



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 approved by the Food and Drug Administration that your doctor refers to when prescribing your medications.

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 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 brand” in this guide.

Tier 3 – Nonformulary 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 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 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 brand	Higher copayment	Higher copayment
Tier 3 – Nonformulary 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) or (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 57,000 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 OptionCare. 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

Accuneb (g)
Alupent Solution, Syrup, Tab (g)
Atrovent Nasal, Solution (g)
Brethine (g)
DuoNeb (g)
Flonase (g)
Nasalide (g)
Nasarel (g)
Intal Solution (g)
Mucomyst (g)
Proventil/Ventolin Solution, Tab (g)
Uniphyl (g)
Vospire ER (g)

Tier 2 – Formulary brand

Accolate (QL)
Advair Diskus, HFA
Asmanex
Astelin
Atrovent Inhaler
Azmacort
Combivent
Flovent Inhaler
Foradil
Intal Inhaler
Maxair Autohaler
Nasacort AQ (ST)
Proair Inhaler
Proventil Inhaler
Pulmicort, Respules
Pulmozyme (s)
QVAR
Serevent Diskus
Singular (PA) (QL)
Spiriva
Symbicort
Theo-24
Ventolin HFA

Tier 3 – Nonformulary brand

Aerobid, M
Alvesco
Beconase AQ (ST)
Brovana
Nasonex (ST)
Omnaris (ST)
Perforomist
Quibron-T
Rhinocort Aqua (ST)
Veramyst (ST)
Xopenex, HFA
Zyflo, CR (QL)

Antidepressants

Tier 1 – Generic

Anafranil (g)
Asendin (g)
Celexa (g)
Desyrel (g)
Effexor (g)
Elavil (g)
Etrafon (g)
Limbital, DS (g)
Ludiomil (g)
Luvox (g)
Norpramin (g)
Pamelor/Aventyl (g)
Parnate (g)
Paxil, CR (g)

Prozac (g)
Remeron, Soltab (g)
Sarafem (g)
Sinequan/Adapin (g)
Surmontil (g)
Tofranil, PM (g)
Vivactil (g)
Wellbutrin, SR, XL (g)
Zoloft (g)

Tier 2 – Formulary brand

Effexor XR (ST)
Lexapro (ST)
Nardil
Surmontil 100mg
Venlafaxine ER (ST)

Tier 3 – Nonformulary brand

Cymbalta (PA)
Emsam
Luvox CR (ST)
Marplan
Pexeva (ST)
Pristiq (ST)
Prozac Weekly (ST) (QL)

Antifungals

Tier 1 – Generic

Diflucan (g)
Grifulvin V Susp (g)
Lamisil Tabs (g)
Mycelex Troche (g)
Nizoral (g)
Nystatin (g)
Sporanox Caps (g)

Tier 2 – Formulary brand

Ancobon
Grifulvin V 500mg
Gris-Peg
Noxafil
Sporanox Solution
Vfend

Tier 3 – Nonformulary brand

Lamisil Granules

Antihistamines and decongestants

Tier 1 – Generic

Allegra (g)
Atarax/Vistaril (g)
Benadryl (g)
Bromfed, PD (g)
Claritin, D, Alavert (OTC) (g)
Deconamine, SR, Syrup (g)
Entex PSE (g)
Periactin (g)
Phenergan, VC (g)
Polaramine (g)
Rondec (g)
Rynatan, Suspension (g)
Tavist-RX (g)
Zyrtec, D (g) (OTC)

Tier 2 – Formulary brand

Allegra D (ST) (QL)
Astelin Nasal Spray

Tier 3 – Nonformulary brand

Allegra Susp (ST)
Clarinex, Reditabs, D (ST) (QL)
Patanase
Semprex-D
Xyzal (ST) (QL)

Anti-infectives

Tier 1 – Generic

Adoxa (g)
Amoxil (g)
Augmentin, ES (g)
Bactrim, DS/Septra, DS (g)
Biaxin, XL (g)
Ceclor, ER (g)
Ceftin (g)
Cefzil (g)
Cipro, XR (g)
Cleocin (g)
Dicloxacillin (g)
Duricef (g)
Erythromycin (g)
Floxin (g)
Hiprex/Urex (g)
Keflex (g)
Macrobid (g)
Macrodantin (g)
Minocin/Dynacin (g)
Monodox (g)
Omnicef (g)
Pediazole (g)
Penicillin VK (g)
Periostat (g)
Principen (g)
Pyridium (g)
Sulfadiazine (g)
Sumycin (g)
Trimethoprim (g)
Vantin (g)
Vibramycin/Vibratabs (g)
Zithromax (g)

