



**Blue Care  
Network**  
of Michigan

# Savings Plus Formulary Quick Guide for Members

April 2012



## Savings Plus makes drugs affordable

Blue Care Network's Savings Plus Approved Drug List provides coverage for critical drugs like antibiotics and maintenance generic drugs for the lowest copayment. The list includes most generic drugs and covers some brand-name drugs when an equally effective generic is not available.

The Savings Plus Approved Drug List represents the clinical judgment of Michigan physicians, pharmacists and other health care experts. Medications are selected based on clinical effectiveness, safety and opportunity for cost savings.

Tier	Description	How it works
<b>1</b>	<ul style="list-style-type: none"><li>• Generic forms of critical and maintenance drugs</li><li>• Safe and effective</li></ul>	Available for lowest copayment
<b>2</b>	<ul style="list-style-type: none"><li>• Brand-name prescription drugs</li><li>• Safe and effective</li></ul>	Available for higher copayment if no generics are available
<b>3</b>	<ul style="list-style-type: none"><li>• Prescription drugs not on the Savings Plus Approved Drug List and not excluded (see Exclusions)</li></ul>	May be purchased from your pharmacy at 75% copay

No copay exceptions are allowed for medications on the Savings Plus Approved Drug List.

## What you pay for medications

Your prescription drug rider outlines the terms and conditions of your drug coverage. It also lists your copayment responsibility as a dollar amount or as a percentage of the total prescription cost and indicates when the copayment applies.

## Brand name versus generic

There's little difference between a brand-name drug and its generic equivalent. The U.S. Food and Drug Administration requires that generic drugs have the identical active ingredients as their brand name equivalents. They may differ from brand-name drugs only in color and shape. When you or your physician request that a brand-name version of a drug be dispensed when a generic version is available, you will pay a 75% copay.

# Savings Plus Approved Drug List

Medications in **bold blue** are dispensed as *GENERIC* for the lowest copayment.

Antimicrobials	Antimicrobials (continued)	Antivirals (continued)
<b>TIER 1</b> <b>Amoxil</b> <b>Aralen</b> <b>Augmentin, ES, XR</b> <b>Bactrim, DS; Septra, DS</b> <b>Biaxin, XL</b> <b>Ceclor, ER</b> <b>Ceftin</b> <b>Cefzil</b> <b>Cipro</b> <b>Cipro XR [PA] (QL)</b> <b>Cleocin</b> <b>Declomycin</b> <b>Diflucan</b> <b>Doryx [PA]</b> <b>Duricef</b> <b>Dynapen</b> <b>Erythromycin</b> <b>Ethambutol</b> <b>Flagyl</b> <b>Floxin</b> <b>Grifulvin V Suspension</b> <b>Hiprex/Urex</b> <b>Humatin</b> <b>Isoniazid</b> <b>Keflex</b> <b>Lamisil tablets</b> <b>Larium</b> <b>Levaquin</b> <b>Macrobid</b> <b>Macrochantin</b> <b>Malarone</b> <b>Monodox [PA]</b> <b>Myambutol</b> <b>Mycelex Troche</b> <b>Neomycin</b> <b>Nizoral</b> <b>Nystatin</b> <b>Omnicef</b> <b>Pediazole</b> <b>Penicillin VK</b> <b>Periostat</b> <b>Plaquenil</b> <b>Pyrazinamide</b> <b>Pyridium</b> <b>Rifadin</b> <b>Rifamate</b>	<b>Spectracef (QL)</b> <b>Sporanox capsules</b> <b>Sulfadiazine</b> <b>Tetracycline</b> <b>Trimethoprim</b> <b>Vantin</b> <b>Vermox (QL)</b> <b>Vfend</b> <b>Vibramycin, Vibratabs</b> <b>Zithromax</b> <b>TIER 2</b> <b>Alinia</b> <b>Avelox, ABC</b> <b>Biltricide</b> <b>Dapsone</b> <b>Ery-Tab</b> <b>Fansidar</b> <b>Mepron</b> <b>Mintezol</b> <b>Mycobutin</b> <b>Nebupent Aerosol</b> <b>Primaquine</b> <b>Stromectol (QL)</b> <b>Vancocin</b> <b>Zyvox</b>	<b>Crixivan</b> <b>Edurant (QL)</b> <b>Emtriva</b> <b>Epivir HBV</b> <b>Epzicom</b> <b>Fuzeon &lt;s&gt;</b> <b>Hepsera &lt;s&gt;</b> <b>Hivid</b> <b>Incivek [PA] (QL) &lt;s&gt;</b> <b>Intelence</b> <b>Invirase</b> <b>Isentress</b> <b>Kaletra</b> <b>Lexiva</b> <b>Norvir</b> <b>Prezista</b> <b>Rebetol Solution [PA] &lt;s&gt;</b> <b>Relenza (QL)</b> <b>Rescriptor</b> <b>Reyataz</b> <b>Selzentry</b> <b>Sustiva</b> <b>Tamiflu capsules, suspension (QL)</b> <b>Trizivir</b> <b>Truvada</b> <b>Valcyte</b> <b>Videx</b> <b>Viracept</b> <b>Viramune</b> <b>Viread</b> <b>Ziagen</b>
	<b>Antivirals</b> <b>TIER 1</b> <b>Combivir</b> <b>Copegus/Rebetol [PA] &lt;s&gt;</b> <b>Cytovene</b> <b>Epivir</b> <b>Famvir (QL)</b> <b>Flumadine</b> <b>Rebetol [PA] &lt;s&gt;</b> <b>Retrovir</b> <b>Symmetrel</b> <b>Valtrex (QL)</b> <b>Videx EC</b> <b>Zerit</b> <b>Zovirax, capsule, tablet</b> <b>TIER 2</b> <b>Aptivus [PA]</b> <b>Atripla</b> <b>Baraclude &lt;s&gt;</b> <b>Complera (QL)</b>	<b>Cardiovascular, Hypertension, Cholesterol</b> <b>TIER 1</b> <b>Accupril, Accuretic</b> <b>Aceon</b> <b>Agrylin</b> <b>Aldactone, Aldactazide</b> <b>Aldomet</b> <b>Aldoril</b> <b>Altace capsule</b> <b>Amicar</b> <b>Apresazide</b> <b>Apresoline</b> <b>Betapace, AF</b> <b>Betaxolol</b>

