

2016



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

Custom Select Drug List

EPO (Blue Cross Blue Shield)

Blue Cross® Metro Detroit EPO

PPO (Blue Cross Blue Shield)

Blue Cross® Personal Choice PPO
Blue Cross® Premier and Premier Value
Blue Cross PPO with Dental and Vision,
a Multi-State Plan
Blue Cross Extra with Dental and Vision,
a Multi-State Plan
Community BlueSM PPO
Healthy Blue AchieveSM PPO
Simply BlueSM PPO

HMO (Blue Care Network)

Blue Cross® Metro Detroit HMO
Blue Cross® Partnered
Blue Cross® Preferred
Blue Cross® Select
Blue Elect PlusSM Self Referral Option
BCN Healthy Blue LivingSM HMO
BCN HMOSM
BCN HRASM HMO
BCN HSASM HMO
BCN Routine CareSM

Blue Cross and BCN Custom Select Drug List January 2016

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Individual and small group plans that use the *Blue Cross and BCN Custom Select Drug List* include:

Individual plans

Plan name	Market type	Plan type	Plan level	Drug copay option
Blue Care Network HMO				
Blue Cross Partnered	Individual	HMO (BCN)	Gold, silver, bronze	6 tier
Blue Cross Metro Detroit HMO	Individual	HMO (BCN)	Gold, silver, bronze	6 tier
Blue Cross Select	Individual	HMO (BCN)	Gold, silver, bronze, catastrophic	6 tier
Blue Cross Preferred	Individual	HMO (BCN)	Gold, silver, bronze	6 tier
Blue Cross PPO				
Blue Cross Premier	Individual	PPO (Blue Cross)	Platinum, gold, silver, bronze, catastrophic	5 tier
Blue Cross Silver with Dental and Vision, a Multi-State Plan	Individual	PPO (Blue Cross)	Silver	5 tier
Blue Cross Gold with Dental and Vision, a Multi-State Plan	Individual	PPO (Blue Cross)	Gold	5 tier
Blue Cross Silver Extra with Dental and Vision, a Multi-State Plan	Individual	PPO (Blue Cross)	Silver	5 tier
Blue Cross Gold Extra with Dental and Vision, a Multi-State Plan	Individual	PPO (Blue Cross)	Gold	5 tier
Blue Cross EPO				
Blue Cross Metro Detroit EPO	Individual	EPO (Blue Cross)	Gold, silver, bronze	5 tier

Small Group Plans

Plan name	Market type	Plan type	Plan level	Drug copay option
Blue Care Network HMO				
Blue Elect Plus Self Referral Option	Small Group	HMO (BCN)	Gold	6 tier
BCN HMO	Small Group	HMO (BCN)	Platinum, gold, silver	6 tier
BCN Routine Care	Small Group	HMO (BCN)	Silver	6 tier
BCN HRA HMO	Small Group	HMO (BCN)	Platinum, gold,	6 tier
BCN HSA HMO	Small Group	HMO (BCN)	Gold, silver, bronze	6 tier
Healthy Blue Living	Small Group	HMO (BCN)	Platinum, gold	6 tier
Blue Cross PPO				
Community Blue PPO	Small Group	PPO (Blue Cross)	Platinum, gold	3 tier
Simply Blue PPO	Small Group	PPO (Blue Cross)	Platinum, Gold, silver, bronze	5 tier
Healthy Blue Achieve PPO	Small Group	PPO (Blue Cross)	Platinum, gold	5 tier
Personal Choice PPO	Small Group	PPO (Blue Cross)	Gold, silver	5 tier

Blue Cross and BCN *Custom Select Drug List*

The Blue Cross and BCN *Custom Select Drug List* is a useful reference and educational tool for prescribers, pharmacists and members. The *Custom Select Drug List* is based on our *Custom Drug List*, but provides lower cost and better value to our customers and members.

Most Blue Cross and BCN small group and individual member plans use this list, including those who enrolled through the Health Insurance Marketplace. Other groups and individuals may also choose a pharmacy benefit that uses this drug list.

We regularly update this list with medications approved by the U.S. Food and Drug Administration and reviewed by the Blue Cross and BCN Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan physicians, pharmacists and other experts in the diagnosis and treatment of disease and the promotion of health. The committee selects medications based on safety, clinical effectiveness and opportunity for cost savings. This is how the Blue Cross and BCN *Custom Select Drug List* helps maintain quality of care and contain costs for our members.

Several drugs and drug categories are **excluded** from coverage under this benefit. These include:

- Brand-name drugs that have generic equivalents
- Over-the-counter medications (unless considered preventive by the United States Preventive Services Task Force)
- Lifestyle drugs (drugs for erectile dysfunction or weight loss)
- Drugs prescribed for cosmetic purposes
- Drugs used to treat heartburn and acid reflux (except select generic versions)
- Drugs that treat cough and colds, including most antihistamines
- Prenatal vitamins
- Compounded products, with some exceptions for Blue Cross PPO drug plans

Tier descriptions

Tier 1: Generics — lowest copayment

Most Tier 1 drugs are generic drugs. Members pay the lowest copay for generics, which make them the most cost-effective option for treatment.

BCN groups generic drugs into two tiers:

Tier 1A: Preferred generics — lower generic drug copay

This tier includes commonly prescribed drugs that treat chronic diseases, such as depression, hypertension, cholesterol, diabetes, heart disease and congestive heart failure. Select brand-name drugs that treat chronic diseases, such as diabetes, are also included in this tier. Offering these drugs at the lowest copay makes them more accessible to members and helps ensure that they continue to take these important drugs regularly as prescribed.

Tier 1B: Generics — higher generic drug copay

Tier 1B includes generic drugs that aren't in Tier 1A. The Tier 1B copay is higher than the Tier 1A copay, but it's still lower than the copay for brand-name drugs.

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

Tier 2: Preferred brand — higher copay

This tier includes preferred, brand-name drugs that don't have a generic equivalent. These drugs are more expensive than generics and members pay a higher copay for them.

Tier 3: Nonpreferred brands — highest copay

This tier includes brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay the highest copay for these nonspecialty drugs.

Tier 4: Preferred specialty — lower specialty drug cost-sharing

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

Tier 5: Nonpreferred specialty — higher specialty drug cost-sharing

Members pay the highest copay for specialty drugs in Tier 5. That's because there may be a more cost-effective generic or preferred brand available.

For more information on specialty drugs, see [Specialty Drug Program Rx Benefit Member Guide](#). Specialty drugs are limited to a 30-day supply. Select specialty drugs are managed by the [15-Day Specialty Drug Limitation Program](#). Drugs included on this list are limited to a 15-day supply for all fills for Blue Cross PPO and BCN HMO drug plans. Members pay half their copay for a 15-day supply. For additional details, visit bcbsm.com/pharmacy.

Preventive drug coverage

Under the Patient Protection and Affordable Care Act, also known as national health care reform, most health care plans must cover certain preventive services and drugs with no cost-sharing. For a complete list of preventive drugs, refer to [Preventive drug coverage](#) section or visit bcbsm.com/pharmacy.

Members must meet plan requirements and have a prescription to be covered. For details, see [How prior approval, step therapy and quantity limits work](#).

What you should know

Use this list to find information about drug coverage and therapeutic options for Blue Cross and BCN members. This list is divided into major drug classes or indication for use by chapter so it's easy to use. Products approved for more than one use may be included in more than one chapter. Within each chapter, drugs are identified according to their tier placement (Tiers 1 through 5).

We encourage doctors to prescribe preferred medications whenever possible. Blue Cross and BCN respect the judgment of the dispensing pharmacists and expect them to contact the prescriber when a prescription for a drug or dose may not be appropriate for a member. We also encourage pharmacists to contact the prescriber to suggest an alternative when a Blue Cross or BCN member's prescription is written for a Tier 3 or Tier 5 (nonpreferred) drug or a drug that isn't covered.

Coverage and applicable copay amounts for drugs on the Blue Cross and BCN *Custom Select Drug List* are based on a member's drug plan. Not all drugs included in the drug list are necessarily covered by each member's plan.

Some medications excluded by a Blue Cross and BCN member's pharmacy benefit may be covered under his or her medical benefit. Examples include serums, vaccines and other medications that are generally administered in a doctor's office under the supervision of appropriate health care personnel and aren't normally dispensed to the member for self-administration.

New generics: When a generic version of a Tier 2 or Tier 3 drug becomes available, the generic version is generally added to Tier 1. Once the generic drug is added to Tier 1, the original, brand-name version won't be covered.

How prior approval, step therapy and quantity limits work

Prior approval

Prior approval may be necessary for coverage of certain medications. In these cases, the member must meet clinical criteria or additional information must be provided before coverage is approved.

Criteria are based on current medical information and approved by the Blue Cross and BCN Pharmacy and Therapeutics Committee.

Step therapy

Drugs subject to step therapy may require previous treatment with one or more preferred drugs before coverage is approved.

To view a current list of drugs that require prior approval or step therapy, please refer to the following prior authorization and step therapy guidelines.

For Blue Cross PPO and EPO plans, see the [Blue Cross Prior Authorization and Step Therapy Guidelines](#) and refer to the column labeled Custom Select Drug List.

For Blue Care Network HMO plans, see the [Blue Care Network Prior Authorization and Step Therapy Guidelines](#).

Quantity limits and dose optimization

Quantity limits are set based on clinical appropriateness and manufacturer-recommended dosing for particular drugs.

To view a current list of drugs that have quantity limits, please refer to the following quantity limit guidelines.

For Blue Cross PPO and EPO plans, see [Blue Cross Quantity Limit Program](#), and refer to the column labeled Custom Select Drug List.

For Blue Care Network HMO plans, see [BCN Quantity Limits and Dose Optimization](#) and refer to the column labeled Custom Select.

Blue Cross and BCN dose optimization programs encourage appropriate prescribing of medications intended for once-daily administration. For certain medications, physicians are encouraged to prescribe prescription drugs in once-daily dosage regimens, as opposed to using multiple lower doses of the same drug to help increase a member's adherence the medication.

Obtaining prior approval or step therapy

For members:

Blue Cross

Members should consult their prescription drug benefit packet on how to obtain prior approval or to request a review for coverage of a drug that isn't included in their plan. Members can also call the Customer Service number on the backs of their Blue Cross ID cards for additional information. Members who have a PPO plan and need a request taken care of right away can fill out an [expedited request form](#) at [bcbsm.com](#).

BCN

To request approval for a drug, members can talk to their doctors.

Members can also start a request by contacting BCN Customer Service at the number on the backs of their BCN ID cards. Members can submit a request online by filling out our [callback form](#) at [bcbsm.com](#). Or write to:

Blue Care Network
Clinical Pharmacy Help Desk — C303
P.O. Box 807
Southfield, MI 48037

Or write to:

Blue Cross Blue Shield of Michigan
Pharmacy Services
P.O. BOX 2320
Detroit, MI 48231-2320

For doctors:

Blue Cross

Doctors can request approval one of four ways:

1. **Online at bcbsm.com**
 - a. Log in as a provider
 - b. Select *Medication Prior Authorization*
2. **Call** 1-800-437-3803
3. **Fax** 1-866-601-4425
4. **Write**
Blue Cross Blue Shield of Michigan
Pharmacy Services
P.O. BOX 2320
Detroit, MI 48231-2320

BCN

Doctors can request approval by calling the BCN Pharmacy Help Desk:

1. **Call** 1-800-437-3803
 - a. **Provide** the member's numeric contract number or enrollee ID. Do not use the alpha prefix
 - b. **Enter** the requested information accurately and completely so your request is routed correctly
2. **Fax** 1-877-442-3778
3. **Write**
Blue Care Network
Pharmacy Services Help Desk
Mail Code C303
Southfield, MI 48076

Doctors can download the medication request forms through web-DENIS under *Blue Cross* or *BCN Provider Publications and Resources*. Be sure to identify urgent requests, and return the completed request forms to the Pharmacy Services Clinical Help Desk for review. We notify the doctor of approved requests and process the member's claim accordingly. If a request isn't approved, we'll notify the member and doctor in writing. The notification includes the reason for the denial and an explanation of the member's appeal rights and the appeals process.

This document is current at the time of publication and is subject to change. Please visit bcbsm.com/pharmacy and click on *Drug Lists* for the most up-to-date information about the Blue Cross and BCN *Custom Select Drug List*.

This document content was developed to comply with applicable federal and state regulations. To learn more about your plan, go to bcbsm.com and enter "[How Health Insurance Works](#)" in the search field.

How to read the *Custom Select Drug List*

This drug list shows the drug's copayment tier and whether the drug has special requirements for coverage.

Drugs are listed alphabetically by brand name. If a generic version is available, the name is included in the "Generic Name" column next to the brand name and coverage is provided for the generic version. The brand name is included for informational purposes only, as the brand-name drug isn't covered. If only a brand name is listed, there isn't a generic version available.

