



Medicare and more

Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

BCN Advantage Group Comprehensive Formulary-Plus Updates May 2012

Attention BCN Advantage Members

BCN Advantage may add or remove drugs from the drug formulary during the year. If we remove drugs from our formulary, or add [prior authorization](#), quantity limits and/or [step therapy restrictions](#) on a drug and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. Some formulary changes do not require advance notice but will be posted on this link.

If your physician prescribes a drug that is not on our formulary, is not a preferred drug, or is subject to additional utilization requirements, you may ask us to make a coverage exception. You or your physician may initiate an exception request. While the use of a form is not always required, they are available for [members](#) and [physicians](#) on the BCNA website. Coverage determinations will be made for standard and urgent requests within 72 and 24 hours, respectively. If BCN Advantage ever denies coverage for your prescription drugs, we will explain our decision to you. You always have the right to appeal and ask us to review the claim that was denied. For more detailed information about your BCN Advantage prescription drug coverage, please review your [Evidence of Coverage](#) and other Plan materials.

BCN Advantage covers both brand-name and generic drugs. Generic drugs have the same active ingredients as brand-name drugs. Generic drugs usually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs.

If you have questions about the BCN Advantage drug formulary, please call Customer Service at 800-450-3680, 8 a.m. to 8 p.m., seven days a week. TTY users should call 800-430-3211.



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New Generics – Brand-name versions no longer covered

The following drugs are now available as generics (Tier 1) and will be dispensed for the lowest copayment to BCN Advantage members. Members can continue to receive the brand-name version of the drugs below for their Tier 2, Tier 3, Tier 4 or Tier 5 copayment until the effective date noted. After the effective date, the brand-name drug will no longer be a covered drug.

Effective Date	Brand Name	Generic Name	Tier	Limits

Additions to the BCN Advantage formulary

Effective Date	Brand Name	Generic Name	Tier	Limits
1/1/2012	BUDESONIDE 3MG CAP	BUDESONIDE	1	
1/1/2012	ATORVASTATIN	ATORVASTATIN	1	
1/13/2012	LANSOPRAZOLE	LANSOPRAZOLE	1	
2/21/2012	ALFUZOSIN HCL ER	ALFUZOSIN	1	
2/21/2012	AMETHIA	LEVONORGESTREL/ ETHINYL ESTRADIOL	1	QL = 91 TABS/91 DAYS
2/21/2012	AMETHYST	LEVONORGESTREL/ ETHINYL ESTRADIOL	1	
2/21/2012	AMPYRA	DALFAMPRIDINE	5	PA required; Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	ARCAPTA NEOHALER	INDACATEROL	3	
2/21/2012	ARGATROBAN	ARGATROBAN	4	
2/21/2012	ATOVAQUONE/ PROGUANIL HCL	ATOVAQUONE/ PROGUANIL HCL	1	



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2/21/2012	BRIELLYN	NORETHINDRONE/ ETHYNYL ESTRADIOL	1	
2/21/2012	CARBAGLU	CARGLUMIC ACID	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	CINRYZE	C1 ESTERASE INHIBITOR [HUMAN]	4	
2/21/2012	COMPLERA	EMTRICITABINE, RILPIVIRINE, AND TENOFOVIR	2	
2/21/2012	DIFICID	FIDAXOMICIN	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	DISULFIRAM TABLETS	DISULFIRAM	1	
2/21/2012	DOCEFREZ IV	DOCEFREZ	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	EMOQUETTE	DESOGESTREL/ ETHINYL ESTRADIOL	1	
2/21/2012	EPROSARTAN MESYLATE 600MG TABS	EPROSARTAN	1	
2/21/2012	FELBAMATE SUSPENSION, TABLETS	FELBAMATE	1	



