



Custom Drug List



Blue Cross
Blue Shield
Blue Care Network
of Michigan

Confidence comes with every card.®

2021

Blue Cross and BCN Custom Drug List - July 2021

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Blue Cross and BCN Custom Drug List

Blue Cross Blue Shield of Michigan and Blue Care Network's *Custom Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

We regularly update this list with medications approved by the U.S. Food and Drug Administration and reviewed by our Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan doctors, 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 *Custom Drug List* helps maintain quality of care and contain costs for our members.

About this drug list

Use this list to find information about drug coverage and therapeutic options for Blue Cross and BCN members. It's divided by chapter into major drug classes or indication for 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. Refer to the "[How to Read](#)" section for details.

We encourage doctors to prescribe preferred medications whenever possible. Blue Cross and BCN respect the judgment of dispensing pharmacists and expects them to contact the prescriber when 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 nonpreferred or excluded drug. The [Blue Cross and BCN Preferred Alternatives](#) list represents possible alternatives to nonpreferred drugs.

Coverage and applicable copayment for drugs on the Blue Cross and BCN *Custom Drug List* are based on a member's drug plan. Not all drugs included in the drug list are covered by each member's plan. Drugs not listed on the *Custom Drug List* may not be covered.

Some medications excluded by a Blue Cross or BCN member's pharmacy benefits may be covered under his or her medical benefits. These are 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.

Drug list exclusions

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. For the most recent list of excluded drugs, refer to our [Drug List Exclusions \(PDF\)](#). If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross or BCN member ID card.

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

- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Drugs used for experimental or investigational purposes
- Drugs prescribed for cosmetic purposes
- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
 - Note: All BCN members and most Blue Cross members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA
- For BCN members, proton pump inhibitors, non-sedating antihistamines and nasal steroids aren't covered. These medications have over-the-counter alternatives that are available without a prescription.

Specialty drugs

For more information on specialty drugs, see the [Specialty Drug Program Pharmacy 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. Members pay half their usual copayment for a 15-day supply. For more details, visit bcbsm.com/pharmacy.

Preventive drug coverage

Under the 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. These drugs appear as a \$0 tier on the drug list. For a complete list of preventive drugs and coverage requirements, please see [Preventive Drug Coverage](#) at bcbsm.com/pharmacy.

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

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

Tier descriptions

	Three-tier plans	Five-tier plans	Six-tier plans
Tier 1	<p>Generics — lowest copay This tier includes generic specialty and nonspecialty drugs. Members pay the lowest copay for generics, which makes them the most cost-effective option for treatment.</p>	<p>Generics — lowest copay This tier includes generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment. Generic specialty drugs are in Tier 4.</p>	<p>Tier 1A: Preferred generics — lower generic drug copay This tier includes common nonspecialty generic drugs and select brand-name drugs that treat certain chronic diseases. Offering these drugs at the lowest copay makes them more accessible to members and helps ensure that they take them as prescribed.</p> <p>Tier 1B: Generics — higher generic drug copay This tier includes nonspecialty generic drugs that aren't listed in Tier 1A. The Tier 1B copay is higher than the Tier 1A copay but is still lower than the copay for brand-name drugs.</p>
Tier 2	<p>Preferred brand — higher copay This tier includes preferred, brand-name drugs. These drugs are more expensive than generics, and members pay a higher copay for them. This tier includes preferred brand-name specialty drugs.</p>	<p>Preferred brand — higher copay This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay a higher copay for them.</p>	
Tier 3	<p>Nonpreferred brands — highest copay This tier includes nonpreferred, brand-name drugs for which there's a more cost-effective generic alternative or preferred brand-name drug available. Members pay the highest copay for these drugs. This tier includes nonpreferred brand-name specialty drugs.</p>	<p>Nonpreferred brands — highest nonspecialty copay This tier includes nonspecialty, brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay a higher copay for these nonpreferred brand-name drugs.</p>	
Tier 4	Doesn't apply	<p>Preferred specialty — lower specialty drug cost sharing This tier includes specialty drugs, both generic and brand-name, that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.</p>	
Tier 5	Doesn't apply	<p>Nonpreferred specialty — higher specialty drug cost sharing This tier includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions. Members pay a higher copay for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.</p>	

How do I fill my prescription?

The type of drug you take determines which pharmacy you may use.

- **Specialty drugs**
 - Local retail pharmacy
 - Walgreens is our preferred specialty pharmacy. Find a location at walgreens.com/pharmacy/*
 - You can use any retail pharmacy in your applicable network.
 - Limited-distribution specialty drugs
 - Pharmacy options vary based on the drug. Refer to the [Specialty Drug Program Pharmacy Benefit Member Guide](#), and search for the drug you take.
 - Mail order for home delivery
 - AllianceRx Walgreens Prime** Specialty Pharmacy
 - Website: alliancerxwp.com*
 - Telephone: 1-866-515-1355
- **All other drugs**
 - Local retail pharmacy — More than 2,400 retail pharmacies in Michigan and 70,000 retail pharmacies outside of Michigan accept your member ID card.
 - Mail order for home delivery
 - Pharmacy: Express Scripts*** mail order pharmacy
 - Telephone:
 - **Blue Cross members:** 1-800-778-0735
 - **BCN members:** 1-800-229-0832

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

*Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

**AllianceRx Walgreens Prime® is an independent company that provides specialty pharmacy benefit management services for Blue Cross and BCN.

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

New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to Tier 1. The original branded version will move to a nonpreferred tier for Blue Cross members and to a preferred or nonpreferred tier for BCN.

Generic drug substitution

Generic drug substitution occurs when a pharmacist dispenses a generic equivalent in place of the brand-name product. Generics approved by the U.S. Food and Drug Administration are listed in the "Generic name" column to the right of the brand-name drug. Generic substitution is required for most Blue Cross and BCN members. If both the generic and brand names are listed, the tier number matches the available generic. The brand-name tier is always higher, reflecting the higher copayment when there's an available generic. Members are encouraged to receive the generic equivalent if available.

- **Blue Cross:** Some Blue Cross members, depending on their plan, may be required to pay the difference between the cost of the brand-name drug and its generic equivalent, in addition to the applicable brand-name copay, if they opt to not fill their prescription with the generic equivalent.
- **BCN:** All BCN members must pay the difference between the cost of the brand-name drug and its generic equivalent, in addition to the applicable brand-name copay, if they opt to not fill their prescription with the generic equivalent.

Authorized generics

Authorized generics are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand copayment will apply for these medications. Some authorized generics may not be covered. For the most recent list of excluded drugs, refer to our [Drug List Exclusions \(PDF\)](#).

Vaccines

The following select vaccines are covered at pharmacies without cost-sharing for most members whose pharmacies participate with Blue Cross and BCN and are certified to administer vaccines

Common name	Vaccine	Age restrictions
Chickenpox	Varivax®	None
Flu	Influenza virus vaccine (various)	None
Haemophilus influenzae type B	ActHIB®	None
	Hiberix®	None
	PedvaxHIB®	None
Hepatitis A	Havrix®	None
	Vaqta®	None
Hepatitis A and B	Twinrix®	None
Hepatitis B	Energix-B®	None
	Recombivax HB®	None
	Hepelisav-B®	None
Human papillomavirus (or HPV)	Gardasil® 9	9 to 45 years old
Measles, mumps and rubella	M-M-R- II®	None
Measles, mumps and rubella; varicella	ProQuad®	None
Meningitis	Bexsero®	None
	Menveo®	None
	Menactra®	None
	Menomune®	None
	Trumenba®	None
Pneumonia	Pneumovax® 23	None

Common name	Vaccine	Age restrictions
	Prevnar 13®	65 and older
Polio	Ipol®	None
Rotavirus	Rotarix®	None
	RotaTeq®	None
Shingles	Shingrix®	50 and older
Tetanus, diphtheria	Diphth-Tetanus Toxoids-Ped	None
	Tenivac®	None
	TDVAX®	None
Tetanus, diphtheria and whooping cough	Boostrix®	None
	Adacel®	None
Tetanus, diphtheria and whooping cough; polio	Kinrix®	None
	Quadracel®	None
Tetanus, diphtheria and whooping cough; hepatitis B; polio	Pediarix®	None
Tetanus, diphtheria and whooping cough; haemophilus influenzae type B; polio	Pentacel®	None
Tetanus, diphtheria, and whooping cough; haemophilus influenzae type B; hepatitis B; polio	Vaxelis®	None

Possible therapeutic alternatives for nonpreferred drugs

The [Blue Cross and BCN Preferred Alternatives](#) list is attached to this drug list as Appendix A and lists possible alternatives to nonpreferred drugs. These alternative medications can generally be prescribed without approval from Blue Cross or BCN and can be dispensed with lower out-of-pocket costs for members. Therapeutic alternatives may represent a different drug class, contain different ingredients or may be available in strengths or dosage forms that differ from the prescribed branded products. Pharmacists must obtain authorization from a patient's doctor to dispense an alternative product.

This list also contains examples of the therapeutic alternatives a member's doctor should consider when determining appropriate treatment for the member. The doctor should consider individual drug product characteristics and member factors, such as coexisting disease states, contraindications, therapeutic history, concurrent medications and other relevant circumstances. This list is also available at bcbsm.com/pharmacy.

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. Clinical criteria are based on current medical information and approved by our 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 requiring prior approval or step therapy, please see [Prior Authorization and Step Therapy Coverage Criteria](#) and refer to the column labeled *Custom Drug List*.

Quantity limits

Blue Cross and BCN set quantity limits based on clinical appropriateness and manufacturer recommended dosing for select drugs. For certain medications, Blue Cross and BCN limit the quantity that can be dispensed per fill.

To view a current list of drugs that have limits on the quantity that can be dispensed per fill, please see the [Quantity Limit Program](#), and refer to the column labeled "BCBSM Clinical, Custom, Closed Drug Lists" for Blue Cross members or "BCN Custom, Closed Drug Lists" for BCN members.

How to request approval

For members:

Blue Cross and BCN members should consult their prescription drug benefit packet for information on how to get prior approval or 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 back of their Blue Cross or BCN member ID card for more information.

- To request coverage of a drug: Fill out the [Coverage Request Form online at bcbsm.com](#).
- Write to:
Pharmacy Services — Mail Code 512C
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

For doctors:

Doctors can request approval for Blue Cross and BCN members. 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, an explanation of the member's appeal rights and the appeals process.

Physicians can request approval one of four ways:

- **Electronic prior authorization:** Physicians can use their electronic health record or CoverMyMeds® to submit [electronic prior authorizations](#) for commercial pharmacy members.
- **Call:** 1-800-437-3803
- **Fax:** 1-866-601-4425
- **Write:** Pharmacy Services — Mail Code 512C
Blue Cross Blue Shield of Michigan
600 E Lafayette Blvd.
Detroit, MI 48226-2998

How to read the Custom Drug List

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

Drugs are listed alphabetically by brand name within each section. If a generic version is available, the name is included in the "Generic name" column next to the brand name in the "Trade name" column, and coverage is provided for the generic version. The brand name is included for informational purposes only, as the brand-name drugs aren't covered or may require a higher copay, depending on the member's plan. If only a brand name is listed, there isn't a generic version available.

③	8D. Hormonal agents		① Blue Cross (PPO)			② BCN (HMO)		
	Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
④	Erleada <s>		2	4	PA, QL	2 / 4	4	PA, QL
⑤	Evista	raloxifene hcl	1	1	QL	1	1B	
⑤	Evista * (Prevent)	raloxifene hcl	\$0	\$0	PA, QL	\$0	\$0	PA
⑥	Faslodex	fulvestrant	1	1		1	1B	
⑦	Soltamox		3	3		3	3	
⑧	Trelstar, Depot, LA <s>		2	4		2 / 4	4	

*Age restrictions apply.

- ① **Blue Cross:** This section applies to members with a Blue Cross PPO drug plan.
- ② **BCN:** This section applies to members with a BCN HMO drug plan.
- ③ Drugs are organized based on drug class or indication for use.
- ④ Erleada is a preferred brand-name specialty drug (<s>). It requires a Tier 2 copay for 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.
- ⑤ The generic drug raloxifene HCl requires a Tier 1B copay for BCN members with a six-tier drug plan and a Tier 1 copay for all other plans. Quantity limits apply for Blue Cross plans. Raloxifene HCl may be covered with no cost-sharing for members who meet criteria.
- ⑥ The generic drug fulvestrant requires a Tier 1B copay for BCN members with a six-tier drug plan, and a Tier 1 copay for all other drug plans. There are no restrictions on coverage.
- ⑦ Soltamox is a nonpreferred brand-name drug that requires a Tier 3 copay and doesn't have any restrictions on coverage.
- ⑧ Trelstar is a preferred brand-name specialty drug (<s>). It requires a Tier 2 copay for members with a three-tier drug plan and a Tier 4 copay for all other drug plans. There are no restrictions on coverage. The coverage requirements are the same for Trelstar, Trelstar Depot and Trelstar LA. Commas are used throughout the drug list to indicate different strengths, formulations and dosage forms of the listed drug.
- ⑨ **Limits:** This section lists information such as prior approval, step therapy and quantity limits.
 - Prior approval:** Plan approval is required for coverage (listed as PA in the chart).
 - Step therapy:** Previous treatment with preferred drugs is required (listed as ST in the chart).
 - Quantity limits:** Prescriptions can't exceed a specific quantity per fill (listed as QL in the chart).

"(Prevent)" designates preventive drugs.

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

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

Editor's note:

Please send us your comments and suggestions about Blue Cross and BCN's *Custom Drug List*. Your input is vital to its continued success. We review and consider all responses.

Please send your comments to:

Drug Information Services — Mail Code 512C
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

1. Anti-infectives

1A. Antifungals		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Ancobon	flucytosine	1	1		1	1B	
Cresemba capsule		2	2	QL	2	2	QL
Diflucan	fluconazole	1	1		1	1B	
Grifulvin V	griseofulvin, microsize	1	1		1	1B	
Gris-PEG	griseofulvin ultramicrosize	1	1		1	1B	
Lamisil tablet	terbinafine hcl	1	1		1	1B	
Mycelex Troche	clotrimazole	1	1		1	1B	
Nizoral	ketoconazole	1	1		1	1B	
Noxafil suspension		2	2		2	2	
Noxafil tablet	posaconazole	1	1	QL	1	1B	QL
Nystatin	nystatin	1	1		1	1B	
Oravig		3	3	QL	3	3	QL
Sporanox	itraconazole	1	1		1	1B	
Vfend	voriconazole	1	1		1	1B	

1B. Antimalarials		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Arakoda		3	3	QL	3	3	QL
Aralen	chloroquine phosphate	1	1		1	1B	
Coartem		2	2	QL	2	2	QL
Krintafel		2	2	QL	2	2	QL
Lariam	mefloquine hcl	1	1		1	1B	
Malarone	atovaquone/proguanil hcl	1	1		1	1B	
Plaquenil	hydroxychloroquine sulfate	1	1		1	1B	
Primaquine	primaquine phosphate	1	1		1	1B	
Primaquine		2	2		2	2	
Qualaquin	quinine sulfate	1	1		1	1B	

1C. Antiparasitics and antihelmintics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Albenza	albendazole	1	1	QL	1	1B	QL
Alinia	nitazoxanide	1	1		1	1B	
Alinia suspension		2	2		2	2	
Benznidazole		2	2	QL	2	2	QL
Biltricide	praziquantel	1	1		1	1B	
Daraprim <s>	pyrimethamine	1	4	PA	1 / 4	4	PA
Emverm		3	3	QL	3	3	QL
Flagyl	metronidazole	1	1		1	1B	
Humatin	paromomycin sulfate	1	1		1	1B	
Impavido		2	2	QL	2	2	QL
Lampit		3	3	QL	3	3	QL
Mepron	atovaquone	1	1		1	1B	
Nebupent aerosol	pentamidine isethionate	1	1		1	1B	
Stromectol	ivermectin	1	1		1	1B	
Tindamax	tinidazole	1	1	QL	1	1B	QL

1D. Antiretrovirals		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aptivus		2	2		2	2	
Atripla	efavirenz/emtricit/tenofovr df	1	1		1	1B	
Biktarvy		2	2	QL	2	2	QL
Cimduo		2	2	QL	2	2	QL
Combivir	lamivudine/zidovudine	1	1		1	1B	
Complera		2	2	QL	2	2	QL
Delstrigo		2	2	QL	2	2	QL
Descovy		2	2	ST, QL	2	2	ST, QL
Dovato		2	2	QL	2	2	QL
Edurant		2	2	QL	2	2	QL
Emtriva	emtricitabine	1	1		1	1B	
Emtriva solution		2	2		2	2	
Epivir	lamivudine	1	1		1	1B	
Epzicom	abacavir sulfate/lamivudine	1	1		1	1B	
Evotaz		2	2	QL	2	2	QL
Fuzeon		2	2		2	2	
Genvoya		2	2	QL	2	2	QL
Intelence	etravirine	1	1		1	1B	
Intelence		2	2		2	2	
Invirase		2	2		2	2	
Isentress		2	2		2	2	
Isentress HD		2	2		2	2	
Juluca		2	2	QL	2	2	QL
Kaletra	lopinavir/ritonavir	1	1		1	1B	
Kaletra tablet		2	2		2	2	
Lexiva	fosamprenavir calcium	1	1		1	1B	
Lexiva suspension		2	2		2	2	
Norvir	ritonavir	1	1		1	1B	
Norvir packet, solution		2	2		2	2	
Odefsey		2	2	QL	2	2	QL
Pifeltro		2	2	QL	2	2	QL
Prezcobix		2	2	QL	2	2	QL
Prezista		2	2		2	2	
Retrovir	zidovudine	1	1		1	1B	
Reyataz	atazanavir sulfate	1	1		1	1B	
Reyataz packet		2	2		2	2	
Rukobia		2	2	PA, QL	2	2	PA, QL
Selzentry		2	2		2	2	
Stribild		2	2	QL	2	2	QL
Sustiva	efavirenz	1	1		1	1B	
Symfi	efavirenz/lamivu/tenofov disop	1	1	QL	1	1B	QL
Symfi Lo	efavirenz/lamivu/tenofov disop	1	1	QL	1	1B	QL
Symtuza		2	2	QL	2	2	QL
Temixys		2	2	QL	2	2	QL
Tivicay		2	2		2	2	
Tivicay PD		2	2	QL	2	2	QL
Triumeq		2	2	QL	2	2	QL
Truvada	emtricitabine/tenofovir (tdf)	1	1	QL	1	1B	QL
Truvada 200mg/300mg (Prevent)	emtricitabine/tenofovir (tdf)	\$0	\$0	PA, QL	\$0	\$0	PA, QL
Tybost		2	2	QL	2	2	QL
Vemlidy <s>		2	4	QL	2 / 4	4	QL
Viramune, XR	nevirapine	1	1		1	1B	
Viread	tenofovir disoproxil fumarate	1	1		1	1B	

1D. Antiretrovirals (Continued)		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Viread 150mg, 200mg, 250mg tablet; packet		2	2		2	2	
Ziagen	abacavir sulfate	1	1		1	1B	

1E. Antituberculars		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cycloserine		2	2		2	2	
Ethambutol	ethambutol hcl	1	1		1	1B	
Isoniazid	isoniazid	1	1		1	1B	
Mycobutin	rifabutin	1	1		1	1B	
Paser		3	3		3	3	
Pretomanid		2	2	QL	2	2	QL
Priftin		3	3		3	3	
Pyrazinamide	pyrazinamide	1	1		1	1B	
Rifadin	rifampin	1	1		1	1B	
Sirturo		2	2	PA, QL	2	2	PA, QL
Trecator		3	3		3	3	

1F. Antivirals		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Acyclovir	acyclovir	1	1		1	1B	
Baraclude <s>	entecavir	1	4		1 / 4	4	
Baraclude solution <s>		2	4		2 / 4	4	
Copegus <s>	ribavirin	1	4		1 / 4	4	
Epclusa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Epivir HBV	lamivudine	1	1		1	1B	
Epivir HBV solution		2	2		2	2	
Famvir	famciclovir	1	1		1	1B	
Flumadine	rimantadine hcl	1	1		1	1B	
Harvoni <s>		3	5	PA, QL	3 / 5	5	PA, QL
Hepsera <s>	adefovir dipivoxil	1	4		1 / 4	4	
Ledipasvir-sofosbuvir 90mg/400mg tablet (authorized generic of Harvoni) <s>		2	4	PA, QL	2 / 4	4	PA, QL
Mavyret <s>		3	5	PA, QL	3 / 5	5	PA, QL
Prevymis tablet		3	3	QL	3	3	QL
Rebetol <s>	ribavirin	1	4		1 / 4	4	
Relenza		2	2	QL	2	2	QL
Ribasphere <s>	ribavirin	1	4		1 / 4	4	
Sitavig		3	3	ST, QL	3	3	ST, QL
Sofosbuvir-velpatasvir (authorized generic of Epclusa) <s>		2	4	PA, QL	2 / 4	4	PA, QL
Sovaldi <s>		3	5	PA, QL	3 / 5	5	PA, QL
Symmetrel	amantadine hcl	1	1		1	1B	
Tamiflu	oseltamivir phosphate	1	1	QL	1	1B	QL
Valcyte	valganciclovir hcl	1	1		1	1B	
Valtrex	valacyclovir hcl	1	1		1	1B	
Vosevi <s>		3	5	PA, QL	3 / 5	5	PA, QL
Xofluza		3	3	QL	3	3	QL
Zepatier <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zovirax capsule, suspension, tablet	acyclovir	1	1		1	1B	

1G. Cephalosporins		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Ceclor, ER	cefaclor	1	1		1	1B	
Ceftin	cefuroxime axetil	1	1		1	1B	
Cefzil	cefprozil	1	1		1	1B	
Duricef	cefadroxil	1	1		1	1B	
Keflex	cephalexin	1	1		1	1B	
Omnicef	cefdinir	1	1		1	1B	
Spectracef	cefditoren pivoxil	1	1	QL	1	1B	QL
Suprax	cefixime	1	1		1	1B	
Suprax chew tablet, 500mg/5ml suspension		3	3		3	3	
Vantin	cefepodoxime proxetil	1	1		1	1B	

1H. Macrolides		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Biaxin, XL	clarithromycin	1	1		1	1B	
Dificid		3	3	QL	3	3	QL
E.E.S.; Eryped	erythromycin ethylsuccinate	1	1		1	1B	
Ery-tab	erythromycin base	1	1		1	1B	
Erythromycin Base	erythromycin base	1	1		1	1B	
Erythromycin Stearate	erythromycin stearate	1	1		1	1B	
Zithromax	azithromycin	1	1		1	1B	

1I. Penicillins		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Amoxil	amoxicillin	1	1		1	1B	
Ampicillin	ampicillin trihydrate	1	1		1	1B	
Augmentin 125mg-31.25mg/ml suspension		2	2		2	2	
Augmentin, ES, XR	amoxicillin/potassium clav	1	1		1	1B	
Dicloxacillin	dicloxacillin sodium	1	1		1	1B	
Moxatag		3	3		3	3	
Penicillin VK	penicillin v potassium	1	1		1	1B	

1J. Quinolones		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Avelox	moxifloxacin hcl	1	1		1	1B	
Baxdela tablet		3	3		3	3	
Cipro suspension	ciprofloxacin	1	1		1	1B	
Cipro tablet	ciprofloxacin hcl	1	1		1	1B	
Factive		3	3		3	3	
Floxin tablet	ofloxacin	1	1		1	1B	
Levaquin	levofloxacin	1	1		1	1B	

1K. Sulfonamides and combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bactrim, DS; Septra, DS	sulfamethoxazole/trimethoprim	1	1		1	1B	
Sulfadiazine	sulfadiazine	1	1		1	1B	

1L. Tetracyclines		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Adoxa capsule	doxycycline monohydrate	1	1	PA	1	1B	PA
Adoxa tablet	doxycycline monohydrate	1	1		1	1A	
Avidoxy 100mg	doxycycline monohydrate	1	1		1	1A	
Declomycin	demeclocycline hcl	1	1		1	1B	
Doryx	doxycycline hyclate	1	1	PA	1	1B	PA
Doryx MPC		3	3	PA	3	3	PA
Doxycycline IR-DR (authorized generic of Oracea)		3	3	PA	3	3	PA
Dynacin	minocycline hcl	1	1		1	1A	
Minocin	minocycline hcl	1	1		1	1A	
Monodox	doxycycline monohydrate	1	1		1	1A	
Nuzuira tablet		3	3	QL	3	3	QL
Oracea		3	3	PA	3	3	PA
Periostat	doxycycline hyclate	1	1		1	1A	
Tetracycline	tetracycline hcl	1	1		1	1B	
Vibramycin	doxycycline hyclate	1	1		1	1A	
Vibramycin suspension	doxycycline monohydrate	1	1		1	1B	
Vibramycin syrup		3	3		3	3	

1M. Urinary tract agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Furadantin	nitrofurantoin	1	1		1	1B	
Hiprex/Urex	methenamine hippurate	1	1		1	1B	
Macrobid	nitrofurantoin monohyd/m-cryst	1	1		1	1B	
Macrochantin	nitrofurantoin macrocrystal	1	1		1	1B	
Monurol	fosfomycin tromethamine	1	1		1	1B	
Primsol		3	3		3	3	
Trimethoprim	trimethoprim	1	1		1	1B	