2l. Lipid-lowering Agents		7 BCBSM					8 BCN			
Trade Name	Generic Name	3-Tier	5-Tier	9 PA	10 ST	11 QL	Tier	9 PA	10 ST	11 QL
2 Crestor		3	3				3			
3 Kynamro <s>		2	4				4			
4 Lipitor	atorvastatin calcium	1	1				1A			
5 Trilipix	fenofibric acid (choline)	1	1				1B			
6 Zetia		2	2				2			

- Drugs are organized based on drug class or indication for use.
- Crestor® is a brand-name drug that requires a Tier 3 copay. It requires step therapy for coverage and quantity limits apply for both Blue Cross and BCN.
- Kynamro™ is a brand-name specialty drug. It requires a Tier 2 copay for Blue Cross members with a three-tier drug plan, and a Tier 4 copay for all other drug plans. Prior approval and quantity limits apply for both Blue Cross and BCN plans.
- The generic drug, atorvastatin calcium, requires a Tier 1A copay for BCN plans and a Tier 1 copay for Blue Cross plans. Quantity limits apply for both plans. Its brand-name equivalent, Lipitor®, isn't covered.
- The generic drug fenofibric acid (choline) requires a Tier 1 copay for Blue Cross plans, and a Tier 1B copay for BCN plans. BCN requires prior approval and quantity limits apply.
- Zetia® is a brand-name drug that requires a Tier 2 copay. Quantity limits apply for both Blue Cross and BCN plans.
- BCBSM:** The information in this section applies to members with a Blue Cross drug plan.
- BCN:** The information in this section applies to members with a BCN drug plan.
- Prior approval:** Required for coverage (listed as PA in the chart).
- Step therapy:** Criteria must be met prior to coverage (listed as ST in the chart).
- Quantity limits:** Prescriptions can't exceed a specific quantity per fill (listed as QL in the chart).

"Prevent" indicates preventive drugs

1. Anti-infectives

1A. Antifungals		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Ancobon	flucytosine	1	1				1B			
Cresamba capsules		2	2				2			
Diflucan	fluconazole	1	1				1B			
Grifulvin V	griseofulvin, microsize	1	1				1B			
Gris-PEG	griseofulvin ultramicrosize	1	1				1B			
Lamisil granules		3	3				3			
Lamisil tablets	terbinafine hcl	1	1				1B			
Mycelex Troche	clotrimazole	1	1				1B			
Nizoral	ketoconazole	1	1				1B			
Noxafil suspension		2	2				2			
Noxafil tablet		2	2				2			
Nystatin	nystatin	1	1				1B			
Sporanox capsules	itraconazole	1	1				1B			
Sporanox solution		2	2				2			
Vfend	voriconazole	1	1				1B			

1B. Antimalarials		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aralen	chloroquine phosphate	1	1				1B			
Coartem		2	2				2			
Daraprim <s>		2	4				4			
Lariam	mefloquine hcl	1	1				1B			
Malarone	atovaquone/proguanil hcl	1	1				1B			
Plaquenil	hydroxychloroquine sulfate	1	1				1B			
Primaquine		2	2				2			
Qualaquin	quinine sulfate	1	1				1B			

1C. Antiparasitics/Anthelmintics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Albenza		2	2				2			
Alinia		2	2				2			
Biltricide		2	2				2			
Flagyl	metronidazole	1	1				1B			
Flagyl ER		2	2				2			
Humatin	paromomycin sulfate	1	1				1B			
Mepron	atovaquone	1	1				1B			
Nebupent aerosol		2	2				2			
Stromectol	ivermectin	1	1				1B			
Tindamax	tinidazole	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

1D. Antiretrovirals		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aptivus		2	2				2			
Atripla		2	2				2			
Combivir	lamivudine/zidovudine	1	1				1B			
Complera		2	2			■	2			■
Crixivan		2	2				2			
Edurant		2	2			■	2			■
Emtriva		2	2				2			
Epivir	lamivudine	1	1				1B			
Epzicom		2	2				2			
Evotaz		2	2			■	2			■
Fuzeon <s>		2	4				4			
Intelence		2	2				2			
Invirase		2	2				2			
Isentress		2	2				2			
Kaletra		2	2				2			
Lexiva suspension		3	3				3			
Lexiva tablet		2	2				2			
Norvir		2	2				2			
Prezcobix		2	2			■	2			■
Prezista, suspension		2	2				2			
Rescriptor		2	2				2			
Retrovir	zidovudine	1	1				1B			
Reyataz		2	2				2			
Selzentry		2	2				2			
Stribild		2	2			■	2			■
Sustiva		2	2				2			
Tivicay		2	2				2			
Triumeq		2	2			■	2			■
Trizivir	abacavir/lamivudine/zidovudine	1	1				1B			
Truvada		2	2				2			
Tybost		2	2			■	2			
Videx		2	2				2			
Videx EC	didanosine	1	1				1B			
Viracept		2	2				2			
Viramune, XR	nevirapine	1	1				1B			
Viramune XR 100mg		3	3				3			
Viread		2	2				2			■
Vitekta		2	2			■	2			
Zerit	stavudine	1	1				1B			
Ziagen solution		2	2				2			
Ziagen tablet	abacavir sulfate	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

1E. Antituberculars		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cycloserine		2	2				2			
Dapsone		2	2				2			
Ethambutol	ethambutol hcl	1	1				1B			
Isoniazid	isoniazid	1	1				1B			
Mycobutin	rifabutin	1	1				1B			
Paser		3	3				3			
Priftin		3	3				3			
Pyrazinamide	pyrazinamide	1	1				1B			
Rifadin	rifampin	1	1				1B			
Rifater		3	3				3			
Sirturo		2	2				2			
Trecator		3	3				3			

1F. Antivirals		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Baraclude solution <s>		2	4				4			
Baraclude tablets <s>	entecavir	1	4				4			
Copegus <s>	ribavirin	1	4				4			
Epivir HBV 25mg/5ml solution		2	2				2			
Epivir HBV tablets	lamivudine	1	1				1B			
Famvir	famciclovir	1	1				1B			
Flumadine	rimantadine hcl	1	1				1B			
Harvoni <s>		2	4				4			
Hepsera <s>	adefovir dipivoxil	1	4				4			
Olysio <s>		2	4				4			
Rebetol capsule <s>	ribavirin	1	4				4			
Rebetol solution <s>		2	4				4			
Relenza		2	2				2			
Ribapak; Ribatab <s>	ribavirin	1	4				4			
Ribasphere Ribapak tablets <s>	ribavirin	1	4				4			
Sovaldi <s>		2	4				4			
Symmetrel	amantadine hcl	1	1				1B			
Tamiflu		2	2				2			
Tyzeka <s>		3	5				5			
Valcyte solution		2	2				2			
Valcyte tablets	valganciclovir hcl	1	1				1B			
Valtrex	valacyclovir hcl	1	1				1B			
Viekira Pak <s>		2	4				4			
Zovirax	acyclovir	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

1G. Cephalosporins		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Ceclor, ER	cefaclor	1	1				1B			
Cedax	ceftibuten	1	1				1B			
Ceftin 125mg/ml suspension		3	3				3			
Ceftin 250mg/5ml suspension		2	2				2			
Ceftin tablets	cefuroxime axetil	1	1				1B			
Cefzil	cefprozil	1	1				1B			
Duricef	cefadroxil	1	1				1B			
Keflex	cephalexin	1	1				1B			
Omnicef	cefdinir	1	1				1B			
Spectracef	cefditoren pivoxil	1	1				1B			
Suprax	cefixime	1	1				1B			
Suprax capsules, tablets, 500mg/5ml suspension		3	3				3			
Vantin	cefpodoxime proxetil	1	1				1B			

1H. Macrolides		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Biaxin, XL	clarithromycin	1	1				1B			
Dificid		3	3				3			
E.E.S.; Eryped 200mg/5ml		3	3				3			
E.E.S. tablet	erythromycin ethylsuccinate	1	1				1B			
Eryped		3	3				3			
Ery-tab	erythromycin base	1	1				1B			
Ery-tab 550mg		3	3				3			
Erythromycin Base	erythromycin base	1	1				1B			
Erythromycin Stearate	erythromycin stearate	1	1				1B			
Ketek		3	3				3			
PCE		3	3				3			
Zithromax	azithromycin	1	1				1A			
Zmax		3	3				3			

1I. Penicillins		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Amoxil	amoxicillin	1	1				1A			
Ampicillin	ampicillin trihydrate	1	1				1B			
Augmentin	amoxicillin/potassium clav	1	1				1A			
Augmentin 125mg-31.25mg/ml suspension		2	2				2			
Augmentin chewable tablet, suspension, ES, XR	amoxicillin/potassium clav	1	1				1B			
Dicloxacillin	dicloxacillin sodium	1	1				1B			
Penicillin VK	penicillin v potassium	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

1J. Quinolones		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Avelox	moxifloxacin hcl	1	1				1B			
Avelox ABC		2	2				2			
Cipro suspension	ciprofloxacin	1	1				1B			
Cipro tablet	ciprofloxacin hcl	1	1				1B			
Cipro XR	ciprofloxacin/ciprofloxa hcl	1	1				1B			
Factive		3	3				3			
Floxin tablets	ofloxacin	1	1				1B			
Levaquin	levofloxacin	1	1				1B			

1K. Sulfonamides and Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Bactrim DS; Septra DS	sulfamethoxazole/trimethoprim	1	1				1A			
Bactrim, Septra	sulfamethoxazole/trimethoprim	1	1				1B			
Sulfadiazine	sulfadiazine	1	1				1B			

1L. Tetracyclines		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Declomycin	demeclocycline hcl	1	1				1B			
Minocin capsule	minocycline hcl	1	1				1B			
Monodox	doxycycline monohydrate	1	1				1B			
Morgidox capsule	doxycycline hyclate	1	1				1B			
Periostat	doxycycline hyclate	1	1				1B			
Tetracycline	tetracycline hcl	1	1				1B			
Vibramycin 100mg	doxycycline hyclate	1	1				1B			
Vibramycin 50mg	doxycycline hyclate	1	1				1A			
Vibramycin suspension	doxycycline monohydrate	1	1				1B			
Vibramycin syrup		3	3				3			

1M. Urinary Tract Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Furadantin	nitrofurantoin	1	1				1B			
Hiprex/Urex	methenamine hippurate	1	1				1B			
Macrobid	nitrofurantoin monohyd/m-cryst	1	1				1B			
Macrodantin	nitrofurantoin macrocrystal	1	1				1B			
Macrodantin 25mg		3	3				3			
Mandelamine	methenamine mandelate	1	1				1B			
Monurol		3	3				3			
Primsol		3	3				3			
Trimethoprim	trimethoprim	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

1N. Miscellaneous Anti-infectives		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cayston <s>		3	5				5			
Cleocin capsules	clindamycin hcl	1	1				1B			
Cleocin solution	clindamycin palmitate hcl	1	1				1B			
Neomycin	neomycin sulfate	1	1				1B			
Sivextro		2	2				2			
Tobi <s>	tobramycin in 0.225% nacl	1	4				4			
Vancocin	vancomycin hcl	1	1				1B			
Xifaxan 200mg		3	3				3			
Zyvox suspension		2	2				2			
Zyvox tablet	linezolid	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

2. Cardiovascular, hypertension, cholesterol

2A. ACE-Inhibitors and Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Accupril	quinapril hcl	1	1				1A			
Accuretic	quinapril/hydrochlorothiazide	1	1				1A			
Aceon	perindopril erbumine	1	1				1B			
Altace	ramipril	1	1				1A			
Capoten	captopril	1	1				1A			
Capozide	captopril/hydrochlorothiazide	1	1				1A			
Lotensin	benazepril hcl	1	1				1A			
Lotensin HCT	benazepril/hydrochlorothiazide	1	1				1A			
Lotrel	amlodipine besylate/benazepril	1	1				1A			
Mavik	trandolapril	1	1				1A			
Monopril	fosinopril sodium	1	1				1A			
Monopril HCT	fosinopril/hydrochlorothiazide	1	1				1A			
Prinivil; Zestril	lisinopril	1	1				1A			
Prinzide; Zestoretic	lisinopril/hydrochlorothiazide	1	1				1A			
Tarka	trandolapril/verapamil hcl	1	1				1B			
Uniretic	moexipril/hydrochlorothiazide	1	1				1A			
Univasc	moexipril hcl	1	1				1A			
Vaseretic	enalapril/hydrochlorothiazide	1	1				1A			
Vasotec	enalapril maleate	1	1				1A			

2B. Alpha-adrenergic Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aldomet	methyldopa	1	1				1B			
Aldoril	methyldopa/hydrochlorothiazide	1	1				1B			
Cardura	doxazosin mesylate	1	1				1B			
Catapres	clonidine hcl	1	1				1A			
Catapres-TTS	clonidine	1	1				1B			
Clorpres	clonidine hcl/chlorthalidone	1	1				1B			
Clorpres 0.3mg-15mg		3	3				3			
Dibenzylamine	phenoxybenzamine hcl	1	1				1B			
Hytrin	terazosin hcl	1	1				1B			
Minipress	prazosin hcl	1	1				1B			
Reserpine	reserpine	1	1				1B			
Tenex	guanfacine hcl	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

2C. Angiotensin II Receptor Blockers and Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Atacand	candesartan cilexetil	1	1				1A			
Atacand HCT	candesartan/hydrochlorothiazid	1	1				1A			
Avalide	irbesartan/hydrochlorothiazide	1	1				1A			
Avapro	irbesartan	1	1				1A			
Azor		3	3				3			
Benicar		2	2				2			
Benicar HCT		2	2				2			
Cozaar	losartan potassium	1	1				1A			
Diovan	valsartan	1	1				1B			
Diovan HCT	valsartan/hydrochlorothiazide	1	1				1A			
Edarbi		3	3				3			
Edarbyclor		3	3				3			
Exforge	amlodipine/valsartan	1	1				1B			
Exforge HCT	amlodipine/valsartan/hcthiazid	1	1				1B			
Hyzaar	losartan/hydrochlorothiazide	1	1				1A			
Micardis	telmisartan	1	1				1B			
Micardis HCT	telmisartan/hydrochlorothiazid	1	1				1B			
Teveten	eprosartan mesylate	1	1				1A			
Tribenzor		3	3				3			
Twynsta	telmisartan/amlodipine	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

