



Formulary Quick Guide for Members

January 2011

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. Blue Essentials adds a fourth Value Tier to BCN's three-tier pharmacy plan design. With this fourth tier, members have no copay for commonly prescribed drugs that treat such chronic diseases as depression, hypertension, cholesterol, diabetes, heart disease, congestive heart failure, asthma and chronic obstructive pulmonary disease.

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.

- **Value Tier (Tier 0):** These drugs are available at \$0 copayment to treat chronic conditions. Most Tier 0 drugs are generics. When there are no generics to treat a particular condition, some formulary brand-name drugs are covered.
- **Formulary Preferred (Tier 1):** These drugs have a proven record of safety and effectiveness and offer excellent value for our members. These drugs are mostly generic, making them a cost-effective option for treatment.

- **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.
- **Nonformulary (Tier 3):** These drugs may not have a proven record for safety, or their clinical value may not be as high as the formulary drugs. Formulary alternatives are available.

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.

Basic care
without the cost

Formulary Drug List

Medications in bold black are available as Tier 1 generics.

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

Medications with a [BE] designation are available to Blue Essentials members for \$0 copayment.

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

ADHD/ADD

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

Allergy, asthma, and respiratory

Accolate
Accuneb
Advair
Albuterol nebulizer solution
Alvesco [BE]
Asmanex [BE]
Astelin nasal spray
Astebro nasal spray
Atrovent inhaler
Atrovent nasal spray, solution
Combivent
Dulera
Duoneb
Flonase
Flovent inhaler [BE]
Foradil
Intal solution
Maxair autohaler
Metaproterenol solution
Mucomyst
Nasacort AQ*
Nasalide
Nasarel
ProAir HFA inhaler
Proventil solution
Pulmicort [BE]
QVAR [BE]
Serevent Diskus
Singulair
Spiriva
Symbicort
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
Sabril
Tegretol, XR
Topamax
Trileptal

Anticonvulsants (cont.)

Vimpat
Zarontin
Zonegran

Antidepressants

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

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

Anti-infectives

Amoxil
Augmentin, ES
Avelox, ABC

Anti-infectives (cont.)

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

Antipsychotics

Abilify, Discmelt
Clozaril [BE]
Geodon
Haldol [BE]
Loxitane
Mellaril [BE]
Navane
Orap
Prolixin [BE]
Risperdal (0 copay) [BE]
Risperdal M-Tab [BE]
Seroquel
Stelazine [BE]
Thorazine [BE]
Zyprexa; Zydys

Bladder control

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

Cardiovascular (heart and high blood pressure)

Accupril/Accuretic [BE]
Aceon
Agrylin
Aldactone/Aldactazide [BE]
Altace capsules [BE]
Benicar, HCT*
Betapace, AF [BE]
Blocadren [BE]
Bumex [BE]

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

Calan, SR; Isoptin, SR
Capoten/Capozide [BE]
Cardene
Cardizem, SR, CD, LA
Cardura
Catapres, TTS
Cordarone
Coreg [BE]
Corgard [BE]
Corzide [BE]
Coumadin [BE]
Covera-HS
Cozaar/Hyzaar [BE]
Demadex [BE]
Diamox
Digoxin elixir, tablets
Diuril [BE]
Dynacirc
Dyrenium
Edecrin
Effient
Hydrodiuril; Microzide [BE]
Hygroton; Thalitone [BE]
Hytrin
Imdur; Ismo; Monoket
Inderal, LA [BE]
Inderide [BE]
Inspra [BE]
Isordil
Kerlone [BE]
Lasix [BE]
Lopressor, HCT [BE]
Lotensin, HCT [BE]
Lotrel [BE]
Lovenox
Lozol [BE]
Mavik [BE]
Maxzide; Dyazide [BE]
Minipress
Moduretic [BE]
Monopril, HCT [BE]
Multaq
Nitroglycerin (capsules SA, patch)
Nitromist
Nitrostat sublingual tablets
Nitro-Bid ointment
Normodyne [BE]
Norvasc [BE]
Plavix
Plendil
Pletal
Prinivil; Zestril [BE]
Prinzide; Zestoretic [BE]
Procardia, XL; Adalat CC
Rythmol, SR
Sectral [BE]
Sular (20, 30 and 40 mg)
Tenex
Tenoretic [BE]
Tenormin [BE]

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

Tiazac
Ticlid
Toprol XL [BE]
Trental
Uniretic [BE]
Univasc [BE]
Vaseretic [BE]
Vasotec [BE]
Verelan, PM
Zaroxolyn [BE]
Zebeta [BE]
Ziac [BE]

Central nervous system (miscellaneous)

Aricept, ODT
Cogentin
Comtan
Dostinex
Eldepryl
Eskalith, CR
Exelon capsules
Exelon patch, solution
Lithium citrate
Lithobid
Mirapex
Moban
Namenda
Parcopa
Parlodel
Provigil*
Razadyne, ER
Requip
Sinemet, CR
Symmetrel

Cholesterol-lowering

Colestid
Crestor*
Fibricor
Lofibra [BE]
Lopid [BE]
Mevacor [BE]
Niaspan [BE]
Pravachol [BE]
Questran, Light
Tricor
Welchol
Zetia*
Zocor [BE]

Diabetes treatment

Actos*
ActoPlus Met*
Amaryl [BE]
Diabeta; Micronase [BE]
Diabinese [BE]
Duetact*
Glucophage, XR [BE]
Glucotrol, XL [BE]
Glucovance [BE]

Diabetes treatment (cont.)

Glynase [BE]
Insulin (all)
Apidra
Humulin/Humalog
Humulin/Humalog vials [BE]
Lantus
Levemir
Novolin/Novolog
Novolin/Novolog vials [BE]

Metaglip [BE]

Orinase
Prandin
Precose
Starlix
Tolinase

Gastrointestinal agents

Antivert
Axid (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
Prilosec 40 mg*
Protonix*
Reglan
Relistor*
Tagamet (Rx only)
Transderm-Scop
Zantac (Rx only)
Zegerid*
Zofran, ODT

Glaucoma agents

Alphagen, P 0.15%
Alphagan P 0.1%
Azopt
Betagan
Betoptic solution
Betoptic S
Cosopt
Lumigan
Pilocar, Isopto-Carpine
Propine
Timoptic, XE
Travatan, Z
Trusopt
Xalatan

Hormones and birth control**

Alesse; Levite*
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

Amerge*
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
Fosamax Weekly [BE]
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

Avodart
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 (OTC) [BE]
Nicotine gum (OTC) [BE]
Nicotine patches (OTC) [BE]
Zyban [BE]

Understanding your prescription benefit

Your Blue Essentials 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. This drug rider does 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
- Erectile dysfunction medications
- Fertility medications

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 and more information about step therapy and prior authorization.

When a drug is not a covered benefit

Brand-name drugs that physicians prescribe or members request to be dispensed-as-written, but are available as generics, are covered only when the physician determines they are medically necessary and BCN approves. 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, using the number on the back of your ID card, if you have questions about your drug coverage, a drug claim or authorization.

Filling your prescription

There are several ways you can fill a prescription:

- **At a retail pharmacy**
You can fill your prescription for up to a 30-day supply of medication for one copayment. You may also fill 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 brand-name drugs. 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 the Customer Service phone 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. To request a mail order form, call the Customer Service phone number on the back of your 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. For information about your prescription, including mail order refills, please call Walgreens 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, logon to mibcn.com/drugformulary.