1N. Miscellaneous anti infectives		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aemcolo		3	3	QL	3	3	QL
Arikayce <s>		2	4	PA, QL	2 / 4	4	PA, QL
Bethkis <s>	tobramycin	1	4	PA, QL	1 / 4	4	PA, QL
Cayston <s>		3	5	PA, QL	3 / 5	5	PA, QL
Cleocin capsule	clindamycin hcl	1	1		1	1B	
Cleocin solution	clindamycin palmitate hcl	1	1		1	1B	
Dapsone	dapsone	1	1		1	1B	
Firvanq	vancomycin hcl	1	1	QL	1	1B	QL
Firvanq 25mg/mL		3	3	QL	3	3	QL
Neomycin	neomycin sulfate	1	1		1	1B	
Peridex	chlorhexidine gluconate	1	1		1	1B	
Sivextro		2	2	QL	2	2	QL
Tobi <s>	tobramycin in 0.225% sod chlor	1	4	QL	1 / 4	4	QL
Tobi Podhaler <s>		3	5	PA, QL	3 / 5	5	PA, QL
Vancocin	vancomycin hcl	1	1		1	1B	
Xenleta tablet		3	3	QL	3	3	QL
Xifaxan 200mg		3	3	QL	3	3	QL
Zyvox	linezolid	1	1		1	1B	

2. Cardiovascular, hypertension, cholesterol

2A. ACE Inhibitors and combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Accupril	quinapril hcl	1	1		1	1A	
Accuretic	quinapril/hydrochlorothiazide	1	1		1	1A	
Aceon	perindopril erbumine	1	1		1	1A	
Altace	ramipril	1	1		1	1A	
Capoten	captopril	1	1		1	1A	
Capozide	captopril/hydrochlorothiazide	1	1		1	1A	
Epaned		3	3		3	3	
Lotensin	benazepril hcl	1	1		1	1A	
Lotensin HCT	benazepril/hydrochlorothiazide	1	1		1	1A	
Lotrel	amlodipine besylate/benazepril	1	1		1	1A	
Mavik	trandolapril	1	1		1	1A	
Monopril	fosinopril sodium	1	1		1	1A	
Monopril HCT	fosinopril/hydrochlorothiazide	1	1		1	1A	
Prestalia		3	3	QL	3	3	QL
Prinivil; Zestril	lisinopril	1	1		1	1A	
Prinzide; Zestoretic	lisinopril/hydrochlorothiazide	1	1		1	1A	
Qbrelis		3	3	QL	3	3	QL
Tarka	trandolapril/verapamil hcl	1	1		1	1B	
Univasc	moexipril hcl	1	1		1	1A	
Vaseretic	enalapril/hydrochlorothiazide	1	1		1	1A	
Vasotec	enalapril maleate	1	1		1	1A	

2B. Alpha adrenergic agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aldomet	methyldopa	1	1		1	1B	
Aldoril	methyldopa/hydrochlorothiazide	1	1		1	1B	
Cardura	doxazosin mesylate	1	1		1	1B	
Catapres	clonidine hcl	1	1		1	1A	
Catapres-TTS	clonidine	1	1		1	1B	
Dibenzyline	phenoxybenzamine hcl	1	1	PA, QL	1	1B	PA, QL
Hytrin	terazosin hcl	1	1		1	1B	
Minipress	prazosin hcl	1	1		1	1B	
Tenex	guanfacine hcl	1	1		1	1B	

2C. Angiotensin II Receptor Blockers and combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Atacand	candesartan cilexetil	1	1		1	1B	
Atacand HCT	candesartan/hydrochlorothiazid	1	1		1	1B	
Avalide	irbesartan/hydrochlorothiazide	1	1		1	1A	
Avapro	irbesartan	1	1		1	1A	
Azor	amlodipine bes/olmesartan med	1	1		1	1B	
Benicar	olmesartan medoxomil	1	1		1	1A	
Benicar HCT	olmesartan/hydrochlorothiazide	1	1		1	1A	
Cozaar	losartan potassium	1	1		1	1A	
Diovan	valsartan	1	1		1	1A	
Diovan HCT	valsartan/hydrochlorothiazide	1	1		1	1A	
Edarbi		3	3	ST, QL	3	3	ST, QL
Edarbyclor		3	3	ST, QL	3	3	ST, QL
Entresto		2	2	QL	2	2	QL
Exforge	amlodipine besylate/valsartan	1	1		1	1A	
Exforge HCT	amlodipine/valsartan/hcthiiazid	1	1		1	1B	
Hyzaar	losartan/hydrochlorothiazide	1	1		1	1A	
Micardis	telmisartan	1	1		1	1A	
Micardis HCT	telmisartan/hydrochlorothiazid	1	1		1	1A	
Teveten	eprosartan mesylate	1	1		1	1A	
Tribenzor	olmesartan/amlodipin/hcthiiazid	1	1	QL	1	1B	QL
Twynsta	telmisartan/amlodipine	1	1		1	1B	

2D. Anticoagulants and hemostasis agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aggrenox	aspirin/dipyridamole	1	1		1	1B	
Agrylin	anagrelide hcl	1	1		1	1B	
Amicar	aminocaproic acid	1	1		1	1B	
Arixtra	fondaparinux sodium	1	1		1	1B	
Brilinta		2	2	QL	2	2	QL
Cablivi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Coumadin	warfarin sodium	1	1		1	1A	
Effient	prasugrel hcl	1	1	QL	1	1B	QL
Eliquis		2	2	QL	2	2	QL
Fragmin		3	3		3	3	
Heparin	heparin sodium,porcine/pf	1	1		1	1B	
Heparin	heparin sodium,porcine	1	1		1	1B	
Lovenox	enoxaparin sodium	1	1		1	1B	
Mephyton	phytonadione (vit k1)	1	1		1	1B	
Persantine	dipyridamole	1	1		1	1B	
Plavix	clopidogrel bisulfate	1	1		1	1A	
Pletal	cilostazol	1	1		1	1B	
Pradaxa		3	3	QL	3	3	QL
Savaysa		3	3	QL	3	3	QL
Trental	pentoxifylline	1	1		1	1B	
Vitamin K ampule	phytonadione (vit k1)	1	1		1	1B	
Xarelto		2	2	QL	2	2	QL
Zontivity		3	3	QL	3	3	QL

2E. Beta blockers and combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Betapace, AF	sotalol hcl	1	1		1	1A	
Blocadren	timolol maleate	1	1		1	1A	
Bystolic		3	3	ST, QL	3	3	ST, QL
Coreg CR	carvedilol phosphate	1	1	QL	1	1B	QL
Coreg immediate-release	carvedilol	1	1		1	1A	
Corgard	nadolol	1	1		1	1A	
Corzide	nadolol/bendroflumethiazide	1	1		1	1A	
Dutoprol		3	3		3	3	
Hemangeol		3	3	QL	3	3	QL
Inderal, LA	propranolol hcl	1	1		1	1A	
Inderide	propranolol/hydrochlorothiazid	1	1		1	1A	
Kerlone	betaxolol hcl	1	1		1	1A	
Lopressor	metoprolol tartrate	1	1		1	1A	
Lopressor HCT	metoprolol/hydrochlorothiazide	1	1		1	1A	
Normodyne	labetalol hcl	1	1		1	1A	
Sectral	acebutolol hcl	1	1		1	1A	
Sotylize		3	3		3	3	
Tenoretic	atenolol/chlorthalidone	1	1		1	1A	
Tenormin	atenolol	1	1		1	1A	
Toprol XL	metoprolol succinate	1	1		1	1A	
Visken	pindolol	1	1		1	1A	
Zebeta	bisoprolol fumarate	1	1		1	1A	
Ziac	bisoprolol/hydrochlorothiazide	1	1		1	1A	

2F. Calcium channel blockers and combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Adalat CC; Procardia, XL	nifedipine	1	1		1	1B	
Azor	amlodipine bes/olmesartan med	1	1		1	1B	
Caduet	amlodipine/atorvastatin	1	1	QL	1	1B	QL
Calan SR; Isoptin SR	verapamil hcl	1	1		1	1B	
Cardene	nicardipine hcl	1	1		1	1B	
Cardizem LA 120mg		3	3		3	3	
Cardizem, CD, LA, SR	diltiazem hcl	1	1		1	1B	
Dynacirc	isradipine	1	1		1	1B	
Exforge	amlodipine besylate/valsartan	1	1		1	1A	
Exforge HCT	amlodipine/valsartan/hcthiaid	1	1		1	1B	
Katerzia		3	3	QL	3	3	QL
Lotrel	amlodipine besylate/benazepril	1	1		1	1A	
Norvasc	amlodipine besylate	1	1		1	1A	
Plendil	felodipine	1	1		1	1A	
Prestalia		3	3	QL	3	3	QL
Sular	nisoldipine	1	1		1	1B	
Tarka	trandolapril/verapamil hcl	1	1		1	1B	
Tiazac	diltiazem hcl	1	1		1	1B	
Tribenzor	olmesartan/amlodipin/hcthiaid	1	1	QL	1	1B	QL
Twynsta	telmisartan/amlodipine	1	1		1	1B	
Verelan, PM	verapamil hcl	1	1		1	1B	

2G. Cardiovascular treatment		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Betapace, AF	sotalol hcl	1	1		1	1A	
Cordarone; Pacerone	amiodarone hcl	1	1		1	1B	
Corlanor		2	2	QL	2	2	QL
Lanoxin	digoxin	1	1		1	1B	
Lanoxin 62.5mcg, 187.5mcg		3	3		3	3	
Mexitil	mexiletine hcl	1	1		1	1B	
Multaq		2	2	QL	2	2	QL
Norpace	disopyramide phosphate	1	1		1	1B	
Norpace CR		2	2		2	2	
Northera <s>	droxidopa	1	4	PA, QL	1 / 4	4	PA, QL
Proamatine	midodrine hcl	1	1		1	1B	
Quinidex	quinidine sulfate	1	1		1	1B	
Quinidine Gluconate SA	quinidine gluconate	1	1		1	1B	
Ranexa	ranolazine	1	1		1	1B	
Rythmol, SR	propafenone hcl	1	1		1	1B	
Sotylize		3	3		3	3	
Tambocor	flecainide acetate	1	1		1	1B	
Tikosyn	dofetilide	1	1		1	1B	
Verquvo		3	3	PA, QL	3	3	PA, QL
Vyndamax <s>		2	4	PA, QL	2 / 4	4	PA, QL
Vyndaqel <s>		2	4	PA, QL	2 / 4	4	PA, QL

2H. Diuretics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aldactazide	spironolact/hydrochlorothiazid	1	1		1	1A	
Aldactazide 50/50mg		3	3		3	3	
Aldactone	spironolactone	1	1		1	1A	
Bumex	bumetanide	1	1		1	1A	
Carospir		3	3		3	3	
Demadex	toremide	1	1		1	1A	
Diamox, Sequels	acetazolamide	1	1		1	1B	
Diuril suspension		3	3		3	3	
Dyazide; Maxzide	triamterene/hydrochlorothiazid	1	1		1	1A	
Dyrenium	triamterene	1	1		1	1B	
Edecrin	ethacrynic acid	1	1		1	1B	
Hydrodiuril; Microzide	hydrochlorothiazide	1	1		1	1A	
Hygroton; Thalitone	chlorthalidone	1	1		1	1A	
Inspra	eplerenone	1	1		1	1A	
Lasix	furosemide	1	1		1	1A	
Lozol	indapamide	1	1		1	1A	
Midamor	amiloride hcl	1	1		1	1A	
Moduretic	amiloride/hydrochlorothiazide	1	1		1	1A	
Zaroxolyn	metolazone	1	1		1	1A	

2I. Lipid lowering agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Antara	fenofibrate,micronized	1	1		1	1B	
Antara 30mg, 90mg		3	3		3	3	
Caduet	amlodipine/atorvastatin	1	1	QL	1	1B	QL
Colestid	colestipol hcl	1	1		1	1B	
Colestid granules, packet		3	3		3	3	
Crestor	rosuvastatin calcium	1	1	QL	1	1A	QL
Crestor* (5mg, 10mg) (Prevent)	rosuvastatin calcium	\$0	\$0	QL	\$0	\$0	QL
Fenofibrate capsule (authorized generic of Lipofen)		3	3		3	3	
Fenoglide	fenofibrate	1	1		1	1B	
Juxtapid <s>		3	5	PA, QL	3 / 5	5	PA, QL
Lescol, XL	fluvastatin sodium	1	1	QL	1	1B	QL
Lescol, XL* (Prevent)	fluvastatin sodium	\$0	\$0	QL	\$0	\$0	QL
Lipitor	atorvastatin calcium	1	1	QL	1	1A	QL
Lipitor* (Prevent)	atorvastatin calcium	\$0	\$0	QL	\$0	\$0	QL
Lipofen		3	3		3	3	
Livalo		3	3	ST, QL	3	3	ST, QL
Lofibra capsule	fenofibrate,micronized	1	1		1	1A	
Lofibra tablet	fenofibrate	1	1		1	1A	
Lopid	gemfibrozil	1	1		1	1A	
Lovaza	omega-3 acid ethyl esters	1	1	QL	1	1B	QL
Mevacor	lovastatin	1	1	QL	1	1A	QL
Mevacor* (all strengths) (Prevent)	lovastatin	\$0	\$0	QL	\$0	\$0	QL
Nexletol		2	2	PA, QL	2	2	PA, QL
Nexlizet		2	2	PA, QL	2	2	PA, QL
Niaspan	niacin	1	1		1	1B	
Praluent		2	2	PA, QL	2	2	PA, QL
Pravachol	pravastatin sodium	1	1	QL	1	1A	QL
Pravachol* (Prevent)	pravastatin sodium	\$0	\$0	QL	\$0	\$0	QL
Questran	cholestyramine (with sugar)	1	1		1	1B	
Questran Light	cholestyramine/aspartame	1	1		1	1B	
Repatha		2	2	PA, QL	2	2	PA, QL
Tricor	fenofibrate nanocrystallized	1	1		1	1A	
Trilipix	fenofibric acid (choline)	1	1		1	1B	
Vascepa	icosapent ethyl	1	1	QL	1	1B	QL
Vascepa		2	2	QL	2	2	QL
Vytorin	ezetimibe/simvastatin	1	1	QL	1	1B	QL
Welchol	colesevelam hcl	1	1		1	1B	
Zetia	ezetimibe	1	1	QL	1	1B	QL
Zocor	simvastatin	1	1	QL	1	1A	QL
Zocor* (5mg, 10mg, 20mg, 40mg) (Prevent)	simvastatin	\$0	\$0	QL	\$0	\$0	QL

*Age restrictions apply.

2J. Nitrates and combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bidil		2	2		2	2	
Dilatrate-SR		2	2		2	2	
GoNitro		3	3		3	3	
Imdur; Ismo; Monoket	isosorbide mononitrate	1	1		1	1A	
Isordil	isosorbide dinitrate	1	1		1	1B	
Minitran		3	3		3	3	
Nitro-bid ointment	nitroglycerin	1	1		1	1B	
Nitroglycerin capsule, patch	nitroglycerin	1	1		1	1B	
Nitrostat	nitroglycerin	1	1		1	1B	

2K. Renin inhibitors and combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Tektuna	aliskiren hemifumarate	1	1		1	1B	
Tektuna HCT		3	3		3	3	

2L. Miscellaneous antihypertensives		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Apresoline	hydralazine hcl	1	1		1	1B	
Demser	metyrosine	1	1		1	1B	
Loniten	minoxidil	1	1		1	1B	
Vecamyl		3	3	PA, QL	3	3	PA, QL

3. Central nervous system

3A. Alzheimer's therapy		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aricept 23mg	donepezil hcl	1	1	QL	1	1B	QL
Aricept 5, 10mg; ODT	donepezil hcl	1	1		1	1A	
Exelon capsule	rivastigmine tartrate	1	1		1	1B	
Exelon patch	rivastigmine	1	1		1	1B	
Memantine HCL (authorized generic of Namenda dose pack)		2	2	QL	2	2	QL
Namenda	memantine hcl	1	1		1	1A	
Namenda dose pack		2	2	QL	2	2	QL
Namenda XR	memantine hcl	1	1	QL	1	1B	QL
Namenda XR dose pack		3	3	QL	3	3	QL
Namzaric		3	3	ST, QL	3	3	ST, QL
Razadyne, ER	galantamine hbr	1	1		1	1B	

3B. Anticonvulsants		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Acthar H.P. <s>		3	5	PA, QL	3 / 5	5	PA, QL
Aptiom		3	3	PA, QL	3	3	PA, QL
Banzel suspension	rufinamide	1	1		1	1B	
Banzel tablet	rufinamide	1	1	PA, QL	1	1B	PA, QL
Briviact		3	3	PA, QL	3	3	PA, QL
Carbatrol	carbamazepine	1	1		1	1B	
Celontin		3	3		3	3	
Depakene capsule	valproic acid	1	1		1	1A	
Depakene solution	valproic acid (as sodium salt)	1	1		1	1A	
Depakote, ER, Sprinkles	divalproex sodium	1	1		1	1A	
Diacomit <s>		3	5	PA, QL	3 / 5	5	PA, QL
Diamox, Sequels	acetazolamide	1	1		1	1B	
Diastat 2.5mg	diazepam	1	1		1	1B	
Diastat Acudial	diazepam	1	1		1	1B	
Dilantin	phenytoin	1	1		1	1A	
Dilantin 30mg capsule		2	2		2	2	
Dilantin; Phenytek capsule	phenytoin sodium extended	1	1		1	1A	
Elepsia XR		3	3	PA, QL	3	3	PA, QL
Epidiolex <s>		3	5	PA, QL	3 / 5	5	PA, QL
Equetro		3	3		3	3	
Felbatol	felbamate	1	1		1	1B	
Fintepla <s>		3	5	PA, QL	3 / 5	5	PA, QL
Fycompa		3	3	QL	3	3	QL
Gabitril	tiagabine hcl	1	1		1	1B	
Keppra, XR	levetiracetam	1	1		1	1A	
Klonopin, Wafer	clonazepam	1	1		1	1B	
Lamictal dose pack	lamotrigine	1	1		1	1B	
Lamictal ODT, XR	lamotrigine	1	1		1	1B	
Lamictal XR dose pack		3	3		3	3	
Lamictal, dispertabs	lamotrigine	1	1		1	1A	
Lyrica	pregabalin	1	1	QL	1	1B	QL
Lyrica CR	pregabalin	1	1	PA, QL	1	1B	PA, QL
Mysoline	primidone	1	1		1	1B	
Nayzilam		2	2	QL	2	2	QL
Neurontin	gabapentin	1	1		1	1A	
Onfi	clobazam	1	1	QL	1	1B	QL
Oxtellar XR		3	3	PA, QL	3	3	PA, QL
Phenobarbital	phenobarbital	1	1		1	1B	
Qudexy XR	topiramate	1	1	PA, QL	1	1B	PA, QL
Sabril <s>	vigabatrin	1	4	PA, QL	1 / 4	4	PA, QL
Spritam		3	3	PA, QL	3	3	PA, QL
Sympazan		3	3	PA, QL	3	3	PA, QL
Tegretol	carbamazepine	1	1		1	1A	
Tegretol XR	carbamazepine	1	1		1	1B	
Topamax, Sprinkle	topiramate	1	1		1	1A	
Trileptal suspension	oxcarbazepine	1	1		1	1B	
Trileptal tablet	oxcarbazepine	1	1		1	1A	
Trokendi XR		3	3	PA, QL	3	3	PA, QL
Valtoco		2	2	QL	2	2	QL
Vimpat solution		2	2		2	2	
Vimpat tablet		2	2	PA, QL	2	2	PA, QL
Xcopri		3	3	PA, QL	3	3	PA, QL

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 (Continued)		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Zarontin	ethosuximide	1	1		1	1B	
Zonegran	zonisamide	1	1		1	1A	

3C. Antidepressants		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Adapin; Sinequan	doxepin hcl	1	1		1	1A	
Amoxapine	amoxapine	1	1		1	1A	
Anafranil	clomipramine hcl	1	1		1	1B	
Aventyl; Pamelor	nortriptyline hcl	1	1		1	1A	
Celexa	citalopram hydrobromide	1	1		1	1A	
Cymbalta	duloxetine hcl	1	1		1	1A	
Desvenlafaxine ER		3	3	ST, QL	3	3	ST, QL
Desyrel	trazodone hcl	1	1		1	1A	
Effexor	venlafaxine hcl	1	1		1	1A	
Effexor XR; Venlafaxine hcl ER capsule	venlafaxine hcl	1	1		1	1A	
Effexor XR; Venlafaxine hcl ER tablet	venlafaxine hcl	1	1		1	1B	
Elavil	amitriptyline hcl	1	1		1	1A	
Emsam		3	3	PA, QL	3	3	PA, QL
Etrafon	perphenazine/amitriptyline hcl	1	1		1	1B	
Fetzima		3	3	ST, QL	3	3	ST, QL
Fluoxetine 60mg	fluoxetine hcl	1	1		1	1B	
Irenka	duloxetine hcl	1	1		1	1B	
Lexapro	escitalopram oxalate	1	1		1	1A	
Limbitrol, DS	amitriptyline/chlordiazepoxide	1	1		1	1B	
Luvox	fluvoxamine maleate	1	1		1	1A	
Luvox CR	fluvoxamine maleate	1	1		1	1B	
Maprotiline hcl	maprotiline hcl	1	1		1	1A	
Marplan		3	3		3	3	
Nardil	phenelzine sulfate	1	1		1	1B	
Norpramin	desipramine hcl	1	1		1	1B	
Parnate	tranylcypromine sulfate	1	1		1	1B	
Paxil	paroxetine hcl	1	1		1	1A	
Paxil CR	paroxetine hcl	1	1		1	1B	
Paxil suspension		3	3		3	3	
Pexeva		3	3	ST, QL	3	3	ST, QL
Pristiq	desvenlafaxine succinate	1	1	QL	1	1A	QL
Prozac	fluoxetine hcl	1	1		1	1A	
Remeron	mirtazapine	1	1		1	1A	
Serzone	nefazodone hcl	1	1		1	1B	
Surmontil	trimipramine maleate	1	1		1	1B	
Tofranil	imipramine hcl	1	1		1	1A	
Tofranil-PM	imipramine pamoate	1	1		1	1B	
Trintellix		3	3	ST, QL	3	3	ST, QL
Viibryd		3	3	ST, QL	3	3	ST, QL
Vivactil	protriptyline hcl	1	1		1	1B	
Wellbutrin, SR, XL	bupropion hcl	1	1		1	1A	
Zoloft	sertraline hcl	1	1		1	1A	

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

3D. Antipsychotics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Abilify	aripiprazole	1	1		1	1B	
Abilify Maintena		2	2		2	2	
Aristada		2	2	QL	2	2	QL
Aristada Initio		2	2		2	2	
Caplyta		3	3	ST, QL	3	3	ST, QL
Clozaril	clozapine	1	1		1	1A	
Etrafon	perphenazine/amitriptyline hcl	1	1		1	1B	
Fanapt		3	3	ST	3	3	ST
Fazaclo	clozapine	1	1		1	1B	
Fluphenazine decanoate	fluphenazine decanoate	1	1		1	1B	
Fluphenazine liquid	fluphenazine hcl	1	1		1	1A	
Geodon	ziprasidone hcl	1	1		1	1A	
Haldol decanoate	haloperidol decanoate	1	1		1	1B	
Haldol liquid	haloperidol lactate	1	1		1	1A	
Haldol tablet	haloperidol	1	1		1	1A	
Invega	paliperidone	1	1	QL	1	1B	QL
Invega Sustenna		2	2		2	2	
Invega Trinza		2	2	QL	2	2	QL
Latuda		3	3	ST	3	3	ST
Loxitane	loxapine succinate	1	1		1	1A	
Mellaril	thioridazine hcl	1	1		1	1A	
Molindone	molindone hcl	1	1	QL	1	1B	QL
Navane	thiothixene	1	1		1	1B	
Nuplazid		3	3	PA, QL	3	3	PA, QL
Orap	pimozide	1	1		1	1B	
Perphenazine	perphenazine	1	1		1	1A	
Perseris		2	2	QL	2	2	QL
Prolixin	fluphenazine hcl	1	1		1	1A	
Rexulti		3	3	ST, QL	3	3	ST, QL
Risperdal Consta		2	2		2	2	
Risperdal, M-Tab	risperidone	1	1		1	1A	
Saphris	asenapine maleate	1	1	ST, QL	1	1B	ST, QL
Secuado		3	3	ST, QL	3	3	ST, QL
Seroquel	quetiapine fumarate	1	1		1	1A	
Seroquel XR	quetiapine fumarate	1	1	QL	1	1A	QL
Stelazine	trifluoperazine hcl	1	1		1	1A	
Symbyax	olanzapine/fluoxetine hcl	1	1		1	1B	
Thorazine	chlorpromazine hcl	1	1		1	1B	
Versacloz		3	3		3	3	
Vraylar		3	3	ST, QL	3	3	ST, QL
Zyprexa Relprevv		2	2		2	2	
Zyprexa, Zydys	olanzapine	1	1		1	1A	