2D. Anticoagulants and Hemostasis Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aggrenox	aspirin/dipyridamole	1	1				1B			
Agrylin	anagrelide hcl	1	1				1B			
Arixtra <S>	fondaparinux sodium	1	4				4			
Brilinta		2	2			■	2			■
Coumadin	warfarin sodium	1	1				1A			
Effient		2	2				2			■
Eliquis		2	2			■	2			■
Fragmin <S>		3	5				5			
Heparin 10000/ml, 20000/ml, 5000/ml <S>	heparin sodium,porcine	1	4				4			
Heparin 1000u/ml	heparin sodium,porcine	1	1				1B			
Heparin 1000u/ml	heparin sodium,porcine/pf	1	1				1B			
Heparin 5000/0.5ml <S>	heparin sodium,porcine/pf	1	4				4			
Iprivask <S>		3	5				5			
Lovenox <S>	enoxaparin sodium	1	4				4			
Mephyton		2	2				2			
Persantine	dipyridamole	1	1				1B			
Phytonadione		3	3				3			
Plavix	clopidogrel bisulfate	1	1				1A			
Pletal	cilostazol	1	1				1B			
Pradaxa		2	2			■	2			■
Savaysa		3	3			■	3			■
Ticlid	ticlopidine hcl	1	1				1B			
Trental	pentoxifylline	1	1				1B			
Vitamin K ampule	phytonadione	1	1				1B			
Xarelto, starter kit		2	2			■	2			■
Zontivity		3	3	■		■	3			■

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<S> - Specialty Drug

2E. Beta Blockers and Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Betapace, AF	sotalol hcl	1	1				1A			
Blocadren	timolol maleate	1	1				1A			
Bystolic 2.5, 5, 10mg		3	3				3			
Bystolic 20mg		3	3				3			
Coreg immediate release	carvedilol	1	1				1A			
Corgard 20mg, 40mg, 80mg	nadolol	1	1				1A			
Corzide	nadolol/bendroflumethiazide	1	1				1A			
Dutoprol		3	3				3			
Inderal, LA	propranolol hcl	1	1				1A			
Inderal solution	propranolol hcl	1	1				1B			
Inderide	propranolol/hydrochlorothiazid	1	1				1A			
Kerlone	betaxolol hcl	1	1				1A			
Levatol		3	3				3			
Lopressor	metoprolol tartrate	1	1				1A			
Lopressor HCT	metoprolol/hydrochlorothiazide	1	1				1A			
Normodyne	labetalol hcl	1	1				1A			
Sectral	acebutolol hcl	1	1				1A			
Tenoretic	atenolol/chlorthalidone	1	1				1A			
Tenormin	atenolol	1	1				1A			
Toprol XL	metoprolol succinate	1	1				1A			
Visken	pindolol	1	1				1A			
Zebeta	bisoprolol fumarate	1	1				1A			
Ziac	bisoprolol fumarate/hctz	1	1				1A			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

2F. Calcium Channel Blockers and Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Adalat CC; Procardia, XL	nifedipine	1	1				1B			
Azor		3	3				3			
Caduet	amlodipine/atorvastatin	1	1				1B			
Calan SR; Isoptin SR	verapamil hcl	1	1				1B			
Cardene	nicardipine hcl	1	1				1B			
Cardene SR		3	3				3			
Cardizem CD, LA, SR	diltiazem hcl	1	1				1B			
Cardizem LA 120mg		3	3				3			
Dilacor XR	diltiazem hcl	1	1				1B			
Dynacirc	isradipine	1	1				1B			
Exforge	amlodipine/valsartan	1	1				1B			
Exforge HCT	amlodipine/valsartan/hcthiazid	1	1				1B			
Lotrel	amlodipine besylate/benazepril	1	1				1A			
Norvasc	amlodipine besylate	1	1				1A			
Plendil	felodipine	1	1				1B			
Sular	nisoldipine	1	1				1B			
Tarka	trandolapril/verapamil hcl	1	1				1B			
Tekamlo		3	3				3			
Tiazac	diltiazem hcl	1	1				1B			
Tribenzor		3	3				3			
Twynsta	telmisartan/amlodipine	1	1				1B			
Verelan, PM	verapamil hcl	1	1				1B			

2G. Cardiovascular Treatment		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Betapace, AF	sotalol hcl	1	1				1A			
Cordarone; Pacerone	amiodarone hcl	1	1				1B			
Lanoxin	digoxin	1	1				1B			
Lanoxin 62.5, 187.5mcg		3	3				3			
Mexitil	mexiletine hcl	1	1				1B			
Multaq		2	2				2			
Norpace	disopyramide phosphate	1	1				1B			
Norpace CR		2	2				2			
Proamatine	midodrine hcl	1	1				1B			
Quinidex	quinidine sulfate	1	1				1B			
Quinidine Gluconate SA	quinidine gluconate	1	1				1B			
Ranexa		3	3				3			
Rythmol, SR	propafenone hcl	1	1				1B			
Tambocor	flecainide acetate	1	1				1B			
Tikosyn		2	2				2			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

2H. Diuretics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aldactazide	spironolact/hydrochlorothiazid	1	1				1A			
Aldactazide 50/50mg		3	3				3			
Aldactone	spironolactone	1	1				1A			
Bumex	bumetanide	1	1				1A			
Demadex	toremide	1	1				1A			
Diamox, Sequels	acetazolamide	1	1				1B			
Diuril	chlorothiazide	1	1				1A			
Diuril suspension		3	3				3			
Dyazide; Maxzide	triamterene/hydrochlorothiazid	1	1				1A			
Dyrenium		2	2				2			
Edecrin		2	2				2			
Enduron	methyclothiazide	1	1				1B			
Hydrodiuril; Microzide	hydrochlorothiazide	1	1				1A			
Hygroton; Thalitone	chlorthalidone	1	1				1A			
Inspra	epiorenone	1	1				1A			
Lasix	furosemide	1	1				1A			
Lozol	indapamide	1	1				1A			
Midamor	amiloride hcl	1	1				1A			
Moduretic	amiloride/hydrochlorothiazide	1	1				1A			
Neptazane	methazolamide	1	1				1B			
Zaroxolyn	metolazone	1	1				1A			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

2I. Lipid-lowering Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Antara	fenofibrate,micronized	1	1				1B			
Antara 30, 90mg		3	3				3			
Caduet	amlodipine/atorvastatin	1	1			■	1B			■
Colestid	colestipol hcl	1	1				1B			
Colestid granules, packet		3	3				3			
Crestor		3	3		■	■	3		■	■
Fibricor	fenofibric acid	1	1				1B			
Kynamro <S>		2	4	■		■	4	■		
Lescol	fluvastatin sodium	1	1			■	1B			■
Lescol XL	fluvastatin sodium	1	1		■	■	1B			■
Lipitor	atorvastatin calcium	1	1			■	1A			■
Livalo		3	3		■	■	3		■	■
Lofibra capsule	fenofibrate,micronized	1	1				1A			
Lofibra tablet	fenofibrate	1	1				1A			
Lopid	gemfibrozil	1	1				1A			
Lovaza	omega-3 acid ethyl esters	1	1	■			1B	■		■
Mevacor	lovastatin	1	1			■	1A			
Niacor		3	3				3			
Niaspan	niacin	1	1				1B			
Pravachol	pravastatin sodium	1	1			■	1A			
Questran	cholestyramine (with sugar)	1	1				1B			
Questran Light	cholestyramine/aspartame	1	1				1B			
Tricor	fenofibrate nanocrystallized	1	1				1B			■
Trilipix	fenofibric acid (choline)	1	1				1B			■
Vytorin		3	3		■	■	3		■	■
Welchol		2	2				2			
Zetia		2	2			■	2			■
Zocor	simvastatin	1	1			■	1A			■

2J. Nitrates and Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Bidil		2	2				2			
Dilatrate-SR		2	2				2			
Imdur; Ismo; Monoket	isosorbide mononitrate	1	1				1A			
Isordil	isosorbide dinitrate	1	1				1B			
Isordil 40mg		3	3				3			
Nitro-bid ointment	nitroglycerin	1	1				1B			
Nitro-Dur patch 0.3mg, 0.8mg		3	3				3			
Nitroglycerin capsule, patch	nitroglycerin	1	1				1B			
Nitromist	nitroglycerin	1	1				1B			
Nitrostat 0.3mg, 0.4mg, 0.6mg		2	2				2			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<S> - Specialty Drug

2K. Renin-inhibitors and Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Tekamlo		3	3			■	3		■	■
Tekturna		3	3	■			3	■		
Tekturna HCT		3	3				3	■		

2L. Miscellaneous Antihypertensives		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Apresoline	hydralazine hcl	1	1				1B			
Demser		3	3				3			
Loniten	minoxidil	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

3. Central nervous system

3A. Alzheimer's therapy		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aricept 5, 10mg; ODT	donepezil hcl	1	1				1B			
Exelon	rivastigmine tartrate	1	1				1B			
Exelon patch	rivastigmine	1	1				1B			
Namenda solution		2	2				2			
Namenda tablets	memantine hcl	1	1				1B			
Razadyne, ER	galantamine hbr	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

3B. Anticonvulsants		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Banzel suspension		3	3				3			
Banzel tablets		2	2				2			
Carbatrol	carbamazepine	1	1				1B			
Celontin		3	3				3			
Depakene capsule	valproic acid	1	1				1B			
Depakene solution	valproic acid (as sodium salt)	1	1				1B			
Depakote, ER, sprinkles	divalproex sodium	1	1				1B			
Diamox, Sequels	acetazolamide	1	1				1B			
Diastat 2.5mg	diazepam	1	1				1B			
Diastat 2.5mg		2	2				2			
Diastat Acudial	diazepam	1	1				1B			
Dilantin	phenytoin	1	1				1A			
Dilantin 30mg capsule		2	2				2			
Dilantin; Phenytek capsules 100mg	phenytoin sodium extended	1	1				1A			
Dilantin; Phenytek capsules 200mg, 300mg	phenytoin sodium extended	1	1				1B			
Felbatol	felbamate	1	1				1B			
Fycompa		3	3	■		■	3			■
Gabitril	tiagabine hcl	1	1				1B			
Gabitril 12mg, 16mg		2	2				2			
Keppra	levetiracetam	1	1				1A			
Keppra XR	levetiracetam	1	1				1B			
Klonopin, Wafer	clonazepam	1	1				1B			
Lamictal Dispertabs, tablets	lamotrigine	1	1				1B			
Lamictal dosepak		2	2				2			
Lamictal ODT		3	3				3			
Lamictal ODT blister pak	lamotrigine	1	1				1B			■
Lamictal XR		3	3				3			
Lamictal XR 200mg, 250mg, 300mg	lamotrigine	1	1				1B			
Lamictal XR 25mg, 50mg, 100mg	lamotrigine	1	1				1B			■
Lyrica		3	3	■			3	■		■
Mysoline	primidone	1	1				1B			
Neurontin	gabapentin	1	1				1B			
Onfi		3	3	■		■	3	■		■
Peganone		2	2				2			
Phenobarbital	phenobarbital	1	1				1B			
Potiga		3	3				3			
Sabril <s>		2	4				4			
Seconal	secobarbital sodium	1	1				1B			
Tegretol, XR	carbamazepine	1	1				1B			
Tegretol XR 100mg		2	2				2			
Topamax, Sprinkle	topiramate	1	1				1B			
Trileptal	oxcarbazepine	1	1				1B			
Valproic Acid	valproic acid (as sodium salt)	1	1				1B			
Vimpat		2	2				2			
Zarontin	ethosuximide	1	1				1B			
Zonegran	zonisamide	1	1				1B			

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(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

3C. Antidepressants		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Adapin; Sinequan	doxepin hcl	1	1				1A			
Amoxapine	amoxapine	1	1				1B			
Anafranil	clomipramine hcl	1	1				1B			
Aplenzin		3	3		■		3	■		
Aventyl; Pamelor	nortriptyline hcl	1	1				1A			
Celexa	citalopram hydrobromide	1	1				1A			
Cymbalta	duloxetine hcl	1	1				1B			■
Cymbalta 60 mg	duloxetine hcl	1	1				1B			
Desyrel	trazodone hcl	1	1				1A			
Effexor	venlafaxine hcl	1	1				1A			
Effexor XR; Venlafaxine hcl ER	venlafaxine hcl	1	1				1A			■
Elavil	amitriptyline hcl	1	1				1A			
Emsam		3	3				3			■
Equetro		3	3				3			
Etrafon	perphenazine/amitriptyline hcl	1	1				1B			
Fluoxetine 60mg		3	3			■	3			
Lexapro	escitalopram oxalate	1	1				1A			
Limbitrol, DS	amitrip hcl/chlordiazepoxide	1	1				1B			
Luvox	fluvoxamine maleate	1	1				1A			
Luvox CR	fluvoxamine maleate	1	1				1B	■		■
Maprotiline hcl	maprotiline hcl	1	1				1A			
Marplan		3	3				3			
Nardil	phenelzine sulfate	1	1				1B			
Norpramin	desipramine hcl	1	1				1A			
Parnate	tranylcypromine sulfate	1	1				1B			
Paxil	paroxetine hcl	1	1				1A			
Paxil CR	paroxetine hcl	1	1				1B			■
Paxil suspension		3	3				3			
Pexeva		3	3		■		3	■		■
Prozac	fluoxetine hcl	1	1				1A			
Prozac Weekly	fluoxetine hcl	1	1			■	1A			■
Remeron	mirtazapine	1	1				1A			
Sarafem		3	3				3			
Serzone	nefazodone hcl	1	1				1B			
Tofranil	imipramine hcl	1	1				1A			
Tofranil-PM	imipramine pamoate	1	1				1B			
Viibryd		3	3	■		■	3	■		■
Viibryd dosepak		3	3	■		■	3	■		■
Vivactil	protriptyline hcl	1	1				1B			
Wellbutrin, SR	bupropion hcl	1	1				1A			
Wellbutrin XL	bupropion hcl	1	1				1A			■
Wellbutrin XL 150mg	bupropion hcl	1	1				1A			
Zoloft	sertraline hcl	1	1				1A			

