Blue Cross Blue Shield Blue Care Network of Michigan

Confidence comes with every card.®

2020

Custom **Select** Drug List

PPO (Blue Cross Blue Shield)

Blue Cross® Physician Choice PPO
Blue Cross® Premier PPO
Community Blue℠ PPO
Healthy Blue Achieve℠ PPO
Simply Blue℠ PPO
Simply Blue℠ HRA PPO
Simply Blue℠ HSA PPO
Simply Blue℠ Routine Care PPO

HMO (Blue Care Network)

Blue Cross® Metro Detroit HMO
Blue Cross® Preferred HMO
Blue Cross® Select HMO
Blue Elect Plus℠ Self Referral Option
BCN Healthy Blue Living℠ HMO
BCN HMO℠
BCN HRA℠ HMO
BCN HSA℠ HMO
BCN Routine Care℠

Blue Cross and BCN Custom Select Drug List - December 2020

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Blue Cross and BCN
Custom Select Drug List

Blue Cross Blue Shield of Michigan and Blue Care Network's *Custom Select Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

We regularly update this list with medications approved by the U.S. Food and Drug Administration and reviewed by our Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan doctors, pharmacists and other experts in the diagnosis and treatment of disease and the promotion of health. The committee selects medications based on safety, clinical effectiveness and opportunity for cost savings. This is how the *Custom Select Drug List* helps maintain quality of care and contains costs for our members.

About this drug list

Use this list to find information about drug coverage and therapeutic options for Blue Cross and BCN members. It's divided by chapter into major drug classes or indication for use. Products approved for more than one use may be included in more than one chapter. Within each chapter, drugs are identified according to their tier placement. Refer to the How to Read section for details.

We encourage doctors to prescribe preferred medications whenever possible. Blue Cross and BCN respect the judgment of the dispensing pharmacists and expect them to contact the prescriber when a drug or dose may not be appropriate for a member. We also encourage pharmacists to contact the prescriber to suggest an alternative when a Blue Cross or BCN member's prescription is written for a nonpreferred or excluded drug.

Coverage and applicable copayments for drugs on the Blue Cross and BCN *Custom Select Drug List* are based on a member's drug plan. Not all drugs included in the drug list are covered by each member's plan. Drugs not listed on the *Custom Select Drug List* may not be covered.

Some medications excluded by a Blue Cross or BCN member's pharmacy benefit may be covered under his or her medical benefit. These are medications that are generally administered in a doctor's office under the supervision of appropriate health care personnel and aren't normally dispensed to the member for self-administration.

Drug list exclusions

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, and are a fraction of the cost. For the most recent list of excluded drugs with suggested alternatives, read our *Custom Select Drug List Exclusions* list. If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross or BCN member ID card.

Several drugs and drug categories are excluded from coverage under this drug list. These include:

- Brand-name drugs when there's a generic equivalent available
- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Lifestyle drugs (drugs to treat erectile dysfunction or weight loss)
- Prenatal vitamins
- Drugs used to treat heartburn and acid reflux (except select generic versions)
- Drugs that treat coughs and colds, including most antihistamines
- Drugs used for experimental or investigational purposes
- Drugs prescribed for cosmetic purposes
- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
    - Note: All BCN members and most Blue Cross members can get multiple common vaccines at network retail pharmacies — restrictions may apply.
- Compounded products — with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

Specialty drugs

For more information on specialty drugs, see *Specialty Drug Program Pharmacy Benefit Member Guide*. Specialty drugs are limited to a 30-day supply. Select specialty drugs are managed by the *15-Day Specialty Drug Limitation Program*. Drugs included on this list are limited to a 15-day supply for all fills. Members pay half their copay for a 15-day supply. For more details, visit **bcbsm.com/pharmacy**.

Preventive drug coverage

Under the Affordable Care Act, also known as national health care reform, most health care plans must cover certain preventive services and drugs with no cost-sharing. These drugs appear as a $0 tier on the drug list. For a complete list of preventive drugs, and coverage requirements, please refer to *Preventive Drug Coverage* or visit **bcbsm.com/pharmacy**.

How do I know what type of prescription coverage I have?

For details about your drug benefit, please call the Customer Service phone number on the back of your Blue Cross or BCN member ID card. If you have online access, log in to your account at **bcbsm.com** or the Blue Cross mobile app. You can also find general information about Blue Cross or BCN prescription coverage at **bcbsm.com/pharmacy**.

Tier descriptions

	Three-tier plans	Five-tier plans	Six-tier plans
Tier 1	**Generics — lowest copay** All Tier 1 drugs are generic drugs. Members pay the lowest copay for generics, which makes them the most cost-effective option for treatment. This tier includes generic specialty drugs.	**Generics — lowest copay** This tier includes most generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment. Generic specialty drugs are in Tier 4.	**Tier 1A: Preferred generics — lower generic drug copay** This tier includes common, nonspecialty generic and select brand-name drugs that treat certain chronic diseases. Offering these drugs at the lowest copay makes them more accessible to members and helps ensure that they take them as prescribed. **Tier 1B: Generics — higher generic drug copay** This tier includes nonspecialty generic drugs that aren't listed in Tier 1A. The Tier 1B copay is higher than the Tier 1A copay but is still lower than the copay for brand-name drugs.
Tier 2	**Preferred brand — higher copay** This tier includes preferred, brand-name drugs. These drugs are more expensive than generics, and members pay a higher copay for them. This tier includes preferred brand specialty drugs.	**Preferred brand — higher copay** This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay a higher copay for them.	
Tier 3	**Nonpreferred brands — highest copay** This tier includes nonpreferred, brand-name drugs for which there's a more cost-effective generic alternative or preferred brand-name drug available. Members pay the highest copay for these drugs. This tier includes nonpreferred specialty drugs.	**Nonpreferred brands — highest nonspecialty copay** This tier includes nonspecialty, brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay a higher copay for these nonpreferred brand drugs.	
Tier 4	**Doesn't apply**	**Preferred specialty — lower specialty-drug cost sharing** This tier includes specialty drugs, both generic and brand name, that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.	
Tier 5	**Doesn't apply**	**Nonpreferred specialty — higher specialty-drug cost sharing** This tier includes nonpreferred, specialty drugs that are used to treat difficult health conditions. Members pay a higher copay for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.	

How do I fill my prescription?

The type of drug you take determines which pharmacy you may use.

- **Specialty drugs**
  - Local retail pharmacy
    - Retail pharmacy in your applicable network
    - Walgreens — find a location at **walgreens.com/pharmacy/***
  - Limited-distribution specialty drugs
    - Pharmacy varies based on drug. Please refer to the *Specialty Drug Program Pharmacy Benefit Member Guide* and search based on the drug you take.
  - Mail order (home delivery)
    - AllianceRx Walgreens Prime** Specialty Pharmacy
    - Website: **alliancerxwp.com***
    - Telephone: 1-866-515-1355
- **All other drugs**
  - Local retail pharmacy — more than 2,400 retail pharmacies in Michigan and 70,000 retail pharmacies outside of Michigan accept your member ID card
  - Mail order (home delivery)
    - Pharmacy: Express Scripts*** mail order pharmacy
    - Telephone:
      - **Blue Cross**: 1-800-778-0735
      - **Blue Care Network**: 1-800-229-0832

If you have questions about which mail-order vendor to use, call the Customer Service phone number on the back of your member ID card or visit **bcbsm.com/pharmacy**.

*Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

*AllianceRx Walgreens Prime® is an independent company that provides pharmacy benefit management services for Blue Cross and BCN.

**Express Scripts® is an independent company that provides pharmacy benefit management services for Blue Cross and BCN.

New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to Tier 1. Once the generic drug is added, the original, brand-name version won't be covered.

Vaccines

The following select vaccines are covered without cost-sharing for most members whose pharmacies participate with Blue Cross and BCN, and are certified to administer vaccines.

Common name	Vaccine	Age restrictions
Flu	Influenza virus	None
Hepatitis A	Havrix®	None
	Vaqta®	None
Hepatitis A and B	Twinrix®	None
Hepatitis B	Energix-B®	None
	Recombivax HB®	None
	Heplisav-B®	None
Human papillomavirus, or HPV	Gardasil® 9	9 to 45 years old
Measles, mumps and rubella	M-M-R- II®	None
Meningitis	Bexsero®	None
	Menveo®	None
	Menactra®	None
	Menomune®	None
	Trumenba®	None
Pneumonia	Pneumovax® 23	None
	Prevnar 13®	65 and older
Polio	Ipol®	None
Shingles	Shingrix®	50 and older
Tetanus, diphtheria	Tenivac®	None
	TDVAX®	None
Tetanus, diphtheria and whooping cough	Boostrix®	None
	Adacel®	None
Chickenpox	Varivax®	None

How prior approval, step therapy and quantity limits work

Prior approval

Prior approval may be necessary for coverage of certain medications. In these cases, the member must meet clinical criteria or additional information must be provided before coverage is approved. Clinical criteria are based on current medical information and approved by our Pharmacy and Therapeutics Committee.

Step therapy

Drugs subject to step therapy may require previous treatment with one or more preferred drugs before coverage is approved.

To view a current list of drugs requiring prior approval or step therapy, please see the *Prior Authorization and Step Therapy Coverage Criteria* and refer to the column labeled "Custom Select Drug List."

Quantity limits and dose optimization

Blue Cross and BCN set quantity limits based on clinical appropriateness and manufacturer-recommended dosing for select drugs. For certain medications, Blue Cross and BCN limit the quantity or maximum-day supply that can be dispensed per fill.

To view a current list of drugs that have limits on quantity or maximum-day supply that can be dispensed per fill, please see the following:

- **For Blue Cross' PPO plans**: Blue Cross *Quantity Limit Program*, and refer to the column labeled "Custom Select Drug List"
- **For BCN's HMO plans**: BCN *Quantity Limits* and refer to the column labeled "Custom Select Drug List"

The Blue Cross dose optimization program encourages appropriate prescribing of medications that are intended for once-daily administration. For certain medications, doctors are encouraged to prescribe prescription drugs in once-daily dosage regimens to help increase a member's adherence to the medication, as opposed to using multiple lower doses of the same drug.

Getting prior approval or step therapy

For members:

Blue Cross and BCN members should consult their prescription drug benefit packets for information on how to get prior approval or how to request reviews for coverage of drugs that aren't included in their plans. Members can also call the Customer Service number on the back of their Blue Cross or BCN member IDs card for more information.

Submit requests online by filling out the below request form on the web at **bcbsm.com**.

- **Blue Cross' form**
- **BCN's form**

Or write to:

Blue Cross Blue Shield of Michigan
Pharmacy Services
Mail Code 512
Detroit, MI 48226-2998

For doctors:

Doctors can request approval in one of four ways outlined below. We notify the doctor of approved requests and process the member's claim accordingly. If a request isn't approved, we'll notify the member and doctor in writing. The notification includes the reason for the denial and an explanation of the member's appeal rights and the appeals process.

Doctors can request approval for Blue Cross and BCN members by any of the below methods:

How to request approval

Physicians can request approval one of four ways:

- **Electronic Prior Authorization:** Providers can use their electronic health record or CoverMyMeds® to submit electronic prior authorizations for commercial pharmacy members.
- **Call:** 1-800-437-3803
- **BCBSM Fax:** 1-866-601-4425
- **BCN Fax:** 1-877-442-3778
- **Write:** Blue Cross Blue Shield of Michigan, Pharmacy Services, Mail Code 512, Detroit, MI 48226-2998

How to read the *Custom Select Drug List*

This drug list shows each drug's copayment tier and whether the drug has special requirements for coverage.

Drugs are listed alphabetically by brand name. If a generic version is available, the name is included in the "Generic name" column next to the brand name in the "Trade name" column, and coverage is provided for the generic version. The brand name is included for informational purposes only, as the brand-name drugs aren't covered. If only a brand name is listed, there isn't a generic version available.

③ 8D. Hormonal agents		① BCBSM (PPO)		⑨	② BCN (HMO)		⑨
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
④ Erleada <s>		2	4	PA, QL	4	4	PA, QL
⑤ Evista	raloxifene hcl	1	1	QL	1	1B	
⑤ Evista* (Prevent)	raloxifene hcl	$0	$0	PA, QL	$0	$0	PA
⑥ Faslodex	fulvestrant	1	1		1	1B	
⑦ Soltamox		3	3		3	3	
⑧ Trelstar, Depot, LA <s>		2	4		4	4	

*Age restrictions apply.

① **Blue Cross:** This section applies to members with a Blue Cross PPO drug plan.

② **BCN:** This section applies to members with a BCN HMO drug plan.

③ Drugs are organized based on drug class or indication for use.

④ Erleada® is a preferred brand-name specialty drug (<s>). It requires a Tier 2 copay for members with a three-tier drug plan and a Tier 4 copay for all other drug plans. Prior approval and quantity limits apply for both Blue Cross and BCN plans.

⑤ The generic drug raloxifene HCl requires a Tier 1B copay for BCN members with a six-tier drug plan and a Tier 1 copay for all other plans. Quantity limits apply for Blue Cross plans. Raloxifene HCl may be covered with no cost-sharing for members who meet criteria.

⑥ The generic drug fulvestrant requires a Tier 1B copay for BCN members with a six-tier drug plan, and a Tier 1 copay for all other drug plans. There are no restrictions on coverage.

⑦ Soltamox® is a nonpreferred brand-name drug that requires a Tier 3 copay and doesn't have any restrictions on coverage.

⑧ Trelstar® is a preferred brand-name specialty drug (<s>). It requires a Tier 2 copay for members with a three-tier drug plan and a Tier 4 copay for all other drug plans. There are no restrictions on coverage. The coverage requirements are the same for Trelstar, Trelstar™ Depot and Trelstar™ LA. Commas are used throughout the drug list to indicate different strengths, formulations and dosage forms of the listed drug.

⑨ **Limits:** This section lists information such as prior approval, step therapy and quantity limits.

Prior approval: Plan approval is required for coverage (listed as PA in the chart).

Step therapy: Previous treatment with preferred drugs is required (listed as ST in the chart).

Quantity limits: Prescriptions can't exceed a specific quantity per fill (listed as QL in the chart).

"(Prevent)" designates preventive drugs.

This document is current at the time of publication and subject to change. Go to bcbsm.com/pharmacy and click on *Drug Lists* for the most up-to-date information about the *Custom Select Drug List*.

The content was developed to comply with applicable federal and state regulations. To learn more about your plan, go to **bcbsm.com** and type "How Health Insurance Works" in the search field.

Editor's note:

Please send us your comments and suggestions about Blue Cross and BCN's *Custom Select Drug List*. Your input is vital to its continued success. We review and consider all responses.

Please send your comments to:

Drug Information Services — Mail Code 512C
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

1. Anti-infectives

1A. Antifungals		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Ancobon	flucytosine	1	1		1	1B	
Cresemba capsule		2	2	QL	2	2	QL
Diflucan	fluconazole	1	1		1	1B	
Grifulvin V	griseofulvin, microsize	1	1		1	1B	
Gris-PEG	griseofulvin ultramicrosize	1	1		1	1B	
Lamisil tablet	terbinafine hcl	1	1		1	1B	
Mycelex Troche	clotrimazole	1	1		1	1B	
Nizoral	ketoconazole	1	1		1	1B	
Noxafil suspension		2	2		2	2	
Noxafil tablet	posaconazole	1	1	QL	1	1B	QL
Nystatin	nystatin	1	1		1	1B	
Sporanox	itraconazole	1	1		1	1B	
Vfend	voriconazole	1	1		1	1B	

1B. Antimalarials		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Arakoda		3	3	QL	3	3	QL
Aralen	chloroquine phosphate	1	1	QL	1	1B	QL
Coartem		2	2		2	2	QL
Krintafel		2	2	QL	2	2	QL
Lariam	mefloquine hcl	1	1		1	1B	
Malarone	atovaquone/proguanil hcl	1	1		1	1B	
Plaquenil	hydroxychloroquine sulfate	1	1	QL	1	1B	QL
Primaquine	primaquine phosphate	1	1		1	1B	
Primaquine		2	2		2	2	
Qualaquin	quinine sulfate	1	1		1	1B	

1C. Antiparasitics and antihelmintics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Albenza	albendazole	1	1	QL	1	1B	
Alinia		2	2		2	2	
Benznidazole		2	2	QL	2	2	QL
Biltricide	praziquantel	1	1		1	1B	
Daraprim <s>	pyrimethamine	1	4	PA	4	4	PA
Flagyl	metronidazole	1	1		1	1B	
Humatin	paromomycin sulfate	1	1		1	1B	
Impavido		2	2	QL	2	2	QL
Lampit		3	3	QL	3	3	QL
Mepron	atovaquone	1	1		1	1B	
Nebupent aerosol	pentamidine isethionate	1	1		1	1B	
Stromectol	ivermectin	1	1		1	1B	
Tindamax	tinidazole	1	1		1	1B	QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

