



Blue Cross Blue Shield of Michigan

Custom Formulary Quick Guide for Members



To ensure the quality and cost-effectiveness of medications, your employer, sponsor, health plan administrator or retirement group has selected a prescription drug plan with a formulary. A formulary is a list of drugs that your doctor refers to when prescribing your medications. All the drugs on the BCBSM formulary are approved by the Food and Drug Administration.

This guide can help you be a more informed patient. It is not intended to take the place of your doctor’s advice. Please talk to your doctor about your drug options.

Generic drugs offer the best value

Prescription drugs can be costly, but many are now available as generics. Generic drugs work the same as brand-name drugs, but cost less. Depending on your drug benefit, using generic drugs may lower your copayment. The FDA requires that generic drugs have the identical active ingredients as the equivalent brand-name drugs, but they may differ from brand-name drugs in color and shape. Since the major difference between brand-name and generic drugs is price, your prescription will be filled with the generic equivalent when medically appropriate.

Guide lists most commonly prescribed drugs

Our formulary lists medications available to BCBSM members who have a triple-tier or closed (managed) formulary benefit. The formulary represents the clinical judgment of physicians, pharmacists and other experts in the diagnosis and treatment of disease and promotion of health.

This guide lists drugs most commonly prescribed for BCBSM members; it is not a complete listing of drugs on our formulary. It encourages you and your doctor to select drugs recognized as the safest and most effective. Referring to this guide can help you understand how your drug copayment works and save money on your prescriptions.

Tier 1 – Generic

Tier 1 drugs are generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same ways as equivalent brand-name drugs. Generic drugs have a proven record of effectiveness. They also require the lowest copayment, making them the most cost-effective option for treatment. Look for these drugs under “Tier 1 – Generic” in this guide. Please note that the generics are listed according to their better-known brand-names. Depending on your drug benefit, select over-the-counter products may be covered under Tier 1.

Tier 2 – Formulary (preferred) brand

Tier 2 drugs are brand-name drugs included in the formulary. Tier 2 drugs are also safe and effective but require a higher copayment than Tier 1 drugs. Look for these drugs under “Tier 2 – Formulary (preferred) brand” in this guide.

Tier 3 – Nonformulary (nonpreferred) brand

Tier 3 drugs are brand-name drugs not included in the formulary. If you have a triple-tier benefit, you will pay the highest copayment for these drugs. If you have a closed (managed) formulary benefit, these drugs will not be covered. However, generic equivalents and similar drugs with generic equivalents or formulary (preferred) brand-name alternatives are available for many of these drugs. If you wish to know if it is possible to have your prescription changed to one of the products with a lower copayment, consult with your physician to see if a change is appropriate for you. Look for these drugs under “Tier 3 – Nonformulary (nonpreferred) brand” in this guide.

The following chart shows how the copayments work within each tier:

Tier	Triple-tier plan	Two-tier closed (managed) formulary plan
Tier 1 – Generic	Lowest copayment	Lower copayment
Tier 2 – Formulary (preferred) brand	Higher copayment	Higher copayment
Tier 3 – Nonformulary (nonpreferred) brand	Highest copayment	Not covered*

* Not covered without medical necessity authorization



Understanding your prescription drug benefit

BCBSM drug plans do not cover certain types of medications and medical supplies, including:

- Drugs used for experimental or investigational purposes
- Cosmetic drugs
- Vaccines given solely to resist infectious diseases
- Therapeutic devices and appliances, such as asthma devices (These may be available under your medical coverage.)

Note: BCBSM may provide coverage for a few select over-the-counter medications with a prescription as a first-step treatment for members who have drug plans with prior authorization and step therapy or for members enrolled in our Pharmacy Initiative program. These OTC medications are included in the *BCBSM Custom Formulary* and are covered at the appropriate copayment amount.

Your drug plan may not cover nonformulary brand-name (Tier 3) drugs, contraceptive medications and certain health, habit and reproductive drugs. Please refer to your specific plan description for details.

Authorization and clinical criteria

BCBSM monitors the use of certain medications to ensure our members receive the most appropriate and cost-effective drug therapy. Prior authorization for these drugs means that certain clinical criteria must be met before coverage is provided. In the case of drugs requiring step therapy, for example, previous treatment with one or more formulary drugs may be required. Drugs that must meet clinical criteria are identified in the formulary list with (PA/ST). If your prescription drug plan requires prior authorization or step therapy, your physician can contact our pharmacy help desk to request prior authorization for these drugs.

