

Pharmacy Update

Blue Cross Complete is a member of Michigan Managed Care Common Formulary Workgroup. Establishing the MCO Common Formulary will be an ongoing process throughout 2016. Formulary completion is planned for April 1, 2016 with the Health Plans implementing on or before July 1, 2016. The formulary changes listed in the table below are compliant with the requirements established by the State of Michigan and the Common Formulary Workgroup.

Please Note: Changes established by the Common Formulary Workgroup may not be posted immediately. Please allow time for documents to be updated and posted. New information will be posted as soon as possible.

Medication Name	Preferred Drug List Update*	Limit*	Effective Date
APRACLONIDINE HCL 0.5% DROPS	QL added – NSO		1/1/2017
ASPIRIN EC 81 MG TABLET ASPIRIN 81 MG CHEWABLE TAB	AL removed		1/1/2017
AZELASTINE HCL 0.05% DROPS	QL added – NSO		1/1/2017
BRIMONIDINE TARTRATE 0.15% DROP	QL added – NSO		1/1/2017
CEPHALEXIN 125 MG/5 ML SUSP CEPHALEXIN 250 MG/5 ML SUSP	Age limit removed for CSHCS members only		1/1/2017
CIPROFLOXACIN 0.3% EYE DROP	QL added – NSO		1/1/2017
ESTROGEN-METHYLTESTOS H.S. TAB ESTROGEN-METHYLTESTOS F.S. TAB	Removed from formulary		1/1/2017
JANTOVEN TABLET, all strengths	Added to formulary		1/1/2017
NITROGLYCERIN ER 2.5 MG CAP NITROGLYCERIN ER 6.5 MG CAP	Select NDCs no longer covered		1/1/2017
OTC Omega-3 Fish Oil supplements in Antihyperlipidemic Agents - Dietary Source Combinations	Select products added to formulary		1/1/2017
PRED MILD 0.12% EYE DROPS	QL added – NSO		1/1/2017
TIMOLOL 0.25% GEL-SOLUTION	QL added – NSO		1/1/2017
TIMOLOL 0.25% GFS GEL-SOLUTION	QL added – NSO		1/1/2017
TIMOLOL 0.5% GEL-SOLUTION	QL added – NSO		1/1/2017
TIMOLOL 0.5% GFS GEL-SOLUTION	QL added – NSO		1/1/2017
VALSARTAN-HCTZ 320-12.5 MG TAB VALSARTAN-HCTZ 320-25 MG TAB	Added to formulary		1/1/2017
ALBUTEROL SULFATE 2 MG TAB	Removed from formulary, NSO		2/1/2017
ALBUTEROL SULFATE 4 MG TAB	Removed from formulary, NSO		2/1/2017
ALFUZOSIN HCL ER 10 MG TABLET	Added to Formulary		2/1/2017
ALOGLIPTIN-PIOGLITAZONE All Strengths	QL added	1 tablet/day	2/1/2017
BETAMETHASONE DP 0.05% LOT	Added to formulary with QL	60 mL/30 days	2/1/2017
BETAMETHASONE DP 0.05% OINT	Added to formulary with QL	45 gm/30 days	2/1/2017
BISACODYL EC 5 MG TABLET BISACODYL 10 MG SUPPOSITORY	QL removed		2/1/2017

AL=Age Limit, PA=Prior Authorization, ST=Requires Step Therapy, QL=Quantity Limit, CO=Carve Out,
NDC=National Drug Code, **CSHCS**=Childrens Special Healthcare Services, **NSO**=New Starts Only
 PH-07/Rev11/18/16 Updated February 2017

