

BCBSM and BCN Custom Formulary Quick Guide January 2012



ACE inhibitors and combos	Anticonvulsants (cont.)	Antihistamines/decongestants	Beta-blockers and combos
Formulary Preferred/Tier 1 Accupril, Accuretic (g) BE Aceon (g) Altace Capsule (g) BE Capoten, Capozide (g) BE Lotensin, HCT (g) BE Lotrel (g) BE Lotrel 5/40, 10/40mg (g) (#) Mavik (g) BE Monopril, HCT (g) BE Prinivil, Zestril (g) BE Prinzide, Zestoretic (g) BE Tarka (g) (#) Univas, Uniretic (g) BE Vasotec, Vaseretic (g) BE Formulary Options/Tier 2 -None	Formulary Preferred/Tier 2 Banzel Dilantin Infatabs Gabitril Sabril <s> Tegretol XR 100mg Vimpat Antidepressants Formulary Preferred/Tier 1 Celexa (g) BE Desyrel (g) BE Effexor (g) BE Effexor XR, Venlafaxine ER (g) (#) BE Elavil (g) BE Luvox (g) BE Pamelor, Aventyl (g) BE Paxil (g) BE Paxil CR (g) (#) Prozac, Sarafem (g) BE Prozac Weekly (g) (#) Remeron (g) BE Remeron Soltab (g) Sinequan, Adapin (g) BE Tofranil (g) BE Wellbutrin, SR (g) BE Wellbutrin XL (g) (#) Zoloft (g) BE Formulary Options/Tier 2 Lexapro (g) ST (#)	Formulary Preferred/Tier 1 Astelin (g) Atarax, Vistaril (g) Benadryl (g) Claritin, D; Alavert OTC (g) Periactin (g) Rynatan, Suspension (g) Xyzal (g) PA (#) Zyrtec, D OTC (g) Formulary Options/Tier 2 Astepro Antilipemics Formulary Preferred/Tier 1 Colestid (g) Fibricor (g) Lofibra (g) BE Lipid (g) BE Lipitor (g) ST (#) Mevacor (g) (#) BE Pravachol (g) (#) BE Questran, Light (g) Zocor (g) (#) BE Zocor 80mg (g) PA (#) Formulary Options/Tier 2 Crestor (g) ST (#) Niaspan (g) BE Tricor (g) (#) Welchol Zetia (g) ST (#)	Formulary Preferred/Tier 1 Betapace, AF (g) BE Coreg (g) BE Corgard (g) BE Inderal, LA; Inderide (g) BE Kerlone (g) BE Lopressor, HCT (g) BE Normodyne (g) BE Sectral (g) BE Tenormin, Tenoretic (g) BE Toprol XL (g) BE Zebeta (g) BE Ziac (g) BE Formulary Options/Tier 2 -None
Angiotensin receptor blockers Formulary Preferred/Tier 1 Cozaar/Hyzaar (g) (#) BE Formulary Options/Tier 2 Benicar, HCT (g) ST (#)	Anti-infectives Formulary Preferred/Tier 1 Adoxa (g) PA Amoxil (g) Augmentin, ES, XR (g) Bactrim, DS/Septra, DS (g) Biaxin, XL (g) Ceclor, ER (g) Ceftin (g) Cefzil (g) Cipro (g) Cipro XR (g) PA (#) Duricef (g) Erythromycin (g) Floxin (g) Keflex (g) Levaquin (g) Macrobid, Macroclonin (g) Minocin, Dynacin (g) Omnicef (g) Penicillin VK (g) Solodyn 45, 90, 135mg (g) PA Spectracef (g) (#) Tetracycline (g) Vibramycin, Vibratabs (g) Zithromax (g) Formulary Options/Tier 2 Avelox, ABC	Antipsychotics Risperdal (g) is available for BCN members at a Tier 0 copay (\$0) BCBSM requires Tier 1 copay. Formulary Preferred/Tier 1 Clozaril (g) BE Haldol (g) BE Mellaril (g) BE Navane (g) Prolixin (g) BE Risperdal (g) BE Risperdal M-Tab (g) BE Stelazine (g) BE Thorazine (g) BE Zyprexa, Zydis (g) Formulary Options/Tier 2 Abilify, Discmelt, Soln Geodon Mobar Orap Seroquel	BPH treatment Formulary Preferred/Tier 1 Cardura (g) Flomax (g) Hytrin (g) Proscar (g) Uroxatral (g) Formulary Options/Tier 2 Avodart Jalyn (g) ST (#)