The criteria for authorization are based on current medical information and the recommendations of the Blues' Pharmacy and Therapeutics Committee, a group of physicians, pharmacists and other experts. You may be required to pay the full cost of the drug if your physician does not obtain prior authorization.

When your doctor prescribes a brand-name drug that's nonformulary, requires prior authorization, or is not covered under your drug rider, it may not be a covered benefit. BCBSM reviews all physician and member requests to determine if the drug is medically necessary and that there aren't equally effective alternative drugs on the formulary.

Please call the Customer Service number on the back of your BCBSM ID card if you have questions about your drug coverage, a drug claim or filing a benefit exception.

Filling your prescription

There are two ways to fill your prescription:

- **At a retail pharmacy**
More than 2,400 retail pharmacies in Michigan and 60,000 retail pharmacies outside of Michigan participate with BCBSM. You may fill prescriptions at any participating pharmacy.
- **Mail order (home delivery)**
If you are enrolled in a mail order program, you can receive your prescriptions through one of our mail order vendors. The type of medication you take determines which mail order vendor you use:
 - Specialty drugs should be ordered through Walgreens Specialty Pharmacy. Specialty drugs are prescription medications used to treat complex conditions and require special handling, administration or monitoring.
 - All other drugs should be ordered through Medco.

If you have questions about which mail order vendor you should use to order your drug, or if you would like to request a mail order kit, please contact the Customer Service phone number on the back of your BCBSM ID card.

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Allergy, Asthma, and Respiratory

Tier 1 – Generic

Accolate (g) QL
Accuneb (g)
Alupent (g)
Atrovent Nasal, Solution (g) QL
Brethine (g)
DuoNeb (g)
Flonase (g) QL
Intal Solution (g)
Mucomyst (g)
Nasacort AQ (g) QL
Nasalide (g)
Nasarel (g)
Proventil/Ventolin Solution, Tab (g)
Pulmicort 0.25mg, 0.5mg/2ml (g) QL
Singular (g) QL
Uniphyll (g)
Vospire ER (g)
Xopenex 1.25mg/0.5ml (g)

Tier 2 – Formulary (preferred) Brand

Advair Diskus, HFA QL
Alvesco QL
Asmanex QL
Atrovent Inhaler QL
Combivent QL
Dulera QL
Flovent HFA, Diskus QL
Foradil QL
Proair HFA QL
Pulmicort 1mg/2ml, Flexhaler QL
QVAR QL
Serevent Diskus QL
Spiriva QL
Symbicort QL
Theo-24
Ventolin HFA QL

Tier 3 – Nonformulary (nonpreferred) Brand

Arcapta Neohaler QL
Beconase AQ PA/ST QL
Brovana
Daliresp PA/ST QL
Maxair Autohaler QL
Nasonex PA/ST QL
Omniaris PA/ST QL
Perforomist
Proventil HFA QL
Qnasl PA/ST QL
Rhinocort Aqua PA/ST QL
Veramyst PA/ST QL
Xopenex, HFA QL
Zetonna PA/ST QL
Zyflo, CR QL

Antidepressants

Tier 1 – Generic

Anafranil (g)
Asendin (g)
Celexa (g)
Desyrel (g)
Effexor, XR (g)
Elavil (g)
Etrafon (g)
Lexapro (g)
Limbital, DS (g)
Luvox (g)
Maprotiline (g)
Nardil (g)

Norpramin (g)
Pamelor/Aventyl (g)
Parnate (g)
Paxil, CR (g)
Prozac (g)
Prozac Weekly (g) QL
Remeron, Soltab (g)
Serzone (g)
Sarafem Pulvule (g)
Sinequan/Adapin (g)
Surmontil (g)
Tofranil, PM (g)
Venlafaxine ER (g)
Vivactil (g)
Wellbutrin, SR, XL (g)
Zoloft (g)