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(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

3D. Antipsychotics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Abilify	aripiprazole	1	1				1B			
Clozapine 200mg	clozapine	1	1				1B			
Clozaril	clozapine	1	1				1A			
Fanapt		3	3				3			
Fazaclo	clozapine	1	1				1B			
Fazaclo 150, 200mg		3	3				3			
Geodon	ziprasidone hcl	1	1				1B			
Haldol	haloperidol	1	1				1A			
Haldol liquid	haloperidol lactate	1	1				1B			
Invega		2	2				2			
Latuda		3	3				3			
Loxitane	loxapine succinate	1	1				1B			
Mellaril	thioridazine hcl	1	1				1A			
Navane	thiothixene	1	1				1B			
Orap	pimozide	1	1				1B			
Perphenazine	perphenazine	1	1				1B			
Prolixin	fluphenazine hcl	1	1				1A			
Risperdal, M-Tab	risperidone	1	1				1A			
Saphris		3	3				3			
Seroquel	quetiapine fumarate	1	1				1A			
Seroquel XR		3	3				3			
Stelazine	trifluoperazine hcl	1	1				1A			
Symbyax	olanzapine/fluoxetine hcl	1	1				1B			
Thorazine	chlorpromazine hcl	1	1				1A			
Zyprexa, Zydys	olanzapine	1	1				1A			

3E. Anxiolytics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Ativan	lorazepam	1	1				1B			
Buspar	bupirone hcl	1	1				1B			
Equanil; Miltown	meprobamate	1	1				1B			
Librium	chlordiazepoxide hcl	1	1				1B			
Niravam	alprazolam	1	1				1B			
Serax	oxazepam	1	1				1B			
Tranxene T-Tab	clorazepate dipotassium	1	1				1B			
Valium	diazepam	1	1				1B			
Xanax, XR	alprazolam	1	1				1B			

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3F. CNS Stimulants		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Adderall	dextroamphetamine/amphetamine	1	1			■	1B			■
Adderall XR	dextroamphetamine/amphetamine	1	1			■	1B			■
Concerta	methylphenidate hcl	1	1				1B			■
Daytrana		3	3				3			■
Desoxyn	methamphetamine hcl	1	1				1B			■
Dexedrine	dextroamphetamine sulfate	1	1				1B			■
Focalin immediate release	dexmethylphenidate hcl	1	1				1B			■
Metadate CD	methylphenidate hcl	1	1				1B			■
Methylin solution, ER tablet	methylphenidate hcl	1	1				1B			■
Nuvigil		3	3		■	■	3	■		■
Procentra	dextroamphetamine sulfate	1	1				1B	■		■
Provigil	modafinil	1	1			■	1B	■		■
Ritalin LA	methylphenidate hcl	1	1				1B			■
Ritalin LA 10mg		3	3				3			■
Ritalin LA 60mg		3	3				3			■
Ritalin SR	methylphenidate hcl	1	1				1B			■
Ritalin tablet	methylphenidate hcl	1	1				1B			■
Vyvanse		3	3	■		■	3	■		■
Zenzedi		3	3				3			■

3G. Migraine Therapy		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Amerge	naratriptan hcl	1	1			■	1B			■
Axert	almotriptan malate	1	1		■	■	1B		■	■
Cafergot		2	2				2			■
D.H.E.45 ampule	dihydroergotamine mesylate	1	1				1B			■
D.H.E.45 vial	dihydroergotamine mesylate	1	1				1B			■
Ergomar		2	2				2			■
Esgic; Fioricet 50/325/40mg	butalb/acetaminophen/caffeine	1	1				1B			■
Fioricet 50/300/40mg capsule	butalb/acetaminophen/caffeine	1	1				1B	■		■
Fioricet w/codeine 50/300/30mg	butalbit/acetamin/caff/codeine	1	1				1B	■		■
Fiorinal	butalbital/aspirin/caffeine	1	1				1B			■
Fiorinal w/codeine	codeine/butalbital/asa/caffeine	1	1				1B			■
Frova		3	3		■	■	3		■	■
Imitrex	sumatriptan succinate	1	1			■	1B			■
Imitrex nasal spray	sumatriptan	1	1			■	1B			■
Maxalt, MLT	rizatriptan benzoate	1	1			■	1B			■
Migergot	ergotamine tartrate/caffeine	1	1				1B			■
Migranal	dihydroergotamine mesylate	1	1			■	1B			■
Phrenilin	butalbital/acetaminophen	1	1				1B			■
Relpax		3	3		■	■	3		■	■
Stadol, NS	butorphanol tartrate	1	1				1B			■
Zomig nasal spray 2.5mg		3	3		■		3		■	■
Zomig nasal spray 5mg		3	3		■	■	3		■	■
Zomig, ZMT	zolmitriptan	1	1		■	■	1B			■

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3H. Myesthenia Gravis		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Mestinon syrup		2	2				2			
Mestinon, Timespan	pyridostigmine bromide	1	1				1B			

3I. Narcotic Antagonists		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Evzio		2	2				2			
Relistor		2	2				2			
Revia	naltrexone hcl	1	1				1B			

3J. Narcotic Mixed Agonist/Antagonist		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Bunavail		3	3				3			
Butrans		3	3				3			
Ryzolt	tramadol hcl	1	1				1B			
Stadol, NS	butorphanol tartrate	1	1				1B			
Suboxone	buprenorphine hcl/naloxone hcl	1	1				1B			
Suboxone film		2	2				2			
Talwin NX	pentazocine hcl/naloxone hcl	1	1				1B			
Ultracet	tramadol hcl/acetaminophen	1	1				1B			
Ultram, ER	tramadol hcl	1	1				1B			
Zubsolv		3	3				3			

3K. Narcotic/Analgesic Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Esgic; Fioricet 50/325/40mg	butalb/acetaminophen/caffeine	1	1				1B			
Fioricet 50/300/40mg capsule	butalb/acetaminophen/caffeine	1	1				1B			
Fioricet w/codeine	butalbit/acetamin/caff/codeine	1	1				1B			
Fioricet w/codeine 50/300/30mg	butalbit/acetamin/caff/codeine	1	1				1B			
Fiorinal	butalbital/aspirin/caffeine	1	1				1B			
Fiorinal w/codeine	codeine/butalbital/asa/caffein	1	1				1B			
Hycet	hydrocodone/acetaminophen	1	1				1B			
Norco	hydrocodone/acetaminophen	1	1				1B			
Percocet	oxycodone hcl/acetaminophen	1	1				1B			
Percodan	oxycodone hcl/aspirin	1	1				1B			
Phrenilin	butalbital/acetaminophen	1	1				1B			
Tylenol w/codeine	acetaminophen with codeine	1	1				1B			
Tylenol w/codeine solution	acetaminophen with codeine	1	1				1B			
Vicodin, Xodol	hydrocodone/acetaminophen	1	1				1B			
Vicoprofen	hydrocodone/ibuprofen	1	1				1B			

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3L. Narcotics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Actiq	fentanyl citrate	1	1				1B			
Belladonna & Opium	opium/belladonna alkaloids	1	1				1B			
Codeine sulfate tablets	codeine sulfate	1	1				1B			
Dilaudid	hydromorphone hcl	1	1				1B			
Duragesic	fentanyl	1	1				1B			
Exalgo	hydromorphone hcl	1	1				1B			
Levorphanol Tartrate	levorphanol tartrate	1	1				1B			
Methadone	methadone hcl	1	1				1B			
MS Contin	morphine sulfate	1	1				1B			
MSIR	morphine sulfate	1	1				1B			
Nubain	nalbuphine hcl	1	1				1B			
Nucynta, ER		3	3				3			
Oxycodone hcl ER		3	3				3			
Oxycodone immediate release, solution	oxycodone hcl	1	1				1B			
Oxycontin		3	3				3			
RMS Suppository	morphine sulfate	1	1				1B			
Roxanol	morphine sulfate	1	1				1B			

3M. Nonsteroidal Anti-inflammatory Drugs		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Anaprox, DS	naproxen sodium	1	1				1A			
Ansaid	flurbiprofen	1	1				1B			
Cataflam	diclofenac potassium	1	1				1B			
Celebrex	celecoxib	1	1				1B			
Clinoril	sulindac	1	1				1B			
Daypro	oxaprozin	1	1				1B			
EC-Naproxyn	naproxen	1	1				1A			
Feldene	piroxicam	1	1				1B			
Indocin, SR	indomethacin	1	1				1B			
Indocin suppository		2	2				2			
Indocin suspension		3	3				3			
Ketoprofen	ketoprofen	1	1				1B			
Lodine, XL	etodolac	1	1				1B			
Meclomen	meclofenamate sodium	1	1				1B			
Mobic	meloxicam	1	1				1A			
Motrin (Rx Only)	ibuprofen	1	1				1A			
Nalfon	fenoprofen calcium	1	1				1B			
Nalfon 400mg		3	3				3			
Naprosyn (Rx Only)	naproxen	1	1				1A			
Relafen	nabumetone	1	1				1B			
Tolectin, DS	tolmetin sodium	1	1				1B			
Toradol injection	ketorolac tromethamine	1	1				1B			
Toradol tablets	ketorolac tromethamine	1	1				1B			
Voltaren gel		3	3				3			
Voltaren tablets	diclofenac sodium	1	1				1A			
Voltaren-XR	diclofenac sodium	1	1				1B			

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3N. Parkinsons Disease and Related Disorders		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Apokyn <s>		2	4				4			
Artane	trihexyphenidyl hcl	1	1				1B			
Azilect		2	2				2			
Cogentin	benztropine mesylate	1	1				1B			
Comtan	entacapone	1	1				1B			
Duopa <s>		2	4				4			
Eldepryl	selegiline hcl	1	1				1B			
Lodosyn	carbidopa	1	1				1B			
Mirapex immediate-release	pramipexole di-hcl	1	1				1B			
Parcopa	carbidopa/levodopa	1	1				1B			
Parlodel	bromocriptine mesylate	1	1				1B			
Requip	ropinirole hcl	1	1				1B			
Requip XL	ropinirole hcl	1	1				1B			
Requip XL 12mg	ropinirole hcl	1	1				1B			
Sinemet, CR	carbidopa/levodopa	1	1				1B			
Stalevo	carbidopa/levodopa/entacapone	1	1				1B			
Symmetrel	amantadine hcl	1	1				1B			
Tasmar	tolcapone	1	1				1B			

3O. Salicylates		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aspirin 81mg, 325mg (OTC) (Prevent)	aspirin	\$0	\$0				\$0			
Disalcid	salsalate	1	1				1B			
Dolobid	diflunisal	1	1				1B			

3P. Sedative/Hypnotics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Ambien	zolpidem tartrate	1	1				1B			
Ambien CR	zolpidem tartrate	1	1				1B			
Dalmane	flurazepam hcl	1	1				1B			
Halcion	triazolam	1	1				1B			
Hetlioz <s>		3	5				5			
Lunesta	eszopiclone	1	1				1B			
Prosom	estazolam	1	1				1B			
Restoril	temazepam	1	1				1B			
Rozerem		3	3				3			
Sonata	zaleplon	1	1				1B			
Versed syrup	midazolam hcl	1	1				1B			

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(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

3Q. Skeletal Muscle Relaxants		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Baclofen	baclofen	1	1				1B			
Dantrium	dantrolene sodium	1	1				1B			
Flexeril	cyclobenzaprine hcl	1	1				1B			
Lorzone		3	3				3			
Norflex	orphenadrine citrate	1	1				1B			
Parafon Forte DSC	chlorzoxazone	1	1				1B			
Robaxin	methocarbamol	1	1				1B			
Skelaxin	metaxalone	1	1				1B			
Soma	carisoprodol	1	1				1B			
Valium	diazepam	1	1				1B			
Zanaflex capsules	tizanidine hcl	1	1				1B			
Zanaflex tablets	tizanidine hcl	1	1				1B			

3R. Miscellaneous CNS		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Antabuse	disulfiram	1	1				1B			
Cafcit	caffeine citrated	1	1				1B			
Campral	acamprosate calcium	1	1				1B			
Ergoloid Mesylates	ergoloid mesylates	1	1				1B			
Eskalith CR	lithium carbonate	1	1				1A			
Eskalith, Lithobid	lithium carbonate	1	1				1A			
Guanidine hcl	guanidine hcl	1	1				1B			
Kapvay	clonidine hcl	1	1				1B			
Lithium Citrate	lithium citrate	1	1				1B			
Nimotop	nimodipine	1	1				1B			
Nuedexta		2	2				2			
Nymalize		3	3				3			
Rilutek	riluzole	1	1				1B			
Savella		3	3				3			
Strattera		3	3				3			
Xenazine <S>	tetrabenazine	1	4				4			
Xyrem <S>		3	5				5			

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(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

4. Gastrointestinal agents

4A. 5-Aminosalicylic Acid (5-ASA) Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Apriso		3	3				3			
Asacol HD		2	2				2			
Azulfidine, EN-tab	sulfasalazine	1	1				1B			
Canasa		2	2				2			
Colazal	balsalazide disodium	1	1				1B			
Delzicol		2	2				2			
Dipentum		3	3				3			
Giazo		3	3				3			
Lialda		3	3				3			
Pentasa		2	2				2			
Rowasa Enema	mesalamine	1	1				1B			

