



Preferred Drug List (Effective March 2017)

Antihistamines and Decongestants

Preferred

Azelastine - Astelin Nasal Spray (g)
 Cetirizine - Zyrtec (OTC) (g)
 Cyproheptadine - Periactin (g)
 Diphenhydramine - Benadryl (g)
 Fexofenadine - Allegra (OTC) (g)
 Hydroxyzine - Atarax; Vistaril (g)
 Loratadine - Claritin (OTC) (g)
 P-ephed/Cetirizine - Zyrtec-D (OTC) (g)
 P-ephed/Loratadine - Claritin-D 24 hour (OTC) (g)
 Promethazine - Phenergan (g)

Anti-Infectives – Antibiotics

Preferred

Amox Tri/Potassium Clavulanate - Augmentin, ES, XR (g)
 Amoxicillin - Amoxil (g)
 Azithromycin - Zithromax (g)
 Cefaclor - Ceclor, CD (g)
 Cefdinir - Omnicef (g)
 Cefixime - Suprax (g)
 Cefpodoxime - Vantin (g)
 Cefprozil - Cefzil (g)
 Cefuroxime - Ceftin (g)
 Cephalixin Monohydrate - Keflex (g)
 Ciprofloxacin - Cipro (g)
 Clarithromycin - Biaxin (g)
 Clindamycin - Cleocin (g)
 Dicloxacillin (g)
 Doxycycline Hyclate - Vibramycin (g)
 Doxycycline Monohydrate - Monodox (g)
 Erythromycin (g)
 Levofloxacin – Levaquin (g)
 Minocycline - Minocin; Dynacin (g)
 Moxifloxacin – Avelox (g)
 Ofloxacin - Floxin (g)
 Penicillin V (g)
 Sulfamethoxazole/Trimethoprim - Bactrim; Septra (g)

Antivirals – Herpes

Preferred

Acyclovir - Zovirax (g)
 Famciclovir - Famvir (g)
 Valcyclovir - Valtrex (g)

Cardiovascular – ACE Inhibitor

Preferred

Benazepril, HCTZ - Lotensin, HCT (g)
 Captopril - Capoten (g)
 Captopril/HCTZ - Capozide (g)
 Enalapril - Vasotec (g)
 Enalapril/HCTZ - Vaseretic (g)
 Fosinopril - Monopril (g)
 Lisinopril - Prinivil; Zestril (g)
 Lisinopril/HCTZ - Prinzide; Zestoretic (g)
 Perindopril - Aceon (g)
 Quinapril, HCTZ - Accupril, Accuretic (g)
 Ramipril (capsules) - Altace (g)
 Trandolapril - Mavik (g)

Cardiovascular – Angiotensin Receptor Blocker

Preferred

Irbesartan - Avapro (g)
 Irbesartan/HCTZ - Avalide (g)
 Losartan - Cozaar (g)
 Losartan/HCTZ - Hyzaar (g)
 Valsartan - Diovan (g)
 Valsartan/HCTZ - Diovan HCT (g)

Cardiovascular – Beta Blocker

Preferred

Acebutolol - Sectral (g)
 Atenolol - Tenormin (g)
 Atenolol/Chlorthalidone - Tenoretic (g)
 Bisoprolol Fumarate - Zebeta (g)
 Bisoprolol Fumarate/HCTZ - Ziact (g)
 Carvedilol - Coreg (g)
 Labetalol - Normodyne (g)
 Metoprolol, HCTZ - Lopressor, HCT (g)
 Metoprolol - Toprol XL (g)
 Nadolol - Corgard (g)
 Pindolol - Visken (g)
 Propranolol - Inderal, LA (g)
 Propranolol/HCTZ - Inderide (g)
 Sotalol - Betapace, AF (g)
 Timolol Maleate - Blocadren (g)