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2/21/2012	FIRAZYR	ICATIBANT	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	FLUCYTOSINE 250MG, 500MG CAPS	FLUCYTOSINE	1	
2/21/2012	FLUOCINOLONE ACETONIDE OIL (BODY and SCALP)	FLUOCINOLONE ACETONIDE	1	
2/21/2012	FONDAPARINUX SODIUM 2.5MG SYRINGE	FONDAPARINUX SODIUM	3	
2/21/2012	FONDAPARINUX SODIUM 5MG, 7.5MG, 10MG SYRINGES	FONDAPARINUX SODIUM	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	FUSILEV	LEVOLEUCOVORIN	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	ILARIS	CANAKINUMAB	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies



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2/21/2012	INCIVEK	TELAPREVIR	5	PA Required; QL = 168 per 28 DAYS Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	INTROVALE	ETHYINYL ESTRADIOL, LEVONORGESTREL	1	QL = 91 per 91 DAYS
2/21/2012	JAKAFI	RUXOLITINIB	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	KETOCONAZOLE 2% FOAM	KETOCONAZOLE	1	
2/21/2012	LAMIVUDINE 150MG, 300MG TABS	LAMIVUDINE	1	
2/21/2012	LEVETIRACETAM ER 500MG, 750MG	LEVETIRACETAM	1	
2/21/2012	LEVOFLOXACIN IV	LEVOFLOXACIN	4	
2/21/2012	LOTEMAX OPHTHALMIC OINTMENT	LOTEPREDNOL ETABONATE	3	
2/21/2012	LUPRON DEPOT 45MG	LEUPROLIDE INJECTION	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	METHYLERGONOVINE MALEATE 0.2MG TABS	METHYLERGONOVINE MALEATE	1	



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2/21/2012	NULOJIX	BELATACEPT	5	PA required; Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	OLANZAPINE, OLANZAPINE ODT	OLANZAPINE, OLANZAPINE ODT	1	
2/21/2012	ORENCIA 125MG/ML PREFILLED SYRINGE	ABATACEPT	4	
2/21/2012	ORSYTHIA	LEVONORGESTREL / ETHINYL ESTRADIOL	1	
2/21/2012	OXYMORPHONE HYDROCHLORIDE ER	OXYMORPHONE HYDROCHLORIDE	1	QL = 2 per day
2/21/2012	SYLATRON	PEGINTERFERON ALFA- 2B	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	TAMIFLU 6MG/ML SUSPENSION	OSELTAMIVIR	2	QL = 360 ML per 180 days
2/21/2012	TESTOSTERONE CYPIONATE 200MG/ML OIL	TESTOSTERONE CYPIONATE	4	
2/21/2012	THERMAZENE 1% CREAM	SILVER SULFADIAZINE	1	
2/21/2012	TRIAMCINOLONE ACETONIDE NASAL INHALER	TRIAMCINOLONE ACETONIDE	1	
2/21/2012	VICTOZA	LIRAGLUTIDE	3	PA



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2/22/2012	VICTRELIS	BOCEPREVIR	5	PA Required; QL = 336 per 28 days Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	XALKORI	CRIZOTINIB	5	PA Required; QL = 68 per 34 days Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	XARELTO	RIVAROXABAN	2	
2/21/2012	YERVOY	IPILIMUMAB	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
2/21/2012	ZELBORAF	VEMURAFENIB	5	PA Required; QL = 240 per 30 days Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies



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2/21/2012	ZOMETA 4MG/100ML INFUSION	ZOLEDRONIC ACID	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
3/19/2012	BRIMONIDINE TARTRATE 0.15%	BRIMONIDINE TARTRATE	1	
3/19/2012	BROVANA NEBULIZER SOLN	ARFORMOTEROL	3	
3/19/2012	CLOBETASOL, SHAMPOO, LOTION, FOAM	CLOBETASOL PROPIONATE	1	
3/19/2012	COLOCORT	HYDROCORTISONE	1	
3/19/2012	EDARBYCLOR	EDARBYCLOR	3	
3/19/2012	FOLOTYN	PRALATREXATE	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
3/19/2012	LAMIVUDINE/ZIDOVUDINE 150mg/300mg TABS	LAMIVUDINE/ZIDOVUDINE	1	
3/19/2012	LIORESAL INTRATHECAL	BACLOFEN	4	
3/19/2012	LITHIUM CARBONATE 600MG CAPS	LITHIUM CARBONATE		
3/19/2012	METHYLPHENIDATE ER 20mg, 30mg 40mg capsules	METHYLPHENIDATE	1	Quantity Limits: 20mg, 5 per day 30mg, 3 per day 40mg, 2 per day



