



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.

Call if you need more information

If you have questions about your prescription drug benefit, please call the Blue Cross Blue Shield of Michigan Customer Service number on the back of your BCBSM ID card.



BCBSM Custom Formulary Quick Guide

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) PA/ST QL
 Nasalide (g)
 Nasarel (g)
 Proventil/Ventolin Solution, Tab (g)
 Pulmicort 0.25mg, 0.5mg/2ml (g) QL
 Uniphyl (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
 Maxair Autohaler QL
 Proair HFA QL
 Pulmicort 1mg/2ml, Flexhaler QL
 QVAR QL
 Serevent Diskus QL
 Singulair QL
 Spiriva QL
 Symbicort QL
 Theo-24
 Ventolin HFA QL

Tier 3 — Nonformulary (nonpreferred) Brand

Arcapta Neohaler QL
 Aerobid, M QL
 Beconase AQ PA/ST QL
 Brovana QL
 Daliresp PA/ST QL
 Nasonex PA/ST QL

Omnaris PA/ST QL
 Perforomist QL
 Proventil HFA QL
 Rhinocort Aqua PA/ST QL
 Veramyst PA/ST QL
 Xopenex, HFA QL
 Zyflo, CR QL

Antidepressants

Tier 1 — Generic

Anafranil (g)
 Asendin(g)
 Celexa (g)
 Desyrel (g)
 Effexor, XR (g)
 Elavil (g)
 Etrafon (g)
 Limbitrol, 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

Lexapro PA/ST
 Surmontil 100mg

Tier 3 — Nonformulary (nonpreferred) Brand

Ancobon
 Aplenzin PA/ST
 Cymbalta PA/ST
 Emsam
 Fluoxetine 60mg QL

(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.

BCBSM Custom Formulary Quick Guide

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

Diflucan (g)
Grifulvin V Susp (g)
Lamisil Tabs (g)
Loprox all forms (g)
Lotrimin (g)
Lotrisone Cream, Lotion (g)
Monistat-Derm (g)
Mycellex 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

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

Tier 3 — Nonformulary (nonpreferred) Brand

Ertaczo
Exelder Soln, Cream
Extina
Lamisil Granules
Mentax
Naftin
Oravig QL
Oxistat
Vusion
Xolegel, Corepak

Antihistamines and Decongestants

Tier 1 — Generic

Astelin nasal spray (g) QL
Atarax, Vistaril (g)
Benadryl (g)
Claritin, D, Alavert (OTC) (g) OTC
Periactin (g)
Phenergan, VC (g)
Polaramine (g)
Rynatan, Suspension (g)
Tavist-RX (g)
Xyzal tabs, solution (g) QL
Zyrtec, D (OTC) (g) OTC

Tier 2 — Formulary (preferred) Brand

Astepro Nasal Spray QL

Tier 3 — Nonformulary (nonpreferred) Brand

Allegra ODT
Allegra Susp
Clarinex (all) PA/ST QL
Patanase QL
Semprex-D

Anti-infectives

Tier 1 — Generic

Adoxa (g) PA/ST
Amoxil (g)
Ampicillin (g)
Augmentin, ES, XR (g)
Bactrim, DS/Septra, DS (g)
Biaxin, XL (g)
Ceclor, ER (g)
Ceftin (g)
Cefzil (g)
Cipro, XR (g)
Cleocin (g)
Dicloxacillin (g)
Duricef (g)
Erythromycin (g)
Erythromycin Stearate, Base (g)
Floxin (g)
Hiprex, Urex (g)
Keflex (g)
Levaquin (g)
Macrobid (g)
Macrochantin (g)
Mandelamine (g)
Minocin, Dynacin (g) PA/ST
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)
Vibramycin, Vibratabs (g)
Zithromax (g)

Tier 2 — Formulary (preferred) Brand

Avelox, ABC
TOBI QL <s>
Vancocin
Zyvox

Tier 3 — Nonformulary (nonpreferred) Brand

Cayston PA/ST QL
Cedax
Dificid QL
Doryx 150mg PA/ST
Factive
Keflex 750mg
Ketek
Monurol
Moxatag
Noroxin
Oracea PA/ST
Oraxyl
PCE
Proquin XR
Raniclor
Solodyn 55, 65, 80, 105, 115MG PA/ST
Suprax
Xifaxan
Zmax

Bladder Control

Tier 1 — Generic

Bentyl (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

Enablex
Gelnique QL
Oxytrol QL
Sanctura XR
Toviaz QL
Vesicare

Cardiovascular (Heart and High Blood Pressure)

