



Blue Cross Blue Shield of Michigan

Custom Formulary Quick Guide for Members



To ensure the quality and cost-effectiveness of medications, your employer, sponsor, health plan administrator or retirement group has selected a prescription drug plan with a formulary. A formulary is a list of drugs that your doctor refers to when prescribing your medications. All the drugs on the BCBSM formulary are approved by the Food and Drug Administration.

This guide can help you be a more informed patient. It is not intended to take the place of your doctor's advice. Please talk to your doctor about your drug options.

Generic drugs offer the best value

Prescription drugs can be costly, but many are now available as generics. Generic drugs work the same as brand-name drugs, but cost less. Depending on your drug benefit, using generic drugs may lower your copayment. The FDA requires that generic drugs have the identical active ingredients as the equivalent brand-name drugs, but they may differ from brand-name drugs in color and shape. Since the major difference between brand-name and generic drugs is price, your prescription will be filled with the generic equivalent when medically appropriate.

Guide lists most commonly prescribed drugs

Our formulary lists medications available to BCBSM members who have a triple-tier or closed (managed) formulary benefit. The formulary represents the clinical judgment of physicians, pharmacists and other experts in the diagnosis and treatment of disease and promotion of health.

This guide lists drugs most commonly prescribed for BCBSM members; it is not a complete listing of drugs on our formulary. It encourages you and your doctor to select drugs recognized as the safest and most effective. Referring to this guide can help you understand how your drug copayment works and save money on your prescriptions.

Tier 1 – Generic

Tier 1 drugs are generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same ways as equivalent brand-name drugs. Generic drugs have a proven record of effectiveness. They also require the lowest copayment, making them the most cost-effective option for treatment. Look for these drugs under “Tier 1 – Generic” in this guide. Please note that the generics are listed according to their better-known brand-names. Depending on your drug benefit, select over-the-counter products may be covered under Tier 1.

Tier 2 – Formulary (preferred) brand

Tier 2 drugs are brand-name drugs included in the formulary. Tier 2 drugs are also safe and effective but require a higher copayment than Tier 1 drugs. Look for these drugs under “Tier 2 – Formulary (preferred) brand” in this guide.

Tier 3 – Nonformulary (nonpreferred) brand

Tier 3 drugs are brand-name drugs not included in the formulary. If you have a triple-tier benefit, you will pay the highest copayment for these drugs. If you have a closed (managed) formulary benefit, these drugs will not be covered. However, generic equivalents and similar drugs with generic equivalents or formulary (preferred) brand-name alternatives are available for many of these drugs. If you wish to know if it is possible to have your prescription changed to one of the products with a lower copayment, consult with your physician to see if a change is appropriate for you. Look for these drugs under “Tier 3 – Nonformulary (nonpreferred) brand” in this guide.



The following chart shows how the copayments work within each tier:

| Tier | Triple-tier plan | Two-tier closed (managed) formulary plan |
|--|-------------------|--|
| Tier 1 – Generic | Lowest copayment | Lower copayment |
| Tier 2 – Formulary (preferred) brand | Higher copayment | Higher copayment |
| Tier 3 – Nonformulary (nonpreferred) brand | Highest copayment | Not covered* |

* Not covered without medical necessity authorization

Understanding your prescription drug benefit

BCBSM drug plans do not cover certain types of medications and medical supplies, including:

- Drugs used for experimental or investigational purposes
- Cosmetic drugs
- Vaccines given solely to resist infectious diseases
- Therapeutic devices and appliances, such as asthma devices (These may be available under your medical coverage.)

Note: BCBSM may provide coverage for a few select over-the-counter medications with a prescription as a first-step treatment for members who have drug plans with prior authorization and step therapy or for members enrolled in our Pharmacy Initiative program. These OTC medications are included on the *BCBSM Custom Formulary* and are covered at the appropriate copayment amount.

Your drug plan may not cover nonformulary brand-name (Tier 3) drugs, contraceptive medications and certain health, habit and reproductive drugs. Please refer to your specific plan description for details.

Authorization and clinical criteria

BCBSM monitors the use of certain medications to ensure our members receive the most appropriate and cost-effective drug therapy. Prior authorization for these drugs means that certain clinical criteria must be met before coverage is provided. In the case of drugs requiring step therapy, for example, previous treatment with one or more formulary drugs may be required. Drugs that must meet clinical criteria are identified in the formulary list with (PA/ST). If your prescription drug plan requires prior authorization or step therapy, your physician can contact our pharmacy help desk to request prior authorization for these drugs.