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

3E. Anxiolytics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Ativan	lorazepam	1	1		1	1B	
Buspar	buspirone hcl	1	1		1	1B	
Equanil; Miltown	meprobamate	1	1		1	1B	
Librium	chlordiazepoxide hcl	1	1		1	1B	
Lorazepam intensol	lorazepam	1	1		1	1B	
Niravam	alprazolam	1	1		1	1B	
Serax	oxazepam	1	1		1	1B	
Tranxene T-Tab	clorazepate dipotassium	1	1		1	1B	
Valium	diazepam	1	1		1	1B	
Xanax, XR	alprazolam	1	1		1	1B	

3F. CNS stimulants		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Adderall	dextroamphetamine/amphetamine	1	1	QL	1	1B	QL
Adderall XR	dextroamphetamine/amphetamine	1	1	QL	1	1B	PA, QL
Adderall XR (brand)		3	3	QL	1	1B	QL
Adzenys ER		3	3	PA, QL	3	3	PA, QL
Adzenys XR-ODT		3	3	PA, QL	3	3	PA, QL
Amphetamine ER suspension (authorized generic of Adzenys ER)		3	3	PA, QL	3	3	PA, QL
Aptensio XR	methylphenidate hcl	1	1	QL	1	1B	QL
Concerta	methylphenidate hcl	1	1	QL	1	1B	QL
Daytrana		3	3	QL	3	3	QL
Desoxyn	methamphetamine hcl	1	1	QL	1	1B	QL
Dexedrine	dextroamphetamine sulfate	1	1	QL	1	1B	QL
Dyanavel XR		3	3	PA, QL	3	3	PA, QL
Evekeo	amphetamine sulfate	1	1	PA, QL	1	1B	PA, QL
Focalin, XR	dexmethylphenidate hcl	1	1	QL	1	1B	QL
Jornay PM		3	3	PA, QL	3	3	PA, QL
Metadate CD	methylphenidate hcl	1	1	QL	1	1B	QL
Methylin, ER	methylphenidate hcl	1	1	QL	1	1B	QL
Methylphenidate ER 72mg		3	3	QL	3	3	QL
Mydayis		2	2	QL	2	2	QL
Nuvigil	armodafinil	1	1	QL	1	1B	QL
Procentra	dextroamphetamine sulfate	1	1	QL	1	1B	QL
Provigil	modafinil	1	1	QL	1	1B	QL
QuilliChew ER		3	3	PA, QL	3	3	PA, QL
Quillivant XR		3	3	PA, QL	3	3	PA, QL
Relexxii		3	3	QL	3	3	QL
Ritalin, LA, SR	methylphenidate hcl	1	1	QL	1	1B	QL
Vyvanse		2	2	QL	2	2	QL
Zenzedi		3	3	QL	3	3	QL

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

3G. Migraine therapy		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aimovig		2	2	PA, QL	2	2	PA, QL
Ajovy		2	2	PA, QL	2	2	PA, QL
Alsuma	sumatriptan succinate	1	1	QL	1	1B	QL
Amerge	naratriptan hcl	1	1	QL	1	1B	QL
Axert	almotriptan malate	1	1	ST, QL	1	1B	ST, QL
Cafergot	ergotamine tartrate/caffeine	1	1	QL	1	1B	QL
D.H.E.45	dihydroergotamine mesylate	1	1	QL	1	1B	QL
Emgality		2	2	PA, QL	2	2	PA, QL
Ergomar		2	2	QL	2	2	QL
Esgic; Fioricet	butalb/acetaminophen/caffeine	1	1	QL	1	1B	QL
Fioricet w/codeine	butalbit/acetamin/caff/codeine	1	1	QL	1	1B	QL
Fiorinal	butalbital/aspirin/caffeine	1	1		1	1B	
Fiorinal w/codeine	codeine/butalbital/asa/caffein	1	1	QL	1	1B	QL
Frova	frovatriptan succinate	1	1	ST, QL	1	1B	ST, QL
Imitrex	sumatriptan succinate	1	1	QL	1	1B	QL
Imitrex nasal spray	sumatriptan	1	1	QL	1	1B	QL
Maxalt, MLT	rizatriptan benzoate	1	1	QL	1	1B	QL
Migranal	dihydroergotamine mesylate	1	1	QL	1	1B	QL
Nurtec ODT		3	3	PA, QL	3	3	PA, QL
Onzetra Xsail		3	3	ST, QL	3	3	ST, QL
Phrenilin 50mg/325mg	butalbital/acetaminophen	1	1		1	1B	
Relpax	eletriptan hydrobromide	1	1	ST, QL	1	1B	ST, QL
Reyvow		3	3	PA, QL	3	3	PA, QL
Treximet	sumatriptan succ/naproxen sod	1	1	PA, QL	1	1B	PA, QL
Ubrelvy		3	3	PA, QL	3	3	PA, QL
Zembrace Symtouch		3	3	ST, QL	3	3	ST, QL
Zolmitriptan nasal spray (authorized generic of Zomig)		3	3	ST, QL	3	3	ST, QL
Zomig nasal spray		3	3	ST, QL	3	3	ST, QL
Zomig, ZMT	zolmitriptan	1	1	QL	1	1B	QL

3H. Myasthenia gravis		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Mestinon, Timespan	pyridostigmine bromide	1	1		1	1B	

3I. Narcotic antagonists and withdrawal management		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Lucemyra		2	2	QL	2	2	QL
Naloxone hcl injection	naloxone hcl	1	1		1	1B	
Narcan nasal spray		2	2	QL	2	2	QL
Revia	naltrexone hcl	1	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

3J. Narcotic mixed agonist and antagonist		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Belbuca		3	3	PA, QL	3	3	PA, QL
Bunavail		3	3	QL	3	3	QL
Butrans	buprenorphine	1	1	QL	1	1B	QL
Ryzolt	tramadol hcl	1	1	QL	1	1B	QL
Stadol NS	butorphanol tartrate	1	1	QL	1	1B	QL
Suboxone	buprenorphine hcl/naloxone hcl	1	1	QL	1	1B	QL
Subutex	buprenorphine hcl	1	1	QL	1	1B	QL
Talwin NX	pentazocine hcl/naloxone hcl	1	1	QL	1	1B	QL
Tramadol Hcl 100mg tablet		3	3	QL	3	3	QL
Ultracet	tramadol hcl/acetaminophen	1	1	QL	1	1B	QL
Ultram, ER	tramadol hcl	1	1	QL	1	1B	QL
Zubsolv		2	2	QL	2	2	QL

3K. Narcotic and analgesic combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Esgic; Fioricet	butalb/acetaminophen/caffeine	1	1	QL	1	1B	QL
Fioricet w/codeine	butalbit/acetamin/caff/codeine	1	1	QL	1	1B	QL
Fiorinal	butalbital/aspirin/caffeine	1	1		1	1B	
Fiorinal w/codeine	codeine/butalbital/asa/caffein	1	1	QL	1	1B	QL
Hycet	hydrocodone/acetaminophen	1	1	QL	1	1B	QL
Ibudone	hydrocodone/ibuprofen	1	1	QL	1	1B	QL
Lortab solution		3	3	QL	3	3	QL
Norco; Vicodin; Xodol	hydrocodone/acetaminophen	1	1	QL	1	1B	QL
Percocet	oxycodone hcl/acetaminophen	1	1	QL	1	1B	QL
Percodan	oxycodone hcl/aspirin	1	1	QL	1	1B	QL
Phrenilin 50mg/325mg	butalbital/acetaminophen	1	1		1	1B	
Trezix	acetaminophen/caff/dihydrocod	1	1	QL	1	1B	QL
Trezix		3	3	QL	3	3	QL
Tylenol w/codeine	acetaminophen with codeine	1	1	QL	1	1B	QL
Vicoprofen	hydrocodone/ibuprofen	1	1	QL	1	1B	QL

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

3L. Narcotics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Actiq	fentanyl citrate	1	1	PA, QL	1	1B	PA, QL
Avinza	morphine sulfate	1	1	QL	1	1B	QL
Belladonna & Opium	opium/belladonna alkaloids	1	1	QL	1	1B	QL
Codeine sulfate tablet	codeine sulfate	1	1	QL	1	1B	QL
Demerol	meperidine hcl	1	1	QL	1	1B	QL
Dilaudid	hydromorphone hcl	1	1	QL	1	1B	QL
Duragesic	fentanyl	1	1	QL	1	1B	QL
Exalgo	hydromorphone hcl	1	1	PA, QL	1	1B	PA, QL
Fentanyl buccal tablet (authorized generic of Fentora)		3	3	PA, QL	3	3	PA, QL
Fentora		3	3	PA, QL	3	3	PA, QL
Hysingla ER	hydrocodone bitartrate	1	1	PA, QL	1	1B	PA, QL
Kadian	morphine sulfate	1	1	QL	1	1B	QL
Levorphanol Tartrate	levorphanol tartrate	1	1	PA, QL	1	1B	PA, QL
Methadone	methadone hcl	1	1	QL	1	1B	QL
MS Contin	morphine sulfate	1	1	QL	1	1B	QL
MSIR	morphine sulfate	1	1	QL	1	1B	QL
Nucynta, ER		3	3	PA, QL	3	3	PA, QL
Opana	oxymorphone hcl	1	1	QL	1	1B	QL
Opana ER	oxymorphone hcl	1	1	PA, QL	1	1B	PA, QL
Oxycodone hcl ER (authorized generic of Oxycontin)		3	3	PA, QL	3	3	PA, QL
Oxycodone immediate release, solution	oxycodone hcl	1	1	QL	1	1B	QL
Oxycontin		3	3	PA, QL	3	3	PA, QL
RMS Suppository	morphine sulfate	1	1	QL	1	1B	QL
Roxanol	morphine sulfate	1	1	QL	1	1B	QL
Subsys		3	3	PA, QL	3	3	PA, QL
Zohydro ER	hydrocodone bitartrate	1	1	PA, QL	1	1B	PA, QL

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

3M. Nonsteroidal anti inflammatory drugs		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Anaprox, DS	naproxen sodium	1	1		1	1A	
Ansaid	flurbiprofen	1	1		1	1B	
Arthrotec	diclofenac sodium/misoprostol	1	1		1	1B	
Cataflam	diclofenac potassium	1	1		1	1B	
Celebrex	celecoxib	1	1		1	1B	
Clinoril	sulindac	1	1		1	1B	
Daypro	oxaprozin	1	1		1	1B	
Diclofenac 35mg capsule (authorized generic of Zorvolex 35mg)		3	3	PA, QL	3	3	PA, QL
Diclofenac epolamine patch (authorized generic of Flector patch)		3	3	PA, QL	3	3	PA, QL
EC-Naprosyn	naproxen	1	1		1	1A	
Feldene	piroxicam	1	1		1	1B	
Fenoprofen calcium 200mg (authorized generic of Fenortho 200mg)		3	3	PA, QL	3	3	PA, QL
Fenoprofen calcium 400mg (authorized generic of Nalfon 400mg)		3	3	PA, QL	3	3	PA, QL
Fenortho		3	3	PA, QL	3	3	PA, QL
Flector Patch		3	3	PA, QL	3	3	PA, QL
Indocin suppository		3	3	QL	3	3	QL
Indocin, SR	indomethacin	1	1		1	1B	
Indomethacin 20mg (authorized generic of Tivorbex 20mg)		3	3	ST, QL	3	3	ST, QL
Ketoprofen (except 25mg)	ketoprofen	1	1		1	1B	
Ketoprofen 25mg	ketoprofen	1	1	PA, QL	1	1B	PA, QL
Lodine, XL	etodolac	1	1		1	1B	
Meclomen	meclofenamate sodium	1	1		1	1B	
Mobic	meloxicam	1	1		1	1A	
Motrin (Rx Only)	ibuprofen	1	1		1	1A	
Nalfon	fenoprofen calcium	1	1	QL	1	1B	QL
Nalfon 400mg		3	3	PA, QL	3	3	PA, QL
Naprosyn suspension (Rx Only)	naproxen	1	1		1	1B	
Naprosyn tablet (Rx Only)	naproxen	1	1		1	1A	
Pennsaid 1.5%	diclofenac sodium	1	1		1	1B	
Pennsaid 2%		3	3	ST, QL	3	3	ST, QL
Ponstel	mefenamic acid	1	1		1	1B	
Relafen	nabumetone	1	1		1	1B	
Tivorbex		3	3	ST, QL	3	3	ST, QL
Tolectin, DS	tolmetin sodium	1	1		1	1B	
Toradol injection	ketorolac tromethamine	1	1		1	1B	
Toradol tablet	ketorolac tromethamine	1	1	QL	1	1B	QL
Vivlodex	meloxicam, submicronized	1	1	PA, QL	1	1B	PA, QL
Voltaren gel	diclofenac sodium	1	1	QL	1	1B	QL
Voltaren tablet	diclofenac sodium	1	1		1	1A	
Voltaren-XR	diclofenac sodium	1	1		1	1B	
Zipsor		3	3	PA, QL	3	3	PA, QL
Zorvolex		3	3	PA, QL	3	3	PA, QL

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

3N. Parkinsons disease and related disorders		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Artane	trihexyphenidyl hcl	1	1		1	1A	
Azilect	rasagiline mesylate	1	1		1	1B	
Cogentin	benztropine mesylate	1	1		1	1A	
Comtan	entacapone	1	1		1	1B	
Duopa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Eldepryl	selegiline hcl	1	1		1	1B	
Inbrija		3	3	PA, QL	3	3	PA, QL
Kynmobi		2	2	PA, QL	2	2	PA, QL
Lodosyn	carbidopa	1	1		1	1B	
Mirapex ER	pramipexole di-hcl	1	1	QL	1	1B	QL
Mirapex immediate-release	pramipexole di-hcl	1	1		1	1A	
Neupro		3	3	PA, QL	3	3	PA, QL
Nourianz		3	3	PA, QL	3	3	PA, QL
Nuplazid		3	3	PA, QL	3	3	PA, QL
Ongentys		3	3	PA, QL	3	3	PA, QL
Parcopa	carbidopa/levodopa	1	1		1	1B	
Parlodel	bromocriptine mesylate	1	1		1	1B	
Requip	ropinirole hcl	1	1		1	1A	
Requip XL	ropinirole hcl	1	1		1	1B	
Rytary		3	3	ST, QL	3	3	ST, QL
Sinemet, CR	carbidopa/levodopa	1	1		1	1A	
Stalevo	carbidopa/levodopa/entacapone	1	1		1	1B	
Symmetrel	amantadine hcl	1	1		1	1B	
Tasmar	tolcapone	1	1		1	1B	
Xadago		3	3	QL	3	3	QL
Zelapar		3	3	QL	3	3	QL

3O. Salicylates		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aspirin; Ecotrin 81mg, 325mg* (OTC) (Prevent)	aspirin	\$0	\$0		\$0	\$0	
Disalcid	salsalate	1	1		1	1B	
Dolobid	diflunisal	1	1		1	1B	

*Age restrictions apply.

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

3R. Miscellaneous CNS		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Antabuse	disulfiram	1	1		1	1B	
Austedo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Cafcit	caffeine citrate	1	1		1	1B	
Campral	acamprosate calcium	1	1		1	1B	
Cuvposa		3	3		3	3	
Enspryng <s>		2	4	PA, QL	2 / 4	4	PA, QL
Ergoloid Mesylates	ergoloid mesylates	1	1		1	1B	
Eskalith, CR; Lithobid	lithium carbonate	1	1		1	1A	
Evryydi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Exservan <s>		3	5	PA, QL	3 / 5	5	PA, QL
Gralise		3	3	PA, QL	3	3	PA, QL
Guanidine hcl	guanidine hcl	1	1		1	1B	
Horizant		3	3	PA, QL	3	3	PA, QL
Ingrezza <s>		3	5	PA, QL	3 / 5	5	PA, QL
Intuniv	guanfacine hcl	1	1	QL	1	1B	QL
Kapvay	clonidine hcl	1	1	QL	1	1B	QL
Lithium Citrate	lithium citrate	1	1		1	1B	
Nimotop	nimodipine	1	1		1	1B	
Nuedexta		2	2	PA, QL	2	2	PA, QL
Nymalize		3	3	QL	3	3	QL
Rilutek	riluzole	1	1		1	1B	
Ruzurgi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Savella		3	3	PA, QL	3	3	PA, QL
Strattera	atomoxetine hcl	1	1	QL	1	1B	QL
Sunosi		3	3	PA, QL	3	3	PA, QL
Tegsedi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tiglutik <s>		3	5	PA, QL	3 / 5	5	PA, QL
Wakix <s>		3	5	PA, QL	3 / 5	5	PA, QL
Xenazine <s>	tetrabenazine	1	4	PA, QL	1 / 4	4	PA, QL
Xyrem <s>		3	5	PA, QL	3 / 5	5	PA, QL
Xywav <s>		3	5	PA, QL	3 / 5	5	PA, QL

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

4. Gastrointestinal agents

4A. 5 Aminosalicylic Acid (5 ASA) agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Apriso	mesalamine	1	1		1	1B	
Asacol HD	mesalamine	1	1		1	1B	
Azulfidine, EN-tab	sulfasalazine	1	1		1	1A	
Canasa	mesalamine	1	1		1	1B	
Colazal	balsalazide disodium	1	1		1	1B	
Delzicol	mesalamine	1	1		1	1B	
Dipentum		3	3		3	3	
Lialda	mesalamine	1	1	QL	1	1B	QL
Pentasa		2	2		2	2	
SfRowasa enema	mesalamine	1	1		1	1B	

4B. Antidiarrheals and antispasmodics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bentyl	dicyclomine hcl	1	1		1	1B	
Imodium	loperamide hcl	1	1		1	1B	
Levbid	hyoscyamine sulfate	1	1		1	1B	
Levsin, SL	hyoscyamine sulfate	1	1		1	1B	
Librax	chlordiazepoxide/clidinium br	1	1		1	1B	
Lomotil	diphenoxylate hcl/atropine	1	1		1	1B	
Motofen		3	3		3	3	
Mytesi		2	2	PA, QL	2	2	PA, QL

4C. Antiemetics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Akynzeo		3	3	PA, QL	3	3	PA, QL
Antivert	meclizine hcl	1	1		1	1B	
Bonjesta		3	3	PA, QL	3	3	PA, QL
Compazine suppository	prochlorperazine	1	1		1	1B	
Compazine tablet	prochlorperazine maleate	1	1		1	1B	
Diclegis	doxylamine succinate/vit b6	1	1	PA, QL	1	1B	PA, QL
Emend	aprepitant	1	1	QL	1	1B	QL
Emend suspension		2	2	QL	2	2	QL
Kytril	granisetron hcl	1	1	QL	1	1B	QL
Marinol	dronabinol	1	1		1	1B	
Phenergan	promethazine hcl	1	1		1	1B	
Sancuso		3	3	PA, QL	3	3	PA, QL
Syndros		3	3		3	3	
Tigan	trimethobenzamide hcl	1	1		1	1B	
Transderm-Scop	scopolamine	1	1		1	1B	
Varubi tablet		3	3	PA, QL	3	3	PA, QL
Zofran solution	ondansetron hcl	1	1		1	1B	
Zofran tablet, ODT	ondansetron hcl	1	1	QL	1	1B	QL

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

4H. Proton Pump Inhibitors (PPI)		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aciphex Sprinkle		3	3	ST, QL	NC	NC	
Aciphex tablet	rabeprazole sodium	1	1		NC	NC	
Dexilant		3	3	ST	NC	NC	
Nexium	esomeprazole magnesium	1	1		NC	NC	
Nexium suspension 2.5mg, 5mg		3	3	ST	NC	NC	
Prevacid capsule (Rx Only)	lansoprazole	1	1		NC	NC	
Prevacid Solutab	lansoprazole	1	1		NC	NC	
Prilosec capsule (Rx Only)	omeprazole	1	1		NC	NC	
Prilosec suspension		3	3		NC	NC	
Protonix	pantoprazole sodium	1	1		NC	NC	

NC - Not Covered for members with a BCN drug benefit

4I. Topical anti Inflammatory agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Analpram-HC	hydrocortisone/pramoxine	1	1		1	1B	
Analpram-HC 1-1% cream		2	2		2	2	
Anamantle HC	lidocaine/hydrocortisone ac	1	1		1	1B	
Anamantle HC Forte	lidocaine/hydrocortisone ac	1	1		1	1B	
Anamantle HC Kit	lidocaine/hydrocortisone ac	1	1		1	1B	
Cortenema	hydrocortisone	1	1		1	1B	
Cortifoam		3	3		3	3	
Epifoam		2	2		2	2	
Hydrocortisone 1% cream (Rx only)	hydrocortisone	1	1		1	1B	
Pramosone	hydrocortisone/pramoxine	1	1		1	1B	
Pramosone		3	3		3	3	
Proctocort suppository	hydrocortisone acetate	1	1		1	1B	
Proctofoam-HC		2	2		2	2	
Procto-pak	hydrocortisone	1	1		1	1B	
Proctosol-HC suppository	hydrocortisone acetate	1	1		1	1B	
Uceris foam		3	3	ST	3	3	ST

4J. Tumor Necrosis Factor (TNF) blocking agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Humira <s>		2	4	PA, QL	2 / 4	4	PA, QL
Simponi <s>		3	5	PA, QL	3 / 5	5	PA, QL

4K. Ulcer therapy		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Carafate	sucralfate	1	1		1	1B	
Cytotec	misoprostol	1	1		1	1B	
Omeclamox-pak		3	3		3	3	
Pamine, Forte	methscopolamine bromide	1	1		1	1B	
Prevpac	lansoprazole/amoxicilin/clarith	1	1		1	1B	
Robinul tablet, Forte	glycopyrrolate	1	1		1	1B	
Talicia		3	3	QL	3	3	QL

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

4L. Miscellaneous gastrointestinal agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Amitiza		2	2	QL	2	2	QL
Evoxac	cevimeline hcl	1	1		1	1B	
Gastrocrom	cromolyn sodium	1	1		1	1B	
Gattex <s>		2	4	PA, QL	2 / 4	4	PA, QL
Lactulose	lactulose	1	1		1	1B	
Linzess		2	2	QL	2	2	QL
Lotronex	alosetron hcl	1	1	QL	1	1B	QL
Metozolv ODT	metoclopramide hcl	1	1		1	1B	
Motegrity		3	3	PA, QL	3	3	PA, QL
Movantik		3	3	PA, QL	3	3	PA, QL
Rectiv		3	3	QL	3	3	QL
Reglan	metoclopramide hcl	1	1		1	1B	
Relistor tablet		3	3	PA, QL	3	3	PA, QL
Salagen	pilocarpine hcl	1	1		1	1B	
Stelara 45mg, 90mg <s>		2	4	PA, QL	2 / 4	4	PA, QL
Sucraid <s>		3	5	PA, QL	3 / 5	5	PA, QL
Symproic		3	3	PA, QL	3	3	PA, QL
Viberzi		3	3	PA, QL	3	3	PA, QL
Xeljanz, XR <s>		2	4	PA, QL	2 / 4	4	PA, QL
Xifaxan 200mg		3	3	QL	3	3	QL
Xifaxan 550mg		3	3	PA, QL	3	3	PA, QL
Zelnorm		3	3	PA, QL	3	3	PA, QL
Zorbtive <s>		3	5	PA	3 / 5	5	PA

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

5. Obstetrics and gynecology

5A. Contraceptives Biphasic		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Lo Loestrin Fe		3	3		3	3	
Loseasonique (Prevent)	l-norgest/e.estradiol-e.estrad	\$0	\$0	QL	\$0	\$0	QL
Mircette (Prevent)	desog-e.estradiol/e.estradiol	\$0	\$0		\$0	\$0	
Seasonique (Prevent)	l-norgest/e.estradiol-e.estrad	\$0	\$0	QL	\$0	\$0	QL

5B. Contraceptives Misc.		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Depo-Provera 150mg (Prevent)	medroxyprogesterone acetate	\$0	\$0		\$0	\$0	
Depo-subq Provera 104		2	2		2	2	
FC2 Female Condom (Prevent)		\$0	\$0	QL	\$0	\$0	QL
Gynol II (Prevent)	nonoxynol 9	\$0	\$0	QL	\$0	\$0	QL
Natazia		3	3		3	3	
Nuvaring (Prevent)	etonogestrel/ethinyl estradiol	\$0	\$0	QL	\$0	\$0	QL
Ortho Evra (Prevent)	norelgestromin/ethin.estradiol	\$0	\$0	QL	\$0	\$0	QL
Ortho Micronor; Nor-QD (Prevent)	norethindrone	\$0	\$0		\$0	\$0	
Quartette (Prevent)	l-norgest/e.estradiol-e.estrad	\$0	\$0	QL	\$0	\$0	QL
Safyral (Prevent)	drospir/eth estra/levomefol ca	\$0	\$0		\$0	\$0	
Slynd		3	3	QL	3	3	QL
Today contraceptive sponge (Prevent)		\$0	\$0	QL	\$0	\$0	QL
VCF film, gel (Prevent)		\$0	\$0	QL	\$0	\$0	QL
VCF foam (Prevent)	nonoxynol 9	\$0	\$0	QL	\$0	\$0	QL

