

July 2009 BCBSM/BCN Custom Formulary Quick Guide



(g) Indicates Generic Equivalent

ACE Inhibitors

Formulary Preferred/Tier 1

\$1-10 Prinivil, Zestril (g)
\$1-10 Prinzide, Zestoretic (g)
\$1-10 Vasotec/Vaseretic (g)
\$1-15 Lotensin, HCT (g)
\$5-15 Accupril (g)
\$5-25 Monopril (g)
\$10-30 Mavik (g)
\$10-40 Uniretic/Univasc (g)
\$20-40 Accuretic (g)
\$20-40 Monopril HCT (g)
\$40-60 Altace Capsule (g)
\$40-100 Lotrel (g)

Formulary Options/Tier 2

\$75-135 Lotrel 5/40, 10/40

Angiotensin Receptor Blockers

Formulary Preferred/Tier 1

-None

Formulary Options/Tier 2

\$25-100 Benicar, HCT **ST**
\$35-100 Cozaar/Hyzaar **ST**

Anti-Infectives

Formulary Preferred/Tier 1

\$1-10 Cipro (g)
\$1-10 Amoxil (g)
\$1-10 Bactrim, DS/Septa, DS (g)
\$1-10 Erythromycin (g)
\$1-10 Keflex (g)
\$1-10 Penicillin VK (g)
\$1-10 Tetracycline (g)
\$1-10 Vibramycin, Vibratabs (g)
\$5-25 Biaxin(g)
\$5-25 Ceftin (g)
\$5-35 Macrobid, Macrochantin (g)
\$10-30 Duricef (g)
\$10-30 Zithromax (g)
\$20-40 Augmentin, ES (g)
\$20-40 Minocin, Dynacin (g)
\$30-90 Cefzil (g)
\$45-105 Biaxin XL (g)
\$50-110 Floxin (g)
\$50-110 Omnicef (g)

Formulary Options/Tier 2

\$75-135 Avelox, ABC

Anticonvulsants

Formulary Preferred/Tier 1

\$1-10 Diamox (g)
\$1-10 Klonopin (g)
\$1-10 Phenobarbital (g)
\$5-15 Tegretol (g)
\$15-35 Dilantin (g)
\$15-35 Mysoline (g)
\$15-35 Neurontin (g)
\$15-45 Topamax (g)
\$25-85 Zonegran (g)
\$30-60 Lamictal, Disper Tabs (g)
\$35-95 Zarontin (g)
\$40-50 Depakote (g)
\$40-110 Klonopin Wafer (g)
\$55-115 Tegretol XR (g)
\$80-135 Depakote Sprinkles (g)

Anticonvulsants (Cont.)

Formulary Preferred/Tier 1 (cont.)

\$90-150 Depakote ER (g)
\$130-190 Trileptal (g)
\$170-320 Keppra (g)
\$190-350 Topamax Sprinkles (g)

Formulary Options/Tier 2

\$10-30 Dilantin Infatabs
\$210-270 Banzel
\$215-275 Gabitril

Antidepressants

Formulary Preferred/Tier 1

\$1-5 Elavil (g)
\$1-10 Celexa (g)
\$1-10 Desyrel (g)
\$1-10 Pamelor, Aventyl (g)
\$1-10 Sinequan, Adapin (g)
\$5-15 Prozac, Sarafem (g)
\$5-15 Remeron (g)
\$5-15 Zoloft (g)
\$5-25 Paxil (g)
\$5-25 Tofranil (g)
\$30-50 Luvox (g)
\$35-55 Wellbutrin, SR (g)
\$50-110 Effexor (g)
\$55-115 Paxil CR (g)
\$55-180 Wellbutrin XL (g)

Formulary Options/Tier 2

\$55-115 Lexapro **ST**
\$90-105 Venlafaxine ER **ST**
\$115-175 Effexor XR **ST**

