

Changes to the Custom Select Drug List

The following are changes to the Custom Select Drug List that will be effective January 1, 2022.

Drugs on the Custom Select Drug List that won't be covered

We'll no longer cover the following brand-name and generic drugs. Unless noted, both the brand name and available generic equivalents won't be covered. If members fill a prescription for one of these drugs on or after January 1, 2022, they'll be responsible for the full cost.

The drugs that won't be covered are listed along with the covered preferred alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions for preferred alternatives, the generic equivalents are dispensed, if available. The example brand names of preferred alternatives are provided for reference. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

Drugs that won't be covered	Common use or drug class	Preferred alternatives
Asmanex®/HFA	Asthma	Arnuity® Ellipta®, Flovent® HFA/Diskus®, Pulmicort®/Flexhaler®, Qvar® Redihaler®
Dulera®	Chronic obstructive pulmonary disease	Advair® HFA/Diskus®, Breo® Ellipta®, Symbicort®
Incruse® Ellipta®, Tudorza® Pressair®		Spiriva®/Respimat®
Invokana®, Invokamet®/XR, Qtern®, Segluromet®, Steglatro®	Diabetes	Farxiga®, Glyxambi®, Jardiance®, Synjardy XR®, Trijardy XR®, Xigduo XR®
Oxycontin®, oxycodone ER ¹	Pain	Butrans®, Duragesic®, MS Contin®, Opana ER®, Ultram ER®, Xtampza ER®, Zohydro ER®
Siliq®	Autoimmune conditions (such as plaque psoriasis and psoriatic arthritis)	Enbrel®, Humira®, Otezla®, Rinvoq®, Skyrizi®, Stelara®, Tremfya®, Xeljanz®/XR

¹ Authorized brand alternatives (i.e. authorized generics) are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand copayment will apply for these drugs.

Drugs on the Custom Select Drug List that will have a higher copayment

The following brand-name drugs will have a higher copayment, starting January 1, 2022. We've listed each along with the preferred alternatives that have similar effectiveness, quality and safety, but lower copays. When pharmacies fill prescriptions for preferred alternatives, the generic equivalents are dispensed, if available. The example brand names of preferred alternatives are provided for reference. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

Nonpreferred drugs that will have a higher copayment	Common use or drug class	Preferred alternatives
Actemra®, Cimzia®, Taltz®	Autoimmune conditions (such as plaque psoriasis and psoriatic arthritis)	Enbrel®, Humira®, Otezla®, Rinvoq®, Skyrizi®, Stelara®, Tremfya®, Xeljanz®/XR
Ajovy®	Migraine prevention	Aimovig®, Emgality®
Fulphila®, Udenyca®, Zixtenzo®	Neutropenia	Neulasta®, Nyvepria®
Leukine®		Nivestym®, Zarxio®
Nutropin AQ Nuspin®	Growth hormone	Genotropin®, Norditropin® FlexPro®
Orenitram ER®, Tracleer® suspension, Tyvaso®, Uptravi®, Ventavis®	Pulmonary hypertension	Adcirca®, Adempas®, Letairis®, Opsumit®, Revatio®, Tracleer® tablet

2021



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Custom Select Drug List

PPO (Blue Cross Blue Shield)

Blue Cross[®] Physician Choice PPO
Blue Cross[®] Premier PPO
Community BlueSM PPO
Community BlueSM HRA PPO
Healthy Blue AchieveSM PPO
Simply BlueSM PPO
Simply BlueSM HRA PPO
Simply BlueSM HSA PPO
Simply BlueSM Routine Care PPO

HMO (Blue Care Network)

Blue Cross[®] Metro Detroit HMO
Blue Cross[®] Preferred HMO
Blue Cross[®] Select HMO
Blue Elect PlusSM POS
BCN Healthy Blue LivingSM HMO
BCN HMOSM
BCN HMO Fixed CostSM
BCN HRASM HMO
BCN HSASM HMO
BCN Routine CareSM HMO

Blue Cross and BCN CustomSelect Drug List - November 2021

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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 contain 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 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 benefits may be covered under his or her medical benefits. 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, but at a fraction of the cost. For the most recent list of excluded drugs with suggested alternatives, refer to our [Custom Select Drug List Exclusions](#). 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 the [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 usual copayment 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 prescription drug benefits, 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	<p>Generics — lowest copay</p> <p>This tier includes generic specialty and nonspecialty drugs. Members pay the lowest copay for generics, which makes them the most cost-effective option for treatment.</p>	<p>Generics — lowest copay</p> <p>This tier includes 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.</p>	<p>Tier 1A: Preferred generics — lower generic drug copay</p> <p>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.</p> <p>Tier 1B: Generics — higher generic drug copay</p> <p>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.</p>
Tier 2	<p>Preferred brand — higher copay</p> <p>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-name specialty drugs.</p>	<p>Preferred brand — higher copay</p> <p>This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay a higher copay for them.</p>	
Tier 3	<p>Nonpreferred brands — highest copay</p> <p>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 brand-name specialty drugs.</p>	<p>Nonpreferred brands — highest nonspecialty copay</p> <p>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-name drugs.</p>	
Tier 4	Doesn't apply	<p>Preferred specialty — lower specialty-drug cost sharing</p> <p>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.</p>	
Tier 5	Doesn't apply	<p>Nonpreferred specialty — higher specialty-drug cost sharing</p> <p>This tier includes nonpreferred brand-name, 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.</p>	

How do I fill my prescription?