5C. Contraceptives Monophasic		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Alesse; Levite (Prevent)	levonorgestrel/ethin.estradiol	\$0	\$0		\$0	\$0	
Balcoltra		3	3		3	3	
Beyaz (Prevent)	drospir/eth estra/levomefol ca	\$0	\$0		\$0	\$0	
Demulen (Prevent)	ethynodiol d-ethinyl estradiol	\$0	\$0		\$0	\$0	
Desogen; Ortho-cept (Prevent)	desogestrel-ethinyl estradiol	\$0	\$0		\$0	\$0	
Femcon Fe (Prevent)	noreth-ethinyl estradiol/iron	\$0	\$0		\$0	\$0	
Generess Fe (Prevent)	noreth-ethinyl estradiol/iron	\$0	\$0		\$0	\$0	
Leven; Nordette (Prevent)	levonorgestrel/ethin.estradiol	\$0	\$0		\$0	\$0	
Lo/Ovral (Prevent)	norgestrel-ethinyl estradiol	\$0	\$0		\$0	\$0	
Loestrin (Prevent)	norethindrone ac-eth estradiol	\$0	\$0		\$0	\$0	
Loestrin 24 Fe (Prevent)	norethindrone-e.estradiol-iron	\$0	\$0		\$0	\$0	
Loestrin Fe (Prevent)	norethindrone-e.estradiol-iron	\$0	\$0		\$0	\$0	
Lybrel (Prevent)	levonorgestrel/ethin.estradiol	\$0	\$0		\$0	\$0	
Minastrin 24 Fe (Prevent)	norethindrone-e.estradiol-iron	\$0	\$0		\$0	\$0	
Modicon (Prevent)	norethindrone-ethin. estradiol	\$0	\$0		\$0	\$0	
Norinyl 1/35; Ortho-novum 1/35 (Prevent)	norethindrone-ethin. estradiol	\$0	\$0		\$0	\$0	
Nortrel (Prevent)	norethindrone-ethin. estradiol	\$0	\$0		\$0	\$0	
Ortho-Cyclen (Prevent)	norgestimate-ethinyl estradiol	\$0	\$0		\$0	\$0	
Ovcon 35 (Prevent)	norethindrone-ethin. estradiol	\$0	\$0		\$0	\$0	
Seasonale (Prevent)	levonorgestrel/ethin.estradiol	\$0	\$0	QL	\$0	\$0	QL
Taytulla (Prevent)	norethindrone-e.estradiol-iron	\$0	\$0		\$0	\$0	
Tyblume		3	3		3	3	
Yasmin 28 (Prevent)	ethinyl estradiol/drospirenone	\$0	\$0		\$0	\$0	
Yaz (Prevent)	ethinyl estradiol/drospirenone	\$0	\$0		\$0	\$0	

5D. Contraceptives Postcoital		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Ella (Prevent)		\$0	\$0	QL	\$0	\$0	QL
Plan B One-step (Prevent)	levonorgestrel	\$0	\$0	QL	\$0	\$0	QL

5E. Contraceptives Triphasic		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cyclessa (Prevent)	desogestrel-ethinyl estradiol	\$0	\$0		\$0	\$0	
Estrostep Fe (Prevent)	norethindrone-e.estradiol-iron	\$0	\$0		\$0	\$0	
Ortho Tri-Cyclen (Prevent)	norgestimate-ethinyl estradiol	\$0	\$0		\$0	\$0	
Ortho Tri-Cyclen Lo (Prevent)	norgestimate-ethinyl estradiol	\$0	\$0		\$0	\$0	
Ortho-Novum 7/7/7 (Prevent)	norethindrone-ethin. estradiol	\$0	\$0		\$0	\$0	
Trilevlen (Prevent)	levonorgestrel/ethin.estradiol	\$0	\$0		\$0	\$0	
Tri-Norinyl (Prevent)	norethindrone-ethin. estradiol	\$0	\$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

5I. Progestins		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aygestin	norethindrone acetate	1	1		1	1B	
Crinone 4%		2	2		2	2	
Depo-subq Provera 104		2	2		2	2	
Progesterone In Oil (inj)	progesterone	1	1		1	1B	
Prometrium	progesterone, micronized	1	1		1	1B	
Provera	medroxyprogesterone acetate	1	1		1	1B	

5J. Vaginal anti infective and antifungal		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cleocin vaginal cream	clindamycin phosphate	1	1		1	1B	
Cleocin vaginal ovules		3	3		3	3	
Clindesse		3	3		3	3	
Diflucan	fluconazole	1	1		1	1B	
Gynazole-1		3	3		3	3	
Metrogel-Vaginal	metronidazole	1	1		1	1B	
Monistat 3	miconazole nitrate	1	1		1	1B	
Nuversa		3	3		3	3	
Terazol- 3, 7	terconazole	1	1		1	1B	

5K. Miscellaneous OB GYN		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bonjesta		3	3	PA, QL	3	3	PA, QL
Brisdelle	paroxetine mesylate	1	1	QL	1	1B	QL
Covaryx, H.S.	estrogen,ester/me-testosterone	1	1		1	1B	
Diclegis	doxylamine succinate/vit b6	1	1	PA, QL	1	1B	PA, QL
Duavee		3	3		3	3	
Intrarosa		3	3		3	3	
Lupaneta Pack <s>		3	5		3 / 5	5	
Lupron Depot 3.75mg, 11.25mg <s>		2	4		2 / 4	4	
Lysteda	tranexamic acid	1	1	QL	1	1B	QL
Methergine	methylergonovine maleate	1	1	PA, QL	1	1B	PA, QL
Oriahnn		3	3	PA, QL	3	3	PA, QL
Orilissa		2	2	PA, QL	2	2	PA, QL
Osphena		3	3		3	3	
Synarel		3	3		3	3	

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

6. Rheumatology and musculoskeletal

6A. Corticosteroids		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Corticosteroids	See Chapter 7C						

6B. Gout therapy		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Colbenemid	probenecid/colchicine	1	1		1	1B	
Colchicine capsule (authorized generic of Mitigare)		3	3		3	3	
Colcrys	colchicine	1	1		1	1B	
Mitigare		3	3		3	3	
Probenecid	probenecid	1	1		1	1B	
Uloric	febuxostat	1	1	ST, QL	1	1B	ST, QL
Zyloprim	allopurinol	1	1		1	1B	

6C. Non Tumor Necrosis Factor (TNF) blocking agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Actemra Actpen, syringe <s>		2	4	PA, QL	2 / 4	4	PA, QL
Kevzara <s>		3	5	PA, QL	3 / 5	5	PA, QL
Kineret <s>		3	5	PA, QL	3 / 5	5	PA, QL
Olumiant <s>		3	5	PA, QL	3 / 5	5	PA, QL
Orencia Clickject, sub-q <s>		3	5	PA, QL	3 / 5	5	PA, QL
Otezla <s>		2	4	PA, QL	2 / 4	4	PA, QL
Rinvoq ER <s>		2	4	PA, QL	2 / 4	4	PA, QL
Stelara 45mg, 90mg <s>		2	4	PA, QL	2 / 4	4	PA, QL
Taltz <s>		2	4	PA, QL	2 / 4	4	PA, QL
Xeljanz, XR <s>		2	4	PA, QL	2 / 4	4	PA, QL

6D. Osteoporosis and bone resorption		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Actonel	risedronate sodium	1	1	QL	1	1B	QL
Atelvia	risedronate sodium	1	1	ST, QL	1	1B	ST, QL
Binosto		3	3	ST, QL	3	3	ST, QL
Boniva	ibandronate sodium	1	1	QL	1	1A	QL
Didronel	etidronate disodium	1	1		1	1B	
Evista	raloxifene hcl	1	1	QL	1	1B	QL
Fosamax	alendronate sodium	1	1	QL	1	1A	QL
Fosamax Plus D		3	3	ST, QL	3	3	ST, QL
Miacalcin	calcitonin,salmon,synthetic	1	1		1	1B	

6E. Osteoporosis and hormonal treatment		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Alora		2	2		2	2	
Climara	estradiol	1	1		1	1B	
Duavee		3	3		3	3	
Estrace	estradiol	1	1		1	1B	
FemHRT	norethindrone ac-eth estradiol	1	1		1	1B	
Forteo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Menest		3	3		3	3	
Minivelle, Vivelle-Dot	estradiol	1	1		1	1B	
Premarin, cream, Low Dose		2	2		2	2	
Prempro, Low Dose; Premphase		2	2		2	2	
Tymlos <s>		2	4	PA, QL	2 / 4	4	PA, QL

6F. Salicylates		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Salicylates and NSAIDS	See Chapters 3O & 3M						

6G. Tumor Necrosis Factor (TNF) blocking agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cimzia syringe <s>		2	4	PA, QL	2 / 4	4	PA, QL
Enbrel <s>		2	4	PA, QL	2 / 4	4	PA, QL
Humira <s>		2	4	PA, QL	2 / 4	4	PA, QL
Simponi <s>		3	5	PA, QL	3 / 5	5	PA, QL

6H. Miscellaneous rheumatologic agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Arava	leflunomide	1	1		1	1B	
Azasan		3	3		3	3	
Azulfidine, EN-tab	sulfasalazine	1	1		1	1A	
Depen	penicillamine	1	1	QL	1	1B	QL
Gengraf; Neoral <s>	cyclosporine, modified	1	4		1 / 4	4	
Imuran	azathioprine	1	1		1	1B	
Methotrexate	methotrexate sodium	1	1		1	1B	
Methotrexate PF injection	methotrexate sodium/pf	1	1		1	1B	
Otrexup <s>		3	5	PA, QL	3 / 5	5	PA, QL
Plaquenil	hydroxychloroquine sulfate	1	1		1	1B	
Rasuvo <s>		3	5	PA, QL	3 / 5	5	PA, QL
Reditrex <s>		3	5	PA, QL	3 / 5	5	PA, QL
Ridaura		2	2		2	2	
Trexall		2	2		2	2	
Xatmep <s>		3	5		3 / 5	5	

7. Endocrinology

7A. Androgens		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Androderm		2	2	PA, QL	2	2	PA, QL
Androgel	testosterone	1	1	PA, QL	1	1B	PA, QL
Android, Testred	methyltestosterone	1	1	QL	1	1B	QL
Axiron	testosterone	1	1	PA, QL	1	1B	PA, QL
Danocrine	danazol	1	1		1	1B	
Delatestryl	testosterone enanthate	1	1		1	1B	
Depo-Testosterone	testosterone cypionate	1	1		1	1B	
Depo-Testosterone		3	3		3	3	
Fortesta	testosterone	1	1	PA, QL	1	1B	PA, QL
Jatenzo		3	3	PA, QL	3	3	PA, QL
Methitest		3	3	QL	3	3	QL
Natesto		3	3	PA, QL	3	3	PA, QL
Oxandrin	oxandrolone	1	1	PA	1	1B	PA
Testim	testosterone	1	1	PA, QL	1	1B	PA, QL
Testosterone 1% (authorized generic of Vogelxo)		3	3	PA, QL	3	3	PA, QL
Vogelxo		3	3	PA, QL	3	3	PA, QL
Xyosted		3	3	PA, QL	3	3	PA, QL

7B. Antithyroid agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Propylthiouracil	propylthiouracil	1	1		1	1B	
SSKI		3	3		3	3	
Strong Iodine	potassium iodide/iodine	1	1		1	1B	
Tapazole	methimazole	1	1		1	1B	

7C. Corticosteroids		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Alkindi Sprinkle		3	3	PA, QL	3	3	PA, QL
Cortef; Hydrocortisone	hydrocortisone	1	1		1	1A	
Decadron	dexamethasone	1	1		1	1A	
Deltasone	prednisone	1	1		1	1A	
Dexpak	dexamethasone	1	1		1	1B	
Emflaza <s>		3	5	PA	3 / 5	5	PA
Entocort EC	budesonide	1	1		1	1B	
Florinef	fludrocortisone acetate	1	1		1	1B	
Medrol	methylprednisolone	1	1		1	1A	
Medrol 2mg		3	3		3	3	
Millipred solution	prednisolone sodium phosphate	1	1		1	1A	
Millipred tablet	prednisolone	1	1		1	1B	
Orapred ODT	prednisolone sodium phosphate	1	1		1	1B	
Orapred solution	prednisolone sodium phosphate	1	1		1	1A	
Pediapred solution	prednisolone sodium phosphate	1	1		1	1A	
Prednisolone solution, tablet	prednisolone	1	1		1	1A	
Prednisone	prednisone	1	1		1	1A	
Rayos		3	3	PA, QL	3	3	PA, QL
Solu-cortef		3	3		3	3	
Uceris tablet	budesonide	1	1	QL	1	1B	QL

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		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Genotropin <s>		2	4	PA	2 / 4	4	PA
Humatrope <s>		3	5	PA	3 / 5	5	PA
Increlex <s>		3	5	PA	3 / 5	5	PA
Norditropin FlexPro <s>		2	4	PA	2 / 4	4	PA
Nutropin AQ Nuspin <s>		2	4	PA	2 / 4	4	PA
Omnitrope <s>		3	5	PA	3 / 5	5	PA
Saizen <s>		3	5	PA	3 / 5	5	PA
Saizenprep <s>		3	5	PA	3 / 5	5	PA
Serostim <s>		3	5	PA	3 / 5	5	PA
Zomacton <s>		3	5	PA	3 / 5	5	PA

7E. Insulins		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Afrezza		3	3	PA	3	3	PA
Basaglar Kwikpen U-100		3	3		3	3	
Fiasp, Flextouch, Penfill		2	2		2	2	
Humulin R U-500 (all forms)		2	2		2	2	
Insulin lispro junior (authorized generic of Humalog Junior Kwikpen)		3	3		3	3	
Lantus, Solostar		2	2		1	1A	
Levemir, Flextouch		2	2		1	1A	
Novolin (NDCs ending in 00, 01, 11, and 15)		2	2		1	1A	
Novolog, Mix (all forms)		2	2		1	1A	
Soliqua 100-33		2	2	QL	2	2	QL
Toujeo, Max Solostar		2	2		1	1A	
Tresiba, Flextouch		2	2		1	1A	
Xultophy 100-3.6		2	2	QL	2	2	QL

7F. Non insulin hypoglycemic agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Actoplus Met	pioglitazone hcl/metformin hcl	1	1		1	1B	
Actos	pioglitazone hcl	1	1		1	1A	
Amaryl	glimepiride	1	1		1	1A	
Cycloset		3	3	PA, QL	3	3	PA, QL
Diabeta; Micronase	glyburide	1	1		1	1A	
Duetact	pioglitazone hcl/glimepiride	1	1		1	1B	
Farxiga		2	2	QL	2	2	QL
Fortamet	metformin hcl	1	1	PA	1	1B	PA
Glucophage, XR	metformin hcl	1	1		1	1A	
Glucotrol, XL	glipizide	1	1		1	1A	
Glucovance	glyburide/metformin hcl	1	1		1	1A	
Glynase	glyburide, micronized	1	1		1	1A	
Glyset	miglitol	1	1		1	1B	
Glyxambi		2	2	QL	2	2	QL
Invokamet, XR		2	2	QL	2	2	QL
Invokana		2	2	QL	2	2	QL
Janumet		2	2	QL	2	2	QL
Janumet XR		2	2	QL	2	2	QL
Januvia		2	2	QL	2	2	QL
Jardiance		2	2	QL	2	2	QL
Jentadueto, XR		2	2	QL	2	2	QL
Metaglip	glipizide/metformin hcl	1	1		1	1A	
Ozempic		2	2	QL	2	2	QL
PrandiMet	repaglinide/metformin hcl	1	1		1	1B	
Prandin	repaglinide	1	1		1	1B	
Precose	acarbose	1	1		1	1B	
Qtern		2	2	QL	2	2	QL
Riomet	metformin hcl	1	1		1	1B	
Riomet ER		3	3	QL	3	3	QL
Rybelsus		2	2	QL	2	2	QL
Segluromet		2	2	QL	2	2	QL
Starlix	nateglinide	1	1		1	1B	
Steglatro		2	2	QL	2	2	QL
Symlinpen		3	3		3	3	
Synjardy, XR		2	2	QL	2	2	QL
Tradjenta		2	2	QL	2	2	QL
Trijardy XR		2	2	QL	2	2	QL
Trulicity		2	2	QL	2	2	QL
Victoza		2	2	QL	2	2	QL
Xigduo XR		2	2	QL	2	2	QL

7G. Somatostatin analogs		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bynfezia <s>		3	5	PA, QL	3 / 5	5	PA, QL
Mycapssa <s>		3	5	PA, QL	3 / 5	5	PA, QL
Sandostatin <s>	octreotide acetate	1	4		1 / 4	4	
Sandostatin LAR Depot <s>		2	4	PA	2 / 4	4	PA
Signifor <s>		2	4	PA, QL	2 / 4	4	PA, QL
Signifor LAR <s>		3	5	PA, QL	3 / 5	5	PA, QL
Somatuline Depot <s>		2	4	PA, QL	2 / 4	4	PA, QL

7H. Thyroid hormones		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Armour Thyroid	thyroid,pork	1	1		1	1A	
Armour Thyroid		3	3		3	3	
Cytomel	liothyronine sodium	1	1		1	1A	
Levothyroxine sodium (authorized generic of Tirosint)		3	3		3	3	
NP Thyroid	thyroid,pork	1	1		1	1A	
Synthroid	levothyroxine sodium	1	1		1	1A	
Thyrolar		2	2		2	2	
Tirosint		3	3		3	3	
Tirosint-Sol		3	3		3	3	
Westhroid	thyroid,pork	1	1		1	1A	

7I. Urea cycle disorder agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Buphenyl powder	sodium phenylbutyrate	1	1		1	1B	
Buphenyl tablet	sodium phenylbutyrate	1	1	QL	1	1B	QL
Carbaglu <s>		2	4	PA	2 / 4	4	PA
Ravicti <s>		3	5	PA, QL	3 / 5	5	PA, QL

7J. Vitamin D analogs		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Calciferol (Rx Only)	ergocalciferol (vitamin d2)	1	1		1	1B	
Hectorol	doxercalciferol	1	1		1	1B	
Rayaldee		3	3	QL	3	3	QL
Rocaltrol	calcitriol	1	1		1	1B	
Zemplar	paricalcitol	1	1		1	1B	

7K. Miscellaneous endocrine		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Baqsimi		2	2	QL	2	2	QL
Cerdelga <s>		2	4	PA, QL	2 / 4	4	PA, QL
Cholbam <s>		2	4	PA, QL	2 / 4	4	PA, QL
DDAVP	desmopressin (nonrefrigerated)	1	1		1	1B	
DDAVP	desmopressin acetate	1	1		1	1B	
DDAVP solution		3	3		3	3	
Dojolvi <s>		2	4	PA	2 / 4	4	PA
Dostinex	cabergoline	1	1		1	1B	
Egrifta SV <s>		3	5	PA, QL	3 / 5	5	PA, QL
Galafold <s>		2	4	PA, QL	2 / 4	4	PA, QL
GlucaGen HypoKit		2	2		2	2	
Glucagon Emergency Kit	glucagon, human recombinant	1	1		1	1B	
Glucagon Emergency Kit		2	2		2	2	
Gvoke		2	2	QL	2	2	QL
Isturisa <s>		3	5	PA, QL	3 / 5	5	PA, QL
Korlym <s>		2	4	PA, QL	2 / 4	4	PA, QL
Kuvan <s>	sapropterin dihydrochloride	1	4	PA	1 / 4	4	PA
Lupron Depot-PED <s>		2	4		2 / 4	4	
Miacalcin	calcitonin, salmon, synthetic	1	1		1	1B	
Myalept <s>		3	5	PA, QL	3 / 5	5	PA, QL
Natpara <s>		2	4	PA, QL	2 / 4	4	PA, QL
Palynziq <s>		2	4	PA, QL	2 / 4	4	PA, QL
Proglycem	diazoxide	1	1		1	1B	
Revcovi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Sensipar <s>	cinacalcet hcl	1	4		1 / 4	4	
Somavert <s>		2	4	PA	2 / 4	4	PA
Strensiq <s>		2	4	PA, QL	2 / 4	4	PA, QL
Synarel		3	3		3	3	
Xermelo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zavesca <s>	miglustat	1	4	PA, QL	1 / 4	4	PA, QL

8. Antineoplastics and immunosuppressants

8A. Adjuvant therapy		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aranesp <s>		3	5		3 / 5	5	
Epogen <s>		3	5		3 / 5	5	
Fulphila <s>		2	4	QL	2 / 4	4	QL
Granix <s>		3	5		3 / 5	5	
Leucovorin tablet	leucovorin calcium	1	1		1	1B	
Leukine <s>		2	4		2 / 4	4	
Mesnex tablet		2	2		2	2	
Mircera <s>		3	5	QL	3 / 5	5	QL
Neulasta <s>		2	4	QL	2 / 4	4	QL
Neupogen <s>		3	5		3 / 5	5	
Nivestym <s>		2	4	QL	2 / 4	4	QL
Nyvepria <s>		2	4	QL	2 / 4	4	QL
Procrit <s>		2	4		2 / 4	4	
Retacrit <s>		2	4		2 / 4	4	
Udenyca <s>		2	4	QL	2 / 4	4	QL
Zarxio <s>		2	4		2 / 4	4	
Ziextenzo <s>		2	4	QL	2 / 4	4	QL

8B. Alkylating agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Alkeran tablet	melphalan	1	1		1	1B	
Cyclophosphamide capsule	cyclophosphamide	1	1		1	1B	
Cyclophosphamide tablet (authorized generic of Cytoxan)		3	3		3	3	
Emcyt		2	2		2	2	
Gleostine; Lomustine		2	2		2	2	
Leukeran		2	2		2	2	
Matulane <s>		2	4		2 / 4	4	
Myleran		2	2		2	2	
Temodar <s>	temozolomide	1	4		1 / 4	4	

8C. Antimetabolites		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Lonsurf <s>		2	4	PA, QL	2 / 4	4	PA, QL
Methotrexate	methotrexate sodium	1	1		1	1B	
Methotrexate PF injection	methotrexate sodium/pf	1	1		1	1B	
Onureg <s>		2	4	PA, QL	2 / 4	4	PA, QL
Purinethol	mercaptopurine	1	1		1	1B	
Purixan <s>		3	5		3 / 5	5	
Tabloid		2	2		2	2	
Trexall		2	2		2	2	
Xatmep <s>		3	5		3 / 5	5	
Xeloda <s>	capecitabine	1	4		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		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Arimidex	anastrozole	1	1	QL	1	1A	QL
Arimidex* (Prevent)	anastrozole	\$0	\$0	PA, QL	\$0	\$0	PA, QL
Aromasin	exemestane	1	1	QL	1	1B	QL
Aromasin* (Prevent)	exemestane	\$0	\$0	PA, QL	\$0	\$0	PA, QL
Casodex	bicalutamide	1	1		1	1B	
Eligard <s>		3	5		3 / 5	5	
Erleada <s>		2	4	PA, QL	2 / 4	4	PA, QL
Eulexin	flutamide	1	1		1	1B	
Evista	raloxifene hcl	1	1	QL	1	1B	QL
Evista * (Prevent)	raloxifene hcl	\$0	\$0	PA, QL	\$0	\$0	PA, QL
Fareston	toremifene citrate	1	1		1	1B	
Faslodex	fulvestrant	1	1		1	1B	
Femara	letrozole	1	1		1	1A	
Kisqali Femara co-pack <s>		2	4	PA, QL	2 / 4	4	PA, QL
Lupaneta Pack <s>		3	5		3 / 5	5	
Lupron <s>	leuprolide acetate	1	4		1 / 4	4	
Lupron Depot <s>		2	4		2 / 4	4	
Megace, ES	megestrol acetate	1	1		1	1B	
Nilandron	nilutamide	1	1		1	1B	
Orgovyx <s>		3	5	PA, QL	3 / 5	5	PA, QL
Soltamox		3	3		3	3	
Tamoxifen	tamoxifen citrate	1	1	QL	1	1A	QL
Tamoxifen* (Prevent)	tamoxifen citrate	\$0	\$0	PA, QL	\$0	\$0	PA, QL
Trelstar <s>		2	4	QL	2 / 4	4	QL
Xtandi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zoladex <s>		2	4	QL	2 / 4	4	
Zytiga 250mg <s>	abiraterone acetate	1	4	QL	1 / 4	4	QL

*Age restrictions apply.