Tier 2 – Formulary brand

Avelox, ABC
Gantrisin Susp
Zyvox

Tier 3 – Nonformulary brand

Adoxa CK, TT
Augmentin XR
Cedax
Doryx
Factive
Keflex 750mg
Ketek
Levaquin
Maxaquin
Monurol
Moxatag
Noroxin
Oracea
Oraxyl
PCE
Proquin XR
Raniclor
Solodyn
Spectracef
Suprax
Xifaxan
Zmax

Cardiovascular (heart and high blood pressure)

Tier 1 – Generic

Accupril/Accuretic (g)
Aldactone/Aldactazide (g)
Aldomet/Aldoril (g)
Altace (g)
Betapace, AF (g)

Blocadren (g)
Bumex (g)
Calan/Isoptin, SR (g)
Capoten/Capozide (g)
Cardene (g)
Cardizem, SR, CD (g)
Cardura (g)
Catapres (g)
Cordarone (g)
Coreg (g)
Corgard (g)
Corzide (g)
Coumadin (g)
Demadex (g)
Diamox (g)
Digoxin Tabs (g)
Diuril (g)
Dynacirc (g)
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)
Lozol (g)
Mavik (g)
Maxzide/Dyazide (g)
Microzide (g)
Midamor (g)
Minipress (g)
Moduretic (g)
Monopril, HCT (g)
Nitroglycerin Oral, Patch (g)
Normodyne (g)
Norvasc (g)
Persantine (g)
Pindolol (g)
Plendil (g)
Pletal (g)
Prinivil/Zestril (g)
Prinzide/Zestoretic (g)
Procardia, XL/Adalat CC (g)
Rythmol (g)
Sectral (g)
Sular 20, 30, 40mg (g)
Tenormin/Tenoretic (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 brand

Benicar, HCT (ST)
Bicil
Catapres-TTS
Covera-HS
Cozaar/Hyzaar (ST)
Edecrin
Dilatrate-SR
Dyrenium

(PA) – Prior authorization may be required; clinical criteria must be met

(ST) – 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 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 brand

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Digoxin Elixir
Lotrel 5/40, 10/40
Lovenox (s)
Nitro-Bid
Nitrolingual spray
Plavix

Tier 3 — Nonformulary brand

Aceon
Aggrenox
Arixtra (s)
Atacand, HCT (ST)
Avapro/Avalide (ST)
Azor
Bystolic (ST)
Caduet (QL)
Cardene SR
Cardizem LA
Coreg CR
Diovan, HCT (ST)
Dynacirc CR
Exforge
Fragmin (s)
Innohep (s)
Innopran XL
Inversine
Levatol
Miacardis, HCT (ST)
Naturetin-5
Ranexa
Rythmol SR
Sular 8.5, 10, 17, 25.5, 34mg
Tarka
Tekturna, HCT (PA)
Teveten, HCT (ST)

Central nervous system

Tier 1 — Generic

Adderall (g)
Chlorpromazine (g)
Clozaril (g)
Dexedrine (g)
Eskalith, CR/Lithobid (g)
Focalin (g)
Haldol, Decanoate (g)
Lithium Citrate (g)
Loxitane (g)
Mellaril (g)
Navane (g)
Nimotop (g)
Perphenazine (g)
Prolixin, Decanoate (g)
Razadyne, ER (g)
Requip (g)
Risperdal (g)
Ritalin, SR/Methylin, ER (g)
Stelazine (g)
Thorazine (g)

Tier 2 — Formulary brand

Abilify, Discmelt
Adderall XR
Aricept, ODT
Concerta
Desoxyn
Exelon
Geodon
Metadate CD
Moban
Namenda
Orap