The criteria for authorization are based on current medical information and the recommendations of the Blues' Pharmacy and Therapeutics Committee, a group of physicians, pharmacists and other experts. You may be required to pay the full cost of the drug if your physician does not obtain prior authorization.

When your doctor prescribes a brand-name drug that's nonformulary, requires prior authorization, or is not covered under your drug rider, it may not be a covered benefit. BCBSM 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.

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

Filling your prescription

There are two ways to fill your prescription:

- **At a retail pharmacy**

More than 2,300 retail pharmacies in Michigan and 60,000 retail pharmacies outside of Michigan participate with BCBSM. You may fill prescriptions at any participating pharmacy.

- **Mail order (home delivery)**

If you are enrolled in a mail order program, you can receive your prescriptions through one of our mail order vendors. The type of medication you take determines which mail order vendor you use:

- Specialty drugs should be ordered through Walgreens Specialty Pharmacy. Specialty drugs are prescription medications used to treat complex conditions and require special handling, administration or monitoring.
- All other drugs should be ordered through Medco.

If you have questions about which mail order vendor you should use to order your drug, or if you would like to request a mail order kit, please contact the Customer Service phone number on the back of your BCBSM ID card.

Formulary lists

The *BCBSM Custom Formulary Quick Guide for Members* includes commonly prescribed drugs. For a complete list of drugs included in *BCBSM's Custom Formulary*, visit our Web site at **bcbsm.com**. Click on *I am a Member*, then click on *Prescription Drugs* on the left navigation menu. From there, click on *Approved Drug Lists (Formularies)*.

Call if you need more information

If you have questions about your prescription drug benefit, please call the Blue Cross Blue Shield of Michigan Customer Service number on the back of your BCBSM ID card.



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Allergy, Asthma, and Respiratory

Tier 1 – Generic

Accolate (g) (QL)
 Accuneb (g)
 Alupent (g)
 Atrovent Nasal, Solution (g) (QL)
 Brethine (g)
 DuoNeb (g)
 Flonase (g) (QL)
 Intal Solution (g)
 Mucomyst (g)
 Nasalide (g)
 Nasarel (g)
 Proventil/Ventolin Solution, Tab (g)
 Pulmicort 0.25mg, 0.5mg/2ml (g)(QL)
 Uniphyl (g)
 Vospire ER (g)
 Xopenex 1.25mg/0.5ml (g)

Tier 2 – Formulary (preferred) Brand

Advair Diskus, HFA (QL)
 Alvesco (QL)
 Asmanex (QL)
 Atrovent Inhaler (QL)
 Azmacort
 Combivent (QL)
 Dulera (QL)
 Flovent HFA, Diskus (QL)
 Foradil (QL)
 Maxair Autohaler (QL)
 Nasacort AQ (PA/ST)
 Proair HFA
 Pulmicort 1mg/2ml, Flexhaler (QL)
 QVAR (QL)
 Serevent Diskus (QL)
 Singulair (QL)
 Spiriva (QL)
 Symbicort (QL)
 Theo-24
 Ventolin HFA

Tier 3 – Nonformulary (nonpreferred) Brand

Aerobid, M
 Beconase AQ (PA/ST) (QL)
 Brovana
 Nasonex (PA/ST) (QL)
 Omnaris (PA/ST) (QL)
 Performist
 Proventil HFA
 Rhinocort Aqua (PA/ST) (QL)
 Veramyst (PA/ST) (QL)
 Xopenex, HFA (QL)
 Zyflo, CR (QL)

Antidepressants

Tier 1 - Generic

Amoxapine(g)
 Anafranil (g)
 Celexa (g)
 Desyrel (g)
 Effexor, XR (g)

Elavil (g)
 Etrafon (g)
 Limbitrol, DS (g)
 Luvox (g)
 Maprotiline (g)
 Norpramin (g)
 Pamelor/Aventyl (g)
 Parnate (g)
 Paxil, CR (g)
 Prozac (g)
 Prozac Weekly (g) (QL)
 Remeron, Soltab (g)
 Serzone (g)
 Sarafem Pulvule (g)
 Sinequan/Adapin (g)
 Surmontil (g)
 Tofranil, PM (g)
 Venlafaxine ER (g)
 Vivactil (g)
 Wellbutrin, SR, XL (g)
 Zoloft (g)

(PA/ST) — Prior authorization or Step Therapy may be required

(g) — Drug is available as generic equivalent but is listed by its brand-name

(QL) — Quantity limits may apply

(s) — Specialty drug

(OTC) — Over-the-counter product may be covered as Tier 1 (generic) copayment.

