BLUE CROSS BLUE SHIELD OF MICHIGAN
BLUE CARE NETWORK OF MICHIGAN

Custom **Select** Drug List Quick Guide

About your prescription drug coverage

This Custom Select Drug List is a guide to the most commonly used drugs available to members with Blue Cross Blue Shield of Michigan or Blue Care Network prescription drug coverage. Drugs on this list are grouped into categories, called tiers, with the safest and least expensive drugs included in the lower tiers. Your copayment, or out-of-pocket cost, is outlined in your drug benefit and defined by one of these five tiers.

Tier 1 — Lowest copayment

All drugs in this category are generic drugs. You'll pay the least for generics, which makes them the most cost-effective option for treatment. For some BCN members, generics are further split into tiers 1A and 1B. Blue Cross considers all nonspecialty generic drugs Tier 1.

- **Tier 1A** (lowest generic copayment) includes drugs to treat chronic diseases like high blood pressure and heart disease.
- **Tier 1B** (highest generic copayment) includes other covered generic drugs.

Tier 2 — Higher copayment

This category includes brand-name drugs that don't have a generic equivalent. These drugs are more expensive than generics, and you'll pay a higher copayment for them.

Tier 3 — Highest copayment

In this category are brand-name drugs for which there is either a generic alternative or a more cost-effective brand. You'll pay the highest copayment for these nonspecialty drugs.

Tier 4 – Lowest specialty drug copayment

Tier 4 specialty drugs are generally more effective and less expensive than specialty drugs in Tier 5.

Tier 5 – Highest specialty drug copayment

You'll pay the highest copayment for specialty drugs in Tier 5. That's because a more cost-effective generic or brand drug may be available.

What are specialty drugs?

Specialty drugs are used to treat complex conditions, such as cancer, multiple sclerosis or rheumatoid arthritis. These drugs usually need special handling or monitoring. They also may need special approval, and you may have to order them through a specialty pharmacy.

Some plans group specialty drugs into Tiers 4 and 5. If you don't have this type of plan, you'll find specialty drugs grouped under Tiers 1, 2 or 3.

The most commonly used specialty drugs can be found at the end of the drug list on page 11.

How do I know what type of prescription coverage I have?

For details about your drug benefit, please call the Customer Service phone number on the back of your Blue Cross and BCN ID card. If you have online access, log in to your account at **bcbsm.com**. You can also find more general information about Blue Cross and BCN prescription coverage at **bcbsm.com/pharmacy**.

Generic drugs deliver better value

Brand-name drugs can be costly, but many are now available as generics, which cost less. Frequently, your prescription will be filled with a generic drug. That's because the Food and Drug Administration requires generic drugs to have the same active ingredients as their brand-name versions. The main difference between brand-name and generic drugs is price. When you use generics, you pay a lower copayment.

If you're taking a brand-name drug, ask your doctor if there's an alternative for your condition.

Drugs covered with no copayment

Under the Affordable Care Act, some members can receive certain commonly prescribed drugs with no cost sharing. These drugs include some preventive drugs and some contraceptive medications and appear as a $0 tier in the drug list.

Why do some drugs need approval?

We review the use of certain drugs to make sure that our members receive the most appropriate and cost-effective drug therapy. For example, before a drug is approved you may be required to try another drug to treat your health condition, or your doctor may have to get approval.

Drugs that require approval are identified in the drug list. If the drug is not approved, you may have to pay the full cost of the drug.

How do I fill my prescription?

All BCN and some Blue Cross members may fill up to a 90-day supply of most prescriptions at most retail pharmacies. BCN requires an initial 30-day trial for brand-name drugs.

Most specialty drugs are limited to a 30-day supply, but some specialty drugs are limited to a 15-day supply. Members pay half of their copay for each 15-day supply.

