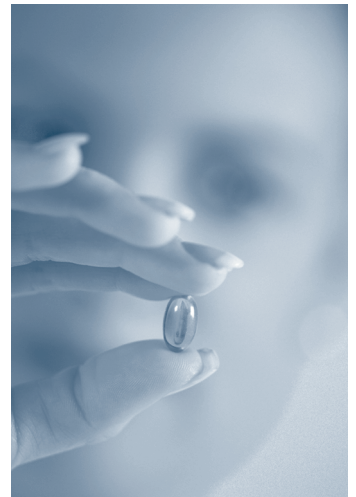


# Blue Cross Blue Shield of Michigan Custom Formulary Quick Guide for Members



## Our Custom Formulary offers the best value

Our Custom Formulary lists medications that are available to Blue Cross Blue Shield of Michigan members who have a three-tier drug benefit. The formulary represents the clinical judgement 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 the Custom 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, while helping you 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 in the Quick Guide. Please note that the generics are listed according to their better known brand-name titles.

- **Tier 2 – Formulary Brand**

Tier 2 drugs are brand-name drugs included in the Custom Formulary. Formulary options are also safe and effective, but require a higher copayment. Generic drugs may offer better value. Look for these drugs under Tier 2 – Formulary Brand in the Quick Guide.

- **Tier 3 – Nonformulary Brand**

Tier 3 drugs are brand-name drugs not included in the Custom Formulary. You will pay the highest copayment for these drugs. However, generic equivalents and similar drugs with generic equivalents or formulary 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 Brand in the Quick Guide.

# BCBSM Custom Formulary Quick Guide

## Allergy, Asthma, and Respiratory

### Tier 1 - Generic

Accuneb (g)  
Alupent (g)  
Atrovent solution (g)  
Intal solution (g)  
Mucomyst (g)  
Proventil/Ventolin (g)

### Tier 2 - Formulary Brand

Accolate  
Advair Diskus  
Alupent MDI  
Atrovent HFA  
Azmecort  
Beconase AQ  
Combivent  
Flonase  
Flovent HFA  
Fosadil (PA)  
Intal  
Maxair Autohaler  
Nasacort, AQ  
Nasonex  
Proventil HFA  
Pulmicort, Respules  
Pulmozyme  
QVAR  
Rhinocort, Aqua  
Serevent, Diskus (PA)  
Singulair (PA)

Spiriva

Tilade

### Tier 3 - Nonformulary Brand

Aerobid, M  
DuoNeb  
Nasarel  
Ventolin HFA  
Xolair  
Xopenex

## Antidepressants

### Tier 1 - Generic

Asendin (g)  
Celexa (g)  
Desyrel (g)  
Elavil (g)  
Luvox (g)  
Norpramin (g)  
Pamelor/Aventyl (g)  
Paxil (g)  
Prozac (g)  
Remeron, Soltab (g)  
Sinequan/Adapin (g)  
Tofranil (g)  
Wellbutrin, SR (g)

### Tier 2 - Formulary Brand

Effexor, XR  
Lexapro  
Surmontil

### Tier 3 - Nonformulary Brand

Cymbalta  
Paxil CR  
Pexeva  
Prozac Weekly (QL)  
Sarafem

Tofranil PM  
Wellbutrin XL  
Zoloft

## Antifungals

### Tier 1 - Generic

Diflucan (g)  
Mycelex Troche (g)  
Nizoral (g)  
Nystatin (g)

### Tier 2 - Formulary Brand

Ancobon  
Fulvicin U/F  
Gris-Peg  
Lamisil oral (QL)  
Sporanox (QL)  
Vfend

## Antihistamines and Decongestants

### Tier 1 - Generic

Atarax/Vistaril (g)  
Benadryl (g)  
Deconamine, SR, CX (g)  
Entex PSE (g)  
Periactin (g)  
Polaramine (g)  
Tavist (g)

### Tier 2 - Formulary Brand

Allegra, D  
Astelin

### Tier 3 - Nonformulary Brand

Clarinex  
Rynatan  
Zyrtec, D

## Anti-infectives

### Tier 1 - Generic

Amoxicillin (g)  
Augmentin, ES (g)  
Bactrim, DS/Septra, DS (g)  
Biaxin (g)  
Ceclor, CD (g)  
Ceftin (g)  
Cipro (g)  
Cleocin (g)  
Erythromycin (g)  
Floxin (g)  
Hiprex/Urex (g)  
Keflex (g)  
Macrobid (g)  
Macrodantin (g)  
Minocin/Dynacin (g)  
Pediazole (g)  
Penicillin VK (g)  
Sumycin (g)  
Vantin tabs (g)  
Vibramycin/Vibratabs (g)