Tier 2 – Formulary (preferred) Brand

Moban

Tier 3 – Nonformulary (nonpreferred) Brand

Aplenzin PA/ST
Cymbalta PA/ST
Emsam
Fluoxetine 60mg QL
Luvox CR PA/ST
Marplan
Oleptro ER PA/ST
Pexeva PA/ST
Pristiq PA/ST
Sarafem tablet
Viibryd PA/ST QL

Antifungals

Tier 1 – Generic

Ancobon (g)
Diflucan (g)
Grifulvin V Susp (g)
Lamisil Tabs (g)
Loprox all forms (g)
Lotrimin (g)
Lotrisone Cream, Lotion (g)
Monistat-Derm (g)
Mycelex Troche (g)
Mycostatin (g)
Nizoral tab, cream, shampoo (g)
Nystatin, w/triamcinolone (g)
Penlac (g)
Spectazole (g)
Sporanox Caps (g)
Vfend (g)

Tier 2 – Formulary (preferred) Brand

Grifulvin V 500mg
Gris-Peg
Mentax
Noxafil
Sporanox Solution
Vfend suspension

Tier 3 – Nonformulary (nonpreferred) Brand

Ertaczo
Exelderm Soln, Cream
Extina
Lamisil Granules
Naftin
Oravigi QL
Oxistat
Vusion
Xolegel

Antihistamines and Decongestants

Tier 1 – Generic

Astelin nasal spray (g) QL
Atarax, Vistaryl (g)
Benadryl (g)
Clarinet 5mg (g) QL
Claritin, D, Alavert (OTC) (g) OTC
Periactin (g)
Phenergan, VC (g)
Polaramine (g)
Xyzal tabs, solution (g) QL
Zyrtec (OTC) (g) OTC

Tier 2 – Formulary (preferred) Brand

Astepro Nasal Spray QL

Tier 3 – Nonformulary (nonpreferred) Brand

Allegra ODT
Allegra Susp
Clarinet 2.5mg, D QL
Patanase QL
Semprex-D

Anti-infectives

Tier 1 – Generic

Adoxa (g) PA/ST
Amoxil (g)
Ampicillin (g)
Augmentin, ES, XR (g)
Bactrim, DS/Septa, DS (g)
Biaxin, XL (g)
Ceclor, ER (g)
Ceftin (g)
Cefzil (g)
Cipro, XR (g)
Cleocin (g)
Dicloxacillin (g)
Doryx (g) PA/ST
Duricef (g)
Dynacin (g) PA/ST
Erythromycin (g)
Erythromycin Stearate, Base (g)
Floxin (g)
Hiprex, Urex (g)
Keflex (g)
Levaquin (g)
Macrobid (g)
Macrodantin (g)
Mandelamine (g)
Minocin (g)
Monodox (g)
Neomycin (g)
Omnicef (g)
Pediazole (g)
Penicillin VK (g)
Periostat (g)
Pyridium (g)
Solodyn 45, 90, 135MG (g) PA/ST
Spectracef (g)
Sulfadiazine (g)
Tetracycline (g)
Trimethoprim (g)
Vantin (g)
Vancocin (g)
Vibramycin, Vibratabs (g)
Zithromax (g)

Tier 2 – Formulary (preferred) Brand

Avelox, ABC
Ceftin 250mg/ml
Cipro Solution

TOBI QL <s>
Zyvox

Tier 3 – Nonformulary (nonpreferred) Brand

Cayston PA/ST QL
Cedax
Difcid QL
Factive
Keflex 750mg
Ketek
Macrodantin 25mg
Monurol
Moxatag
Noroxin
Oracea PA/ST
Oraxyl
PCE
Primsol
Raniclor
Solodyn 55, 65, 80, 105, 115MG PA/ST
Suprax
Xifaxan
Zmax

Bladder Control

Tier 1 – Generic

Bentyl (g)
Detrol (g)
Ditropan, XL (g)
Levbid (g)
Levsin, SL (g)
Levsinex (g)
Pro-Banthine (g)
Sanctura (g)
Urispas (g)

Tier 2 – Formulary (preferred) Brand

Detrol LA

Tier 3 – Nonformulary (nonpreferred) Brand

Anturol QL
Enablex
Gelnique QL
Oxytrol QL
Sanctura XR
Tiovia QL
Vesicare

Cardiovascular (Heart and High Blood Pressure)