4B. Antidiarrheals and Antispasmodics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Bentyl	dicyclomine hcl	1	1				1B			
Fulyzaq		2	2				2			
Homapin 10		3	3				3			
Levbid	hyoscyamine sulfate	1	1				1B			
Levsin, SL	hyoscyamine sulfate	1	1				1B			
Librax	chlordiazepoxide/clidinium br	1	1				1B			
Lomotil	diphenoxylate hcl/atropine	1	1				1B			
Pro-Banthine	propantheline bromide	1	1				1B			

4C. Antiemetics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Akynzeo		3	3				3			
Anzemet		3	3				3			
Cesamet		3	3				3			
Compazine suppository	prochlorperazine	1	1				1B			
Compazine tablet	prochlorperazine maleate	1	1				1B			
Emend 80, 125mg capsules, 125mg-80mg dosepak		2	2				2			
Kytril	granisetron hcl	1	1				1B			
Marinol	dronabinol	1	1				1B			
Phenergan	promethazine hcl	1	1				1B			
Sancuso		3	3				3			
Tigan	trimethobenzamide hcl	1	1				1B			
Transderm-Scop		2	2				2			
Zofran	ondansetron hcl	1	1				1B			
Zofran ODT	ondansetron	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

4D. Bile Acids		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Actigall	ursodiol	1	1				1B			
Chenodal <s>		3	5				5			
Urso; Forte	ursodiol	1	1				1B			

4E. Bowel Preparation and Cleansing Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Colyte	peg 3350/na sulf,bicarb,cl/kcl	1	1				1B			
Golytely	peg 3350/na sulf,bicarb,cl/kcl	1	1				1B			
Golytely flavored		2	2				2			
Moviprep		3	3				3			
Nulytely	sodium chloride/na hco3/kcl/peg	1	1				1B			
Osmoprep		3	3				3			
Prepopik		3	3				3			
Suprep		3	3				3			

4F. Digestive Enzymes		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Creon		2	2				2			
Pancreaze		2	2				2			
Pancrelipase 5,000; Zenpep 5,000	lipase/protease/amylase	1	1				1B			
Pertzye		3	3				3			
Ultresa		2	2				2			
Viokace		2	2				2			
Zenpep		2	2				2			

4G. H2-Receptor Antagonists		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Axid (Rx only)	nizatidine	1	1				1B			
Pepcid (Rx Only)	famotidine	1	1				1B			
Tagamet (Rx only)	cimetidine	1	1				1B			
Tagamet liquid (Rx only)	cimetidine hcl	1	1				1B			
Zantac (Rx Only)	ranitidine hcl	1	1				1B			

4H. Other Ulcer Therapy		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Carafate	sucralfate	1	1				1B			
Cuvposa		3	3				3			
Cytotec	misoprostol	1	1				1B			
Pamine, Forte	methscopolamine bromide	1	1				1B			
Robinul tablet, Forte	glycopyrrolate	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

4I. Proton Pump Inhibitors		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aciphex tablet	rabeprazole sodium	1	1				1B			
Prevacid capsule (Rx Only)	lansoprazole	1	1				1B			
Prilosec capsules (Rx Only)	omeprazole	1	1				1B			
Protonix tablets	pantoprazole sodium	1	1				1B			

4J. Topical Anti-Inflammatory Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Analpram-HC 1-1% cream		2	2				2			
Analpram-HC cream 2.5-1%, 1-1%	hydrocortisone/pramoxine	1	1				1B			
Anamantle HC	lidocaine/hydrocortisone ac	1	1				1B			
Cortenema	hydrocortisone	1	1				1B			
Cortifoam		2	2				2			
Epifoam		3	3				3			
Pramosone cream	hydrocortisone/pramoxine	1	1				1B			
Proctocort	hydrocortisone	1	1				1B			
Proctocort suppository	hydrocortisone acetate	1	1				1B			
Proctofoam-HC		2	2				2			
Procto-kit	hydrocortisone	1	1				1B			
Proctosol-HC suppository	hydrocortisone acetate	1	1				1B			
Rectagel HC	hydrocortisone/lidocaine/aloe	1	1				1B			

4K. Tumor Necrosis Factor (TNF) Blocking Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cimzia syringe <S>		3	5				5			
Humira <S>		2	4				4			
Simponi <S>		3	5				5			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<S> - Specialty Drug

4L. Miscellaneous Gastrointestinal Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Amitiza		3	3				3			
Evoxac	cevimeline hcl	1	1				1B			
Gastrocrom	cromolyn sodium	1	1				1B			
Gattex <s>		2	4				4			
Kristalose		3	3				3			
Lactulose	lactulose	1	1				1B			
Linzess		3	3				3			
Lotronex	alosetron hcl	1	1				1B			
Rectiv		3	3				3			
Reglan	metoclopramide hcl	1	1				1B			
Relistor		2	2				2			
Robinul tablet, Forte	glycopyrrolate	1	1				1B			
Salagen	pilocarpine hcl	1	1				1B			
Sucraid <s>		3	5				5			
Xifaxan 200mg		3	3				3			
Xifaxan 550mg		3	3				3			
Zorbitive <s>		3	5				5			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

5. Obstetrics and gynecology

5A. Contraceptives-Biphasic		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Lo Loestrin Fe		3	3				3			
Loseasonique (Prevent)	l-norgest/e.estradiol-e.estrad	\$0	\$0				\$0			
Mircette (Prevent)	desog-e.estradiol/e.estradiol	\$0	\$0				\$0			
Necon 10/11 (Prevent)	norethindrone-ethinyl estrad	\$0	\$0				\$0			
Seasonique (Prevent)	l-norgest/e.estradiol-e.estrad	\$0	\$0				\$0			

5B. Contraceptives-Misc.		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Conceptrol (Prevent)		\$0	\$0				\$0			
Depo-Provera 150mg (Prevent)	medroxyprogesterone acetate	\$0	\$0				\$0			
Depo-subq Provera 104		2	2				2			
FC2 Female Condom (Prevent)		\$0	\$0				\$0			
Gynol II (Prevent)	nonoxynol 9	\$0	\$0				\$0			
Natazia		3	3				3			
Nuvaring (Prevent)		\$0	\$0				\$0			
Ortho Evra (Prevent)	norelgestromin/ethin.estradiol	\$0	\$0				\$0			
Ortho Micronor; Nor-QD (Prevent)	norethindrone	\$0	\$0				\$0			
Quartette		3	3				3			
Safyral		3	3				3			
Today Contraceptive Sponge (Prevent)		\$0	\$0				\$0			
VCF film (Prevent)		\$0	\$0				\$0			
VCF foam (Prevent)	nonoxynol 9	\$0	\$0				\$0			

PA - Prior approval may be required ST - Step therapy may be required QL - Quantity limits may apply <s> - Specialty Drug

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

5C. Contraceptives-Monophasic		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Alesse; Levite (Prevent)	levonorgestrel-ethin estradiol	\$0	\$0				\$0			
Beyaz		3	3				3			
Demulen (Prevent)	ethynodiol d-ethinyl estradiol	\$0	\$0				\$0			
Desogen; Ortho-cept (Prevent)	desogestrel-ethinyl estradiol	\$0	\$0				\$0			
Femcon Fe (Prevent)	noreth-ethinyl estradiol/iron	\$0	\$0				\$0			
Generess Fe (Prevent)	noreth-ethinyl estradiol/iron	\$0	\$0				\$0			
Levlen, Nordette (Prevent)	levonorgestrel-ethin estradiol	\$0	\$0				\$0			
Lo/Ovral (Prevent)	norgestrel-ethinyl estradiol	\$0	\$0				\$0			
Loestrin (Prevent)	norethindrone ac-eth estradiol	\$0	\$0				\$0			
Loestrin 24 Fe (Prevent)	norethindrone-e.estradiol-iron	\$0	\$0				\$0			
Loestrin Fe (Prevent)	norethindrone-e.estradiol-iron	\$0	\$0				\$0			
Lybrel (Prevent)	levonorgestrel-ethin estradiol	\$0	\$0				\$0			
Minastrin 24 Fe		3	3				3			
Modicon (Prevent)	norethindrone-ethinyl estrad	\$0	\$0				\$0			
Norinyl 1/35; Ortho-novum 1/35 (Prevent)	norethindrone-ethinyl estrad	\$0	\$0				\$0			
Norinyl 1/50 (Prevent)	norethindrone-mestranol	\$0	\$0				\$0			
Ortho-Cyclen (Prevent)	norgestimate-ethinyl estradiol	\$0	\$0				\$0			
Ovcon 35 (Prevent)	norethindrone-ethinyl estrad	\$0	\$0				\$0			
Ovral (Prevent)	norgestrel-ethinyl estradiol	\$0	\$0				\$0			
Seasonale (Prevent)	levonorgestrel-ethin estradiol	\$0	\$0				\$0			
Yasmin 28 (Prevent)	ethinyl estradiol/drospirenone	\$0	\$0				\$0			
Yaz (Prevent)	ethinyl estradiol/drospirenone	\$0	\$0				\$0			

5D. Contraceptives-Postcoital		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Ella (Prevent)		\$0	\$0				\$0			
Plan B One-step (Prevent)	levonorgestrel	\$0	\$0				\$0			

5E. Contraceptives-Triphasic		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cyclessa (Prevent)	desogestrel-ethinyl estradiol	\$0	\$0				\$0			
Estrostep Fe (Prevent)	norethindrone-e.estradiol-iron	\$0	\$0				\$0			
Ortho Tri-Cyclen (Prevent)	norgestimate-ethinyl estradiol	\$0	\$0				\$0			
Ortho Tri-Cyclen Lo		2	2				2			
Ortho-Novum 7/7/7 (Prevent)	norethindrone-ethinyl estrad	\$0	\$0				\$0			
Trilevlen (Prevent)	levonorgestrel-ethin estradiol	\$0	\$0				\$0			
Tri-Norinyl (Prevent)	norethindrone-ethinyl estrad	\$0	\$0				\$0			

PA - Prior approval may be required ST - Step therapy may be required QL - Quantity limits may apply <s> - Specialty Drug

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

5F. Estrogen/Progestin Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Activella	estradiol/norethindrone acet	1	1				1B			
Angeliq		3	3			■	3			
Climara Pro		3	3			■	3			■
Combipatch		3	3			■	3			■
FemHRT	norethindrone ac-eth estradiol	1	1				1B			
Prefest		3	3				3			
Prempro, Low Dose; Premphase		2	2				2			

5G. Estrogens		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Alora		2	2			■	2			■
Climara	estradiol	1	1			■	1B			■
Delestrogen	estradiol valerate	1	1				1B			
Divigel		3	3			■	3			
Elestrin		3	3			■	3			■
Enjuvia		2	2				2			■
Estrace tablets	estradiol	1	1				1B			
Estrace vaginal cream		3	3				3			
Estring		2	2			■	2			■
Estrogel		3	3			■	3			■
Evamist		3	3				3			■
Femring		3	3			■	3			■
Menest		3	3				3			
Menostar		3	3			■	3			■
Minivelle		3	3			■	3			■
Ogen	estropipate	1	1				1B			
Premarin, cream, Low Dose		2	2				2			
Vagifem		2	2				2			
Vivelle-Dot	estradiol	1	1			■	1B			■

5H. Infertility Treatment		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Clomid	clomiphene citrate	1	1			■	1B			
Follistim AQ <s>		3	5	■		■	MB	■		
Gonal-F, RFF <s>		2	4	■		■	MB	■		
Gonal-F RFF Redi-ject <s>		3	5	■		■	MB	■		
Lupron <s>	leuprolide acetate	1	4				4			
Novarel <s>	chorionic gonadotropin, human	1	4	■		■	MB	■		
Ovidrel <s>		2	4	■		■	MB	■		
Pregnyl		2	4	■		■	MB	■		■

*Drugs used for the treatment of infertility may not be covered for select benefits. Copay depends on the medical drug rider for BCN members

PA - Prior approval may be required ST - Step therapy may be required QL - Quantity limits may apply <s> - Specialty Drug

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

5I. Progestins		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aygestin	norethindrone acetate	1	1				1B			
Progesterone In Oil (inj)	progesterone	1	1				1B			
Prometrium	progesterone,micronized	1	1				1B			
Provera	medroxyprogesterone acetate	1	1				1B			

5J. Vaginal Anti-infective/Antifungal		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
AVC		3	3				3			
Cleocin Vaginal Cream	clindamycin phosphate	1	1				1B			
Cleocin Vaginal Ovules		3	3				3			
Clindesse		3	3				3			
Diflucan	fluconazole	1	1				1B			
Gynazole-1		3	3				3			
Metrogel-Vaginal	metronidazole	1	1				1B			
Monistat 3	miconazole nitrate	1	1				1B			
Terazol- 3, 7	terconazole	1	1				1B			

5K. Miscellaneous OB-GYN		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Covaryx, H.S.	estrogen,ester/me-testosterone	1	1				1B			
Lupron Depot <s>		2	4				4			
Lupron Depot 45mg <s>		2	4				MB			
Lysteda	tranexamic acid	1	1				1B			
Methergine	methylergonovine maleate	1	1				1B			
Synarel		2	2				2			

MB - May be covered under medical benefit

6. Rheumatology and musculoskeletal

6A. Corticosteroids		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Corticosteroids	See Chapter 7C									

6B. Gout Therapy		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Colbenemid	colchicine/probenecid	1	1				1B			
Colchicine tablets		2	2				2			
Colcrys		2	2				2			
Probenecid	probenecid	1	1				1B			
Uloric		2	2				2			
Zyloprim	allopurinol	1	1				1B			