8E. Immunomodulators		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Arcalyst <s>		2	4	PA, QL	2 / 4	4	PA, QL
Astagraf XL <s>		3	5		3 / 5	5	
Azasan		3	3		3	3	
Cellcept <s>	mycophenolate mofetil	1	4		1 / 4	4	
Envarsus XR <s>		3	5		3 / 5	5	
Gengraf; Neoral <s>	cyclosporine, modified	1	4		1 / 4	4	
Imuran	azathioprine	1	1		1	1B	
Kineret <s>		3	5	PA, QL	3 / 5	5	PA, QL
Myfortic <s>	mycophenolate sodium	1	4		1 / 4	4	
Pomalyst <s>		3	5	PA, QL	3 / 5	5	PA, QL
Prednisone	prednisone	1	1		1	1A	
Prograf <s>	tacrolimus	1	4		1 / 4	4	
Prograf granules <s>		3	5		3 / 5	5	
Rapamune <s>	sirolimus	1	4		1 / 4	4	
Revlimid <s>		3	5	QL	3 / 5	5	QL
Sandimmune capsule <s>	cyclosporine	1	4		1 / 4	4	
Sandimmune solution <s>		3	5		3 / 5	5	
Somatuline Depot <s>		2	4	PA, QL	2 / 4	4	PA, QL
Thalomid <s>		2	4		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		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Afinitor <s>	everolimus	1	4	PA, QL	1 / 4	4	PA, QL
Afinitor 10mg, Disperz <s>		2	4	PA, QL	2 / 4	4	PA, QL
Alecensa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Alunbrig <s>		2	4	PA, QL	2 / 4	4	PA, QL
Ayvakit <s>		2	4	PA, QL	2 / 4	4	PA, QL
Balversa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Bosulif <s>		2	4	PA, QL	2 / 4	4	PA, QL
Braftovi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Brukina <s>		2	4	PA, QL	2 / 4	4	PA, QL
Cabometyx <s>		2	4	PA, QL	2 / 4	4	PA, QL
Calquence <s>		2	4	PA, QL	2 / 4	4	PA, QL
Caprelsa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Cometriq <s>		2	4	PA, QL	2 / 4	4	PA, QL
Copiktra <s>		2	4	PA, QL	2 / 4	4	PA, QL
Cotellic <s>		2	4	PA, QL	2 / 4	4	PA, QL
Daurismo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Fotivda <s>		2	4	PA, QL	2 / 4	4	PA, QL
Gavreto <s>		2	4	PA, QL	2 / 4	4	PA, QL
Gilotrif <s>		2	4	PA, QL	2 / 4	4	PA, QL
Gleevec <s>	imatinib mesylate	1	4		1 / 4	4	
Ibrance <s>		2	4	PA, QL	2 / 4	4	PA, QL
Iclusig <s>		2	4	PA, QL	2 / 4	4	PA, QL
Idhifa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Imbruvica capsule; 280mg, 420mg, 560mg tablet <s>		2	4	PA, QL	2 / 4	4	PA, QL
Inlyta <s>		2	4	PA, QL	2 / 4	4	PA, QL
Inqovi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Inrebic <s>		3	5	PA, QL	3 / 5	5	PA, QL
Iressa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Jakafi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Kisqali, Femara co-pack <s>		2	4	PA, QL	2 / 4	4	PA, QL
Koselugo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Lenvima <s>		2	4	PA, QL	2 / 4	4	PA, QL
Lorbrena <s>		2	4	PA, QL	2 / 4	4	PA, QL
Lynparza <s>		2	4	PA, QL	2 / 4	4	PA, QL
Mekinist <s>		2	4	PA, QL	2 / 4	4	PA, QL
Mektovi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Nerlynx <s>		2	4	PA, QL	2 / 4	4	PA, QL
Nexavar <s>		2	4	PA, QL	2 / 4	4	PA, QL
Ninlaro <s>		2	4	PA, QL	2 / 4	4	PA, QL
Nubeqa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Pemazyre <s>		2	4	PA, QL	2 / 4	4	PA, QL
Piqray <s>		2	4	PA, QL	2 / 4	4	PA, QL
Qinlock <s>		2	4	PA, QL	2 / 4	4	PA, QL
Retevmo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Rozlytrek <s>		2	4	PA, QL	2 / 4	4	PA, QL
Rubraca <s>		2	4	PA, QL	2 / 4	4	PA, QL
Rydapt <s>		2	4	PA, QL	2 / 4	4	PA, QL
Sprycel <s>		2	4	PA, QL	2 / 4	4	PA, QL
Stivarga <s>		2	4	PA, QL	2 / 4	4	PA, QL
Sutent <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tabrecta <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tafinlar <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tagrisso <s>		2	4	PA, QL	2 / 4	4	PA, QL

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		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Talzenna <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tarceva <s>	erlotinib hcl	1	4	PA, QL	1 / 4	4	PA, QL
Tasigna <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tazverik <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tepmetko <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tibsovo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tukysa <s>		2	4	PA, QL	2 / 4	4	PA, QL
Turalio <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tykerb <s>	lapatinib ditosylate	1	4	PA	1 / 4	4	PA
Ukoniq <s>		2	4	PA, QL	2 / 4	4	PA, QL
Venclexta <s>		2	4	PA, QL	2 / 4	4	PA, QL
Verzenio <s>		2	4	PA, QL	2 / 4	4	PA, QL
Vitrakvi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Vizimpro <s>		2	4	PA, QL	2 / 4	4	PA, QL
Votrient <s>		2	4	PA, QL	2 / 4	4	PA, QL
Xalkori <s>		2	4	PA, QL	2 / 4	4	PA, QL
Xospata <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zejula <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zelboraf <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zokinvy <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zortress <s>	everolimus	1	4		1 / 4	4	
Zortress 1mg <s>		3	5		3 / 5	5	
Zydelig <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zykadia <s>		2	4	PA, QL	2 / 4	4	PA, QL

8G. Miscellaneous antineoplastic agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Droxia		2	2		2	2	
Erivedge <s>		2	4	PA, QL	2 / 4	4	PA, QL
Farydak <s>		2	4	PA, QL	2 / 4	4	PA, QL
Hycamtin capsule <s>		2	4		2 / 4	4	
Hydrea	hydroxyurea	1	1		1	1A	
Lysodren		2	2		2	2	
Odomzo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Sandostatin <s>	octreotide acetate	1	4		1 / 4	4	
Sandostatin LAR Depot <s>		2	4	PA	2 / 4	4	PA
Synribo <s>		2	4	PA, QL	2 / 4	4	PA, QL
Targretin capsule <s>	bexarotene	1	4	PA, QL	1 / 4	4	PA, QL
Vepesid	etoposide	1	1		1	1B	
Vesanoid	tretinoin	1	1		1	1B	
Xpovio <s>		2	4	PA, QL	2 / 4	4	PA, QL
Zolinza <s>		2	4	PA, QL	2 / 4	4	PA, QL

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		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aranesp <s>		3	5		3 / 5	5	
Doptelet <s>		2	4	PA, QL	2 / 4	4	PA, QL
Epogen <s>		3	5		3 / 5	5	
Fulphila <s>		2	4	QL	2 / 4	4	QL
Granix <s>		3	5		3 / 5	5	
Leukine <s>		2	4		2 / 4	4	
Mircera <s>		3	5	QL	3 / 5	5	QL
Neulasta <s>		2	4	QL	2 / 4	4	QL
Neupogen <s>		3	5		3 / 5	5	
Nivestym <s>		2	4	QL	2 / 4	4	QL
Nyvepria <s>		2	4	QL	2 / 4	4	QL
Procrit <s>		2	4		2 / 4	4	
Promacta <s>		2	4	PA	2 / 4	4	PA
Retacrit <s>		2	4		2 / 4	4	
Tavalisse <s>		3	5	PA, QL	3 / 5	5	PA, QL
Udenyca <s>		2	4	QL	2 / 4	4	QL
Zarxio <s>		2	4		2 / 4	4	
Ziextenzo <s>		2	4	QL	2 / 4	4	QL

9B. Immunoglobulins		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cutaquig <s>		3	5	PA	3 / 5	5	PA
Cuvitru <s>		3	5	PA	3 / 5	5	PA
Gammagard liquid <s>		3	5	PA	3 / 5	5	PA
Gammaked <s>		3	5	PA	3 / 5	5	PA
Gamunex-C sub-q <s>		3	5	PA	3 / 5	5	PA
Hizentra <s>		3	5	PA	3 / 5	5	PA
HyQvia <s>		3	5	PA	3 / 5	5	PA
Xembify <s>		3	5	PA	3 / 5	5	PA

9C. Interferons and MS therapy		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Actimmune <s>		2	4		2 / 4	4	
Alferon N		2	2		2	2	
Ampyra <s>	dalfampridine	1	4	QL	1 / 4	4	QL
Aubagio <s>		3	5	QL	3 / 5	5	QL
Avonex <s>		2	4	QL	2 / 4	4	QL
Bafiertam <s>		3	5	QL	3 / 5	5	QL
Betaseron <s>		3	5	QL	3 / 5	5	QL
Copaxone <s>	glatiramer acetate	1	4	QL	1 / 4	4	QL
Extavia <s>		3	5	QL	3 / 5	5	QL
Gilenya <s>		2	4	QL	2 / 4	4	QL
Glatopa <s>	glatiramer acetate	1	4	QL	1 / 4	4	QL
Intron A <s>		2	4		2 / 4	4	
Mavenclad <s>		3	5	QL	3 / 5	5	QL
Mayzent <s>		2	4	QL	2 / 4	4	QL
Pegasys, Proclick <s>		2	4	QL	2 / 4	4	QL
Peg-Intron, Redipen <s>		2	4	QL	2 / 4	4	QL
Plegridy <s>		2	4	QL	2 / 4	4	QL
Rebif, Rebidose <s>		2	4	QL	2 / 4	4	QL
Tecfidera <s>	dimethyl fumarate	1	4	QL	1 / 4	4	QL
Vumerity <s>		3	5	QL	3 / 5	5	QL
Zeposia <s>		3	5	QL	3 / 5	5	QL

9D. Miscellaneous immunology and hematology		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Benlysta <s>		2	4	PA, QL	2 / 4	4	PA, QL
Firazyr <s>	icatibant acetate	1	4	PA, QL	1 / 4	4	PA, QL
Haegarda <s>		2	4	PA, QL	2 / 4	4	PA, QL
Orladeyo <s>		3	5	PA, QL	3 / 5	5	PA, QL
Oxbryta <s>		3	5	PA, QL	3 / 5	5	PA, QL
Palforzia packet <s>		2	4	PA, QL	2 / 4	4	PA, QL
Ruconest <s>		3	5	PA, QL	3 / 5	5	PA, QL
Siklos		3	3	PA	3	3	PA
Takhzyro <s>		2	4	PA, QL	2 / 4	4	PA, QL

10. Dermatology

10A. Acne treatment		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Acanya	clindamycin phos/benzoyl perox	1	1		1	1B	
Accutane; Amnesteem; Claravis; Myorisan; Zenatane	isotretinoin	1	1	QL	1	1B	QL
Aczone 5%	dapsone	1	1	QL	1	1B	QL
Adapalene 0.1% lotion (authorized generic of Differin)		3	3		3	3	
Adoxa capsule	doxycycline monohydrate	1	1	PA	1	1B	PA
Adoxa tablet	doxycycline monohydrate	1	1		1	1A	
Altreno		3	3	QL	3	3	QL
Amzeeq		3	3	QL	3	3	QL
Atralin	tretinoin	1	1		1	1B	
Avar	sulfacetamide sodium/sulfur	1	1		1	1B	
Avar-E	sulfacetamide sodium/sulfur	1	1		1	1B	
Avidoxy 100mg	doxycycline monohydrate	1	1		1	1A	
Avita gel		3	3		3	3	
Azelex		3	3		3	3	
Benzaclin	clindamycin phos/benzoyl perox	1	1		1	1B	
Benzamycin	erythromycin/benzoyl peroxide	1	1		1	1B	
Cleocin-T, swabs	clindamycin phosphate	1	1		1	1B	
Differin 0.1% lotion		3	3		3	3	
Differin cream, gel	adapalene	1	1		1	1B	
Doryx	doxycycline hyclate	1	1	PA	1	1B	PA
Doryx MPC		3	3	PA	3	3	PA
Doxycycline IR-DR (authorized generic of Oracea)		3	3	PA	3	3	PA
Duac	clindamycin phos/benzoyl perox	1	1		1	1B	
Dynacin	minocycline hcl	1	1		1	1A	
Epiduo	adapalene/benzoyl peroxide	1	1		1	1B	
Epiduo Forte		3	3	PA, QL	3	3	PA, QL
Erythromycin topical gel, solution, swab	erythromycin base in ethanol	1	1		1	1B	
Fabior		3	3	ST, QL	3	3	ST, QL
Klaron	sulfacetamide sodium	1	1		1	1B	
Minocin	minocycline hcl	1	1		1	1A	
Monodox	doxycycline monohydrate	1	1		1	1A	
Noritrate		3	3		3	3	
Oracea		3	3	PA	3	3	PA
Ovace	sulfacetamide sodium	1	1		1	1B	
Retin-A; Avita	tretinoin	1	1		1	1B	
Rosaniil	sulfacetamide sodium/sulfur	1	1		1	1B	
Tazarotene 0.1% foam (authorized generic of Fabior)		3	3	ST, QL	3	3	ST, QL
Tazorac	tazarotene	1	1		1	1B	
Tazorac 0.05%; 0.1% gel		2	2		2	2	
Tretin-X		3	3		3	3	
Vibramycin	doxycycline hyclate	1	1		1	1A	
Vibramycin suspension	doxycycline monohydrate	1	1		1	1B	
Vibramycin syrup		3	3		3	3	
Winlevi		3	3	PA, QL	3	3	PA, QL

PA - Prior approval may be required

ST - Step therapy may be required

QL - Quantity limits may apply

<s> - Specialty Drug

10B. Antipsoriatic and antiseborrheic		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Avar	sulfacetamide sodium/sulfur	1	1		1	1B	
Avar-E	sulfacetamide sodium/sulfur	1	1		1	1B	
Calcipotriene foam (authorized generic of Sorilux)		3	3		3	3	
Dovonex	calcipotriene	1	1		1	1B	
Duobrii		3	3	QL	3	3	QL
Enbrel <s>		2	4	PA, QL	2 / 4	4	PA, QL
Enstilar		3	3	PA, QL	3	3	PA, QL
Humira <s>		2	4	PA, QL	2 / 4	4	PA, QL
Klaron	sulfacetamide sodium	1	1		1	1B	
Otezla <s>		2	4	PA, QL	2 / 4	4	PA, QL
Otrexup <s>		3	5	PA, QL	3 / 5	5	PA, QL
Ovace	sulfacetamide sodium	1	1		1	1B	
Oxsoralen-Ultra	methoxsalen	1	1		1	1B	
Rasuvo <s>		3	5	PA, QL	3 / 5	5	PA, QL
Reditrex <s>		3	5	PA, QL	3 / 5	5	PA, QL
Rosaniil	sulfacetamide sodium/sulfur	1	1		1	1B	
Selsun 2.5% (Rx Only)	selenium sulfide	1	1		1	1B	
Siliq <s>		3	5	PA, QL	3 / 5	5	PA, QL
Skyrizi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Soriatane	acitretin	1	1		1	1B	
Sorilux		3	3		3	3	
Stelara 45mg, 90mg <s>		2	4	PA, QL	2 / 4	4	PA, QL
Taclonex	calcipotriene/betamethasone	1	1	PA	1	1B	PA
Taltz <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tazorac	tazarotene	1	1		1	1B	
Tazorac 0.05%; 0.1% gel		2	2		2	2	
Tremfya <s>		2	4	PA, QL	2 / 4	4	PA, QL
Vectical	calcitriol	1	1		1	1B	

10C. Corticosteroids very high potency		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bryhali		3	3	QL	3	3	QL
Clobevate; Temovate	clobetasol propionate	1	1		1	1B	
Clobex, spray	clobetasol propionate	1	1		1	1B	
Cordran tape		2	2		2	2	
Diprolene gel, ointment	betamethasone dipropionate	1	1		1	1B	
Duobrii		3	3	QL	3	3	QL
Olux	clobetasol propionate	1	1		1	1B	
Olux-E	clobetasol propionate/emoll	1	1		1	1B	
Temovate Emollient	clobetasol propionate/emoll	1	1		1	1B	
Ultravate cream, ointment	halobetasol propionate	1	1		1	1B	
Vanos	fluocinonide	1	1	QL	1	1B	QL

10D. Corticosteroids high potency		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Apexicon E	diflorasone diacetate/emoll	1	1		1	1B	
Aristocort; Kenalog 0.5%	triamcinolone acetonide	1	1		1	1B	
Cyclocort	amcinonide	1	1		1	1B	
Diprolene cream, lotion; AF	betamethasone/propylene glyc	1	1		1	1B	
Diprosone cream, ointment	betamethasone dipropionate	1	1		1	1B	
Elocon ointment	mometasone furoate	1	1		1	1B	
Florone; Psorcon	diflorasone diacetate	1	1		1	1B	
Halog	halcinonide	1	1		1	1B	
Halog ointment, solution		3	3		3	3	
Lidex	fluocinonide	1	1		1	1B	
Lidex E	fluocinonide/emollient base	1	1		1	1B	
Luxiq	betamethasone valerate	1	1		1	1B	
Topicort 0.25%; 0.05% gel	desoximetasone	1	1		1	1B	
Valisone ointment	betamethasone valerate	1	1		1	1B	

10E. Corticosteroids medium potency		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Clocortolone pivalate (authorized generic of Cloderm)		2	2		2	2	
Cloderm		2	2		2	2	
Cordran	flurandrenolide	1	1		1	1B	
Cutivate	fluticasone propionate	1	1		1	1B	
Dermatop	prednicarbate	1	1		1	1B	
Diprosone lotion	betamethasone dipropionate	1	1		1	1B	
Elocon cream, lotion, solution	mometasone furoate	1	1		1	1B	
Kenalog 0.025% ointment, 0.05%, 0.1%	triamcinolone acetonide	1	1		1	1B	
Kenalog Spray	triamcinolone acetonide	1	1	QL	1	1B	QL
Locoid	hydrocortisone butyrate	1	1		1	1B	
Locoid Lipocream	hydrocortisone butyrate/emoll	1	1		1	1B	
Locoid Lipocream		3	3		3	3	
Oralene paste	triamcinolone acetonide	1	1		1	1B	
Synalar 0.025%	fluocinolone acetonide	1	1		1	1B	
Topicort 0.05% cream, ointment	desoximetasone	1	1		1	1B	
Westcort	hydrocortisone valerate	1	1		1	1B	

10F. Corticosteroids low potency		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Acloivate	alclometasone dipropionate	1	1		1	1B	
Ala-scalp HP	hydrocortisone	1	1		1	1B	
Capex shampoo		2	2		2	2	
Dermacort, Hytone 2.5%	hydrocortisone	1	1		1	1B	
Dermacort; Hytone 1% (Rx Only)	hydrocortisone	1	1		1	1B	
Derma-smoothe-FS	fluocinolone/shower cap	1	1		1	1B	
Derma-smoothe-FS	fluocinolone acetonide	1	1		1	1B	
Desonate	desonide	1	1		1	1B	
Desowen	desonide	1	1		1	1B	
Kenalog 0.025% cream, lotion	triamcinolone acetonide	1	1		1	1B	
Neo-Synalar		3	3		3	3	
Synalar 0.01%	fluocinolone acetonide	1	1		1	1B	
Texacort		3	3		3	3	
Valisone cream, lotion	betamethasone valerate	1	1		1	1B	
Verdeso		3	3		3	3	

10G. Scabicides and pediculicides		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Crotan	crotamiton	1	1		1	1B	
Elimite	permethrin	1	1		1	1B	
Eurax		2	2		2	2	
Lindane	lindane	1	1		1	1B	
Natroba	spinosad	1	1		1	1B	
Ovide	malathion	1	1		1	1B	
Sklice	ivermectin	1	1	QL	1	1B	QL
Ulesfia		3	3		3	3	

10H. Topical anesthetics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Emla	lidocaine/prilocaine	1	1		1	1B	
Lidoderm patch	lidocaine	1	1		1	1B	
Xylocaine Viscous Solution (Rx Only)	lidocaine hcl	1	1		1	1B	

10I. Topical antibacterials		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bactroban ointment	mupirocin	1	1		1	1B	
Gentamicin cream, ointment	gentamicin sulfate	1	1		1	1B	
Neo-Synalar		3	3		3	3	
Xepi		3	3	PA, QL	3	3	PA, QL

10J. Topical antifungals		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Ecoza		3	3	PA, QL	3	3	PA, QL
Ertaczo		3	3		3	3	
Exelderm		3	3		3	3	
Extina	ketoconazole	1	1		1	1B	
Loprox cream, suspension	ciclopirox olamine	1	1		1	1B	
Loprox gel, shampoo	ciclopirox	1	1		1	1B	
Lotrimin	clotrimazole	1	1		1	1B	
Lotrisone	clotrimazole/betamethasone dip	1	1		1	1B	
Luliconazole 1% cream (authorized generic of Luzu)		3	3	PA, QL	3	3	PA, QL
Luzu		3	3	PA, QL	3	3	PA, QL
Mentax		2	2		2	2	
Miconazole-zinc oxide-petroltm (authorized generic of Vusion)		3	3	QL	3	3	QL
Mycostatin	nystatin	1	1		1	1B	
Naftin	naftifine hcl	1	1	PA, QL	1	1B	PA, QL
Naftin 2% gel		3	3	PA, QL	3	3	PA, QL
Nizoral cream, shampoo 2%	ketoconazole	1	1		1	1B	
Nystatin w/Triamcinolone	nystatin/triamcin	1	1		1	1B	
Oxistat	oxiconazole nitrate	1	1	PA, QL	1	1B	PA, QL
Oxistat lotion		3	3	PA, QL	3	3	PA, QL
Penlac	ciclopirox	1	1		1	1B	
Spectazole	econazole nitrate	1	1		1	1B	
Sulconazole nitrate (authorized generic of Exelderm)		3	3		3	3	
Vusion		3	3	QL	3	3	QL
Xolegel		3	3	PA, QL	3	3	PA, QL

10K. Topical antineoplastic agents and immunomodulators		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Aldara	imiquimod	1	1	QL	1	1B	QL
Efudex	fluorouracil	1	1		1	1B	
Elidel	pimecrolimus	1	1		1	1B	
Fluoroplex		3	3		3	3	
Imiquimod 3.75% pump (authorized generic of Zyclara)		3	3	PA, QL	3	3	PA, QL
Klisyri		3	3	PA, QL	3	3	PA, QL
Panretin		2	2		2	2	
Picato		3	3	PA, QL	3	3	PA, QL
Protopic	tacrolimus	1	1		1	1B	
Targretin gel <s>		3	5	PA	3 / 5	5	PA
Tolak		2	2	QL	2	2	QL
Valchlor <s>		3	5	PA, QL	3 / 5	5	PA, QL
Veregen		3	3		3	3	
Zyclara	imiquimod	1	1	PA, QL	1	1B	PA, QL
Zyclara 2.5%, 3.75% pump		3	3	PA, QL	3	3	PA, QL

10L. Topical antivirals		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Zovirax ointment	acyclovir	1	1		1	1B	

10M. Wound and burn therapy		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Regranex		3	3	QL	3	3	QL
Santyl		2	2		2	2	
Silvadene	silver sulfadiazine	1	1		1	1B	
Sulfamylon	mafenide acetate	1	1		1	1B	
Sulfamylon cream		3	3		3	3	

10N. Miscellaneous dermatologicals		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Condylox gel		2	2		2	2	
Condylox solution	podofilox	1	1		1	1B	
Drysol		2	2		2	2	
Dupixent <s>		3	5	PA, QL	3 / 5	5	PA, QL
Eucrisa		3	3	PA, QL	3	3	PA, QL
Finacea foam		3	3	ST, QL	3	3	ST, QL
Finacea gel	azelaic acid	1	1		1	1B	
Lac-Hydrin	ammonium lactate	1	1		1	1B	
Metrocream, gel, lotion	metronidazole	1	1		1	1B	
Prudoxin, Zonalon	doxepin hcl	1	1	PA, QL	1	1B	PA, QL
Qbrexza		2	2	PA, QL	2	2	PA, QL
Solaraze	diclofenac sodium	1	1	PA, QL	1	1B	PA, QL
Soolantra	ivermectin	1	1	ST, QL	1	1B	ST, QL
Xolair syringe <s>		3	5	PA, QL	3 / 5	5	PA, QL
Zonalon 30g		3	3	PA, QL	3	3	PA, QL

11. Ophthalmology

11A. Cycloplegic mydriatics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cyclogyl	cyclopentolate hcl	1	1		1	1B	
Cyclogyl 5ml		3	3		3	3	
Cyclomydril		3	3		3	3	
Isopto Atropine	atropine sulfate	1	1		1	1B	
Isopto Homatropine	homatropine hbr	1	1		1	1B	
Mydracyl	tropicamide	1	1		1	1B	
Paremyd		3	3		3	3	

11B. Glaucoma agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Alphagan 0.2%, P 0.15%	brimonidine tartrate	1	1		1	1B	
Alphagan P 0.1%		2	2		2	2	
Azopt	brinzolamide	1	1		1	1B	
Combigan		3	3		3	3	
Cosopt	dorzolamide hcl/timolol maleat	1	1		1	1B	
Cosopt PF	dorzolamide/timolol/pf	1	1		1	1B	
lopidine dropperette		3	3		3	3	
lopidine drops	apraclonidine hcl	1	1		1	1B	
Isopto-Carpine; Pilocar	pilocarpine hcl	1	1		1	1B	
Lumigan	bimatoprost	1	1		1	1B	
Lumigan 0.01%		2	2		2	2	
Neptazane	methazolamide	1	1		1	1B	
Rhopressa		2	2	ST, QL	2	2	ST, QL
Rocklatan		2	2	ST, QL	2	2	ST, QL
Simbrinza		3	3		3	3	
Travatan Z	travoprost	1	1		1	1B	
Trusopt	dorzolamide hcl	1	1		1	1B	
Vyzulta		3	3	PA	3	3	PA
Xalatan	latanoprost	1	1		1	1A	
Xelpros		3	3	PA, QL	3	3	PA, QL
Zioptan		3	3		3	3	