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

- **Specialty drugs**
 - Local retail pharmacy
 - Walgreens is our preferred specialty pharmacy. Find a location at walgreens.com/pharmacy/*.
 - You can use any retail pharmacy in your applicable network.
 - Limited-distribution specialty drugs
 - Pharmacy options vary based on the drug. Please refer to the [Specialty Drug Program Pharmacy Benefit Member Guide](#), and search for the drug you take.
 - Mail order for 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 for home delivery
 - Pharmacy: Express Scripts*** mail order pharmacy
 - Telephone:
 - **Blue Cross members:** 1-800-778-0735
 - **BCN members:** 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 Blue Cross or BCN member ID card or visit [**bcbsm.com/pharmacy**](http://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 specialty 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.

Authorized generics

Authorized generics are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand copayment will apply for these medications. Some authorized generics may not be covered. For the most recent list of excluded drugs, refer to our [Custom Select Drug List Exclusions](#).

Vaccines

The following select vaccines are covered at pharmacies 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
Chickenpox	Varivax®	None
Flu	Influenza virus vaccine (various)	None
Haemophilus influenzae type B	ActHIB®	None
	Hiberix®	None
	PedvaxHIB®	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
Measles, mumps and rubella; varicella	ProQuad®	None
Meningitis	Bexsero®	None
	Menveo®	None
	Menactra®	None
	Menomune®	None
	MenQuadrif®	None
	Trumenba®	None
Pneumonia	Pneumovax® 23	None
	Prevnar 13®	65 and older
Polio	Ipol®	None

Common name	Vaccine	Age restrictions
Rotavirus	Rotarix®	None
	RotaTeq®	None
Shingles	Shingrix®	50 and older
Tetanus, diphtheria	Diphtheria-Tetanus Tox	None
	Tenivac®	None
	TDVAX®	None
Tetanus, diphtheria and whooping cough	Adacel®	None
	Boostrix®	None
	Daptacel®	None
	Infanrix®	None
Tetanus, diphtheria and whooping cough; polio	Kinrix®	None
	Quadracel®	None
Tetanus, diphtheria and whooping cough; hepatitis B; polio	Pediarix®	None
Tetanus, diphtheria and whooping cough; haemophilus influenzae type B; polio	Pentacel®	None
Tetanus, diphtheria, and whooping cough; haemophilus influenzae type B; hepatitis B; polio	Vaxelis®	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

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 that can be dispensed per fill.

To view a current list of drugs that have limits on the quantity that can be dispensed per fill, please see the [Quantity Limit Program](#), and refer to the column labeled "BCBSM Custom Select Drug List" for Blue Cross members, or "BCN Custom Select Drug List" for BCN members.

How to request approval

For members:

Blue Cross and BCN members should consult their prescription drug benefit packets for information on how to get prior approval or 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.

- To request coverage of a drug: Fill out the [Coverage Request Form](#) online at [**bcbsm.com**](http://bcbsm.com).
- Write to:
Pharmacy Services — Mail Code 512C
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

For doctors:

Doctors can request approval for Blue Cross and BCN members. 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, an explanation of the member's appeal rights and the appeals process.

Physicians can request approval one of four ways:

- **Electronic prior authorization:** Physicians can use their electronic health record or CoverMyMeds® to submit [electronic prior authorizations](#) for commercial pharmacy members.
- **Call:** 1-800-437-3803
- **Fax:** 1-866-601-4425
- **Write:**
Pharmacy Services — Mail Code 512C
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
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 within each section. 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.

The table displays two side-by-side copay structures. The left side shows the BCBSM (PPO) plan with three tiers: Tier 3 (2 copay), Tier 5 (4 copay), and Tier 6 (PA, QL). The right side shows the BCN (HMO) plan with six tiers: Tier 5 (4 copay), Tier 6 (4 copay), Tier 1B (QL), Tier 1 (PA, QL), Tier 0 (\$0 copay), and Tier 1 (PA). The BCN plan also includes a PA (prior approval) row.

BCBSM (PPO)			BCN (HMO)		
3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
2	4	PA, QL	4	4	PA, QL
1	1	QL	1	1B	
\$0	\$0	PA, QL	\$0	\$0	PA
1	1		1	1B	
3	3		3	3	
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*.

This 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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Arakoda		3	3	QL	3	3	QL
Aralen	chloroquine phosphate	1	1		1	1B	
Coartem		2	2	QL	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		1	1B	
Primaquine	primaquine phosphate	1	1		1	1B	
Primaquine		2	2		2	2	
Qualaquin	quinine sulfate	1	1		1	1B	

1C. Antiparasitics and antihelmintics

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Albenza	albendazole	1	1	QL	1	1B	QL
Alinia	nitazoxanide	1	1		1	1B	
Alinia suspension		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	PA, QL	1	1B	PA, QL
Tindamax	tinidazole	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

ID. 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/emtricitabine/tenofovir 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	etravirine	1	1		1	1B	
Intelence 25mg		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
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/lamivudine/tenofovir disop	1	1	QL	1	1B	QL
Symfi Lo	efavirenz/lamivudine/tenofovir disop	1	1	QL	1	1B	QL
Syntuza		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
Truvada 200mg/300mg (Prevent)	emtricitabine/tenofovir (tdf)	\$0	\$0	PA, QL	\$0	\$0	PA, QL