6C. Non-Tumor Necrosis Factor (TNF) Blocking Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Actemra syringe <s>		3	5				5			
Kineret <s>		3	5				5			
Orencia sub-q <s>		3	5				5			
Otezla <s>		3	5				5			
Xeljanz <s>		3	5				5			

6D. Osteoporosis/Bone Resorption		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Actonel	risedronate sodium	1	1				1B			
Actonel 35mg, 150mg	risedronate sodium	1	1				1B			
Atelvia	risedronate sodium	1	1				1B			
Boniva	ibandronate sodium	1	1				1B			
Didronel	etidronate disodium	1	1				1B			
Evista	raloxifene hcl	1	1				1A			
Fosamax	alendronate sodium	1	1				1A			
Fosamax 35mg, 70mg	alendronate sodium	1	1				1A			
Miacalcin injection		2	2				2			
Miacalcin nasal spray	calcitonin,salmon,synthetic	1	1				1B			

PA - Prior approval may be required ST - Step therapy may be required QL - Quantity limits may apply <s> - Specialty Drug
(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

6E. Osteoporosis/Hormonal Treatment		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Alora		2	2				2			
Climara	estradiol	1	1				1B			
Covaryx, H.S.	estrogen,ester/me-testosterone	1	1				1B			
Enjuvia		2	2				2			
Estrace tablets	estradiol	1	1				1B			
FemHRT	norethindrone ac-eth estradiol	1	1				1B			
Forteo <S>		3	5				5			
Menest		3	3				3			
Minivelle		3	3				3			
Ogen	estropiate	1	1				1B			
Premarin, cream, Low Dose		2	2				2			
Prempro, Low Dose; Premphase		2	2				2			
Vivelle-Dot	estradiol	1	1				1B			

6F. Salicylates		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
NSAIDS and Salicylates	See Chapters 3M & 3O									

6G. Tumor Necrosis Factor (TNF) Blocking Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cimzia syringe <S>		3	5				5			
Enbrel <S>		2	4				4			
Humira, Pediatric <S>		2	4				4			
Simponi <S>		3	5				5			

6H. Miscellaneous Rheumatologic Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Arava	leflunomide	1	1				1B			
Azasan		3	3				3			
Azulfidine, EN-tab	sulfasalazine	1	1				1B			
Cuprimine		2	2				2			
Depen		3	3				3			
Gengraf <S>	cyclosporine, modified	1	4				4			
Imuran	azathioprine	1	1				1B			
Methotrexate	methotrexate sodium	1	1				1B			
Methotrexate PF injection	methotrexate sodium/pf	1	1				1B			
Neoral <S>		3	5				5			
Plaquenil	hydroxychloroquine sulfate	1	1				1B			
Rheumatrex		3	3				3			
Ridaura		2	2				2			
Trexall		2	2				2			

PA - Prior approval may be required ST - Step therapy may be required QL - Quantity limits may apply <S> - Specialty Drug
 (Prevent) - Prevent drugs may be covered at \$0 if criteria are met

7. Endocrinology

7A. Androgens		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Anadrol-50		3	3				3			
Androderm		2	2				2			
AndroGel		2	2				2			
Androxy	fluoxymesterone	1	1				1B			
Danocrine	danazol	1	1				1B			
Delatestryl	testosterone enanthate	1	1				1B			
Depo-Testosterone	testosterone cypionate	1	1				1B			
Methitest		3	3				3			
Oxandrin	oxandrolone	1	1				1B			

7B. Antithyroid Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Propylthiouracil	propylthiouracil	1	1				1B			
SSKI		3	3				3			
Strong Iodine	potassium iodide/iodine	1	1				1B			
Tapazole	methimazole	1	1				1B			

7C. Corticosteroids		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cortef; Hydrocortisone	hydrocortisone	1	1				1B			
Cortisone acetate	cortisone acetate	1	1				1B			
Decadron	dexamethasone	1	1				1A			
Decadron Jr., dosepak		3	3				3			
Deltasone	prednisone	1	1				1A			
Dexpak		3	3				3			
Entocort EC	budesonide	1	1				1B			
Flo-pred		3	3				3			
Florinef	fludrocortisone acetate	1	1				1B			
Medrol 2mg		3	3				3			
Medrol, Dosepak	methylprednisolone	1	1				1B			
Millipred	prednisolone	1	1				1A			
Millipred suspension		3	3				3			
Millipred tablets	prednisolone	1	1				1B			
Orapred solution	prednisolone sod phosphate	1	1				1B			
Pediapred solution	prednisolone sod phosphate	1	1				1B			
Prednisolone, tablets, syrup	prednisolone	1	1				1A			
Prednisone	prednisone	1	1				1A			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

7D. Growth Hormone and Related Products		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Genotropin <S>		2	4				4			
Humatrope <S>		3	5				5			
Increlex <S>		3	5				5			
Norditropin FlexPro <S>		3	5				5			
Nutropin AQ, Nuspin <S>		2	4				4			
Omnitrope <S>		3	5				5			
Saizen <S>		3	5				5			
Serostim <S>		3	5				5			
Zomacton <S>		3	5				5			

7E. Insulins		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Apidra, Solostar		2	2				2			
Humalog, Mix		2	2				2			
Humalog U-200		2	2				2			
Humulin, Kwikpen (all forms)		2	2				2			
Humulin R U-500 (vial)		2	2				2			
Lantus, Solostar		2	2				1A			
Levemir, Flextouch		2	2				1A			
Novolin (all forms)		2	2				1A			
Novolog, Mix (all forms)		2	2				1A			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<S> - Specialty Drug

7F. Non-insulin Hypoglycemic Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Actoplus Met	pioglitazone hcl/metformin hcl	1	1				1B			
Actoplus Met XR		3	3				3			
Actos	pioglitazone hcl	1	1				1A			
Amaryl	glimepiride	1	1				1A			
Avandamet		3	3				3			
Avandia		3	3				3			
Bydureon, Pen		2	2				2			
Byetta		3	3				3			
Cycloset		3	3				3			
Diabeta; Micronase	glyburide	1	1				1A			
Diabinese	chlorpropamide	1	1				1B			
Duetact	pioglitazone hcl/glimepiride	1	1				1B			
Fortamet	metformin hcl	1	1				1A			
Glucophage, XR	metformin hcl	1	1				1A			
Glucotrol, XL	glipizide	1	1				1A			
Glucovance	glyburide/metformin hcl	1	1				1A			
Glynase	glyburide,micronized	1	1				1A			
Glyset		3	3				3			
Invokamet		3	3				3			
Invokana		3	3				3			
Janumet		2	2				2			
Janumet XR		2	2				2			
Januvia		2	2				2			
Kombiglyze XR		2	2				2			
Metaglip	glipizide/metformin hcl	1	1				1A			
Onglyza		2	2				2			
Orinase	tolbutamide	1	1				1B			
Prandimet		3	3				3			
Prandin	repaglinide	1	1				1B			
Precose	acarbose	1	1				1B			
Starlix	nateglinide	1	1				1B			
Symlinpen		3	3				3			
Tolinase	tolazamide	1	1				1B			
Tradjenta		3	3				3			
Victoza		2	2				2			

7G. Somatostatin Analogs		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Sandostatin <S>	octreotide acetate	1	4				4			
Sandostatin LAR <S>		2	4				4			
Sandostatin LAR Depot <S>		2	4				4			
Signifor <S>		2	4				4			
Somatuline Depot <S>		2	4				4			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<S> - Specialty Drug

7H. Thyroid Hormones		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Armour Thyroid		3	3				3			
Cytomel	liothyronine sodium	1	1				1B			
Levoxyl; Synthroid	levothyroxine sodium	1	1				1A			
Nature-throid	thyroid,pork	1	1				1B			
NP Thyroid	thyroid,pork	1	1				1B			
Thyrolar		2	2				2			
Tirosint		3	3				3			
Westhroid	thyroid,pork	1	1				1B			
WP Thyroid		3	3				3			

7I. Urea Cycle Disorder Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Buphenyl powder	sodium phenylbutyrate	1	1				1B			
Buphenyl tablets		2	2				2			
Carbaglu <s>		2	4				4			
Ravicti <s>		3	5				5			

7J. Vitamin D Analogs		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Calciferol	ergocalciferol (vitamin d2)	1	1				1B			
Hectorol	doxercalciferol	1	1				1B			
Rocaltrol	calcitriol	1	1				1B			
Zemplar	paricalcitol	1	1				1B			

7K. Miscellaneous Endocrine		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cerdelga <s>		3	5				5			
Cholbam <s>		2	4				4			
DDAVP	desmopressin (nonrefrigerated)	1	1				1B			
DDAVP	desmopressin acetate	1	1				1B			
Dostinex	cabergoline	1	1				1B			
Glucagen		3	3				3			
Glucagon Emergency Kit		2	2				2			
Korlym <s>		2	4				4			
Lupron Depot-PED <s>		2	4				4			
Miacalcin injection		2	2				2			
Miacalcin nasal spray	calcitonin,salmon, synthetic	1	1				1B			
Myalept <s>		3	5				5			
Natpara <s>		2	4				4			
Proglycem		3	3				3			
Sensipar <s>		2	4				4			
Somavert <s>		2	4				4			
Stimate <s>		2	4				4			
Synarel		2	2				2			
Zavesca <s>		3	5				5			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

8. Antineoplastics and immunosuppressants

8A. Adjuvant Therapy		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aranesp <s>		3	5				5			
Epogen <s>		3	5				5			
Granix <s>		2	4				4			
Leucovorin tablet	leucovorin calcium	1	1				1B			
Leukine <s>		2	4				4			
Mesnex tablets		2	2				2			
Neulasta <s>		3	5				5			
Neupogen <s>		2	4				4			
Procrit <s>		2	4				4			
Zarxio <s>		3	5				5			

8B. Alkylating Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Alkeran tablet		2	2				2			
Cyclophosphamide		2	2				2			
Emcyt		2	2				2			
Gleostine; Lomustine		2	2				2			
Leukeran		2	2				2			
Matulane <s>		2	4				4			
Myleran		2	2				2			
Temodar <s>	temozolomide	1	4				4			

8C. Antimetabolites		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Methotrexate	methotrexate sodium	1	1				1B			
Methotrexate PF injection	methotrexate sodium/pf	1	1				1B			
Purinethol	mercaptopurine	1	1				1B			
Purixan <s>		3	5				5			
Rheumatrex		3	3				3			
Tabloid		2	2				2			
Trexall		2	2				2			
Xeloda <s>	capecitabine	1	4				4			

PA - Prior approval may be required ST - Step therapy may be required QL - Quantity limits may apply <s> - Specialty Drug
(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

8D. Hormonal Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Arimidex	anastrozole	1	1				1A			
Aromasin	exemestane	1	1				1B			
Casodex	bicalutamide	1	1				1B			
Depo-Provera 400mg		2	2				2			
Eligard <s>		3	5				5			
Eulexin	flutamide	1	1				1B			
Evista (Prevent)	raloxifene hcl	\$0	\$0				\$0			
Evista	raloxifene hcl	1	1				1A			
Fareston		2	2				2			
Faslodex		3	3				3			
Femara	letrozole	1	1				1A			
Lupron <s>	leuprolide acetate	1	4				4			
Lupron Depot <s>		2	4				4			
Megace, ES	megestrol acetate	1	1				1B			
Nilandron		2	2				2			
Soltamox		3	3				3			
Tamoxifen (Prevent)	tamoxifen citrate	\$0	\$0				\$0			
Tamoxifen	tamoxifen citrate	1	1				1A			
Trelstar, Depot, LA <s>		2	4				4			
Xtandi <s>		2	4				4			
Zoladex <s>		2	4				4			
Zytiga <s>		2	4				4			

8E. Immunomodulators		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Arcalyst <s>		2	4				4			
Astagraf XL <s>		3	5				5			
Azasan		3	3				3			
Cellcept <s>	mycophenolate mofetil	1	4				4			
Gengraf <s>	cyclosporine, modified	1	4				4			
Imuran	azathioprine	1	1				1B			
Kineret <s>		3	5				5			
Myfortic <s>	mycophenolate sodium	1	4				4			
Neoral <s>		3	5				5			
Pomalyst <s>		3	5				5			
Prednisone	prednisone	1	1				1A			
Prograf <s>	tacrolimus	1	4				4			
Rapamune solution <s>		2	4				4			
Rapamune tablets <s>	sirolimus	1	4				4			
Revlimid <s>		3	5				5			
Sandimmune blister pak <s>		2	4				4			
Sandimmune capsules <s>	cyclosporine	1	4				4			
Sandimmune solution <s>		3	5				5			
Thalomid <s>		2	4				4			

PA - Prior approval may be required ST - Step therapy may be required QL - Quantity limits may apply <s> - Specialty Drug
(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

8F. Kinase Inhibitors and Molecular Target Inhibitors		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Afinitor, Disperz <S>		2	4				4			
Bosulif <S>		2	4				4			
Caprelsa <S>		2	4				4			
Cometriq <S>		2	4				4			
Gilotrif <S>		2	4				4			
Gleevec <S>		2	4				4			
Ibrance <S>		2	4				4			
Iclusig <S>		2	4				4			
Imbruvica <S>		2	4				4			
Inlyta <S>		2	4				4			
Iressa <S>		3	5				5			
Jakafi <S>		2	4				4			
Lenvima <S>		2	4				4			
Lynparza <S>		2	4				4			
Mekinist <S>		2	4				4			
Nexavar <S>		2	4				4			
Sprycel <S>		2	4				4			
Stivarga <S>		2	4				4			
Sutent <S>		2	4				4			
Tafinlar <S>		2	4				4			
Tarceva <S>		2	4				4			
Tasigna <S>		2	4				4			
Tykerb <S>		2	4				4			
Votrient <S>		2	4				4			
Xalkori <S>		2	4				4			
Zelboraf <S>		2	4				4			
Zortress <S>		3	5				5			
Zydelig <S>		2	4				4			
Zykadia <S>		2	4				4			