There are two ways to fill your prescription:

- **At a retail pharmacy**
  More than 2,400 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your Blue Cross and BCN card.
- **Mail order (home delivery)**
  The type of drug you take determines which mail-order vendor you use. Order drugs as follows:
  - Limited distribution specialty drugs from Accredo* Specialty Pharmacy (See Page 11.)
    Telephone: **1-800-803-2523**
  - Specialty drugs from Walgreens Specialty Pharmacy**, which provides free needles, syringes, and sharps containers (See Page 11.)
    Telephone: **1-866-515-1355**
  - All other drugs from Express Scripts*** mail order pharmacy
    Telephone: **1-800-229-0832**

If you have questions about which mail order vendor to use, please call the Customer Service number on the back of your Blue Cross and BCN ID card, or visit **bcbsm.com/pharmacy**.

*Accredo® is an independent company that provides pharmacy benefit management services for Blue Cross and BCN.

**Walgreens Specialty Pharmacy is an independent company that provides pharmacy benefit management services for Blue Cross and BCN.

***Express Scripts® is an independent company that provides pharmacy benefit management services for Blue Cross and BCN.

What's not covered?

Certain types of drugs and medical supplies may not be covered under your drug plan. These include:

- Brand-name drugs when there's a generic version available
- Drugs to treat erectile dysfunction
- Drugs for weight loss
- Prenatal vitamins
- Drugs used to treat heartburn and acid reflux (except select generic versions)
- Drugs that treat coughs and colds, including most antihistamines
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Drugs for which there are over-the-counter equivalents in both strength and dosage (A few are included in our drug list.)
- Compounded drugs — with some exceptions
- Cosmetic drugs
- Products covered as a medical benefit (for example: injectable drugs and vaccines that are usually administered in a doctor's office)

  Note: BCN members can get influenza, pneumonia, shingles, HPV, Tdap and meningitis vaccines at network retail pharmacies with a prescription.
- Replacement prescriptions resulting from loss, theft or mishandling

For more information or questions about your drug coverage, call the Customer Service number on the back of your Blue Cross and BCN ID card, or visit **bcbsm.com/pharmacy**.

Commonly prescribed drugs

The list that follows shows the most commonly prescribed drugs for Blue Cross and BCN members. A team of doctors, pharmacists and other health care experts developed this list. All drugs on the list are approved by the Food and Drug Administration.

The list is meant to help you and your doctor choose drugs that are the safest, most effective and least costly. It's not intended to take the place of your doctor's advice.

How to read the drug list

The Custom Select Drug List that follows shows the drug's tier and whether the drug has special requirements. If both generic and brand names are listed, the tier number matches the available generic. The brand-name is not covered when there is an available generic.

	Brand name	Available generic	Plan	5 Tier	6 Approval required	7 Quantity limits
1	**Cardiovascular, blood pressure, cholesterol**					
2	Norvasc	amlodipine besylate		1A		
3	Benicar, HCT		BCBSM	2	■	
			BCN	2	■	■
4	Crestor			3	■	■

1. Drugs are organized under a category heading.
2. The generic drug, amlodipine besylate (brand name Norvasc), requires a Tier 1 copayment for Blue Cross members and a Tier 1A copayment for BCN members with a six-tier benefit. Blue Cross considers all nonspecialty generic drugs Tier 1.

   NOTE: Because there is an available generic, the brand drug, Norvasc, is not covered.
3. Benicar and Benicar HCT are Tier 2, brand-name drugs. Both Blue Cross and BCN require plan approval before they are covered. BCN also requires that prescriptions meet quantity guidelines.
4. Crestor is a brand-name, Tier 3 drug, which requires the highest copayment. It also requires plan approval and must follow quantity guidelines before being covered.
5. **Tier**: Category of payment.
6. **Approval required**: Plan approval is required for coverage.
7. **Quantity limits**: Prescriptions must meet quantity guidelines.

NOTE: For the latest version of the Custom Select Drug List, visit **bcbsm.com/pharmacy**.