Medication Name	Preferred Drug List Update*	Limit*	Effective Date
CHLORPROPAMIDE 100 MG TABLET CHLORPROPAMIDE 250 MG TABLET	QL removed		2/1/2017
CIPRODEX OTIC SUSPENSION	AL removed, updated QL	7.5 mL/30 days	2/1/2017
CIPROFLOXACIN 0.2% OTIC SOLN	Added to formulary		2/1/2017
CITRATE OF MAGNESIA SOLN	Added to formulary		2/1/2017
CLEMASTINE FUM 1.34 MG TABLET	QL removed		2/1/2017
CREAMY ACNE 4% FACE WASH (Panoxyl)	Added to formulary		2/1/2017
DIPHENHYDRAMINE 12.5 MG/5 ML	AL removed		2/1/2017
DOCUSATE LIQUID 50 MG/5 ML	Added to formulary		2/1/2017
DOXYCYCLINE MONO 100 MG TABLET	Removed from formulary		2/1/2017
DOXYCYCLINE MONO 150 MG CAP	Removed from formulary		2/1/2017
DOXYCYCLINE MONO 50 MG TABLET	Removed from formulary		2/1/2017
DOXYCYCLINE MONO 75 MG CAPSULE	Removed from formulary		2/1/2017
E.E.S. 200 MG/5 ML GRANULES	Removed from formulary		2/1/2017
ERYTHROMYCIN 250 MG FILMTAB	Removed from formulary		2/1/2017
ERYTHROMYCIN 500 MG FILMTAB	Removed from formulary		2/1/2017
ERYTHROMYCIN DR 250 MG CAP	Removed from formulary		2/1/2017
ERYTHROMYCIN EC 250 MG CAP	Removed from formulary		2/1/2017
ERYTHROMYCIN ES 400 MG TAB	Removed from formulary		2/1/2017
FISH OIL 500 MG SOFTGEL	Added to formulary - updated		2/1/2017
FLUTICASONE PROP 0.005% OINT	Added to formulary with QL	60 gm/30 days	2/1/2017
FLUTICASONE PROP 0.05% CREAM	Added to formulary with QL	60 gm/30 days	2/1/2017
GLIMEPIRIDE 1 MG TABLET GLIMEPIRIDE 2 MG TABLET GLIMEPIRIDE 4 MG TABLET	QL Removed		2/1/2017
GLIPIZIDE 10 MG TABLET GLIPIZIDE 5 MG TABLET	QL Removed		2/1/2017
GLIPIZIDE ER 2.5 MG TABLET GLIPIZIDE ER 5 MG TABLET GLIPIZIDE ER 10 MG TABLET	QL Removed		2/1/2017
GLIPIZIDE XL 2.5 MG TABLET GLIPIZIDE XL 5 MG TABLET GLIPIZIDE XL 10 MG TABLET	QL Removed		2/1/2017
GLYBURIDE 1.25 MG TABLET GLYBURIDE 2.5 MG TABLET GLYBURIDE 5 MG TABLET	QL Removed		2/1/2017
GLYBURIDE MICRO 1.5 MG TAB GLYBURIDE MICRO 3 MG TAB GLYBURIDE MICRO 6 MG TAB	QL Removed		2/1/2017
JENTADUETO 2.5 MG-500 MG TAB JENTADUETO 2.5 MG-850 MG TAB JENTADUETO 2.5 MG-1000 MG TAB	QL Added		2/1/2017
ISONIAZID 50 MG/5 ML SOLUTION	Updated AL	Covered for ≤ 12 years old	2/1/2017
IVERMECTIN 3 MG TABLET	Added to formulary		2/1/2017
KITABIS PAK 300 MG/5 ML	Added to formulary with PA		2/1/2017
LEVOFLOXACIN 25 MG/ML SOLUTION	Removed QL, updated AL	Covered for ≤ 12 years old	2/1/2017
METRONIDAZOLE TOPICAL 0.75% GL	Added to formulary		2/1/2017
MICONAZOLE NITRATE 2% CREAM	Added to formulary		2/1/2017

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MICONAZOLE 3 200 MG VAG SUPP	Removed from formulary - Must use 7 day preparation		2/1/2017
PV MICONAZOLE NITRATE 2% CREAM	Added to formulary		2/1/2017
SM MICONAZOLE NITRATE 2% CREAM	Added to formulary		2/1/2017
MOMETASONE FUROATE 0.1% CREAM	QL updated	45 gm/30 days	2/1/2017
MOMETASONE FUROATE 0.1% OINT	Added to formulary with QL	45 gm/30 days	2/1/2017
OXYTROL FOR WOMEN 3.9 MG/24HR	Added to formulary		2/1/2017
PANCREAZE DR 2,600 UNIT CAP	Strength added to formulary		2/1/2017
PIN-X 144 MG/ML(50 MG/ML BASE)	Added to formulary		2/1/2017
PIN-X 250 MG (BASE) TAB CHEW	Added to formulary		2/1/2017
POTABA 500 MG CAPSULE	Removed from formulary		2/1/2017
SOD SULFACET-SULFUR 10-5% CLSR	Added to formulary		2/1/2017
TERCONAZOLE 80 MG SUPPOSITORY	Removed from formulary - Must use cream		2/1/2017
TETRACYCLINE 250 MG CAPSULE	AL removed		2/1/2017
TETRACYCLINE 500 MG CAPSULE	AL removed		2/1/2017
THALOMID 100 MG CAPSULE	Added to formulary with PA		2/1/2017
THALOMID 150 MG CAPSULE	Added to formulary with PA		2/1/2017
THALOMID 200 MG CAPSULE	Added to formulary with PA		2/1/2017
THALOMID 50 MG CAPSULE	Added to formulary with PA		2/1/2017
TRADJENTA 5 MG TABLET	QL added		2/1/2017
TRIAMCINOLONE 55 MCG NASAL SPR	Removed from formulary - Must use OTC version		2/1/2017

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