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<ss> - Specialty Drug

1D. Antiretrovirals (Continued)			BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Tybost			2	2	QL	2	2	QL
Vemlidy <ss>			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	
Sirturo			2	2	PA, QL	2	2	PA, QL
Trecator			3	3		3	3	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<ss> - Specialty Drug

1F. Antivirals

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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 pellet packs <s>		3	5	PA, QL	5	5	PA, QL
Hepsera <s>	adefovir dipivoxil	1	4		4	4	
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 pellet packs <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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	QL	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	
Difidicid			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		1	1B	

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	

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

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 <i><ss></i>			2	4	PA, QL	4	4	PA, QL
Cayston <i><ss></i>			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 <i><ss></i>	tobramycin in 0.225% sod chlor		1	4	QL	4	4	QL
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

<ss> - Specialty Drug

2. Cardiovascular, hypertension, cholesterol

2A. ACE Inhibitors and combinations

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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, QL
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	
Brilinta			2	2	QL	2	2	QL
Cablivi <i><ss></i>			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			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

<ss> - Specialty Drug

2E. Beta blockers and combinations

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	nebivolol hcl	1	1	ST, QL	1	1B	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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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**<sp>** - Specialty Drug

2G. Cardiovascular treatment

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	
Verquvo		3	3	PA, QL	3	3	PA, QL
Vyndamax <s>		2	4	PA, QL	4	4	PA, QL
Vyndaqel <s>		2	4	PA, QL	4	4	PA, QL

2H. Diuretics

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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 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	
Inspira	eplerenone	1	1		1	1A	
Kerendia		3	3	PA, QL	3	3	PA, QL
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

2I. Lipid lowering agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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.

2J. Nitrates and combinations

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bidil		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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<> - Specialty Drug

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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<sp> - Specialty Drug

3. Central nervous system

3A. Alzheimer's therapy

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	

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

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	rufinamide		1	1	PA, QL	1	1B	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 Acdial	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			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
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	

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

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		1	1B	
Lexapro	escitalopram oxalate	1	1		1	1A	
Limbitrol, DS	amitript 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 CR, suspension	paroxetine hcl	1	1		1	1B	
Paxil suspension		3	3		3	3	
Paxil tablet	paroxetine hcl	1	1		1	1A	
Pexeva		3	3	ST, QL	3	3	ST, QL
Pristiq	desvenlafaxine succinate	1	1	QL	1	1A	QL
Prozac	fluoxetine hcl	1	1		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		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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<> - Specialty Drug

(**Prevent**) - Prevent drugs may be covered at \$0 if criteria are met

3D. Antipsychotics

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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
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	
Lybalvi		3	3	ST, QL	3	3	ST, QL
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	asenapine maleate	1	1	QL	1	1B	QL
Secudo		3	3	ST, QL	3	3	ST, 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	
Symbax	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	

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

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

3E. Anxiolytics

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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
Zenedi	dextroamphetamine sulfate	1	1	QL	1	1B	QL
Zenedi 2.5mg, 7.5mg, 15mg, 20mg, 30mg		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**(Prevent)** - Prevent drugs may be covered at \$0 if criteria are met

3G. Migraine therapy

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	QL	1	1B	QL
D.H.E.45	dihydroergotamine mesylate	1	1	QL	1	1B	QL
Emgality		2	2	PA, QL	2	2	PA, QL
Esgic; Fioricet	butalb/acetaminophen/caffeine	1	1	QL	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
Zolmitriptan nasal spray (authorized generic of Zomig)		3	3	ST, QL	3	3	ST, QL
Zomig nasal spray		3	3	ST, QL	3	3	ST, QL
Zomig, ZMT	zolmitriptan	1	1	QL	1	1B	QL

3H. Myasthenia gravis

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

3I. Narcotic antagonists and withdrawal management

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Kloxxado		2	2	QL	2	2	QL
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	

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

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	QL	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
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 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr	fentanyl	1	1	QL	1	1B	QL
Levorphanol Tartrate	levorphanol tartrate	1	1	PA, QL	1	1B	PA, 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

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

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	
Meclofen	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	

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

3N. Parkinsons disease and related disorders			BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
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 <i><ss></i>			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			2	2	PA, QL	2	2	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) (<i>Prevent</i>)	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, LQ <i><ss></i>			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	QL	1	1B	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

<ss> - Specialty Drug

(*Prevent*) - Prevent drugs may be covered at \$0 if criteria are met

3Q. Skeletal muscle relaxants

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	
Valium	diazepam	1	1		1	1B	
Zanaflex	tizanidine hcl	1	1		1	1B	

