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## BCBSM and BCN Custom Formulary Updates – May 2011

This page shows monthly updates to our [BCBSM/BCN Custom Formulary](#). These changes are incorporated in the Formulary when it is updated every January and July.

### New generic and brand-name drugs

The table below shows drugs that are now available as generics and can be dispensed at the lowest copayment. The brand-name version of the drug will no longer be covered unless your physician documents its medical necessity and BCN approves the prescription. 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 the required copayment for a brand-name medication.

The table also includes new FDA-approved drugs that BCN has reviewed for the Formulary. New drugs that have not been reviewed are not covered.

Brand Name	Generic Name	Category	Formulary Status	Effective Date
<b>New generic drugs</b>				
Antabuse (g)	Disulfiram	Diagnostics and Other Miscellaneous Drugs	Formulary Preferred (Tier 1)	5/2011
Concerta® (g)	Methylphenidate HCL	CNS Stimulants	Formulary Preferred (Tier 1)	5/2011
Doryx® (g)	Doxycycline Hyclate	Anti-infective	Formulary Preferred (Tier 1)	1/2011
Femara® (g)	Letrozole	Antineoplastics and Immunosuppressant	Formulary Preferred (Tier 1)	4/2011
Femhrt® (g)	Norethindrone Acetate/Ethinyl Estradiol	Endocrinology	Formulary Preferred (Tier 1)	2/2011
Lotrel® 5/20mg, 10/40mg (g)	Amlodipine/Benazepril	Cardiovascular	Formulary Preferred (Tier 1)	1/2011
Nardil® (g)	Phenelzine sulfate	Central Nervous System	Formulary Preferred (Tier 1)	1/2011
Quixin® (g)	Levofloxacin	Ophthalmology	Formulary Preferred (Tier 1)	1/2011
Rythmol SR® (g)	Propafenone HCl	Cardiovascular	Formulary Preferred (Tier 1)	1/2011
Vfend® (g)	Voriconazole	Anti-infective	Formulary Preferred (Tier 1)	2/2011
Xalatan® (g)	Latanoprost	Ophthalmology	Formulary Preferred (Tier 1)	3/2011

(g) indicates generic availability

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

\*\*Depending on member's drug rider.

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Brand Name	Generic Name	Category	Formulary Status	Effective Date
<b>New brand-name drugs</b>				
Allegra Allegery®	Fexofenadine	Respiratory, Cough and Cold	All formulations of Allegra® have switched from prescription-only to over-the-counter (OTC) status and are now available without a prescription. Blue Care Network will continue to provide coverage for the prescription-only generic formulations as long as those products remain available.	3/2011
Amturnide™*	Aliskiren/Amlodipine/HCTZ	Cardiovascular	Nonformulary – Not covered (Tier 3)**	2/2011
Atelvia™*	Risedronate Delayed-Release	Rheumatology and Musculoskeletal	Nonformulary – Not covered (Tier 3)**	2/2011
Axiron®	Testosterone	Endocrinology	Nonformulary – Not covered (Tier 3)**	2/2011
Beyaz™	Drospirenone/Ethinyl/Estradiol/Levomefolate	Obstetrics and Gynecology	Nonformulary – Not covered (Tier 3)**	2/2011
Bromday™	Bromfenac	Ophthalmology	Nonformulary – Not covered (Tier 3)**	2/2011
Egrifta™*	Tesamorelin	Endocrinology	Not Covered – Pending review for formulary placement	12/2010
Fortesta™	Testosterone	Endocrinology	Nonformulary – Not covered (Tier 3)**	2/2011
Gilenya™*	Fingolimod	Immunology and Hematology	Nonformulary – Not covered (Tier 3)**	2/2011
Kapvay™	Clonidine HCl	Central Nervous System	Not Covered – Pending review for formulary placement	2/2011
Kombiglyze™ XR*	Saxagliptin/Metformin Extended-Release	Endocrinology	Nonformulary – Not covered (Tier 3)**	2/2011
Krystexxa®	Pegloticase	Central Nervous System	Not Covered – Medical Benefit	2/2011
Latuda®	Lurasidone HCl	Central Nervous System	Nonformulary – Not covered (Tier 3)**	2/2011
Lo Loestrin® - FE	Norethindrone/Ethinyl Estradiol/Ferrous Fumarate	Obstetrics and Gynecology	Nonformulary – Not covered (Tier 3)**	2/2011
Moxeza™	Moxifloxacin	Ophthalmology	Nonformulary – Not covered (Tier 3)**	2/2011
Nexiclon™ XR	Clonidine HCl	Central Nervous System	Not Covered – Pending review for formulary placement	12/2010
Nuedexta™	Dextromethorphan/Quinidine	Central Nervous System	Not Covered – Pending review for formulary placement	2/2011
Ofirmev™*	Acetaminophen	Central Nervous System	Not Covered – Medical Benefit	2/2011
Pradaxa®	Dabigatran	Cardiovascular	Tier 2	3/2011