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Tier 2 — Formulary (preferred) Brand

Lexapro (PA/ST)
Nardil
Surmontil 100mg

Tier 3 — Nonformulary (nonpreferred) Brand

Apленzin (PA/ST)
Cymbalta (PA/ST)
Emsam
Luvox CR (PA/ST)
Marplan
Oleptro (PA/ST)
Pexeva (PA/ST)
Pristiq (PA/ST)
Sarafem tablet

Antifungals

Tier 1 — Generic

Diflucan (g)
Grifulvin V Susp (g)
Lamisil Tabs (g)
Loprox all forms (g)
Lotrimin (g)
Lotrisone Cream, Lotion (g)
Monistat-Derm (g)
Mycelex Troche (g)
Mycostatin (g)
Nizoral all forms (g)
Nystatin w/Triamcinolone (g)
Penlac (g)
Spectazole (g)
Sporanox Caps (g)
Vfend (g)

Tier 2 — Formulary (preferred) Brand

Ancobon
Grifulvin V 500mg
Gris-Peg
Noxafil
Sporanox Solution

Tier 3 — Nonformulary (nonpreferred) Brand

CNL 8
Ertaczo
Exelderm Soln, Cream
Extina
Lamisil Granules
Mentax
Naftin
Oravig (QL)
Oxistat
Vusion
Xolegel, Corepak

Antihistamines and Decongestants

Tier 1 — Generic

Allegra, D-12h & 24h (g) (QL)
Astelin nasal spray (g) (QL)
Atarax, Vistaril (g)
Benadryl (g)
Bromfed, PD (g)
Claritin, D, Alavert (OTC) (g) OTC
Deconamine SR, Syrup (g)
Periactin (g)
Phenergan, VC (g)
Polaramine (g)
Rondec (g)
Rynatan, Suspension (g)
Tavist-RX (g)
Xyzal tabs (g) (QL)

Zyrtec, D (OTC) (g) OTC

Tier 2 — Formulary (preferred) Brand

Astepro Nasal Spray (QL)
Deconamine SR

Tier 3 — Nonformulary (nonpreferred) Brand

Allegra ODT (PA/ST)
Allegra Susp (PA/ST)
Clarinex, D (all) (PA/ST) (QL)
Patanase (QL)
Semprex-D
Xyzal solution

Anti-infectives

Tier 1 — Generic

Adoxa (g)
Amoxil (g)
Ampicillin (g)
Augmentin, ES, XR (g)
Bactrim, DS/Septra, DS (g)
Biaxin, XL (g)
Ceclor, ER (g)
Ceftin (g)
Cefzil (g)
Cipro, XR (g)
Cleocin (g)
Dicloxacillin (g)
Doryx (g)
Duricef (g)
Erythromycin (g)
Erythromycin Stearate, Base (g)
Floxin (g)
Hiprex, Urex (g)
Keflex (g)
Macrobid (g)
Macrodantin (g)
Mandelamine (g)
Minocin, Dynacin (g)
Monodox (g)
Neomycin (g)
Omnicef (g)
Pediazole (g)
Penicillin VK (g)
Periostat (g)
Pyridium (g)
Solodyn 45, 90, 135mg (g)
Spectracef (g)
Sulfadiazine (g)
Tetracycline (g)
Trimethoprim (g)
Vantin (g)
Vibramycin, Vibratabs (g)
Zithromax (g)

Tier 2 — Formulary (preferred) Brand

Avelox, ABC
TOBI (QL) (s)
Vancocin
Zyvox

Tier 3 — Nonformulary (nonpreferred) Brand

Adoxa 150mg, CK, TT
Cayston (PA/ST) (QL)
Cedax
Factive
Keflex 750mg
Ketek
Levaquin
Monurol
Moxatag

