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:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Triple-tier plan</th>
<th>Two-tier closed (managed) formulary plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 – Generic</td>
<td>Lowest copayment</td>
<td>Lower copayment</td>
</tr>
<tr>
<td>Tier 2 – Formulary (preferred) brand</td>
<td>Higher copayment</td>
<td>Higher copayment</td>
</tr>
<tr>
<td>Tier 3 – Nonformulary (nonpreferred) brand</td>
<td>Highest copayment</td>
<td>Not covered*</td>
</tr>
</tbody>
</table>

* 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 on 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 2,300 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.

### BCBSM Custom Formulary Quick Guide

<table>
<thead>
<tr>
<th>Allergy, Asthma, and Respiratory</th>
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<tbody>
<tr>
<td><strong>Tier 1 — Generic</strong></td>
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<tr>
<td>Accolate (g) (QL)</td>
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<td>Accuneb (g)</td>
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<tr>
<td>Alupent (g)</td>
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<tr>
<td>Atraveon Nasal, Solution (g) (QL)</td>
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<tr>
<td>Brethine (g)</td>
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<tr>
<td>Duoneb (g)</td>
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<tr>
<td>Flonase (g) (QL)</td>
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<tr>
<td>Intal Solution (g)</td>
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<tr>
<td>Mucormyst (g)</td>
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<tr>
<td>Nasalide (g)</td>
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<tr>
<td>Nasarel (g)</td>
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<tr>
<td>Proventil/Ventolin Solution, Tab (g)</td>
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<tr>
<td>Pulmicort 0.25mg, 0.5mg/2ml (g)/QL</td>
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<tr>
<td>Uniphyll (g)</td>
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<tr>
<td>Vosspire ER (g)</td>
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<tr>
<td>Xopenex 1.25mg/0.5ml (g)</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
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<tr>
<td>Combivent (QL)</td>
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<td>Dulera (QL)</td>
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<tr>
<td>Flovent HFA, Diskus (QL)</td>
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<td>Foradil (QL)</td>
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<tr>
<td>Maxair Autohaler (QL)</td>
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<tr>
<td>Nasacort AQ (PA/ST)</td>
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<tr>
<td>Prolair HFA</td>
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<tr>
<td>Pulmicort 1mg/2ml, Flexhaler (QL) QVAR (QL)</td>
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<tr>
<td>Serevent Diskus (QL)</td>
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<td>Singular (QL)</td>
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<td>Spiriva (QL)</td>
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<tr>
<td>Symbicort (QL)</td>
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<td>Theo-24</td>
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<td>Ventolin HFA</td>
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<table>
<thead>
<tr>
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<td>Brevuna</td>
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<tr>
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<td>Omnis (PA/ST) (QL)</td>
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<td>Perforomist</td>
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<tr>
<td>Rhinocort Aqua (PA/ST) (QL)</td>
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<tr>
<td>Veramyst (PA/ST) (QL)</td>
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<td>Xopenex, HFA (QL)</td>
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<td>Zyflo, CR (QL)</td>
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### Antidepressants

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<td>Elavil (g)</td>
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<td>Etrafon (g)</td>
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<td>Norpramin (g)</td>
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<tr>
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<td>Remeron, Soltab (g)</td>
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<td>Sarzone (g)</td>
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<td>Sarafem Pulvule (g)</td>
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<tr>
<td>Sinequan/Adapin (g)</td>
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<td>Surmontil (g)</td>
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<td>Tofranil, PM (g)</td>
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<tr>
<td>Venlafaxine ER (g)</td>
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<tr>
<td>Vivactil (g)</td>
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<tr>
<td>Wellbutrin, SR, XL (g)</td>
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<tr>
<td>Zoloft (g)</td>
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</tbody>
</table>

(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.
### Antihistamines and Decongestants