Provigil
Razadyne Solution
Seroquel
Zyprexa, Zydys

Tier 3 — Nonformulary brand

Cognex
Daytrana
Equetro
Fazaclo
Focalin XR
Invega (QL)
Liquadd
Methylin Chew, Solution
Requip XL
Risperdal M-Tab
Ritalin LA
Seroquel XR (QL)
Strattera (PA)
Symbyax
Vyvanse (PA)

Cholesterol — lowering

Tier 1 — Generic

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

Tier 2 — Formulary brand

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

Tier 3 — Nonformulary brand

Advicor (ST)
Altoprev (ST) (QL)
Antara
Caduet (QL)
Colestid Flavored
Fenoglide
Lescol, XL (ST) (QL)
Lipitor (ST) (QL)
Lipofen
Lovaza
Simcor (ST)
Triglide
Vytorin (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)
Tolinase (g)

Tier 2 — Formulary brand

Actos (ST)
Apidra

Avandia (ST)
Insulin (all)
Lantus
Levemir
Prandin

Tier 3 — Nonformulary brand

Actoplus Met (PA)
Avandamet (PA)
Avandaryl (PA)
Byetta (PA)
Duetact (PA)
Fortamet
Glumetza
Glyset
Janumet (PA)
Januvia (PA)
Riomet
Starlix
Symlin

Gastrointestinal agents

Tier 1 — Generic

Axid (g)
Carafate Tabs (g)
Cytotec (g)
Pepcid (g)
Prilosec (g)
Prilosec (OTC) (g)
Protonix (g)
Tagamet (g)
Zantac (g)

Tier 2 — Formulary brand

Carafate Suspension
Helidac
Prevacid, Solutab
Prevpac

Tier 3 — Nonformulary brand

Aciphex (ST)
Nexium (ST)
Protonix Suspension
Pylera
Zantac Granules, Efferdose
Zegerid (ST)

Hormones and birth control

Tier 1 — Generic

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

Ortho-Cyclen (g)
Ortho-Novum 7/7/7, 10/11 (g)
Ovcon-35 (g)
Ovral (g)
Oxandrin (g) (PA)
Provera (g)
Seasonale (g) (QL)
Tri-Norinyl (g)
Triphasil, Trileven (g)
Yasmin (g)

Tier 2 — Formulary 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
Plan B
Premarin, Low Dose
Premphase
Prempo, Low Dose
Prochieve
Prometrium
Vivelle-DOT (QL)
Yaz

Tier 3 — Nonformulary brand

Activella
Anadrol-50 (PA)
Androgel (QL)
Angeliq
Cenestin
Climara Pro (QL)
Combipatch (QL)
Divigel
Elestrin
Enjuvia
Estrace Vaginal Cream
Estrasorb (QL)
EstroGel (QL)
Evamist
Femcon Fe
Femring (QL)
Femtrace
Loestrin 24 Fe
Menest
Menostar (QL)
Methitest, Testred
Nuvaring (QL)
Ortho-Prefest
Ovcon-50, Fe
Seasonique (QL)
Striant (QL)
Testim (QL)
Vagifem

Migraine

Tier 1 — Generic

Cafergot (g)
D.H.E. 45 (g)
Floriset/Esgic, Plus, Zebutal (g)
Fiorinal, w/ codeine (g)
Imitrex Tab, Injection (g) (QL)
Midrin (g)
Phrenilin, Forte, Axocet (g)
Stadol NS (g)

(PA) — Prior authorization may be required; clinical criteria must be met

(ST) — Step therapy may be required

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

(QL) — Quantity limits may apply

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Tier 2 — Formulary brand

Ergomar
Imitrex Nasal Spray (QL)
Maxalt, MLT (QL)
Migranal (QL)
Zomig, ZMT, Nasal Spray (QL)

Tier 3 — Nonformulary brand

Amerge (QL)
Axert (QL)
Frova (QL)
Relpax (QL)
Treximet (PA) (QL)

Osteoporosis

Tier 1 — Generic

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

Tier 2 — Formulary brand

Estrogens (See Hormones
and Birth Control)
Actonel, Weekly, Plus
Calcium (ST) (QL)
Evista
Fortical