### Tier 2 - Formulary Brand

Augmentin XR  
Avelox, ABC  
Biaxin XL  
Gantrisin Susp  
Omnicef  
Zithromax  
Zyvox

### Tier 3 - Nonformulary Brand

Adoxa  
Cedax  
Cefzil  
Cipro XR  
Dispermox  
Factive  
Ketek  
Levaquin  
Lorabid  
Maxaquin  
Noroxin  
PCE  
Periostat  
Raniclor  
Spectracef  
Suprax  
Tequin  
Xifaxan (QL)

## Cardiovascular (Heart and High Blood Pressure)

### Tier 1 - Generic

Accupril/Accuretic (g)  
Agylin (g)  
Aldactone/Aldactazide (g)  
Betapace, AF (g)  
Blocadren (g)  
Bumex (g)  
Calan/Isoptin, SR (g)  
Capoten/Capozide (g)  
Cardene (g)  
Cardizem, SR, CD (g)  
Cardura (g)  
Catapres (g)  
Cordarone (g)  
Corgard (g)  
Coumadin (g)  
Demedex (g)  
Diamox (g)  
Diuril (g)  
Enduron (g)  
Hydrodiuril/Oretic (g)  
Hygroton, Thalitone (g)  
Hytrin (g)  
Inderal/Inderide (g)  
Ismo/Imdur (g)  
Isordil (g)  
Kerlone (g)  
Lanoxin (g)  
Lasix (g)  
Lopressor, HCT (g)  
Lotensin, HCT (g)  
Lozol (g)  
Maxzide/Dyazide (g)  
Midamor (g)  
Minipress (g)  
Moduretic (g)  
Monopril, HCT (g)  
Nitroglycerin (all) (g)  
Normodyne (g)  
Plendil (g)  
Pletal (g)  
Prinivil/Zestril (g)  
Prinzide/Zestoretic (g)  
Procardia, XL/Adalat, CC (g)

Sectral (g)  
Tenormin/Tenoretic (g)  
Tiazac (g) (except 420mg)  
Ticlid (g)  
Vasotec/Vaseretic (g)  
Verelan (g)  
Visken (g)  
Zaroxolyn (g)  
Zebeta (g)  
Ziac (g)

### Tier 2 - Formulary Brand

Benicar, HCT (ST)  
Coreg  
Covera-HS  
Cozaar/Hyzaar (ST)  
Dyrenium  
Edecrin  
Inderal LA  
Lotrel  
Lovenox  
Norvasc  
Plavix  
Tiazac (420mg only)  
Timolide  
Toprol XL  
Tracleer (PA)  
Uniretic  
Univasc

### Tier 3 - Nonformulary Brand

Aceon  
Aggrenox  
Altace  
Arixtra  
Atacand, HCT (ST)  
Avapro/Avalide (ST)  
Caduet  
Cardene SR  
Cardizem LA  
Cartrol  
Corzide  
Diovan, HCT (ST)  
Dynacirc, CR  
Fragmin  
Innohep  
Innopran XL  
Inspra  
Inversine  
Lanoxicaps  
Levatol  
Lexxel  
Mavik  
Miacardis, HCT (ST)  
Naturetin  
Rythmol SR  
Sular  
Tarka  
Teveten, HCT (ST)  
Verelan PM

## Central Nervous System

### Tier 1 - Generic

Adderall (g)  
Clozaril (g)  
Dexedrine (g)  
Eskalith, CR/Lithionate (g)  
Haldol, Decanoate (g)

(PA) — Prior authorization may be required. Clinical criteria must be met.

(ST) — Step therapy may be required

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

(QL) — Quantity limits may apply

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Lithium Citrate (g)  
Lithobid (g)  
Loxitane (g)  
Luvox (g)  
Mellaril (g)  
Navane (g)  
Prolixin (g)  
Ritalin, SR/Methylin, ER (g)  
Stelazine (g)  
Thorazine (g)  
Trilafon (g)

## Tier 2 - Formulary Brand

Adderall XR  
Aricept  
Concerta  
Desoxyn  
Metadate CD, ER  
Moban  
Namenda  
Orap  
Provigil  
Razadyne, ER  
Risperdal  
Serentil  
Seroquel  
Zyprexa, Zydys

## Tier 3 - Nonformulary Brand

Abilify  
Cognex  
Exelon  
Fazaclo  
Focalin  
Geodon  
Methylin chew, solution  
Risperdal M-Tab  
Ritalin LA  
Strattera (PA)  
Symbyax