1D. Antiretrovirals		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aptivus		2	2		2	2	
Atripla	efavirenz/emtricit/tenofovr df	1	1		1	1B	
Biktarvy		2	2	QL	2	2	QL
Cimduo		2	2	QL	2	2	QL
Combivir	lamivudine/zidovudine	1	1		1	1B	
Complera		2	2	QL	2	2	QL
Delstrigo		2	2	QL	2	2	QL
Descovy		2	2	ST, QL	2	2	ST, QL
Dovato		2	2	QL	2	2	QL
Edurant		2	2	QL	2	2	QL
Emtriva	emtricitabine	1	1		1	1B	
Emtriva solution		2	2		2	2	
Epivir	lamivudine	1	1		1	1B	
Epzicom	abacavir sulfate/lamivudine	1	1		1	1B	
Evotaz		2	2	QL	2	2	QL
Fuzeon		2	2		2	2	
Genvoya		2	2	QL	2	2	QL
Intelence		2	2		2	2	
Invirase		2	2		2	2	
Isentress		2	2		2	2	
Isentress HD		2	2		2	2	
Juluca		2	2	QL	2	2	QL
Kaletra	lopinavir/ritonavir	1	1	QL	1	1B	QL
Kaletra tablet		2	2		2	2	
Lexiva	fosamprenavir calcium	1	1		1	1B	
Lexiva suspension		2	2		2	2	
Norvir	ritonavir	1	1		1	1B	
Norvir packet, solution		2	2		2	2	
Odefsey		2	2	QL	2	2	QL
Pifeltro		2	2	QL	2	2	QL
Prezcobix		2	2	QL	2	2	QL
Prezista		2	2		2	2	
Retrovir	zidovudine	1	1		1	1B	
Reyataz	atazanavir sulfate	1	1		1	1B	
Reyataz packet		2	2		2	2	
Rukobia		2	2	PA, QL	2	2	PA, QL
Selzentry		2	2		2	2	
Stribild		2	2	QL	2	2	QL
Sustiva	efavirenz	1	1		1	1B	
Symfi	efavirenz/lamivu/tenofov disop	1	1	QL	1	1B	QL
Symfi Lo	efavirenz/lamivu/tenofov disop	1	1	QL	1	1B	QL
Symtuza		2	2	QL	2	2	QL
Temixys		2	2	QL	2	2	QL
Tivicay		2	2		2	2	
Tivicay PD		2	2	QL	2	2	QL
Triumeq		2	2	QL	2	2	QL
Truvada	emtricitabine/tenofovir (tdf)	1	1	QL	1	1B	QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

1D. Antiretrovirals (Continued)		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Truvada 100/150mg, 133/200mg, 167/250mg		2	2	QL	2	2	QL
Truvada 200mg/300mg (Prevent)	emtricitabine/tenofovir (tdf)	$0	$0	PA, QL	$0	$0	PA, QL
Tybost		2	2	QL	2	2	
Vemlidy <s>		2	4	QL	4	4	QL
Viramune, XR	nevirapine	1	1		1	1B	
Viread	tenofovir disoproxil fumarate	1	1		1	1B	
Viread 150mg, 200mg, 250mg tablet; packet		2	2		2	2	
Ziagen	abacavir sulfate	1	1		1	1B	

1E. Antituberculars		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cycloserine		2	2		2	2	
Ethambutol	ethambutol hcl	1	1		1	1B	
Isoniazid	isoniazid	1	1		1	1B	
Mycobutin	rifabutin	1	1		1	1B	
Paser		3	3		3	3	
Pretomanid		2	2	QL	2	2	QL
Priftin		3	3		3	3	
Pyrazinamide	pyrazinamide	1	1		1	1B	
Rifadin	rifampin	1	1		1	1B	
Rifamate		3	3		3	3	
Rifater		3	3		3	3	
Sirturo		2	2	PA, QL	2	2	PA, QL
Trecator		3	3		3	3	

1F. Antivirals		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Baraclude <s>	entecavir	1	4		4	4	
Baraclude solution <s>		2	4		4	4	
Copegus <s>	ribavirin	1	4		4	4	
Epclusa <s>		2	4	PA, QL	4	4	PA, QL
Epivir HBV	lamivudine	1	1		1	1B	
Epivir HBV solution		2	2		2	2	
Famvir	famciclovir	1	1		1	1B	
Flumadine	rimantadine hcl	1	1		1	1B	
Harvoni 45mg/200mg tablet <s>		3	5	PA, QL	5	5	PA, QL
Harvoni pellet packs <s>		3	5	PA, QL	5	5	PA, QL
Hepsera <s>	adefovir dipivoxil	1	4		4	4	
Ledipasvir-sofosbuvir 90mg/400mg tablet (authorized generic of Harvoni) <s>		2	4	PA, QL	4	4	PA, QL
Mavyret <s>		3	5	PA, QL	5	5	PA, QL
Prevymis tablet		3	3	QL	3	3	QL
Rebetol <s>	ribavirin	1	4		4	4	
Relenza		2	2	QL	2	2	QL
Ribasphere <s>	ribavirin	1	4		4	4	
Sofosbuvir-velpatasvir (authorized generic of Epclusa) <s>		2	4	PA, QL	4	4	PA, QL
Sovaldi <s>		3	5	PA, QL	5	5	PA, QL
Symmetrel	amantadine hcl	1	1		1	1B	
Tamiflu	oseltamivir phosphate	1	1	QL	1	1B	QL
Valcyte	valganciclovir hcl	1	1		1	1B	
Valtrex	valacyclovir hcl	1	1		1	1B	
Vosevi <s>		3	5	PA, QL	5	5	PA, QL
Xofluza		3	3	QL	3	3	QL
Zepatier <s>		2	4	PA, QL	4	4	PA, QL
Zovirax capsule, suspension, tablet	acyclovir	1	1		1	1B	

1G. Cephalosporins		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Ceclor, ER	cefaclor	1	1		1	1B	
Ceftin	cefuroxime axetil	1	1		1	1B	
Cefzil	cefprozil	1	1		1	1B	
Duricef	cefadroxil	1	1		1	1B	
Keflex	cephalexin	1	1		1	1B	
Omnicef	cefdinir	1	1		1	1B	
Spectracef	cefditoren pivoxil	1	1		1	1B	QL
Suprax	cefixime	1	1		1	1B	
Suprax chew tablet, 500mg/5ml suspension		3	3		3	3	
Vantin	cefpodoxime proxetil	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

1H. Macrolides		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Biaxin, XL	clarithromycin	1	1		1	1B	
Dificid		3	3	QL	3	3	QL
E.E.S.; Eryped	erythromycin ethylsuccinate	1	1		1	1B	
Ery-tab	erythromycin base	1	1		1	1B	
Erythromycin Base	erythromycin base	1	1		1	1B	
Erythromycin Stearate	erythromycin stearate	1	1		1	1B	
Zithromax	azithromycin	1	1	QL	1	1B	QL

1I. Penicillins		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Amoxil	amoxicillin	1	1		1	1B	
Ampicillin	ampicillin trihydrate	1	1		1	1B	
Augmentin 125mg-31.25mg/ml suspension		2	2		2	2	
Augmentin, ES, XR	amoxicillin/potassium clav	1	1		1	1B	
Dicloxacillin	dicloxacillin sodium	1	1		1	1B	
Penicillin VK	penicillin v potassium	1	1		1	1B	

1J. Quinolones		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Avelox	moxifloxacin hcl	1	1		1	1B	
Baxdela tablet		3	3		3	3	
Cipro suspension	ciprofloxacin	1	1		1	1B	
Cipro tablet	ciprofloxacin hcl	1	1		1	1B	
Factive		3	3		3	3	
Floxin tablet	ofloxacin	1	1		1	1B	
Levaquin	levofloxacin	1	1		1	1B	

1K. Sulfonamides and combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bactrim, DS; Septra, DS	sulfamethoxazole/trimethoprim	1	1		1	1B	
Sulfadiazine	sulfadiazine	1	1		1	1B	

1L. Tetracyclines		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Adoxa tablet	doxycycline monohydrate	1	1		1	1A	
Avidoxy 100mg	doxycycline monohydrate	1	1		1	1A	
Declomycin	demeclocycline hcl	1	1		1	1B	
Dynacin	minocycline hcl	1	1		1	1A	
Minocin	minocycline hcl	1	1		1	1A	
Monodox	doxycycline monohydrate	1	1		1	1A	
Nuzyra tablet		3	3	QL	3	3	QL
Periostat	doxycycline hyclate	1	1		1	1A	
Tetracycline	tetracycline hcl	1	1		1	1B	
Vibramycin	doxycycline hyclate	1	1		1	1A	
Vibramycin suspension	doxycycline monohydrate	1	1		1	1B	
Vibramycin syrup		3	3		3	3	

1M. Urinary tract agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Furadantin	nitrofurantoin	1	1		1	1B	
Hiprex/Urex	methenamine hippurate	1	1		1	1B	
Macrobid	nitrofurantoin monohyd/m-cryst	1	1		1	1B	
Macrodantin	nitrofurantoin macrocrystal	1	1		1	1B	
Monurol	fosfomycin tromethamine	1	1		1	1B	
Primsol		3	3		3	3	
Trimethoprim	trimethoprim	1	1		1	1B	

1N. Miscellaneous anti infectives		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Arikayce <s>		2	4	PA, QL	4	4	PA, QL
Cayston <s>		3	5	PA, QL	5	5	PA, QL
Cleocin capsule	clindamycin hcl	1	1		1	1B	
Cleocin solution	clindamycin palmitate hcl	1	1		1	1B	
Dapsone	dapsone	1	1		1	1B	
Firvanq	vancomycin hcl	1	1	QL	1	1B	QL
Firvanq 25mg/mL		3	3	QL	3	3	QL
Neomycin	neomycin sulfate	1	1		1	1B	
Sivextro		2	2	QL	2	2	QL
Tobi <s>	tobramycin in 0.225% nacl	1	4	QL	4	4	
Vancocin	vancomycin hcl	1	1		1	1B	
Xenleta tablet		3	3	QL	3	3	QL
Xifaxan 200mg		3	3	QL	3	3	QL
Zyvox	linezolid	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

2. Cardiovascular, hypertension, cholesterol

2A. ACE Inhibitors and combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Accupril	quinapril hcl	1	1		1	1A	
Accuretic	quinapril/hydrochlorothiazide	1	1		1	1A	
Aceon	perindopril erbumine	1	1		1	1A	
Altace	ramipril	1	1		1	1A	
Capoten	captopril	1	1		1	1A	
Capozide	captopril/hydrochlorothiazide	1	1		1	1A	
Lotensin	benazepril hcl	1	1		1	1A	
Lotensin HCT	benazepril/hydrochlorothiazide	1	1		1	1A	
Lotrel	amlodipine besylate/benazepril	1	1		1	1A	
Mavik	trandolapril	1	1		1	1A	
Monopril	fosinopril sodium	1	1		1	1A	
Monopril HCT	fosinopril/hydrochlorothiazide	1	1		1	1A	
Prinivil; Zestril	lisinopril	1	1		1	1A	
Prinzide; Zestoretic	lisinopril/hydrochlorothiazide	1	1		1	1A	
Tarka	trandolapril/verapamil hcl	1	1		1	1B	
Univasc	moexipril hcl	1	1		1	1A	
Vaseretic	enalapril/hydrochlorothiazide	1	1		1	1A	
Vasotec	enalapril maleate	1	1		1	1A	

2B. Alpha adrenergic agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aldomet	methyldopa	1	1		1	1B	
Aldoril	methyldopa/hydrochlorothiazide	1	1		1	1B	
Cardura	doxazosin mesylate	1	1		1	1B	
Catapres	clonidine hcl	1	1		1	1A	
Catapres-TTS	clonidine	1	1		1	1B	
Dibenzyline	phenoxybenzamine hcl	1	1	PA, QL	1	1B	PA
Hytrin	terazosin hcl	1	1		1	1B	
Minipress	prazosin hcl	1	1		1	1B	
Tenex	guanfacine hcl	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

2C. Angiotensin II Receptor Blockers and combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Atacand	candesartan cilexetil	1	1		1	1B	
Atacand HCT	candesartan/hydrochlorothiazid	1	1		1	1B	
Avalide	irbesartan/hydrochlorothiazide	1	1		1	1A	
Avapro	irbesartan	1	1		1	1A	
Azor	amlodipine bes/olmesartan med	1	1		1	1B	
Benicar	olmesartan medoxomil	1	1		1	1A	
Benicar HCT	olmesartan/hydrochlorothiazide	1	1		1	1A	
Cozaar	losartan potassium	1	1		1	1A	
Diovan	valsartan	1	1		1	1A	
Diovan HCT	valsartan/hydrochlorothiazide	1	1		1	1A	
Edarbi		3	3	ST, QL	3	3	ST, QL
Edarbyclor		3	3	ST, QL	3	3	ST, QL
Entresto		2	2	QL	2	2	QL
Exforge	amlodipine besylate/valsartan	1	1		1	1A	
Exforge HCT	amlodipine/valsartan/hcthiazid	1	1		1	1B	
Hyzaar	losartan/hydrochlorothiazide	1	1		1	1A	
Micardis	telmisartan	1	1		1	1A	
Micardis HCT	telmisartan/hydrochlorothiazid	1	1		1	1A	
Teveten	eprosartan mesylate	1	1		1	1A	
Tribenzor	olmesartan/amlodipin/hcthiazid	1	1	QL	1	1B	QL
Twynsta	telmisartan/amlodipine	1	1		1	1B	

2D. Anticoagulants and hemostasis agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aggrenox	aspirin/dipyridamole	1	1		1	1B	
Agrylin	anagrelide hcl	1	1		1	1B	
Amicar	aminocaproic acid	1	1		1	1B	
Arixtra	fondaparinux sodium	1	1		1	1B	
Bevyxxa		3	3	QL	3	3	QL
Brilinta		2	2	QL	2	2	QL
Cablivi <s>		2	4	PA, QL	4	4	PA, QL
Coumadin	warfarin sodium	1	1		1	1A	
Effient	prasugrel hcl	1	1	QL	1	1B	QL
Eliquis		2	2	QL	2	2	QL
Fragmin		3	3		3	3	
Heparin	heparin sodium,porcine/pf	1	1		1	1B	
Heparin	heparin sodium,porcine	1	1		1	1B	
Lovenox	enoxaparin sodium	1	1		1	1B	
Persantine	dipyridamole	1	1		1	1B	
Plavix	clopidogrel bisulfate	1	1		1	1A	
Pletal	cilostazol	1	1		1	1B	
Pradaxa		3	3	QL	3	3	QL
Savaysa		3	3	QL	3	3	QL
Trental	pentoxifylline	1	1		1	1B	
Vitamin K ampule	phytonadione	1	1		1	1B	
Xarelto, starter kit		2	2	QL	2	2	QL
Zontivity		3	3	QL	3	3	QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

2E. Beta blockers and combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Betapace, AF	sotalol hcl	1	1		1	1A	
Blocadren	timolol maleate	1	1		1	1A	
Bystolic		3	3	ST, QL	3	3	ST, QL
Coreg immediate-release	carvedilol	1	1		1	1A	
Corgard	nadolol	1	1		1	1A	
Corzide	nadolol/bendroflumethiazide	1	1		1	1A	
Dutoprol		3	3		3	3	
Inderal, LA	propranolol hcl	1	1		1	1A	
Inderide	propranolol/hydrochlorothiazid	1	1		1	1A	
Kerlone	betaxolol hcl	1	1		1	1A	
Lopressor	metoprolol tartrate	1	1		1	1A	
Lopressor HCT	metoprolol/hydrochlorothiazide	1	1		1	1A	
Normodyne	labetalol hcl	1	1		1	1A	
Sectral	acebutolol hcl	1	1		1	1A	
Tenoretic	atenolol/chlorthalidone	1	1		1	1A	
Tenormin	atenolol	1	1		1	1A	
Toprol XL	metoprolol succinate	1	1		1	1A	
Visken	pindolol	1	1		1	1A	
Zebeta	bisoprolol fumarate	1	1		1	1A	
Ziac	bisoprolol fumarate/hctz	1	1		1	1A	

2F. Calcium channel blockers and combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Adalat CC; Procardia, XL	nifedipine	1	1		1	1B	
Azor	amlodipine bes/olmesartan med	1	1		1	1B	
Caduet	amlodipine/atorvastatin	1	1	QL	1	1B	QL
Calan SR; Isoptin SR	verapamil hcl	1	1		1	1B	
Cardene	nicardipine hcl	1	1		1	1B	
Cardizem, CD, LA, SR	diltiazem hcl	1	1		1	1B	
Cardizem LA 120mg		3	3		3	3	
Dynacirc	isradipine	1	1		1	1B	
Exforge	amlodipine besylate/valsartan	1	1		1	1A	
Exforge HCT	amlodipine/valsartan/hcthiazid	1	1		1	1B	
Lotrel	amlodipine besylate/benazepril	1	1		1	1A	
Norvasc	amlodipine besylate	1	1		1	1A	
Plendil	felodipine	1	1		1	1A	
Sular	nisoldipine	1	1		1	1B	
Tarka	trandolapril/verapamil hcl	1	1		1	1B	
Tiazac	diltiazem hcl	1	1		1	1B	
Tribenzor	olmesartan/amlodipin/hcthiazid	1	1	QL	1	1B	QL
Twynsta	telmisartan/amlodipine	1	1		1	1B	
Verelan, PM	verapamil hcl	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