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
ADD and ADHD					
Adderall, XR	dextroamphetamine-amphetamine		1B		■
Concerta	methylphenidate	BCBSM	1		
		BCN	1B		■
Focalin	dexmethylphenidate	BCBSM	1		
		BCN	1B		■
Metadate CD	methylphenidate	BCBSM	1		
		BCN	1B		■
Ritalin, SR	methylphenidate	BCBSM	1		
		BCN	1B		■
Strattera		BCBSM	3		
		BCN	3	■	■
Allergy					
Atarax, Vistaril	hydroxyzine		1B		
Epipen, Jr.		BCBSM	2		■
		BCN	2		
Xyzal tablets	levocetirizine dihydrochloride		1B		■
Zyrtec solution (Rx Only)	citrizine		1B		
Antibiotics, antifungals, and antivirals					
Amoxil	amoxicillin		1A		
Augmentin	amoxicillin/potassium clavulanate		1A		
Augmentin ES, XR	amoxicillin/potassium clavulanate		1B		
Bactrim; Sulfatrim	sulfamethoxazole/ trimethoprim		1B		
Bactrim DS	sulfamethoxazole/ trimethoprim		1A		
Biaxin, XL	clarithromycin		1B		
Ceftin	cefuroxime axetil		1B		
Cipro	ciprofloxacin		1B		
Cleocin	clindamycin		1B		
Diflucan	fluconazole		1B		
Duricef	cefadroxil hydrate		1B		
Famvir	famciclovir	BCBSM	1		
		BCN	1B		■
Flagyl	metronidazole		1B		
Keflex	cephalexin monohydrate		1B		
Lamisil tablets	terbinafine		1B		
Levaquin	levofloxacin		1B		
Macrobid	nitrofurantoin		1B		
Minocin, Dynacin	minocycline		1B		
Monodox	doxycycline monohydrate		1B		
Nystatin	nystatin		1B		
Omnicef	cefdinir		1B		

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Antibiotics, antifungals, and antivirals *(continued)*					
Penicillin VK	penicillin v potassium		1B		
Tamiflu			2		■
Truvada			2		
Valtrex	valacyclovir	BCBSM	1		
		BCN	1B		■
Vibramycin 50mg	doxycycline hyclate		1A		
Vibramycin 100mg	doxycycline hyclate		1B		
Zithromax	azithromycin		1A		
Zovirax, ointment	acyclovir		1B		
Antidepressants, antipsychotics, antianxiety					
Abilify tablets	aripiprazole		1B		
Ativan	lorazepam		1B		
Buspar	buspirone		1B		
Celexa	citalopram hydrobromide		1A		
Cymbalta	duloxetine	BCBSM	1		
		BCN	1B		■
Desyrel	trazodone		1A		
Effexor	venlafaxine		1A		
Effexor XR	venlafaxine	BCBSM	1		
		BCN	1A		■
Elavil	amitriptyline		1A		
Geodon	ziprasidone		1B		
Latuda			3	■	
Lexapro	escitalopram oxalate		1A		
Lithobid	lithium carbonate		1A		
Pamelor	nortriptyline		1A		
Paxil	paroxetine		1A		
Paxil CR	paroxetine	BCBSM	1		
		BCN	1B		■
Prozac capsule	fluoxetine		1A		
Remeron	mirtazapine		1A		
Risperdal	risperidone		1A		
Seroquel IR	quetiapine fumarate		1A		
Sinequan	doxepin		1A		
Valium	diazepam		1B		
Viibryd			3	■	■
Wellbutrin, SR, XL 150mg	bupropion		1A		
Wellbutrin XL 300mg	bupropion	BCBSM	1		
		BCN	1A		■
Xanax, XR	alprazolam		1B		
Zoloft	sertraline		1A		
Zyprexa, Zydis	olanzapine		1A		
Asthma and COPD					
Advair		BCBSM	2		■
		BCN	2		

*Tiers 1A and 1B apply only to BCN. Blue Cross considers all nonspecialty generic drugs Tier 1.