**OTC** Over the counter

**PA** Prior authorization required. Clinical criteria must be met

**(QL)** Quantity limit

**<s>** Specialty drug

\*Coverage depends on member's drug rider.

# Savings Plus Approved Drug List

Medications in **bold blue** are dispensed as *GENERIC* for the lowest copayment.

## Cardiovascular, Hypertension, Cholesterol (continued)

Blocadren  
 Bumex  
 Calan SR/Isoptin SR  
 Capoten, Capozide  
 Cardizem, SR, CD, LA  
 Cardura  
 Catapres, TTS  
 Colestid  
 Cordarone  
 Coreg  
 Corgard  
 Corzide  
 Coumadin  
 Cozaar (QL)  
 Demadex  
 Diamox, Sequels  
 Digoxin Tablets  
 Dilacor XR  
 Diuril  
 Dynacirc  
 Fenofibrate, Fenofibric Acid  
 Guanidine  
 Heparin <s>  
 Hydrochlorothiazide  
 Hydrodiuril, Microzide  
 Hygroton, Thalitone  
 Hytrin  
 Hyzaar (QL)  
 Imdur, Ismo, Monoket  
 Inderal, Inderide  
 Inderal, LA (QL)  
 Inspra  
 Isordil  
 Lasix  
 Lofibra  
 Lipid  
 Lopressor, HCT  
 Lotensin, HCT  
 Lotrel (QL)  
 Lovenox <s>  
 Lozol  
 Mavik  
 Maxzide, Dyazide  
 Mevacor  
 Mexitil

## Cardiovascular, Hypertension, Cholesterol (continued)

Midamor  
 Minipress  
 Minoxidil  
 Moduretic  
 Monopril, HCT  
 Nifedipine  
 Nitroglycerin  
 Normodyne  
 Norpace, CR  
 Norvasc  
 Pavabid  
 Persantine  
 Pindolol  
 Plendil  
 Pletal  
 Pravachol  
 Prinivil, Zestril  
 Prinzide, Zestoretic  
 Proamatine  
 Procardia, XL; Adalat CC (QL)  
 Pronestyl, SR  
 Quesstran, Quesstran Light  
 Quinidine Sulfate  
 Reserpine  
 Rythmol  
 Sectral  
 Sular  
 Tambocor  
 Tarka  
 Tenex  
 Tenoretic  
 Tenormin  
 Tiazac  
 Ticlid  
 Toprol XL  
 Trental  
 Uniretic  
 Univasc  
 Vasotec, Vaseretic  
 Verelan, PM  
 Visken  
 Zaroxolyn  
 Zebeta, Ziac  
 Zocor (QL)