2G. Cardiovascular treatment		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Betapace, AF	sotalol hcl	1	1		1	1A	
Cordarone; Pacerone	amiodarone hcl	1	1		1	1B	
Corlanor		2	2	QL	2	2	QL
Lanoxin solution; 125mcg, 250mcg tablets	digoxin	1	1		1	1B	
Mexitil	mexiletine hcl	1	1		1	1B	
Multaq		2	2	QL	2	2	QL
Norpace	disopyramide phosphate	1	1		1	1B	
Norpace CR		2	2		2	2	
Proamatine	midodrine hcl	1	1		1	1B	
Quinidex	quinidine sulfate	1	1		1	1B	
Quinidine Gluconate SA	quinidine gluconate	1	1		1	1B	
Ranexa	ranolazine	1	1		1	1B	
Rythmol, SR	propafenone hcl	1	1		1	1B	
Tambocor	flecainide acetate	1	1		1	1B	
Tikosyn	dofetilide	1	1		1	1B	
Vyndamax <s>		2	4	PA, QL	4	4	PA, QL
Vyndaqel <s>		2	4	PA, QL	4	4	PA, QL

2H. Diuretics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aldactazide	spironolact/hydrochlorothiazid	1	1		1	1A	
Aldactazide 50/50mg		3	3		3	3	
Aldactone	spironolactone	1	1		1	1A	
Bumex	bumetanide	1	1		1	1A	
Demadex	torsemide	1	1		1	1A	
Diamox, Sequels	acetazolamide	1	1		1	1B	
Diuril	chlorothiazide	1	1		1	1A	
Diuril suspension		3	3		3	3	
Dyazide; Maxzide	triamterene/hydrochlorothiazid	1	1		1	1A	
Dyrenium	triamterene	1	1		1	1B	
Edecrin	ethacrynic acid	1	1		1	1B	
Hydrodiuril; Microzide	hydrochlorothiazide	1	1		1	1A	
Hygroton; Thalitone	chlorthalidone	1	1		1	1A	
Inspra	eplerenone	1	1		1	1A	
Lasix	furosemide	1	1		1	1A	
Lozol	indapamide	1	1		1	1A	
Midamor	amiloride hcl	1	1		1	1A	
Moduretic	amiloride/hydrochlorothiazide	1	1		1	1A	
Zaroxolyn	metolazone	1	1		1	1A	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

2l. Lipid lowering agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Antara	fenofibrate,micronized	1	1		1	1B	
Antara 30mg, 90mg		3	3		3	3	
Caduet	amlodipine/atorvastatin	1	1	QL	1	1B	QL
Colestid	colestipol hcl	1	1		1	1B	
Colestid granules, packet		3	3		3	3	
Crestor	rosuvastatin calcium	1	1	QL	1	1A	QL
Crestor* 5mg, 10mg (Prevent)	rosuvastatin calcium	$0	$0	QL	$0	$0	QL
Lescol, XL	fluvastatin sodium	1	1	QL	1	1B	QL
Lescol, XL* (all strengths) (Prevent)	fluvastatin sodium	$0	$0	QL	$0	$0	QL
Lipitor	atorvastatin calcium	1	1	QL	1	1A	QL
Lipitor* 10mg, 20mg (Prevent)	atorvastatin calcium	$0	$0	QL	$0	$0	QL
Livalo		3	3	ST, QL	3	3	ST, QL
Lofibra capsule	fenofibrate,micronized	1	1		1	1A	
Lofibra tablet	fenofibrate	1	1		1	1A	
Lopid	gemfibrozil	1	1		1	1A	
Lovaza	omega-3 acid ethyl esters	1	1	QL	1	1B	QL
Mevacor	lovastatin	1	1	QL	1	1A	QL
Mevacor* (all strengths) (Prevent)	lovastatin	$0	$0	QL	$0	$0	QL
Nexletol		2	2	PA, QL	2	2	PA, QL
Nexlizet		2	2	PA, QL	2	2	PA, QL
Niaspan	niacin	1	1		1	1B	
Praluent		2	2	PA, QL	2	2	PA, QL
Pravachol	pravastatin sodium	1	1	QL	1	1A	QL
Pravachol* (all strengths) (Prevent)	pravastatin sodium	$0	$0	QL	$0	$0	QL
Questran	cholestyramine (with sugar)	1	1		1	1B	
Questran Light	cholestyramine/aspartame	1	1		1	1B	
Repatha		2	2	PA, QL	2	2	PA, QL
Tricor	fenofibrate nanocrystallized	1	1		1	1A	
Trilipix	fenofibric acid (choline)	1	1		1	1B	
Vascepa	icosapent ethyl	1	1	QL	1	1B	QL
Vascepa		2	2	QL	2	2	QL
Vytorin	ezetimibe/simvastatin	1	1	QL	1	1B	QL
Welchol	colesevelam hcl	1	1		1	1B	
Zetia	ezetimibe	1	1	QL	1	1B	QL
Zocor	simvastatin	1	1	QL	1	1A	QL
Zocor* 5mg, 10mg, 20mg, 40mg (Prevent)	simvastatin	$0	$0	QL	$0	$0	QL

*Age restrictions apply.

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

2J. Nitrates and combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bidil		2	2		2	2	
Dilatrate-SR		2	2		2	2	
Imdur; Ismo; Monoket	isosorbide mononitrate	1	1		1	1A	
Isordil	isosorbide dinitrate	1	1		1	1B	
Nitro-bid ointment	nitroglycerin	1	1		1	1B	
Nitroglycerin capsule, patch	nitroglycerin	1	1		1	1B	
Nitrostat	nitroglycerin	1	1		1	1B	

2K. Renin inhibitors and combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Tekturna	aliskiren hemifumarate	1	1		1	1B	
Tekturna, HCT		3	3		3	3	

2L. Miscellaneous antihypertensives		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Apresoline	hydralazine hcl	1	1		1	1B	
Demser	metyrosine	1	1		1	1B	
Loniten	minoxidil	1	1		1	1B	

3. Central nervous system

3A. Alzheimer's therapy		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aricept 5, 10mg; ODT	donepezil hcl	1	1		1	1A	
Exelon capsule	rivastigmine tartrate	1	1		1	1B	
Exelon patch	rivastigmine	1	1		1	1B	
Memantine hcl (authorized generic of Namenda dose pack)		2	2	QL	2	2	QL
Namenda	memantine hcl	1	1		1	1A	
Namenda dose pack		2	2	QL	2	2	QL
Namenda XR	memantine hcl	1	1	QL	1	1B	QL
Namenda XR dose pack		3	3	QL	3	3	QL
Razadyne, ER	galantamine hbr	1	1		1	1B	

3B. Anticonvulsants		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Banzel suspension	rufinamide	1	1		1	1B	
Banzel tablet		2	2	PA, QL	2	2	PA, QL
Briviact		3	3	PA, QL	3	3	PA, QL
Carbatrol	carbamazepine	1	1		1	1B	
Celontin		3	3		3	3	
Depakene capsule	valproic acid	1	1		1	1A	
Depakene solution	valproic acid (as sodium salt)	1	1		1	1A	
Depakote, ER, Sprinkles	divalproex sodium	1	1		1	1A	
Diacomit <s>		3	5	PA, QL	5	5	PA, QL
Diamox, Sequels	acetazolamide	1	1		1	1B	
Diastat 2.5mg	diazepam	1	1		1	1B	
Diastat Acudial	diazepam	1	1		1	1B	
Dilantin	phenytoin	1	1		1	1A	
Dilantin 30mg capsule		2	2		2	2	
Dilantin; Phenytek capsule	phenytoin sodium extended	1	1		1	1A	
Epidiolex <s>		3	5	PA, QL	5	5	PA, QL
Equetro		3	3		3	3	
Felbatol	felbamate	1	1		1	1B	
Fintepla <s>		3	5	PA, QL	5	5	PA, QL
Fycompa suspension		3	3	QL	3	3	
Fycompa tablet		3	3	QL	3	3	QL
Gabitril	tiagabine hcl	1	1		1	1B	
Keppra, XR	levetiracetam	1	1		1	1A	
Klonopin, Wafer	clonazepam	1	1		1	1B	
Lamictal, dispertabs	lamotrigine	1	1		1	1A	
Lamictal dose pack	lamotrigine	1	1		1	1B	
Lamictal ODT, XR	lamotrigine	1	1		1	1B	
Lamictal XR dose pack		3	3		3	3	
Lyrica	pregabalin	1	1	QL	1	1B	QL
Mysoline	primidone	1	1		1	1B	
Nayzilam		2	2	QL	2	2	QL
Neurontin	gabapentin	1	1		1	1A	
Onfi	clobazam	1	1	QL	1	1B	QL
Peganone		2	2		2	2	
Phenobarbital	phenobarbital	1	1		1	1B	
Sabril <s>	vigabatrin	1	4	PA, QL	4	4	PA, QL
Tegretol	carbamazepine	1	1		1	1A	
Tegretol XR	carbamazepine	1	1		1	1B	
Topamax, Sprinkle	topiramate	1	1		1	1A	
Trileptal suspension	oxcarbazepine	1	1		1	1B	
Trileptal tablet	oxcarbazepine	1	1		1	1A	
Valtoco		2	2	QL	2	2	QL
Vimpat solution		2	2		2	2	
Vimpat tablet		2	2	PA, QL	2	2	PA, QL
Xcopri		3	3	PA, QL	3	3	PA, QL
Zarontin	ethosuximide	1	1		1	1B	
Zonegran	zonisamide	1	1		1	1A	

3C. Antidepressants		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Adapin; Sinequan	doxepin hcl	1	1		1	1A	
Amoxapine	amoxapine	1	1		1	1A	
Anafranil	clomipramine hcl	1	1		1	1B	
Aventyl; Pamelor	nortriptyline hcl	1	1		1	1A	
Celexa	citalopram hydrobromide	1	1		1	1A	
Cymbalta	duloxetine hcl	1	1		1	1A	
Desyrel	trazodone hcl	1	1		1	1A	
Effexor	venlafaxine hcl	1	1		1	1A	
Effexor XR; Venlafaxine hcl ER capsule	venlafaxine hcl	1	1		1	1A	
Effexor XR; Venlafaxine hcl ER tablet	venlafaxine hcl	1	1		1	1B	
Elavil	amitriptyline hcl	1	1		1	1A	
Emsam		3	3	PA, QL	3	3	PA, QL
Etrafon	perphenazine/amitriptyline hcl	1	1		1	1B	
Fluoxetine 60mg	fluoxetine hcl	1	1	QL	1	1B	
Lexapro	escitalopram oxalate	1	1		1	1A	
Limbitrol, DS	amitrip hcl/chlordiazepoxide	1	1		1	1B	
Luvox	fluvoxamine maleate	1	1		1	1A	
Luvox CR	fluvoxamine maleate	1	1		1	1B	
Maprotiline hcl	maprotiline hcl	1	1		1	1A	
Marplan		3	3		3	3	
Nardil	phenelzine sulfate	1	1		1	1B	
Norpramin	desipramine hcl	1	1		1	1B	
Parnate	tranylcypromine sulfate	1	1		1	1B	
Paxil	paroxetine hcl	1	1		1	1A	
Paxil CR	paroxetine hcl	1	1		1	1B	
Paxil suspension		3	3		3	3	
Pexeva		3	3	ST, QL	3	3	ST, QL
Pristiq	desvenlafaxine succinate	1	1		1	1A	QL
Prozac	fluoxetine hcl	1	1		1	1A	
Prozac Weekly	fluoxetine hcl	1	1	QL	1	1A	
Remeron	mirtazapine	1	1		1	1A	
Serzone	nefazodone hcl	1	1		1	1B	
Surmontil	trimipramine maleate	1	1		1	1B	
Tofranil	imipramine hcl	1	1		1	1A	
Tofranil-PM	imipramine pamoate	1	1		1	1B	
Trintellix		3	3	ST, QL	3	3	ST, QL
Viibryd, dose pack		3	3	ST, QL	3	3	ST, QL
Vivactil	protriptyline hcl	1	1		1	1B	
Wellbutrin, SR, XL	bupropion hcl	1	1		1	1A	
Zoloft	sertraline hcl	1	1		1	1A	

3D. Antipsychotics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Abilify	aripiprazole	1	1		1	1B	
Abilify Maintena		2	2		2	2	
Aristada		2	2	QL	2	2	QL
Aristada Initio		2	2		2	2	
Caplyta		3	3	ST, QL	3	3	ST, QL
Clozapine ODT 150mg (authorized generic of Fazaclo)		3	3		3	3	
Clozaril	clozapine	1	1		1	1A	
Etrafon	perphenazine/amitriptyline hcl	1	1		1	1B	
Fanapt		3	3	ST	3	3	ST
Fazaclo	clozapine	1	1		1	1B	
Fluphenazine decanoate	fluphenazine decanoate	1	1		1	1B	
Fluphenazine liquid	fluphenazine hcl	1	1		1	1A	
Geodon	ziprasidone hcl	1	1		1	1A	
Haldol decanoate	haloperidol decanoate	1	1		1	1B	
Haldol liquid	haloperidol lactate	1	1		1	1A	
Haldol tablet	haloperidol	1	1		1	1A	
Invega	paliperidone	1	1	QL	1	1B	QL
Invega Sustenna		2	2		2	2	
Invega Trinza		2	2	QL	2	2	QL
Latuda		3	3	ST	3	3	ST
Loxitane	loxapine succinate	1	1		1	1A	
Mellaril	thioridazine hcl	1	1		1	1A	
Navane	thiothixene	1	1		1	1B	
Nuplazid		3	3	PA, QL	3	3	PA, QL
Orap	pimozide	1	1		1	1B	
Perphenazine	perphenazine	1	1		1	1A	
Perseris		2	2	QL	2	2	QL
Prolixin	fluphenazine hcl	1	1		1	1A	
Risperdal Consta		2	2		2	2	
Risperdal, M-Tab	risperidone	1	1		1	1A	
Saphris		3	3	ST, QL	3	3	ST, QL
Secuado		3	3	PA, QL	3	3	PA, QL
Seroquel	quetiapine fumarate	1	1		1	1A	
Seroquel XR	quetiapine fumarate	1	1	QL	1	1A	QL
Stelazine	trifluoperazine hcl	1	1		1	1A	
Symbyax	olanzapine/fluoxetine hcl	1	1		1	1B	
Thorazine	chlorpromazine hcl	1	1		1	1B	
Vraylar		3	3	ST, QL	3	3	ST, QL
Zyprexa Relprevv		2	2		2	2	
Zyprexa, Zydis	olanzapine	1	1		1	1A	

3E. Anxiolytics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Ativan	lorazepam	1	1		1	1B	
Buspar	buspirone hcl	1	1		1	1B	
Equanil; Miltown	meprobamate	1	1		1	1B	
Librium	chlordiazepoxide hcl	1	1		1	1B	
Lorazepam intensol	lorazepam	1	1		1	1B	
Niravam	alprazolam	1	1		1	1B	
Serax	oxazepam	1	1		1	1B	
Tranxene T-Tab	clorazepate dipotassium	1	1		1	1B	
Valium	diazepam	1	1		1	1B	
Xanax, XR	alprazolam	1	1		1	1B	

3F. CNS stimulants		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Adderall, XR	dextroamphetamine/amphetamine	1	1	QL	1	1B	QL
Concerta	methylphenidate hcl	1	1	QL	1	1B	QL
Daytrana		3	3	QL	3	3	QL
Desoxyn	methamphetamine hcl	1	1	QL	1	1B	QL
Dexedrine	dextroamphetamine sulfate	1	1	QL	1	1B	QL
Focalin, XR	dexmethylphenidate hcl	1	1	QL	1	1B	QL
Metadate CD	methylphenidate hcl	1	1	QL	1	1B	QL
Methylin, ER	methylphenidate hcl	1	1	QL	1	1B	QL
Mydayis		2	2	QL	2	2	QL
Nuvigil	armodafinil	1	1	QL	1	1B	QL
Procentra	dextroamphetamine sulfate	1	1	QL	1	1B	QL
Provigil	modafinil	1	1	QL	1	1B	QL
Ritalin, LA, SR	methylphenidate hcl	1	1	QL	1	1B	QL
Vyvanse		2	2	QL	2	2	QL
Zenzedi		3	3	QL	3	3	QL

3G. Migraine therapy		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aimovig		2	2	PA, QL	2	2	PA, QL
Ajovy		2	2	PA, QL	2	2	PA, QL
Alsuma	sumatriptan succinate	1	1	QL	1	1B	QL
Amerge	naratriptan hcl	1	1	QL	1	1B	QL
Axert	almotriptan malate	1	1	ST, QL	1	1B	ST, QL
Cafergot	ergotamine tartrate/caffeine	1	1		1	1B	QL
D.H.E.45	dihydroergotamine mesylate	1	1		1	1B	QL
Emgality		2	2	PA, QL	2	2	PA, QL
Esgic; Fioricet	butalb/acetaminophen/caffeine	1	1		1	1B	QL
Fioricet w/codeine	butalbit/acetamin/caff/codeine	1	1	QL	1	1B	QL
Fiorinal	butalbital/aspirin/caffeine	1	1		1	1B	
Fiorinal w/codeine	codeine/butalbital/asa/caffein	1	1	QL	1	1B	QL
Frova	frovatriptan succinate	1	1	ST, QL	1	1B	ST, QL
Imitrex	sumatriptan succinate	1	1	QL	1	1B	QL
Imitrex nasal spray	sumatriptan	1	1	QL	1	1B	QL
Maxalt, MLT	rizatriptan benzoate	1	1	QL	1	1B	QL
Phrenilin 50mg/325mg	butalbital/acetaminophen	1	1		1	1B	
Relpax	eletriptan hbr	1	1	ST, QL	1	1B	ST, QL
Reyvow		3	3	PA, QL	3	3	PA, QL
Ubrelvy		3	3	PA, QL	3	3	PA, QL
Zomig nasal spray		3	3	ST, QL	3	3	ST, QL
Zomig, ZMT	zolmitriptan	1	1	QL	1	1B	QL