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3/19/2012	METHSCOPOLAMINE BROMIDE 5mg TABS	METHSCOPOLAMINE BROMIDE	1	
3/19/2012	NITRO-DUR TRANSDERMAL	NITROGLYCERIN	3	
3/19/2012	OXECTA	OXYCODONE	1	
3/19/2012	PEGASYS PROCLICK	PEGINTERFERON ALFA-2a	5	PA Required; Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
3/19/2012	SURMONTIL	TRIMIPRAMINE	2	
3/19/2012	TEFLARO	CEFTAROLINE	4	
3/19/2012	TRANEXAMIC ACID	TRANEXAMIC ACID	1	
3/19/2012	TRIAMCINOLONE ACETONIDE IN ABSORBASE	TRIAMCINOLONE ACETONIDE	1	
3/19/2012	VESTURA	DROSPIRENONE /ETHINYL ESTRADIOL	1	
3/19/2012	XGEVA	DENOSUMAB	5	Specialty Drug limited to a 34 day supply per fill at retail & mail pharmacies
3/19/2012	XODOL	ACETAMINOPHEN/HYDR OCODONE	3	
3/19/2012	XOPENEX 1.25MG/3ML NEBULIZER SOLN	LEVALBUTEROL	3	



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Effective Date	Brand Name	Generic Name	Tier	Limits
3/19/2012	ZYDONE	HYDROCODONE BITARTRATE /ACETAMINOPHEN	3	
4/17/2012	ERIVEDGE	VISMODEGIB	5	
4/17/2012	JANUMET XR	SITAGLIPTIN PHOS/METFORMIN HCL	3	Step Therapy
4/17/2012	LAMICTAL XR	LAMOTRIGINE	3	
4/17/2012	MINITRAN	NITROGLYCERIN TRANSDERMAL	1	
4/17/2012	OLANZAPINE	OLANZAPINE	1	
4/17/2012	TIZANIDINE HCL	TIZANIDINE HCL	1	
4/17/2012	TRAMADOL HCL ER 300MG	TRAMADOL HCL	1	
4/17/2012	VIREAD POWDER and TABS	TENOFOVIR DISOPROXIL FUMARATE	2	
5/1/2012	INLYTA	AXITINIB	5	Prior Authorization Required

Drugs removed from the BCN Advantage formulary

The following drugs have been removed from the BCN Advantage formulary based on CMS exclusion from Part D coverage, manufacturer withdrawal from the marketplace, or by order of the Food & Drug Administration (usually for safety reasons).

Effective Date	Brand Name	Generic Name
1/1/2012	SUPRAX 400mg	CEFIXIME
4/1/2012	FEXOFENADINE	FEXOFENADINE



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Changes made to the Drugs in the BCN Advantage Formulary

Effective Date	Brand Name	Generic Name	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copayment
1/1/2012 & 1/15/2012	BENICAR	OLMESARTAN	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012 & 1/15/2012	BENICAR HCT	OLMESARTAN - HYDROCHLOROTHIAZIDE	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012 & 1/15/2012	ATACAND	CANDESARTAN	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012 & 1/15/2012	ATACAND HCT	CANDESARTAN-HYDROCHLOROTHIAZIDE	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012 & 1/15/2012	AVALIDE	IRBESARTAN-HYDROCHLOROTHIAZIDE	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012 & 1/15/2012	AVAPRO	IRBESARTAN	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable



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1/1/2012 & 1/15/2012	DIOVAN	VALSARTAN	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012 & 1/15/2012	DIOVAN HCT	VALSARTAN-HYDROCHLOROTHIAZIDE	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012 & 1/15/2012	MICARDIS	TELMISARTAN	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012 & 1/15/2012	MICARDIS HCT	TELMISARTAN-HYDROCHLOROTHIAZIDE	Step Therapy Removed 1/1/12 Quantity Limit Removed 1/15/12	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable