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Asthma and COPD (continued)					
Albuterol nebulizer solution	albuterol sulfate		1B		
Dulera			2		■
Flovent HFA, Diskus		BCBSM	2		■
		BCN	2		
Proair HFA, Respiclick; Ventolin HFA		BCBSM	2		■
		BCN	2		
Proventil HFA		BCBSM	3		■
		BCN	3		
Pulmicort 0.25mg, 0.5mg/2ml	budesonide		1A		
Pulmicort Flexhaler		BCBSM	2		■
		BCN	2		
Qvar		BCBSM	2		■
		BCN	2		
Singulair	montelukast sodium		1B		■
Spiriva		BCBSM	2		■
		BCN	2		
Symbicort		BCBSM	2		■
		BCN	2		
Cancer and transplant					
Arimidex	anastrozole		1A	■	
Femara	letrozole		1A	■	
Tamoxifen	tamoxifen citrate	BCBSM	1		■
		BCN	1A		
Tamoxifen	tamoxifen citrate	BCBSM	$0	■	■
		BCN	$0	■	
Cardiovascular, blood pressure, cholesterol					
Accupril	quinapril		1A		
Aldactone	spironolactone		1A		
Altace	ramipril		1A		
Apresoline	hydralazine		1B		
Avapro	irbesartan	BCBSM	1		
		BCN	1A		■
Benicar, HCT		BCBSM	2	■	
		BCN	2	■	■
Betapace, AF	sotalol		1A		
Bumex	bumetanide		1A		
Bystolic		BCBSM	3		
		BCN	3	■	■
Calan SR; Isoptin SR	verapamil		1B		
Cardizem, SR, CD	diltiazem		1B		
Cardura	doxazosin mesylate		1B		
Catapres	clonidine		1A		
Coreg tablets	carvedilol		1A		
Corgard	nadolol		1A		

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Cardiovascular, blood pressure, cholesterol *(continued)*					
Coumadin	warfarin sodium		1A		
Cozaar	losartan potassium	BCBSM	1		
		BCN	1A		■
Crestor			3	■	■
Diovan	valsartan		1B		
Diovan HCT	valsartan/hctz	BCBSM	1		
		BCN	1A		■
Effient		BCBSM	2		
		BCN	2		■
Eliquis			2		■
Hydrodiuril, Microzide	hydrochlorothiazide		1A		
Hygroton, Thalitone	chlorthalidone		1A		
Hytrin	terazosin		1B		
Hyzaar	losartan/hctz	BCBSM	1		
		BCN	1A		■
Imdur	isosorbide mononitrate		1A		
Inderal, LA	propranolol		1A		
Lanoxin	digoxin		1B		
Lasix	furosemide		1A		
Lipitor	atorvastatin calcium		1A		■
Livalo			3	■	■
Lofibra	fenofibrate,micronized		1A		
Lopid	gemfibrozil		1A		
Lopressor	metoprolol tartrate		1A		
Lotensin	benazepril		1A		
Lotensin HCT	benazepril/hctz		1A		
Lotrel	amlodipine besylate/ benazepril		1A		
Lovaza	omega-3 acid ethyl esters	BCBSM	1	■	
		BCN	1B	■	■
Maxzide, Dyazide	triamterene/ hydrochlorothiazide		1A		
Mevacor	lovastatin	BCBSM	1		■
		BCN	1A		
Niaspan	niacin		1B		
Nitroglycerin	nitroglycerin		1B		
Nitrostat			2		
Normodyne	labetalol		1A		
Norvasc	amlodipine besylate		1A		
Plavix	clopidogrel bisulfate		1A		
Pravachol	pravastatin sodium	BCBSM	1		■
		BCN	1A		
Prinivil, Zestril	lisinopril		1A		
Prinzide, Zestoretic	lisinopril/hctz		1A		
Procardia, XL; Adalat CC	nifedipine		1B		

*Tiers 1A and 1B apply only to BCN. Blue Cross considers all nonspecialty generic drugs Tier 1.