3H. Myasthenia gravis		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Mestinon, Timespan	pyridostigmine bromide	1	1		1	1B	

3I. Narcotic antagonists and withdrawal management		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Lucemyra		2	2	QL	2	2	QL
Naloxone hcl injection	naloxone hcl	1	1		1	1B	
Narcan nasal spray		2	2	QL	2	2	QL
Revia	naltrexone hcl	1	1		1	1B	

3J. Narcotic mixed agonist and antagonist		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bunavail		3	3	QL	3	3	QL
Butrans	buprenorphine	1	1	QL	1	1B	QL
Ryzolt	tramadol hcl	1	1	QL	1	1B	QL
Stadol NS	butorphanol tartrate	1	1	QL	1	1B	QL
Suboxone	buprenorphine hcl/naloxone hcl	1	1	QL	1	1B	QL
Subutex	buprenorphine hcl	1	1	QL	1	1B	QL
Talwin NX	pentazocine hcl/naloxone hcl	1	1	QL	1	1B	QL
Tramadol Hcl 100mg tablet		3	3	QL	3	3	QL
Ultracet	tramadol hcl/acetaminophen	1	1	QL	1	1B	QL
Ultram, ER	tramadol hcl	1	1	QL	1	1B	QL
Zubsolv		2	2	QL	2	2	QL

3K. Narcotic and analgesic combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Esgic; Fioricet	butalb/acetaminophen/caffeine	1	1		1	1B	QL
Fioricet w/codeine	butalbit/acetamin/caff/codeine	1	1	QL	1	1B	QL
Fiorinal	butalbital/aspirin/caffeine	1	1		1	1B	
Fiorinal w/codeine	codeine/butalbital/asa/caffein	1	1	QL	1	1B	QL
Hycet	hydrocodone/acetaminophen	1	1	QL	1	1B	QL
Norco; Vicodin; Xodol	hydrocodone/acetaminophen	1	1	QL	1	1B	QL
Percocet	oxycodone hcl/acetaminophen	1	1	QL	1	1B	QL
Percodan	oxycodone hcl/aspirin	1	1	QL	1	1B	QL
Phrenilin 50mg/325mg	butalbital/acetaminophen	1	1		1	1B	
Tylenol w/codeine	acetaminophen with codeine	1	1	QL	1	1B	QL
Vicoprofen	hydrocodone/ibuprofen	1	1	QL	1	1B	QL

3L. Narcotics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Actiq	fentanyl citrate	1	1	PA, QL	1	1B	PA, QL
Belladonna & Opium	opium/belladonna alkaloids	1	1	QL	1	1B	QL
Codeine sulfate tablet	codeine sulfate	1	1	QL	1	1B	QL
Dilaudid	hydromorphone hcl	1	1	QL	1	1B	QL
Duragesic	fentanyl	1	1	QL	1	1B	QL
Levorphanol Tartrate	levorphanol tartrate	1	1	QL	1	1B	QL
Levorphanol Tartrate 3mg		3	3	QL	3	3	QL
Methadone	methadone hcl	1	1	QL	1	1B	QL
MS Contin	morphine sulfate	1	1	QL	1	1B	QL
MSIR	morphine sulfate	1	1	QL	1	1B	QL
Nucynta, ER		3	3	PA, QL	3	3	PA, QL
Opana ER	oxymorphone hcl	1	1	PA, QL	1	1B	PA, QL
Oxycodone hcl ER (authorized generic of Oxycontin)		3	3	PA, QL	3	3	PA, QL
Oxycodone immediate release, solution	oxycodone hcl	1	1	QL	1	1B	QL
Oxycontin		3	3	PA, QL	3	3	PA, QL
RMS Suppository	morphine sulfate	1	1	QL	1	1B	QL
Roxanol	morphine sulfate	1	1	QL	1	1B	QL
Zohydro ER	hydrocodone bitartrate	1	1	PA, QL	1	1B	PA, QL

3M. Nonsteroidal anti inflammatory drugs		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Anaprox, DS	naproxen sodium	1	1		1	1A	
Ansaid	flurbiprofen	1	1		1	1B	
Cataflam	diclofenac potassium	1	1		1	1B	
Celebrex	celecoxib	1	1		1	1B	
Clinoril	sulindac	1	1		1	1B	
Daypro	oxaprozin	1	1		1	1B	
EC-Naprosyn	naproxen	1	1		1	1A	
Feldene	piroxicam	1	1		1	1B	
Indocin, SR	indomethacin	1	1		1	1B	
Indocin suppository		3	3	QL	3	3	QL
Ketoprofen (except 25mg)	ketoprofen	1	1		1	1B	
Ketoprofen 25mg	ketoprofen	1	1	PA, QL	1	1B	PA, QL
Lodine, XL	etodolac	1	1		1	1B	
Meclomen	meclofenamate sodium	1	1		1	1B	
Mobic	meloxicam	1	1		1	1A	
Motrin (Rx Only)	ibuprofen	1	1		1	1A	
Nalfon 600mg	fenoprofen calcium	1	1	PA, QL	1	1B	PA, QL
Naprosyn suspension (Rx Only)	naproxen	1	1		1	1B	
Naprosyn tablet (Rx Only)	naproxen	1	1		1	1A	
Relafen	nabumetone	1	1		1	1B	
Tolectin, DS	tolmetin sodium	1	1		1	1B	
Toradol injection	ketorolac tromethamine	1	1		1	1B	
Toradol tablet	ketorolac tromethamine	1	1	QL	1	1B	QL
Voltaren gel	diclofenac sodium	1	1	QL	1	1B	QL
Voltaren tablet	diclofenac sodium	1	1		1	1A	
Voltaren-XR	diclofenac sodium	1	1		1	1B	

3N. Parkinsons disease and related disorders		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Apokyn <s>		2	4	PA, QL	4	4	PA, QL
Artane	trihexyphenidyl hcl	1	1		1	1A	
Azilect	rasagiline mesylate	1	1		1	1B	
Cogentin	benztropine mesylate	1	1		1	1A	
Comtan	entacapone	1	1		1	1B	
Duopa <s>		2	4	PA, QL	4	4	PA, QL
Eldepryl	selegiline hcl	1	1		1	1B	
Inbrija		3	3	PA, QL	3	3	PA, QL
Kynmobi <s>		3	5	PA, QL	5	5	PA, QL
Lodosyn	carbidopa	1	1		1	1B	
Mirapex immediate-release	pramipexole di-hcl	1	1		1	1A	
Nourianz		3	3	PA, QL	3	3	PA, QL
Nuplazid		3	3	PA, QL	3	3	PA, QL
Ongentys		3	3	PA, QL	3	3	PA, QL
Parcopa	carbidopa/levodopa	1	1		1	1B	
Parlodel	bromocriptine mesylate	1	1		1	1B	
Requip	ropinirole hcl	1	1		1	1A	
Requip XL	ropinirole hcl	1	1		1	1B	
Sinemet, CR	carbidopa/levodopa	1	1		1	1A	
Stalevo	carbidopa/levodopa/entacapone	1	1		1	1B	
Symmetrel	amantadine hcl	1	1		1	1B	
Tasmar	tolcapone	1	1		1	1B	
Xadago		3	3	QL	3	3	QL

3O. Salicylates		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aspirin*; Ecotrin* 81mg, 325mg (OTC) (Prevent)	aspirin	$0	$0		$0	$0	
Disalcid	salsalate	1	1		1	1B	
Dolobid	diflunisal	1	1		1	1B	

*Age restrictions apply.

3P. Sedative and hypnotics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Ambien	zolpidem tartrate	1	1	QL	1	1B	QL
Ambien CR	zolpidem tartrate	1	1	QL	1	1B	QL
Dalmane	flurazepam hcl	1	1	QL	1	1B	QL
Halcion	triazolam	1	1	QL	1	1B	QL
Hetlioz <s>		3	5	PA, QL	5	5	PA, QL
Lunesta	eszopiclone	1	1	QL	1	1B	QL
Prosom	estazolam	1	1	QL	1	1B	QL
Restoril	temazepam	1	1	QL	1	1B	QL
Rozerem	ramelteon	1	1	ST, QL	1	1B	ST, QL
Sonata	zaleplon	1	1	QL	1	1B	QL
Versed syrup	midazolam hcl	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug
(Prevent) - Prevent drugs may be covered at $0 if criteria are met

3Q. Skeletal muscle relaxants		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Baclofen	baclofen	1	1		1	1B	
Dantrium	dantrolene sodium	1	1		1	1B	
Flexeril	cyclobenzaprine hcl	1	1		1	1B	
Norflex	orphenadrine citrate	1	1		1	1B	
Parafon Forte DSC 500mg	chlorzoxazone	1	1		1	1B	
Robaxin	methocarbamol	1	1		1	1B	
Skelaxin	metaxalone	1	1		1	1B	PA
Soma	carisoprodol	1	1	PA	1	1B	PA, QL
Valium	diazepam	1	1		1	1B	
Zanaflex	tizanidine hcl	1	1		1	1B	

3R. Miscellaneous CNS		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Antabuse	disulfiram	1	1		1	1B	
Austedo <s>		2	4	PA, QL	4	4	PA, QL
Cafcit	caffeine citrate	1	1		1	1B	
Campral	acamprosate calcium	1	1		1	1B	
Cuvposa		3	3		3	3	
Enspryng <s>		2	4	PA, QL	4	4	PA, QL
Ergoloid Mesylates	ergoloid mesylates	1	1		1	1B	
Eskalith, CR; Lithobid	lithium carbonate	1	1		1	1A	
Evrysdi <s>		2	4	PA, QL	4	4	PA, QL
Guanidine hcl	guanidine hcl	1	1		1	1B	
Ingrezza <s>		3	5	PA, QL	5	5	PA, QL
Intuniv	guanfacine hcl	1	1	QL	1	1B	QL
Kapvay	clonidine hcl	1	1	QL	1	1B	QL
Lithium Citrate	lithium citrate	1	1		1	1B	
Nimotop	nimodipine	1	1		1	1B	
Nuedexta		2	2	PA, QL	2	2	PA, QL
Nymalize		3	3	QL	3	3	QL
Rilutek	riluzole	1	1		1	1B	
Ruzurgi <s>		2	4	PA, QL	4	4	PA, QL
Savella		3	3	PA, QL	3	3	PA, QL
Strattera	atomoxetine hcl	1	1	QL	1	1B	QL
Sunosi		3	3	PA, QL	3	3	PA, QL
Tegsedi <s>		2	4	PA, QL	4	4	PA, QL
Tiglutik <s>		3	5	PA, QL	5	5	PA, QL
Wakix <s>		3	5	PA, QL	5	5	PA, QL
Xenazine <s>	tetrabenazine	1	4	PA, QL	4	4	PA, QL
Xyrem <s>		3	5	PA, QL	5	5	PA, QL

4. Gastrointestinal agents

4A. 5 Aminosalicylic Acid (5 ASA) agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Apriso	mesalamine	1	1		1	1B	
Asacol HD	mesalamine	1	1		1	1B	
Azulfidine, EN-tab	sulfasalazine	1	1		1	1A	
Canasa	mesalamine	1	1		1	1B	
Colazal	balsalazide disodium	1	1		1	1B	
Delzicol	mesalamine	1	1		1	1B	
Dipentum		3	3		3	3	
Lialda	mesalamine	1	1		1	1B	QL
Pentasa		2	2		2	2	
SfRowasa enema	mesalamine	1	1		1	1B	

4B. Antidiarrheals and antispasmodics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bentyl	dicyclomine hcl	1	1		1	1B	
Levbid	hyoscyamine sulfate	1	1		1	1B	
Levsin, SL	hyoscyamine sulfate	1	1		1	1B	
Librax	chlordiazepoxide/clidinium br	1	1		1	1B	
Lomotil	diphenoxylate hcl/atropine	1	1		1	1B	
Mytesi		2	2	PA, QL	2	2	PA, QL

4C. Antiemetics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Akynzeo		3	3	PA, QL	3	3	PA, QL
Cesamet		3	3		3	3	
Compazine suppository	prochlorperazine	1	1		1	1B	
Compazine tablet	prochlorperazine maleate	1	1		1	1B	
Emend 40mg	aprepitant	1	1		1	1B	
Emend 80mg, 125mg, 125mg-80mg	aprepitant	1	1		1	1B	QL
Emend suspension		2	2	QL	2	2	QL
Kytril	granisetron hcl	1	1		1	1B	QL
Marinol	dronabinol	1	1		1	1B	
Phenergan	promethazine hcl	1	1		1	1B	
Sancuso		3	3	PA, QL	3	3	PA, QL
Tigan	trimethobenzamide hcl	1	1		1	1B	
Transderm-Scop	scopolamine	1	1		1	1B	
Zofran	ondansetron hcl	1	1		1	1B	
Zofran ODT	ondansetron	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

4D. Bile acids		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Actigall	ursodiol	1	1		1	1B	
Chenodal <s>		3	5	PA	5	5	PA
Ocaliva <s>		2	4	PA, QL	4	4	PA, QL
Urso; Forte	ursodiol	1	1		1	1B	

4E. Bowel preparation and cleansing agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bisacodyl* OTC (Prevent)	bisacodyl	$0	$0	QL	$0	$0	QL
Citrate of Magnesia* OTC (Prevent)	magnesium citrate	$0	$0	QL	$0	$0	QL
Clenpiq		3	3		3	3	
Colyte	peg3350/sod sulf,bicarb,cl/kcl	1	1		1	1B	
Colyte* (Prevent)	peg3350/sod sulf,bicarb,cl/kcl	$0	$0	QL	$0	$0	QL
Glycolax* OTC (Prevent)	polyethylene glycol 3350	$0	$0	QL	$0	$0	QL
Golytely	peg 3350/na sulf,bicarb,cl/kcl	1	1		1	1B	
Golytely flavored		2	2		2	2	
Golytely* (Prevent)	peg 3350/na sulf,bicarb,cl/kcl	$0	$0	QL	$0	$0	QL
Milk of Magnesia* OTC (Prevent)	magnesium hydroxide	$0	$0	QL	$0	$0	QL
Moviprep	peg3350/sod sul/nacl/kcl/asb/c	1	1		1	1B	
Moviprep* (Prevent)	peg3350/sod sul/nacl/kcl/asb/c	$0	$0	QL	$0	$0	QL
Nulytely	sodium chloride/nahco3/kcl/peg	1	1		1	1B	
Nulytely		3	3		3	3	
Nulytely* (Prevent)	sodium chloride/nahco3/kcl/peg	$0	$0	QL	$0	$0	QL
Oral Saline Laxative liquid* OTC (Prevent)	sodium phosphate,mono-dibasic	$0	$0	QL	$0	$0	QL
Peg-Prep	bisac/nacl/nahco3/kcl/peg 3350	1	1		1	1B	QL
Peg-Prep* (Prevent)	bisac/nacl/nahco3/kcl/peg 3350	$0	$0	QL	$0	$0	QL
Suprep		3	3		3	3	

*Age restrictions apply.