## Cardiovascular, Hypertension, Cholesterol (continued)

### TIER 2

Crestor [PA] (QL)  
 Effient (QL)  
 Mephyton  
 Niaspan  
 Nitro-Bid ointment  
 Nitrolingual spray  
 Plavix  
 Pradaxa (QL)  
 Xarelto (QL)

## Central Nervous System

### TIER 1

Adderall (QL)  
 Ambien  
 Ambien CR (QL)(PA)  
 Anafranil  
 Anaprox, DS  
 Ansaid  
 Aricept, ODT  
 Artane  
 Asendin  
 Aspirin w/codeine  
 Atarax, Vistaril  
 Ativan  
 Buspar  
 Cafergot (QL)  
 Cataflam  
 Celexa  
 Chloral hydrate  
 Clinoril  
 Clozaril  
 Codeine sulfate  
 Cogentin  
 D.H.E.45 (QL)  
 Dantrium  
 Daypro  
 Demerol  
 Depakene  
 Depakote  
 Desoxyn (QL)  
 Desyrel  
 Dexedrine (QL)  
 Diflunisal  
 Dilantin  
 Dilaudid

**OTC** Over the counter

**PA** Prior authorization required. Clinical criteria must be met

**(QL)** Quantity limit

**<s>** Specialty drug



# Savings Plus Approved Drug List

Medications in **bold blue** are dispensed as *GENERIC* for the lowest copayment.

## Central Nervous System (continued)

Disalcid, Salflex  
**Dolgic LQ; Esgic, Plus; Fioricet; Zebutal**  
**Dostinex**  
**Duragesic (QL)**  
**Effexor**  
**Effexor XR (QL)**  
**Elavil**  
**Eldepryl**  
**Eskalith, CR**  
**Etrafon**  
**Exelon capsules**  
**Feldene**  
**Fioricet w/codeine**  
**Fiorinal**  
**Fiorinal w/codeine**  
**Flexeril**  
**Focalin (QL)**  
**Geodon**  
**Halcion**  
**Haldol**  
**Hydrocodone/Acetaminophen**  
**Imitrex, injection (QL)**  
**Indocin, SR**  
**Keppra, XR**  
**Ketoprofen**  
**Klonopin, ODT**  
**Lamictal, ODT**  
**Librium**  
**Limbitrol, DS**  
**Lioresal**  
**Lithium Citrate, Carbonate**  
**Lithobid**  
**Lodine, XL**  
**Loxitane**  
**Ludiomil**  
**Luvox**  
**Mebaral**  
**Meclomen**  
**Mellaril**  
**Mestinon**  
**Methadone**  
**Midrin**  
**Miltown, Equanil**  
**Mirapex**  
**Mobic**

## Central Nervous System (continued)

**Morphine sulfate, IR, ER, solution, suppository**  
**Motrin (Rx only)**  
**Mysoline**  
**Naprosyn, EC**  
**Navane**  
**Neurontin, solution**  
**Nimotop**  
**Norflex**  
**Norgesic, Forte**  
**Norpramin**  
**Orudis**  
**Oxycodone (IR only)**  
**Pamelor, Aventyl**  
**Paraflex, Parafor Forte DSC**  
**Parcopa**  
**Paregoric**  
**Parlodel**  
**Parnate**  
**Paxil, CR (QL)**  
**Percocet**  
**Percodan**  
**Phenobarbital**  
**Phrenilin**  
**Prolixin**  
**Prosom**  
**Prozac weekly [PA] (QL)**  
**Prozac, Sarafem**  
**Razadyne, ER**  
**Relafen**  
**Remeron, Soltab**  
**Requip**  
**Restoril**  
**Revia**  
**Risperdal, M-Tab**  
**Ritalin, SR; Methylin ER (QL)**  
**Robaxin**  
**Roxanol**  
**Salsalate**  
**Serax**  
**Seroquel**  
**Serzone [PA]**  
**Sinemet, CR**  
**Sinequan solution, suppository**  
**Sonata**  
**Stadol NS**