## Cholesterol - Lowering

### Tier 1 - Generics

Clofibrate (g)  
Lopid (g)  
Mevacor (g)  
Questran, Light (g)

### Tier 2 - Formulary Brand

Lipitor  
Niaspan  
Tricor  
Welchol  
Zetia  
Zocor

### Tier 3 - Nonformulary

Advicor  
Altoprev  
Caduet  
Colestid  
Crestor  
Lescol, XL  
Pravachol (PA)  
Vytorin

## Diabetes Treatment

### Tier 1 - Generic

Glucophage, XR (g)  
Glucotrol, XL (g)

Glucovance (g)  
Glynase (g)  
Micronase/Diabetra (g)  
**Tier 2 - Formulary Brand**

Actos (ST)  
Amaryl  
Avandia (ST)  
Insulin (all)  
Lantus  
Prandin  
Precose

### Tier 3 - Nonformulary Brands

Avandamet (ST)  
Fortamet  
Glyset  
Metaglip  
Riomet  
Starlix

## Gastrointestinal Agents

### Tier 1 - Generic

Axid (g)  
Carafate (g)  
Cytotec (g)  
Pepcid (g)  
Prilosec (g)  
Reglan (g)  
Tagamet (g)  
Zantac (g)

### Tier 2 - Formulary Brand

Carafate suspension  
Helidac  
Prevacid  
Prevpac

### Tier 3 - Nonformulary Brand

Aciphex  
Nexium  
Prevacid Solutab  
Protonix  
Zantac syrup, granules,  
efferdose  
Zegerid

## Hormones and Birth Control

### Tier 1 - Generic

Alesse, Levlite (g)  
Aygestin (g)  
Climara (g) (QL)  
Cyclessa (g)  
Danocrine (g)  
Demulen (g)  
Depo Provera (150 mg) (g)  
Desogen, Ortho-Cept (g)  
Estrace (g)  
Lo/Ovral (g)  
Loestrin, Fe (g)  
Micronor, Nor-QD (g)  
Mircette (g)  
Modicon (g)  
Nordette, Levlite (g)  
Norinyl, Ortho-Novum (g)  
Ogen, Ortho-Est (g)  
Ortho Tri-cyclen (g)  
Ortho-Cyclen (g)  
Ortho-Novum 7/7/7, 10/11 (g)  
Ovral (g)

Provera (g)  
Tri-Norinyl (g)  
Triphasil, Trileven (g)  
**Tier 2 - Formulary Brand**

Androderm (QL)  
Androxy  
Crinone  
Delatestryl  
Depo-Testosterone  
Estraderm/Vivelle (QL)  
Estratest, HS  
Estring (QL)  
Estrostep FE  
Femhrt  
Ortho Evra  
Ortho Tri-cyclen Lo  
Ovrette

Premarin, Low Dose  
Premphase  
Prempro, Low Dose  
Prometrium  
Vivelle DOT (QL)

### Tier 3 - Nonformulary Brand

Activella  
Alora (QL)  
Anadrol-50  
Androgel (QL)  
Android, Methitest, Testred  
Cenestin  
Climara Pro (QL)  
Combipatch (QL)  
Esclim (QL)  
Estrasorb  
Estrojel  
Femring (QL)  
Menest  
Menostar (QL)  
Nuvaring (QL)  
Ortho-Prefest  
Ovcon-35, 50, chew  
Oxandrin  
Seasonale  
Striant  
Testim  
Vagifem  
Yasmin

## Migrane

### Tier 1 - Generics

Fioricet/Esgic, Plus (g)  
Fiorinal, w/ codeine (g)  
Midrin (g)  
Phrenilin, Forte, Axocet (g)  
Stadol NS (g)

### Tier 2 - Formulary Brands

Cafergot  
D.H.E. 45  
Ergomar  
Imitrex (QL)  
Maxalt, MLT (QL)  
Migranal (QL)  
Zomig, ZMT, Nasal spray (QL)  
**Tier 3 - Nonformulary Brand**  
Amerge (QL)  
Axert (QL)  
Frova (QL)

Relpax (QL)

## Osteoporosis

### Tier 1 - Generics

See Hormones and Birth Control  
**Tier 2 - Formulary Brands**  
See Hormones and Birth Control  
Actonel, Weekly (QL)  
Evista  
Fosamax, Weekly (QL)  
Miacalcin inj., nasal spray  
**Tier 3 - Nonformulary Brand**  
Didronel  
Forteo