4F. Digestive enzymes		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Creon		2	2		2	2	
Zenpep		2	2		2	2	

4G. H2 Receptor antagonists		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Axid (Rx only)	nizatidine	1	1		1	1B	
Pepcid (Rx Only)	famotidine	1	1		1	1B	
Tagamet (Rx only)	cimetidine	1	1		1	1B	
Tagamet liquid (Rx only)	cimetidine hcl	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

4H. Proton Pump Inhibitors (PPI)		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aciphex tablet	rabeprazole sodium	1	1		1	1B	
Prevacid capsule (Rx Only)	lansoprazole	1	1	QL	1	1B	
Prilosec capsule (Rx Only)	omeprazole	1	1	QL	1	1B	
Protonix tablet	pantoprazole sodium	1	1	QL	1	1B	

4I. Topical anti Inflammatory agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Analpram-HC 1-1% cream		2	2		2	2	
Analpram-HC cream 2.5-1%, 1-1%	hydrocortisone/pramoxine	1	1		1	1B	
Anamantle HC cream with applicator	lidocaine/hydrocortisone ac	1	1		1	1B	
Cortenema	hydrocortisone	1	1		1	1B	
Cortifoam		3	3		3	3	
Epifoam		2	2		2	2	
Pramosone 2.5-1% cream	hydrocortisone/pramoxine	1	1		1	1B	
Proctocort	hydrocortisone	1	1		1	1B	
Proctocort suppository	hydrocortisone acetate	1	1		1	1B	
Proctofoam-HC		2	2		2	2	
Procto-Pak	hydrocortisone	1	1		1	1B	
Proctosol-HC suppository	hydrocortisone acetate	1	1		1	1B	

4J. Tumor Necrosis Factor (TNF) blocking agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cimzia syringe <s>		3	5	PA, QL	5	5	PA, QL
Humira <s>		2	4	PA, QL	4	4	PA, QL
Simponi <s>		3	5	PA, QL	5	5	PA, QL

4K. Ulcer therapy		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Carafate	sucralfate	1	1		1	1B	
Cytotec	misoprostol	1	1		1	1B	
Pamine, Forte	methscopolamine bromide	1	1		1	1B	
Pro-Banthine	propantheline bromide	1	1		1	1B	
Robinul tablet, Forte	glycopyrrolate	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

4L. Miscellaneous gastrointestinal agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Amitiza		2	2	QL	2	2	QL
Evoxac	cevimeline hcl	1	1		1	1B	
Gastrocrom	cromolyn sodium	1	1		1	1B	
Gattex <s>		2	4	PA, QL	4	4	PA, QL
Lactulose	lactulose	1	1		1	1B	
Linzess		2	2	QL	2	2	QL
Lotronex	alosetron hcl	1	1	QL	1	1B	QL
Rectiv		3	3	QL	3	3	QL
Reglan	metoclopramide hcl	1	1		1	1B	
Salagen	pilocarpine hcl	1	1		1	1B	
Stelara 45mg, 90mg <s>		2	4	PA, QL	4	4	PA, QL
Sucraid <s>		3	5	PA, QL	5	5	PA, QL
Xeljanz, XR <s>		2	4	PA, QL	4	4	PA, QL
Xifaxan 200mg		3	3	QL	3	3	QL
Xifaxan 550mg		3	3	PA, QL	3	3	PA, QL
Zorbtive <s>		3	5	PA	5	5	PA

5. Obstetrics and gynecology

5A. Contraceptives Biphasic		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Lo Loestrin Fe		3	3		3	3	
Loseasonique (Prevent)	l-norgest/e.estradiol-e.estrad	$0	$0	QL	$0	$0	
Mircette (Prevent)	desog-e.estradiol/e.estradiol	$0	$0		$0	$0	
Seasonique (Prevent)	l-norgest/e.estradiol-e.estrad	$0	$0	QL	$0	$0	

5B. Contraceptives Misc.		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Depo-Provera 150mg (Prevent)	medroxyprogesterone acetate	$0	$0		$0	$0	
Depo-subq Provera 104		2	2		2	2	
FC2 female condom (Prevent)		$0	$0	QL	$0	$0	
Gynol II (Prevent)	nonoxynol 9	$0	$0	QL	$0	$0	
Natazia		3	3		3	3	
Nuvaring (Prevent)	etonogestrel/ethinyl estradiol	$0	$0	QL	$0	$0	QL
Ortho Evra (Prevent)	norelgestromin/ethin.estradiol	$0	$0	QL	$0	$0	QL
Ortho Micronor; Nor-QD (Prevent)	norethindrone	$0	$0		$0	$0	
Quartette (Prevent)	l-norgest-eth estr/ethin estra	$0	$0	QL	$0	$0	
Safyral (Prevent)	drospir/eth estra/levomefol ca	$0	$0		$0	$0	
Slynd		3	3	QL	3	3	QL
Today contraceptive sponge (Prevent)		$0	$0	QL	$0	$0	
VCF film, gel (Prevent)		$0	$0	QL	$0	$0	
VCF foam (Prevent)	nonoxynol 9	$0	$0	QL	$0	$0	

5C. Contraceptives Monophasic		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alesse; Levlite (Prevent)	levonorgestrel-ethin estradiol	$0	$0		$0	$0	
Balcoltra		3	3		3	3	
Beyaz (Prevent)	drospir/eth estra/levomefol ca	$0	$0		$0	$0	
Demulen (Prevent)	ethynodiol d-ethinyl estradiol	$0	$0		$0	$0	
Desogen; Ortho-cept (Prevent)	desogestrel-ethinyl estradiol	$0	$0		$0	$0	
Femcon Fe (Prevent)	noreth-ethinyl estradiol/iron	$0	$0		$0	$0	
Generess Fe (Prevent)	noreth-ethinyl estradiol/iron	$0	$0		$0	$0	
Levlen; Nordette (Prevent)	levonorgestrel-ethin estradiol	$0	$0		$0	$0	
Lo/Ovral (Prevent)	norgestrel-ethinyl estradiol	$0	$0		$0	$0	
Loestrin (Prevent)	norethindrone ac-eth estradiol	$0	$0		$0	$0	
Loestrin 24 Fe (Prevent)	norethindrone-e.estradiol-iron	$0	$0		$0	$0	
Loestrin Fe (Prevent)	norethindrone-e.estradiol-iron	$0	$0		$0	$0	
Lybrel (Prevent)	levonorgestrel-ethin estradiol	$0	$0		$0	$0	
Minastrin 24 FE (Prevent)	norethindrone-e.estradiol-iron	$0	$0		$0	$0	
Modicon (Prevent)	norethindrone-ethinyl estrad	$0	$0		$0	$0	
Norinyl 1/35; Ortho-novum 1/35 (Prevent)	norethindrone-ethinyl estrad	$0	$0		$0	$0	
Nortrel (Prevent)	norethindrone-ethinyl estrad	$0	$0		$0	$0	
Ortho-Cyclen (Prevent)	norgestimate-ethinyl estradiol	$0	$0		$0	$0	
Ovcon 35 (Prevent)	norethindrone-ethinyl estrad	$0	$0		$0	$0	
Seasonale (Prevent)	levonorgestrel-ethin estradiol	$0	$0	QL	$0	$0	
Taytulla (Prevent)	norethindrone-e.estradiol-iron	$0	$0		$0	$0	
Yasmin 28 (Prevent)	ethinyl estradiol/drospirenone	$0	$0		$0	$0	
Yaz (Prevent)	ethinyl estradiol/drospirenone	$0	$0		$0	$0	

5D. Contraceptives Postcoital		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Ella (Prevent)		$0	$0	QL	$0	$0	QL
Plan B One-step (Prevent)	levonorgestrel	$0	$0	QL	$0	$0	

5E. Contraceptives Triphasic		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cyclessa (Prevent)	desogestrel-ethinyl estradiol	$0	$0		$0	$0	
Estrostep Fe (Prevent)	norethindrone-e.estradiol-iron	$0	$0		$0	$0	
Ortho Tri-Cyclen (Prevent)	norgestimate-ethinyl estradiol	$0	$0		$0	$0	
Ortho Tri-Cyclen Lo (Prevent)	norgestimate-ethinyl estradiol	$0	$0		$0	$0	
Ortho-Novum 7/7/7 (Prevent)	norethindrone-ethinyl estrad	$0	$0		$0	$0	
Trilevlen (Prevent)	levonorgestrel-ethin estradiol	$0	$0		$0	$0	
Tri-Norinyl (Prevent)	norethindrone-ethinyl estrad	$0	$0		$0	$0	

5F. Estrogen and progestin combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Activella	estradiol/norethindrone acet	1	1		1	1B	
Angeliq		3	3		3	3	
Climara Pro		3	3		3	3	
Combipatch		3	3		3	3	
FemHRT	norethindrone ac-eth estradiol	1	1		1	1B	
Prefest		3	3		3	3	
Prempro, Low Dose; Premphase		2	2		2	2	

5G. Estrogens		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alora		2	2		2	2	
Climara	estradiol	1	1		1	1B	
Delestrogen	estradiol valerate	1	1		1	1B	
Delestrogen 10mg/mL		3	3		3	3	
Divigel		3	3		3	3	
Elestrin		3	3		3	3	
Estrace	estradiol	1	1		1	1B	
Estring		2	2		2	2	
Estrogel		2	2		2	2	
Evamist		3	3		3	3	
Femring		3	3		3	3	
Imvexxy		3	3		3	3	
Menest		3	3		3	3	
Menostar		3	3		3	3	
Minivelle, Vivelle-Dot	estradiol	1	1		1	1B	
Premarin, cream, Low Dose		2	2		2	2	
Vagifem	estradiol	1	1		1	1B	

5H. Infertility treatment*		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Clomid	clomiphene citrate	1	1	QL	1	1B	QL
Follistim AQ <s>		3	5	PA, QL	5	5	PA, QL
Gonal-F, RFF, Redi-ject <s>		2	4	PA, QL	4	4	PA, QL
Ovidrel <s>		2	4	PA, QL	4	4	PA, QL
Pregnyl <s>		2	4	PA, QL	4	4	PA, QL

*Drugs used for the treatment of infertility may not be covered for select benefits. Cost-sharing depends on the medical benefit for BCN members.

5I. Progestins		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aygestin	norethindrone acetate	1	1		1	1B	
Depo-subq Provera 104		2	2		2	2	
Progesterone In Oil (inj)	progesterone	1	1		1	1B	
Prometrium	progesterone,micronized	1	1		1	1B	
Provera	medroxyprogesterone acetate	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug
(Prevent) - Prevent drugs may be covered at $0 if criteria are met

5J. Vaginal anti infective and antifungal		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cleocin vaginal cream	clindamycin phosphate	1	1		1	1B	
Cleocin vaginal ovules		3	3		3	3	
Clindesse		3	3		3	3	
Diflucan	fluconazole	1	1		1	1B	
Gynazole-1		3	3		3	3	
Metrogel-Vaginal	metronidazole	1	1		1	1B	
Monistat 3	miconazole nitrate	1	1		1	1B	
Terazol- 3, 7	terconazole	1	1		1	1B	

5K. Miscellaneous OB GYN		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Covaryx, H.S.	estrogen,ester/me-testosterone	1	1		1	1B	
Duavee		3	3		3	3	
Intrarosa		3	3		3	3	
Lupron Depot 3.75mg, 11.25mg <s>		2	4		4	4	
Lysteda	tranexamic acid	1	1	QL	1	1B	QL
Methergine	methylergonovine maleate	1	1	QL	1	1B	QL
Oriahnn		3	3	PA, QL	3	3	PA, QL
Orilissa		2	2	PA, QL	2	2	PA, QL
Osphena		3	3		3	3	
Synarel		3	3		3	3	

6. Rheumatology and musculoskeletal

6A. Corticosteroids		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Corticosteroids	See Chapter 7C	N/A	N/A		N/A	N/A	

6B. Gout therapy		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Colbenemid	colchicine/probenecid	1	1		1	1B	
Colcrys	colchicine	1	1		1	1B	
Probenecid	probenecid	1	1		1	1B	
Uloric	febuxostat	1	1	ST, QL	1	1B	ST, QL
Zyloprim	allopurinol	1	1		1	1B	

6C. Non Tumor Necrosis Factor (TNF) blocking agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Actemra Actpen, syringe <s>		2	4	PA, QL	4	4	PA, QL
Cosentyx <s>		2	4	PA, QL	4	4	PA, QL
Kevzara <s>		3	5	PA, QL	5	5	PA, QL
Kineret <s>		3	5	PA, QL	5	5	PA, QL
Olumiant <s>		3	5	PA, QL	5	5	PA, QL
Orencia Clickject, sub-q <s>		3	5	PA, QL	5	5	PA, QL
Otezla <s>		2	4	PA, QL	4	4	PA, QL
Rinvoq ER <s>		2	4	PA, QL	4	4	PA, QL
Stelara 45mg, 90mg <s>		2	4	PA, QL	4	4	PA, QL
Xeljanz, XR <s>		2	4	PA, QL	4	4	PA, QL

6D. Osteoporosis and bone resorption		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Actonel	risedronate sodium	1	1	QL	1	1B	QL
Atelvia	risedronate sodium	1	1	ST, QL	1	1B	ST, QL
Boniva	ibandronate sodium	1	1	QL	1	1A	QL
Didronel	etidronate disodium	1	1	QL	1	1B	
Evista	raloxifene hcl	1	1	QL	1	1B	QL
Fosamax	alendronate sodium	1	1	QL	1	1A	QL
Miacalcin injection		2	2		2	2	
Miacalcin nasal spray	calcitonin,salmon,synthetic	1	1		1	1B	

6E. Osteoporosis and hormonal treatment		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alora		2	2		2	2	
Climara	estradiol	1	1		1	1B	
Duavee		3	3		3	3	
Estrace	estradiol	1	1		1	1B	
FemHRT	norethindrone ac-eth estradiol	1	1		1	1B	
Forteo <s>		2	4	PA, QL	4	4	PA, QL
Menest		3	3		3	3	
Minivelle, Vivelle-Dot	estradiol	1	1		1	1B	
Premarin, cream, Low Dose		2	2		2	2	
Prempro, Low Dose; Premphase		2	2		2	2	
Tymlos <s>		2	4	PA, QL	4	4	PA, QL

6F. Salicylates		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
NSAIDS and Salicylates	See Chapters 3M & 3O	N/A	N/A		N/A	N/A	

6G. Tumor Necrosis Factor (TNF) blocking agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cimzia syringe <s>		3	5	PA, QL	5	5	PA, QL
Enbrel <s>		2	4	PA, QL	4	4	PA, QL
Humira <s>		2	4	PA, QL	4	4	PA, QL
Simponi <s>		3	5	PA, QL	5	5	PA, QL

6H. Miscellaneous rheumatologic agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Arava	leflunomide	1	1		1	1B	
Azasan		3	3		3	3	
Azulfidine, EN-tab	sulfasalazine	1	1		1	1A	
Depen	penicillamine	1	1	QL	1	1B	QL
Gengraf; Neoral <s>	cyclosporine, modified	1	4		4	4	
Imuran	azathioprine	1	1		1	1B	
Methotrexate	methotrexate sodium	1	1		1	1B	
Methotrexate PF injection	methotrexate sodium/pf	1	1		1	1B	
Plaquenil	hydroxychloroquine sulfate	1	1	QL	1	1B	QL
Ridaura		2	2		2	2	
Trexall		2	2		2	2	
Xatmep <s>		3	5		5	5	

7. Endocrinology

7A. Androgens		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Anadrol-50		3	3		3	3	
Androderm		2	2	PA, QL	2	2	PA, QL
Androgel	testosterone	1	1	PA, QL	1	1B	PA, QL
Danocrine	danazol	1	1		1	1B	
Delatestryl	testosterone enanthate	1	1		1	1B	
Depo-Testosterone	testosterone cypionate	1	1		1	1B	
Methitest		3	3		3	3	QL
Oxandrin	oxandrolone	1	1	PA	1	1B	PA

7B. Antithyroid agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Propylthiouracil	propylthiouracil	1	1		1	1B	
SSKI		3	3		3	3	
Strong Iodine	potassium iodide/iodine	1	1		1	1B	
Tapazole	methimazole	1	1		1	1B	

7C. Corticosteroids		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cortef; Hydrocortisone	hydrocortisone	1	1		1	1A	
Cortisone acetate	cortisone acetate	1	1		1	1B	
Decadron	dexamethasone	1	1		1	1A	
Deltasone	prednisone	1	1		1	1A	
Dexpak	dexamethasone	1	1		1	1B	
Emflaza <s>		3	5	PA	5	5	PA
Entocort EC	budesonide	1	1		1	1B	
Florinef	fludrocortisone acetate	1	1		1	1B	
Medrol 2mg		3	3		3	3	
Medrol, dose pack	methylprednisolone	1	1		1	1A	
Millipred solution	prednisolone sod phosphate	1	1		1	1A	
Millipred tablet, dose pack	prednisolone	1	1		1	1B	
Orapred solution	prednisolone sod phosphate	1	1		1	1A	
Pediapred solution	prednisolone sod phosphate	1	1		1	1A	
Prednisolone solution	prednisolone	1	1		1	1A	
Prednisone	prednisone	1	1		1	1A	
Solu-cortef		3	3		3	3	
Uceris tablet	budesonide	1	1	QL	1	1B	QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

7D. Growth Hormone and related products		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Genotropin <s>		2	4	PA	4	4	PA
Humatrope <s>		3	5	PA	5	5	PA
Increlex <s>		3	5	PA	5	5	PA
Norditropin FlexPro <s>		2	4	PA	4	4	PA
Nutropin AQ NuSpin <s>		2	4	PA	4	4	PA
Omnitrope <s>		3	5	PA	5	5	PA
Saizen, Saizenprep <s>		3	5	PA	5	5	PA
Serostim <s>		3	5	PA	5	5	PA
Zomacton <s>		3	5	PA	5	5	PA

7E. Insulins		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Basaglar Kwikpen U-100		3	3		3	3	
Fiasp, Flextouch, Penfill		2	2		2	2	
Humulin R U-500 (all forms)		2	2		2	2	
Insulin lispro junior (authorized generic of Humalog Junior Kwikpen)		3	3		3	3	
Lantus, Solostar		2	2		1	1A	
Levemir, Flextouch		2	2		1	1A	
Novolin (NDC's ending in 00, 01, 11, and 15)		2	2		1	1A	
Novolog, Mix (all forms)		2	2		1	1A	
Soliqua 100-33		2	2	QL	2	2	QL
Toujeo, Max Solostar		2	2		1	1A	
Tresiba vial, Flextouch		2	2		1	1A	
Xultophy 100-3.6		2	2	QL	2	2	QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