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Effective Date	Brand Name	Generic Name	Description of Change	Reason for Change	Alternative Drug	Alternative Drug Copayment
1/1/2012	CIALIS	TADALAFIL	<p>2.5 MG and 5 MG strengths Require prior authorization (PA). 2.5 and 5MG may be approved for use in Benign Prostatic Hypertrophy (BPH) in quantities of 1tab/day If use is for Erectile Dysfunction, 6 tabs per 28 days is allowed. Cialis 10mg and 20mg tablet strengths do not require PA and 6 tabs per 28 days are allowed.</p>	PA required for the 2.5 and 5 mg strengths to allow once daily quantity when approved for treatment of BPH	Other Medication Alternatives for Erectile Dysfunction include Viagra, Levitra Muse Caverject Edex	<p>Tier 2 Viagra Caverject Muse</p> <p>Tier 3 Levitra Staxyn Edex</p>
1/1/2012	COMBIVIR	LAMIVUDINE; ZIDOVUDINE	Moved from Tier 4 to Tier 3	Oral medication incorrectly placed in the injectable drug tier	Not Applicable	Not Applicable
1/1/2012	BARACLUDE	ENTECAVIR MONOHYDRATE	Moved from Tier 4 to Tier 3	Oral medication incorrectly placed in the injectable drug tier	Not Applicable	Not Applicable



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1/1/2012	APTIVUS	TIPRANAVIR	Moved from Tier 4 to Tier 3	Oral medication incorrectly placed in the injectable drug tier	Not Applicable	Not Applicable
1/1/2012	ATRIPLA	EFAVIRENZ; EMTRICITABINE; TENOFIVIR DISOPROXIL FUMARATE	Moved from Tier 4 to Tier 3	Oral medication incorrectly placed in the injectable drug tier	Not Applicable	Not Applicable
1/1/2012	NOXAFIL	POSACONAZOLE	Moved from Tier 4 to Tier 3	Oral medication incorrectly placed in the injectable drug tier	Not Applicable	Not Applicable
1/1/2012	AFINITOR	EVEROLIMUS	Quantity Limit Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	CYMBALTA	DULOXETINE HYDROCHLORIDE	Quantity Limit Removed Prior Auth removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	EFFEXOR XR	VENLAFAXINE HCL	Quantity Limit Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	EMSAM	SELEGILINE	Quantity Limit Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	INVEGA	PALIPERIDONE	Quantity Limit Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	LYRICA	PREGABALIN	Quantity Limit Removed Prior Auth removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	PEXEVA	PAROXETINE MESYLATE	Quantity Limit Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable



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1/1/2012	PRISTIQ	DESVENLAFAXINE SUCCINATE MONOHYDRATE	Quantity Limit Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	SAPHRIS	ASENAPINE MALEATE	Quantity Limit Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	SEROQUEL XR	QUETIAPINE FUMARATE	Quantity Limit Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
1/1/2012	ALENDRONATE 70MG	ALENDRONATE 70MG	70MG DOSAGE FORM COVERED AS TIER 1 GENERIC, QUANTITY LIMIT = 4 TABS per 28 DAY SUPPLY	70 MG DOSAGE FORM WAS NOT LISTED IN 2012 COMPREHENSIVE FORMULARY – PLUS PRINT OR WEBSITE EDITIONS.	Not Applicable	Not Applicable
1/1/2012	SAVELLA	MILNACIPRAN HYDROCHLORIDE	Prior Auth Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
2/21/2012	ACTONEL	RISEDRONATE	Step Therapy Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
3/19/2012	OMEPRAZOLE 40MG	OMEPRAZOLE	PA Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
3/19/2012	COREG CR	CARVEDILOL	Step Therapy Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
3/19/2012	AZOR	AMLODIPINE/ OLMESARTAN	Step Therapy removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable
3/19/2012	EXFORGE, EXFORGE HCT	AMLODIPINE/ VALSARTAN	Step Therapy Removed	BENEFIT ENHANCEMENT	Not Applicable	Not Applicable