Noroxin
Oracea
Oraxyl
PCE
Proquin XR
Raniclor
Solodyn 55, 65, 80, 105, 115mg
Suprax
Xifaxan
Zmax

Bladder Control

Tier 1 — Generic

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

Tier 2 — Formulary (preferred) Brand

Detrol, LA

Tier 3 — Nonformulary (nonpreferred) Brand

Enablex
Gelnique (QL)
Oxytrol (QL)
Sanctura XR
Toviaz (QL)
Vesicare

Cardiovascular (Heart and High Blood Pressure)

Tier 1 — Generic

Accupril/Accuretic (g)
Aceon (g)
Agrylin (g)
Aldactone/Aldactazide (g)
Aldomet/Aldoril (g)
Altace capsules (g)
Amicar (g)
Betapace, AF (g)
Blocadren (g)
Bumex (g)
Calan/Isoprin, SR (g)
Capoten/Capozide (g)
Cardene (g)
Cardizem, CD, SR (g)
Cardizem LA (g) [except 120mg]
Cardura (g)
Catapres, TTS (g)
Cordarone (g)
Coreg (g)
Corgard (g)
Cozaar/Hyzaar (g)
Corzide (g)
Coumadin (g)
Demadex (g)
Diamox, Sequels (g)
Digoxin Tabs, Elixir (g)
Diuril (g)
Dynacirc (g)
Heparin (g) (s)
Hygroton, Thalitone (g)
Hytrin (g)
Inderal, LA/Inderide (g)
Inspra (g)
Ismo/Imdur (g)
Isordil (g)

Kerlone (g)
Lasix (g)
Lopressor, HCT (g)
Lotensin, HCT (g)
Lotrel (g)
Lovenox (g) (s)
Lozol (g)
Mavik (g)
Maxzide/Dyazide (g)
Mexitil (g)
Microzide, Hydrodiuril (g)
Midamor (g)
Minipress (g)
Moduretic (g)
Monopril, HCT (g)
Nitroglycerin Oral, Patch (g)
Normodyne (g)
Norpace (g)
Norvasc (g)
Persantine (g)
Pindolol (g)
Plendil (g)
Pletal (g)
Prinivil/Zestril (g)
Prinzide/Zestoretic (g)
Proamatine (g)
Procardia, XL/Adalat CC (g)
Pronestyl, SR (g)
Quinidex (g)
Quinidine Gluconate SA (g)
Reserpine (g)
Rythmol, SR (g)
Sectral (g)
Sular (g)
Tambocor (g)
Tarka (g)
Tenormin/Tenoretic (g)
Tenex (g)
Tiazac (g)
Ticlid (g)
Toprol XL (g)
Trental (g)
Univasc/Uniretic (g)
Vasotec/Vaseretic (g)
Verelan, PM (g)
Zaroxolyn (g)
Zebeta (g)
Ziac (g)

Tier 2 — Formulary (preferred) Brand

Benicar, HCT (PA/ST)
Bidil
Covera-HS
Edecrin
Effient
Dilatrate-SR
Dyrenium
Mephyton
Multaq (QL)
Nitro-Bid
Nitrolingual spray
Nitromist
Nitrostat
Norpace CR
Plavix
Tikosyn

Tier 3 — Nonformulary (nonpreferred) Brand

Aggrenox
Altace Tabs
Arixtra (s)

(PA/ST) — Prior authorization or Step Therapy may be required

(g) — Drug is available as generic equivalent but is listed by its brand-name

(QL) — Quantity limits may apply

(s) — Specialty drug

(OTC) — Over-the-counter product may be covered as Tier 1 (generic) copayment.

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Atacand, HCT (PA/ST)
Avapro/Avalide (PA/ST)
Azor
Bystolic (PA/ST)
Caduet (QL)
Cardene SR
Cardizem LA 120mg
Coreg CR
Diovan, HCT (PA/ST)
Dynacirc CR
Exforge, HCT
Fragmin (s)
Innohep (s)
Innopran XL
Levatol
Micardis, HCT (PA/ST)
Ranexa
Tekamlo (QL)
Tekturna, HCT (PA/ST)
Teveten, HCT (PA/ST)
Tribenzor (QL)
Twynsta
Valturna