11C. Ophthalmic anti allergy agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Alocril		3	3		3	3	
Alomide		3	3		3	3	
Bepreve	bepotastine besilate	1	1		1	1B	
Elestat	epinastine hcl	1	1		1	1B	
Lastacaft		3	3		3	3	
Opticrom	cromolyn sodium	1	1		1	1B	
Optivar	azelastine hcl	1	1		1	1B	
Pataday	olopatadine hcl	1	1		1	1B	
Patanol	olopatadine hcl	1	1		1	1B	

11D. Ophthalmic anti infective and steroid		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Blephamide		2	2		2	2	
Cortisporin eye drops	neomycin/polymyxin b/hydrocort	1	1		1	1B	
Cortisporin eye ointment	neomycin/bacit/p-myx/hydrocort	1	1		1	1B	
Maxitrol	neomycin/polymyxin b/dexametha	1	1		1	1B	
Pred-G		3	3		3	3	
Tobradex ointment		2	2		2	2	
Tobradex ST		3	3		3	3	
Tobradex suspension	tobramycin/dexamethasone	1	1		1	1B	
Vasocidin	sulfacetamide/prednisolone sp	1	1		1	1B	
Zylet		3	3		3	3	

11E. Ophthalmic anti infectives		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Azasite		3	3		3	3	
Bacitracin	bacitracin	1	1		1	1B	
Besivance		3	3		3	3	
Bleph-10 ointment	sulfacetamide sodium	1	1		1	1B	
Bleph-10, Sodium Sulamyde drops	sulfacetamide sodium	1	1		1	1B	
Ciloxan drops	ciprofloxacin hcl	1	1		1	1B	
Ciloxan ointment		2	2		2	2	
Garamycin	gentamicin sulfate	1	1		1	1B	
Ilotycin	erythromycin base	1	1		1	1B	
Moxeza	moxifloxacin hcl	1	1		1	1B	
Natacyn		2	2		2	2	
Neosporin ophthalmic ointment	neomycin sulf/bacitracin/poly	1	1		1	1B	
Neosporin ophthalmic solution	neomycin/polymyxin b/gramicidin	1	1		1	1B	
Ocuflox	ofloxacin	1	1		1	1B	
Polysporin	bacitracin/polymyxin b sulfate	1	1		1	1B	
Polytrim	polymyxin b sulf/trimethoprim	1	1		1	1B	
Quixin	levofloxacin	1	1		1	1B	
Tobrex drops	tobramycin	1	1		1	1B	
Tobrex ointment		3	3		3	3	
Vigamox	moxifloxacin hcl	1	1		1	1B	
Viroptic	trifluridine	1	1		1	1B	
Zirgan		2	2		2	2	
Zymaxid	gatifloxacin	1	1		1	1B	

11F. Ophthalmic anti inflammatory agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Acular, LS	ketorolac tromethamine	1	1		1	1B	
Acuvail		3	3		3	3	
Bromday; Xibrom	bromfenac sodium	1	1		1	1B	
Ilevro		3	3		3	3	
Nevanac		3	3		3	3	
Ocufen	flurbiprofen sodium	1	1		1	1B	
Prolensa		3	3		3	3	
Voltaren ophthalmic solution	diclofenac sodium	1	1		1	1B	

11G. Ophthalmic beta blockers		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Betagan	levobunolol hcl	1	1		1	1A	
Betimol		2	2		2	2	
Betoptic S		2	2		2	2	
Betoptic solution	betaxolol hcl	1	1		1	1B	
Istalol	timolol maleate	1	1		1	1B	
Ocupress	carteolol hcl	1	1		1	1A	
Optipranolol	metipranolol	1	1		1	1B	
Timoptic Ocudose	timolol maleate/pf	1	1		1	1B	
Timoptic Ocudose 0.25%		3	3		3	3	
Timoptic, XE	timolol maleate	1	1		1	1A	

11H. Ophthalmic steroids		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Alrex		2	2		2	2	
Decadron ophthalmic	dexamethasone sodium phosphate	1	1		1	1B	
Durezol		3	3		3	3	
Flarex		3	3		3	3	
FML	fluorometholone	1	1		1	1B	
FML Forte, S.O.P.		2	2		2	2	
Inflamase, Forte	prednisolone sodium phosphate	1	1		1	1B	
Inveltys		3	3	PA, QL	3	3	PA, QL
Lotemax	loteprednol etabonate	1	1		1	1B	
Lotemax ointment		3	3		3	3	
Lotemax SM		3	3	PA, QL	3	3	PA, QL
Maxidex		3	3		3	3	
Pred Forte	prednisolone acetate	1	1		1	1B	
Pred Mild		2	2		2	2	

11I. Dry eye agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cequa		3	3	QL	3	3	QL
Lacrisert		2	2		2	2	
Restasis		2	2		2	2	
Xiidra		2	2	QL	2	2	QL

11J. Miscellaneous ophthalmic agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cystadrops <s>		3	5	PA, QL	3 / 5	5	PA, QL
Cystaran <s>		2	4	PA, QL	2 / 4	4	PA, QL
Neo-Synephrine	phenylephrine hcl	1	1		1	1B	
Oxervate <s>		2	4	PA, QL	2 / 4	4	PA, QL
Upneeq		2	2	PA, QL	2	2	PA, QL

12. Otic and nasal preparations

12A. Nasal preparations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Astelin nasal spray	azelastine hcl	1	1	QL	1	1B	QL
Astepro nasal spray	azelastine hcl	1	1	QL	1	1B	QL
Atrovent nasal spray	ipratropium bromide	1	1	QL	1	1B	QL
Beconase AQ		3	3	ST, QL	NC	NC	
Dymista	azelastine/fluticasone	1	1	PA, QL	NC	NC	
Flonase (Rx Only)	fluticasone propionate	1	1	QL	NC	NC	
Nasalide	flunisolide	1	1	QL	NC	NC	
Nasonex	mometasone furoate	1	1	ST, QL	NC	NC	
Omnaris		3	3	ST, QL	NC	NC	
Patanase	olopatadine hcl	1	1	QL	1	1B	QL
Qnasl		3	3	ST, QL	NC	NC	
Zetonna		3	3	ST, QL	NC	NC	

NC - Not Covered for members with a BCN drug benefit

12B. Otic preparations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Acetasol HC; Vosol HC	hydrocortisone/acetic acid	1	1		1	1B	
Auralgan	aa/antipyrin/bcaine/polico1/al	1	1		1	1B	
Cipro HC		3	3		3	3	
Ciprodex	ciprofloxacin hcl/dexameth	1	1		1	1B	
ciprofloxacin 0.2% dropperette	ciprofloxacin hcl	1	1		1	1B	
Ciprofloxacin-fluocinolone vial (authorized generic of Otovel)		2	2		2	2	
Cortisporin	neomycin/polymyxin b/hydrocort	1	1		1	1B	
Cortisporin-TC		3	3		3	3	
Dermotic	fluocinolone acetonide oil	1	1		1	1B	
Floxin Otic	ofloxacin	1	1		1	1B	
Otovel		2	2		2	2	
Vosol	acetic acid	1	1		1	1B	

13. Respiratory, cough and cold

13A. Antihistamine and decongestant combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Antihistamine/Decongestant Combinations	See Chapter 13B						

13B. Antihistamines		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Astelin nasal spray	azelastine hcl	1	1	QL	1	1B	QL
Astepro nasal spray	azelastine hcl	1	1	QL	1	1B	QL
Atarax	hydroxyzine hcl	1	1		1	1B	
Benadryl (Rx Only)	diphenhydramine hcl	1	1		1	1B	
Clarinet	desloratadine	1	1	QL	NC	NC	
Clarinet-D		3	3	QL	NC	NC	
Histet PD	carbinoxamine maleate	1	1		1	1B	
Karbinal ER		3	3	ST, QL	3	3	ST, QL
Patanase	olopatadine hcl	1	1	QL	1	1B	QL
Periactin	cyproheptadine hcl	1	1		1	1B	
Phenergan	promethazine hcl	1	1		1	1B	
Phenergan w/Codeine	promethazine hcl/codeine	1	1		1	1B	
Rynatan	phenylephrine/chlor-tan	1	1		1	1B	
Tavist tablet (Rx Only)	clemastine fumarate	1	1		1	1B	
Vistaril	hydroxyzine pamoate	1	1		1	1B	
Xyzal	levocetirizine dihydrochloride	1	1	QL	NC	NC	
Zyrtec solution (Rx Only)	cetirizine hcl	1	1		NC	NC	

NC - Not Covered for members with a BCN drug benefit

13C. Antitussives		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bromfed-DM	brompheniramine/pseudoephed/dm	1	1		1	1B	
Cheratussin AC		3	3		3	3	
Coditussin AC		3	3		3	3	
Coditussin DAC		3	3		3	3	
CPB WC	bromphenira/pseudoephed/codein	1	1		1	1B	
Guaitussin AC	codeine phosphate/guaifenesin	1	1		1	1B	
Histex-AC		3	3		3	3	
Hycodan	hydrocodone bit/homatrop me-br	1	1		1	1B	
Obredon		3	3	QL	3	3	QL
Phenergan DM	promethazine/dextromethorphan	1	1		1	1B	
Phenergan VC	phenylephrine hcl/prometh hcl	1	1		1	1B	
Phenergan VC w/Codeine	promethazine/phenyleph/codeine	1	1		1	1B	
Phenergan w/Codeine	promethazine hcl/codeine	1	1		1	1B	
Relcof C	codeine phosphate/guaifenesin	1	1		1	1B	
Robitussin AC	codeine phosphate/guaifenesin	1	1		1	1B	
Tessalon, Perles	benzonatate	1	1		1	1B	
Tussicaps		2	2	QL	2	2	QL
Tussionex	hydrocodone/chlorphen p-stirex	1	1		1	1B	
Tuxarin ER		3	3		3	3	
Tuzistra XR		3	3	QL	3	3	QL
Virtussin DAC	pseudoephed/codeine/guaifen	1	1		1	1B	
Zonatuss	benzonatate	1	1		1	1B	

13D. Cystic Fibrosis agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Bethkis <s>	tobramycin	1	4	PA, QL	1 / 4	4	PA, QL
Bronchitol <s>		3	5	PA, QL	3 / 5	5	PA, QL
Cayston <s>		3	5	PA, QL	3 / 5	5	PA, QL
Kalydeco <s>		2	4	PA, QL	2 / 4	4	PA, QL
Orkambi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Pulmozyme <s>		2	4	PA	2 / 4	4	PA
Symdeko <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tobi <s>	tobramycin in 0.225% sod chlor	1	4	QL	1 / 4	4	QL
Tobi Podhaler <s>		3	5	PA, QL	3 / 5	5	PA, QL
Trikafta <s>		2	4	PA, QL	2 / 4	4	PA, QL

13E. Epinephrine		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Epinephrine auto-injector (authorized generic of Adrenaclick)		2	2	QL	2	2	QL
Epipen, Jr.	epinephrine	1	1	QL	1	1B	QL
Symjepi		2	2	QL	2	2	QL

13F. Inhaled anticholinergics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Atrovent HFA		2	2	QL	2	2	QL
Atrovent solution	ipratropium bromide	1	1		1	1B	
Incruse Ellipta		2	2	QL	2	2	QL
Lonhala Magnair		3	3	QL	3	3	QL
Seebri Neohaler		3	3	QL	3	3	QL
Spiriva, Respimat		2	2	QL	2	2	QL
Tudorza Pressair		3	3	QL	3	3	QL
Yupelri		3	3	QL	3	3	QL

13G. Inhaled beta agonist and anticholinergic		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Anoro Ellipta		2	2	QL	2	2	QL
Bevespi Aerosphere		3	3	QL	3	3	QL
Breztri Aerosphere		2	2	QL	2	2	QL
Combivent Respimat		2	2	QL	2	2	QL
Duoneb	ipratropium/albuterol sulfate	1	1		1	1B	
Stiolto Respimat		2	2	QL	2	2	QL
Trelegy Ellipta		2	2	QL	2	2	QL
Utibron Neohaler		3	3	QL	3	3	QL

13H. Inhaled beta agonists		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Albuterol nebulizer solution	albuterol sulfate	1	1		1	1B	
Arcapta Neohaler		3	3	QL	3	3	QL
Brovana	arformoterol tartrate	1	1	QL	1	1B	QL
Brovana		3	3	QL	3	3	QL
Levalbuterol tartrate HFA (authorized generic of Xopenex HFA)		3	3	QL	3	3	QL
Perforomist		3	3	QL	3	3	QL
ProAir HFA	albuterol sulfate	1	1	QL	1	1B	QL
Proventil HFA	albuterol sulfate	1	1	QL	1	1B	QL
Serevent Diskus		2	2	QL	2	2	QL
Striverdi Respimat		3	3	QL	3	3	QL
Xopenex HFA		3	3	QL	3	3	QL
Xopenex solution	levalbuterol hcl	1	1		1	1B	

13I. Inhaled steroid and beta agonist combinations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Advair Diskus	fluticasone propion/salmeterol	1	1	QL	1	1B	QL
Advair HFA		2	2	QL	2	2	QL
Breo Ellipta		2	2	QL	2	2	QL
Breztri Aerosphere		2	2	QL	2	2	QL
Dulera		2	2	QL	2	2	QL
Fluticasone-salmeterol RespiClick (authorized generic of Airduo Respiclick)		3	3	QL	3	3	QL
Symbicort		2	2	QL	2	2	QL
Trelegy Ellipta		2	2	QL	2	2	QL

13J. Inhaled steroids		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Arnuity Ellipta		2	2	QL	2	2	QL
Asmanex, HFA		2	2	QL	1	1A	QL
Flovent HFA, Diskus		2	2	QL	1	1A	QL
Pulmicort Flexhaler		2	2	QL	1	1A	QL
Pulmicort solution	budesonide	1	1		1	1A	
Qvar RediHaler		2	2	QL	1	1A	QL

13K. Intranasal steroids		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Intranasal Steroids	See Chapter 12A						

13L. Oral beta agonists		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Alupent	metaproterenol sulfate	1	1		1	1B	
Brethine	terbutaline sulfate	1	1		1	1B	
Proventil solution	albuterol sulfate	1	1		1	1B	
Proventil/Ventolin tablet	albuterol sulfate	1	1		1	1B	
Vospire ER	albuterol sulfate	1	1		1	1B	

13M. Pulmonary Hypertension Agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Adcirca <s>	tadalafil	1	4	PA, QL	1 / 4	4	PA, QL
Adempas <s>		2	4	PA, QL	2 / 4	4	PA, QL
Letairis <s>	ambrisentan	1	4	PA, QL	1 / 4	4	PA, QL
Opsumit <s>		2	4	PA, QL	2 / 4	4	PA, QL
Orenitram ER <s>		2	4	PA, QL	2 / 4	4	PA, QL
Remodulin <s>	treprostinil sodium	1	4		1 / 4	4	
Revatio	sildenafil citrate	1	1	QL	1	1B	QL
Revatio suspension	sildenafil citrate	1	1	PA, QL	1	1B	PA, QL
Tracleer <s>	bosentan	1	4	PA, QL	1 / 4	4	PA, QL
Tracleer tablet for suspension <s>		2	4	PA	2 / 4	4	PA
Tyvaso <s>		2	4	PA, QL	2 / 4	4	PA, QL
Upravi <s>		2	4	PA, QL	2 / 4	4	PA, QL
Ventavis <s>		2	4	PA, QL	2 / 4	4	PA, QL

13N. Theophyllines		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Elixophyllin		3	3		3	3	
Theo-24		2	2		2	2	
Theophylline anhydrous	theophylline anhydrous	1	1		1	1B	

130. Miscellaneous respiratory agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Accolate	zafirlukast	1	1	QL	1	1B	QL
Actemra Actpen, syringe <s>		2	4	PA, QL	2 / 4	4	PA, QL
Daliresp		2	2	QL	2	2	QL
Esbriet <s>		2	4	PA, QL	2 / 4	4	PA, QL
Fasenra Pen <s>		2	4	PA, QL	2 / 4	4	PA, QL
Glassia <s>		2	4	PA, QL	2 / 4	4	PA, QL
Grastek		3	3	PA, QL	3	3	PA, QL
Hyper-Sal		3	3		3	3	
Intal solution	cromolyn sodium	1	1		1	1B	
Mucomyst	acetylcysteine	1	1		1	1B	
Nebusal		3	3		3	3	
Nucala auto-injector, syringe <s>		3	5	PA, QL	3 / 5	5	PA, QL
Odactra		3	3	PA, QL	3	3	PA, QL
Ofev <s>		2	4	PA, QL	2 / 4	4	PA, QL
Oralair		3	3	PA, QL	3	3	PA, QL
Ragwitek		3	3	PA, QL	3	3	PA, QL
Singulair	montelukast sodium	1	1	QL	1	1A	QL
Sodium chloride inhalation	sodium chloride for inhalation	1	1		1	1B	
Xolair syringe <s>		3	5	PA, QL	3 / 5	5	PA, QL
Zyflo		3	3	QL	3	3	QL
Zyflo CR	zileuton	1	1	QL	1	1B	QL

14. Urology

14A. BPH Treatment		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Avodart	dutasteride	1	1		1	1B	
Cardura	doxazosin mesylate	1	1		1	1B	
Cardura XL		3	3		3	3	
Cialis 2.5mg, 5mg	tadalafil	1	1	PA, QL	1	1	PA, QL
Flomax	tamsulosin hcl	1	1		1	1B	
Hytrin	terazosin hcl	1	1		1	1B	
Jalyn	dutasteride/tamsulosin hcl	1	1	QL	1	1B	QL
Proscar	finasteride	1	1		1	1B	
Rapaflo	silodosin	1	1	QL	1	1B	QL
Uroxatral	alfuzosin hcl	1	1		1	1B	

14B. Ion Removing Agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Auryxia		3	3		3	3	
Fosrenol	lanthanum carbonate	1	1		1	1B	
Fosrenol packet		3	3		3	3	
Kayexalate	sodium polystyrene sulfonate	1	1		1	1B	
Lokelma		2	2	QL	2	2	QL
Phoslo	calcium acetate	1	1		1	1B	
Phoslyra		3	3		3	3	
Renagel	sevelamer hcl	1	1		1	1B	
Renvela	sevelamer carbonate	1	1		1	1B	
SPS	sodium polystyrene sulfonate	1	1		1	1B	
SPS (sorbitol free)	sodium polystyrene sulfon/sorb	1	1		1	1B	
Velphoro		3	3		3	3	
Veltassa		2	2	QL	2	2	QL

14C. Urinary Antispasmodics		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Detrol, LA	tolterodine tartrate	1	1		1	1B	
Ditropan, XL	oxybutynin chloride	1	1		1	1A	
Enablex	darifenacin hydrobromide	1	1	QL	1	1B	QL
Gelnique		3	3	ST, QL	3	3	ST, QL
Levbid	hyoscyamine sulfate	1	1		1	1B	
Levsin, SL	hyoscyamine sulfate	1	1		1	1B	
Myrbetriq		3	3	ST, QL	3	3	ST, QL
Sanctura	tropium chloride	1	1	QL	1	1B	QL
Sanctura XR	tropium chloride	1	1	QL	1	1B	QL
Toviaz		3	3	ST, QL	3	3	ST, QL
Urispas	flavoxate hcl	1	1		1	1B	
Vesicare	solifenacin succinate	1	1	ST, QL	1	1B	ST, QL
Vesicare LS		3	3	PA, QL	3	3	PA, QL

14D. Miscellaneous Urologicals		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Cystagon <s>		2	4		2 / 4	4	
Depen	penicillamine	1	1	QL	1	1B	QL
Elmiron		2	2		2	2	
Lithostat		3	3		3	3	
Lupkynis <s>		3	5	PA, QL	3 / 5	5	PA, QL
Nocdurna		3	3	PA, QL	3	3	PA, QL
Noctiva		3	3	PA, QL	3	3	PA, QL
Procysbi 25mg capsule, packet <s>		3	5	PA, QL	3 / 5	5	PA, QL
Procysbi 75mg capsule <s>		3	5	PA	3 / 5	5	PA
Renacidin		2	2		2	2	
Thiola	tiopronin	1	1	PA, QL	1	1B	PA, QL
Thiola EC		2	2	PA, QL	2	2	PA, QL
Urecholine	bethanechol chloride	1	1		1	1B	
Urocit-K	potassium citrate	1	1		1	1B	
Xuriden <s>		2	4	PA, QL	2 / 4	4	PA, QL

15. Vitamins and supplements

15A. Potassium Replacement		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Effer-K		2	2		2	2	
K-Lor; Klor-Con packet	potassium chloride	1	1		1	1B	
Klor-Con M15	potassium chloride	1	1		1	1B	
K-Lyte; Klor-con/EF	potassium bicarbonate/cit ac	1	1		1	1B	
K-phos no.2		3	3		3	3	
K-phos Original		3	3		3	3	
K-Sol; Potassium Chloride	potassium chloride	1	1		1	1B	
K-Tab 10meq		2	2		2	2	
K-Tab; K-Dur; Slow-K; Kaon CL; Klor-con	potassium chloride	1	1		1	1B	
Micro-K	potassium chloride	1	1		1	1B	

15B. Vitamins and Minerals		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Accrufer		3	3	PA, QL	3	3	PA, QL
Calciferol (Rx Only)	ergocalciferol (vitamin d2)	1	1		1	1B	
Clinpro 5000		3	3		3	3	
Cyanocobalamin injection	cyanocobalamin (vitamin b-12)	1	1		1	1B	
Fluoridex		3	3		3	3	
Folic Acid 0.4mg, 0.8mg (OTC) (Prevent)	folic acid	\$0	\$0		\$0	\$0	
Folic Acid 1mg (Rx only)		1	1		1	1B	
Galzin		3	3		3	3	
Mephyton	phytonadione (vit k1)	1	1		1	1B	
M-Natal Plus	pnv,calcium 72/iron/folic acid	1	1		1	1	
PNV 29-1	prenatal vit,calc76/iron/folic	1	1		1	1	
Prenata		3	3		3	3	
Prenatabs FA	prenatal vit,calc78/iron/folic	1	1		1	1	
Prenatabs Rx	prenatal vit,calc76/iron/folic	1	1		1	1	
Prenatal Plus	pnv,calcium 72/iron/folic acid	1	1		1	1	
Prenatal Plus DHA		3	3		3	3	
Prenatal Vitamin Plus Low Iron		1	1		1	1	
PrePLUS	pnv,calcium 72/iron,carb/folic	1	1		1	1	
PreTAB	prenatal vit,calc78/iron/folic	1	1		1	1	
Prevident	fluoride (sodium)	1	1		1	1B	
Prevident, 5000		3	3		3	3	
Sodium Fluoride 0.25mg, 0.5mg, 1mg	fluoride (sodium)	1	1		1	1B	
Sodium Fluoride 0.25mg, 0.5mg, 1mg* (Prevent)	fluoride (sodium)	\$0	\$0		\$0	\$0	
Thrivite Rx		3	3		3	3	
Trinatal Rx 1	prenatal vit27,calcium/iron/fa	1	1		1	1	
Vitamin K ampule	phytonadione (vit k1)	1	1		1	1B	

*Age restrictions apply.