3R. Miscellaneous CNS

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Antabuse	disulfiram	1	1		1	1B	
Austedo <i>(ss)</i>		2	4	PA, QL	4	4	PA, QL
Cafcxit	caffeine citrate	1	1		1	1B	
Campral	acamprosate calcium	1	1		1	1B	
Cuvposa		3	3		3	3	
Enspryng <i>(ss)</i>		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 <i>(ss)</i>		2	4	PA, QL	4	4	PA, QL
Exservan <i>(ss)</i>		3	5	PA, QL	5	5	PA, QL
Ingrezza <i>(ss)</i>		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
Nimotop	nimodipine	1	1		1	1B	
Nuedexta		2	2	PA, QL	2	2	PA, QL
Nymalize		3	3	QL	3	3	QL
Qelbree		3	3	PA, QL	3	3	PA, QL
Rilutek	riluzole	1	1		1	1B	
Ruzurgi <i>(ss)</i>		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
Tegsedti <i>(ss)</i>		2	4	PA, QL	4	4	PA, QL
Tiglutik <i>(ss)</i>		3	5	PA, QL	5	5	PA, QL
Wakix <i>(ss)</i>		3	5	PA, QL	5	5	PA, QL
Xenazine <i>(ss)</i>	tetrabenazine	1	4	PA, QL	4	4	PA, QL
Xyrem <i>(ss)</i>		3	5	PA, QL	5	5	PA, QL

PA - Prior approval may be required**ST** - Step therapy may be required**QL** - Quantity limits may apply***(ss)*** - Specialty Drug

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

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	QL	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
Compazine suppository	prochlorperazine	1	1		1	1B	
Compazine tablet	prochlorperazine maleate	1	1		1	1B	
Emend	aprepitant	1	1	QL	1	1B	QL
Emend suspension		2	2	QL	2	2	QL
Kytril	granisetron hcl	1	1	QL	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 solution	ondansetron hcl	1	1		1	1B	
Zofran tablet, ODT	ondansetron hcl	1	1	QL	1	1B	QL

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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

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
Gavilyte-N	sodium chloride/nahco3/kcl/peg	1	1		1	1B	
Gavilyte-N* (Prevent)	sodium chloride/nahco3/kcl/peg	\$0	\$0		\$0	\$0	
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* (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	

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	QL	1	1B	QL
Prevacid capsule (Rx Only)	lansoprazole	1	1	QL	1	1B	QL
Prilosec capsule (Rx Only)	omeprazole	1	1	QL	1	1B	QL
Protonix tablet	pantoprazole sodium	1	1	QL	1	1B	QL

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

4I. Topical anti Inflammatory agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Analpram-HC 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	
Hydrocortisone 1% cream (Rx only)	hydrocortisone	1	1		1	1B	
Pramosone 2.5-1% cream	hydrocortisone/pramoxine	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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Humira <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Simponi <i><ss></i>		3	5	PA, QL	5	5	PA, QL

4K. Ulcer therapy

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	
Robinul tablet, Forte	glycopyrrrolate	1	1		1	1B	

4L. Miscellaneous gastrointestinal agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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 <i><ss></i>		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 <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Sucraida <i><ss></i>		3	5	PA, QL	5	5	PA, QL
Xeljanz, XR <i><ss></i>		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

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

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)	I-norgest/e.estradiol-e.estrad		\$0	\$0	QL	\$0	\$0	QL
Mircette (Prevent)	desog-e.estradiol/e.estradiol		\$0	\$0		\$0	\$0	
Seasonique (Prevent)	I-norgest/e.estradiol-e.estrad		\$0	\$0	QL	\$0	\$0	QL

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	QL
Gynol II (Prevent)	nonoxynol 9		\$0	\$0	QL	\$0	\$0	QL
Natazia			3	3		3	3	
Nuvaring (Prevent)	etongestrel/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)	I-norgest/e.estradiol-e.estrad		\$0	\$0	QL	\$0	\$0	QL
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	QL
VCF film, gel (Prevent)			\$0	\$0	QL	\$0	\$0	QL

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

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.estriadiol-iron	\$0	\$0		\$0	\$0	
Loestrin Fe (Prevent)	norethindrone-e.estriadiol-iron	\$0	\$0		\$0	\$0	
Lybrel (Prevent)	levonorgestrel-ethin estradiol	\$0	\$0		\$0	\$0	
Minastrin 24 FE (Prevent)	norethindrone-e.estriadiol-iron	\$0	\$0		\$0	\$0	
Modicon (Prevent)	norethindrone-ethinyl estrad	\$0	\$0		\$0	\$0	
Nextstellis		3	3		3	3	
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.estriadiol	\$0	\$0	QL	\$0	\$0	QL
Taytulla (Prevent)	norethindrone-e.estriadiol-iron	\$0	\$0		\$0	\$0	
Tyblume		3	3		3	3	
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	QL

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.estriadiol-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	

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

5F. Estrogen and progestin combinations

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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*

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	
Duavée		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	PA, QL	1	1B	PA, QL
Myfembree		3	3	PA, QL	3	3	PA, 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	

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

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
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
Taltz <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		1	1B	
Evista	raloxifene hcl	1	1	QL	1	1B	QL
Fosamax	alendronate sodium	1	1	QL	1	1A	QL
Miacalcin	calcitonin, salmon, synthetic	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

6E. Osteoporosis and hormonal treatment

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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 <i><ss></i>		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 <i><ss></i>		2	4	PA, QL	4	4	PA, QL

6F. Salicylates

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Cimzia syringe <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Enbrel <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Humira <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Simponi <i><ss></i>		3	5	PA, QL	5	5	PA, QL

6H. Miscellaneous rheumatologic agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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 <i><ss></i>	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		1	1B	
Ridaura		2	2		2	2	
Trexall		2	2		2	2	
Xatmep <i><ss></i>		3	5		5	5	