Tier 1 – Generic

Accupril/Accuretic (g)
Aceon (g)
Agyrin (g)
Aldactone/Aldactazide (g)
Aldomet/Aldoril (g)
Altace capsules (g)
Amicar (g)
Arixtra (g) <s>
Avapro/Avalide
Betapace, AF (g)
Blocadren (g)
Bumex (g)
Caduet (g) QL
Calan/Isoptin, SR (g)
Capoten/Capozide (g)
Cardene (g)
Cardizem, CD, SR (g)
Cardizem LA (g) [except 120mg]
Cardura (g)
Catapres, TTS (g)

(PA/ST) — Prior authorization or Step Therapy may be required

(g) — Drug is available as generic equivalent but is listed by its brand-name

(QL) — Quantity limits may apply

(s) — Specialty drug

(OTC) — Over-the-counter product may be covered as Tier 1 (generic) copayment.

Should a Tier 2 formulary (preferred) brand-name drug lose its patent and generic versions become available, the generic versions are added to Tier 1 and the brand version may become a Tier 3 nonformulary (nonpreferred) brand.

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Cordarone (g)
Coreg (g)
Corgard (g)
Cozaar/Hyzaar (g)
Corzide (g)
Coumadin (g)
Demadex (g)
Diamox, Sequels (g)
Digoxin Tabs, Elixir (g)
Diuril (g)
Dynacirc (g)
Heparin (g) <s>
Hydrodiuril, Microzide (g)
Hygroton, Thalitone (g)
Hytrin (g)
Inderal, LA/Inderide (g)
Inspra (g)
Imdur (g)
Ismo, Monoket (g)
Isordil (g)
Kerlone (g)
Lasix (g)
Lopressor, HCT (g)
Lotensin, HCT (g)
Lotrel (g)
Lovenox (g) <s>
Lozol (g)
Mavik (g)
Maxzide/Dyazide (g)
Mexitil (g)
Midamor (g)
Minipress (g)
Moduretic (g)
Monopril, HCT (g)
Nitroglycerin (all) (g)
Nitrolingual spray (g)
Normodyne (g)
Norpace (g)
Norvasc (g)
Persantine (g)
Pindolol (g)
Plavix (g)
Plendil (g)
Pletal (g)
Prinivil/Zestril (g)
Prinzide/Zestoretic (g)
Proamatine (g)
Procardia, XL/Adalat CC (g)
Quinidex (g)
Quinidine Gluconate SA (g)
Reserpine (g)
Rythmol, SR (g)
Sectral (g)
Sular (g)
Tambocor (g)
Tarka (g)
Tenormin/Tenoretic (g)
Tenex (g)
Teveten 600mg (g)
Tiazac (g)
Ticlid (g)
Toprol XL (g)
Trandate (g)
Trental (g)
Univasc/Uniretic (g)
Vasotec/Vaseretic (g)
Verelan, PM (g)
Zaroxolyn (g)
Zebeta (g)
Ziac (g)

Tier 2 – Formulary (preferred) Brand

Benicar, HCT PA/ST
Bidil
Covera-HS
Dilatrate-SR
Dyrenium
Edecrin
Effient
Iprivask <s>
Mephyton
Multaq QL
Nitrostat
Norpace CR
Pradaxa QL
Tikosyn
Xarelto QL

Tier 3 – Nonformulary (nonpreferred) Brand

Aggrenox
Altace Tabs
Amturide QL
Atacand, HCT PA/ST
Azor
Brilinta QL
Bystolic PA/ST
Cardene SR
Cardizem LA 120mg
Coreg CR
Diovan, HCT PA/ST
Dutoprol
Dynacirc CR
Edarbi QL
Edarbyclor QL
Exforge, HCT
Fragmin <s>
Innopran XL
Levator
Micardis, HCT PA/ST
Nexiclon XR PA/ST QL
Nitromist
Ranexa
Tekamlo QL
Tekturna, HCT PA/ST
Teveten 400mg, HCT
Tribenzor QL
Twynsta

Central Nervous System

Tier 1 – Generic

Adderall, XR (g)
Aricept, ODT (g)
Clozaril (g)
Concerta (g)
Desoxyn (g)
Dexedrine (g)
Eskalith, CR/Lithobid (g)
Exelon cap (g)
Focalin (g)
Geodon (g)
Haldol (g)
Lithium Citrate (g)
Lithobid (g)
Loxitane (g)
Mellaril (g)
Methylin Solution, ER (g)
Navane (g)
Nimotop (g)
Perphenazine (g)
Procentra (g)
Prolixin (g)
Provigil (g) QL