7F. Non insulin hypoglycemic agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Actoplus Met	pioglitazone hcl/metformin hcl	1	1		1	1B	
Actos	pioglitazone hcl	1	1		1	1A	
Amaryl	glimepiride	1	1		1	1A	
Avandia		3	3	QL	3	3	QL
Cycloset		3	3	PA, QL	3	3	PA, QL
Diabeta; Micronase	glyburide	1	1		1	1A	
Duetact	pioglitazone hcl/glimepiride	1	1		1	1B	
Farxiga		2	2	QL	2	2	QL
Glucophage, XR	metformin hcl	1	1		1	1A	
Glucotrol, XL	glipizide	1	1		1	1A	
Glucovance	glyburide/metformin hcl	1	1		1	1A	
Glynase	glyburide,micronized	1	1		1	1A	
Glyset	miglitol	1	1		1	1B	
Glyxambi		2	2	QL	2	2	QL
Invokamet, XR		2	2	QL	2	2	QL
Invokana		2	2	QL	2	2	QL
Janumet		2	2	QL	2	2	QL
Janumet XR		2	2	QL	2	2	QL
Januvia		2	2	QL	2	2	QL
Jardiance		2	2	QL	2	2	QL
Jentadueto, XR		2	2	QL	2	2	QL
Metaglip	glipizide/metformin hcl	1	1		1	1A	
Ozempic		2	2	QL	2	2	QL
PrandiMet	repaglinide/metformin hcl	1	1		1	1B	
Prandin	repaglinide	1	1		1	1B	
Precose	acarbose	1	1		1	1B	
Qtern		2	2	QL	2	2	QL
Rybelsus		2	2	QL	2	2	QL
Segluromet		2	2	QL	2	2	QL
Starlix	nateglinide	1	1		1	1B	
Steglatro		2	2	QL	2	2	QL
Symlinpen		3	3		3	3	
Synjardy, XR		2	2	QL	2	2	QL
Tradjenta		2	2	QL	2	2	QL
Trijardy XR		2	2	QL	2	2	QL
Trulicity		2	2	QL	2	2	QL
Victoza		2	2	QL	2	2	QL
Xigduo XR		2	2	QL	2	2	QL

7G. Somatostatin analogs		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Sandostatin <s>	octreotide acetate	1	4		4	4	
Sandostatin LAR Depot <s>		2	4	PA	4	4	PA
Signifor <s>		2	4	PA, QL	4	4	PA, QL
Somatuline Depot <s>		2	4	PA, QL	4	4	PA, QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

7H. Thyroid hormones		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Armour Thyroid		3	3		3	3	
Cytomel	liothyronine sodium	1	1		1	1A	
NP Thyroid	thyroid,pork	1	1		1	1A	
Synthroid	levothyroxine sodium	1	1		1	1A	
Thyrolar		2	2		2	2	
Tirosint		3	3		3	3	
Tirosint-sol		3	3		3	3	
Westhroid	thyroid,pork	1	1		1	1A	

7I. Urea cycle disorder agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Buphenyl powder	sodium phenylbutyrate	1	1		1	1B	
Buphenyl tablet	sodium phenylbutyrate	1	1	QL	1	1B	
Carbaglu <s>		2	4	PA	4	4	PA
Ravicti <s>		3	5	PA, QL	5	5	PA, QL

7J. Vitamin D analogs		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Calciferol (Rx Only)	ergocalciferol (vitamin d2)	1	1		1	1B	
Hectorol	doxercalciferol	1	1		1	1B	
Rocaltrol	calcitriol	1	1		1	1B	
Zemplar	paricalcitol	1	1		1	1B	

7K. Miscellaneous endocrine		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Baqsimi		2	2	QL	2	2	QL
Cerdelga <s>		2	4	PA, QL	4	4	PA, QL
Cholbam <s>		2	4	PA, QL	4	4	PA
DDAVP	desmopressin acetate	1	1		1	1B	
DDAVP	desmopressin (nonrefrigerated)	1	1		1	1B	
Dojolvi <s>		2	4	PA	4	4	PA
Dostinex	cabergoline	1	1		1	1B	
Galafold <s>		2	4	PA, QL	4	4	PA, QL
GlucaGen HypoKit		2	2		2	2	
Glucagon Emergency Kit		2	2		2	2	
Gvoke		2	2	QL	2	2	QL
Isturisa <s>		3	5	PA, QL	5	5	PA, QL
Korlym <s>		2	4	PA, QL	4	4	PA, QL
Kuvan <s>	sapropterin dihydrochloride	1	4	PA	4	4	PA
Lupron Depot-PED <s>		2	4		4	4	
Miacalcin injection		2	2		2	2	
Miacalcin nasal spray	calcitonin,salmon,synthetic	1	1		1	1B	
Myalept <s>		3	5	PA, QL	5	5	PA, QL
Natpara <s>		2	4	PA, QL	4	4	PA, QL
Palynziq <s>		2	4	PA, QL	4	4	PA, QL
Proglycem	diazoxide	1	1		1	1B	
Revcovi <s>		2	4	PA, QL	4	4	PA, QL
Sensipar <s>	cinacalcet hcl	1	4		4	4	
Somavert <s>		2	4	PA	4	4	PA
Strensiq <s>		2	4	PA, QL	4	4	PA
Synarel		3	3		3	3	
Xermelo <s>		2	4	PA, QL	4	4	PA, QL
Zavesca <s>	miglustat	1	4	PA, QL	4	4	PA, QL

8. Antineoplastics and immunosuppresants

8A. Adjuvant therapy		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aranesp <s>		3	5		5	5	
Epogen <s>		3	5		5	5	
Fulphila <s>		2	4	QL	4	4	QL
Leucovorin tablet	leucovorin calcium	1	1		1	1B	
Leukine <s>		2	4		4	4	
Mesnex tablet		2	2		2	2	
Neulasta <s>		2	4	QL	4	4	QL
Nivestym <s>		2	4	QL	4	4	QL
Procrit <s>		2	4		4	4	
Retacrit <s>		2	4		4	4	
Udenyca <s>		2	4	QL	4	4	QL
Zarxio <s>		2	4		4	4	
Ziextenzo <s>		3	5	QL	5	5	QL

8B. Alkylating agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alkeran tablet	melphalan	1	1		1	1B	
Cyclophosphamide capsule	cyclophosphamide	1	1		1	1B	
Emcyt		2	2		2	2	
Gleostine; Lomustine		2	2		2	2	
Leukeran		2	2		2	2	
Matulane <s>		2	4		4	4	
Myleran		2	2		2	2	
Temodar <s>	temozolomide	1	4		4	4	

8C. Antimetabolites		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Lonsurf <s>		2	4	PA, QL	4	4	PA, QL
Methotrexate	methotrexate sodium	1	1		1	1B	
Methotrexate PF injection	methotrexate sodium/pf	1	1		1	1B	
Onureg <s>		2	4	PA, QL	4	4	PA, QL
Purinethol	mercaptopurine	1	1		1	1B	
Purixan <s>		3	5		5	5	
Tabloid		2	2		2	2	
Trexall		2	2		2	2	
Xatmep <s>		3	5		5	5	
Xeloda <s>	capecitabine	1	4		4	4	

8D. Hormonal agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Arimidex	anastrozole	1	1	QL	1	1A	QL
Arimidex* (Prevent)	anastrozole	$0	$0	PA, QL	$0	$0	PA, QL
Aromasin	exemestane	1	1	QL	1	1B	QL
Aromasin* (Prevent)	exemestane	$0	$0	PA, QL	$0	$0	PA, QL
Casodex	bicalutamide	1	1		1	1B	
Eligard <s>		3	5		5	5	
Erleada <s>		2	4	PA, QL	4	4	PA, QL
Eulexin	flutamide	1	1		1	1B	
Evista	raloxifene hcl	1	1	QL	1	1B	QL
Evista* (Prevent)	raloxifene hcl	$0	$0	PA, QL	$0	$0	PA, QL
Fareston	toremifene citrate	1	1		1	1B	
Faslodex	fulvestrant	1	1		1	1B	
Femara	letrozole	1	1		1	1A	
Kisqali Femara co-pack <s>		2	4	PA, QL	4	4	PA, QL
Lupron <s>	leuprolide acetate	1	4		4	4	
Lupron Depot <s>		2	4		4	4	
Megace, ES	megestrol acetate	1	1		1	1B	
Nilandron	nilutamide	1	1		1	1B	
Soltamox		3	3		3	3	
Tamoxifen	tamoxifen citrate	1	1	QL	1	1A	
Tamoxifen* (Prevent)	tamoxifen citrate	$0	$0	PA, QL	$0	$0	PA
Trelstar, Depot, LA <s>		2	4		4	4	
Xtandi <s>		2	4	PA, QL	4	4	PA, QL
Zoladex <s>		2	4	QL	4	4	
Zytiga 250mg <s>	abiraterone acetate	1	4	QL	4	4	QL

*Age restrictions apply.

8E. Immunomodulators		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Arcalyst <s>		2	4	PA, QL	4	4	PA, QL
Astagraf XL <s>		3	5		5	5	
Azasan		3	3		3	3	
Cellcept <s>	mycophenolate mofetil	1	4		4	4	
Envarsus XR <s>		3	5		5	5	
Gengraf; Neoral <s>	cyclosporine, modified	1	4		4	4	
Imuran	azathioprine	1	1		1	1B	
Kineret <s>		3	5	PA, QL	5	5	PA, QL
Myfortic <s>	mycophenolate sodium	1	4		4	4	
Pomalyst <s>		3	5	PA, QL	5	5	PA, QL
Prednisone	prednisone	1	1		1	1A	
Prograf <s>	tacrolimus	1	4		4	4	
Prograf granules <s>		3	5		5	5	
Rapamune <s>	sirolimus	1	4		4	4	
Revlimid <s>		3	5	QL	5	5	QL
Sandimmune capsule <s>	cyclosporine	1	4		4	4	
Sandimmune solution <s>		3	5		5	5	
Somatuline Depot <s>		2	4	PA, QL	4	4	PA, QL
Thalomid <s>		2	4		4	4	

8F. Kinase inhibitors and molecular target inhibitors		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Afinitor <s>	everolimus	1	4	PA, QL	4	4	PA, QL
Afinitor 10mg, Disperz <s>		2	4	PA, QL	4	4	PA, QL
Alecensa <s>		2	4	PA, QL	4	4	PA, QL
Alunbrig <s>		2	4	PA, QL	4	4	PA, QL
Ayvakit <s>		2	4	PA, QL	4	4	PA, QL
Balversa <s>		2	4	PA, QL	4	4	PA, QL
Bosulif <s>		2	4	PA, QL	4	4	PA, QL
Braftovi <s>		2	4	PA, QL	4	4	PA, QL
Brukinsa <s>		2	4	PA, QL	4	4	PA, QL
Cabometyx <s>		2	4	PA, QL	4	4	PA, QL
Calquence <s>		2	4	PA, QL	4	4	PA, QL
Caprelsa <s>		2	4	PA, QL	4	4	PA, QL
Cometriq <s>		2	4	PA, QL	4	4	PA, QL
Copiktra <s>		2	4	PA, QL	4	4	PA, QL
Cotellic <s>		2	4	PA, QL	4	4	PA, QL
Daurismo <s>		2	4	PA, QL	4	4	PA, QL
Gavreto <s>		2	4	PA, QL	4	4	PA, QL
Gilotrif <s>		2	4	PA, QL	4	4	PA, QL
Gleevec <s>	imatinib mesylate	1	4		4	4	
Ibrance <s>		2	4	PA, QL	4	4	PA, QL
Iclusig <s>		2	4	PA, QL	4	4	PA, QL
Idhifa <s>		2	4	PA, QL	4	4	PA, QL
Imbruvica capsules; 280mg, 420mg, 560mg tablets <s>		2	4	PA, QL	4	4	PA, QL
Inlyta <s>		2	4	PA, QL	4	4	PA, QL
Inqovi <s>		2	4	PA, QL	4	4	PA, QL
Inrebic <s>		3	5	PA, QL	5	5	PA, QL
Iressa <s>		2	4	PA, QL	4	4	PA, QL
Jakafi <s>		2	4	PA, QL	4	4	PA, QL
Kisqali, Femara co-pack <s>		2	4	PA, QL	4	4	PA, QL
Koselugo <s>		2	4	PA, QL	4	4	PA, QL
Lenvima <s>		2	4	PA, QL	4	4	PA, QL
Lorbrena <s>		2	4	PA, QL	4	4	PA, QL
Lynparza <s>		2	4	PA, QL	4	4	PA, QL
Mekinist <s>		2	4	PA, QL	4	4	PA, QL
Mektovi <s>		2	4	PA, QL	4	4	PA, QL
Nerlynx <s>		2	4	PA, QL	4	4	PA, QL
Nexavar <s>		2	4	PA, QL	4	4	PA, QL
Ninlaro <s>		2	4	PA, QL	4	4	PA, QL
Nubeqa <s>		2	4	PA, QL	4	4	PA, QL
Pemazyre <s>		2	4	PA, QL	4	4	PA, QL
Piqray <s>		2	4	PA, QL	4	4	PA, QL
Qinlock <s>		2	4	PA, QL	4	4	PA, QL
Retevmo <s>		2	4	PA, QL	4	4	PA, QL
Rozlytrek <s>		2	4	PA, QL	4	4	PA, QL
Rubraca <s>		2	4	PA, QL	4	4	PA, QL
Rydapt <s>		2	4	PA, QL	4	4	PA, QL

8F. Kinase inhibitors and molecular target inhibitors (Continued)		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Sprycel <s>		2	4	PA, QL	4	4	PA, QL
Stivarga <s>		2	4	PA, QL	4	4	PA, QL
Sutent <s>		2	4	PA, QL	4	4	PA, QL
Tabrecta <s>		2	4	PA, QL	4	4	PA, QL
Tafinlar <s>		2	4	PA, QL	4	4	PA, QL
Tagrisso <s>		2	4	PA, QL	4	4	PA, QL
Talzenna <s>		2	4	PA, QL	4	4	PA, QL
Tarceva <s>	erlotinib hcl	1	4	PA, QL	4	4	PA, QL
Tasigna <s>		2	4	PA, QL	4	4	PA, QL
Tazverik <s>		2	4	PA, QL	4	4	PA, QL
Tibsovo <s>		2	4	PA, QL	4	4	PA, QL
Tukysa <s>		2	4	PA, QL	4	4	PA, QL
Turalio <s>		2	4	PA, QL	4	4	PA, QL
Tykerb <s>	lapatinib ditosylate	1	4	PA	4	4	PA
Venclexta <s>		2	4	PA, QL	4	4	PA, QL
Verzenio <s>		2	4	PA, QL	4	4	PA, QL
Vitrakvi <s>		2	4	PA, QL	4	4	PA, QL
Vizimpro <s>		2	4	PA, QL	4	4	PA, QL
Votrient <s>		2	4	PA, QL	4	4	PA, QL
Xalkori <s>		2	4	PA, QL	4	4	PA, QL
Xospata <s>		2	4	PA, QL	4	4	PA, QL
Zejula <s>		2	4	PA, QL	4	4	PA, QL
Zelboraf <s>		2	4	PA, QL	4	4	PA, QL
Zortress <s>	everolimus	1	4		4	4	
Zortress 1mg <s>		3	5		5	5	
Zydelig <s>		2	4	PA, QL	4	4	PA, QL
Zykadia <s>		2	4	PA, QL	4	4	PA, QL

8G. Miscellaneous antineoplastic agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Droxia		2	2		2	2	
Erivedge <s>		2	4	PA, QL	4	4	PA, QL
Farydak <s>		2	4	PA, QL	4	4	PA, QL
Hycamtin capsule <s>		2	4		4	4	
Hydrea	hydroxyurea	1	1		1	1A	
Lysodren		2	2		2	2	
Odomzo <s>		2	4	PA, QL	4	4	PA, QL
Sandostatin <s>	octreotide acetate	1	4		4	4	
Sandostatin LAR Depot <s>		2	4	PA	4	4	PA
Synribo <s>		3	5	PA, QL	5	5	PA, QL
Targretin capsule <s>	bexarotene	1	4	PA, QL	4	4	PA, QL
Vepesid	etoposide	1	1		1	1B	
Vesanoid	tretinoin	1	1		1	1B	
Xpovio <s>		2	4	PA, QL	4	4	PA, QL
Zolinza <s>		2	4	PA, QL	4	4	PA, QL

9. Immunology and hematology

9A. Hematopoietic agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aranesp <s>		3	5		5	5	
Doptelet <s>		2	4	PA, QL	4	4	PA, QL
Epogen <s>		3	5		5	5	
Fulphila <s>		2	4	QL	4	4	QL
Leukine <s>		2	4		4	4	
Neulasta <s>		2	4	QL	4	4	QL
Nivestym <s>		2	4	QL	4	4	QL
Procrit <s>		2	4		4	4	
Promacta <s>		2	4	PA	4	4	PA
Retacrit <s>		2	4		4	4	
Tavalisse <s>		3	5	PA, QL	5	5	PA, QL
Udenyca <s>		2	4	QL	4	4	QL
Zarxio <s>		2	4		4	4	
Ziextenzo <s>		3	5	QL	5	5	QL

9B. Immunoglobulins		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cutaquig <s>		3	5	PA	5	5	PA
Gammagard liquid <s>		3	5	PA	5	5	PA
Gammaked <s>		3	5	PA	5	5	PA
Gamunex-C sub-q <s>		3	5	PA	5	5	PA
Hizentra <s>		3	5	PA	5	5	PA
HyQvia <s>		3	5	PA	5	5	PA
Xembify <s>		3	5	PA	5	5	PA

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

9C. Interferons and MS therapy		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Actimmune <s>		2	4		4	4	
Alferon N		2	2		2	2	
Ampyra <s>	dalfampridine	1	4	QL	4	4	QL
Aubagio <s>		3	5	QL	5	5	QL
Avonex <s>		2	4	QL	4	4	QL
Betaseron <s>		3	5	QL	5	5	QL
Copaxone <s>	glatiramer acetate	1	4	QL	4	4	QL
Extavia <s>		3	5	QL	5	5	QL
Gilenya <s>		2	4	QL	4	4	QL
Glatopa <s>	glatiramer acetate	1	4	QL	4	4	QL
Intron A <s>		2	4		4	4	
Mavenclad <s>		3	5	QL	5	5	QL
Mayzent <s>		2	4	QL	4	4	QL
Pegasys, Proclick <s>		2	4	QL	4	4	QL
Peg-Intron, Redipen <s>		2	4	QL	4	4	QL
Plegridy <s>		2	4	QL	4	4	QL
Rebif, Rebidose <s>		2	4	QL	4	4	QL
Sylatron <s>		3	5	QL	5	5	QL
Tecfidera <s>	dimethyl fumarate	1	4	QL	4	4	QL
Vumerity <s>		3	5	QL	5	5	QL