8G. Miscellaneous Antineoplastic Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Droxia		2	2				2			
Erivedge <S>		2	4				4			
Farydak <S>		2	4				4			
Hexalen		2	2				2			
Hycamtin capsules <S>		2	4				4			
Hydrea	hydroxyurea	1	1				1B			
Lysodren		2	2				2			
Sandostatin <S>	octreotide acetate	1	4				4			
Sandostatin LAR <S>		2	4				4			
Sandostatin LAR Depot <S>		2	4				4			
Targetin capsules <S>	bexarotene	1	4				4			
Vepesid	etoposide	1	1				1B			
Vesanoid	tretinoin	1	1				1B			
Zolinza <S>		2	4				4			

PA - Prior approval may be required ST - Step therapy may be required QL - Quantity limits may apply <s> - Specialty Drug
(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

9. Immunology and hematology

9A. Hematopoietic Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aranesp <S>		3	5				5			
Epogen <S>		3	5				5			
Granix <S>		2	4				4			
Leukine <S>		2	4				4			
Neulasta <S>		3	5				5			
Neupogen <S>		2	4				4			
Procrit <S>		2	4				4			
Promacta <S>		2	4				4			
Zarxio <S>		3	5				5			

9B. Immunoglobulins		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Gammagard liquid,S-D <S>		3	5				MB			
Gammaked <S>		3	5				MB			
Gamunex, -C, sub-q <S>		3	5				MB			
Hizentra <S>		3	5				MB			
HyQvia <S>		3	5				MB			

9C. Interferons and MS Therapy		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Actimmune <S>		2	4				4			
Alferon N		2	2				2			
Ampyra <S>		3	5				5			
Aubagio <S>		3	5				5			
Avonex <S>		2	4				4			
Betaseron <S>		3	5				5			
Copaxone <S>	glatiramer acetate	1	4				4			
Copaxone 40mg/ml <S>		2	4				4			
Extavia <S>		3	5				5			
Gilenya <S>		2	4				4			
Intron A <S>		2	4				4			
Pegasys, Proclick <S>		2	4				4			
Peg-Intron, Redipen <S>		2	4				4			
Rebif, Rebidose <S>		2	4				4			
Sylatron <S>		3	5				5			
Tecfidera <S>		2	4				4			

9D. Miscellaneous Immunology and Hematology		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Firazyr <S>		3	5				5			
Ruconest <S>		3	5				5			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<S> - Specialty Drug

MB - May be covered under medical benefit

BCBSM/BCN Custom Select Drug List

10. Dermatology

10A. Acne Treatment		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Benzaclin	clindamycin phos/benzoyl perox	1	1				1B			
Benzamycin	erythromycin/benzoyl peroxide	1	1				1B			
Cleocin-T swabs	clindamycin phosphate	1	1				1B			
Differin 0.1% cream, gel	adapalene	1	1				1B			
Monodox	doxycycline monohydrate	1	1				1B			
Retin-A; Avita	tretinoin	1	1				1B			
Tazorac		2	2				2			
Vibramycin 100mg	doxycycline hyclate	1	1				1B			
Vibramycin suspension	doxycycline monohydrate	1	1				1B			
Vibramycin syrup		3	3				3			

10B. Antipsoriatic/Antiseborrheic		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cosentyx <s>		3	5				5			
Dovonex	calcipotriene	1	1				1B			
Drithocrema HP	anthralin	1	1				1B			
Enbrel <s>		2	4				4			
Humira, Pediatric <s>		2	4				4			
Otezla <s>		3	5				5			
Oxsoralen-Ultra	methoxsalen, rapid	1	1				1B			
Selsun 2.5% (Rx Only)	selenium sulfide	1	1				1B			
Soriatane	acitretin	1	1				1B			
Stelara <s>		3	5				5			
Taclonex ointment	calcipotriene/betamethasone	1	1				1B			
Taclonex topical suspension		3	3				3			
Vectical	calcitriol	1	1				1B			
Zithranol-RR		3	3				3			

10C. Corticosteroids - Very High Potency		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Clobevate; Temovate	clobetasol propionate	1	1				1B			
Clobex shampoo	clobetasol propionate	1	1				1B			
Diprolene lotion, ointment	betamethasone/propylene glyc	1	1				1B			
Oralene paste	triamcinolone acetonide	1	1				1B			
Temovate Emollient	clobetasol propionate/emoll	1	1				1B			
Ultravate	halobetasol propionate	1	1				1B			
Vanos	fluocinonide	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

10D. Corticosteroids - High Potency		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aristocort; Kenalog 0.5%	triamcinolone acetonide	1	1				1B			
Diprolene, AF	betamethasone/propylene glyc	1	1				1B			
Diprosone; Maxivate	betamethasone dipropionate	1	1				1B			
Florone; Psorcon	diflorasone diacetate	1	1				1B			
Kenalog Spray	triamcinolone acetonide	1	1				1B			
Lidex	fluocinonide	1	1				1B			
Lidex E	fluocinonide/emollient base	1	1				1B			
Valisone	betamethasone valerate	1	1				1B			

10E. Corticosteroids - Medium Potency		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aristocort; Kenalog 0.1%, 0.05%, 0.025%	triamcinolone acetonide	1	1				1B			
Cutivate	fluticasone propionate	1	1				1B			
Elocon	mometasone furoate	1	1				1B			
Locoid	hydrocortisone butyrate	1	1				1B			
Pandel		3	3				3			
Synalar 0.025%	fluocinolone acetonide	1	1				1B			
Westcort	hydrocortisone valerate	1	1				1B			

10F. Corticosteroids - Low Potency		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aclovate	alclometasone dipropionate	1	1				1B			
Capex shampoo		2	2				2			
Dermacort, Hytone 2.5% (Rx Only)	hydrocortisone	1	1				1B			
Derma-smoothe-FS	fluocinolone acetonide	1	1				1B			
Derma-smoothe-FS	fluocinolone/shower cap	1	1				1B			
Desonate		3	3				3			
Desowen	desonide	1	1				1B			
Synalar 0.01%	fluocinolone acetonide	1	1				1B			

10G. Scabicides/Pediculicides		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Elimite	permethrin	1	1				1B			
Eurax		2	2				2			
Lindane	lindane	1	1				1B			
Natroba	spinosad	1	1				1B			
Ovide	malathion	1	1				1B			
Sklice		3	3				3			
Ulesfia		3	3				3			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

10H. Topical Anesthetics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Emla	lidocaine/prilocaine	1	1				1B			
Lidocaine 5% ointment	lidocaine	1	1				1B			
Xylocaine Viscous (Rx Only)	lidocaine hcl	1	1				1B			

10I. Topical Antibacterials		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Bactroban cream	mupirocin calcium	1	1				1B			
Bactroban nasal		2	2				2			
Bactroban ointment	mupirocin	1	1				1B			
Centany		3	3				3			
Cortisporin cream 0.5%		3	3				3			
Cortisporin ointment 1%		3	3				3			
Gentamicin cream, ointment	gentamicin sulfate	1	1				1B			

10J. Topical Antifungals		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Exelderm		3	3				3			
Extina	ketoconazole	1	1				1B			
Loprox cream, suspension	ciclopirox olamine	1	1				1B			
Loprox gel, shampoo	ciclopirox	1	1				1B			
Lotrimin	clotrimazole	1	1				1B			
Lotrisone	clotrimazole/betamethasone dip	1	1				1B			
Mycostatin	nystatin	1	1				1B			
Nizoral cream, shampoo	ketoconazole	1	1				1B			
Nystatin	nystatin	1	1				1B			
Nystatin w/Triamcinolone	nystatin/triamcin	1	1				1B			
Penlac	ciclopirox	1	1				1B			
Spectazole	econazole nitrate	1	1				1B			

10K. Topical Antineoplastic Agents and Immunomodulators		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aldara	imiquimod	1	1				1B			
Efudex	fluorouracil	1	1				1B			
Elidel		2	2				2			
Fluoroplex		3	3				3			
Fluorouracil		3	3				3			
Panretin		2	2				2			
Picato		3	3				3			
Protopic	tacrolimus	1	1				1B			
Targetin gel <s>		3	5				5			
Valchlor <s>		3	5				5			
Veregen		3	3				3			
Zyclara		3	3				3			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

10L. Topical Antivirals		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Denavir		3	3				3			
Zovirax cream		2	2				2			
Zovirax ointment	acyclovir	1	1				1B			

10M. Wound and Burn Therapy		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Regranex		3	3				3			
Santyl		2	2				2			
Silvadene	silver sulfadiazine	1	1				1B			

10N. Miscellaneous Dermatologicals		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Condylox gel		2	2				2			
Condylox solution	podofilox	1	1				1B			
Finacea gel		3	3				3			
Lac-Hydrin	ammonium lactate	1	1				1B			
Metrocream, gel, lotion 0.75%	metronidazole	1	1				1B			
Prudoxin	doxepin hcl	1	1				1B			
Sodium chloride irrigation	sodium chloride irrig solution	1	1				1B			
Solaraze	diclofenac sodium	1	1				1B			
Zonalon		3	3				3			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

11. Ophthalmology

11A. Cycloplegic Mydriatics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cyclogyl	cyclopentolate hcl	1	1				1B			
Cyclogyl 5ml		3	3				3			
Cyclomydril		3	3				3			
Isopto Atropine	atropine sulfate	1	1				1B			
Isopto Homatropine	homatropine hbr	1	1				1B			
Mydracyl	tropicamide	1	1				1B			
Paremyd		3	3				3			

11B. Ophthalmic Anti-Allergy Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Alocril		2	2				2			
Alomide		2	2				2			
Bepreve		3	3				3			
Elestat	epinastine hcl	1	1				1B			
Emadine		3	3				3			
Lastacaft		3	3				3			
Opticrom	cromolyn sodium	1	1				1B			
Optivar	azelastine hcl	1	1				1B			
Pataday		3	3				3			
Patanol		2	2				2			

11C. Ophthalmic Anti-infective/Steroid Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Blephamide drops, ointment		2	2				2			
Cortisporin eye drops	neomycin/polymyxin b sulf/hc	1	1				1B			
Cortisporin eye ointment	neomycin su/baci zn/poly/hc	1	1				1B			
Maxitrol	neo/polymyx b sulf/dexameth	1	1				1B			
Pred-G		3	3				3			
Tobradex ointment		2	2				2			
Tobradex ST		3	3				3			
Tobradex suspension	tobramycin/dexamethasone	1	1				1B			
Vasocidin	sulfacetamide/prednisolone sp	1	1				1B			
Zylet		3	3				3			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

11D. Ophthalmic Anti-infectives		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Azasite		3	3				3			
Bacitracin	bacitracin	1	1				1B			
Besivance		3	3				3			
Bleph-10		3	3				3			
Bleph-10, Sodium Sulamyde drops	sulfacetamide sodium	1	1				1B			
Ciloxan drops	ciprofloxacin hcl	1	1				1B			
Ciloxan ointment		2	2				2			
Garamycin	gentamicin sulfate	1	1				1B			
Ilotycin	erythromycin base	1	1				1B			
Moxeza		2	2				2			
Natacyn		2	2				2			
Neosporin ophthalmic ointment	neomycin su/bacitra/polymyxin	1	1				1B			
Neosporin ophthalmic solution	neomycin/polymyxn b/gramicidin	1	1				1B			
Ocuflox	ofloxacin	1	1				1B			
Polysporin	bacitracin/polymyxin b sulfate	1	1				1B			
Polytrim	polymyxin b sulf/trimethoprim	1	1				1B			
Quixin	levofloxacin	1	1				1B			
Tobrex drops	tobramycin	1	1				1B			
Tobrex ointment		3	3				3			
Vigamox		2	2				2			
Viroptic	trifluridine	1	1				1B			
Zirgan		2	2				2			
Zymaxid	gatifloxacin	1	1				1B			

11E. Ophthalmic Anti-inflammatory Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Acular, LS	ketorolac tromethamine	1	1				1B			
Bromday; Xibrom	bromfenac sodium	1	1				1B			
Nevanac		3	3				3			
Ocufen	flurbiprofen sodium	1	1				1B			
Voltaren ophthalmic solution	diclofenac sodium	1	1				1B			

11F. Ophthalmic Beta Blockers		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Betagan	levobunolol hcl	1	1				1A			
Betoptic S		2	2				2			
Betoptic solution	betaxolol hcl	1	1				1B			
Ocupress	carteolol hcl	1	1				1B			
Optipranolol	metipranolol	1	1				1B			
Timoptic, XE	timolol maleate	1	1				1A			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

11G. Ophthalmic Steroids		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Alrex		3	3				3			
Decadron ophthalmic	dexamethasone sod phosphate	1	1				1B			
Durezol		3	3				3			
FML	fluorometholone	1	1				1B			
FML Forte, S.O.P.		2	2				2			
Inflamase, Forte	prednisolone sod phosphate	1	1				1B			
Lotemax		3	3				3			
Maxidex		3	3				3			
Pred Forte	prednisolone acetate	1	1				1B			
Pred Mild		2	2				2			
Vexol		2	2				2			