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

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

7. Endocrinology

7A. Androgens

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
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	QL	3	3	QL
Oxandrin	oxandrolone	1	1	PA	1	1B	PA

7B. Antithyroid agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alkindi Sprinkle		3	3	PA, QL	3	3	PA, QL
Cortef; Hydrocortisone	hydrocortisone	1	1		1	1A	
Decadron	dexamethasone	1	1		1	1A	
Deltasone	prednisone	1	1		1	1A	
Dexpak	dexamethasone	1	1		1	1B	
Emflaza <i><ss></i>		3	5	PA	5	5	PA
Entocort EC	budesonide	1	1		1	1B	
Florinef	fludrocortisone acetate	1	1		1	1B	
Medrol	methylprednisolone	1	1		1	1A	
Medrol 2mg		3	3		3	3	
Millipred solution	prednisolone sod phosphate	1	1		1	1A	
Millipred tablet	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

<ss> - Specialty Drug

7D. Growth Hormone and related products

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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 (NDCs ending in -111, -312, -512, -619, -910)		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	
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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	thyroid, pork		1	1A		1	1A	
Armour Thyroid			3	3		3	3	
Cytomel	liothyronine sodium		1	1		1	1A	
Levothyroxine sodium (authorized generic of Tirosint)			3	3		3	3	
NP Thyroid	thyroid,pork		1	1		1	1A	
Synthroid	levothyroxine sodium		1	1		1	1A	
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	QL
Carbaglu <ss>			2	4	PA	4	4	PA
Ravicti <ss>			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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<ss> - Specialty Drug

7K. Miscellaneous endocrine

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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, QL
DDAVP	desmopressin (nonrefrigerated)	1	1		1	1B	
DDAVP	desmopressin acetate	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	glucagon,human recombinant	1	1		1	1B	
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	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	
Revcovit <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, QL
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
Zeglogue		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

8. Antineoplastics and immunosuppressants

8A. Adjuvant therapy

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
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
Nyvepria <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>		2	4	QL	4	4	QL

8B. Alkylating agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alkeran tablet	melphalan	1	1		1	1B	
Cyclophosphamide capsule	cyclophosphamide	1	1		1	1B	
Cyclophosphamide tablet (authorized generic of Cytoxan)		3	3		3	3	
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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	

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

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	
Erleada <i><ss></i>			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 <i><ss></i>			2	4	PA, QL	4	4	PA, QL
Lupron <i><ss></i>	leuprolide acetate		1	4		4	4	
Lupron Depot 3.75mg, 11.25mg <i><ss></i>			2	4		4	4	
Megace, ES	megestrol acetate		1	1		1	1B	
Nilandron	nilutamide		1	1	PA, QL	1	1B	PA, QL
Orgovyx <i><ss></i>			3	5	PA, QL	5	5	PA, QL
Soltamox			3	3		3	3	
Tamoxifen	tamoxifen citrate		1	1	QL	1	1A	QL
Tamoxifen* (Prevent)	tamoxifen citrate		\$0	\$0	PA, QL	\$0	\$0	PA, QL
Xtandi <i><ss></i>			2	4	PA, QL	4	4	PA, QL
Zytiga 250mg <i><ss></i>	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 <i><ss></i>			3	5	PA, QL	5	5	PA, QL
Astagraf XL <i><s></i>			3	5		5	5	
Azasan			3	3		3	3	
Cellcept <i><ss></i>	mycophenolate mofetil		1	4		4	4	
Envarsus XR <i><s></i>			3	5		5	5	
Gengraff; Neoral <i><s></i>	cyclosporine, modified		1	4		4	4	
Imuran	azathioprine		1	1		1	1B	
Kineret <i><ss></i>			3	5	PA, QL	5	5	PA, QL
Myfortic <i><ss></i>	mycophenolate sodium		1	4		4	4	
Pomalyst <i><s></i>			3	5	PA, QL	5	5	PA, QL
Prednisone	prednisone		1	1		1	1A	
Prograf <i><s></i>	tacrolimus		1	4		4	4	
Prograf granules <i><s></i>			3	5		5	5	
Rapamune <i><s></i>	sirolimus		1	4		4	4	
Revlimid <i><s></i>			3	5	QL	5	5	QL
Sandimmune capsule <i><s></i>	cyclosporine		1	4		4	4	
Sandimmune solution <i><s></i>			3	5		5	5	
Somatuline Depot <i><s></i>			2	4	PA, QL	4	4	PA, QL
Thalomid <i><s></i>			2	4		4	4	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<ss> - Specialty Drug

(**Prevent**) - Prevent drugs may be covered at \$0 if criteria are met

8F. Kinase inhibitors and molecular target inhibitors

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Afinitor 10mg, Disperz <s>		2	4	PA, QL	4	4	PA, QL
Afinitor, Disperz <s>	everolimus	1	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
Fotivda <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
Lumakras <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

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

8F. Kinase inhibitors and molecular target inhibitors (Continued)

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Rubraca <s>		2	4	PA, QL	4	4	PA, QL
Rydapt <s>		2	4	PA, QL	4	4	PA, QL
Sprycel <s>		2	4	PA, QL	4	4	PA, QL
Stivarga <s>		2	4	PA, QL	4	4	PA, QL
Sutent <s>	sunitinib malate	1	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
Tepmetko <s>		2	4	PA, QL	4	4	PA, QL
Tibsovo <s>		2	4	PA, QL	4	4	PA, QL
Truseltiq <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
Ukoniq <s>		2	4	PA, QL	4	4	PA, QL
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
Zokinvy <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

