

Drug List Exclusions for Blue Cross commercial plans

The drugs shown below aren't covered on the commercial Blue Cross Blue Shield of Michigan (PPO) and Blue Care Network (HMO) drug lists. In most cases, if you fill a prescription for one of these drugs, you'll pay the full retail price.

If you're currently using one of the excluded drugs, please ask your doctor whether a prescription for one of the following preferred alternatives is right for you. They have similar effectiveness, quality and safety but at a fraction of the cost. Our exclusions criteria are based on current medical information and have been approved by the Blue Cross Pharmacy and Therapeutics Committee. If medical necessity coverage is approved, quantity limits may apply.

This list contains the class, subclass and suggested preferred alternatives for the excluded drugs. The generic equivalents of the brand name drugs are also excluded.

The following list isn't comprehensive. 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 ID card.

Preferred alternatives for excluded drugs

The brand (trade) names for the preferred alternatives are listed for reference. The generic equivalent will be dispensed when the member fills a prescription. This list is intended as a reference guide and does not dictate coverage. Members should refer to their specific drug benefit information for a full list of covered drugs and requirements. Full drug lists and coverage requirements can be found at bcbsm.com/pharmacy.

| Drug Class: Anti-infectives | | |
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| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Antivirals | Viekira Pak™, Viekira XR™ | Epclusa®, Zepatier™ |
| Cephalosporins | Daxbia™ | Keflex® |
| Tetracyclines | Acticlate®, Targadox™, Ximino™ | Monodox®, Minocin®, tetracycline |
| Drug Class: Cardiovascular, hypertension, cholesterol | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Beta-blockers and combinations | Kaspargo™ Sprinkle | Toprol®, Toprol® XL |

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| Lipid-lowering agents | Altoprev [®] , Nikita [™] , Zypitamag [™] | Crestor [®] , Lescol [®] , Lescol [®] XL, Lipitor [®] , Mevacor [®] , Pravachol [®] , Zocor [®] |
| Drug Class: Central nervous system | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| CNS stimulants | Cotempla XR-ODT [™] , Mydayis [™] | Adderall XR ^{®*} , Metadate CD ^{®*} , Methylin [®] solution/chewable tablet *can be opened and sprinkled on applesauce |
| Migraine therapy | acetaminophen/caffeine/dihydrocodone, Allzital [®] , butalbital/acetaminophen 300mg, Midrin/Prodrin (HMO only) | Esgic [®] , Fiorinal [®] , Phrenilin [®] (butalbital/acetaminophen 325mg) |
| Narcotics | Arymo [™] ER, MorphaBond [™] ER, Troxyca [®] ER, Vantrela [™] ER, Xtampza [™] ER | Duragesic [®] , Exalgo [®] , methadone, MS Contin [®] |
| Narcotic antagonists and withdrawal management | Evzio [®] | naloxone injection, Narcan [®] nasal spray |
| Narcotic and analgesic combinations | Apadaz [™] | Norco [®] , Vicodin [®] , Vicoprofen [®] |
| | Nalocet, Primlev [™] | Percocet [®] , Percodan [®] |
| Nonsteroidal antiinflammatory drugs (NSAIDs) | Cambia [®] | Generic oral NSAID (such as Anaprox [®] , Indocin [®] , Lodine [®] , Mobic [®] , Motrin [®] (Rx only), Naprosyn [®] , Voltaren [®] , Voltaren [®] XR); Generic triptan (such as Imitrex, Maxalt [®] , Maxalt MLT [®] , Zomig [®] , Zomig ZMT [®]) |
| | Duexis [®] | Motrin [®] (Rx only) plus Pepcid [®] |
| | Naprelan [®] | Generic oral NSAID (such as Anaprox [®] , Indocin [®] , Lodine [®] , Mobic [®] , Motrin [®] (Rx only), Naprosyn [®] , Voltaren [®] , Voltaren [®] XR) |
| | Vimovo [®] | naproxen (Naprosyn [®] or Anaprox [®]) plus a generic proton pump inhibitor (Aciphex [®] tablet, Nexium [®]) |

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| | | capsule, Prilosec [®] capsule, Prevacid [®] capsule, Protonix [®] tablet) |
| Parkinsons disease and related disorders | Gocovri™, Osmolex ER™ | Symmetrel [®] |
| Salicylates | Durlaza [®] | Ecotrin [®] (generic aspirin) |
| | Yosprala™ | Ecotrin [®] (generic aspirin) plus Prilosec [®] capsule |
| Sedative and hypnotics | Zolpimist™ | Ambien [®] , Lunesta [®] , Desyrel [®] , Sonata [®] |
| Skeletal muscle relaxants | chlorzoxazone 250mg | chlorzoxazone 500mg (Parafon Forte DSC [®]) |
| Drug Class: Dermatology | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Acne treatment | Absorica [®] | Claravis [®] , Myorisan [®] , Zenatane [®] |
| | Acticlate [®] , Coremino [®] , Minolira™, Solodyn [®] | Minocin [®] , Monodox [®] , Vibramycin [®] |
| | Aczone [®] 7.5%, Brevoxyl [®] (HMO only) | Differin [®] , Duac [®] , Benzaclin [®] , RetinA [®] , Tazorac [®] |
| | adapalene 0.1% solution | adapalene (Differin [®]) cream or gel |
| | Clindagel [®] , clindamycin 1% gel (singlesource brand), Evoclin [®] | Cleocin-T [®] |
| | Onexton [®] (HMO only) | Benzaclin [®] , Duac [®] |
| | Retin-A Micro [®] | Atralin [®] , Avita [®] , Retin-A [®] |
| | Veltin [®] , Ziana [®] | Cleocin-T [®] plus generic topical tretinoin (Atralin [®] , Avita [®] , Retin-A [®]) |
| Antipsoriatic and antiseborrheic | Siliq™ | Cosentyx [®] , Humira [®] , Otezla [®] , Stelara [®] |

