

Preferred Drug List (Effective July 2009)

Antihistamines and Decongestants

BlueCaid Preferred

Astelin nasal spray
 Cetirizine - Zyrtec (OTC) (g)
 Cyproheptadine - Periactin (g)
 Diphenhydramine - Benadryl (g)
 Hydroxyzine - Atarax; Vistaril (g)
 Loratadine - Claritin (OTC) (g)
 P-ephed/Cetirizine - Zyrtec-D (OTC) (g)
 P-ephed/Loratadine - Claritin-D (OTC) (g)
 Promethazine - Phenergan (g)

Prior Authorization Required

Allegra (g), D, Susp

Anti-Infectives

BlueCaid Preferred

Amox Tri/Potassium Clavulanate - Augmentin, ES (g)
 Amoxicillin - Amoxil (g)
 Azithromycin - Zithromax (g)
 Cefaclor - Ceclor, CD (g)
 Cefdinir - Omnicef (g)
 Cefpodoxime - Vantin (g)
 Cefprozil - Cefzil (g)
 Cefuroxime - Ceftin (g)
 Cephalixin Monohydrate - Keflex (g)
 Ciprofloxacin - Cipro, XR (g)
 Clarithromycin - Biaxin, XL (g)
 Clindamycin - Cleocin (g)
 Dicloxacillin (g)
 Doxycycline Hyclate - Vibramycin (g)
 Doxycycline Monohydrate - Monodox (g)
 Erythromycin/Sulfisoxazole - Pediazole (g)
 Erythromycin (g)
 Levaquin
 Minocycline - Minocin; Dynacin (g)
 Ofloxacin - Floxin (g)
 Penicillin V (g)
 Sulfamethoxazole/Trimethoprim - Bactrim; Septra (g)
 Tetracycline - Sumycin (g)

Prior Authorization Required

Augmentin XR; Avelox; Cedax;
 Erythromycin Filmtab; Factive; Ketek;
 Maxaquin; Noroxin; PCE; Proquin XR;
 Suprax; ZMax

Antivirals - Herpes

BlueCaid Preferred

Acyclovir - Zovirax (g)
 Famciclovir - Famvir (g)

Prior Authorization Required

Valtrex

Cardiovascular - ACE Inhibitor

BlueCaid Preferred

Benazepril, HCTZ - Lotensin, HCT (g)
 Captopril - Capoten (g)
 Captopril/HCTZ - Capozide (g)
 Enalapril - Vasotec (g)
 Enalapril/HCTZ - Vaseretic (g)
 Fosinopril - Monopril, HCT (g)
 Lisinopril - Prinivil; Zestril (g)
 Lisinopril/HCTZ - Prinzide; Zestoretic (g)

Cardiovascular - ACE Inhibitor (continued)

BlueCaid Preferred (continued)

Moexipril - Univasc (g)
 Moexipril/HCTZ - Uniretic (g)
 Quinapril, HCTZ - Accupril, Accuretic (g)
 Ramipril (capsules) - Altace (g)
 Trandolapril - Mavik (g)

Cardiovascular - Angiotensin Receptor Blocker

BlueCaid Preferred

Cozaar
 Hyzaar

Prior Authorization Required

Atacand, HCT; Avalide; Avapro; Azor
 Benicar, HCT; Diovan, HCT; Exforge;
 Micardis, HCT; Teveten, HCT

Cardiovascular - Beta Blocker

BlueCaid Preferred

Acebutolol - Sectral (g)
 Atenolol - Tenormin (g)
 Atenolol/Chlorthalidone - Tenoretic (g)
 Bisoprolol Fumarate - Zebeta (g)
 Bisoprolol Fumarate/HCTZ - Ziac (g)
 Carvedilol - Coreg (g)
 Labetalol - Normodyne (g)
 Metoprolol, HCTZ - Lopressor, HCT (g)
 Metoprolol - Toprol XL (g)
 Nadolol - Corgard (g)
 Pindolol - Visken (g)
 Propranolol - Inderal, LA (g)
 Propranolol/HCTZ - Inderide (g)
 Sotalol - Betapace, AF (g)
 Timolol Maleate - Blocadren (g)

Cardiovascular - Calcium Channel Blocker

BlueCaid Preferred

Amlodipine - Norvasc (g)
 Amlodipine/Benazepril - Lotrel (g)
 Diltiazem - Cardizem CD, SR; Dilacor XR; Tiazac (g)
 Felodipine - Plendil (g)
 Isradipine - Dynacirc (g)
 Nifedipine - Adalat CC; Procardia, XL (g)
 Nicardipine - Cardene (g)
 Verapamil - Calan, SR; Isoptin, SR; Verelan, PM (g)