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

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 <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Farydak <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Hycamtin capsule <i><ss></i>		2	4		4	4	
Hydrea	hydroxyurea	1	1		1	1A	
Lysodren		2	2		2	2	
Odomzo <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Sandostatin <i><ss></i>	octreotide acetate	1	4		4	4	
Sandostatin LAR Depot <i><ss></i>		2	4	PA	4	4	PA
Synribo <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Targretin capsule <i><ss></i>	bexarotene	1	4	PA, QL	4	4	PA, QL
Vepesid	etoposide	1	1		1	1B	
Vesanoid	tretinoin	1	1		1	1B	
Xpovio <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Zolinza <i><ss></i>		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**<ss>** - Specialty Drug**(Prevent)** - Prevent drugs may be covered at \$0 if criteria are met

9. Immunology and hematology

9A. Hematopoietic agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Doptelet <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Fulphila <i><ss></i>		2	4	QL	4	4	QL
Leukine <i><ss></i>		2	4		4	4	
Neulasta <i><ss></i>		2	4	QL	4	4	QL
Nivestym <i><ss></i>		2	4	QL	4	4	QL
Nyvepria <i><ss></i>		2	4	QL	4	4	QL
Procrit <i><ss></i>		2	4		4	4	
Promacta <i><ss></i>		2	4	PA	4	4	PA
Retacrit <i><ss></i>		2	4		4	4	
Tavalisse <i><ss></i>		3	5	PA, QL	5	5	PA, QL
Udenyca <i><ss></i>		2	4	QL	4	4	QL
Zarxio <i><ss></i>		2	4		4	4	
Ziextenzo <i><ss></i>		2	4	QL	4	4	QL

9B. Immunoglobulins

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

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<ss> - 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	
Kesimpta <s>			2	4	QL	4	4	QL
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
Plegridy <s>			2	4	QL	4	4	QL
Rebif, Rebiodose <s>			2	4	QL	4	4	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
Empaveli <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
Orladeyo <s>			3	5	PA, QL	5	5	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

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

10. Dermatology

10A. Acne treatment

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Absorica 10mg, 20mg, 30mg 40mg	isotretinoin	1	1	QL	1	1B	QL
Accutane; Amnesteem; Claravis; Myorisan; Zenatane	Isotretinoin	1	1	QL	1	1B	QL
Adoxa tablet	doxycycline monohydrate	1	1		1	1A	
Altreno		3	3	QL	3	3	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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

10B. Antipsoriatic and antiseborrheic

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	
Dovonex	calcipotriene	1	1		1	1B	
Duobrii		3	3	QL	3	3	QL
Enbrel <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Humira <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Klaron	sulfacetamide sodium	1	1		1	1B	
Otezla <i><ss></i>		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 <i><ss></i>		3	5	PA, QL	5	5	PA, QL
Skyrizi <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Soriatane	acitretin	1	1		1	1B	
Stelara 45mg, 90mg <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Taclonex	calcipotriene/betamethasone	1	1	PA	1	1B	PA
Taltz <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Tazorac	tazarotene	1	1		1	1B	
Tazorac 0.5%, 0.1% gel		2	2		2	2	
Tremfya <i><ss></i>		2	4	PA, QL	4	4	PA, QL
Vectical	calcitriol	1	1		1	1B	

10C. Corticosteroids very high potency

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Bryhali		3	3	QL	3	3	QL
Clobestate; 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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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/ointment 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**<ss>** - 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, Hytöne 2.5%	hydrocortisone		1	1		1	1B	
Derma-smoothe-FS	fluocinolone/shower cap		1	1		1	1B	
Derma-smoothe-FS	fluocinolone acetonide		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	
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	
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

<sp> - 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	QL	1	1B	QL
Efudex	fluorouracil		1	1		1	1B	
Elidel	pimecrolimus		1	1		1	1B	
Fluoroplex			3	3		3	3	
Klisyri			3	3	PA, QL	3	3	PA, QL
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	QL
Valchlor <s>			3	5	PA, QL	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	QL	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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Condylox	podofolox	1	1		1	1B	
Condylox gel		2	2		2	2	
Drysol		2	2		2	2	
Dupixent <i><ss></i>		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	
Prodoxin, Zonalon	doxepin hcl	1	1	PA, QL	1	1B	PA, QL
Solaraze	diclofenac sodium	1	1	PA, QL	1	1B	PA, QL
Xolair syringe <i><ss></i>		3	5	PA, QL	5	5	PA, QL
Zonalon 30g		3	3	PA, QL	3	3	PA, QL

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

11. Ophthalmology

11A. Cycloplegic mydriatics

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	brinzolamide	1	1		1	1B	
Cosopt	dorzolamide hcl/timolol maleat	1	1		1	1B	
Cosopt PF	dorzolamide/timolol/pf	1	1		1	1B	
Iopidine dropperette		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	
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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Alocril		3	3		3	3	
Alomide		3	3		3	3	
Bepreve	bepotastine besilate	1	1		1	1B	
Elestat	epinastine hcl	1	1		1	1B	
Lastacraft		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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<sp> - 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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

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	
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	difluprednate		1	1		1	1B	
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 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	QL