Continued

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Cardiovascular, blood pressure, cholesterol *(continued)*					
Ranexa		BCBSM	3		
		BCN	3	■	
Questran, Light	cholestyramine		1B		
Tenex	guanfacine		1B		
Tenoretic	atenolol/chlorthalidone		1A		
Tenormin	atenolol		1A		
Toprol XL	metoprolol succinate		1A		
Tricor	fenofibrate nanocrystallized		1B		
Vasotec	enalapril maleate		1A		
Vaseretic	enalapril/hctz		1A		
Vytorin			3	■	■
Xarelto			2		■
Zetia			2		■
Ziac	bisoprolol/hctz		1A		
Zocor	simvastatin		1A		■
Dementia					
Aricept 5,10mg, ODT 5, 10mg	donepezil		1B		
Dermatology					
Aristocort, Kenalog	triamcinolone acetonide		1B		
Bactroban ointment	mupirocin		1B		
Benzaclin	clindamycin/benzoyl peroxide		1B		
Desowen	desonide		1B		
Duac	clindamycin/benzoyl peroxide		1B		
Elocon	mometasone furoate		1B		
Emla	lidocaine/prilocaine		1B		
Lidex, E	fluocinonide		1B		
Lotrimin	clotrimazole		1B		
Lotrisone	clotrimazole/ betamethasone dipropionate		1B		
Metrocream, gel, lotion 0.75%	metronidazole		1B		
Mycostatin	nystatin		1B		
Nizoral	ketoconazole		1B		
Retin-A	tretinoin		1B		
Silvadene, SSD	silver sulfadiazine		1B		
Temovate, Clobevate	clobetasol propionate		1B		
Diabetes					
Actos	pioglitazone	BCBSM	1		
		BCN	1A		■
Amaryl	glimepiride		1A		
Bydureon			2	■	■
Diabeta, Glynase	glyburide		1A		
Glucophage, XR	metformin		1A		
Glucotrol, XL	glipizide		1A		

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Diabetes *(continued)*					
Glucovance	glyburide/metformin		1A		
Humalog, Mix (all forms)		BCBSM	2		
		BCN	2	■	
Humulin (all forms)		BCBSM	2		
		BCN	2	■	
Humulin U-500			2		
Invokana			3	■	■
Janumet XR			2		■
Januvia			2		■
Lantus, Solostar		BCBSM	2		
		BCN	1A		
Levemir, Flextouch		BCBSM	2		
		BCN	1A		
Novolin (all forms)		BCBSM	2		
		BCN	1A		
Novolog (all forms)		BCBSM	2		
		BCN	1A		
Victoza			2	■	■
Ear and nose					
Ciprodex			2		
Cortisporin	neomycin/polymyxin/ hydrocortisone		1B		
Flonase	fluticasone propionate	BCBSM	1		■
		BCN	1B		
Nasacort AQ	triamcinolone acetonide	BCBSM	1		■
		BCN	1B		
Endocrinology					
Androgel, 1.62%			2	■	■
Armour Thyroid			3		
Calciferol	ergocalciferol		1B		
Cytomel	liothyronine sodium		1B		
DDAVP tablet	desmopressin acetate		1B		
Decadron	dexamethasone		1A		
Depo-testosterone	testosterone cypionate		1B	■	
Florinef	fludrocortisone acetate		1B		
Levoxyl, Synthroid	levothyroxine sodium		1A		
Medrol, dosepak	methylprednisolone		1B		
Nature-throid, NP thyroid	thyroid, pork		1B		
Orapred	prednisolone sod phosphate		1A		
Prednisolone, tabs, syrup	prednisolone		1A		
Prednisone	prednisone		1A		
Eye					
Ciloxan drops	ciprofloxacin		1B		
Cosopt	timolol maleate/ dorzolam		1B		

*Tiers 1A and 1B apply only to BCN. Blue Cross considers all nonspecialty generic drugs Tier 1.