Prior Authorization Required

Azor; Dynacirc CR; Lotrel 10/40, 5/40; Tarka; Exforge

Cardiovascular - Miscellaneous

BlueCaid Preferred

Amiodarone - Cordarone (g)
 Cilostazol - Pletal (g)
 Clonidine - Catapres (g)
 Digoxin (g)
 Dipyridamole - Persantine (g)
 Isosorbide Dinitrate - Isordil (g)
 Isosorbide Mononitrate - Ismo; Monoket; Imdur (g)

Cardiovascular - Miscellaneous (continued)

BlueCaid Preferred (continued)

Lovenox
 Nitroglycerin (g)
 Plavix
 Ticlopidine - Ticlid (g)
 Warfarin Sodium - Coumadin (g)

Prior Authorization Required

Tekturma, HCT

Central Nervous System - Miscellaneous

BlueCaid Preferred

Aricept, ODT
 Namenda
 Razadyne, ER (g)

Diabetes

BlueCaid Preferred

Acarbose - Precose (g)
 Glimepiride - Amaryl (g)
 Glipizide - Glucotrol, XL (g)
 Glipizide/Metformin - Metaglip (g)
 Glyburide - Diabeta; Micronase (g)
 Glyburide micronized - Glynase (g)
 Glyburide/Metformin - Glucovance (g)
 Humalog, Mix (vials, pen & cartridges)
 Humulin, Mix (vials, pen & cartridges)
 Lantus
 Metformin - Glucophage, XR (g)
 Novolin, Mix (vials, pen & cartridges)
 Novolog, Mix (vials, pen & cartridges)
 Supplies (strips, lancets, syringes)

Prior Authorization Required

Actos; Avandia; Actoplus Met; Avandamet; Avandaryl; Byetta; Duetact; Glumetza; Glyset; Janumet; Januvia; Prandin; Starlix; Symlin

Gastrointestinal Agents

BlueCaid Preferred

Cimetidine - Tagamet (g)
 Famotidine - Pepcid (g)
 Metoclopramide - Reglan (g)
 Misoprostol - Cytotec (g)
 Nizatidine - Axid (g)
 Omeprazole - Prilosec; Prilosec OTC (g)
 Pantoprazole - Protonix (g)
 Ranitidine - Zantac (g)
 Sucralfate - Carafate tablets (g)

Prior Authorization Required

Aciphex; Nexium; Prevacid; Zegerid

Cholesterol Lowering

BlueCaid Preferred

Cholestyramine - Questran, Light (g)
 Colestipol - Colestid (g)
 Fenofibrate - Lofibra (g)
 Gemfibrozil - Lopid (g)
 Lovastatin - Mevacor (g)
 Pravastatin - Pravachol (g)
 Simvastatin - Zocor (g)
 Zetia

Prior Authorization Required

Advicor; Altoprev; Caduet; Crestor; Lescol, XL; Lipitor; Simcor; Vytorin

Hormones - Contraceptive

BlueCaid Preferred

Desogestrel-EE - Cyclessa, Desogen, Ortho-Cept (g)
 Desogestrel EE - Mircette (g)
 Estrostep FE (g)
 Ethynodiol D-EE - Demulen (g)
 Levonorgestrel-EE - Alesse, Levlite (g)
 Levonorgestrel-EE - Nordette; Levlon (g)
 Levonorgestrel-EE - Seasonale (g)
 Levonorgestrel-EE - Triphasil; Tri-Levlen (g)
 Medroxyprogesterone Acet - Depo-Provera (150mg) (g)
 Noreth-A-EE/FE fumarate - Loestrin, FE (g)
 Norethindrone Acetate - Aygestin (g)
 Norethindrone - Ortho Micronor; Nor-QD (g)
 Norethindrone-EE - Modicon (g)
 Norinyl, Ortho-Novum (g)
 Ovcon-35 (g)
 Tri-Norinyl (g)
 Norgestimate-EE - Ortho Cyclen (g)
 Norgestimate-EE - Ortho Tri-Cyclen (g)
 Norgestrel-EE - Lo/Ovral (g)
 Nuvaring
 Ortho Evra
 Ortho Tri-Cyclen Lo
 Drospirenone-EE - Yasmin (g)

Prior Authorization Required

Femcon FE; Loestrin 24 FE; Ovcon-50; Seasonique; Yaz

Hormones - Miscellaneous

BlueCaid Preferred

Alora
 Crinone
 Depo-SubQ Provera 104
 Estraderm
 Estradiol - Climara (g)
 Estradiol - Estrace (g)
 Estradiol - Vivelle, Vivelle-DOT (g)
 Estring
 Estrogen, Ester/Me-Testosterone - Syntest, DS & HS (g)
 Estropipate - Ogen; Ortho-Est (g)
 Medroxyprogesterone Acet - Provera (g)
 Me-testosterone/Estrogen, Ester - Estratest, HS (g)
 Premarin, Low Dose
 Prempro, Low Dose
 Prometrium