Tier 3 — Nonformulary brand

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

Pain and arthritis

Tier 1 — Generic

Anaprox, DS (g)
Ansaïd (g)
Cataflam (g)
Clinoril (g)
Daypro (g)
Feldene (g)
Indocin, SR (g)
Lodine, XL (g)
Meclomen (g)
Mobic (g)
Motrin (g)
Naprelan 500mg (g)
Naprosyn, EC (g)
Orudis KT, Oruvail (g)
Relafen (g)
Tolectin, DS (g)
Toradol (g) (QL)
Voltaren, XR (g)

Tier 2 — Formulary brand

Ponstel

Tier 3 — Nonformulary brand

Arthrotec
Celebrex (PA)
Flector (PA)
Naprelan 375mg
Prevacid Naprapac
Voltaren Gel

Sleep and anxiety

Tier 1 — Generic

Ambien (g) (QL)
Ativan (g)
Buspar (g)
Chloral hydrate (g)

Dalmane (g) (QL)
Halcion (g) (QL)
Librium (g)
Miltown (g)
ProSom (g) (QL)
Restoril (g) (QL)
Serax (g)
Sonata (g) (QL)
Tranxene (g)
Valium (g)
Xanax, XR (g)

Tier 2 — Formulary brand

None

Tier 3 — Nonformulary brand

Ambien CR (ST) (QL)
Butisol Sodium
Doral (QL)
Libritabs
Lunesta (ST) (QL)
Niravam
Rozerem (ST) (QL)
Tranxene SD
Xyrem

Additional Tier 3 — Nonformulary brand

Acular, LS, PF
Aczone
Akne-Mycin
Alamast
Aldara
Altanax
Amitiza (ST) (PA)
Amrix
Anzemet
Aphthasol
Aranesp (PA) (s)
AVC
Avinza
Avodart
Azasite
Azelex
Azilect
Beconase AQ
Benzaclin
Benzashave, Brevoxyl-4, 8 Pack
Betaseron (s)
Betimol
Carbatrol
Campral (PA)
Cardura XL
Carmol HC
Cesamet
Clarifoam EF
Cleocin Vaginal Ovules
Clindesse
Clinac BPO
Clobex
Combigan
Cultivate Lotion
Darvon-N
Denavir
Depen
Derma-Smoother/FS
Desonate
Dipentum
Duac CS
Edex (QL)
Efudex Occlusion (QL)

Elestat
Eligard (s)
Emadine
Enablex
Entocort EC
Epogen (PA) (s)
Equetro
Ertaczo
Evoclin Foam
Evoxac
Exelderm
Exjade (s)
Fentora (PA)
Fexmid
Finacea
Flomax
Follistim AQ (s)
Fosrenol
Genotropin (PA) (s)
Gynazole-1
Halflytely
Halog, E
Hectorol
Humatrope (PA) (s)
Increlex (s)
Iopidine
Iquix
Kadian
Keppra XR
Kineret (PA) (s)
Levitra (QL)
Lialda
Lidoderm Patch
Locoid Lipocream
Loprox Shampoo
Lotronex (PA)
Luveris (s)
Luxiq
Lyrica (PA)
Magnacet
Megace ES (s)
Menopur (s)
Mentax
Meridia
Moviprep
Myfortic (s)
Naftin
Nasonex
Neulasta (QL) (s)
Nevanac
Nicotrol, Inhaler, Nasal Spray
Norditropin (PA) (s)
Noritate
Numorphan
Olux
Omnicar
Omnitrope (PA) (s)
Opana, ER
Optivar
Orapred ODT
Osmoprep
Oxistat
Oxycontin
Oxytrol (QL)
Pandel
Pataday
Patanese
Peranex HC
Pramosone Lotion, Ointment
Protopic

Quixin
Raptiva (s)
Regranex
Requip XL
Revlimid (s)
Rhinocort Aqua
Sanctura, XR
Sancuso
Santyl
Serostim (PA) (s)
Solaraze
Soltamox
Soma 250
Taclonex, Scalp
Targetin Gel (s)
Tasmar
Tev-Tropin (PA) (s)
Ultram ER
Ultravate PAC
Vanos Cream
Veramyst
Verdeso
Vesicare
Visicol
Vusion
Xalatan
Xenical
Xibrom
Xodol
Xolegel
Zacare
Zavesca (s)
Zelapar
Ziana Gel
Zemplar
Zorbive (PA) (s)
Zydone
Zymar

(s) — Specialty drug

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

Should a Tier 2 formulary 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 brand



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