## Central Nervous System (continued)

**Stelazine**  
**Surmontil**  
**Symmetrel**  
**Talacen**  
**Talwin NX**  
**Tegretol, XR**  
**Thorazine**  
**Tofranil, PM**  
**Tolectin, DS**  
**Topamax**  
**Toradol (QL)**  
**Tranxene**  
**Trilafon**  
**Trileptal**  
**Trilisate**  
**Tylenol w/codeine**  
**Tylox**  
**Ultram, Ultracet**  
**Valium**  
**Venlafaxine HCL ER (QL)**  
**Vicodin, Lortab**  
**Vicoprofen**  
**Vivactil**  
**Voltaren, XR**  
**Wellbutrin, SR, XL**  
**Xanax, XR**  
**Zarontin**  
**Zoloft**  
**Zonegran**  
**Zyprexa, Zydis**  
**TIER 2**  
 Abilify, Discmelt, Solution  
 Banzel  
 Depakote Sprinkles  
 Dilantin Infatabs, 30mg Kapseal  
 Exelon patch **(QL)**  
 Gabitril  
 Metadate CD **(QL)**  
 Namenda, Solution  
 Oramorph SR  
 Orap  
 Rilutek  
 Sabril **<S>**  
 Stalevo, 50  
 Vimpat

**OTC** Over the counter

**PA** Prior authorization required. Clinical criteria must be met

**(QL)** Quantity limit

**<S>** Specialty drug

\*Coverage depends on member's drug rider.

# Savings Plus Approved Drug List

Medications in **bold blue** are dispensed as *GENERIC* for the lowest copayment.

## Gastrointestinal

### TIER 1

Actigall  
Anamantle HC  
Antivert  
Anusol HC, Proctocream HC  
Axid (Rx only)  
Azulfidine, EN-Tab  
Bellamine/Bellaspas  
Bentyl  
Carafate tablets  
Colazal  
Compazine  
Cortenema  
Cytotec  
Donnatal  
Glycolax  
Golytely  
Kytril (QL)  
Lactulose  
Levbid  
Levsin, SL  
Levsinex  
Lidocaine-Hydrocortisone  
Lomotil  
Marinol (QL)  
Mesalamine  
Nulytely  
Paregoric  
Pepcid (Rx only)  
Phenergan  
Pro-banthine  
Proctocort suppository  
Proctofoam  
Reglan  
Robinul, Forte  
Rowasa enema  
Tagamet (Rx only)  
Tigan  
Urso, Forte  
Zantac (Rx only)  
Zofran, ODT

### TIER 2

Asacol, HD  
Creon  
Emend (QL)  
Zenpep

## Obstetrics and Gynecology

### TIER 1

Activella  
Alesse, Levite\*  
Aygestin  
Cleocin vaginal cream  
Climara (QL)  
Clomid  
Cyclessa\*  
Demulen\*  
Depo-Provera 150 mg\*  
Desogen, Ortho-Cept\*  
Diflucan 150 mg  
Estrace  
Estratest, H.S.  
Estrostep Fe\*  
Femhrt  
Lo/Ovral\*  
Loestrin, Fe\*  
LoSeasonique\*  
Lybrel  
Methergine  
Metrogel Vaginal  
Mircette\*  
Modicon\*  
Necon\*  
Nordette, Levlen\*  
Norinyl, Ortho-Novum\*  
Nystatin  
Ogen, Ortho-Est  
Ortho Micronor, Nor-QD\*  
Ortho Tri-Cyclen\*  
Ortho-Cyclen\*  
Ortho-Novum 7/7/7\*  
Ovcon 35\*  
Ovral\*  
Progesterone in oil (Inj)  
Provera  
Seasonale (QL)\*  
Seasonique\*  
Terazol 3, 7  
Tri-Norinyl\*  
Triphasil, Trilevlen\*  
Vivelle  
Yasmin\*  
Yaz

## Obstetrics and Gynecology (continued)

### TIER 2

Crinone  
Estraderm  
Lupron Depot <s>  
Prochieve  
Prometrium  
Vivelle DOT (QL)

## Rheumatology and Musculoskeletal

### TIER 1

Arava (QL)  
Colbenemid  
Didronel  
Fortical, Miacalcin nasal spray  
Fosamax (QL)  
Fosamax Weekly (QL)  
Imuran  
Methotrexate  
Probenecid  
Zyloprim