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Brand Name	Generic Name	Category	Formulary Status	Effective Date
<b>New brand-name drugs (cont.)</b>				
Safyral™	Drospirenone/ Ethinyl Estradiol	Obstetrics and Gynecology	Nonformulary – Not covered (Tier 3)**	2/2011
Sorilux™*	Calcipotriene	Dermatology	Nonformulary – Not covered (Tier 3)**	2/2011
Suprep® bowel prep kit	Magnesium Sulfate, Potassium Sulfate, & Sodium Sulfate	Colonoscopy	Nonformulary – Not covered (Tier 3)**	2/2011
Teflaro™*	Ceftaroline	Anti-infective	Not Covered – Medical Benefit	2/2011

### Other Changes

BCN monitors the use of certain medications to ensure that our members receive the most appropriate and cost-effective drug therapy. This table reflects changes to drugs currently on the formulary based on current medical information and the recommendations of BCN's Pharmacy and Therapeutics, P & T, Committee.

Brand Name	Generic Name	Category	Change to Formulary Status	Effective Date
<b>New prior authorization/step therapy criteria</b>				
Ampyra®*	Dalfampridine extended release	Immunology and Hematology	Coverage will continue to be provided for 12 months after the initial 2 months of therapy when clinical notes document improvement in walking speed by at least 10%. Coverage will continue to be provided thereafter for 12 month intervals when clinical notes document no deterioration in walking speed, compared to the previous walking speed measured for renewal of therapy. Walking speed must be assessed using the T25FW test.	2/2011
Amturnide™*	Aliskiren/Amlodipine/ HCTZ	Cardiovascular	Requires successful treatment of at least three months of therapy with the individual agents contained in the requested medication at the prescribed dosage.	2/2011
Atelvia™*	Risedronate Delayed-Release	Rheumatology and Musculoskeletal	Requires documentation that member has experienced treatment failure of or intolerance to Fosamax(g).	2/2011

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Brand Name	Generic Name	Category	Change to Formulary Status	Effective Date
<b>New prior authorization/step therapy criteria (cont.)</b>				
Compounded products			Compounded products will be approved only when there is clear medical necessity, all ingredients are FDA-approved, and when no appropriate FDA-approved commercial formulations are available.	5/2011
Egrifta <sup>TM*</sup>	Tesamorelin	Endocrinology	Prior Authorization rules pending formulary review.	2/2011
Gilenya <sup>TM*</sup>	Fingolimod	Immunology and Hematology	Coverage may be provided in patients ≥ 18 years of age when the criteria below are met: A. Diagnosis of relapsing-remitting multiple sclerosis B. Prescribing physician is a neurologist C. Requires documentation that member has experienced failure of or intolerance to least one interferon beta product (Avonex <sup>®</sup> , Betaseron <sup>®</sup> Extavia <sup>®</sup> or Rebif <sup>®</sup> ) AND trial of Copaxone <sup>®</sup> . 1. Treatment failure is demonstrated by the following. a) Documented relapse or the presence of new and/or newly enlarged MRI lesions in the previous year. D. Will not be used in combination with other disease-modifying treatments of MS.	2/2011
Kombiglyze <sup>TM</sup> XR*	Saxagliptin/ Metformin Extended-Release	Endocrinology	Requires successful treatment of at least three months of therapy with the individual agents contained in the requested medication at the prescribed dosage.	2/2011
Xgeva <sup>TM*</sup>	Denosumab	Rheumatology and Musculoskeletal	Not Covered – Medical Benefit	2/2011
<b>Formulary Status Change</b>				
CNL 8	Ciclopirox	Dermatology	Not a covered benefit (from Tier 2). This product was previously identified incorrectly as a covered benefit although it contains over-the-counter products.	3/2011
Differin <sup>®</sup> Lotion	Adapalene	Dermatology	Formulary status is Tier 3. This product is incorrectly listed as Tier 2 in the <i>BCBSM/BCN Custom Formulary</i> book and website PDF.	4/2011
Pancreaze <sup>TM</sup>	Lipase/Protease/ Amylase	Gastrointestinal	Formulary status changed to Tier 2 (from Tier 3)	2/2011
Uloric <sup>®*</sup>	Febuxostat	Central Nervous System	Formulary status changed to Tier 2 (from Tier 3)	1/2011