Razadyne, ER, Solution (g)
Risperdal, M-tab (g)
Ritalin, SR, LA; Methylin, ER (g)
Seroquel (g)
Stelazine (g)
Symbyax (g)
Thorazine (g)
Zyprexa, Zydis (g)

Tier 2 – Formulary (preferred) Brand

Abilify, Discmelt, Solution
Exelon Patch, Solution
Metadate CD
Namenda, Solution
Nuedexta PA/ST QL
Orap
Rilutek

Tier 3 – Nonformulary (nonpreferred) Brand

Aricept 23mg PA/ST QL
Cognex
Daytrana
Fanapt PA/ST
Fazaclo
Focalin XR
Horizant PA/ST QL
Intuniv PA/ST QL
Invega PA/ST QL
Kapvay PA/ST QL
Latuda
Methylin Chew
Nuvigil PA/ST QL
Ritalin LA 10mg
Saphris PA/ST QL
Savella PA/ST QL
Seroquel XR PA/ST QL
Strattera
Symbyax 3/25mg
Vyvanse PA/ST
Xyrem PA/ST QL

Cholesterol - Lowering

Tier 1 – Generics

Caduet (g)
Colestid (g)
Fibricor (g)
Lescol (g) QL
Lipitor (g) QL
Lofibra (g)
Lopid (g)
Mevacor (g) QL
Pravachol (g) QL
Questran, Light (g)
Zocor (g) QL

Tier 2 – Formulary (preferred) Brand

Crestor PA/ST QL
Niaspan
Tricor
Welchol
Zetia QL

Tier 3 – Nonformulary (nonpreferred) Brand

Advicor PA/ST
Altoprev PA/ST QL
Antara
Colestid Flavored
Fenoglide
Juvivinc QL
Lescol XL PA/ST QL
Lipofen
Livalo PA/ST QL

Lovaza
Simcor PA/ST
Triglide
Trilipix PA/ST
Vytorin PA/ST QL

Diabetes Treatment

Tier 1 – Generic

Actoplus Met (g)
Actos (g)
Amaryl (g)
Diabinese (g)
Fortamet (g)
Glucophage, XR (g)
Glucotrol, XL (g)
Glucovance (g)
Glynase (g)
Metaglip (g)
Micronase/Diabeta (g)
Orinase (g)
Precose (g)
Starlix (g)
Tolinase (g)

Tier 2 – Formulary (preferred) Brand

Apidra
Duetact
Humalog
Humulin
Janumet
Janumet XR QL
Januvia QL
Kombiglyze XR
Lantus
Levemir
Novolin
Novolog
Onglyza QL
Prandin

Tier 3 – Nonformulary (nonpreferred) Brand

Actoplus Met XR
Avandamet
Avandaryl
Avandia
Bydureon PA/ST QL
Byetta PA/ST QL
Cycloset PA/ST QL
Glumetza
Glyset
Jentadueto PA/ST QL
Juvivinc QL
Prandimet
Riomet
Symlin
Tradjenta PA/ST QL
Victoza PA/ST QL

Gastrointestinal Agents

Tier 1 – Generic

Axid (g)
Carafate Tabs, Susp (g)
Cytotec (g)
Pepcid (g)
Prevacid, Solutab (g)
Prilosec (g)
Prilosec (OTC) (g) OTC
Protonix (g)
Tagamet (g)
Zantac (g)
Zegerid RX (g)

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Tier 2 – Formulary (preferred) Brand

Helidac
Prevpac

Tier 3 – Nonformulary (nonpreferred) Brand

Aciphex PA/ST
Dexilant PA/ST
Nexium PA/ST
Omeclamox-Pak
Prilosec Suspension
Protonix Suspension
Pylera
Vimovo PA/ST QL
Zantac Efferdose
Zegerid Packet PA/ST