### TIER 2

Colcrys  
Cuprimine  
Enbrel [PA] (QL) <s>  
Humira [PA] (QL) <s>  
Miacalcin Injection  
Rheumatrex, Trexall, injection

## Endocrinology

### TIER 1

Amaryl  
Calciferol  
Cortef; Hydrocortisone  
Cortisone Acetate  
Cytomel  
Danocrine  
DDAVP tablets, solution,  
injection, spray  
Decadron  
Depo-Testosterone  
Diabinese  
Florinef  
Fluoxymesterone  
Glucophage, XR

**OTC** Over the counter

**PA** Prior authorization required. Clinical criteria must be met

**(QL)** Quantity limit

**<s>** Specialty drug

# Savings Plus Approved Drug List

Medications in **bold blue** are dispensed as *GENERIC* for the lowest copayment.

## Endocrinology (continued)

Glucotrol, XL  
 Glucovance  
 Glynase  
 Levothyroxine  
 Lupron <s>  
 Medrol, Dosepak  
 Metaglip  
 Micronase  
 Orapred  
 Orinase  
 Oxandrin  
 Precose  
 Prednisolone  
 Prednisone  
 Propylthiouracil  
 Rocaltrol  
 Sandostatin [PA] <s>  
 SSKI  
 Starlix  
 Tapazole  
 Tolinase

### TIER 2

Actos [PA] (QL)  
 Actoplus Met [PA] (QL)  
 Apidra, (Solostar cartridge/vial)  
 Genotropin [PA] <s>  
 Glucagon emergency kit  
 Humalog, Mix (pen/cartridge/vial)  
 Humulin (pen/cartridge/vial)  
 Lantus (pen/cartridge/vial)  
 Levemir (pen/vial)  
 Lupron Depot, Ped <s>  
 Novolin (pen/vial/cartridge)  
 Novolog (pen/cartridge/vial)  
 Novolog Mix (pen/vial)  
 Nutropin, AQ, Nuspin [PA] <s>  
 Somatuline Depot <s>  
 Synarel  
 Trelstar Depot, LA <s>

## Antineoplastics and Immunosuppressants

### TIER 1

Arimidex [PA]  
 Aromasin [PA]  
 Casodex  
 Cellcept <s>

## Antineoplastics and Immunosuppressants (continued)

Cytosin  
 Efudex  
 Eulexin  
 Femara [PA]  
 Hydrea  
 Imuran  
 Leucovorin  
 Megace  
 Neoral <s>  
 Prograf <s>  
 Purinethol  
 Tamoxifen  
 Vepesid  
 Vesanoide

### TIER 2

Afinitor [PA] (QL) <s>  
 Alkeran  
 Arcalyst [PA] <s>  
 Ceenu  
 Cellcept Suspension <s>  
 Droxia  
 Emcyt  
 Fareston  
 Gleevec <s>  
 Hexalen  
 Hycamtin [PA] <s>  
 Iressa [PA] <s>  
 Leukeran  
 Leukine <s>  
 Lysodren  
 Matulane  
 Mesnex  
 Myleran  
 Nexavar [PA] (QL) <s>  
 Nilandron  
 Rapamune tablet, solution <s>  
 Sandimmune <s>  
 Sprycel [PA] (QL) <s>  
 Sutent [PA] (QL) <s>  
 Tarceva [PA] <s>  
 Tasigna [PA] <s>  
 Temodar capsules <s>  
 Thalomid <s>  
 Thioguanine  
 Trelstar Depot, LA <s>  
 Tykerb [PA] <s>

## Antineoplastics and Immunosuppressants (continued)

Xeloda <s>  
 Zoladex (QL) <s>  
 Zolanza [PA] <s>

## Immunology and Hematology

### TIER 1

Ribavirin [PA] <s>

### TIER 2

Actimmune <s>  
 Alferon N  
 Avonex <s>  
 Copaxone <s>  
 Infergen [PA] <s>  
 Intron A [PA] <s>  
 Leukine <s>  
 Neumega <s>  
 Neupogen <s>  
 Pegasys [PA] (QL) <s>  
 Peg-Intron, Redipen [PA] (QL) <s>  
 Procrit [PA] <s>  
 Promacta [PA] (QL) <s>  
 Rebif <s>