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		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Chemet		2	2		2	2	
Depen	penicillamine	1	1	QL	1	1B	QL
Desferal	deferoxamine mesylate	1	1		1	1B	
Exjade <s>	deferasirox	1	4	PA, QL	1 / 4	4	PA, QL
Ferriprox <s>	deferiprone	1	4	PA, QL	1 / 4	4	PA, QL
Ferriprox 1000mg tablet, solution <s>		3	5	PA, QL	3 / 5	5	PA, QL
Jadenu <s>	deferasirox	1	4	PA, QL	1 / 4	4	PA, QL
Syprine <s>	trientine hcl	1	4	PA, QL	1 / 4	4	PA, QL

16B. Diabetes monitoring and management products		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Contour Meter		\$0	\$0	QL	\$0	\$0	QL
Contour Next EZ Meter		\$0	\$0	QL	\$0	\$0	QL
Contour Next Meter		\$0	\$0	QL	\$0	\$0	QL
Contour Next One Meter		\$0	\$0	QL	\$0	\$0	QL
Contour Next Test Strips		2	2	QL	2	2	QL
Contour Test Strips		2	2	QL	2	2	QL
Dexcom G6 Receiver		\$0	\$0	QL	\$0	\$0	QL
Dexcom G6 Sensor 3-Pack		2	2	QL	2	2	QL
Dexcom G6 Transmitter		\$0	\$0	QL	\$0	\$0	QL
Freestyle Libre 2 Reader - 14 day		2	2	QL	2	2	QL
Freestyle Libre 2 Sensor - 14 day		2	2	QL	2	2	QL
Freestyle Libre Reader - 14 day		2	2	QL	2	2	QL
Freestyle Libre Sensor - 14 day		2	2	QL	2	2	QL
Freestyle Test Strip		2	2	QL	2	2	QL
OmniPod DASH Pods		2	2	QL	2	2	QL
One Touch Delica Plus Lancets, 30 & 33G		2	2	QL	2	2	QL
One Touch Ultra 2 Meter		\$0	\$0	QL	\$0	\$0	QL
One Touch Ultra 2 Meter with Delica Plus		\$0	\$0	QL	\$0	\$0	QL
One Touch Ultra Soft Lancets		2	2	QL	2	2	QL
One Touch Ultra Test Strips		2	2	QL	2	2	QL
One Touch Verio Flex Meter		\$0	\$0	QL	\$0	\$0	QL
One Touch Verio Flex Meter with Delica Plus		\$0	\$0	QL	\$0	\$0	QL
One Touch Verio Reflect Meter		\$0	\$0	QL	\$0	\$0	QL
One Touch Verio Test Strip		2	2	QL	2	2	QL
Simplicity 2 Unit		2	2	QL	2	2	QL
Simplicity Inserter		2	2	QL	2	2	QL
Vgo 20		2	2	QL	2	2	QL
Vgo 30		2	2	QL	2	2	QL
Vgo 40		2	2	QL	2	2	QL

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

16C. Vaccines		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
ActHIB		\$0	\$0	QL	\$0	\$0	QL
Adacel		\$0	\$0	QL	\$0	\$0	QL
Afluria		\$0	\$0	QL	\$0	\$0	QL
Bexsero		\$0	\$0	QL	\$0	\$0	QL
Boostrix		\$0	\$0	QL	\$0	\$0	QL
Daptacel		\$0	\$0	QL	\$0	\$0	QL
Diphtheria-Tetanus Tox		\$0	\$0	QL	\$0	\$0	QL
Engerix-B		\$0	\$0	QL	\$0	\$0	QL
Fluad		\$0	\$0	QL	\$0	\$0	QL
Fluarix		\$0	\$0	QL	\$0	\$0	QL
Flublok		\$0	\$0	QL	\$0	\$0	QL
Flucelvax		\$0	\$0	QL	\$0	\$0	QL
Flulaval		\$0	\$0	QL	\$0	\$0	QL
Flumist		\$0	\$0	QL	\$0	\$0	QL
Fluzone		\$0	\$0	QL	\$0	\$0	QL
Gardasil 9*		\$0	\$0	QL	\$0	\$0	QL
Havrix		\$0	\$0	QL	\$0	\$0	QL
Heplisav-B		\$0	\$0	QL	\$0	\$0	QL
Hiberix		\$0	\$0	QL	\$0	\$0	QL
Infanrix		\$0	\$0	QL	\$0	\$0	QL
Ipol		\$0	\$0	QL	\$0	\$0	QL
Janssen Covid-19 vaccine		\$0	\$0		\$0	\$0	
Kinrix		\$0	\$0	QL	\$0	\$0	QL
MedQuadfi		\$0	\$0	QL	\$0	\$0	QL
Menactra		\$0	\$0	QL	\$0	\$0	QL
Menveo		\$0	\$0	QL	\$0	\$0	QL
M-M-R II		\$0	\$0	QL	\$0	\$0	QL
Moderna Covid-19 vaccine		\$0	\$0		\$0	\$0	
Pediarix		\$0	\$0	QL	\$0	\$0	QL
PedvaxHIB		\$0	\$0	QL	\$0	\$0	QL
Pentacel		\$0	\$0	QL	\$0	\$0	QL
Pfizer Covid-19 vaccine		\$0	\$0		\$0	\$0	
Pneumovax 23		\$0	\$0	QL	\$0	\$0	QL
Prenar 13*		\$0	\$0	QL	\$0	\$0	QL
ProQuad		\$0	\$0	QL	\$0	\$0	QL
Quadracel DTAP-IPV		\$0	\$0	QL	\$0	\$0	QL
Recombivax HB		\$0	\$0	QL	\$0	\$0	QL
Rotarix		\$0	\$0	QL	\$0	\$0	QL
RotaTeq		\$0	\$0	QL	\$0	\$0	QL
Shingrix*		\$0	\$0	QL	\$0	\$0	QL
TDVAX		\$0	\$0	QL	\$0	\$0	QL
Tenivac		\$0	\$0	QL	\$0	\$0	QL
Trumenba		\$0	\$0	QL	\$0	\$0	QL
Twinrix		\$0	\$0	QL	\$0	\$0	QL
Vaqta		\$0	\$0	QL	\$0	\$0	QL
Varivax		\$0	\$0	QL	\$0	\$0	QL
Vaxelis		\$0	\$0	QL	\$0	\$0	QL

*Age restrictions apply.

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

16D. Diagnostics and Other Miscellaneous		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Carnitor	levocarnitine	1	1		1	1B	
Carnitor SF	levocarnitine	1	1		1	1B	
Carnitor solution	levocarnitine (with sugar)	1	1		1	1B	
Cystadane <s>		3	5		3 / 5	5	
Endari		3	3	PA, QL	3	3	PA, QL
Jynarque <s>		2	4	PA, QL	2 / 4	4	PA, QL
Keveyis <s>		3	5	PA, QL	3 / 5	5	PA, QL
Nityr <s>		3	5	PA	3 / 5	5	PA
Orfadin <s>	nitisinone	1	4	PA	1 / 4	4	PA
Orfadin 20mg capsule, suspension <s>		2	4	PA	2 / 4	4	PA
Radiogardase		2	2		2	2	
Samsca <s>	tolvaptan	1	4	PA, QL	1 / 4	4	PA, QL
Samsca 15mg <s>		2	4	PA, QL	2 / 4	4	PA, QL
Tolvaptan 15mg (authorized generic of Samsca) <s>		2	4	PA, QL	2 / 4	4	PA, QL
Vistogard <s>		2	4	QL	2 / 4	4	QL

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

17. Lifestyle modification

17A. Sexual Dysfunction		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Addyi		3	3	PA, QL	3	3	PA, QL
Caverject		2	2	PA, QL	2	2	QL
Cialis	tadalafil	1	1	PA, QL	1	1	PA, QL
Edex		3	3	PA, QL	3	3	QL
Levitra	vardenafil hcl	1	1	PA, QL	1	1	PA, QL
Muse		2	2	PA, QL	2	2	QL
Staxyn	vardenafil hcl	1	1	PA, QL	1	1	PA, QL
Stendra		3	3	PA, QL	3	3	PA, QL
Viagra	sildenafil citrate	1	1	PA, QL	1	1	PA, QL
Vyleesi		3	3	PA, QL	3	3	PA, QL

17B. Smoking Cessation		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Chantix		2	2	QL	2	2	QL
Chantix* (Prevent)		\$0	\$0	ST, QL	\$0	\$0	ST, QL
Commit Lozenge OTC* (Prevent)	nicotine polacrilex	\$0	\$0	QL	\$0	\$0	QL
Nicorette lozenge* (Prevent)	nicotine polacrilex	\$0	\$0	QL	\$0	\$0	QL
Nicotine gum; Nicorette* (Prevent)	nicotine polacrilex	\$0	\$0	QL	\$0	\$0	QL
Nicotine patch* (Prevent)	nicotine	\$0	\$0	QL	\$0	\$0	QL
Nicotrol, NS		3	3	QL	3	3	QL
Nicotrol, NS* (Prevent)		\$0	\$0	ST, QL	\$0	\$0	ST, QL
Zyban* (Prevent)	bupropion hcl	\$0	\$0	QL	\$0	\$0	QL

*Age restrictions apply.

17C. Weight Loss Preparations		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Adipex-P	phentermine hcl	1	1		1	1B	
Bontril	phendimetrazine tartrate	1	1		1	1B	
Contrave		3	3	PA, QL	3	3	PA, QL
Didrex	benzphetamine hcl	1	1		1	1B	
Imcivree <s>		2	4	PA, QL	2 / 4	4	PA, QL
Lomaira		3	3		3	3	
Qsymia		3	3	PA, QL	3	3	PA, QL
Saxenda		3	3	PA, QL	3	3	PA, QL
Tenuate	diethylpropion hcl	1	1		1	1B	
Xenical		3	3	PA, QL	3	3	PA, QL

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

18. Hemophilia

18A. Antihemophilic Agents		Blue Cross (PPO)			BCN (HMO)		
Trade name	Generic name	3-Tier	5-Tier	Limits	3 & 5-Tier	6-Tier	Limits
Advate		2	2		2	2	
Adynovate		2	2		2	2	
Afstyla		2	2		2	2	
Alphanate		2	2		2	2	
Alphanine SD		2	2		2	2	
Alprolix		2	2		2	2	
Benefix		2	2		2	2	
Coagadex		2	2		2	2	
Corifact		2	2		2	2	
Eloctate		2	2		2	2	
Esperoct		2	2		2	2	
Feiba NF		2	2		2	2	
Hemlibra		2	2	PA	2	2	PA
Hemofil M		2	2		2	2	
Humate-P		2	2		2	2	
Idelvion		2	2		2	2	
Ixinity		2	2		2	2	
Jivi		2	2		2	2	
Koate		2	2		2	2	
Kogenate FS		2	2		2	2	
Kovaltry		2	2		2	2	
Mononine		2	2		2	2	
Novoeight		2	2		2	2	
Novoseven RT		2	2		2	2	
Nuwiq		2	2		2	2	
Obizur		2	2		2	2	
Profilnine		2	2		2	2	
Rebinyn		2	2		2	2	
Recombinate		2	2		2	2	
Rixubis		2	2		2	2	
Sevenfact		2	2		2	2	
Tretten		2	2		2	2	
Vonvendi		2	2		2	2	
Wilate		2	2		2	2	
Xyntha		2	2		2	2	
Xyntha Solofuse		2	2		2	2	

Appendix A

Blue Cross and BCN Preferred Alternatives

Blue Cross Blue Shield and Blue Care Network Preferred Alternatives — July 2021

The Blue Cross and BCN Preferred Alternatives list is a helpful guide when selecting alternative prescription drugs. This list is intended as a reference guide and doesn't dictate coverage. Some Blue Cross and BCN members don't have coverage for tier 3 (non-preferred) agents, or the suggested alternatives. The brand (trade) names for the preferred alternatives are listed for reference. The generic equivalent will be dispensed when the member fills a prescription. The brand may not be covered or may require a higher copay. Prior approval or step therapy may be required for tier 3 drugs or preferred alternatives.

Members should refer to their specific drug benefit information at bcbsm.com/pharmacy for a full list of covered drugs and requirements.

Tier 3	Preferred alternatives
ACCRUFER	OTC iron supplements
ACIPHEX SPRINKLE	Aciphex, Nexium, Prevacid, Prilosec, Protonix
ACTHAR H.P.	Sabril (for infantile spasms only)
ACUVAIL	Acular, Bromday, Ocufer, Voltaren ophthalmic
ADZENYS ER, XR-ODT; AMPHETAMINE 1.25MG/ML SUSPENSION (AUTHORIZED GENERIC OF ADZENYS ER)	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Ritalin LA/SR *can be opened and sprinkled on applesauce
AEMCOLO	Bactrim DS, Cipro, Vibramycin, Zithromax
AFREZZA	Fiasp (all forms), Novolin (NDCs ending in 00, 01, 11, and 15), Novolog (all forms)
AKYNZEO	Emend plus Zofran/ODT or Kytril
ALKINDI SPRINKLE	generic hydrocortisone tablets (Cortef)
ALOCRIAL	Alrex, Bepreve, Elestat, Opticrom, Optivar, Pataday, Patanol
ALOMIDE	Alrex, Bepreve, Elestat, Opticrom, Optivar, Pataday, Patanol
ALTRENO	Retin-A
AMZEEQ	Minocin, Monodox, tetracycline, Vibramycin
ANGELIQ	Activella, Alora, Climara, Fem-HRT, Premphase, Prempro, Minivelle, Vagifem, Vivelle-Dot
APTIOM	Dilantin, Gabitril, Keppra/XR, Lamictal, Lyrica, Mysoline, Neurontin, Tegretol, Topamax, Trileptal, Vimpat, Zonegran
ARAKODA	Aralen, Lariam, Malarone, Monodox, Primaquine, Vibramycin

Tier 3	Preferred alternatives
ARANESP	Procrit, Retacrit
ARCAPTA NEOHALER	Serevent Diskus, Spiriva/Respimat
ARMOUR THYROID	NP Thyroid, Westroid
ASTAGRAF XL	Prograf capsules
AUBAGIO	Avonex, Copaxone, Gilenya, Mayzent, Plegridy, Rebif, Tecfidera
AURYXIA	OTC Tums, Phoslo, Renagel, Renvela
AZASAN	Imuran
AZASITE	Bacitracin, Bleph-10, Ciloxan, Moxeza, Ocuflor, Polysporin, Polytrim, Quixin, Tobrex, Vigamox, Zymaxid
AZELEX	Benzaclin, Benzamycin, Differin, Duac, Epiduo, Retin-A, Tazorac
BAFIERTAM	Avonex, Copaxone, Gilenya, Mayzent, Plegridy, Rebif, Tecfidera
BALCOLTRA	Generic monophasic contraceptives with iron (Femcon Fe, Generess Fe, Loestrin Fe, Loestrin 24 Fe, Minastrin 24 Fe, etc.)
BASAGLAR KWIKPEN U-100	Lantus (all forms), Levemir (all forms), Toujeo (all forms), Tresiba Flextouch
BAXDELA	Avelox, Cipro/XR, Floxin, Levaquin, Zyvox
BECONASE AQ	Astelin, Flonase, Nasalide, Nasonex, OTC Nasacort, OTC Rhinocort, Patanase
BELBUCA	Butrans, Duragesic, Exalgo, methadone, MS Contin, Opana ER, Ultram ER, Zohydro ER
BELSOMRA	Ambien/CR, Desyrel, Intermezzo, Lunesta, Restoril, Rozerem, Silenor, Sonata
BESIVANCE	Bacitracin, Bleph-10, Ciloxan, Moxeza, Ocuflor, Polysporin, Polytrim, Quixin, Tobrex, Vigamox, Zymaxid
BETASERON	Avonex, Copaxone, Gilenya, Mayzent, Plegridy, Rebif, Tecfidera

** May be covered with a prescription for some Blue Cross members.

NOTE: This document serves as a quick reference guide. For the most current list of covered medications and requirements, visit bcbsm.com/pharmacy.

Tier 3	Preferred alternatives
BEVESPI AEROSPHERE	Combination products: Anoro Ellipta, Breztri Aerosphere, Incruse Ellipta, Stiolto Respimat, Trelegy Ellipta Single ingredient products: Serevent Diskus, Spiriva/Respimat
BIJUVA	Activella, Alora, Climara, Fem-HRT, Premphase, Prempro, Minivelle, Vagifem, Vivelle-Dot
BINOSTO	Actonel, Atelvia, Boniva, Fosamax
BONJESTA	OTC doxylamine plus OTC vitamin B6, Kytril, Zofran/ODT
BRIVIACT	Depakote/ER, Keppra/XR, Lamictal/ODT, Neurontin, Tegretol, Topamax, Trileptal
BRONCHITOL	generic sodium chloride inhalation 3%, 7%
BROVANA	Serevent Diskus, Spiriva/Respimat
BRYHALI	Clobevate, Clobex, Diprolene gel, ointment; Olux/-E, Ultravate cream, ointment
BUNAVAIL	Suboxone
BYNFEZIA	Sandostatin
BYSTOLIC	Cardioselective beta-blockers: Kerlone, Lopressor, Sectral, Tenormin, Toprol XL, Zebeta, Ziac
CAPLYTA	Abilify, Clozaril, Geodon, Invega, Risperal, Seroquel/XR, Zyprexa
CARDURA XL	Avodart, Cardura, Flomax, Hytrin, Jalyn, Proscar, Rapaflo, Uroxatral
CAROSPIR	Aldactone
CAYSTON	Tobi
CELONTIN	Diamox, Klonopin, Onfi, Topamax, Zarontin
CEQUA	Lacrisert, Restasis, Xiidra
CHENODAL	Actigall, Urso/Forte
CHORIONIC GONADOTROPIN	Ovidrel, Pregnyl
CIPRO HC	ciprofloxacin 0.2% dropperette, Ciprodex, Cortisporin, Floxin otic, Otovel
CLARINEX-D	Clarinet, Histex PD, OTC Claritin**, OTC Zyrtec**, Xyzal
CLENPIQ	Colyte, Golytely, Moviprep, Nulytely, Peg-Prep
CLEOCIN VAGINAL OVULES	Cleocin vaginal cream, Metrogel-Vaginal
CLIMARA PRO	Activella, Alora, Climara, Fem-HRT, Premphase, Prempro, Minivelle, Vagifem, Vivelle-Dot
CLINDESSE	Cleocin vaginal cream, Metrogel-vaginal
COMBIGAN	Alphagan plus Timoptic
COMBIPATCH	Activella, Alora, Climara, Fem-HRT, Premphase, Prempro, Minivelle, Vagifem, Vivelle-Dot

Tier 3	Preferred alternatives
CONTRAVE	Adipex-P, Bontril, Didrex, OTC Alli, Tenuate
CORTIFOAM	Canasa, Cortenema, Proctocort suppository, Proctosol-HC suppository, Rowasa, SfRowasa
CYCLOSET	Actos, Glucophage, a DPP-4 inhibitor (Januvia, Tradjenta), an SGLT-2 inhibitor (Farxiga, Invokana, Invokamet, Jardiance), a sulfonyleurea (Amaryl, Glucotrol/XL, Glynase)
CYSTDROPS	Cystaran
DAYTRANA	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Ritalin LA/SR *can be opened and sprinkled on applesauce
DAYVIGO	Ambien/CR, Intermezzo, Lunesta, Restoril, Rozerem, Silenor, Sonata
DESVENLAFAXINE ER	Generic SSRI/SNRI (Celexa, Cymbalta, Effexor/XR, Pristiq, Prozac, Zoloft, etc.), Wellbutrin/SR/XL
DEXILANT	Aciphex, Nexium, Prevacid, Prilosec, Protonix
DIACOMIT	Depakote, Onfi, Topamax
DIFICID	Flagyl, Vancocin
DIPENTUM	Apriso, Asacol HD, Azulfidine/En-Tab, Canasa, Colazal, Delzicol, Lialda, Pentasa
DIVIGEL	Alora, Climara, Estrace, Estring, Estrogel, Minivelle, Vagifem, Vivelle-Dot
DORYX MPC	Minocin, Monodox, tetracycline, Vibramycin
DUAVEE	Brisdelle, Climara, Estrace or Premarin plus a progestin; Effexor/XR
DUOBRII	Ultravate cream/ointment plus Tazorac
DUPIXENT	For asthma: Advair, Dulera, Symbicort For atopic dermatitis: Cellcept, generic topical steroids, Gengraf/Neoral, Elidel, Imuran, methotrexate, Protopic For chronic rhinosinusitis with nasal polyposis: Flonase; Nasalide, Nasonex, OTC Nasacort, OTC Rhinocort
DUREZOL	Decadron ophthalmic, FML, Inflamase/Forte, Lotemax, Pred Forte, Pred Mild
DUTOPROL	Toprol XL plus hydrochlorothiazide
DYANAVAL XR	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Ritalin LA/SR *can be opened and sprinkled on applesauce

** May be covered with a prescription for some Blue Cross members.

NOTE: This document serves as a quick reference guide. For the most current list of covered medications and requirements, visit bcbsm.com/pharmacy.

Tier 3	Preferred alternatives
ECOZA	Diflucan, Lamisil, Nizoral, OTC Clotrimazole, OTC Miconazole, Spectazole, Sporanox
EDARBI	Atacand/HCT, Avalide, Avapro, Benicar/HCT, Cozaar, Diovan/HCT, Exforge, Hyzaar, Micardis/HCT
EDARBYCLOR	Atacand HCT, Avalide, Benicar HCT, Diovan/HCT, Hyzaar, Micardis HCT
EDEX	Caverject, Cialis, Levitra, Muse, Staxyn, Viagra
EDLUAR	Ambien/CR, Intermezzo, Lunesta, Restoril, Rozerem, Silenor, Sonata
ELEPSIA XR	Keppra/XR
ELESTRIN	Alora, Climara, Estrace, Estring, Estrogel, Vagifem, Vivelle-Dot
ELIGARD	Lupron/Depot, Trelstar (all forms)
ELIXOPHYLLIN	Theophylline anhydrous, Theo-24
EMFLAZA	Prednisone, Prednisolone
EMSAM	Generic SSRI/SNRI (Celexa, Effexor/XR, Pristiq, Prozac, Zoloft, etc.), Wellbutrin/SR/XL
EMVERM	Albenza
ENDARI	Droxia, Hydrea
ENDOMETRIN	Crinone 8%
ENSTILAR	Dovonex plus Diprolene/Diprosone; Taclonex
ENVARUSUS XR	Prograf capsules
EPANED	Vasotec
EPIDIOLEX	Depakene, Keppra XR, Onfi, Topamax
EPIDUO FORTE	Benzaclin, Benzamycin, Duac, Epiduo, OTC benzoyl peroxide plus Differin; Retin-A, Tazorac
EPOGEN	Procrit, Retacrit
EQUETRO	Lamictal/ODT, Lithium, Trileptal, Tegretol/XR
ERTACZO	Lotrimin, Naftin, Nizoral, Spectazole
EUCRISA	Elidel, generic topical steroids, Protopic
EVAMIST	Alora, Climara, Estrace, Estring, Estrogel, Minivelle, Vagifem, Vivelle-Dot
EXELDERM, SULCONAZOLE NITRATE 1% CREAM AND SOLUTION (AUTHORIZED GENERIC OF EXELDERM)	Lotrimin, Naftin, Nizoral, Spectazole
EXSERVAN	Rilutek
EXTAVIA	Avonex, Copaxone, Gilenya, Mayzent, Plegridy, Rebif, Tecfidera

Tier 3	Preferred alternatives
FABIOR, TAZAROTENE 0.1% FOAM (AUTHORIZED GENERIC OF FABIOR)	Benzaclin, Benzamycin, Duac, Epiduo, Differin, Retin-A, Tazorac
FACTIVE	Avelox, Erythromycin, Levaquin, Vibramycin, Zithromax
FANAPT	Abilify, Clozaril, Geodon, Invega, Risperdal, Seroquel/XR, Zyprexa
FEMRING	Alora, Climara, Estring, Estrogel, Minivelle, Vagifem, Vivelle-Dot
FENORTHO	Generic NSAIDs [Celebrex, Lodine/XL, Mobic, Motrin (Rx only), Naprosyn (Rx only), Voltaren oral/XR, etc.]
FENTORA, FENTANYL BUCCAL TABLET (AUTHORIZED GENERIC OF FENTORA)	Actiq, MSIR, Opana IR, oxycodone IR, Roxanol
FETZIMA	Generic SSRI/SNRI (Celexa, Cymbalta, Effexor/XR, Pristiq, Prozac, Zoloft, etc.), Wellbutrin/SR/XL
FINTEPLA	Depakote, Onfi, Topamax
FLAREX	Decadron ophthalmic, FML, Inflamase/Forte, Lotemax, Pred Forte, Pred Mild
FLECTOR PATCH, DICLOFENAC EPOLAMINE PATCH (AUTHORIZED GENERIC OF FLECTOR PATCH)	Generic NSAIDs [Celebrex, Lodine/XL, Mobic, Motrin (Rx only), Naprosyn (Rx only), Voltaren oral/XR, etc.], Lidoderm, OTC topical analgesic balms (i.e. trolamine salicylate); Voltaren gel
FLUOROPLEX	Aldara, Efudex, Tolak
FLUTICASONE-SALMETEROL RESPICLICK (AUTHORIZED GENERIC OF AIRDUO RESPICLICK)	Combination products: Advair Diskus/HFA, Breo Ellipta, Breztri Aerosphere, Dulera, Symbicort, Trelegy Ellipta Single ingredient products: Arnuity Ellipta, Asmanex/HFA, Flovent HFA/Diskus, Pulmicort Flexhaler/solution, Qvar Redihaler, Spiriva/Respimat, Serevent Diskus
FOLLISTIM AQ	Gonal-F/RFF/Redi-Ject
FOSAMAX PLUS D	Actonel, Atelvia, Boniva, Fosamax plus OTC Vitamin D
FRAGMIN	Lovenox
FYCOMPA	Depakote/ER, Lamictal/ODT, Tegretol, Topamax, Trileptal
GALZIN	OTC zinc supplements
GELNIQUE	Detrol/LA, Ditropan/XL, Enablex, Sanctura/XR, Vesicare
GONITRO	nitroglycerin, Nitrostat

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Tier 3	Preferred alternatives
GRALISE	Cymbalta, Generic TCA (Elavil, Sinequan, Tofranil, etc.), Lyrica, Neurontin, Ultram/ER
GRANIX	Nivestym, Zarxio
GRASTEK	Accolate, Clarinex, Flonase, Nasalide, Nasonex, OTC Claritin**, OTC Nasacort, OTC Zyrtec**, Singulair, Xyzal
GYNAZOLE-1	Diflucan 150mg, Monistat 3, Terazol
HARVONI	Epclusa (genotypes 5 and 6), Epclusa or Zepatier (genotypes 1 and 4)
HEMANGEOL	Inderal
HETLIOZ	For Non-24 hour sleep-wake disorder: OTC melatonin, Ambien/CR, Lunesta, Restoril, Rozerem, Sinequan, Sonata For Nighttime sleep disturbances in Smith-Magenis Syndrome (SMS): OTC melatonin, Rozerem, Sestril
HETLIOZ LQ	OTC melatonin, Rozerem, Sestril
HORIZANT	Generic TCA (Adapin, Elavil, Sinequan, Tofranil, etc.), Lyrica, Mirapex, Neurontin, Requip
HUMATROPE	Genotropin, Norditropin Flexpro, Nutropin AQ NuSpin
ILEVRO	Acular, Bromday, Ocufer, Voltaren ophthalmic
IMVEXXY	Estrace, Estring, Estrogel, Premarin, Vagifem
INBRIJA	Azilect, Comtan, Eldepryl, Kynmobi, Mirapex/ER, Requip/XL, Sinemet/CR, Tasmal
INGREZZA	Austedo
INREBIC	Jakafi
INSULIN LISPRO JUNIOR (AUTHORIZED GENERIC OF HUMALOG JUNIOR KWIKPEN)	Fiasp (all forms), Novolin (NDCs ending in 00, 01, 11, and 15), Novolog (all forms)
INTRAROSA	Estring, Premarin, Vagifem
INVELTYS	Decadron ophthalmic, FML, Inflamase/Forte, Lotemax, Pred Forte, Pred Mild
ISTURISA	Dostinex, Lysodren, Nizoral, Signifor
JATENZO	Androderm, Androgel, Android, Axiron, Delatestryl, Depo-Testosterone, Testim, Testred
JORNAY PM	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Ritalin LA/SR *can be opened and sprinkled on applesauce
KARBINAL ER	Clarinex, Histex PD, OTC Claritin**, OTC Zyrtec**, Xyzal