Antidiabetics

Formulary Preferred/Tier 1

\$5-15 Amaryl (g)
\$5-15 Diabeta, Micronase (g)
\$5-15 Glucophage, XR (g)
\$5-15 Glucotrol, XL (g)
\$20-40 Glucovance (g)
\$25-85 Metaglip (g)
\$35-95 Precose (g)

Formulary Options/Tier 2

\$105-165 Prandin
\$110-195 Avandia **ST**
\$110-195 Actos **ST**

Insulins

\$40-100 Humulin R, N(Vial)
\$50-110 Humulin 70/30 (Vial)
\$100-160 Humulin N (All Pens/Cartridge)
\$105-165 Lantus (Vial)
\$130-190 Humulin 70/30 (All Pens/Cartridge)
\$150-210 Levemir (Vial)
\$155-215 Apidra
\$160-220 Lantus (Pen/Cartridge)
\$160-360 Levemir (Pen)
\$160-360 Novolog Mix (All Pens/Cartridge)
\$165-225 Novolog (Vial)
\$170-230 Humalog Mix (Vial)
\$170-230 Novolog (All Pens/Cartridge)
\$180-240 Novolin (All Pens/Cartridge)
\$190-250 Humalog, Mix (All Pens/Cartridge)

Antifungals – oral

Formulary Preferred/Tier 1

\$5-15 Diflucan (g)
\$5-15 Lamisil (g)
\$25-45 Nystatin (g)
\$30-90 Mycelex Troche (g)
\$70-130 Grifulvin V Susp (g)

Antifungals – oral (Cont.)

Formulary Options/Tier 2

\$75-135 Gris-Peg
\$85-145 Grifulvin V 500MG

Antihistamines/Decongestants

Formulary Preferred/Tier 1

\$1-5 Benadryl (g)
\$1-10 Claritin, D; Alavert **OTC** (g)
\$5-25 Atarax, Vistaril (g)
\$5-25 Periactin (g)
\$5-45 Zyrtec, D **OTC** (g)
\$25-45 Allegra (g)
\$30-50 Rynatan, Suspension (g)

Formulary Options/Tier 2

\$50-110 Astelin Nasal Spray
\$60-120 Allegra D **ST**

Antilipemics

Formulary Preferred/Tier 1

\$5-15 Lopid (g)
\$5-15 Zocor (g)
\$5-25 Mevacor (g)
\$10-30 Pravachol (g)
\$35-55 Colestid (g)
\$35-55 Lofibra (g)
\$35-95 Questran, Light (g)

Formulary Options/Tier 2

\$55-115 Zetia **ST**
\$60-120 Crestor **ST**
\$65-125 Tricor
\$80-140 Niaspan
\$120-180 Welchol

Antipsychotics

Risperdal (g) is available for BCN members at a Tier 0 copay (\$0) BCBSM requires Tier 1 copay.

Formulary Preferred/Tier 1

\$1-10 Haldol (g)
\$5-15 Mellaril (g)
\$5-15 Navane (g)
\$5-15 Prolixin (g)
\$15-35 Stelazine (g)
\$15-35 Thorazine (g)
\$65-125 Clozaril (g)
\$120-280 Risperdal (g)
\$135-195 Risperdal M-Tab (g)

Formulary Options/Tier 2

\$40-100 Orap
\$125-185 Moban
\$185-245 Seroquel
\$235-135 Geodon
\$270-470 Zyprexa/Zydis
\$350-550 Abilify

Antivirals

Formulary Preferred/Tier 1

\$5-15 Zovirax caps, tabs, susp. (g)
\$10-30 Symmetrel (g)
\$15-35 Flumadine (g)
\$155-215 Famvir (g)
\$485-685 Rebetal (g)
\$645-845 Cytovene (g)

Formulary Options/Tier 2

\$25-85 Relenza
\$45-105 Tamiflu Caps, Susp
\$170-230 Valtrex

Antivirals (Cont.)