Hormones and Birth Control

Tier 1 – Generic

Activella (g)
Alesse, Levlite (g)
Androxy 10mg (g)
Aygestin (g)
Climara (g) QL
Cyclessa (g)
Danocrine (g)
Delatestryl (g)
Demulen (g)
Depo Provera (150mg) (g)
Depo-Testosterone (g)
Desogen, Ortho-Cept (g)
Estrace (g)
Estratest, HS (g)
Estrostep Fe (g)
Femcon Fe (g)
Femhrt 1mg-5mcg (g)
Lo/Ovral (g)
Loestrin, Fe (g)
Loseasonique (g) QL
Lybrel (g)
Mircette (g)
Modicon (g)
Necon 10/11 (g)
Nordette, Levlen (g)
Norinyl, Ortho-Novum – 1/35, 1/50 (g)
Ogen, Ortho-Est (g)
Ortho Micronor, Nor-QD (g)
Ortho Tri-Cyclen (g)
Ortho-Cyclen (g)
Ortho-Novum 7/7/7 (g)
Ovcon-35 (g)
Ovral (g)
Oxandrin (g) PA/ST
Plan B (g)
Progesterone in oil (g)
Prometrium (g)
Provera (g)
Seasonale (g) QL
Seasonique (g) QL
Tri-Norinyl (g)
Triphasil, Trilevlen (g)
Vivelle (g) QL
Yasmin (g)
Yaz (g)

Tier 2 – Formulary (preferred) Brand

Alora QL
Androderm QL
Androgel QL
Crinone
Depo-SubQ Provera 104
Endometrin
Enjuvia

Estraderm QL
Estring QL
Femhrt 0.5mg-2.5mcg
Ortho Evra QL
Ortho Tri-Cyclen Lo
Premarin Cream
Premarin, Low Dose
Premphase
Prempro, Low Dose
Prochieve
Vagifem
Vivelle-DOT QL
Zytiga QL <s>

Tier 3 – Nonformulary (nonpreferred) Brand

Anadrol-50 PA/ST
Angeliq QL
Axiron QL
Beyaz
Bio-T-Gel QL
Cenestin
Climara Pro QL
Combipatch QL
Divigel QL
Elestrin QL
Ella QL
Estrace Vaginal Cream
Estrasorb QL
Estrogel QL
Evamist
Femring QL
Femtrace
Fortesta QL
Lo Loestrin Fe
Loestrin 24 Fe
Menest
Menostar QL
Methitest, Testred, Android
Natazia
Nuvaring QL
Ortho-Prefest
Ovcon-50, Fe
Plan B One-Step
Safyral
Striant QL
Testrid, Android
Testim QL

Migraine

Tier 1 – Generics

Alsuma (g) QL
Amerge (g) QL
Bupap (g)
D.H.E. 45 (g)
Fioricet;Esgic, Plus (g)
Fiorinal, w/ codeine (g)
Imitrex (all forms) (g) QL
Midrin (g)
Phrenilin (g)
Stadol NS (g)
Zebutal (g)

Tier 2 – Formulary (preferred) Brand

Cafergot
Ergomar
Maxalt, MLT PA/ST QL
Migranal QL

Tier 3 – Nonformulary (nonpreferred) Brand

Axert PA/ST QL
Cambia PA/ST QL

Frova PA/ST QL
Phrenilin Forte
Relpax PA/ST QL
Sumavel Dosepro PA/ST QL
Treximet PA/ST QL
Zomig, ZMT PA/ST QL

Osteoporosis

Tier 1 – Generics

Boniva (g) QL
Didronel (g) QL
Estrogens (See Hormones and Birth Control)
Fosamax, Weekly (g) QL
Miacalcin nasal spray (g)

Tier 2 – Formulary (preferred) Brand

Actonel, Weekly, With Calcium PA/ST QL
Estrogens (See Hormones and Birth Control)
Evista
Miacalcin injection
Skelid QL

Tier 3 – Nonformulary (nonpreferred) Brand

Atelvia PA/ST QL
Binosto PA/ST QL
Estrogens (See Hormones and Birth Control)
Forteo PA/ST QL <s>
Fosamax Plus D PA/ST QL

Pain and Arthritis (anti-inflammatory)

Tier 1 – Generics

Anaprox, DS (g)
Ansaid (g)
Cataflam (g)
Clinoril (g)
Daypro (g)
Feldene (g)
Indocin, SR (g)
Ketoprofen (g)
Lodine, XL (g)
Meclomen (g)
Mobic (g)
Motrin (g)
Naprosyn, EC (g)
Ponstel (g)
Relafen (g)
Tolectin, DS (g)
Toradol (g) QL
Voltaren, XR (g)