## Pain and Arthritis

### Tier 1 - Generics

Anaprox, DS/Naprosyn, EC (g)  
Ansaid (g)  
Cataflam (g)  
Clinoril (g)  
Daypro (g)  
Feldene (g)  
Indocin, SR (g)  
Lodine, XL (g)  
Meclomen (g)  
Motrin (g)  
Nalfon (g)  
Orudis (g)  
Oruvail (g)  
Relafen (g)  
Tolectin, DS (g)  
Toradol (g)  
Voltaren, XR (g)  
**Tier 2 - Formulary Brand**  
Ponstel

### Tier 3 - Nonformulary Brand

Arthrotec  
Celebrex (PA)  
Mobic  
Naprelan  
Prevacid Naprapac

## Sleep and Anxiety

### Tier 1 - Generic

Ativan (g)  
Buspar (g)  
Dalmane (g)  
Halcion (g)  
Librium (g)  
ProSom (g)  
Restoril (g)  
Serax (g)  
Tranxene (g)  
Valium (g)  
Xanax (g)  
Tier 2 - Formulary Brand  
Ambien  
**Tier 3 - Nonformulary Brand**  
Butisol Sodium  
Doral  
Libritabs  
Sonata  
Tranxene SD  
Xanax XR

## Additional Tier 3—Nonformulary

Aclovate cream	Derma-Smoothe/FS	Levitra (QL)	Psorcon E ointment
Acular, LS, PF	Dermatop	Locoid cream	Quixin
Akne-Mycin	Desquam-E, X	Loprox Shampoo	Raptiva
Alamast	Dipentum	Lotronex (PA)	Regranex
Aldara	Ditropan XL	Luxiq	Saizen (PA)
Anamantle HC	Duac	Marinol	Sanctura
Anzemet (QL)	Edex	Mentax	Santyl
Aranesp	Elestat	Meridia	Serostim (PA)
Aristocort A	Eligard	Naftin	Targretin gel
Avodart	Emadine	Neulasta	Triaz
Azelex	Entocort EC	Nicotrol inhaler, nasal spray	Viadur
Benzac AC, W, Wash	Epogen	Norditropin (PA)	Visicol
Benzaclin	Ertaczo	Noritate	Xalatan
Benzagel, Benzashave	Evoxac	Olux	Xenical
Betaseron	Finacea	Optivar	Zavesca
Carmol HC	Flomax	Orapred	Z-Clinz 5
Centany	Halflytely (QL)	Oxistat	Zelnorm (PA)
Clinac BPO	Halog, E	Oxytrol (QL)	Zonalon, Prudoxin
Clobex	Humatrope (PA)	Pandel	Zorbtive (PA)
Cyclocort	Humira (PA)	Penlac	Zymar
Denavir	Kineret	Pramosone	
Depen	Klaron	Protopic (PA)	

## Brand-name versus generic

Prescription drugs can be costly, but many are now available as generics. BCBSM promotes the use of generic drugs to keep costs down while maintaining high-quality care. The FDA requires that generic drugs have the identical active ingredients as the equivalent brand-name drugs, but 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.

## 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.)

In addition, depending on your drug plan, you may not have coverage for contraceptive medications and certain health, habit and reproductive drugs. Please refer to your specific plan description for details.

Your employer, sponsor, health plan administrator, or retirement group has selected a prescription drug plan with a formulary. A drug formulary is a list of approved drugs that your doctor refers to when prescribing your

medications. It includes brand-name drugs and generic drugs. Generic drugs work the same as brand-name drugs, but cost less. Depending on your drug benefit, using generic drugs may save you money on your copayment.

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

If you have questions about your prescription drug benefit, please call BCBSM Customer Service.

## Filling your prescription

There are several ways to fill your prescription:

- **At a retail pharmacy**  
Over 2,200 retail pharmacies in Michigan and 57,000 retail pharmacies outside of Michigan participate with Blue Cross Blue Shield of Michigan. You may fill prescriptions at any participating pharmacy.
- **Home delivery through Medco**  
BCBSM members enrolled in a home delivery (mail order) drug program can also get home delivery prescription service from Medco Home Delivery Service.

## Formulary lists

The BCBSM Custom Formulary Quick Guide for Members provides a ready reference to commonly prescribed drugs. For a complete list of drugs included in BCBSM's Custom Formulary, logon to our Web site: [www.bcbsm.com/pdf/custom\\_formulary\\_quick\\_guide-2004.pdf](http://www.bcbsm.com/pdf/custom_formulary_quick_guide-2004.pdf)