Anticonvulsants Formulary Preferred/Tier 1 Carbatrol (g) Depakote, ER, Sprinkles (g) Diamox (g) Dilantin (g) Keppra, XR (g) Klonopin, Wafer (g) Lamictal, Disper Tabs (g) Mysoline (g) Neurontin (g) Phenobarbital (g) Tegretol, XR (g) Topamax, Sprinkles (g) Trileptal (g) Zarontin (g) Zonegran (g)	Antidiabetics Formulary Preferred/Tier 1 Amaryl (g) BE Diabeta, Micronase (g) BE Glucophage, XR (g) BE Glucotrol, XL (g) BE Glucovance (g) BE Metaglip (g) BE Precose (g) Starlix (g) Formulary Options/Tier 2 ActoPlus Met (g) ST (#) Actos (g) ST (#) Duetact (g) ST (#) Januvia (BCBSM Only) PA (#) Janumet (BCBSM Only) PA (#) Prandin Insulins Apidra (All forms) Humalog, Mix (Vials) BE Humalog, Mix (Pen/Cartridge) Humulin (Vial) BE Humulin (Pen/Cartridge) Lantus (All forms) Levemir (Vial/Pen) Novolin (Vial) BE Novolin (Pen/Cartridge) Novolog (Vials) BE Novolog, Mix (Pen/Cartridge)	Antivirals Formulary Preferred/Tier 1 Copegus (g) Cytovene (g) Famvir (g) (#) Flumadine (g) Rebetol (g) PA <s> Symmetrel (g) Valtrex (g) (#) Zovirax oral (g) Formulary Options/Tier 2 Baraclude <s> Epiriv HBV Hepsera <s> Relenza (g) (#) Tamiflu Caps, Susp (g) (#) Valcyte	Calcium channel blockers and combos Formulary Preferred/Tier 1 Calan/Isoptin, SR (g) Cardizem, SR, CD, LA (g) Lotrel (g) BE Lotrel 5/40, 10/40mg (g) (#) Norvasc (g) BE Plendil (g) Procardia XL, Adalat CC (g) (#) Sular 20, 30, 40mg (g) Tarka (g) (#) Verelan, PM (g) Formulary Options/Tier 2 Covera-HS
Antifungals, oral Formulary Preferred/Tier 1 Diflucan (g) Grifulvin V Susp (g) Lamisil (g) Mycelex Troche (g) Nystatin (g) Formulary Options/Tier 2 Gris-Peg Grifulvin V 500MG	Contraceptives Formulary Preferred/Tier 1 Alesse, Levite (g) Cyclessa (g) Demulen (g) Depo-Provera 150MG (g) Desogen, Ortho Cept (g) Estrostep, Fe (g) Loestrin, Fe (g) Lybrel (g) Mircette (g) Nordette, Levlen (g) Ortho-Cyclen (g) Ortho Micronor, Nor-QD (g) Ortho-Novum 7/7/7 (g) Ortho Tri-Cyclen (g) Ovcon-35 (g) Ovral, Lo/Ovral (g) Tri-Norinyl (g) Seasonale (g) (#) Triphasil, TriLevlen (g) Yasmin (g) Yaz (g) Formulary Options/Tier 2 Depo-SubQ Provera 104 Ortho Evra (g) (#) Ortho Tri-Cyclen Lo		

Diuretics	Hypnotics and anxiolytics (cont.)	Osteoporosis	Skeletal muscle relaxants