## Dermatology

### TIER 1

Accutane (Requires derm. consult)  
 Accuzyme, Ethezyme, Gladase  
 Aclovate  
 Amnesteem (Requires derm. consult.)  
 Aristocort, Kenalog  
 Bactroban ointment  
 Benzamycin  
 Betamethasone valerate  
 Carmol  
 Claravis, Sotret (Requires derm. consult)  
 Cleocin T  
 Condylox solution  
 Cutivate cream/oint.  
 Cyclocort  
 Dermacort, Hytone (Rx only)

OTC Over the counter

PA Prior authorization required. Clinical criteria must be met

(QL) Quantity limit

<s> Specialty drug

\*Coverage depends on member's drug rider.

# Savings Plus Approved Drug List

Medications in **bold blue** are dispensed as *GENERIC* for the lowest copayment.

## Dermatology (continued)

**Dermatop**  
**Desowen, Tridesilon**  
**Differin 0.1% Cream, Gel**  
**Diprolene, AF**  
**Diprosone, Maxivate**  
**Dovonex oint/solution**  
**Drithocrema**  
**Drysol**  
**Efudex**  
**Elimite**  
**Elocon**  
**Emla**  
**Erythromycin topical soln, gel**  
**Gentamicin cream, ointment**  
**Granulex**  
**Hydrocortisone acetate**  
**Kenalog II**  
**Kerzol, ZX**  
**Lidex, E**  
**Lidocaine cream, ointment**  
**Locoid**  
**Loprox cream, lotion, gel**  
**Lotrimin**  
**Lotrisone cream, lotion**  
**Metrocream, gel, lotion**  
**Monistat-Derm**  
**Mycostatin**  
**Nizoral cream, shampoo**  
**Olux**  
**Ovide**  
**Panafil**  
**Plexion, TS**  
**Pramosone**  
**Retin-A, Avita**  
**Rosaderm**  
**Rosula cleanser**  
**Seb-Prev**  
**Selsun Rx**  
**Silvadene**  
**Spectazole**  
**Sulfacet-R**  
**Synalar 0.025%**  
**Temovate, Clobex**  
**Topicort, LP**  
**Ultravate**  
**Valisone**  
**Westcort**  
**Xylocaine Viscous**

## Dermatology (continued)

### TIER 2

**Bactroban cream, nasal ointment**  
**Dovonex cream**  
**Elidel [PA]**  
**Eurax**  
**Santyl**  
**Zovirax cream, ointment**

## Ophthalmology

### TIER 1

**Acular, LS**  
**Albalon**  
**Alphagan, P 0.15%**  
**Bacitracin**  
**Bacitracin/Neomycin/ Polymyxin B ointment**  
**Bacitracin/Polymyxin B ointment**  
**Betagan**  
**Betoptic**  
**Bleph-10, Sodium Sulamyde**  
**Brimonidine**  
**Ciloxan solution**  
**Cortisporin**  
**Cosopt**  
**Cyclogyl**  
**Dexamethasone**  
**Elestat**  
**Erythromycin ointment**  
**Garamycin**  
**Iopidine drops**  
**Isopto Atropine**  
**Isopto Homatropine**  
**Maxitrol**  
**Mydracil**  
**Neosporin ophthalmologic solution, ointment**  
**Ocufen**  
**Ocuflox**  
**Ocupress**  
**Ophthec**  
**Opticrom**  
**Optipranolol**  
**Optivar**  
**Pilocar, Isopto-Carpine**  
**Polysporin**  
**Polytrim**  
**Pred Forte**

## Ophthalmology (continued)

**Prednisolone Sodium Phosphate**  
**Tetracaine**  
**Timoptic, XE**  
**Tobradex**  
**Tobrex**  
**Trusopt**  
**Vasocidin**  
**Viroptic**  
**Voltaren**  
**Xalatan**  
**Xibrom**

### TIER 2

**Alocril**  
**Alomide**  
**Azopt**  
**Blephamide solution, ointment**  
**FML, Forte, S.O.P.**  
**Isopto Carbachol**  
**Isopto Hyoscine**  
**Lacrisert**  
**Lumigan**  
**Natacyn**  
**Phospholine Iodide**  
**Pilopine HS**  
**Poly-Pred**  
**Pred Mild**  
**Propine**  
**Tobradex ointment**  
**Travatan Z**  
**Vexol**  
**Vigamox**  
**Zirgan**