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

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

12B. Otic preparations

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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% dropperette	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	

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<sp> - Specialty Drug

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	QL
Atarax	hydroxyzine hcl	1	1		1	1B	
Benadryl capsule (Rx Only)	diphenhydramine hcl	1	1		1	1B	
Periactin tablet, 2mg/5 ml syrup	cycloheptadine 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
Bronchitol <i>(ss)</i>		3	5	PA, QL	5	5	PA, QL
Cayston <i>(ss)</i>		3	5	PA, QL	5	5	PA, QL
Kalydeco <i>(ss)</i>		2	4	PA, QL	4	4	PA, QL
Orkambi <i>(ss)</i>		2	4	PA, QL	4	4	PA, QL
Pulmozyme <i>(ss)</i>		2	4	PA	4	4	PA
Symdeko <i>(ss)</i>		2	4	PA, QL	4	4	PA, QL
Tobi <i>(ss)</i>	tobramycin in 0.225% sod chlor	1	4	QL	4	4	QL
Trikafta <i>(ss)</i>		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

(ss) - 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	
Incruse Ellipta			2	2	QL	2	2	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	
Brovana	arformoterol tartrate		1	1	QL	1	1B	QL
Levalbuterol tartrate HFA (authorized generic of Xopenex HFA)			3	3	QL	3	3	QL
Perforomist	formoterol fumarate		1	1	QL	1	1B	QL
ProAir HFA	albuterol sulfate		1	1	QL	1	1B	QL
Proventil HFA	albuterol sulfate		1	1	QL	1	1B	QL
Serevent Diskus			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 Aireduo 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**<sp>** - 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 <i>(ss)</i>	tadalafil		1	4	PA, QL	4	4	PA, QL
Adempas <i>(ss)</i>			2	4	PA, QL	4	4	PA, QL
Letairis <i>(ss)</i>	ambrisentan		1	4	PA, QL	4	4	PA, QL
Opsumit <i>(ss)</i>			2	4	PA, QL	4	4	PA, QL
Orenitram ER <i>(ss)</i>			2	4	PA, QL	4	4	PA, QL
Revatio	sildenafil citrate		1	1	PA, QL	1	1B	PA, QL
Tracleer <i>(ss)</i>	bosentan		1	4	PA, QL	4	4	PA, QL
Tracleer tablet for suspension <i>(ss)</i>			2	4	PA	4	4	PA
Tyvaso <i>(ss)</i>			2	4	PA, QL	4	4	PA, QL
Uptravi <i>(ss)</i>			2	4	PA, QL	4	4	PA, QL
Ventavis <i>(ss)</i>			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

(ss) - Specialty Drug

13O. Miscellaneous respiratory agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Accolate	zafirlukast	1	1	QL	1	1B	QL
Actemra Actpen, syringe <s>		2	4	PA, QL	4	4	PA, QL
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
Hyper-Sal		3	3		3	3	
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	QL
Sodium chloride inhalation	sodium chloride for inhalation	1	1		1	1B	
Xolair syringe <s>		3	5	PA, QL	5	5	PA, QL
Zyflo		3	3	QL	3	3	QL
Zyflo CR	zileuton	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

14. Urology

14A. BPH Treatment

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	QL

14C. Urinary Antispasmodics

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	PA, QL	3	3	PA, QL
Sanctura	trospium chloride	1	1	QL	1	1B	QL
Sanctura XR	trospium chloride	1	1	QL	1	1B	QL
Urispas	flavoxate hcl	1	1		1	1B	
Vesicare	solifenacain succinate	1	1	ST, QL	1	1B	ST, QL
Vesicare LS		3	3	PA, QL	3	3	PA, QL

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<sp> - Specialty Drug

14D. Miscellaneous Urologicals

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	
Lupkynis <s>		3	5	PA, QL	5	5	PA, QL
Renacidin		2	2		2	2	
Thiola	tiopronin	1	1	PA, QL	1	1B	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

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

15. Vitamins and supplements

15A. Potassium Replacement

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Accrufer		3	3	PA, QL	3	3	PA, QL
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.

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

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 <i><ss></i>	deferasirox		1	4	PA, QL	4	4	PA, QL
Ferriprox <i><ss></i>	deferiprone		1	4	PA, QL	4	4	PA, QL
Ferriprox 1000mg tablet, solution <i><ss></i>			3	5	PA, QL	5	5	PA, QL
Syprine <i><ss></i>	trientine hcl		1	4	PA, QL	4	4	PA, QL