Formulary Preferred/Tier 1 Aldactone/Aldactazide (g) BE Bumex (g) BE Demadex (g) BE Diamox, Sequels (g) Diuril (g) BE Hydrodiuril, Microzide (g) BE Hygroton, Thalitone (g) BE Inspra (g) Lasix (g) BE Lozol (g) BE Maxzide, Dyazide (g) BE Moduretic (g) BE Zaroxolyn (g) BE Formulary Options/Tier 2 Dyrenium	Formulary Preferred/Tier 1 Xanax XR (g) (#) Formulary Options/Tier 2 -None Inhaled beta agonists Formulary Preferred/Tier 1 Accuneb (g) Proventil soln (g) Formulary Options/Tier 2 Maxair Autohaler (#) Proair HFA, Ventolin HFA (#) Serevent Diskus (#) Inhaled steroids Formulary Preferred/Tier 1 Pulmicort Respules (g) BE (#) Formulary Options/Tier 2 These brand name drugs are available at the Preferred/Tier 1 copay for BCN members only. BCBSM requires Tier 2 copay. Alvesco BE (#) Asmanex BE (#) Flovent Diskus, HFA BE (#) Pulmicort Flexhaler (#) QVAR BE (#) Intranasal steroids Formulary Preferred/Tier 1 Flonase (g) (#) Nasacort AQ (g) ST (#) Nasalide, Nasarel (g) (#) Formulary Options/Tier 2 -none Migraine and cluster headache Formulary Preferred/Tier 1 Amerge (g) PA (#) D.H.E. 45 (g) (#) Fioricet/Esgic, Plus (g) Fiorinal (g) Imitrex (all) (g) (#) Midrin (g) Phrenilin Forte (g) Formulary Options/Tier 2 Cafergot (#) Ergomar (#) Maxalt, MLT ST (#) Migranal (#) NSAIDs Formulary Preferred/Tier 1 Anaprox, DS (g) Ansaïd (g) Cataflam (g) Clinoril (g) Daypro (g) Indocin, SR (g) Lodine, XL (g) Mobic (g) Motrin (g) Naprosyn, EC Naprosyn (g) Ponstel (g) Relafen (g) Voltaren, XR (g) Formulary Options/Tier 2 - none	Formulary Preferred/Tier 1 See Estrogens & Progestins Didronel (g) (#) Fosamax (g) (#) BE Fosamax Weekly (g) (#) BE Miacalcin Nasal Spray (g) Formulary Options/Tier 2 Actonel (All) ST (#) Evista Miacalcin Injection Psychotherapeutic agents, misc. Formulary Preferred/Tier 1 Aricept, ODT (g) Eskalith, CR (g) Exelon caps (g) (#) Lithobid (g) Lithium Citrate (g) Razadyne, ER (g) Requip (g) Formulary Options/Tier 2 Exelon patch (#), solution Namenda, solution Nuedexta PA (#) Respiratory, misc. Formulary Preferred/Tier 1 Accolate (g) (#) Atrovent soln, NS (#) (g) Duoneb (g) Formulary Options/Tier 2 Advair (#) Atrovent Inhaler (#) Combivent (#) Dulera (#) Letairis PA (#) <s> Pulmozyme <s> Revatio PA (#) <s> Singulair (#) Spiriva (#) Symbicort (#) Tracleer PA <s> Tyvaso PA (#) <s> Ventavis PA (#) <s>	Formulary Preferred/Tier 1 Dantrium (g) Flexeril (g) Lioresal (g) Norflex (g) Norgesic, Forte (g) Paraflex, Parafon Forte DSC (g) Robaxin (g) Soma, Cmpd, w/ Cod (g) Skelaxin (g) Valium (g) Formulary Options/Tier 2 -None Smoking-cessation agents OTC products are not a covered benefit for BCBSM members. Formulary Preferred/Tier 1 Commit Lozenge OTC (g) (#) BE Nicotine Gum OTC (g) (#) BE Nicotine Patches Rx, OTC (g) (#) BE Zyban (g) BE Formulary Options/Tier 2 Chantix (#) Stimulants, CNS Brand-name Adderall XR is available to BCN members ONLY for Tier 1 copay Formulary Preferred/Tier 1 Adderall (g) (#) Adderall XR (g) PA (#) Concerta (g) (#) Desoxyn (#) Dexedrine (g) (#) Focalin (g) (#) Ritalin, SR; Methylin, ER (g) (#) Formulary Options/Tier 2 Metadate CD (#) Provigil PA (#) Urinary antispasmodics Formulary Preferred/Tier 1 Bentyl (g) Ditropan, XL (g) Levbid (g) Levsin, SL (g) Levsinex (g) Sanctura (g) Urispas (g) Formulary Options/Tier 2 Detrol, LA
