, and 60,000 retail pharmacies nationwide participate with us.)

You can get up to a 30-day supply of medication for one copayment. You can also get up to a three-month (90-day) supply of your prescription at a retail pharmacy for only two copayments. An initial 30 day trial period is required for new prescriptions of brand-name drugs.

Please show your BCN membership card to get the best value from your benefit. Call the Customer Service phone number on the back of your BCN membership card for information about participating pharmacies outside Michigan.

- **Mail order through Medco®**

You can fill up to a three-month (90-day) supply of your medication through Medco. To request a mail order form, call the Customer Service phone number on the back of your BCN ID card.

- **Specialty drug mail order through Walgreens Specialty Pharmacy or at a participating retail pharmacy**

Walgreens Specialty Pharmacy 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 up to a 30-day supply of specialty drugs from a BCN participating retail pharmacy as well as from Walgreens Specialty Pharmacy. An initial 15-day supply is required for new prescriptions of select specialty drugs; your copayment will be reduced by half for these first fill prescriptions. For general benefit information, including mail order refills and inquiries, please call Walgreens Specialty Pharmacy Customer Service at 1-866-515-1355.

MiBCN.com/pharmacy

BCN Customer Service

1-800-662-6667

TTY users: 1-800-257-9980

8 a.m. to 5:30 p.m.

Monday through Friday



**Blue Care
Network
of Michigan**

A nonprofit corporation and independent licensee
of the Blue Cross and Blue Shield Association