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Eye (continued)					
Durezol			3		
Garamycin	gentamicin		1B		
Ilotycin	erythromycin base		1B		
Lotemax			3		
Maxitrol	neomycin/polymyxin/ dexamethasone		1B		
Ocuflox	ofloxacin		1B		
Pataday			3		
Polytrim	polymyxin b/ trimethoprim		1B		
Pred Forte	prednisolone acetate		1B		
Restasis			2		
Timoptic, XE	timolol maleate		1A		
Tobradex suspension	tobramycin/ dexamethasone		1B		
Tobrex drops	tobramycin		1B		
Xalatan	latanoprost		1A		
Gastrointestinal					
Aciphex tablet	rabeprazole sodium		1B		
Anusol-HC	hydrocortisone acetate		1B		
Asacol HD			2		
Azulfidine, En-Tab	sulfasalazine		1B		
Carafate	sucralfate		1B		
Compazine	prochlorperazine maleate		1B		
Golytely	peg 3350/na sulf,bicarb,cl/kcl		1B		
Levsin, SL	hyoscyamine sulfate		1B		
Lialda		BCBSM	3		
		BCN	3		■
Linzess			3	■	■
Lomotil	diphenoxylate/ atroppine		1B		
Nulytely	sod sulf/sod/nahco3/ kcl/peg's		1B		
Pepcid (Rx Only)	famotidine		1B		
Phenergan	promethazine		1B		
Prevacid capsules (Rx Only)	lansoprazole	BCBSM	1		■
		BCN	1B		
Prilosec capsules (Rx Only)	omeprazole	BCBSM	1		■
		BCN	1B		
Protonix tablets	pantoprazole sodium	BCBSM	1		■
		BCN	1B		
Reglan	metoclopramide		1B		
Suprep			3		
Transderm-Scop			2		
Zantac (Rx Only)	ranitidine		1B		
Zofran, ODT	ondansetron		1B		

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Migraine					
Fioricet; Esgic 325/50/40mg	butalb/ acetaminophen/ caffeine	BCBSM	1		
		BCN	1B		■
Imitrex	sumatriptan succinate		1B		■
Maxalt, MLT	rizatriptan benzoate		1B		■
Relpax			3	■	■
Zomig tablets, ZMT	zolmitriptan	BCBSM	1	■	■
		BCN	1B		■
Miscellaneous					
Nuvigil			3	■	■
Provigil	modafinil	BCBSM	1		■
		BCN	1B	■	■
Muscle relaxants					
Baclofen	baclofen		1B		
Flexeril	cyclobenzaprine		1B		
Norflex	orphenadrine citrate		1B		
Robaxin	methocarbamol		1B		
Skelaxin	metaxalone	BCBSM	1		
		BCN	1B	■	
Soma	carisoprodol	BCBSM	1		
		BCN	1B	■	■
Zanaflex tablets	tizanidine		1B		
Osteoporosis, rheumatology, gout					
Colcrys, Colchicine tablets			2		
Evista	raloxifene	BCBSM	1		■
		BCN	1A		
Evista	raloxifene	BCBSM	$0	■	■
		BCN	$0	■	
Fosamax Weekly	alendronate sodium		1A		■
Imuran	azathioprine		1B		
Methotrexate	methotrexate sodium/pf		1B		
Plaquenil	hydroxychloroquine		1B		
Uloric			2	■	■
Zyloprim	allopurinol		1B		
Pain					
Dilaudid	hydromorphone		1B		
Duragesic	fentanyl	BCBSM	1		
		BCN	1B		■
Methadone	methadone		1B		
MS Contin [Various]	morphine sulfate		1B		
Norco; Vicodin	hydrocodone/ acetaminophen		1B		■
Oxycodone Immediate Release	oxycodone		1B		■
Oxycontin			3	■	■

*Tiers 1A and 1B apply only to BCN. Blue Cross considers all nonspecialty generic drugs Tier 1.