Tier 1 — Generic

Accupril/Accuretic (g)
Aceon (g)
Agrylin (g)
Aldactone/Aldactazide (g)
Aldomet/Aldoril (g)
Altace capsules (g)
Amicar (g)
Arixtra (g) <s>
Betapace, AF (g)
Blocadren (g)
Bumex (g)
Caduet (g)
Calan/Isoptin, SR (g)
Capoten/Capozide (g)
Cardene (g)
Cardizem, CD, SR (g)
Cardizem LA (g) [except 120mg]
Cardura (g)
Catapres, TTS (g)
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>
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)
Microzide, Hydrodiuril (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)
Plendil (g)
Pletal (g)
Prinivil/Zestril (g)
Prinzide/Zestoretic (g)
Proamatine (g)
Procardia, XL/Adalat CC (g)
Pronestyl, SR (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)
Tiazac (g)
Ticlid (g)
Toprol XL (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
Edecrin
Effient
Dilatrate-SR
Dyrenium
Lovenox 300mg/3ml <s>
Mephyton
Multaq QL
Nitro-Bid ointment
Nitrostat
Norpace CR
Plavix
Pradaxa QL
Tikosyn
Xarelto QL

Tier 3 — Nonformulary (nonpreferred) Brand

Aggrenox
Altace Tabs
Amturnide
Atacand, HCT PA/ST
Avapro/Avalide PA/ST
Azor
Brilinta QL
Bystolic PA/ST
Cardene SR

(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.

BCBSM Custom Formulary Quick Guide

Cardizem LA 120mg
Coreg CR
Diovan, HCT PA/ST
Dynacirc CR
Edarbi PA/ST 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, HCT PA/ST
Tribenzor QL
Twynsta
Valturna

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)
Haldol (g)
Lithium Citrate (g)
Loxitane (g)
Mellaril (g)
Methylin Solution, ER (g)
Navane (g)
Nimotop (g)
Perphenazine (g)
Procentra (g)
Prolixin (g)
Razadyne, ER, Solution (g)
Risperdal, M-tab (g)
Ritalin, SR; Methylin, ER (g)
Stelazine (g)
Thorazine (g)
Zyprexa, Zydys (g)

Tier 2 – Formulary (preferred) Brand

Abilify, Discmelt, Solution
Exelon Patch, Solution
Geodon
Metadate CD
Namenda, Solution
Orap
Provigil QL
Rilutek
Seroquel

Tier 3 – Nonformulary (nonpreferred) Brand

Aricept 23mg PA/ST QL
Cognex
Daytrana
Fanapt
Fazaclo
Focalin XR
Horizant PA/ST QL
Intuniv PA/ST QL
Invega QL
Kapvay PA/ST QL
Latuda
Methylin Chew

Nuvigil QL
Ritalin LA
Saphris QL
Savella PA/ST QL
Seroquel XR QL
Strattera
Symbyax
Vyvanse PA/ST
Xyrem PA/ST QL

Cholesterol - Lowering

Tier 1 – Generics

Caduet (g)
Colestid (g)
Fibricor (g)
Lipitor (g)
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
Lescol, XL PA/ST QL
Lipofen
Livalo PA/ST
Lovaza
Simcor PA/ST
Triglide
Trilipix PA/ST
Vytorin PA/ST QL

Diabetes Treatment

Tier 1 – Generic

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

Actoplus Met
Actos
Apidra
Duetact
Insulin (all)
Janumet
Januvia QL
Lantus
Levemir
Prandin

Tier 3 – Nonformulary (nonpreferred) Brand

Actoplus Met XR
Avandamet
Avandaryl
Avandia
Byetta PA/ST QL
Cycloset PA/ST QL
Glumetza
Glyset
Onglyza QL
Prandinmet
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)

Tier 2 – Formulary (preferred) Brand

Helidac
Prevpac

Tier 3 – Nonformulary (nonpreferred) Brand

Aciphex PA/ST
Dexilant PA/ST
Nexium PA/ST
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)
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)
Provera (g)
Seasonale (g) QL
Seasonique (g) QL
Tri-Norinyl (g)
Triphasil, Trileven (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
Estraderm QL
Estring QL
Femhrt Lo
Ortho Evra QL
Ortho Tri-Cyclen Lo
Premarin Cream
Premarin, Low Dose
Premphase
Prempro, Low Dose
Prochieve
Prometrium
Vagifem
Vivelle-DOT QL

Tier 3 – Nonformulary (nonpreferred) Brand

Anadrol-50 PA/ST
Angeliq
Axiron QL
Beyaz
Cenestin
Climara Pro QL
Combipatch QL
Divigel QL
Elestrin
Ella QL
Enjuvia
Estrace Vaginal Cream
Estrasorb QL
Estrogel QL
Evamist
Femring QL
Femtrace
Fortesta
Lo Loestrin Fe
Loestrin 24 Fe
Loseasonique QL
Menest
Menostar QL
Methitest, Testred, Android
Natazia
Nuvaring QL
Ortho-Prefest
Ovcon-50, Fe

(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.