9D. Miscellaneous immunology and hematology		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Benlysta <s>		2	4	PA, QL	4	4	PA, QL
Firazyr <s>	icatibant acetate	1	4	PA, QL	4	4	PA, QL
Haegarda <s>		2	4	PA, QL	4	4	PA, QL
Oxbryta <s>		3	5	PA, QL	5	5	PA, QL
Palforzia packet <s>		2	4	PA, QL	4	4	PA, QL
Ruconest <s>		3	5	PA, QL	5	5	PA, QL
Siklos		3	3	PA	3	3	PA
Takhzyro <s>		2	4	PA, QL	4	4	PA, QL

10. Dermatology

10A. Acne treatment		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Adoxa tablet	doxycycline monohydrate	1	1		1	1A	
Altreno		3	3	QL	3	3	QL
Amnesteem; Claravis; Myorisan; Zenatane	isotretinoin	1	1	QL	1	1B	QL
Avar	sulfacetamide sodium/sulfur	1	1		1	1B	
Avar-E	sulfacetamide sodium/sulfur	1	1		1	1B	
Avidoxy 100mg	doxycycline monohydrate	1	1		1	1A	
Benzaclin	clindamycin phos/benzoyl perox	1	1		1	1B	
Benzamycin	erythromycin/benzoyl peroxide	1	1		1	1B	
Cleocin-T swabs	clindamycin phosphate	1	1		1	1B	
Differin 0.1% cream, gel	adapalene	1	1		1	1B	
Dynacin	minocycline hcl	1	1		1	1A	
Klaron	sulfacetamide sodium	1	1		1	1B	
Minocin	minocycline hcl	1	1		1	1A	
Monodox	doxycycline monohydrate	1	1		1	1A	
Ovace	sulfacetamide sodium	1	1		1	1B	
Retin-A; Avita	tretinoin	1	1		1	1B	
Rosanil	sulfacetamide sodium/sulfur	1	1		1	1B	
Tazorac	tazarotene	1	1		1	1B	
Tazorac 0.5%, 0.1% gel		2	2		2	2	
Vibramycin	doxycycline hyclate	1	1		1	1A	
Vibramycin suspension	doxycycline monohydrate	1	1		1	1B	
Vibramycin syrup		3	3		3	3	

10B. Antipsoriatic and antiseborrheic		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Avar	sulfacetamide sodium/sulfur	1	1		1	1B	
Avar-E	sulfacetamide sodium/sulfur	1	1		1	1B	
Cimzia syringe <s>		3	5	PA, QL	5	5	PA, QL
Cosentyx <s>		2	4	PA, QL	4	4	PA, QL
Dovonex	calcipotriene	1	1		1	1B	
Duobrii		3	3	QL	3	3	QL
Enbrel <s>		2	4	PA, QL	4	4	PA, QL
Humira <s>		2	4	PA, QL	4	4	PA, QL
Klaron	sulfacetamide sodium	1	1		1	1B	
Otezla <s>		2	4	PA, QL	4	4	PA, QL
Ovace	sulfacetamide sodium	1	1		1	1B	
Oxsoralen-Ultra	methoxsalen, rapid	1	1		1	1B	
Rosanil	sulfacetamide sodium/sulfur	1	1		1	1B	
Selsun 2.5% (Rx Only)	selenium sulfide	1	1		1	1B	
Siliq <s>		3	5	PA, QL	5	5	PA, QL
Skyrizi <s>		2	4	PA, QL	4	4	PA, QL
Soriatane	acitretin	1	1		1	1B	
Stelara 45mg, 90mg <s>		2	4	PA, QL	4	4	PA, QL
Taclonex	calcipotriene/betamethasone	1	1	PA	1	1B	PA
Tazorac	tazarotene	1	1		1	1B	
Tazorac 0.5%, 0.1% gel		2	2		2	2	
Tremfya <s>		2	4	PA, QL	4	4	PA, QL
Vectical	calcitriol	1	1		1	1B	

10C. Corticosteroids very high potency		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bryhali		3	3	QL	3	3	QL
Clobevate; Temovate	clobetasol propionate	1	1		1	1B	
Clobex shampoo	clobetasol propionate	1	1		1	1B	
Diprolene gel, ointment	betamethasone/propylene glyc	1	1		1	1B	
Duobrii		3	3	QL	3	3	QL
Temovate Emollient	clobetasol propionate/emoll	1	1		1	1B	
Ultravate cream, ointment	halobetasol propionate	1	1		1	1B	
Vanos	fluocinonide	1	1	QL	1	1B	QL

10D. Corticosteroids high potency		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aristocort; Kenalog 0.5%	triamcinolone acetonide	1	1		1	1B	
Diprolene cream, lotion; AF	betamethasone/propylene glyc	1	1		1	1B	
Diprosone cream, ointment; Maxivate	betamethasone dipropionate	1	1		1	1B	
Elocon ointment	mometasone furoate	1	1		1	1B	
Lidex	fluocinonide	1	1		1	1B	
Lidex E	fluocinonide/emollient base	1	1		1	1B	
Valisone ointment	betamethasone valerate	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

10E. Corticosteroids medium potency		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cutivate	fluticasone propionate	1	1		1	1B	
Diprosone lotion	betamethasone dipropionate	1	1		1	1B	
Elocon cream, lotion, solution	mometasone furoate	1	1		1	1B	
Kenalog 0.025% ointment, 0.05%, 0.1%	triamcinolone acetonide	1	1		1	1B	
Kenalog Spray	triamcinolone acetonide	1	1	QL	1	1B	QL
Locoid	hydrocortisone butyrate	1	1		1	1B	
Oralone paste	triamcinolone acetonide	1	1		1	1B	
Synalar 0.025%	fluocinolone acetonide	1	1		1	1B	
Westcort	hydrocortisone valerate	1	1		1	1B	

10F. Corticosteroids low potency		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aclovate	alclometasone dipropionate	1	1		1	1B	
Capex shampoo		2	2		2	2	
Dermacort, Hytone 2.5%	hydrocortisone	1	1		1	1B	
Derma-smoothe-FS	fluocinolone acetonide	1	1		1	1B	
Derma-smoothe-FS	fluocinolone/shower cap	1	1		1	1B	
Desowen	desonide	1	1		1	1B	
Kenalog 0.025% cream, lotion	triamcinolone acetonide	1	1		1	1B	
Synalar 0.01%	fluocinolone acetonide	1	1		1	1B	
Valisone cream, lotion	betamethasone valerate	1	1		1	1B	

10G. Scabicides and pediculicides		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Crotan	crotamiton	1	1		1	1B	
Elimite	permethrin	1	1		1	1B	
Eurax		2	2		2	2	
Lindane	lindane	1	1		1	1B	
Natroba	spinosad	1	1		1	1B	
Ovide	malathion	1	1		1	1B	
Sklice		3	3	QL	3	3	
Ulesfia		3	3		3	3	

10H. Topical anesthetics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Emla	lidocaine/prilocaine	1	1		1	1B	
Xylocaine Viscous solution (Rx Only)	lidocaine hcl	1	1		1	1B	

10I. Topical antibacterials		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bactroban ointment	mupirocin	1	1		1	1B	
Cortisporin cream 0.5%		3	3		3	3	
Cortisporin ointment 1%		3	3		3	3	
Gentamicin cream, ointment	gentamicin sulfate	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

10J. Topical antifungals		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Exelderm		3	3		3	3	
Extina	ketoconazole	1	1		1	1B	
Loprox cream, suspension	ciclopirox olamine	1	1		1	1B	
Loprox gel, shampoo	ciclopirox	1	1		1	1B	
Lotrimin	clotrimazole	1	1		1	1B	
Lotrisone	clotrimazole/betamethasone dip	1	1		1	1B	
Mycostatin	nystatin	1	1		1	1B	
Nizoral cream, shampoo 2%	ketoconazole	1	1		1	1B	
Nystatin w/Triamcinolone	nystatin/triamcin	1	1		1	1B	
Penlac	ciclopirox	1	1		1	1B	
Spectazole	econazole nitrate	1	1		1	1B	
Sulconazole nitrate (authorized generic of Exelderm)		3	3		3	3	

10K. Topical antineoplastic agents and immunomodulators		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Aldara	imiquimod	1	1		1	1B	QL
Efudex	fluorouracil	1	1		1	1B	
Elidel	pimecrolimus	1	1		1	1B	
Fluoroplex		3	3		3	3	
Panretin		2	2		2	2	
Picato		3	3	PA, QL	3	3	PA, QL
Protopic	tacrolimus	1	1		1	1B	
Targretin gel <s>		3	5	PA	5	5	PA
Tolak		2	2	QL	2	2	
Valchlor <s>		3	5	PA	5	5	PA, QL
Veregen		3	3		3	3	

10L. Topical antivirals		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Zovirax ointment	acyclovir	1	1		1	1B	

10M. Wound and burn therapy		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Regranex		3	3		3	3	QL
Santyl		2	2		2	2	
Silvadene	silver sulfadiazine	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

10N. Miscellaneous dermatologicals		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Condylox	podofilox	1	1		1	1B	
Condylox gel		2	2		2	2	
Drysol		2	2		2	2	
Dupixent <s>		3	5	PA, QL	5	5	PA, QL
Finacea gel	azelaic acid	1	1		1	1B	
Lac-Hydrin	ammonium lactate	1	1		1	1B	
Metrocream, gel, lotion 0.75%	metronidazole	1	1		1	1B	
Prudoxin, Zonalon	doxepin hcl	1	1	PA, QL	1	1B	PA, QL
Solaraze	diclofenac sodium	1	1	PA, QL	1	1B	PA
Zonalon 30g		3	3	PA, QL	3	3	PA, QL

11. Ophthalmology

11A. Cycloplegic mydriatics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cyclogyl	cyclopentolate hcl	1	1		1	1B	
Cyclomydril		3	3		3	3	
Isopto Atropine	atropine sulfate	1	1		1	1B	
Isopto Homatropine	homatropine hbr	1	1		1	1B	
Mydriacyl	tropicamide	1	1		1	1B	
Paremyd		3	3		3	3	

11B. Glaucoma agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alphagan 0.2%, P 0.15%	brimonidine tartrate	1	1		1	1B	
Alphagan P 0.1%		2	2		2	2	
Azopt		2	2		2	2	
Cosopt	dorzolamide hcl/timolol maleat	1	1		1	1B	
Cosopt PF	dorzolamide/timolol/pf	1	1		1	1B	
Iopidine droperette		3	3		3	3	
Iopidine drops	apraclonidine hcl	1	1		1	1B	
Isopto-Carpine; Pilocar	pilocarpine hcl	1	1		1	1B	
Lumigan	bimatoprost	1	1		1	1B	
Lumigan 0.01%		2	2		2	2	
Neptazane	methazolamide	1	1		1	1B	
Phospholine Iodide		2	2		2	2	
Rhopressa		2	2	ST, QL	2	2	ST, QL
Rocklatan		2	2	ST, QL	2	2	ST, QL
Travatan Z	travoprost	1	1		1	1B	
Trusopt	dorzolamide hcl	1	1		1	1B	
Xalatan	latanoprost	1	1		1	1A	
Zioptan		3	3		3	3	

11C. Ophthalmic anti allergy agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alocril		3	3		3	3	
Alomide		3	3		3	3	
Bepreve		2	2		2	2	
Elestat	epinastine hcl	1	1		1	1B	
Lastacaft		3	3		3	3	
Opticrom	cromolyn sodium	1	1		1	1B	
Optivar	azelastine hcl	1	1		1	1B	
Pataday	olopatadine hcl	1	1		1	1B	
Patanol	olopatadine hcl	1	1		1	1B	
Pazeo		2	2	QL	2	2	QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

11D. Ophthalmic anti infective and steroid combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Blephamide		2	2		2	2	
Cortisporin eye drops	neomycin/polymyxin b sulf/hc	1	1		1	1B	
Cortisporin eye ointment	neomycin su/baci zn/poly/hc	1	1		1	1B	
Maxitrol	neo/polymyx b sulf/dexameth	1	1		1	1B	
Pred-G		3	3		3	3	
Tobradex ointment		2	2		2	2	
Tobradex ST		3	3		3	3	
Tobradex suspension	tobramycin/dexamethasone	1	1		1	1B	
Vasocidin	sulfacetamide/prednisolone sp	1	1		1	1B	
Zylet		3	3		3	3	

11E. Ophthalmic anti infectives		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Azasite		3	3		3	3	
Bacitracin	bacitracin	1	1		1	1B	
Besivance		3	3		3	3	
Bleph-10, Sodium Sulamyde drops	sulfacetamide sodium	1	1		1	1B	
Ciloxan	ciprofloxacin hcl	1	1		1	1B	
Ciloxan ointment		2	2		2	2	
Garamycin	gentamicin sulfate	1	1		1	1B	
Ilotycin	erythromycin base	1	1		1	1B	
Moxeza	moxifloxacin hcl	1	1		1	1B	
Natacyn		2	2		2	2	
Neosporin ophthalmic ointment	neomycin su/bacitra/polymyxin	1	1		1	1B	
Neosporin ophthalmic solution	neomycin/polymyxn b/gramicidin	1	1		1	1B	
Ocuflox	ofloxacin	1	1		1	1B	
Polysporin	bacitracin/polymyxin b sulfate	1	1		1	1B	
Polytrim	polymyxin b sulf/trimethoprim	1	1		1	1B	
Quixin	levofloxacin	1	1		1	1B	
Tobrex drops	tobramycin	1	1		1	1B	
Tobrex ointment		3	3		3	3	
Vigamox	moxifloxacin hcl	1	1		1	1B	
Viroptic	trifluridine	1	1		1	1B	
Zirgan		2	2		2	2	
Zymaxid	gatifloxacin	1	1		1	1B	

11F. Ophthalmic anti inflammatory agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Acular, LS	ketorolac tromethamine	1	1		1	1B	
Bromday; Xibrom	bromfenac sodium	1	1		1	1B	
Nevanac		3	3		3	3	
Ocufen	flurbiprofen sodium	1	1		1	1B	
Voltaren ophthalmic solution	diclofenac sodium	1	1		1	1B	

11G. Ophthalmic beta blockers		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Betagan	levobunolol hcl	1	1		1	1A	
Betoptic S		2	2		2	2	
Betoptic solution	betaxolol hcl	1	1		1	1B	
Ocupress	carteolol hcl	1	1		1	1A	
Optipranolol	metipranolol	1	1		1	1B	
Timoptic, XE	timolol maleate	1	1		1	1A	

11H. Ophthalmic steroids		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alrex		2	2		2	2	
Decadron ophthalmic	dexamethasone sod phosphate	1	1		1	1B	
Durezol		3	3		3	3	
FML	fluorometholone	1	1		1	1B	
FML Forte, S.O.P.		2	2		2	2	
Inflamase, Forte	prednisolone sod phosphate	1	1		1	1B	
Lotemax	loteprednol etabonate	1	1		1	1B	
Lotemax gel, ointment		3	3		3	3	
Maxidex		3	3		3	3	
Pred Forte	prednisolone acetate	1	1		1	1B	
Pred Mild		2	2		2	2	

11I. Dry eye agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Lacrisert		2	2		2	2	
Restasis		2	2		2	2	
Xiidra		2	2	QL	2	2	

11J. Miscellaneous ophthalmic agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cystadrops <s>		3	5	PA, QL	5	5	PA, QL
Cystaran <s>		2	4	PA, QL	4	4	PA, QL
Neo-Synephrine	phenylephrine hcl	1	1		1	1B	
Oxervate <s>		2	4	PA, QL	4	4	PA, QL
Upneeq		2	2	PA, QL	2	2	PA, QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

12. Otic and nasal preparations

12A. Nasal preparations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Astelin nasal spray	azelastine hcl	1	1	QL	1	1B	
Atrovent nasal spray	ipratropium bromide	1	1	QL	1	1B	
Flonase (Rx Only)	fluticasone propionate	1	1	QL	1	1B	

12B. Otic preparations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cipro HC		3	3		3	3	
Ciprodex	ciprofloxacin hcl/dexameth	1	1		1	1B	
ciprofloxacin 0.2% droperette	ciprofloxacin hcl	1	1		1	1B	
Ciprofloxacin-fluocinolone vial (authorized generic of Otovel)		2	2		2	2	
Cortisporin	neomycin/polymyxin b sulf/hc	1	1		1	1B	
Cortisporin-TC		3	3		3	3	
Floxin Otic	ofloxacin	1	1		1	1B	
Otovel		2	2		2	2	
Vosol	acetic acid	1	1		1	1B	

13. Respiratory, cough and cold

13A. Antihistamine and decongestant combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Antihistamine/Decongestant Combinations	See Chapter 13B	N/A	N/A		N/A	N/A	