Continued

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Pain (continued)					
Percocet	oxycodone/ acetaminophen		1B		■
Suboxone	buprenorphine/ naloxone		1B		
Suboxone film			2		
Tylenol w/codeine	codeine/ acetaminophen		1B		■
Ultram, ER	tramadol		1B		
Vicoprofen	hydrocodone/ibuprofen		1B		
Pain, inflammation					
Anaprox, DS	naproxen sodium		1A		
Cataflam	diclofenac potassium		1B		
EC-, Naprosyn	naproxen		1A		
Indocin, SR	indomethacin		1B		
Mobic	meloxicam		1A		
Motrin (Rx Only)	ibuprofen		1A		
Relafen	nabumetone		1B		
Toradol	ketorolac tromethamine		1B		■
Voltaren tablets	diclofenac sodium		1A		
Parkinson's					
Mirapex	pramipexole		1B		
Requip IR	ropinirole		1B		
Sinemet, CR	carbidopa/levodopa		1B		
Seizure					
Depakote, ER, sprinkles	divalproex sodium		1B		
Dilantin	phenytoin sodium extended release		1A		
Keppra IR	levetiracetam		1A		
Klonopin, Wafer	clonazepam		1B		
Lamictal, ODT, XR	lamotrigine	BCBSM	1		
		BCN	1B		■
Lyrica		BCBSM	3	■	
		BCN	3	■	■
Neurontin	gabapentin		1B		
Onfi			3	■	■
Tegretol; XR 200mg, 400mg	carbamazepine		1B		
Topamax	topiramate		1B		
Trileptal	oxcarbazepine		1B		
Zonegran	zonisamide		1B		
Sleep					
Ambien CR	zolpidem tartrate		1B	■	■
Ambien	zolpidem tartrate	BCBSM	1		■
		BCN	1B		
Lunesta	eszopiclone	BCBSM	1		■
		BCN	1B		
Restoril	temazepam	BCBSM	1		■
		BCN	1B		

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Sleep (continued)					
Sonata	zaleplon	BCBSM	1		■
		BCN	1B		
Smoking cessation					
Chantix			$0	■	■
Urology					
Bentyl	dicyclomine		1B		
Detrol, LA	tolterodine tartrate		1B		
Ditropan, XL	oxybutynin chloride		1B		
Flomax	tamsulosin		1B		
Proscar	finasteride		1B		
Uroxatral	alfuzosin		1B		
Vesicare			3		
Vitamins					
Folic acid 1mg	folic acid		1B		
Micro-K	potassium chloride		1B		
K-Dur [Various]	potassium chloride		1B		
Vitamin B injection	cyanocobalamin		1B		
Woman's health					
Activella	estradiol/ norethindrone		1B		
Aygestin	norethindrone		1B		
Beyaz			3		
Climara	estradiol		1B		■
Depo-Provera 150mg	medroxyprogesterone		$0		
Desogen, Ortho-Cept	desogestrel/estradiol		$0		
Estrace	estradiol		1B		
Estrace vaginal cream			3		
Estratest, H.S.	estrogen/ methyltestosterone		1B		
Estrostep Fe	noreth a-et estra/fe fumarate		$0		
Levlite	levonorgestrel/ estradiol		$0		
Lo Loestrin Fe			3		
Lo/Ovral	norgestrel-ethinyl estradiol		$0		
Loestrin	norethindrone/ estradiol		$0		
Loestrin 24Fe, Fe	norethindrone/ estradiol/iron		$0		
Metrogel-Vaginal	metronidazole		1B		
Minastrin 24 Fe			3		
Minivelle			3		■
Mircette	desogestrel/estradiol		$0		
Norinyl 1/35	norethindrone/estradiol		$0		
Nuvaring			$0		■
Ortho-Cyclen	norgestimate/estradiol		$0		
Ortho-Novum 7/7/7	norethindrone/estradiol		$0		
Ortho Micronor	norethindrone		$0		

*Tiers 1A and 1B apply only to BCN. Blue Cross considers all nonspecialty generic drugs Tier 1.