BCBSM Custom Formulary Quick Guide

Plan B One-Step
Safyral
Striant QL
Testim QL
Zytiga QL <s>

Migraine

Tier 1 – Generics

Amerge (g) QL
Alsuma (g) QL
Bupap (g)
D.H.E. 45 (g)
Fioricet/Esgic, Plus (g)
Fiorinal, w/ codeine (g)
Imitrex Tab, Injection, Spray (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
Phrenilin Forte

Tier 3 – Nonformulary (nonpreferred) Brand

Axert PA/ST QL
Cambia PA/ST QL
Frova PA/ST QL
Relpax PA/ST QL
Sumavel Dosepro PA/ST QL
Treximet PA/ST QL
Zomig, ZMT, Nasal Spray PA/ST QL

Osteoporosis

Tier 1 – Generics

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

Tier 2 – Formulary (preferred) Brand

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

Tier 3 – Nonformulary (nonpreferred) Brand

Atelvia PA/ST
Boniva 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 QL
Celebrex PA/ST
Duexis PA/ST QL
Flector PA/ST
Naprelan, CR
Pennsaid 1.5% topical solution PA/ST 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 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
Lunesta QL
Rozerem QL
Silenor PA/ST
Tranxene SD
Xyrem PA/ST QL
Zolpimist PA/ST

Additional Tier 3 – Nonformulary (nonpreferred) Brand

Abstral PA/ST
Acanya
Acuvail
Aczone
Akne-Mycin
Alamast
Alrex
Altanax
Amitiza PA/ST
Ampyra PA/ST QL <s>
Anzemet
Apexicon E Cream
Apriso
Aranesp PA/ST <s>
Armour Thyroid
Avinza
Azasite
Azelex
Azilect
Benzacilin
Benzashave, Brevoxyl-4,8 Pack
Bepreve
Besivance
Betaseron PA/ST <s>
Betimol
Bromday
Butrans PA/ST QL
Carac
Carmol HC
Cesamet
Cimzia syringe PA/ST <s>
Clarifoam EF
Clinac BPO
Clobex
Combigan
Cutivate Lotion
Denavir
Depen
Desonate
Differin 0.1% lotion
Dipentum
Duac, CS
Durezol
Edex QL
Efudex Occlusion
Egrifta PA/ST QL <s>
Emadine
Embeda QL
Epiduo
Epogen PA/ST <s>
Equetro
Exalgo PA/ST QL
Extavia <s>
Fentora PA/ST QL
Fexmid
Finacea
Gilenya PA/ST QL <s>
Gralise PA/ST
Halog
Humatrope PA/ST <s>
Increlex PA/ST <s>
Iopidine Droperette
Iquix
Keppra XR
Kineret PA/ST <s>
Lamictal ODT, XR
Lastacaft
Lazanda PA/ST QL
Levitra QL

Lialda
Lidoderm Patch
Locoid Lipocream, Lotion
Lotemax
Lotronex PA/ST
Luxiq
Lyrica PA/ST
Magnacet
Maxidex
Metozolv ODT
Mirapex ER PA/ST QL
Neulasta QL <s>
Nevanac
Nicotrol, NS
Norditropin PA/ST <s>
Noritate
Nucynta, ER PA/ST QL
Olux-E
Omnitrope PA/ST <s>
Onsolis PA/ST QL
Opana ER QL
Orapred ODT
Orencia syringe PA/ST QL <s>
Oxycontin QL
Pandel
Pataday
Peranex HC
Potiga
Pramosone Lotion, Ointment, Cream
Pred-G
Protopic
Rectiv QL
Regranex
Requip XL
Rezira
Rosula Foam
Rybix ODT
Ryzolt
Saizen PA/ST <s>
Sancuso PA/ST QL
Serostim PA/ST <s>
Simponi PA/ST <s>
Solaraze
Staxyn QL
Taclonex, Scalp
Targretin Gel <s>
Tasmar
Tev-Tropin PA/ST <s>
Tirosint
Tyzeka <s>
Vanos Cream
Vectical
Verdeso
Veregen
Xenical
Xerese
Zanaflex caps
Zelapar
Ziana Gel
Zorbtive PA/ST <s>
Zuplenz PA/ST
Zutripro
Zyclara QL
Zydone
Zylet
Zymar
Zymaxid

(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.



**Blue Cross
Blue Shield**
of Michigan

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