Central Nervous System

Tier 1 – Generic

Adderall, XR (g)
Aricept, ODT (g)
Clozaril (g)
Desoxyn (g)
Dexedrine (g)
Eskalith, CR/Lithobid (g)
Exelon (g)
Focalin (g)
Haldol (g)
Lithium Citrate (g)
Loxitane (g)
Mellaril (g)
Methylin Solution, ER (g)
Navane (g)
Nimotop (g)
Perphenazine (g)
Prolixin (g)
Razadyne, ER, Solution (g)
Risperdal, M-tab (g)
Ritalin, SR (g)
Stelazine (g)
Thorazine (g)

Tier 2 – Formulary (preferred) Brand

Abilify, Discmelt, Solution
Concerta
Geodon
Metadate CD
Namenda, Solution
Orap
Provigil (QL)
Rilutek
Seroquel
Zyprexa, Zydis

Tier 3 – Nonformulary (nonpreferred) Brand

Aricept 23mg (PA/ST) (QL)
Cognex
Daytrana
Fanapt
Fazaclo
Focalin XR
Intuniv (PA/ST) (QL)
Invega (QL)
Methylin Chew

Nuvigil (QL)
Procentra
Ritalin LA
Saphris (QL)
Savella (PA/ST) (QL)
Seroquel XR (QL)
Strattera
Symbyax
Vyvanse (PA/ST)
Xyrem (PA/ST) (QL)

Cholesterol – Lowering

Tier 1 – Generics

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

Tier 2 – Formulary (preferred) Brand

Crestor (PA/ST) (QL)
Niaspan
Tricor
Welchol
Zetia (PA/ST) (QL)

Tier 3 – Nonformulary (nonpreferred) Brand

Advicor (PA/ST)
Altoprev (PA/ST) (QL)
Antara
Caduet (QL)
Colestid Flavored
Fenoglide
Lescol, XL (PA/ST) (QL)
Lipitor (PA/ST) (QL)
Lipofen
Livalo (PA/ST)
Lovaza
Simcor (PA/ST)
Triglide
Trilipix (PA/ST)
Vytorin (PA/ST) (QL)

Diabetes Treatment

Tier 1 – Generic

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

Tier 2 – Formulary (preferred) Brand

Actoplus Met
Actos
Apidra
Duetact
Insulin (all)
Janumet
Januvia (QL)
Lantus
Levemir
Prandin

Tier 3 – Nonformulary (nonpreferred) Brand

Actoplus Met XR
Avandamet
Avandaryl
Avandia
Byetta (PA/ST) (QL)
Fortamet
Glumetza
Glyset
Onglyza (QL)
Prandimet
Riomet
Symlin
Victoza (PA/ST) (QL)

Gastrointestinal Agents

Tier 1 – Generic

Axid (g)
Carafate Tabs, Susp (g)
Cytotec (g)
Pepcid (g)
Prevacid, Solutab (g)
Prilosec (g)
Prilosec (OTC) (g) OTC
Protonix (g)
Tagamet (g)
Zantac (g)
Zegerid Caps (g)

Tier 2 – Formulary (preferred) Brand

Helidac
Prevpac

Tier 3 – Nonformulary (nonpreferred) Brand

Aciphex (PA/ST)
Dexilant (PA/ST)
Nexium (PA/ST)
Prilosec Suspension
Protonix Suspension
Pylera
Vimovo (PA/ST) (QL)
Zantac Efferdose
Zegerid Packet (PA/ST)

Hormones and Birth Control

Tier 1 – Generic

Activella 1-0.5mg (g)
Alesse, Levlite (g)
Androxy 10mg (g)
Aygestin (g)
Climara (QL)
Cyclessa (g)
Danocrine (g)
Demulen (g)
Depo Provera 150mg (g)
Depo-Testosterone (g)
Desogen, Ortho-Cept (g)
Estrace (g)
Estratest, HS (g)
Estrastep Fe (g)
Femhrt 1mg-5mcg (g)
Lo/Ovral (g)
Loestrin, Fe (g)
Mircette (g)
Modicon (g)
Necon 10/11 (g)
Nordette, Levlite (g)
Norinyl, Ortho-Novum - 1/35, 1/50 (g)
Ogen, Ortho-Est (g)
Ortho Micronor, Nor-QD (g)