Prior Authorization Required

Angeliq; Cenestin; Climara Pro; Combipatch; Estrogel; FemHRT; Menest; Menostar; Ortho-Prefest; Premphase

Preferred Drug List (Effective July 2009)

Migraine

BlueCaid Preferred

Imitrex injection, nasal spray, tablets (g)

Prior Authorization Required

Amerge; Axert; Frova; Maxalt, MLT; Relpax; Zomig, ZMT, nasal spray

Muscle Relaxants

BlueCaid Preferred

Baclofen - Lioresal (g)
Chlorzoxazone - Parafon Forte (g)
Cyclobenzaprine - Flexeril (g)
Dantrolene - Dantrium (g)
Methocarbamol - Robaxin (g)
Orphenadrine Citrate - Norflex (g)
Orphenadrine/Aspirin/Caffeine - Norgesic Forte (g)

Prior Authorization Required

Skelaxin

Ophthalmics – Anti-Infectives

BlueCaid Preferred

Ciprofloxacin - Ciloxan (g)
Ofloxacin - Ocuflax (g)
Polymyxin B Sulfate (g)
Polymyxin B Sulfate/TMP - Polytrim (g)
Tobradex (g)
Tobramycin Sulfate - Tobrex (g)

Prior Authorization Required

Quixin; Vigamox; Zymar

Ophthalmics – Glaucoma

BlueCaid Preferred

Alphagan P
Azopt
Brimonidine - Alphagan (g)
Cosopt (g)
Dipivefrin - Propine (g)
Levobunolol - Betagan (g)
Lumigan
Pilocarpine - Isopto Carpine (g)
Timolol Maleate - Timoptic, XE (g)
Trusopt (g)
Xalatan

Prior Authorization Required

Betimol; Betoptic S; Humorsol; Iopidine; Isopto Carbachol; Miochol-E; Miostat; Phospholine Iodide; Travatan

Osteoporosis

BlueCaid Preferred

Alendronate - Fosamax, Weekly (g)
Etidronate - Didronel (g)
Evista
Miacalcin (g)

Prior Authorization Required

Actonel, Weekly, with Calcium; Boniva; Fortical

Over-the-Counter Meds

(prescription required for coverage)

BlueCaid Preferred

Acetaminophen - Tylenol (g)
Aluminum hydroxide (g)
Aguasol E (g)
Artificial Tears (g)
Aspirin & Enteric-Coated Aspirin
Bacitracin (g)
Bacitracin/Polymyxin (g)

Over-the-Counter Meds

(prescription required for coverage)
(continued)

BlueCaid Preferred (continued)

Betadine (g)
Bisacodyl - Dulcolax (g)
Buffered Aspirin (Bufferin) (g)
Calcium Carbonate (g)
Chlorpheniramine - Chlor-Trimeton (g)
Cimetidine - Tagamet HB (g)
Clotrimazole - Lotrimin - Mycelex (g)
Condoms (g)
Corticaine (g)
Diphenhydramine - Benadryl (g)
Docusate Sodium - Colace (g)
Famotidine - Pepcid AC (g)
Ferrous Gluconate (g)
Ferrous Sulfate (g)
Fleet's Enema (g)
Hydrocortisone (g)
Loperamide - Imodium (g)
Ibuprofen - Motrin (g)
Kaolin Pectin (g)
Kaopectate (g)
Lice B Gone (g)
Meclizine - Dramamine II (g)
Miconazole 3 & 7 - Monistat (g)
Mineral Oil Enema (g)
Neomy Sulf/Bacitra/Polymyxin B - Neosporin (g)
Nephazoline/Phenir Mal - Visine A (g)
Niacin (g)
Nonoxonyl 9 - Conceptrol, Delfen, Emko, Encare, Gyn (g)
Povidone-Iodine (g)
Pyrethrin (RID) (g)
Tioconazole - Vagistat-1 (g)
Today Sponge