<table>
<thead>
<tr>
<th>Tier 1 — Generic</th>
<th>Tier 2 — Formulary (preferred) Brand</th>
<th>Tier 3 — Nonformulary (nonpreferred) Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegra, D-12h &amp; 24h (g) (QL)</td>
<td>Azelastine (g)</td>
<td>Azelastine HC (g)</td>
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<tr>
<td>Astelin nasal spray (g) (QL)</td>
<td>Avilox, ABC (g)</td>
<td>Avilox, ABC (g)</td>
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<tr>
<td>Fluticasone nasal spray (g) (QL)</td>
<td>AveXyn (g)</td>
<td>AveXyn (g)</td>
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<tr>
<td>Ketotifen (g)</td>
<td>Zyrtec, D (OTC) (g)</td>
<td>Zyrtec, D (OTC) (g)</td>
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<td>Loratadine (g)</td>
<td>Zyrtec solution (g)</td>
<td>Zyrtec solution (g)</td>
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<td>Montelukast (g)</td>
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<td>Zyrtec, D (OTC) (g)</td>
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<td>Naltrexone (g)</td>
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<td>Zyrtec, D (OTC) (g)</td>
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<tr>
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<tr>
<td>Benadryl (g)</td>
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<td>Xyzal Tabs (g) (QL)</td>
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<thead>
<tr>
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### Cardiovascular (Heart and High Blood Pressure)

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<thead>
<tr>
<th>Tier 1 — Generic</th>
<th>Tier 2 — Formulary (preferred) Brand</th>
<th>Tier 3 — Nonformulary (nonpreferred) Brand</th>
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### Anti-infectives

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<thead>
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<tbody>
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### Bladder Control

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### Antifungals

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### Cardiovascular (Heart and Blood Pressure)

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</tbody>
</table>

### Over-the-counter product may be covered as Tier 1 (generic)

- 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.

- Prior authorization or Step Therapy may be required.

- Drug is available as generic equivalent but is listed by its brand-name (OTC).
### BCBSM Custom Formulary Quick Guide

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<tr>
<th>Tier 1 — Generic</th>
<th>Tier 2 — Formulary (preferred) Brand</th>
<th>Tier 3 — Nonformulary (nonpreferred) Brand</th>
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<tbody>
<tr>
<td>Adderal, XR (g)</td>
<td>Aciphex (PA/ST)</td>
<td>Actoplus Met XR</td>
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<tr>
<td>Akeptic, OTD (g)</td>
<td>Aloprev (PA/ST)</td>
<td>Avandamet</td>
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<tr>
<td>Clozaril (g)</td>
<td>Aproclav (g)</td>
<td>Avandaryl</td>
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<td>Desoxyn (g)</td>
<td>Apriliv (g)</td>
<td>Avandia</td>
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<tr>
<td>Desmethylimpa (g)</td>
<td>Azelastine (g)</td>
<td>Byetta (PA/ST)</td>
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<tr>
<td>Dexamethasone (g)</td>
<td>Benadryl (g)</td>
<td>Fortamet</td>
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<tr>
<td>Eskalith, CR/Lithobid (g)</td>
<td>Betnovate (g)</td>
<td>Glumetza</td>
</tr>
<tr>
<td>Exelon (g)</td>
<td>Betoptic (g)</td>
<td>Glyset</td>
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<tr>
<td>Focalin (g)</td>
<td>Bi扶 (g)</td>
<td>Onglyza (QL)</td>
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<td>Bifocal (g)</td>
<td>Prandinet</td>
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<td>Romet</td>
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<td>Victoza (PA/ST) (QL)</td>
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<td>Ritalin LA (g)</td>
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<td>Saphris (QL)</td>
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<td>Seroquel XR (QL)</td>
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<td>Symbax (g)</td>
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<tr>
<td>Vyvanse (PA/ST)</td>
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</tr>
<tr>
<td>Xyrem (PA/ST) (QL)</td>
<td>Bimatoprost (g)</td>
<td></td>
</tr>
</tbody>
</table>