13B. Antihistamines		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Astelin nasal spray	azelastine hcl	1	1	QL	1	1B	
Atarax	hydroxyzine hcl	1	1		1	1B	
Benadryl capsule (Rx Only)	diphenhydramine hcl	1	1		1	1B	
Periactin tablet, 2mg/5 ml syrup	cyproheptadine hcl	1	1		1	1B	
Phenergan	promethazine hcl	1	1		1	1B	
Tavist tablet (Rx Only)	clemastine fumarate	1	1		1	1B	
Vistaril	hydroxyzine pamoate	1	1		1	1B	

13C. Antitussives		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Drugs in this category are not covered		N/A	N/A		N/A	N/A	

13D. Cystic Fibrosis agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cayston <s>		3	5	PA, QL	5	5	PA, QL
Kalydeco <s>		2	4	PA, QL	4	4	PA, QL
Orkambi <s>		2	4	PA, QL	4	4	PA, QL
Pulmozyme <s>		2	4	PA	4	4	PA
Symdeko <s>		2	4	PA, QL	4	4	PA, QL
Tobi <s>	tobramycin in 0.225% nacl	1	4	QL	4	4	
Trikafta <s>		2	4	PA, QL	4	4	PA, QL

13E. Epinephrine		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Epinephrine auto-injector (authorized generic of Adrenaclick)		2	2	QL	2	2	QL
Epipen, Jr.	epinephrine	1	1	QL	1	1B	QL
Symjepi		2	2	QL	2	2	QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

13F. Inhaled anticholinergics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Atrovent HFA		2	2	QL	2	2	QL
Atrovent solution	ipratropium bromide	1	1		1	1B	
Lonhala Magnair		3	3	QL	3	3	QL
Spiriva, Respimat		2	2	QL	2	2	QL
Tudorza Pressair		3	3	QL	3	3	QL
Yupelri		3	3	QL	3	3	QL

13G. Inhaled beta agonist and anticholinergic combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Anoro Ellipta		2	2	QL	2	2	QL
Breztri Aerosphere		2	2	QL	2	2	QL
Combivent Respimat		2	2	QL	2	2	QL
Duoneb	ipratropium/albuterol sulfate	1	1		1	1B	
Stiolto Respimat		2	2	QL	2	2	QL
Trelegy Ellipta		2	2	QL	2	2	QL

13H. Inhaled beta agonists		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Albuterol nebulizer solution	albuterol sulfate	1	1		1	1B	
Arcapta Neohaler		3	3	QL	3	3	QL
Brovana		3	3	QL	3	3	QL
Levalbuterol tartrate HFA (authorized generic of Xopenex HFA)		3	3	QL	3	3	QL
Perforomist		3	3	QL	3	3	QL
ProAir HFA	albuterol sulfate	1	1	QL	1	1B	QL
Proair Respiclick		2	2	QL	2	2	QL
Proventil HFA	albuterol sulfate	1	1	QL	1	1B	QL
Serevent Diskus		2	2	QL	2	2	QL
Ventolin HFA		2	2	QL	2	2	QL
Xopenex HFA		3	3	QL	3	3	QL
Xopenex solution	levalbuterol hcl	1	1		1	1B	

13I. Inhaled steroid and beta agonist combinations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Advair Diskus	fluticasone propion/salmeterol	1	1	QL	1	1B	QL
Advair HFA		2	2	QL	2	2	QL
Breo Ellipta		2	2	QL	2	2	QL
Breztri Aerosphere		2	2	QL	2	2	QL
Dulera		2	2	QL	2	2	QL
Fluticasone-salmeterol RespiClick (authorized generic of Airduo Respiclick)		3	3	QL	3	3	QL
Symbicort		2	2	QL	2	2	QL
Trelegy Ellipta		2	2	QL	2	2	QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

13J. Inhaled steroids		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Arnuity Ellipta		2	2	QL	2	2	QL
Asmanex, HFA		2	2	QL	2	2	QL
Flovent HFA, Diskus		2	2	QL	2	2	QL
Pulmicort Flexhaler		2	2	QL	2	2	QL
Pulmicort solution	budesonide	1	1		1	1A	
Qvar RediHaler		2	2	QL	2	2	QL

13K. Intranasal steroids		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Intranasal Steroids	See Chapter 12A	N/A	N/A		N/A	N/A	

13L. Oral beta agonists		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alupent	metaproterenol sulfate	1	1		1	1B	
Brethine	terbutaline sulfate	1	1		1	1B	
Proventil solution	albuterol sulfate	1	1		1	1B	
Proventil/Ventolin tablet	albuterol sulfate	1	1		1	1B	
Vospire ER	albuterol sulfate	1	1		1	1B	

13M. Pulmonary Hypertension Agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Adcirca <s>	tadalafil	1	4	PA, QL	4	4	PA, QL
Adempas <s>		2	4	PA, QL	4	4	PA, QL
Letairis <s>	ambrisentan	1	4	PA, QL	4	4	PA, QL
Opsumit <s>		2	4	PA, QL	4	4	PA, QL
Orenitram ER <s>		2	4	PA, QL	4	4	PA, QL
Remodulin <s>	treprostinil sodium	1	4		4	4	
Revatio	sildenafil citrate	1	1	PA, QL	1	1B	PA, QL
Tracleer <s>	bosentan	1	4	PA, QL	4	4	PA, QL
Tracleer tablet for suspension <s>		2	4	PA	4	4	PA
Tyvaso <s>		2	4	PA, QL	4	4	PA, QL
Uptravi <s>		2	4	PA, QL	4	4	PA, QL
Ventavis <s>		2	4	PA, QL	4	4	PA, QL

13N. Theophyllines		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Theo-24		2	2		2	2	
Theophylline anhydrous	theophylline anhydrous	1	1		1	1B	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

13O. Miscellaneous respiratory agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Accolate	zafirlukast	1	1	QL	1	1B	
Daliresp		2	2	QL	2	2	QL
Dupixent <s>		3	5	PA, QL	5	5	PA, QL
Esbriet <s>		2	4	PA, QL	4	4	PA, QL
Fasenra Pen <s>		2	4	PA, QL	4	4	PA, QL
Glassia <s>		2	4	PA, QL	4	4	PA, QL
Intal solution	cromolyn sodium	1	1		1	1B	
Mucomyst	acetylcysteine	1	1		1	1B	
Nucala auto-injector, syringe <s>		3	5	PA, QL	5	5	PA, QL
Ofev <s>		2	4	PA, QL	4	4	PA, QL
Singulair	montelukast sodium	1	1	QL	1	1A	
Sodium chloride inhalation	sodium chloride for inhalation	1	1		1	1B	
Zyflo		3	3	QL	3	3	
Zyflo CR	zileuton	1	1	QL	1	1B	QL

14. Urology

14A. BPH Treatment		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Avodart	dutasteride	1	1		1	1B	
Cardura	doxazosin mesylate	1	1		1	1B	
Cardura XL		3	3		3	3	
Flomax	tamsulosin hcl	1	1		1	1B	
Hytrin	terazosin hcl	1	1		1	1B	
Jalyn	dutasteride/tamsulosin hcl	1	1	QL	1	1B	QL
Proscar	finasteride	1	1		1	1B	
Rapaflo	silodosin	1	1	QL	1	1B	QL
Uroxatral	alfuzosin hcl	1	1		1	1B	

14B. Ion Removing Agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Auryxia		3	3		3	3	
Fosrenol tablet	lanthanum carbonate	1	1		1	1B	
Kayexalate	sodium polystyrene sulfonate	1	1		1	1B	
Lokelma		2	2	QL	2	2	QL
Phoslo	calcium acetate	1	1		1	1B	
Phoslyra		3	3		3	3	
Renagel	sevelamer hcl	1	1		1	1B	
Renvela	sevelamer carbonate	1	1		1	1B	
SPS	sodium polystyrene sulfonate	1	1		1	1B	
SPS (sorbitol free)	sodium polystyrene sulfon/sorb	1	1		1	1B	
Veltassa		2	2	QL	2	2	

14C. Urinary Antispasmodics		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Detrol, LA	tolterodine tartrate	1	1		1	1B	
Ditropan, XL	oxybutynin chloride	1	1		1	1A	
Levbid	hyoscyamine sulfate	1	1		1	1B	
Levsin, SL	hyoscyamine sulfate	1	1		1	1B	
Myrbetriq		3	3	ST, QL	3	3	ST, QL
Sanctura	trospium chloride	1	1	QL	1	1B	
Sanctura XR	trospium chloride	1	1	QL	1	1B	QL
Urispas	flavoxate hcl	1	1		1	1B	
Vesicare	solifenacin succinate	1	1	ST, QL	1	1B	ST, QL

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

14D. Miscellaneous Urologicals		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cystagon <s>		2	4		4	4	
Depen	penicillamine	1	1	QL	1	1B	QL
Elmiron		2	2		2	2	
Lithostat		3	3		3	3	
Renacidin		2	2		2	2	
Thiola		2	2	PA, QL	2	2	PA, QL
Thiola EC		2	2	PA, QL	2	2	PA, QL
Urecholine	bethanechol chloride	1	1		1	1B	
Urocit-K	potassium citrate	1	1		1	1B	
Xuriden <s>		2	4	PA, QL	4	4	PA, QL

15. Vitamins and supplements

15A. Potassium Replacement		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
K-Lor; Klor-Con packet	potassium chloride	1	1		1	1B	
Klor-Con M15	potassium chloride	1	1		1	1B	
K-Lyte; Klor-con/EF	potassium bicarbonate/cit ac	1	1		1	1B	
K-Sol; Potassium Chloride	potassium chloride	1	1		1	1B	
K-Tab; K-Dur; Slow-K; Kaon CL; Klor-con	potassium chloride	1	1		1	1B	
Micro-K	potassium chloride	1	1		1	1B	
Potassium Chloride effervescent	pot chloride/pot bicarb/cit ac	1	1		1	1B	

15B. Vitamins and Minerals		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Calciferol (Rx Only)	ergocalciferol (vitamin d2)	1	1		1	1B	
Cyanocobalamin injection	cyanocobalamin (vitamin b-12)	1	1		1	1B	
Folic Acid 0.4mg, 0.8mg (OTC) (Prevent)	folic acid	$0	$0		$0	$0	
Folic acid 1mg (Rx only)	folic acid	1	1		1	1B	
Galzin		3	3		3	3	
Hydroxocobalamin	hydroxocobalamin	1	1		1	1B	
Mephyton	phytonadione (vit k1)	1	1		1	1B	
Sodium Fluoride 0.25mg, 0.5mg, 1mg	fluoride (sodium)	1	1		1	1B	
Sodium Fluoride* 0.25mg, 0.5mg, 1mg (Prevent)	fluoride (sodium)	$0	$0		$0	$0	
Vitamin K ampule	phytonadione	1	1		1	1B	

*Age restrictions apply.

16. Diagnostic and other miscellaneous

16A. Chelating Agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Chemet		2	2		2	2	
Depen	penicillamine	1	1	QL	1	1B	QL
Desferal	deferoxamine mesylate	1	1		1	1B	
Exjade <s>	deferasirox	1	4	PA, QL	4	4	PA, QL
Ferriprox <s>	deferiprone	1	4	PA, QL	4	4	PA, QL
Ferriprox 1000mg tablet, solution <s>		3	5	PA, QL	5	5	PA, QL
Syprine <s>	trientine hcl	1	4	PA, QL	4	4	PA, QL

16B. Diagnostics and Other Miscellaneous		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Acetic Acid	acetic acid	1	1		1	1B	
Carnitor	levocarnitine	1	1		1	1B	
Carnitor SF	levocarnitine	1	1		1	1B	
Carnitor solution	levocarnitine (with sugar)	1	1		1	1B	
Cystadane <s>		3	5		5	5	
Endari		3	3	PA, QL	3	3	PA, QL
Jynarque <s>		2	4	PA, QL	4	4	PA, QL
Keveyis <s>		3	5	PA, QL	5	5	PA, QL
Nityr <s>		3	5	PA	5	5	PA
Orfadin <s>	nitisinone	1	4	PA	4	4	PA
Orfadin 20mg capsule, suspension <s>		2	4	PA	4	4	PA
Radiogardase		2	2		2	2	
Samsca <s>	tolvaptan	1	4	QL	4	4	QL
Samsca 15mg <s>		2	4	QL	4	4	QL
Tolvaptan 15mg (authorized generic of Samsca) <s>		2	4	QL	4	4	QL
Vistogard <s>		2	4	QL	4	4	QL

16C. Vaccines		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Adacel		$0	$0	QL	$0	$0	QL
Afluria		$0	$0	QL	$0	$0	QL
Bexsero		$0	$0	QL	$0	$0	QL
Boostrix		$0	$0	QL	$0	$0	QL
Engerix-B		$0	$0	QL	$0	$0	QL
Fluad		$0	$0	QL	$0	$0	QL
Fluarix		$0	$0	QL	$0	$0	QL
Flublok		$0	$0	QL	$0	$0	QL
Flucelvax		$0	$0	QL	$0	$0	QL
Flulaval		$0	$0	QL	$0	$0	QL
Flumist		$0	$0	QL	$0	$0	QL
Fluzone		$0	$0	QL	$0	$0	QL
Gardasil 9*		$0	$0	QL	$0	$0	QL
Havrix		$0	$0	QL	$0	$0	QL
Heplisav-B		$0	$0	QL	$0	$0	QL
Ipol		$0	$0	QL	$0	$0	QL
Menactra		$0	$0	QL	$0	$0	QL
Menveo		$0	$0	QL	$0	$0	QL
M-M-R II		$0	$0	QL	$0	$0	QL
Pneumovax 23		$0	$0	QL	$0	$0	QL
Prevnar 13*		$0	$0	QL	$0	$0	QL
Recombivax HB		$0	$0	QL	$0	$0	QL
Shingrix*		$0	$0	QL	$0	$0	QL
TDVAX		$0	$0	QL	$0	$0	QL
Tenivac		$0	$0	QL	$0	$0	QL
Trumenba		$0	$0	QL	$0	$0	QL
Twinrix		$0	$0	QL	$0	$0	QL
Vaqta		$0	$0	QL	$0	$0	QL
Varivax		$0	$0	QL	$0	$0	QL

*Age restrictions apply.

17. Lifestyle modification

17A. Sexual Dysfunction		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Drugs in this category are not covered		N/A	N/A		N/A	N/A	

17B. Smoking Cessation		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Chantix		2	2	QL	2	2	QL
Chantix* (Prevent)		$0	$0	ST, QL	$0	$0	ST, QL
Commit Lozenge* OTC (Prevent)	nicotine polacrilex	$0	$0	QL	$0	$0	QL
Nicorette lozenge* (Prevent)	nicotine polacrilex	$0	$0	QL	$0	$0	QL
Nicotine gum*; Nicorette* (Prevent)	nicotine polacrilex	$0	$0	QL	$0	$0	QL
Nicotine patch* (Prevent)	nicotine	$0	$0	QL	$0	$0	QL
Nicotrol, NS		3	3	QL	3	3	QL
Nicotrol*, NS* (Prevent)		$0	$0	ST, QL	$0	$0	ST, QL
Zyban* (Prevent)	bupropion hcl	$0	$0	QL	$0	$0	

*Age restrictions apply.

17C. Weight Loss Preparations		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Drugs in this category are not covered		N/A	N/A		N/A	N/A	

18. Hemophilia

18A. Antihemophilic Agents		BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Advate		2	2		2	2	
Adynovate		2	2		2	2	
Afstyla		2	2		2	2	
Alphanate		2	2		2	2	
AlphaNine SD		2	2		2	2	
Alprolix		2	2		2	2	
BeneFix		2	2		2	2	
Coagadex		2	2		2	2	
Corifact		2	2		2	2	
Eloctate		2	2		2	2	
Esperoct		2	2		2	2	
Feiba NF		2	2		2	2	
Hemlibra		2	2	PA	2	2	PA
Hemofil M		2	2		2	2	
Humate-P		2	2		2	2	
Idelvion		2	2		2	2	
Ixinity		2	2		2	2	
Jivi		2	2		2	2	
Koate		2	2		2	2	
Kogenate FS		2	2		2	2	
Kovaltry		2	2		2	2	
Mononine		2	2		2	2	
Novoeight		2	2		2	2	
NovoSeven RT		2	2		2	2	
Nuwiq		2	2		2	2	
Obizur		2	2		2	2	
Profilnine		2	2		2	2	
Rebinyn		2	2		2	2	
Recombinate		2	2		2	2	
Rixubis		2	2		2	2	
Sevenfact		2	2		2	2	
Tretten		2	2		2	2	
Vonvendi		2	2		2	2	
Wilate		2	2		2	2	
Xyntha		2	2		2	2	
Xyntha Solofuse		2	2		2	2	

PA - Prior approval may be required ***ST*** - Step therapy may be required ***QL*** - Quantity limits may apply **<s>** - Specialty Drug

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعده بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711، إذا لم تكن مشتركا بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

ئەگەر تۆ، یان کەسێک کە هاوکاری دەکەیت، پێویستی بە یارمەتی هەیە، مافی ئەوەت هەیە بە بێ هیچ تێچوونێک یارمەتی و زانیاری بە زمانەکەت وەربگریت. بۆ قسەکردن لەگەڵ وەرگێڕ، پەیوەندی بە ژمارەی خزمەتگوزاری بەکارهێنەران بکە کە لەسەر پشتەوەی کارتەکەتە، یان 877-469-2583 TTY:711، ئەگەر ئەندام نیت.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号 (メンバーでない方は877-469-2583, TTY: 711) までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

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