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Formulary Quick Guide for Members

April 2010

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.

- **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
Alvesco
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 solution
Pulmicort
QVAR
 Serevent Diskus
 Singulair*
 Spiriva
 Symbicort
 Tyvaso*
 Ventolin HFA inhaler
Vospire ER
Xopenex solution

Anticonvulsants

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

Anticonvulsants (cont.)

Sabril
Tegretol, XR
Topamax
Trileptal
 Vimpat
Zarontin
Zonegran

Antidepressants

Celexa
Desyrel
Effexor
 Effexor XR*
Elavil
 Lexapro*
Luvox
Norpramin
Pamelor; Aventyl
Paxil, CR
Prozac
Remeron; Soltab
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-12 hour*
 Allegra D-24 hour*
 Astelin/Astepro 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 500 mg
Cipro XR*
Cleocin
Dicloxacillin
Duricef
Erythromycin
Floxin
Keflex
Macrobid
Macrochantin
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
Aceon
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
Corzide
Coumadin
 Covera-HS
 Cozaar*
Demadex
 Digoxin elixir
Digoxin tablets
Diuril
Dynacirc
 Dyrenium
 Edecrin
Hydrodiuril; Microzide
Hygroton; Thalitone
Hytrin
 Hyzaar*
Inderal, LA
Inderide
Ismo; Monoket
Inspira
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
Plendil
Pletal
Prinivil; Zestril

*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.)

Prinzide; Zestoretic
 Procardia, XL; Adalat CC
 Samsca
 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*
 Fibracor
 Lofibra
 Lipid
 Mevacor
 Niaspan
 Pravachol
 Questran, Light
 Tricor
 Welchol
 Zetia*
 Zocor

Diabetes treatment

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

Gastrointestinal agents

Antivert
 Acid (Rx only)
 Carafate suspension
 Carafate tablets
 Compazine
 Cytotec
 Emend 80 and 125 mg capsules
 Helidac
 Kytril
 Marinol
 Omeprazole OTC
 Pepcid (Rx only)
 Phenergan
 Prevacid* (Rx only)
 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, P
 Azopt
 Betagan
 Betoptic solution
 Betoptic S
 Cosopt
 Lumigan
 Pilocar, Isopto-Carpine
 Propine
 Timoptic, XE

Glaucoma agents (cont.)

Travatan, Z
 Trusopt
 Xalatan

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
 Plan B
 Premarin, Low Dose
 Prempro, Low Dose
 Premphase
 Prochieve
 Prometrium
 Provera
 Seasonale
 Tri-Norinyl
 Triphasil; Trilevlen
 Vivelle-DOT
 Yasmin
 Yaz

Migraine

Cafergot
 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
 Flomax
 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
 Niravam
 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 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 1-800-662-6667 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 up to a three-month (90-day) supply of your prescription at a retail pharmacy and pay only two copayments, following an initial 34-day trial period. Over 2,300 retail pharmacies in Michigan, including most major chains, and 60,000 retail pharmacies nationwide participate with Blue Care Network. 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 1-800-662-6667.
- **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 1-800-662-6667.
- **Specialty drug mail order through Walgreen's or from a participating retail pharmacy**
Only Walgreen's 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 a 34-day supply of specialty drugs from a BCN participating retail pharmacy as well as from Walgreen's. For general benefit information, including mail order refills and inquiries, please call Walgreen's Specialty Pharmacy Customer Service at 1-866-515-1355.

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.