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Formulary Status Change (cont.)				
Zenpep®	Amylase/Lipase/ Protease	Gastrointestinal	Formulary status changed to Tier 2 (from Tier 3)	2/2011
Zortress®	Everolimus	Antineoplastics and Immunosuppressant	Formulary status changed to Tier 2 (from Tier 3)	2/2011
Brand Name	Generic Name	Category	Recall Description	Effective Date
<b>Drug recalls</b>				
Amantadine, Amlodipine, Androxy, Baclofen, Bethanechol, Jantoven®, and Oxybutynin	Amantadine, Amlodipine, Androxy, Baclofen, Bethanechol, Jantoven®, and Oxybutynin	Misc.	Upsher-Smith is initiating an expanded voluntary recall of Jantoven as a precautionary measure after a bottle labeled as Jantoven® Warfarin Sodium, USP, 3mg tablets was found by a retail pharmacy to contain tablets at a higher, 10mg strength. This expanded recall includes 7 additional products that were packaged on the same packaging line. Upsher-Smith is only recalling certain lots of these affected drugs they manufactured.	2/2011
Albuterol Sulfate inhalation solution	Albuterol sulfate	Respiratory	Ritedose corporation is voluntarily recalling 0.083% Albuterol sulfate inhalation solution because the 2.5mg/3mL single use vials are labeled incorrectly as 0.5mg/3mL. This can result in administering the incorrect dose, a potentially significant health hazard.	1/2011
Alcohol swabs & wipes	Alcohol swabs & wipes	Topical	Triad is recalling all lots of alcohol swabs and alcohol prep pads. This includes products marked both sterile and nonsterile. The swabs and pads may have been exposed to bacteria and may be contaminated. Use of these swabs and pads could lead to serious infection, especially for people who are at risk as a result of surgery or a suppressed immune system.	1/2011
Alcohol swabs found in Betaseron®, Copaxone®, Extavia® kits	Alcohol Swabs	Topical	Triad Group is recalling the alcohol swabs found in Betaseron®, Copaxone® and Extavia® kits due to concerns about potential bacterial contamination of the alcohol swabs. This recall is limited to the alcohol swabs only. Use of contaminated alcohol swabs could lead to life-threatening infections, especially in at risk populations, including immune suppressed and surgical patients.	1/2011

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Brand Name	Generic Name	Category	Recall Description	Effective Date
<b>Drug recalls (cont.)</b>				
Coumadin <sup>®</sup>	Warfarin Sodium	Cardiovascular	Bristol-Myers Squibb initiated a voluntary recall of one lot of 1,000-count bottles of Coumadin <sup>®</sup> 5mg tablets, because a tablet was found to be of higher in potency than expected.	5/2011
Citalopram	Citalopram	Antidepressant	Greenstone Limited is recalling one lot of citalopram 10mg 100ct bottles, lot# FI0510058-A with NDC 59762-4800-01 because some bottles may contain finasteride 5mg tablets.	3/2011
Jantoven	Warfarin Sodium	Cardiovascular	Upsher-Smith Laboratories is recalling Jantoven 3mg because one bottle was found to contain 10mg tablets. As a result of this mislabeling of bottles, patients may unintentionally take 10mg tablets. Taking the wrong dosage can result in serious illness or death.	2/2011
Metronidazole	Metronidazole	Anti-infective	Teva pharmaceuticals is recalling Metronidazole 250mg, lot #312566, expiration date 5/2012 due to underweight tablets which may not contain the full amount of medication within a single tablet.	1/2011
Topamax <sup>®</sup>	topiramate	Anticonvulsant	Ortho-McNeil is recalling two lots of Topamax (topiramate) 100mg tablets, because of an uncharacteristic odor.	4/2011
Brand Name	Generic Name	Category	Change to Formulary Status	Effective Date
<b>New Quantity Limits</b>				
Advair <sup>®</sup>	Fluticasone and Salmeterol	Respiratory	New quantity limits 1 inhaler per month	2/2011
Gilenya <sup>™*</sup>	Fingolimod	Immunology and Hematology	New quantity limits 1 capsule per day	2/2011
Pradaxa <sup>®</sup>	Dabigatran	Cardiovascular	New quantity limits 2 capsules per day.	3/2011
Symbicort <sup>®</sup>	Budesonide/ Formoterol fumarate dihydrate	Respiratory	New quantity limits 1 inhaler per month	2/2011

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