Ortho Tri-Cyclen (g)
Ortho-Cyclen (g)
Ortho-Novum 7/7/7 (g)
Ovcon-35 (g)
Ovral (g)
Oxandrin (g) (PA/ST)
Plan B (g)
Progesterone in oil (g)
Provera (g)
Seasonale (g) (QL)
Tri-Norinyl (g)
Triphasil, Trileven (g)
Vivelle (g) (QL)
Yasmin (g)
Yaz (g)

Tier 2 – Formulary (preferred) Brand

Alora (QL)
Androderm (QL)
Crinone
Delatestryl
Depo-SubQ Provera 104
Endometrin
Estraderm (QL)
Estring (QL)
Femhrt
Lybrel
Ortho Evra (QL)
Ortho Tri-Cyclen Lo
Premarin, Low Dose
Premarin Cream
Premphease
Prempo, Low Dose
Prochieve
Prometrium
Vivelle-DOT (QL)

Tier 3 – Nonformulary (nonpreferred) Brand

Activella 0.5/0.1mg
Anadrol-50 (PA/ST)
Androgel (QL)
Angeliq
Beyaz
Cenestin
Climara Pro (QL)
Combipatch (QL)
Divigel (QL)
Elestrin
Ella (QL)
Enjuvia
Estrace Vaginal Cream
Estrasorb (QL)
EstroGel (QL)
Evamist
Femcon Fe
Femring (QL)
Femtrace
Loestrin 24 Fe
Loseasonique (QL)
Menest
Menostar (QL)
Methitest, Testred, Android
Natazia
Nuvaring (QL)
Ortho-Prefest

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Ovcon-50, Fe
Plan B One-Step
Safyral
Seasonique (QL)
Striant (QL)
Testim (QL)
Vagifem

Migraine

Tier 1 — Generics

Amerge (g) (QL)
Bupap (g)
Cafergot (g)
D.H.E. 45 (g)
Fioricet/Esgic, Plus (g)
Fiorinal, w/ codeine (g)
Imitrex Tab, Injection, Spray (g) (QL)
Midrin (g)
Phrenilin (g)
Stadol NS (g)
Zebutal (g)

Tier 2 — Formulary (preferred) Brand

Ergomar
Maxalt, MLT (PA/ST) (QL)
Migranal (QL)
Phrenilin Forte

Tier 3 — Nonformulary (nonpreferred) Brand

Alsuma (PA/ST) (QL)
Axert (PA/ST) (QL)
Cambia (QL)
Frova (PA/ST) (QL)
Relpax (PA/ST) (QL)
Sumavel Dosepro (PA/ST) (QL)
Treximet (PA/ST) (QL)
Zomig, ZMT, Nasal Spray (PA/ST) (QL)

Osteoporosis

Tier 1 — Generics

Didronel (g) (QL)
Estrogens (See Hormones and Birth Control)
Fosamax, Weekly (g) (QL)
Miacalcin nasal spray, Fortical (g)

Tier 2 — Formulary (preferred) Brand

Actonel, Weekly, Plus Calcium (PA/ST) (QL)
Estrogens (See Hormones and Birth Control)

Evista
Miacalcin injection

Tier 3 — Nonformulary (nonpreferred) Brand

Boniva (PA/ST) (QL)
Forteo (PA/ST) (QL) (s)
Fosamax Plus D (QL)

Pain and Arthritis (anti-inflammatory)

Tier 1 — Generics

Anaprox, DS (g)
Ansaid (g)
Cataflam (g)
Clinoril (g)
Daypro (g)
Feldene (g)
Indocin, SR (g)
Ketoprofen (g)
Lodine, XL (g)
Meclomen (g)

Mobic (g)
Motrin (g)
Naprosyn, EC (g)
Ponstel (g)
Relafen (g)
Tolectin, DS (g)
Toradol (g) (QL)
Voltaren, XR (g)

Tier 2 — Formulary (preferred) Brand

Indocin supp

Tier 3 — Nonformulary (nonpreferred) Brand

Arthrotec
Cambia (QL)
Celebrex (PA/ST)
Flector (PA/ST)
Naprelan, CR
Pennsaid 1.5% topical solution (PA/ST) (QL)
Prevacid Naprapac
Vimovo (PA/ST) (QL)
Voltaren Gel (PA/ST) (QL)
Zipsor