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| (Treatment of Psoriasis) | | |
| Corticosteroids- medium potency | Cordran® 0.025% cream, Cordran® lotion (PPO only), flurandrenolide lotion (PPO), Locoid® lotion, Sernivo™ | Aristocort®, Cutivate®, Diprosone®, Elocon®, Kenalog®, Locoid® cream/ointment/solution, Valisone® |
| Corticosteroids- high to very high potency | Impoyz™, Ultravate® lotion, Ultravate-X® | Clobex®, Diprolene®, Lidex®, LidexE®, Ultravate® cream/ointment |
| Nonsteroidal anti-inflammatory drugs (NSAIDs) | Dithol | General oral NSAID (such as Mobic®, Motrin® (Rx only), Naprosyn®, Voltaren®, Voltaren XR®), Voltaren® topical gel |
| Topical anesthetics | lidocaine 5% ointment and 2% gel, Synera® | Emla® |
| | ZTlido™ | Lidoderm® |
| Topical antibacterials | Centany® | Bactroban® ointment |
| Topical antifungals | Jublia®, Kerydin®, Onmel® | Penlac®, Sporanox®, Lamisil®, GrisPeg® |
| Topical antineoplastic agents and immunomodulators | Carac® (HMO only), fluorouracil 0.5% cream (HMO only) | Tolak® |
| Drug Class: Diagnostic and other miscellaneous | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Chelating agents | Cuprimine® | Depen® |
| Drug Class: Endocrinology | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Corticosteroids | LoCort, TaperDex, ZoDex, ZonaCort | Decadron®, DexPak®, DexPak® Jr. |

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| Insulins | Admelog [®] , Apidra [®] , Apidra [®] Solostar [®] , Humulin [®] (all forms except U-500) Humulin [®] Mix, Humalog [®] (except Junior Kwikpen), Humalog [®] Mix | Novolin [®] , Novolog [®] , Novolog [®] Mix |
| Non-insulin hypoglycemic agents | Glumetza [®] | Glucophage [®] , Glucophage [®] XR |
| Drug Class: Gastrointestinal | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Antidiarrheals and antispasmodics | Donnatal (HMO only), Donnatal Extentabs (HMO only) | Bentyl [®] , Levbid [®] , Levsin [®] , Librax [®] |
| Proton Pump Inhibitors (PPIs) | All PPIs (HMO only) | over-the-counter PPIs (such as Prilosec OTC [®] , Prevacid OTC [®]) |
| | Zegerid [®] | over-the-counter Zegerid OTC [™] |
| Ulcer therapy | Glycate [™] (glycopyrrolate 1.5mg) | Robinul [®] , Robinul Forte [®] (glycopyrrolate 1mg, 2mg) |
| Miscellaneous gastrointestinal agents | Relistor [®] injection, Trulance [®] | Amitiza [®] , Glycolax [®] , lactulose, Linzess [®] |
| Drug Class: Obstetrics and gynecology | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Vaginal anti-infective and antifungal | Solosec [™] | Cleocin [®] vaginal cream, Flagyl [®] , Metrogel [®] -Vaginal |
| Drug Class: Ophthalmology | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Ophthalmic anti-inflammatory agents | Bromsite [™] | Acular [®] , Bromday [®] , Voltaren [®] , Xibrom [®] |

| Drug Class: Otic and nasal preparations | | |
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| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Nasal preparations | All nasal steroids (HMO only) | over-the-counter nasal steroids (such as Flonase OTC [®] , Nasacort Allergy 24 HR [®] , Nasonex OTC [®]) |
| | Xhance [™] | Astelin [®] , Flonase [®] |
| Antihistamines | All non-sedating antihistamines (HMO only) | over-the-counter non-sedating antihistamines (such as Claritin [®] OTC, Zyrtec [®] OTC) |
| | Ryvent [™] | Claritin [®] , Histex PD [®] , Xyzal [®] , Zyrtec [®] |
| Epinephrine | Auvi-Q [®] , EpiPen [®] , EpiPen [®] Jr | epinephrine 0.15mg and 0.3mg auto-injector |
| Inhaled steroids | Alvesco [®] | Arnuity [®] Ellipta [®] , Flovent [®] HFA, Flovent [®] Diskus, Pulmicort [®] Flexhaler [®] , Pulmicort [®] solution, Qvar [®] Redihaler [®] |
| Inhaled steroid and beta agonist combinations | AirDuo [™] Respiclick | Advair [®] HFA, Breo [®] Ellipta [®] , Dulera [®] , fluticasone propionate/salmeterol, Symbicort [®] |
| Drug Class: Urology | | |
| Drug Subclass | Excluded Drug | Preferred Alternatives |
| Urinary antispasmodics | Oxytrol [®] | Detrol [®] , Detrol LA [®] , Ditropan [®] , Ditropan [®] XL, Enablex [®] , Sanctura [®] , Sanctura [®] XR |

These exclusions apply to most Blue Cross Blue Shield of Michigan (PPO) and Blue Care Network (HMO) commercial members; they don't apply to Medicare plans.