**Central Nervous System**

### Tier 1 — Generics

- Danocrine (g)
- Cyclessa (g)
- Climara (g) (QL)
- Aygestin (g)
- Estrogel (QL)
- Estrace Vaginal Cream
- Enjuvia
- Estrace Vaginal Cream
- Estrasil (g)
- Estraderm (QL)
- Estrogen (g)
- Premarin (g)
- Premarin Cream
- Prempro, Low Dose
- Prempro, Low Dose
- Oxyprog,
- Prometrium
- Vivelle-DOT (QL)
- Yaz (g)

**Diabetes Treatment**

### Tier 1 — Generic

- Amaryl (g)
- Diabetic (g)
- Glucophage, XR (g)
- Glucotrol, XL (g)
- Glucovance (g)
- Glynase (g)
- Metaglip (g)
- Macronut/Diabetes (g)
- Orinase (g)
- Precose (g)
- Starlix (g)
- Tolnase (g)

### Tier 2 — Formulary (preferred) Brand

- Amaryl (g)
- Actos (g)
- Aprepitant
- Avandia
- Byetta (PA/ST) (QL)
- Fortamet
- Glumetza
- Glyset
- Onglyza (QL)
- Prandinet
- Windom (PA/ST) (QL)

**Hormones and Birth Control**

### Tier 1 — Generic

- Actirol (PA/ST) (QL)
- Alesse, Levitce (g)
- Androxy 10mg (g)
- Augenst (g)
- Cimara (g) (QL)
- Cylecila (g)
- Danocrine (g)
- Demulen (g)
- Depo Provera 150mg (g)
- Depo-Testosterone (g)
- Desogen, Ortho-Cept (g)
- Estrace (g)
- Estratess, HS (g)
- Estradiol (g)
- L0/Oral (g)
- Loeestrin, Fe (g)
- Mirocette (g)
- Modicon (g)
- Necon 10/11 (g)
- Nordette, Levlen (g)
- Norinyl, Ortho-Novum - 1/35, 1/50 (g)
- Ogen, Ortho-Eat (g)
- Ortho Micronor, Nor-QD (g)

**Tier 2 — Formulary (preferred) Brand**

- Alora (QL)
- Androgel (g)
- Crinone
- Delatestryl
- Depo-Suq Provera 104
- Endometrin
- Estrader (QL)
- Estrin (g)
- Femhrt
- Librel
- Ortho Evra (QL)
- Ortho Tri-Cyclen Lo
- Premarin, Low Dose
- Premarin Cream
- Prempac
- Prempro, Low Dose
- Prochive

**Tier 3 — Nonformulary (nonpreferred) Brand**

- Activella 0.5/0.1mg
- Anadrol-50 (PA/ST)
- Androgel (QL)
- Angeliq
- Beyaz
- Cenestin
- Clarama Pro (QL)
- Combipatch (QL)
- Divigel (g)
- Elestrin
- Ella (QL)
- Enjuvia
- Estrace Vaginal Cream
- Estrasil (g)
- Estragel (g)
- Feminist
- Femcon Fe
- Femring (QL)
- Femtrace
- Loeestrin 24 Fe
- Loseasonique (QL)
- Menest
- Menostar (g)
- Methiest, Testred, Andro
- Nataza
- Nuvaring (QL)
- Ortho-Prefest

**Cholesterol – Lowering**

### Tier 1 — Generics

- Coloza (g)
- Lipoloid (g)
- Lipoloid (g)
- Mecavacor (g) (QL)
- Pravachol (g) (QL)
- Pronic (g)
- Prostoc (g)
- Prostoc (OTC) (g) OTC
- Prontox (g)
- Tagamet (g)
- Zantac (g)
- Zegerid Caps (g)

**Gastrointestinal Agents**

### Tier 1 — Generic

- Carisoprodol Tabs, Susp (g)
- Cytotec (g)
- Protonix (g)
- Prilosec (g) OTC
- Prilosec (g)
- Prilosec, Solutab (g)
- Cytotec (g)
- Carafate Tabs, Susp (g)
- Cytotec (g)