16B. Diabetes monitoring and management products			BCBSM (PPO)			BCN (HMO)		
Trade name	Generic name		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
Contour Meter			\$0	\$0	QL	\$0	\$0	QL
Contour Next Ez Meter			\$0	\$0	QL	\$0	\$0	QL
Contour Next Meter			\$0	\$0	QL	\$0	\$0	QL
Contour Next One Meter			\$0	\$0	QL	\$0	\$0	QL
Contour Next Test Strips			2	2	QL	2	2	QL
Contour Test Strips			2	2	QL	2	2	QL
Dexcom G6 Receiver			\$0	\$0	QL	\$0	\$0	QL
Dexcom G6 Sensor 3-Pack			2	2	QL	2	2	QL
Dexcom G6 Transmitter			\$0	\$0	QL	\$0	\$0	QL
Freestyle Libre 2 Reader 14-Day			2	2	QL	2	2	QL
Freestyle Libre 2 Sensor 14-Day			2	2	QL	2	2	QL
Freestyle Libre Reader 14-Day			2	2	QL	2	2	QL
Freestyle Libre Sensor 14-Day			2	2	QL	2	2	QL
Freestyle Test Strips			2	2	QL	2	2	QL
OmniPod DASH Pods			2	2	QL	2	2	QL
One Touch Delica Plus Lancets, 30 & 33G			2	2	QL	2	2	QL
One Touch Ultra 2 Meter			\$0	\$0	QL	\$0	\$0	QL
One Touch Ultra 2 Meter with Delica Plus			\$0	\$0	QL	\$0	\$0	QL
One Touch Ultra Soft Lancets			2	2	QL	2	2	QL
One Touch Ultra Test Strips			2	2	QL	2	2	QL
One Touch Verio Flex Meter			\$0	\$0	QL	\$0	\$0	QL
One Touch Verio Flex Meter with Delica Plus			\$0	\$0	QL	\$0	\$0	QL
One Touch Verio Reflect Meter			\$0	\$0	QL	\$0	\$0	QL
One Touch Verio Test Strips			2	2	QL	2	2	QL
Simplicity 2 Unit			2	2	QL	2	2	QL
Simplicity Inserter			2	2	QL	2	2	QL
VGo 20			2	2	QL	2	2	QL
VGo 30			2	2	QL	2	2	QL
VGo 40			2	2	QL	2	2	QL

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<ss> - Specialty Drug

16C. Vaccines

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		3-Tier	5-Tier	Limits	5-Tier	6-Tier	Limits
ActHIB		\$0	\$0	QL	\$0	\$0	QL
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
Daptacel		\$0	\$0	QL	\$0	\$0	QL
Diphtheria-Tetanus Tox		\$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
Hiberix		\$0	\$0	QL	\$0	\$0	QL
Infanrix		\$0	\$0	QL	\$0	\$0	QL
Ipol		\$0	\$0	QL	\$0	\$0	QL
Janssen Covid-19 vaccine		\$0	\$0		\$0	\$0	
Kinrix		\$0	\$0	QL	\$0	\$0	QL
Menactra		\$0	\$0	QL	\$0	\$0	QL
MenQuadfi		\$0	\$0	QL	\$0	\$0	QL
Menveo		\$0	\$0	QL	\$0	\$0	QL
M-M-R II		\$0	\$0	QL	\$0	\$0	QL
Moderna Covid-19 vaccine		\$0	\$0		\$0	\$0	
Pediarix		\$0	\$0	QL	\$0	\$0	QL
PedvaxHIB		\$0	\$0	QL	\$0	\$0	QL
Pentacel		\$0	\$0	QL	\$0	\$0	QL
Pfizer Covid-19 vaccine		\$0	\$0		\$0	\$0	
Pneumovax 23		\$0	\$0	QL	\$0	\$0	QL
Prevnar 13*		\$0	\$0	QL	\$0	\$0	QL
ProQuad		\$0	\$0	QL	\$0	\$0	QL
Quadracel DTAP-IPV		\$0	\$0	QL	\$0	\$0	QL
Recombivax HB		\$0	\$0	QL	\$0	\$0	QL
Rotarix		\$0	\$0	QL	\$0	\$0	QL
RotaTeq		\$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
Vaxelis		\$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**<ss>** - Specialty Drug

16D. Diagnostics and Other Miscellaneous

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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	PA, QL	4	4	PA, QL
Samsca 15mg <s>		2	4	PA, QL	4	4	PA, QL
Tolvaptan 15mg (authorized generic of Samsca) <s>		2	4	PA, QL	4	4	PA, QL
Vistogard <s>		2	4	QL	4	4	QL

PA - Prior approval may be required**ST** - Step therapy may be required**QL** - Quantity limits may apply

<s> - Specialty Drug

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	varenicline tartrate	1	1	QL	1	1B	QL
Chantix* (Prevent)	varenicline tartrate	\$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	QL

*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
Imcivree <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

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

18. Hemophilia

18A. Antihemophilic Agents

Trade name	Generic name	BCBSM (PPO)			BCN (HMO)		
		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

<ss> - 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 تساعد بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أي تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711 إذا لم تكن مشترك 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。

‘‘جَئِتُّكُمْ بِالْحَقِيقَةِ’’، هَذِهِ الْفِعْلَةُ مَلْأَةٌ بِالْحَقِيقَةِ، وَبِهَا تَعْلَمُونَ مَا يَرَوْنَ، وَمَا يَرَوْنَ لَيَعْلَمُهُمْ بِهَا. لِمَنْ يَرَى حَقًّا يَعْلَمُهُ، مَنْ لَمْ يَرَهُ لَيَعْلَمَهُ بِهَا. لِمَنْ يَرَى حَقًّا يَعْلَمُهُ، مَنْ لَمْ يَرَهُ لَيَعْلَمَهُ بِهَا. 877-469-2583 TTY:711 لِمَنْ يَرَى حَقًّا يَعْلَمُهُ، مَنْ لَمْ يَرَهُ لَيَعْلَمَهُ بِهَا.’’

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 দোভাসীর 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, zadzwój 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 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 pomoći, imate pravo da besplatno dobijete pomoći 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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