Estrogens and progestins Formulary Preferred/Tier 1 Activella (g) Aygestin (g) Climara (g) (#) Estrace (g) Estratest, HS (g) FemHRT (g) Ogen, Ortho-Est (g) Provera (g) Formulary Options/Tier 2 Alora (#) Crinone Estraderm (#) Estring (#) FemHRT LO Premarin, Low Dose Prempro/Premphase Prochieve Prometrium Vivelle-DOT (#)	Gastrointestinal agents Formulary Preferred/Tier 1 Carafate tabs (g) Cytotec (g) Pepcid (g) (Rx only) Prevacid (g) ST Prevacid Solutab (g) PA Prilosec, OTC (g) Protonix (g) Reglan tabs, soln (g) Zantac (g) (Rx only) Zegerid (g) PA Formulary Options/Tier 2 Carafate susp Helidac PREVPAC	Rheumatologic agents Formulary Preferred/Tier 1 Arava (g) (#) Azulfidine, EN-Tab (g) Imuran (g) Methotrexate (g) Plaqueenil (g) Formulary Options/Tier 2 Enbrel PA (#) <s> Humira PA (#) <s> Rheumatrex, Trexall	Formulary Preferred/Tier 1 Bentyl (g) Ditropan, XL (g) Levbid (g) Levsin, SL (g) Levsinex (g) Sanctura (g) Urispas (g) Formulary Options/Tier 2 Detrol, LA
Hypnotics and anxiolytics Formulary Preferred/Tier 1 Ambien (g) (#) Ambien, CR (g) PA (#) Ativan (g) Buspar (g) ProSom (g) (#) Restoril (g) (#) Sonata (g) (#) Serax (g) Tranxene (g) Valium (g) Xanax (g)	Formulary Preferred/Tier 1 Ambien (g) (#) Ambien, CR (g) PA (#) Ativan (g) Buspar (g) ProSom (g) (#) Restoril (g) (#) Sonata (g) (#) Serax (g) Tranxene (g) Valium (g) Xanax (g)	<p>For all BCN members and some BCBSM members, depending on type of coverage: PA/ST: May require prior authorization or step therapy. Member must meet clinical criteria for approval. Please refer to our website at: bcbsm.com/provider. (#): Quantity limits may apply. Visit us online at bcbsm.com/provider for more information. For BCBSM/BCN prior authorization, call 1-800-437-3803. Nonformulary (Tier 3) medications are not included on this list. (g) Generic equivalent covered. Brand not covered or requires higher copay. <s> Indicates specialty drug BE - Drugs offered at a Tier 0 copayment for the BCN Blue Essentials Rx Benefit</p>	

This is not a complete formulary listing. Please visit our website to view the complete BCBSM and BCN Custom Formulary. It can also be downloaded from epocrates.com. Select e-prescribing vendors may offer BCBSM and BCN Custom Formulary information; check with your technology vendor for availability.