Tier 3	Preferred alternatives
KATERZIA	Norvasc
KEVEYIS	Diamox
KEVZARA	Actemra Actpen/syringe, Enbrel, Humira, methotrexate, Rinvoq, Xeljanz/XR
KINERET	For rheumatoid arthritis: Actemra Actpen/syringe, Enbrel, Humira, methotrexate, Rinvoq, Xeljanz/XR For recurrent pericarditis: ibuprofen, naproxen, colchicine
KLISYRI	Aldara, Efudex, Tolak
LAMPIT	benznidazole
LASTACAPT	Alrex, Bepreve, Elestat, Opticrom, Optivar, Pataday, Patanol
LATUDA	Abilify, Clozaril, Geodon, Invega, Risperdal, Seroquel/XR, Zyprexa
LIPOFEN, FENOFIBRATE 50MG, 150MG (AUTHORIZED GENERIC OF LIPOFEN)	Antara, Fenoglide, Lofibra, Lopid, Tricor, Trilipix
LIVALO	Crestor, Lescol/XL, Lipitor, Mevacor, Pravachol, Vytorin, Zocor
LO LOESTRIN FE	Loseasonique, Mircette, Seasonique
LOMAIRA	Adipex-P, Bontril, Didrex, OTC Alli, Tenuate
LONHALA MAGNAIR	Atrovent/HFA, Incruse Ellipta, Spiriva/Respimat
LOTEMAX SM	Decadron ophthalmic, FML, Inflamase/Forte, Lotemax, Pred Forte, Pred Mild
LUPANETA PACK	Lupron Depot 3.75mg, 11.25mg plus Aygestin
LUPKYNIS	Cellcept, cyclophosphamide, Imuran, Myfortic, Prograf
LUZU, LULICONAZOLE 1% CREAM (AUTHORIZED GENERIC OF LUZU)	Lotrimin, Naftin, Nizoral, Spectazole
MARPLAN	Nardil, Parnate
MAVENCLAD	Avonex, Copaxone, Gilenya, Mayzent, Plegridy, Rebif, Tecfidera
MAVYRET	Epclusa (genotypes 1-6), Zepatier (genotypes 1 and 4)
MAXIDEX	Decadron ophthalmic, FML, Inflamase/Forte, Lotemax, Pred Forte, Pred Mild
MENEST	Alora, Climara, Estrace, Vivelle-Dot
MENOSTAR	Alora, Climara, Estrace, Vivelle-Dot

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Tier 3	Preferred alternatives
METHITEST	Androderm, Androgel, Android, Axiron, Delatestryl, Depo-Testosterone, Testim, Testred
MINITRAN	nitroglycerin, Nitrostat
MIRCERA	Procrit, Retacrit
MITIGARE, COLCHICINE CAPSULES (AUTHORIZED GENERIC OF MITIGARE)	Colcrys
MOTEGRITY	Amitiza, lactulose solution, Linzess, OTC Miralax, OTC Senna, OTC Colace, OTC fiber
MOTOFEN	Imodium, Lomotil
MOVANTIK	Amitiza, lactulose solution, OTC Miralax, OTC Senna, OTC Colace
MOXATAG	Amoxil capsules
MYALEPT	Crestor, Insulin, Lescol/XL, Lipitor, Mevacor, Pravachol, Vytorin, Zocor
MYCAPSSA	Sandostatin, Somatuline Depot
MYRBETRIQ	Detrol/LA, Ditropan/XL, Enablex, Sanctura/XR, Vesicare
NAMZARIC	Aricept/ODT, Exelon, Namenda/solution
NATAZIA	Mircette, Ortho Tri-Cyclen, Quartette, Yasmin, Yaz
NATESTO	Androderm, Androgel, Android, Axiron, Delatestryl, Depo-Testosterone, Testim, Testred
NEBUSAL	generic sodium chloride inhalation
NEUPOGEN	Nivestym, Zarxio
NEUPRO	Lyrica, Mirapex/ER, Neurontin, Requip/XL
NEVANAC	Acular, Bromday, Ocufer, Voltaren ophthalmic
NICOTROL, NS	OTC nicotine products (gum, lozenge, patch) (covered with Rx); Zyban
NOCDURNA	Detrol/LA, Ditropan/XL, Enablex, Sanctura/XR, Vesicare
NOCTIVA	Detrol/LA, Ditropan/XL, Enablex, Sanctura/XR, Vesicare
NORITATE	Finacea gel, Metrocream, Metrogel, Metrolotion
NOURIANZ	Azilect, Comtan, Eldepryl, Kynmobi, Mirapex/ER, Requip/XL, Sinemet/CR, Tasmarr
NOVAREL	Pregnyl
NUCALA AUTO-INJECTOR, SYRINGE	Advair, Dulera, Symbicort, Prednisone, Singulair, Accolate
NUCYNTA	Dilaudid, MSIR, Opana IR, oxycodone IR, Ultram

Tier 3	Preferred alternatives
NUCYNTA ER	Butrans, Duragesic, methadone, MS contin, Opana ER, Ultram ER, Zohydro ER
NURTEC ODT	For migraine prevention: Depakote, Elavil, Inderal, Lopressor, Prozac, Topamax For acute migraine treatment: Amerge, Axert, Frova, Imitrex, Maxalt/MLT, Relpax, Zomig/ZMT
NUVESSA	Cleocin vaginal cream, Metrogel-vaginal
NUZYRA TABLET	Augmentin, Bactrim DS, Biaxin, erythromycin, Keflex, Monodox, Vibramycin, Vantin, Zithromax
NYMALIZE	Nimotop
OBREDON	Hycodan
ODACTRA	Accolate, Clarinex, Flonase, Nasalide, Nasonex, OTC Claritin**, OTC Nasacort, OTC Zyrtec**, Singulair, Xyzal
OLUMIANT	Actemra Actpen/syringe, Enbrel, Humira, methotrexate, Rinvoq, Xeljanz, Xeljanz XR
OMECLAMOX-PAK	Prevacid or Prilosec plus Amoxil plus Biaxin/XL
OMNARIS	Astelin, Flonase, Nasalide, Nasonex, OTC Nasacort, OTC Rhinocort, Patanase
OMNITROPE	Genotropin, Norditropin Flexpro, Nutropin AQ NuSpin
ONGENTYS	Azilect, Comtan, Eldepryl, Kynmobi, Mirapex/ER, Requip/XL, Sinemet/CR, Tasmarr
ONZETRA XSAIL	Amerge, Axert, Frova, Imitrex, Maxalt/MLT, Relpax, Zomig/ZMT
ORACEA, DOXYCYCLINE IR-DR (AUTHORIZED GENERIC OF ORACEA)	Finacea gel, Metrocream, Metrogel, Metrolotion, Minocin, Monodox, tetracycline, Vibramycin
ORALAIR	Accolate, Clarinex, Flonase, Nasalide, Nasonex, OTC Claritin**, OTC Nasacort, OTC Zyrtec**, Singulair, Xyzal
ORAVIG	Diflucan, Mycelex Troche, Nystatin, Sporanox
ORENCIA CLICKJET/SUBQ	Actemra Actpen/syringe, Enbrel, Humira, methotrexate, Otezla, Rinvoq, Stelara, Taltz, Tremfya, Xeljanz/XR
ORGOVYX	Firmagon, Lupron/Depot, Trelstar (all forms)
ORIAHNN	generic contraceptives (various), Lupron Depot 3.75mg, 11.25mg
ORLADEYO	Haegarda, Takhzyro
OSMOPREP	Colyte, Golytely, Moviprep, Nulytely, Peg-Prep
OSPHENA	Estring or Vagifem plus a progestin
OTREXUP	Actemra Actpen/syringe, Enbrel, Humira, methotrexate, Rinvoq, Trexall, Xeljanz/XR
OXBRYTA	Droxia, Hydreia

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Tier 3	Preferred alternatives
OXTELLAR XR	Depakote/ER, Keppra/XR, Lamictal/ODT, Lyrica, Neurontin, Onfi, Tegretol/XR, Topamax, Trileptal
OXYCONTIN, OXYCODONE HCL ER (AUTHORIZED GENERIC OF OXYCONTIN)	Butrans, Duragesic, Exalgo, methadone, MS Contin, Opana ER, Ultram ER, Zohydro ER
OZOBAX	Baclofen, Flexeril, Norflex, Parafon Forte DSC, Robaxin, Zanaflex
PANCREAZE	Creon, Viokace, Zenpep
PAREMYD	Cyclogyl, Isopto Atropine plus Mydracyl
PERFOROMIST	Serevent Diskus, Spiriva/Respimat
PERTZYE	Creon, Viokace, Zenpep
PEXEVA	Generic SSRI/SNRI (Celexa, Cymbalta, Effexor/XR, Pristiq, Prozac, Zoloft, etc.), Wellbutrin/SR/XL
PHOSLYRA	Phoslo, Renagel, Renvela
PICATO	Aldara, Efudex, Tolak
PLENVU	Colyte, Golytely, Moviprep, Nulytely, Peg-Prep
POMALYST	Thalomid
PRADAXA	Eliquis, Warfarin, Xarelto
PRED-G	Garamycin plus Pred Forte
PREFEST	Activella, Alora, Climara, Fem-HRT, Premphase, Prempro, Vivelle-Dot
PRESTALIA	Aceon plus Norvasc, Lotrel
PREVYMIS TABLET	Valcyte
PROCYSBI	Cystagon
PROLENSA	Acular, Bromday, Ocufer, Voltaren ophthalmic
PURIXAN	mercaptapurine tablets
QBRELIS	Prinivil, Zestril
QNASL	Astelín, Flonase, Nasalide, Nasonex, OTC Nasacort, OTC Rhinocort, Patanase
QSYMIA	Adipex-P, Bontril, Didrex, OTC Alli, Tenuate
QUILLICHEW ER	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Ritalin LA/SR *can be opened and sprinkled on applesauce
QUILLIVANT XR	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Ritalin LA/SR *can be opened and sprinkled on applesauce
RAGWITEK	Accolate, Clarinex, Flonase, Nasalide, Nasonex, OTC Claritin**, OTC Nasacort, OTC Zyrtec**, Singulair, Xyzal

Tier 3	Preferred alternatives
RASUVO	Actemra Actpen/syringe, Enbrel, Humira, methotrexate, Rinvoq, Trexall, Xeljanz/XR
RAVICTI	Buphenyl
RAYALDEE	Calciferol, Hectorol, Rocaltrol, Zemplar
RAYOS	cortisone, Decadron, Medrol, prednisolone, prednisone
RECTIV	Nitro-Bid ointment
REDITREX	Actemra Actpen/syringe, Enbrel, Humira, methotrexate, Rinvoq, Trexall, Xeljanz/XR
RELEXXI, METHYLPHENIDATE ER 72MG	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Ritalin LA/SR *can be opened and sprinkled on applesauce
RELISTOR TABLETS	Amitiza, lactulose solution, OTC Miralax, OTC Senna, OTC Colace
REVLIMID	Thalomid
REXULTI	Abilify, Clozaril, Geodon, Invega, Risperdal, Seroquel/XR, Zyprexa
REYVOW	Amerge, Axert, Frova, Imitrex, Maxalt/MLT, Relpax, Zomig/ZMT
RIOMET ER	Glucophage/XR, Riomet
RYTARY	Parcopa, Sinemet/CR
SAIZEN, SAIZENPREP	Genotropin, Norditropin Flexpro, Nutropin AQ NuSpin
SANCUSO	Kytril, Zofran/ODT
SAVAYSA	Eliquis, Warfarin, Xarelto
SAVELLA	Generic SSRI/SNRI (Celexa, Cymbalta, Effexor/XR, Pristiq, Prozac, Zoloft, etc.), generic TCA (Aventyl, Elavil, Sinequan, Tofranil, etc.), Flexeril, Neurontin, Ultram
SAXENDA	Adipex-P, Bontril, Didrex, OTC Alli, Tenuate
SECUADO	Abilify, Clozaril, Geodon, Invega, Risperdal, Seroquel/XR, Zyprexa
SEEBRI NEOHALER	Atrovent/HFA, Incruse Ellipta, Spiriva/Respimat
SIGNIFOR LAR	Sandostatin LAR Depot, Somatuline Depot, Somavert
SIKLOS	Droxia, Hydrexa
SILIQ	Enbrel, Humira, methotrexate, Otezla, Skyrizi, Stelara, Taltz, Tremfya
SIMBRINZA	Alphagan plus Azopt
SIMPONI	Actemra Actpen/syringe, Enbrel, Humira, methotrexate, Otezla, Rinvoq, Stelara, Taltz, Xeljanz/XR
SITAVIG	Famvir, Valtrex, Zovirax
SLYND	Ortho Micronor, Nor-QD
SOLTAMOX	tamoxifen

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Tier 3	Preferred alternatives
SORILUX, CALCIPOTRIENE FOAM (AUTHORIZED GENERIC OF SORILUX)	Dovonex
SOTYLIZE	Betapace, Cordarone, Multaq, Tikosyn
SOVALDI	Epclusa or Zepatier (genotypes 1 and 4), Epclusa (genotypes 2-3)
SPRITAM	Depakote/ER, Keppra/XR, Lamictal/ODT, Tegretol, Topamax, Trileptal
STENDRA	Cialis, Levitra, Staxyn, Viagra
STRIVERDI RESPIMAT	Serevent Diskus, Spiriva/Respimat
SUBSYS	Actiq, MSIR, Opana IR, oxycodone IR, Roxanol
SUNOSI	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Nuvigil, Provigil, Ritalin LA/SR *can be opened and sprinkled on applesauce
SUPREP	Colyte, Golytely, Moviprep, Nulytely, Peg-Prep
SUTAB	Colyte, Golytely, Moviprep, Nulytely, Peg-Prep
SYMLINPEN	Actos, Glucophage, Insulin, Precose, a DPP-4 inhibitor (Januvia, Tradjenta), an SGLT-2 inhibitor (Farxiga, Invokana, Invokamet, Jardiance), a sulfonyleurea (Amaryl, Glucotrol/XL, Glynase)
SYMPAZAN	Onfi, Topamax
SYMPROIC	Amitiza, lactulose solution, Linzess, OTC Miralax, OTC Senna, OTC Colace
SYNAREL	For endometriosis: generic contraceptives (various), Lupron Depot 3.75mg, 11.25mg For central precocious puberty: Lupron Depot-PED
SYNDROS	Compazine, Kytril, Marinol, Megace, Phenergan, Reglan, Zofran/ODT
TALICIA	Prevacid plus Amoxil plus Biaxin/XL; tetracycline plus Flagyl plus OTC bismuth subsalicylate; Prilosec plus Amoxil plus Biaxin/XL
TAVALISSE	Promacta
TEKTURNAL HCT	Tekturna plus hydrochlorothiazide, Generic ACE inhibitor (Lotensin, Zestril, etc.) or generic ARB (Atacand/HCT, Avalide, Avapro, Benicar/HCT, Cozaar, Exforge, Hyzaar, Teveten)
TEXACORT	Aclovate, Dermacort, Derma-Smoothe, Desowen, Synalar solution, Valisone cream/lotion
TIGLUTIK	Rilutek

Tier 3	red alternatives
TIROSINT, LEVOTHYROXINE CAPSULE (AUTHORIZED GENERIC OF TIROSINT), TIROSINT-SOL	Synthroid
TIVORBEX, INDOMETHACIN 20MG (AUTHORIZED GENERIC OF TIVOBEX 20MG)	Generic NSAIDs [Celebrex, Indocin, Lodine/XL, Mobic, Motrin (Rx only), Naprosyn(Rx only), Voltaren oral/XR, etc.]
TOBI PODHALER	Tobi
TOBRADEX ST	Tobradex suspension/ointment, Vasocidin
TOVIAZ	Detrol/LA, Ditropan/XL, Enablex, Sanctura/XR, Vesicare
TRETIN-X	Retin-A
TRINTELLIX	Generic SSRI/SNRI (Celexa, Cymbalta, Effexor/XR, Pristiq, Prozac, Zoloft, etc.), Wellbutrin/SR/XL
TROKENDI XR	For seizure disorder: Depakene, Depakote, Keppra/XR, Klonopin, Topamax, Trileptal For migraine prevention: Elavil, Depakote, Inderal, Toprol, Topamax
TUDORZA PRESSAIR	Atrovent/HFA, Incruse Ellipta, Spiriva/Respimat
TUXARIN ER	Hycodan, Phenergan w/codeine, Tussionex
TUZISTRA XR	Hycodan, Phenergan w/codeine, Tussionex
TYBLUME	Generic monophasic contraceptives (Beyaz, Loestrin, Nortrel, Ortho-Cyclen, Seasonale, Yaz, etc.)
UBRELVY	Amerge, Axert, Frova, Imitrex, Maxalt/MLT, Relpax, Zomig/ZMT
UCERIS FOAM	Canasa, Cortenema, Proctocort suppository, Proctosol-HC suppository, Rowasa, SfRowasa
ULESFIA	Elimite, Lindane, Natroba, Ovide
UTIBRON NEOHALER	Combination products: Anoro Ellipta, Breztri Aerosphere, Incruse Ellipta, Stiolto Respimat, Trelegly Ellipta Single ingredient products: Serevent Diskus, Spiriva/Respimat
VALCHLOR	8-Mop, Zolinza
VARUBI TABLET	Emend, Kytril, Zofran/ODT
VECAMYL	Catapres, Cozaar, Toprol XL, Zestril
VELPHORO	OTC Tums, Phoslo, Renagel, Renvela
VERDESO	Aclovate, Dermacort, Derma-Smoothe, Desowen, Synalar solution, Valisone cream/lotion

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Tier 3	Preferred alternatives
VEREGEN	Condylox solution/gel
VERQUVO	Entresto
VERSACLOZ	Clozaril, Fazaclo
VESICARE LS	Ditropan/XL
VIBERZI	Bentyl, Imodium, Levbid, Levsin, generic SSRI (Celexa, Prozac, Zoloft, etc.), generic TCA (Adapin, Elavil, Sinequan, Tofranil, etc.)
VIIBRYD, DOSEPAK	Generic SSRI/SNRI (Celexa, Cymbalta, Effexor/XR, Pristiq, Prozac, Zoloft, etc.), Wellbutrin/SR/XL
VOGELXO, TESTOSTERONE 1% (AUTHORIZED GENERIC OF VOGELXO)	Androderm, Androgel, Android, Axiron, Delatestryl, Depo-Testosterone, Testim, Testred
VOSEVI	Eplclusa or Zepatier (genotypes 1 and 4), Eplclusa (genotypes 2-3, 5-6)
VRAYLAR	Abilify, Clozaril, Geodon, Invega, Risperdal, Seroquel/XR, Zyprexa
VUMERITY	Avonex, Copaxone, Gilenya, Mayzent, Plegridy, Rebif, Tecfidera
VUSION, MICONAZOLE/ZINC OXIDE (AUTHORIZED GENERIC OF VUSION)	generic topical antifungal (such as nystatin or Nizoral) plus OTC topical zinc oxide ("A&D" ointment)
VYZULTA	Lumigan, Travatan Z, Xalatan
WAKIX	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Nuvigil, Provigil, Ritalin LA/SR *can be opened and sprinkled on applesauce
WINLEVI	Benzaclin, Benzamycin, Differin, Minocin, Monodox, Retin-A, Tazorac, Vibramycin
XADAGO	Azilect, Eldepryl
XATMEP	Methotrexate, Trexall
XCOPRI	Dilantin, Keppra/XR, Lamictal/ODT, Lyrica, Tegretol, Topamax, Trileptal, Vimpat
XELPROS	Xalatan, Lumigan, Travatan Z
XENICAL	Adipex-P, Bontril, Didrex, OTC Alli, Tenuate
XEPI	Bactroban ointment, gentamicin cream/ointment
XIFAXAN 200MG	Bactrim DS, Vibramycin, Zithromax
XIFAXAN 550MG	For IBS-D: Bentyl, Imodium, Levbid, Levsin, generic SSRI (Celexa, Paxil, Zoloft, etc.), generic TCA (Elavil, Sinequan, Tofranil, etc.) For hepatic encephalopathy: lactulose solution
XOFLUZA	Tamiflu

Tier 3	Preferred alternatives
XOLAIR SYRINGE	For asthma: Advair, Dulera, Symbicort, Prednisone, Singulair, Accolate For chronic idiopathic urticaria: Clarinex, Atarax, Doxepin, Singulair, Accolate For nasal polyps: Flonase; Nasalide, Nasonex, OTC, Nasacort, OTC Rhinocort
XOLEGEL	Lotrimin, Naftin, Nizoral, Spectazole
XOPENEX HFA, LEVALBUTEROL TARTRATE HFA (AUTHORIZED GENERIC OF XOPENEX HFA)	Proair HFA, Proventil HFA, Xopenex nebulizer solution
XYOSTED	Androderm, Androgel, Android, Axiron, Delatestryl, Depo-Testosterone, Testim, Testred
XYREM	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Nuvigil, Provigil, Ritalin LA/SR *can be opened and sprinkled on applesauce
XYWAV	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Nuvigil, Provigil, Ritalin LA/SR *can be opened and sprinkled on applesauce
YUPELRI	Atrovent/HFA, Incruse Ellipta, Spiriva/Respimat
ZELAPAR	Azilect, Eldepryl
ZELNORM	Amitiza, lactulose solution, Linzess, OTC Miralax, OTC Senna, OTC Colace, OTC fiber
ZEMBRACE SYMTOUCH	Amerge, Axert, Frova, Imitrex injection, Maxalt/MLT, Relpax, Zomig/ZMT
ZENZEDI	Adderall/XR* (brand BCN only), Aptensio XR, Concerta, Focalin/XR*, Metadate CD*, Methylin, Ritalin LA/SR *can be opened and sprinkled on applesauce
ZEPOSIA	For multiple sclerosis: Avonex, Copaxone, Gilenya, Mayzent, Plegridy, Rebif, Tecfidera For ulcerative colitis: prednisone, budesonide, cyclosporine, azathioprine
ZETONNA	Astelin, Flonase, Nasalide, Nasonex, OTC Nasacort, OTC Rhinocort, Patanase
ZIOPTAN	Lumigan, Travatan Z, Xalatan
ZIPSOR	Generic NSAIDs [Celebrex, Lodine/XL, Mobic, Motrin (Rx only), Naprosyn (Rx only), Voltaren oral/XR, etc.]
ZOMACTON	Genotropin, Norditropin Flexpro, Nutropin AQ NuSpin

**** May be covered with a prescription for some Blue Cross members.**

NOTE: This document serves as a quick reference guide. For the most current list of covered medications and requirements, visit bcbsm.com/pharmacy.

Tier 3	Preferred alternatives
ZOMIG NASAL SPRAY, ZOLMITRIPTAN NASAL SPRAY (AUTHORIZED GENERIC OF ZOMIG)	Amerge, Axert, Frova, Imitrex nasal spray, Maxalt/MLT, Relpax, Zomig/ZMT
ZONTIVITY	Aggrenox, Brilinta, Effient, Plavix, Persantine plus OTC Aspirin
ZORVOLEX, DICLOFENAC 35MG CAPSULE (AUTHORIZED GENERIC OF ZORVOLEX 35MG)	Generic NSAIDs [Celebrex, Lodine/XL, Mobic, Motrin (Rx only), Naprosyn (Rx only), Voltaren oral/XR, etc.]
ZYFLO	Accolate, Singulair, Zyflo CR
ZYLET	Cortisporin, Maxitrol, Tobradex, Vasocidin

**** May be covered with a prescription for some Blue Cross members.**

NOTE: This document serves as a quick reference guide. For the most current list of covered medications and requirements, visit bcbsm.com/pharmacy.

We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، فليك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711، إذا لم تكن مشتركاً بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話：如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

کیا آپ کو یا کسی شخص کو جس کی مدد کرنے کی ضرورت ہے، آپ کو اپنی زبان میں مدد اور معلومات حاصل کرنے کا حق ہے۔ اپنے زبان کے مترجم سے بات کرنے کے لیے بلا کوئی رقم دینے کی ضرورت ہے۔ اپنے کارڈ کے پیچھے دیے گئے کسٹمر سروس نمبر کو کال کریں، یا 877-469-2583 TTY:711، اگر آپ ابھی تک رکن نہیں ہیں۔

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujesz pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入力したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号（メンバーでない方は877-469-2583, TTY: 711）までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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