**Hormones and Birth Control**

### Tier 1 — Generic

- Actirol (PA/ST) (QL)
- Alesse, Levitce (g)
- Androxy 10mg (g)
- Augenst (g)
- Cimara (g) (QL)
- Cylecila (g)
- Danocrine (g)
- Demulen (g)
- Depo Provera 150mg (g)
- Depo-Testosterone (g)
- Desogen, Ortho-Cept (g)
- Estrace (g)
- Estratess, HS (g)
- Estradiol (g)
- L0/Oral (g)
- Loeestrin, Fe (g)
- Mirocette (g)
- Modicon (g)
- Necon 10/11 (g)
- Nordette, Levlen (g)
- Norinyl, Ortho-Novum - 1/35, 1/50 (g)
- Ogen, Ortho-Eat (g)
- Ortho Micronor, Nor-QD (g)

**Tier 2 — Formulary (preferred) Brand**

- Alora (QL)
- Androgel (g)
- Crinone
- Delatestryl
- Depo-Suq Provera 104
- Endometrin
- Estrader (QL)
- Estrin (g)
- Femhrt
- Librel
- Ortho Evra (QL)
- Ortho Tri-Cyclen Lo
- Premarin, Low Dose
- Premarin Cream
- Prempac
- Prempro, Low Dose
- Prochive
- Prometrium
- Vivelle-DOT (QL)

**Tier 3 — Nonformulary (nonpreferred) Brand**

- Actirol (PA/ST) (QL)
- Alesse, Levitce (g)
- Androxy 10mg (g)
- Augenst (g)
- Cimara (g) (QL)
- Cylecila (g)
- Danocrine (g)
- Demulen (g)
- Depo Provera 150mg (g)
- Depo-Testosterone (g)
- Desogen, Ortho-Cept (g)
- Estrace (g)
- Estratess, HS (g)
- Estradiol (g)
- L0/Oral (g)
- Loeestrin, Fe (g)
- Mirocette (g)
- Modicon (g)
- Necon 10/11 (g)
- Nordette, Levlen (g)
- Norinyl, Ortho-Novum - 1/35, 1/50 (g)
- Ogen, Ortho-Eat (g)
- Ortho Micronor, Nor-QD (g)

**Ortho Tri-Cyclen (g)**

**Ortho-Cyclen (g)**

**Ortho-Novum 7/7/7 (g)**

**Ovcon-35 (g)**

**Oxoral (g)**

**Oxandrin (g) (PA/ST)**

**Plan B (g)**

**Progesterone in oil (g)**

**Provera (g)**

**Seasonale (g) (QL)**

**Tri-Norinyl (g)**

**Triphasil, Trilevlen (g)**

**Vivelle (g) (QL)**

**Yasmin (g)**

**Yaz (g)**

**Tier 3 — Nonformulary (nonpreferred) Brand**

- Actirol (PA/ST) (QL)
- Alesse, Levitce (g)
- Androxy 10mg (g)
- Augenst (g)
- Cimara (g) (QL)
- Cylecila (g)
- Danocrine (g)
- Demulen (g)
- Depo Provera 150mg (g)
- Depo-Testosterone (g)
- Desogen, Ortho-Cept (g)
- Estrace (g)
- Estratess, HS (g)
- Estradiol (g)
- L0/Ooral (g)
- Loeestrin, Fe (g)
- Mirocette (g)
- Modicon (g)
- Necon 10/11 (g)
- Nordette, Levlen (g)
- Norinyl, Ortho-Novum - 1/35, 1/50 (g)
- Ogen, Ortho-Eat (g)
- Ortho Micronor, Nor-QD (g)
BCBSM Custom Formulary Quick Guide

Ovcon-50, Fe
Plan B One-Step
Safyral
Seasonique (QL)
Striant (QL)
Testim (QL)
Vagifem