11H. Other Glaucoma Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Alphagan 0.2%, P 0.15%	brimonidine tartrate	1	1				1B			
Alphagan P 0.1%		2	2				2			
Azopt		2	2				2			
Cosopt	dorzolamide hcl/timolol maleat	1	1				1B			
Cosopt PF		3	3				3			
Iopidine droperette		3	3				3			
Iopidine drops	apraclonidine hcl	1	1				1B			
Isopto-Carpine; Pilocar	pilocarpine hcl	1	1				1B			
Lumigan	bimatoprost	1	1				1B			
Lumigan 0.01%		2	2				2			
Phospholine Iodide		2	2				2			
Travatan	travoprost (benzalkonium)	1	1				1B			
Travatan Z		2	2				2			
Trusopt	dorzolamide hcl	1	1				1B			
Xalatan	latanoprost	1	1				1A			
Zioptan		3	3				3			

11I. Miscellaneous Ophthalmic Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Albalon	naphazoline hcl	1	1				1B			
Alcaine	proparacaine hcl	1	1				1B			
Cystaran <s>		2	4				4			
Lacrisert		2	2				2			
Neo-Syneprine	phenylephrine hcl	1	1				1B			
Restasis		2	2				2			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

12. Otic and nasal preparations

12A. Nasal Preparations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Astelin nasal spray	azelastine hcl	1	1				1B			
Atrovent nasal spray	ipratropium bromide	1	1				1B			
Flonase (Rx Only)	fluticasone propionate	1	1				1B			
Nasacort AQ (Rx Only)	triamcinolone acetonide	1	1				1B			

12B. Otic Preparations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cetraxal	ciprofloxacin hcl	1	1				1B			
Cetraxal		3	3				3			
Ciprodex		2	2				2			
Cortisporin	neomycin/polymyxin b sulf/hc	1	1				1B			
Cortisporin-TC		3	3				3			
Domeboro Otic	acetic acid/aluminum acetate	1	1				1B			
Floxin Otic	ofloxacin	1	1				1B			
Vosol	acetic acid	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

13. Respiratory, cough and cold

13A. Antihistamine/Decongestant Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Drugs in this category are not covered		N/A	N/A				N/A			

13B. Antihistamines		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Atarax	hydroxyzine hcl	1	1				1B			
Benadryl (Rx Only)	diphenhydramine hcl	1	1				1B			
Periactin tablet, 2mg/5 ml syrup	cyproheptadine hcl	1	1				1B			
Phenergan	promethazine hcl	1	1				1B			
Tavist Rx (2.68mg, Syrup)	clemastine fumarate	1	1				1B			
Vistaril	hydroxyzine pamoate	1	1				1B			
Xyzal solution	levocetirizine dihydrochloride	1	1				1B			
Xyzal tablet	levocetirizine dihydrochloride	1	1				1B			
Zyrtec solution (RX Only)	cetirizine hcl	1	1				1B			

13C. Antitussive combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Drugs in this category are not covered		N/A	N/A				N/A			

13D. Cystic Fibrosis Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cayston <s>		3	5				5			
Kalydeco <s>		2	4				4			
Orkambi <s>		3	5				5			
Pulmozyme <s>		2	4				4			
Tobi <s>	tobramycin in 0.225% nacl	1	4				4			

13E. Epinephrine		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Adrenaclick		3	3				3			
Adrenalin Chloride		3	3				3			
Auvi-Q		3	3				3			
Epinephrine auto-injector	epinephrine	1	1				1B			
Epipen, Jr.		2	2				2			

13F. Inhaled Anticholinergics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Atrovent HFA		2	2				2			
Atrovent solution	ipratropium bromide	1	1				1B			
Spiriva, Respimat		2	2				2			
Tudorza Pressair		3	3				3			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

13G. Inhaled Beta-Agonist/Anticholinergic Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Anoro Ellipta		3	3			■	3			■
Combivent Respimat		2	2				2			
Duoneb	ipratropium/albuterol sulfate	1	1				1B			

13H. Inhaled Beta-Agonists		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Albuterol nebulizer solution	albuterol sulfate	1	1				1B			
Arcapta Neohaler		3	3			■	3			■
Brovana		3	3				3		■	■
Foradil		2	2			■	2			
Perforomist		3	3				3		■	■
ProAir HFA, Ventolin HFA		2	2			■	2			
Proair Respiclick		2	2			■	2			
Proventil HFA		3	3			■	3			
Serevent Diskus		2	2			■	2			
Xopenex	levalbuterol hcl	1	1				1B			
Xopenex HFA		3	3			■	3			

13I. Inhaled Steroid/Beta-Agonist Combinations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Advair Diskus, HFA		2	2			■	2			
Dulera		2	2			■	2			■
Symbicort		2	2			■	2			

13J. Inhaled Steroids		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Aerospan		3	3			■	3			
Alvesco		2	2			■	2			
Asmanex, HFA		2	2			■	2			
Flovent HFA, Diskus		2	2			■	2			
Pulmicort Flexhaler		2	2			■	2			
Pulmicort solution	budesonide	1	1				1A			
Qvar		2	2			■	2			

13K. Intranasal Steroids		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Flonase (Rx Only)	fluticasone propionate	1	1			■	1B			
Nasacort AQ (Rx Only)	triamcinolone acetoneide	1	1			■	1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

13L. Oral Beta-Agonists		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Alupent	metaproterenol sulfate	1	1				1B			
Brethine	terbutaline sulfate	1	1				1B			
Proventil solution	albuterol sulfate	1	1				1B			
Proventil/Ventolin tablet	albuterol sulfate	1	1				1B			
Vospire ER	albuterol sulfate	1	1				1B			

13M. Pulmonary Hypertension Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Adcirca <s>		3	5				5			
Adempas <s>		3	5				5			
Letairis <s>		2	4				4			
Opsumit <s>		3	5				5			
Remodulin <s>		3	5				5			
Revatio	sildenafil citrate	1	1				1B			
Revatio suspension		2	2				2			
Tracleer <s>		2	4				4			
Tyvaso <s>		2	4				4			
Ventavis <s>		2	4				4			

13N. Theophyllines		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Theo-24		2	2				2			
Theophylline anhydrous	theophylline anhydrous	1	1				1B			
Uniphyll	theophylline anhydrous	1	1				1B			

13O. Miscellaneous Respiratory Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Accolate	zafirlukast	1	1				1B			
Daliresp		3	3				3			
Esbriet <s>		3	5				5			
Hyper-Sal		3	3				3			
Intal solution	cromolyn sodium	1	1				1B			
Mucomyst	acetylcysteine	1	1				1B			
Nebusal		3	3				3			
Ofev <s>		3	5				5			
Singulair	montelukast sodium	1	1				1B			
Sodium chloride inhalation	sodium chloride for inhalation	1	1				1B			
Zyflo		3	3				3			
Zyflo CR		3	3				3			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

14. Urology

14A. BPH Treatment		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Avodart		2	2				2			
Cardura	doxazosin mesylate	1	1				1B			
Cardura XL		3	3				3			
Flomax	tamsulosin hcl	1	1				1B			
Hytrin	terazosin hcl	1	1				1B			
Jalyn		2	2				2			
Proscar	finasteride	1	1				1B			
Rapaflo		3	3				3			
Uroxatral	alfuzosin hcl	1	1				1B			

14B. Urinary Antispasmodics		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Detrol, LA	tolterodine tartrate	1	1				1B			
Ditropan, XL	oxybutynin chloride	1	1				1B			
Enablex		3	3				3			
Levbid	hyoscyamine sulfate	1	1				1B			
Levsin, SL	hyoscyamine sulfate	1	1				1B			
Myrbetriq		3	3				3			
Pro-Banthine	propantheline bromide	1	1				1B			
Sanctura	tropium chloride	1	1				1B			
Sanctura XR	tropium chloride	1	1				1B			
Toviaz		3	3				3			
Urispas	flavoxate hcl	1	1				1B			
Vesicare		3	3				3			

14C. Miscellaneous Urologicals		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cuprimine		2	2				2			
Cystagon <s>		2	4				4			
Cytra-K	potassium citrate/citric acid	1	1				1B			
Depen		3	3				3			
Elmiron		2	2				2			
Lithostat		3	3				3			
Renacidin		2	2				2			
Resectisol		3	3				3			
Sorbitol-mannitol		3	3				3			
Thiola		3	3				3			
Urecholine	bethanechol chloride	1	1				1B			
Urocit-K	potassium citrate	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

15. Vitamins and supplements

15A. Potassium Replacement		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
K-Lor, Klor-Con packet	potassium chloride	1	1				1B			
Klor-Con		3	3				3			
Klor-Con M15	potassium chloride	1	1				1B			
K-Sol; Potassium Chloride	potassium chloride	1	1				1B			
K-Tab; K-Dur; Slow-K; Kaon CL; Klor-con	potassium chloride	1	1				1B			
Micro-K	potassium chloride	1	1				1B			
Potassium Chloride effervescent	pot chloride/pot bicarb/cit ac	1	1				1B			

15B. Vitamins and Minerals		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Calciferol	ergocalciferol (vitamin d2)	1	1				1B			
Calcium + Vitamin D 600mg (Prevent)	calcium carbonate/vitamin d3	\$0	\$0				\$0			
Calcium + Vitamin D chewable (Prevent)	calcium carbonate/vitamin d3	\$0	\$0				\$0			
Calcium + Vitamin D tablets (Prevent)	calcium carbonate/vitamin d3	\$0	\$0				\$0			
Calcium + Vitamin D tablets 600mg-500mg (Prevent)	calcium carb & citrate/vit d3	\$0	\$0				\$0			
Calcium Citrate w/Vitamin D (Prevent)	calcium citrate/vitamin d3	\$0	\$0				\$0			
Calcium Citrate w/Vitamin D 1500mg-200 (Prevent)	calcium citrate/vitamin d2	\$0	\$0				\$0			
Calvite P&D (Prevent)	calcium phosphate dibas/vit d3	\$0	\$0				\$0			
Cyanocobalamin injection	cyanocobalamin (vitamin b-12)	1	1				1B			
Fer-in-sol 15mg Drops (Prevent)	ferrous sulfate	\$0	\$0				\$0			
Fluor-a-Day 0.25mg, 0.5mg (Prevent)	sodium fluoride/xylitol	\$0	\$0				\$0			
Fluoridab; Sodium Fluoride 0.25mg, 0.5mg (Prevent)	sodium fluoride	\$0	\$0				\$0			
Flura-drops (Prevent)	sodium fluoride	\$0	\$0				\$0			
Folic Acid 0.4mg, 0.8mg (Prevent)	folic acid	\$0	\$0				\$0			
Folvite	folic acid	1	1				1B			
Galzin		3	3				3			
Hydroxocobalamin	hydroxocobalamin	1	1				1B			
K-Phos Neutral	phosphorus #1	1	1				1B			
Luride 0.5mg/ml (Prevent)	sodium fluoride	\$0	\$0				\$0			
Mephyton		2	2				2			
Nephplex Rx	vit b cmplx no3/fa/c/biot/zinc	1	1				1B			
Nephrocaps	b complex & c no.20/folic acid	1	1				1B			
Nephro-vite Rx	vit b cmplx 3/fa/vit c/biotin	1	1				1B			
Oyster shell Calcium w/vit D (Prevent)	calcium carbonate/vitamin d2	\$0	\$0				\$0			
Phytonadione		3	3				3			
Vitamin D2 (OTC) (Prevent)	ergocalciferol (vitamin d2)	\$0	\$0				\$0			
Vitamin D3 (OTC) (Prevent)	cholecalciferol (vitamin d3)	\$0	\$0				\$0			
Vitamin K ampule	phytonadione	1	1				1B			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

(Prevent) - Prevent drugs may be covered at \$0 if criteria are met

16. Diagnostic and other miscellaneous

16A. Chelating Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Cuprimine		2	2				2			
Depen		3	3				3			
Desferal	deferoxamine mesylate	1	1				1B			
Exjade <s>		3	5				5			
Ferriprox <s>		3	5				5			
Syprine <s>		3	5				5			

16B. Ion-Removing Agents		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Fosrenol tablets		3	3				3			
Kayexalate	sodium polystyrene sulfonate	1	1				1B			
Phoslo	calcium acetate	1	1				1B			
Phoslyra		3	3				3			
Renagel		2	2				2			
Renvela		2	2				2			
SPS	sodium polystyrene sulfonate	1	1				1B			
SPS 50g/200ml enema		3	3				3			

16C. Diagnostics and Other Miscellaneous		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Acetic Acid	acetic acid	1	1				1B			
Carnitor	levocarnitine	1	1				1B			
Carnitor SF		3	3				3			
Carnitor solution	levocarnitine (with sugar)	1	1				1B			
Chemet		2	2				2			
Cystadane <s>		3	5				5			
Kuvan <s>		2	4				4			
Orfadin <s>		3	5				5			
Radiogardase		2	2				2			
Samsca <s>		2	4				4			

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

17. Lifestyle modification

17A. Impotence, Sexual Dysfunction		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Drugs in this category are not covered		N/A	N/A				N/A			

17B. Smoking Cessation		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Chantix (Prevent)		\$0	\$0				\$0			
Commit Lozenges OTC (Prevent)	nicotine polacrilex	\$0	\$0				\$0			
Nicotine gum, Nicorette (Prevent)	nicotine polacrilex	\$0	\$0				\$0			
Nicotine patch (Prevent)	nicotine	\$0	\$0				\$0			
Nicotrol, NS (Prevent)		\$0	\$0				\$0			
Zyban (Prevent)	bupropion hcl	\$0	\$0				\$0			

17C. Weight Loss Preparations		BCBSM					BCN			
Trade name	Generic name	3-Tier	5-Tier	PA	ST	QL	Tier	PA	ST	QL
Drugs in this category are not covered		N/A	N/A				N/A			

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For members with 3-tier,
5-tier or 6-tier pharmacy
benefit designs

Nonprofit corporations and independent licensees
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