## Otic and Nasal Preparations

### TIER 1

**AB otic**  
**Acetasol, HC; Vosol, HC**  
**Astelin**  
**Atrovent nasal spray**  
**Auralgan**  
**Cortisporin**  
**Domeboro Otic**  
**Flonase**  
**Floxin Otic**  
**Nasalide**  
**Nasarel**

**OTC** Over the counter

**PA** Prior authorization required. Clinical criteria must be met

**(QL)** Quantity limit

**<S>** Specialty drug



# Savings Plus Approved Drug List

Medications in **bold blue** are dispensed as *GENERIC* for the lowest copayment.

## Otic and Nasal Preparations (continued)

### TIER 2

Cipro HC  
Ciprodex

## Respiratory

### TIER 1

**Accolate (QL)**  
**Accuneb**  
**Albuterol nebulizer solution**  
**Alupent**  
**Aminophylline**  
**Atarax, Vistaril**  
**Atrovent solution**  
**Brethine**  
**Duoneb**  
**Epinephrine**  
**Intal solution**  
**Mucomyst**  
**Proventil solution**  
**Proventil tablets**  
**Theodur; Slobid; Uniphyll**  
**Vospire ER**

### TIER 2

Alvesco  
Asmanex  
Atrovent Inhaler  
Combivent  
Dulera **(QL)**  
Epipen, JR  
Flovent HFA, Diskus  
Foradil  
Letairis **[PA] (QL) <s>**  
Proair, Ventolin, HFA  
Pulmicort  
Pulmozyme **<s>**  
QVAR  
Remodulin  
Revatio **[PA] (QL) <s>**

## Respiratory (continued)

Serevent Diskus  
Singulair **(QL)**  
Spiriva **(QL)**  
Tracleer **[PA] <s>**  
Tyvaso **[PA] (QL) <s>**  
Ventavis **[PA] (QL) <s>**

## Urology

### TIER 1

**Cardura**  
**Cytra-2, 3, K**  
**Ditropan, XL**  
**Flomax**  
**Hytrin**  
**K-Phos Neutral**  
**Polycitra**  
**Proscar**  
**Prosed DS**  
**Pyridium**  
**Urecholine**  
**Urised**  
**Urispas**  
**Urocit-K**  
**UTA**

### TIER 2

Avodart  
Detrol, LA  
Renacidin

## Vitamins and Minerals

### TIER 1

**Calciferol**  
**Cyanocobalamin**  
**Poly-VI-Flor**  
**Potassium chloride**  
**Rocaltrol**  
**Select Rx multivitamins**  
**Select Rx multivitamins w/fluoride**

## Vitamins and Minerals (continued)

**Select Rx prenatal vitamins**  
**Select Rx sodium fluoride products**  
**Tri-VI-Flor**

### TIER 2

None

## Diagnostic and Other Miscellaneous

### TIER 1

**Antabuse**  
**Carnitor**  
**Colyte**  
**Desferal**  
**Golytely**  
**Kayexalate**  
**Nulytely**  
**Peridex**  
**PhosLo**  
**Polycitra**  
**Revia**  
**Salagen**  
**Urocit-K**

### TIER 2

Kuvan **[PA] <s>**  
Renagel  
Renvela, Packet 2.4G  
Rhogam **<s>**  
Samsca **<s>**

## Lifestyle Modification

### TIER 1

**Commit lozenge OTC (QL)**  
**Nicotine gum, patch (QL)**  
**Zyban**

### TIER 2

None

## What do I pay for a drug?

To calculate what you may pay for a medication, go to **Medco.com** and log in.\* Once in the secured site, click on Price a Prescription in the left column menu. You'll see what you would pay for a brand-name drug and what you would pay for the generic version.

\*First-time users need to register and create a user name and password.

**OTC** Over the counter

**PA** Prior authorization required. Clinical criteria must be met

**(QL)** Quantity limit

**<s>** Specialty drug

\*Coverage depends on member's drug rider.