Formulary Options/Tier 2 (cont.)

\$190-390 Epivir HBV
\$570-770 Hepsera
\$585-785 Baraclude
\$1415-1915 Valcyte

Beta-blockers

Formulary Preferred/Tier 1

\$1-10 Inderal/Inderide (g)
\$1-10 Lopressor (g)
\$1-10 Tenormin/Tenoretic (g)
\$1-10 Ziac (g)
\$5-15 Coregard (g)
\$5-25 Coreg (g)
\$5-25 Normodyne (g)
\$10-30 Betapace, AF (g)
\$15-35 Zebeta (g)
\$25-45 Lopressor HCT (g)
\$30-50 Inderal LA (g)

Formulary Options/Tier 2

\$30-80 Toprol XL

BPH Treatment

Formulary Preferred/Tier 1

\$1-10 Cardura (g)
\$5-15 Hytrin (g)
\$25-85 Proscar (g)

Formulary Options/Tier 2

\$45-105 Uroxatral

Calcium Channel Blockers

Formulary Preferred/Tier 1

\$5-15 Norvasc (g)
\$5-25 Calan/Isoptin, SR (g)
\$15-35 Cardizem, SR, CD (g)
\$25-45 Procardia XL/Adalat CC (g)
\$30-50 Plendil (g)
\$30-100 Sular 20, 30, 40mg (g)
\$35-95 Verelan, PM (g)
\$40-100 Lotrel (g)

Formulary Options/Tier 2

\$40-100 Covera-HS
\$75-135 Lotrel 5/40, 10/40

Contraceptives

Formulary Preferred/Tier 1

\$10-30 Depo-Provera 150MG (g)
\$10-30 Desogen, Ortho Cept (g)
\$10-30 Loestrin, Fe (g)
\$10-30 Ortho-Cyclen (g)
\$10-30 Ortho Tri-Cyclen (g)
\$10-30 Triphasil, TriLevlen (g)
\$15-35 Alesse, Levite (g)
\$15-35 Cyclessa (g)
\$15-35 Demulen (g)
\$15-35 Nordette, Leven (g)
\$15-35 Ortho-Novum 7/7/7 (g)
\$15-35 Ortho Micronor, Nor-QD (g)
\$20-40 Tri-Norinyl (g)
\$25-45 Ovcon-35(g)
\$25-45 Ovral, Lo/Ovral (g)
\$30-50 Mircette (g)
\$30-50 Seasonale (g)
\$35-55 Estrostep Fe (g)
\$40-60 Yasmin (g)

Formulary Options/Tier 2

\$40-60 Lybrel
\$40-60 Ortho Evra
\$40-60 Ortho Tri-Cyclen Lo
\$40-60 Yaz



Diuretics

Formulary Preferred/Tier 1

\$1-5 Hydrodiuril, Microzide (g)
\$1-5 Lasix (g)
\$1-5 Moduretic (g)
\$1-10 Aldactazide (g)
\$1-10 Diamox (g)
\$1-10 Diuril (g)
\$1-10 Hygroton, Thali-tone (g)
\$1-10 Lozol (g)
\$1-10 Maxzide/Dyazide (g)
\$5-15 Aldactone (g)
\$5-15 Bumex (g)
\$5-25 Acetazolamide (g)
\$10-30 Demadex (g)
\$10-30 Zaroxolyn (g)
\$95-105 Inspra (g)

Formulary Options/Tier 2
\$35-55 Dyrenium

Estrogens & Progestins

Formulary Preferred/Tier 1

\$1-10 Estrace (g)
\$1-10 Ogen, Ortho-Est (g)
\$1-10 Provera (g)
\$20-40 Climara (g)
\$25-45 Estratest, HS (g)
\$40-60 Aygestin (g)