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Woman's health (continued)					
Ortho Tri-Cyclen	norgestimate/estradiol		$0		
Ortho Tri-Cyclen Lo			2		
Ovcon 35	norethindrone/estradiol		$0		
Premarin, cream; Premarin Low Dose			2		
Prempro, Low Dose/ Premphase			2		
Prometrium	progesterone, micronized		1B		
Provera	medroxyprogesterone acetate		1B		
Seasonale, Seasonique	levonorgestrel/ estradiol		$0		■
Terazol- 3, 7	terconazole		1B		
Triphasil	levonorgestrel/ estradiol		$0		
Vagifem			2		
Vivelle-DOT	estradiol		1B		■
Yasmin 28	estradiol/drospirenone		$0		
Yaz	estradiol/drospirenone		$0		
Specialty drugs					
Adcirca			5	■	■
Adempas			5	■	■
Afinitor		BCBSM	4		■
		BCN	4	■	■
Ampyra			5	■	■
Aranesp			5	■	
Aubagio			5	■	■
Avonex			4		
Baraclude tablets	entecavir		4	■	
Betaseron			5	■	
Cellcept tablets	mycophenolate mofetil		4		
Cimzia syringe		BCBSM	5	■	
		BCN	5	■	■
Copaxone			4		
Copegus, Rebetol	ribavirin		4		
Enbrel		BCBSM	4	■	
		BCN	4		■
Extavia			5		
Forteo			5	■	■
Genotropin			4	■	
Gilenya			4	■	■
Gleevec			4		
Harvoni			4	■	■
Humatrope			5	■	
Humira, Pediatric		BCBSM	4	■	
		BCN	4		■
Jakafi			4	■	■

Brand name	Available generic	Plan	Tier	Approval required	Quantity limits
Specialty drugs (continued)					
Letairis		BCBSM	4		
		BCN	4	■	■
Lovenox	enoxaparin sodium		4		
Lupron, Depot-Ped	leuprolide acetate		4		
Myfortic	mycophenolate sodium		4		
Neoral			5		
Neupogen			4		
Norditropin (all forms)			5	■	
Orencia SubQ			5	■	■
Procrit			4	■	
Prograf	tacrolimus anhydrous		4		
Pulmozyme			4		
Rapamune tablet	sirolimus		4		
Rebif, Rebidose			4		
Revlimid		BCBSM	5		■
		BCN	5	■	■
Sandimmune capsules	cyclosporine		4		
Sensipar			4		
Simponi			5	■	■
Sprycel		BCBSM	4		■
		BCN	4	■	
Tecfidera			4	■	■
Temodar	temozolomide		4		
Xeljanz			5	■	■
Xeloda	capecitabine		4		
Zortress			5		
Specialty limited distribution drugs (must be ordered through Accredo Specialty Pharmacy at 1-800-803-2523.)					
Gilotrif			4	■	■
Ravicti			5	■	■
Remodulin			5		
Sabril			4		
Sandostatin LAR, Depot		BCBSM	4	■	
		BCN	4		
Tyvaso		BCBSM	4		
		BCN	4	■	■
Valchlor		BCBSM	5	■	
		BCN	5	■	■
Ventavis		BCBSM	4		
		BCN	4	■	■
Xenazine			4	■	■
Xyrem			5	■	■

bcbsm.com/pharmacy

Blue Cross
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Nonprofit corporations and independent licensees
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For members with 3-tier,
5-tier and 6-tier pharmacy
benefit designs