Sleep and Anxiety

Tier 1 — Generic

Ambien, CR (g) (QL)
Ativan (g)
Buspar (g)
Chloral hydrate (g)
Dalmane (g) (QL)
Halcion (g) (QL)
Librium (g)
Miltown, Equanil (g)
Niravam (g)
ProSom (g) (QL)
Restoril (g) (QL)
Serax (g)
Sonata (g) (QL)
Tranxene (g)
Valium (g)
Xanax, XR (g)

Tier 2 — Formulary (preferred) Brand

None

Tier 3 — Nonformulary (nonpreferred) Brand

Butisol Sodium
Doral (QL)
Edluar (PA/ST) (QL)
Lunesta (PA/ST) (QL)
Rozerem (PA/ST) (QL)
Silenor (PA/ST)
Tranxene SD
Xyrem (QL)
Zolpimist (PA/ST)

Additional Tier 3 — Nonformulary (nonpreferred) Brand

Acuvail
Aczone
Akne-Mycin
Alamast
Alrex
Altanax
Amitiza (PA/ST)
Ampyra (PA/ST) (QL) (s)
Amrix
Anzemet
Apexicon E Cream
Apriso
Aranesp (PA/ST) (s)
Armour Thyroid
Avinza
Azasite
Azelex
Azilect
Benzacilin
Benzashave, Brevoxyl-4,8 Pack
Bepreve
Besivance
Betaseron (PA/ST) (s)
Betimol
Butrans (PA/ST) (QL)
Carac
Carbatrol
Cardura XL
Carmol HC
Cesamet
Cimzia Syringe (PA/ST) (s)
Clarifoam EF
Clinac BPO
Clobex
Combigan
Cultivate Lotion
Denavir
Depen
Derma-Smoothe/FS
Desonate
Dipentum
Duac CS
Durezol
Edex (QL)
Efudex Occlusion
Elestat
Emadine
Embeda (QL)
Entocort EC
Epiduo
Epogen (PA/ST) (s)
Equetro
Exalgo (PA/ST) (QL)
Extavia (s)
Fentora (PA/ST)
Fexmid
Finacea
Gilenya (PA/ST) (QL) (s)
Halog
Humatrope (PA/ST) (s)
Increlex (PA/ST) (s)
Iopidine Droperette
Iquix
Jalyn (QL)
Kadian
Keppra XR
Kineret (PA/ST) (s)
Lamictal ODT, XR
Levitra (QL)
Lialda
Lidoderm Patch
Locoid Lipocream, Lotion
Lotemax
Lotronex (PA/ST)
Luxiq
Lyrica (PA/ST)
Magnacet
Maxidex
Metozolv ODT
Mirapex ER (PA/ST) (QL)
Neulasta (QL) (s)
Nevanac
Nicotrol, NS
Norditropin (PA/ST) (s)
Noritate
Nucynta (QL)
Olux-E
Omnitrope (PA/ST) (s)
Onsolis (PA/ST) (QL)
Opana ER
Orapred ODT
Oxycontin
Pandel
Pataday
Peranex HC
Pramosone Lotion, Ointment, Cream
Pred-G
Protoppic
Rapaflo (QL)
Regranex
Requip XL
Rosula Foam
Rybix ODT
Ryzolt
Saizen (PA/ST) (s)
Sancuso (PA/ST) (QL)
Serostim (PA/ST) (s)
Simponi (PA/ST) (s)
Solaraze
Staxyn (QL)
Taclonex, Scalp
Targretin Gel (s)
Tasmar
Tev-Tropin (PA/ST) (s)
Tirosint
Ultram ER 300mg
Ultravate PAC
Vanos Cream
Vectical
Verdeso
Veregen
Xenical
Xerese
Xibrom
Xodol
Zanaflex caps
Zelapar
Ziana Gel
Zorbitive (PA/ST) (s)
Zuplenz (PA/ST)
Zyclara (QL)
Zydene
Zylet
Zymar
Zymaxid

(PA/ST) — Prior authorization or Step Therapy may be required

(g) — Drug is available as generic equivalent but is listed by its brand-name

(QL) — Quantity limits may apply

(s) — Specialty drug

(OTC) — Over-the-counter product may be covered as Tier 1 (generic) copayment.

Should a Tier 2 formulary (preferred) brand-name drug lose its patent and generic versions become available, the generic versions are added to Tier 1 and the brand version may become a Tier 3 nonformulary (nonpreferred) brand.



**Blue Cross
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of Michigan

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