Formulary Options/Tier 2

\$20-40 Alora
\$20-40 Estraderm
\$25-85 Prometrium
\$30-50 Depo-SubQ Provera 104
\$30-90 Estring
\$30-90 Prempro/Premphase
\$35-55 Premarin, Low Dose
\$40-60 FemHRT
\$40-60 Vivelle-DOT
\$50-110 Prochieve
\$200-260 Crinone

Gastrointestinal Agents

Formulary Preferred/Tier 1

\$1-10 Reglan Tab, Solution (g)
\$5-15 Pepcid (g) (Rx only)
\$5-25 Carafate tabs (g)
\$5-25 Zantac (g) (Rx only)
\$10-30 Cytotec (g)
\$20-40 Prilosec, OTC (g)
\$85-170 Protonix (g) **ST**
\$165-195 Prilosec 40mg (g) **PA**

Formulary Options/Tier 2

\$45-105 Carafate susp
\$105-165 Prevacid, Solutab **ST**
\$170-370 Helidac
\$240-440 PREVPAC

Hypnotics & Anxiolytics

Formulary Preferred/Tier 1

\$1-5 Valium (g)
\$1-10 Ambien (g)
\$1-10 Ativan (g)
\$1-10 Restoril (g)
\$1-10 Xanax (g)
\$5-15 Buspar (g)
\$5-15 ProSom (g)
\$5-25 Tranxene (g)
\$15-35 Serax (g)

Hypnotics & Anxiolytics (Cont.)

Formulary Preferred/Tier 1 (cont.)

\$20-30 Sonata (g)
\$25-85 Xanax XR (g)

Formulary Options/Tier 2
-None

Inhaled Beta Agonists

Formulary Preferred/Tier 1

\$1-10 Proventil soln (g)
\$15-35 Metaproterenol soln (g)
\$35-95 Accuneb (g)

Formulary Options/Tier 2

\$25-45 Proair HFA, Proventil HFA, Ventolin HFA
\$65-125 Maxair Autohaler
\$80-140 Foradil
\$95-155 Serevent Diskus

Inhaled Steroids

Formulary Preferred/Tier 1

These brand name drugs are available at the Preferred/Tier 1 copay for BCN members only. BCBSM requires Tier 2 copay.

\$45-105 QVAR
\$85-145 Azmacort
\$85-145 Flovent inhaler
\$120-180 Pulmicort
\$135-195 Asmanex

Intranasal Steroids

Formulary Preferred/Tier 1

\$20-40 Nasalide (g)
\$20-40 Nasarel (g)
\$25-45 Flonase (g)

Formulary Options/Tier 2
\$50-110 Nasacort AQ **ST**

Migraine & Cluster Headache

Formulary Preferred/Tier 1

\$5-15 Fioricet/Esgic, Plus (g)
\$10-30 Midrin (g)
\$15-35 Fiorinal (g)
\$20-40 Cafegot (g)
\$170-230 Imitrex (nasal spray) (g)
\$185-350 Imitrex tablet (g)
\$345-545 D.H.E. 45 (g)
\$750-950 Imitrex Injection (g)

Formulary Options/Tier 2

\$140-200 Ergomar
\$185-245 Maxalt, MLT **ST**
\$275-475 Migranal

Misc. Psychotherapeutic Agents

Formulary Preferred/Tier 1

\$10-30 Eskalith, CR (g)
\$10-30 Ritalin, SR, Methylin, ER (g)
\$15-35 Adderall (g)
\$20-40 Lithobid (g)
\$30-50 Dexedrine (g)
\$30-50 Lithium Citrate (g)
\$40-100 Requip (g)
\$140-170 Razadyne, ER (g)
\$150-210 Adderall XR (g)

Misc. Psychotherapeutic Agents (Cont.)