Tier 2 – Formulary (preferred) Brand

Indocin supp

Tier 3 – Nonformulary (nonpreferred) Brand

Arthrotec
Cambia PA/ST QL
Celebrex PA/ST
Duexis PA/ST QL
Flector PA/ST QL
Naprelan, CR
Pennsaid PA/ST QL
Sprix QL
Vimovo PA/ST QL
Voltaren Gel PA/ST QL
Zipsor

Prostate Health

Tier 1 – Generic

Cardura (g)
Flomax (g)
Hytrin (g)
Proscar (g)
Uroxatral (g)

Tier 2 – Formulary (preferred) Brand

Avodart
Cialis 2.5mg, 5mg PA/ST QL
Jalyn QL

Tier 3 – Nonformulary (nonpreferred) Brand

Cardura XL
Rapaflo QL

Sleep and Anxiety

Tier 1 – Generic

Ambien, CR (g) QL
Ativan (g)
Buspar (g)
Chloral hydrate (g)
Dalmane (g) QL
Halcion (g) QL
Librium (g)
Miltown, Equanil (g)
Niravam (g)
ProSom (g) QL
Restoril (g) QL
Serax (g)
Sonata (g) QL
Tranxene (g)
Valium (g)
Xanax, XR (g)

Tier 2 – Formulary (preferred) Brand

None

Tier 3 – Nonformulary (nonpreferred) Brand

Butisol Sodium
Doral QL
Edluar PA/ST QL
Intermezzo PA/ST QL
Lunesta QL
Rozerem QL
Silenor PA/ST QL
Tranxene SD
Xyrem PA/ST QL
Zolpimist PA/ST

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(g) – Drug is available as generic equivalent but is listed by its brand-name

(QL) – Quantity limits may apply

(s) – Specialty drug

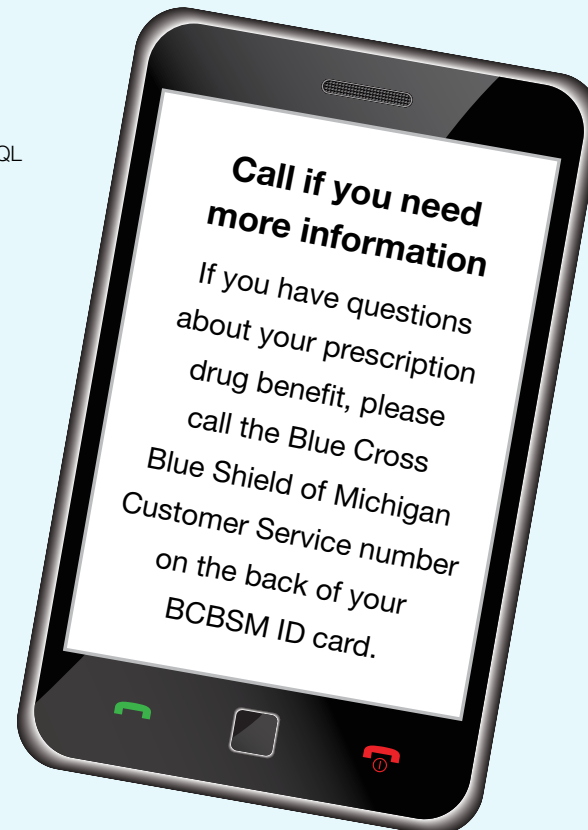
(OTC) – Over-the-counter product may be covered as Tier 1 (generic) copayment.

Should a Tier 2 formulary (preferred) brand-name drug lose its patent and generic versions become available, the generic versions are added to Tier 1 and the brand version may become a Tier 3 nonformulary (nonpreferred) brand.