Pain and Arthritis

BlueCaid Preferred

Codeine (g)
Codeine/Acetaminophen - Tylenol #3 (g)
Diclofenac Sodium - Voltaren (g)
Etodolac - Lodine, XL (g)
Fentanyl - Duragesic (g)
Hydrocodone /Acetaminophen - Vicodin, ES (g)
Ibuprofen - Motrin (g)
Ibuprofen/Hydrocodone - Vicoprofen (g)
Indomethacin - Indocin (g)
Ketoprofen - Orudis; Oruvail (g)
Mefenamic Acid - Ponstel (g)
Meloxicam - Mobic (g)
Morphine Sulfate IR (g)
Morphine Sulfate SR - MS Contin; Oramorph SR (g)
Nabumetone - Relafen (g)
Naproxen Sulfate - Naprosyn (g)
Oxaprozin - Daypro (g)
Oxycodone/Acetaminophen - Percocet (g)
Oxycodone/Aspirin - Percodan (g)
Piroxicam - Feldene (g)
Propoxyphene - Darvon (g)
Propoxyphene/Acetaminophen - Darvocet (g)
Tramadol - Ultram (g)
Tramadol/Acetaminophen - Ultracet (g)

Pain and Arthritis (continued)

Prior Authorization Required

Arthrotec; Avinza; Celebrex; Fentanyl Citrate - Actiq (g); Fentora; Kadian; Naprelan; Oxycontin; Prevacid NapraPAC

Respiratory-Inhaled Beta Agonist

BlueCaid Preferred

Albuterol Soln - Accuneb (g)
Metaproterenol Soln - Alupent (g)
ProAir HFA
Proventil HFA
Serevent Diskus
Ventolin HFA

Prior Authorization Required

Foradil; Maxair autohaler; Xopenex, HFA

Respiratory-Inhaled Steroid

BlueCaid Preferred

Flovent HFA
Pulmicort, Respules
QVAR

Prior Authorization Required

Aerobid, M; Asmanex; Alvesco

Respiratory-Intranasal Steroid

BlueCaid Preferred

Flunisolide nasal spray - Nasalide (g), Nasarel (g)
Fluticasone Propionate - Flonase (g)

Prior Authorization Required

Beconase AQ; Nasacort AQ; Nasonex; Omnaris; Rhinocort Aqua; Veramyst

Respiratory-Miscellaneous

BlueCaid Preferred

Accolate
Acetylcysteine - Mucomyst (g)
Advair Diskus, HFA
Albuterol Sulfate - Vospire ER (g)
Atrovent Inhaler
Combivent
Cromolyn Sodium - Intal solution (g)
Intal Inhaler
Ipratropium Bromide - Atrovent solution, nasal (g)
Singulair
Spiriva

Prior Authorization Required

Symbicort; Zflo CR

Smoking Cessation

Smoking cessation product coverage is limited to three months every 12 months.

BlueCaid Preferred

OTC nicotine gum, patch, and lozenge (g)
Zyban (g)

Prior Authorization Required

Chantix

Topical Steroids

BlueCaid Preferred

Alclometasone Dipropionate - Aclovaate (g)
Aminonide - Cyclocort (g)

Topical Steroids (continued)

BlueCaid Preferred (continued)

Betamethasone Dipropionate - Diprolene, AF; Diprosone (g)
Betamethasone Valerate - Valisone (g)
Clobetasol - Clobevate (g)
Clobetasol Propionate - Temovate, Olux (g)
Desonide - Desowen; Tridesilon (g)
Desoximetasone - Topicort (g)
Diflorasone Diacetate - Florone; Psorcon, E (g)
Fluocinolone Acetonide - Synalar (g)
Fluocinonide - Lidex, Lindane (g)
Fluticasone Propionate - Cutivate (g)
Halobetasol Propionate - Ultravate (g)
Hydrocortisone Butyrate - Locoid (g)
Hydrocortisone (g)
Mometasone Furoate - Elocon (g)
Prednicarbate - Dermatop (g)
Triamcinolone Acetonide - Aristocort, Kenolog (g)

Prior Authorization Required

Cloderm; Cordran; Halog; Locoid Lipocream; Luxiq; Olux E; Pandel

Urologic – Benign Prostatic Hypertrophy

BlueCaid Preferred

Doxazosin Mesylate - Cardura (g)
Finasteride - Proscar (g)
Terazosin - Hytrin (g)

Prior Authorization Required

Avodart; Cardura XL; Flomax; Uroxatral

Urologic – Urinary Incontinence

BlueCaid Preferred

Oxybutynin Chloride - Ditropan, XL (g)
Prior Authorization Required
Detrol, LA; Enablex; Oxytrol; Sanctura, XR; Vesicare

Psychotropic and HIV/AIDS Drugs

Coverage for these agents is based on the Michigan Department of Community Health criteria. Please refer to the First Health Services Corporation web site for additional information:

michigan.fhsc.com/providers/druginfo.asp

Some drugs require authorization before BlueCaid covers them. Both your doctor and BlueCaid must agree that the drug is medically necessary based on your condition.

(g) - BlueCaid provides coverage for the generic equivalent

BlueCaid Customer Service 800-228-8554

TTY users call 800-649-3777

MiBCN.com/BlueCaid

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