## Exclusions

Your drug rider does not cover certain types of medications and medical supplies, including:

- Compounded medications
- Cough and cold preparations (Over-the-counter products are readily available.)
- Drugs used for weight loss
- Drugs used for erectile dysfunction
- Non-sedating antihistamines and combination products
- Proton pump inhibitors, for example, Prilosec, Prevacid and Nexium, except when authorized by BCN for confirmed diagnosis of Barrett's Esophagitis or Zollinger-Ellison syndrome. BCN's Quality Interchange Program rules (at **MiBCN.com**) apply if a proton pump inhibitor is authorized. (OTC products are readily available.)
- Drug formulations specifically designed for patient convenience
- Cosmetic drugs or drugs used for cosmetic purposes
- Drugs used for experimental or investigational purposes
- Prescriptions filled after you are no longer a BCN member
- Drugs included as a health care benefit, such as vaccines and other injectable drugs normally administered in a physician's office
- Drugs included as a benefit under Medicare or under any health care program funded in whole or in part by the federal or state government
- New drugs not yet added to the Approved Drug List
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs acquired without cost to the providers or included in the cost of other services or supplies
- Drugs for which there are OTC equivalents in both strength and dosage
- Drugs that are not FDA approved, including medical foods and supplements
- Creams and other products approved as devices by the FDA
- Syringes and needles, except those dispensed with insulin
- Durable medical equipment and supplies, such as blood glucose monitors, test strips, and ostomy supplies
- Drugs filled at an out-of-network pharmacy



## Prior authorization

We monitor the use of certain medications to help ensure that members receive the most appropriate and cost-effective drug therapy.

Our prior authorization program requires that certain clinical criteria be met before coverage is provided. These conditions, which vary with the drug and the treatment, ensure that you receive the appropriate treatment you need and deserve — at an affordable price. Authorization criteria are based on medical information and the recommendations of BCN's Pharmacy and Therapeutics Committee, a group of Michigan physicians, pharmacists and other health care experts.

Tier 1 and Tier 2 drugs that require prior authorization are marked with "PA" in the Savings Plus Approved Drug List.

Some Tier 3 narcotics and specialty drugs also require prior authorization. For a list of these drugs, visit **MiBCN.com/drugformulary** and select the "Some drugs require prior authorization" link.

**Note:** Only your doctor can request coverage for drugs that require prior authorization or are nonformulary and not covered under your drug benefit. To request coverage, your doctor can contact our Pharmacy Services Help Desk or submit a medication request through Web-DENIS. BCN and your doctor must agree that the drug is medically necessary for your condition based on the documentation provided.

## Pharmacy information online

For more information about your drug benefit, visit **MiBCN.com/pharmben**.

## How to fill a prescription

There are several ways you can fill a prescription:

- **At a retail pharmacy** (Over 2,400 retail pharmacies in Michigan, including most major chains, and 60,000 retail pharmacies nationwide participate with us.)  
You can get up to a 30-day supply of medication for one copayment. You can also get up to a three-month (90-day) supply of your prescription at a retail pharmacy for only two copayments. To ensure the drug and dosage are right for you, an initial 30 day trial period is required the month before a 90-day supply of a brand-name prescription is covered.  
Please show your BCN membership card to get the best value from your benefit. Call the Customer Service phone number on the back of your BCN membership card for information about participating pharmacies outside Michigan.
- **Mail order through Medco®**  
You can fill up to a three-month (90-day) supply of most medications through Medco. To request a mail order form, call the Customer Service phone number on the back of your BCN ID card.
- **Specialty drug mail order through Walgreens Specialty Pharmacy or at a participating retail pharmacy**  
Walgreens Specialty Pharmacy handles mail order prescriptions for specialty drugs, used to treat complex or rare conditions such as arthritis, asthma, multiple sclerosis, hepatitis C, and others. BCN members can get up to a 30-day supply of specialty drugs from a BCN participating retail pharmacy as well as from Walgreens Specialty Pharmacy. An initial 15-day supply is required for new prescriptions of select specialty drugs; your copayment will be reduced by half for these first fill prescriptions.

## BCN Customer Service

Call the number on the back of your ID card to speak to a representative about your drug coverage, a drug claim or filing a benefit exception.

**MiBCN.com/pharmacy**

**BCN Customer Service**

**1-800-662-6667**

**(Or the number on the back of your ID card)**

**TTY users: 1-800-257-9980**

**8 a.m. to 5:30 p.m.**

**Monday through Friday**



**Blue Care  
Network  
of Michigan**

A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association