Migraine

Tier 1 — Generics
Amerge (g) (QL)
Buquip (g)
Cafergot (g)
D.H.E. 45 (g)
Florilaset/Escig, Plus (g)
Florinal, w/ codeine (g)
Imitrex Tab, Injection, Spray (g) (QL)
Midrin (g)
Phenergan (g)
Stadol NS (g)
Zebutal (g)

Tier 2 — Formulary (preferred) Brand
Ergonan
tMaxalt, MLT (PA/ST) (QL)
Migranal (QL)

Osteoporosis

Tier 1 — Generics
Didrolone (g) (QL)
Estrogens (See Hormones and Birth Control)
Fosamax, Weekly (g) (QL)
Miccalcin nasal spray, Fortical (g)

Tier 2 — Formulary (preferred) Brand
Actonel, Weekly, Plus Calcium (PA/ST) (QL)
Estrogens (See Hormones and Birth Control)
Evisat
Miccalcin injection

Tier 3 — Nonformulary (nonpreferred) Brand
Boniva (PA/ST) (QL)
Forteo (PA/ST) (QL) (s)
Fosamax Plus D (QL)

Pain and Arthritis

Tier 1 — Generics
Anaprox, DS (g)
Ansaid (g)
Catalin (g)
Clinoril (g)
Dipyram (g)
Feldene (g)
Indocin, SR (g)
Ketoprofen (g)
Lodine, XL (g)
Meclomen (g)

Tier 2 — Formulary (preferred) Brand
Mobic (g)
Motrin (g)
Naprosyn, EC (g)
Ponstel (g)
Relafin (g)
Tolentin, DS (g)
Toradol (g) (QL)
Voltaren, XR (g)

Tier 3 — Nonformulary (nonpreferred) Brand
Arthrotec
Cambia (QL)
Celebrex (PA/ST)
Flector (PA/ST)
Naprelan, CR
Pennsaid 1.5% topical solution (PA/ST) (QL)
Prevacid Naprapac
Vimovo (PA/ST) (QL)
Voltaren Gel (PA/ST) (QL)
Zipser

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)
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
Butalbital Doral (QL)
Edluar (PA/ST) (QL)
Lunesta (PA/ST) (QL)
Rozem (PA/ST) (QL)
Silenor (PA/ST)
Tranxene SD
Xyrem (QL)
Zolpidem (PA/ST)

Additional Tier 3 — Nonformulary (nonpreferred) Brand
Acuvail
Aczone
Akne-Mycin
Alamast
Aliex
Altabax
Amitiza (PA/ST)
Amyra (PA/ST) (QL) (s)
Anmit
Anzemet
Apexicon E Cream
Apriso
Aranesp (PA/ST) (s)
Armour Thyroid
Avinza
AzaSite
Azelex
Azilect
Benzac
Benzashave, Brevoxyl-4,8 Pack
Bepreve
Betsaseon (PA/ST) (s)
Betimol
Butrans (PA/ST) (QL)
Carac
Carbotrol
Cardura XL
Carmol HC
Cesamet
Climia Syringe (PA/ST) (s)
Clarofoam EF
Clincap BPO
Clobex
Cultigain
Cutivate Lotion
Dadenar
Depen
Derma-Smoothe/FS
Desonate
Dipentum
Duac CS
Durexol
Edex (QL)
Efudex Occlusion
Elestat
Emadine
Embeda (QL)
Entocort EC
Epiduo
Epogen (PA/ST) (s)
Equate
Exalgo (PA/ST) (QL)
Extavia (s)
Fentora (PA/ST)
Fexmid
Finacea
Glenyda (PA/ST) (QL) (s)
Halog
Humatrobe (PA/ST) (s)
Increlex (PA/ST) (s)
Iopidine Dropettite
Iquir
Jalyn (QL)
Kadian
Keppra XR
Kinetrol (PA/ST) (s)
Lamictal ODT, XR
Leflunomide
Levitra (QL)

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.

(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