Cardiovascular – Calcium Channel Blocker

Preferred

Amlodipine/Valsartan - Exforge (g)
 Amlodipine - Norvasc (g)
 Amlodipine/Benazepril - Lotrel (g)
 Diltiazem - Cardizem CD, LA; Tiazac XT, ER (g)
 Felodipine - Plendil (g)
 Isradipine - Dynacirc (g)
 Nifedipine - Adalat CC; Procardia, XL (g)
 Nicardipine - Cardene (g)
 Verapamil - Calan, SR; Verelan, PM (g)

Cardiovascular – Miscellaneous

Preferred

Amiodarone - Cordarone (g)
 Cilostazol - Pletal (g)
 Clonidine - Catapres, TTS (g)
 Clopidogrel - Plavix (g)
 Digoxin (g)
 Dipyridamole - Persantine (g)
 Isosorbide Dinitrate - Isordil (g)
 Isosorbide Mononitrate - Ismo; Monoket; Imdur (g)
 Nitroglycerin - SL, ER, Oint, Patch (g)
 Pradaxa
 Warfarin Sodium - Coumadin (g)
 Xarelto
Quantity Limit
 Enoxaparin - Lovenox (g) > 7 day supply requires Prior Authorization

Central Nervous System – Miscellaneous

Preferred

Donepezil - Aricept (g)
 Galantamine - Razadyne, ER (g)
 Rivastigmine - Exelon (g)
Prior Authorization Required
 Memantine - Namenda (g)

Cholesterol Lowering

Preferred

Atorvastatin - Lipitor (g)
 Cholestyramine - Questran, Light (g)
 Colestipol - Colestid (g)
 Fenofibrate - Antara, Lofibra, Lipofen, Trilipix, Tricor (g)
 Gemfibrozil - Lopid (g)
 Lovastatin - Mevacor (g)
 Niacin - Niaspan (g)
 Pravastatin - Pravachol (g)
 Simvastatin - Zocor (g)
Prior Authorization Required
 Omega-3 Ethyl Esters - Lovaza (g)

Diabetes

Preferred

Acarbose - Precose (g)
 Apidra
 Basaglar
 Glimepiride - Amaryl (g)
 Glipizide - Glucotrol, XL (g)
 Glipizide/Metformin - Metaglip (g)
 Glyburide - Diabeta; Micronase (g)
 Glyburide micronized - Glynase (g)
 Glyburide/Metformin - Glucovance (g)
 Humalog, Mix (vials, pen & cartridges)
 Humulin, Mix (vials, pen & cartridges)
 Lantus
 Metformin - Glucophage, XR (g)
 Novolin, Mix (vials, pen & cartridges)
 Novolog, Mix (vials, pen & cartridges)
 Pioglitazone - Actos (g)
 Supplies (strips, lancets, syringes)
Prior Authorization Required
 Farxiga, Humulin R-500, Ivokamet, Invokana, Janumet, XR; Januvia; Jentadueto, Tanzeum, Tradjenta, Victoza

Gastrointestinal Agents

Preferred

Cimetidine - Tagamet (g)
 Famotidine - Pepcid (g)
 Metoclopramide - Reglan (g)
 Misoprostol - Cytotec (g)
 Omeprazole - Prilosec (g); Prilosec OTC (g)
 Pantoprazole - Protonix (g)
 Ranitidine - Zantac (g)
 Sucralfate - Carafate tablets (g)
Step Therapy Required
 Lansoprazole - Prevacid, Rx, OTC (g); Nexium OTC

Hormones – Contraceptive

Preferred

Desogestrel-EE (monophasic) - Desogen, Ortho-Cept (g)
 Desogestrel-EE (biphasic) - Mircette (g)
 Desogestrel-EE (triphasic) - Cyclessa (g)
 Drospirinone-EE (monophasic) - Yaz, Yasmin (g)
 Ethynodiol D-EE (monophasic) - Demulen (g)
 Levonorgestrel-EE (monophasic) - Alesse, Levlite (g)
 Levonorgestrel-EE (monophasic) - Nordette, Levlen (g)
 Levonorgestrel-EE (triphasic) - Tri-Levlen (g)
 Medroxyprogesterone Acet - Depo-Provera (150mg) (g)
 Norethindrone-EE/FE fumarate (monophasic) - Loestrin, Fe (g); Femcon Fe
 Norethindrone (progestin only) - Nor-Q-D (g)
 Norethindrone-EE (monophasic) - Ovcon, Modicon, Ortho-Novum (g); Necon
 Norethindrone-EE (biphasic) - Necon
 Norethindrone-EE (triphasic) - Estrostep Fe, Ortho-Novum, Tri-Norinyl (g)
 Norgestimate-EE (monophasic) - Ortho-Cyclen (g)
 Norgestimate-EE (triphasic) - Ortho-Tri-Cyclen (g), Lo
 Norgestrel-EE - Lo-Ovral (g)
 Nuvaring
 Ortho Evra