Formulary Options/Tier 2

\$45-105 Focalin
\$100-160 Concerta
\$105-165 Namenda
\$115-175 Metadate CD
\$130-190 Aricept, ODT
\$150-210 Exelon
\$255-455 Provigil **PA**
\$790-990 Desoxyn

NSAIDs

Formulary Preferred/Tier 1

\$1-10 Motrin (g)
\$1-10 Naprosyn, EC Naprosyn (g)
\$5-15 Anaprox, DS (g)
\$5-15 Ansaïd (g)
\$5-15 Mobic (g)
\$5-25 Clinoril (g)
\$5-25 Daypro (g)
\$5-35 Voltaren, XR (g)
\$15-35 Indocin (g)
\$20-40 Cataflam (g)
\$20-40 Relafen (g)
\$25-85 Naprelan 500mg (g)
\$35-55 Lodine, XL (g)
\$70-130 Indocin SR (g)

Formulary Options/Tier 2
\$180-210 Ponstel

Osteoporosis

Formulary Preferred/Tier 1

See Estrogens & Progestins

\$30-50 Fosamax Weekly (g)
\$40-60 Fosamax (g)
\$70-130 Miacalcin Nasal Spray (g)
\$105-165 Didronel (g)

Formulary Options/Tier 2

\$60-120 Actonel (All) **ST**
\$60-120 Evista
\$70-130 Fortical Nasal Spray
\$70-130 Miacalcin Injection

Respiratory - Misc.

Formulary Preferred/Tier 1

\$15-35 Atrovent soln, NS (g)
\$15-35 Intal Solution (g)
\$180-240 Duoneb (g)

Formulary Options/Tier 2

\$50-110 Accolate
\$50-120 Intal Inhaler (Tier 1 BCN only)
\$65-125 Atrovent Inhaler
\$70-130 Singulair **ST**
\$75-135 Combivent
\$110-170 Spiriva
\$135-195 Symbicort
\$150-210 Advair

Respiratory - Misc. (Cont.)

Formulary Options/Tier 2 (Cont.)

\$880-1380 Revatio **PA**
\$1745-2245 Pulmozyme
\$4025-4525 Letairis **PA**
\$4065-4565 Tracleer **PA**
\$6555-7055 Ventavis **PA**

Rheumatologic Agents

Formulary Preferred/Tier 1

\$5-15 Methotrexate (g)
\$5-15 Plaquenil (g)
\$20-40 Azulfidine EN-Tab (g)
\$20-40 Imuran (g)
\$30-90 Arava (g)

Formulary Options/Tier 2

\$50-110 Rheumatrex, Trexall
\$1450-1950 Enbrel **PA**
\$1450-1950 Humira **PA**

Smoking Cessation Agents

OTC products are not a covered benefit for BCBSM members.

Formulary Preferred/Tier 1

\$25-85 Nicotine Gum OTC (g)
\$35-55 Wellbutrin, SR (g)
\$40-100 Zyban (g)
\$55-180 Wellbutrin XL (g)
\$100-160 Nicotine Patches, OTC (g)

Formulary Options/Tier 2
\$75-135 Chantix

Urinary Antispasmodics

Formulary Preferred/Tier 1

\$1-10 Bentyl (g)
\$1-10 Ditropan (g)
\$1-10 Levbid (g)
\$1-10 Levsinex (g)
\$5-15 Levsin, SL (g)
\$35-95 Urispas (g)
\$50-110 Ditropan XL (g)

Formulary Options/Tier 2
\$80-140 Detrol, LA

(g) Indicates Generic Equivalent



Generic Drugs:
Safe. Effective. FDA-approved
www.theunadvertisedbrand.com

For all BCN members and some BCBSM members, depending on type of coverage:
PA/ST: May require **Prior Authorization** or **Step Therapy**. Member must meet clinical criteria for approval. Please refer to our Web site at: bcbsm.com/providers.
For BCN Prior Authorization, call 800-788-2949.
For BCBSM Prior Authorization, call 800-437-3803, option 1.
Quantity Limits apply to certain medications, and larger quantities require prior authorization. Visit us online at: bcbsm.com/providers for more information.
Non-Formulary (Tier 3) medications are not included on this list.