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Additional Tier 3 – Nonformulary (nonpreferred) Brand

Abstral PA/ST QL	Equetro	Onsolis PA/ST QL	Targetin tablet PA/ST <s>
Acanya	Evoxic	Opana ER PA/ST QL	Targetin Gel <s>
Acuvail	Exalgo PA/ST QL	Orapred ODT	Tasmar
Aczone	Exjade <s>	Orencia syringe PA/ST QL <s>	Tekamlo QL
Akne-Mycin	Extavia <s>	Orfadin <s>	Tekturna, HCT PA/ST
Alamast	Faslodex	Osmoprep, Visicol	Tev-Tropin PA/ST <s>
Albenza	Fentora PA/ST QL	Oxecta	Timoptic PF
Alrex	Ferriprox PA/ST QL <s>	Oxycontin PA/ST QL	Tirosint
Altabax	Fexmid	Paremyd	Topicort
Amitiza PA/ST	Finacea	Pandel	Trecator
Ampyra PA/ST QL <s>	Firazyr PA/ST QL <s>	Pataday	Tyzeka <s>
Amrix PA/ST	Floxin Otic Singles	Peranex HC	Vanos Cream
Amturnide QL	Follistim AQ <s>	Phoslyra	Vectical
Anzemet	Fosrenol	Plan B One-Step	Verdeso
Apexicon E Cream	Galzin	Potiga	Veregen
Aphthasol	Giazo PA/ST QL	Pramosone Lotion, Ointment, Cream	Viramune XR
Apriso	Gilenya PA/ST QL <s>	Pred-G	Xenical
Aranesp PA/ST <s>	Gralise PA/ST QL	Protopic	Xerese
Armour Thyroid	Gynazole-1	Priftin	Xifaxan 550mg
AVC	Halflytely	Protopic	Zavesca
Azasan	Halog	Qualaquin	Zelapar
Avinza	Hectorol	Korlym PA/ST QL	Zemplar
Azasite	Humatrope PA/ST <s>	Rectiv QL	Ziana Gel
Azelex	Increlex PA/ST <s>	Regranex	Zioptan
Benzaclin	Iopidine Droperette	Renvela Packet	Zorbtive PA/ST <s>
Bepreve	Iquix	Revlimid <s>	Zortress <s>
Besivance	Istalol	Rezira QL	Zuplenz PA/ST
Betaseron PA/ST <s>	Jakafi PA/ST QL <s>	Rifater	Zutripro QL
Betimol	Kadian 10, 200mg	Rosula Foam	Zyclara QL
Bromday	Kaochlor-Eff	Rybix ODT	Zydone
Butrans PA/ST QL	Kineret PA/ST <s>	Saizen PA/ST <s>	Zylet
Campnal	Lamictal ODT, XR	Sancuso PA/ST QL	Zymaxid
Cantil	Lastacaft	Serostim PA/ST <s>	
Carac	Lazanda PA/ST QL	Sklice QL	
Carmol HC	Levitra QL	Simponi PA/ST QL <s>	
Cesamet	Lialda	Solaraze PA/ST	
Chenodal PA/ST	Lidoderm Patch	Sorilux	
Cimzia syringe PA/ST <s>	Locoid Lotion	Staxyn QL	
Cleocin Vaginal Ovules	Lotemax	Stavzor	
Clinac BPO	Lotronex PA/ST	Subsys PA/ST QL	
Clindesse	Luveris <s>	Supervite	
Clobex Spray	Luxiq	Suprenza ODT PA/ST QL	
Coly-mycin S	Lyrica PA/ST	Suprep	
Combigan	Lysteda QL	Sylatron PA/ST <s>	
Conzip	Magnacet	Syprine <s>	
Cortisporin-TC	Maxidex	Taclonex, Scalp	
Cosopt PF	Megace ES		
Cuvposa	Menopur <s>		
Denavir	Metozolv ODT		
Depen	Mirapex ER PA/ST QL		
Desonate	Moviprep		
Differin 0.1% lotion	Myfortic <s>		
Dipentum	Mytelase		
Donnatal Extentabs	Natroba		
Duac, CS	Nascobal		
Durezol	Neulasta QL <s>		
Edex QL	Nevanac		
Efudex Occlusion	Nicotrol, NS		
Egrifta PA/ST QL <s>	Niferex Gold		
Eligard <s>	Norditropin PA/ST <s>		
Ella QL	Noritrate		
Emadine	Nucynta, ER PA/ST QL		
Embeda QL	Olux-E		
Epiduo	Omnitrope PA/ST <s>		
Epogen PA/ST <s>	Onfi PA/ST QL		



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