Hormones – Miscellaneous

Preferred

Estradiol - Alora, Minivelle, Vivelle-Dot (g)
 Estradiol - Climara (g)
 Estradiol - Estrace (g)
 Estradiol/Norethindrone - Activella (g)
 Estropipate - Ortho-Est (g)
 Medroxyprogesterone Acet - Provera (g)
 Me-testosterone/Estrogen, Ester - Estratest, HS (g)
 Menest
 Norethindrone Acetate - Aygestin (g)
 Norethindrone-EE - femhrt (g); Jinteli (g)
 Premarin
 Prempro
 Progesterone - Prometrium (g)

(g) - Blue Cross Complete provides coverage for the generic equivalent

This list is current as of the date on the back of this handbook.

For our most updated list, visit us online at MiBlueCrossComplete.com.

Preferred Drug List (Effective March 2017)

<p>Migraine</p> <p>Preferred Isomet/Caff/APAP - Prodrin (g) Naratriptan - Amerge (g) Rizatriptan - Maxalt, MLT (g) Sumatriptan - Imitrex, tablet/vial (g) Zolmitriptan - Zomig (g)</p> <p>Prior Authorization Required Sumatriptan - Imitrex Cartridges/Inj (g)</p>	<p>Over-the-Counter Meds (prescription required for coverage)</p> <p>Preferred Acetaminophen - Tylenol (g) Aluminum hydroxide (g) Aquasol E (g) Artificial Tears (g) Aspirin & Enteric-Coated Aspirin Bacitracin (g) Benzoyl Peroxide (g) Bisacodyl - Dulcolax (g) Buffered Aspirin (Bufferin) (g) Calcium Carbonate (g) Calcium Citrate (g) Chlorpheniramine - Chlor-Trimeton (g) Cimetidine - Tagamet HB (g) Clotrimazole - Lotrimin - Mycelex (g) Condoms (g) Docusate Calcium - Surfak (g) Docusate Sodium - Colace (g) Famotidine - Pepcid AC (g) Ferrous Gluconate - Fergon (g) Ferrous Sulfate - FeoSol (g) Fleet's Enema - mult. forms (g) Hydrocortisone (g) Loperamide - Imodium (g) Ibuprofen - Motrin IB (g) Kapectate (g) Ketotifen fumerate - Zaditor; Alaway (g) Lice Treatment Shampoo (g) Meclizine - Dramamine II (g) Miconazole 3 & 7 - Monistat (g) Naphazoline/Pheniramine - Naphcon-A, Visine-A (g) Naproxen Sodium - Aleve (g) Neomycin/Bacitracin/Polymyxin - Neosporin ointment (g) Permethrin - Lotion, Cream (g) Terbinafine - Lamisil, AT (g) Zinc Oxide (g)</p>	<p>Respiratory – Inhaled Beta Agonist (RESCUE Inhaler)*</p> <p>Preferred Albuterol - Ventolin HFA, Nebulizer Solution (g)</p> <p>Prior Authorization Required Levalbuterol - Xopenex HFA; Nebulizer Solution (g)</p>	<p>Topical Steroids</p> <p>Preferred Betamethasone Dipropionate - Diprolene, AF; Diprosone (g) Betamethasone Valerate - Valisone (g) Fluocinonide - Lidex, Lidex E (g) Halobetasol Propionate - Ultravate (g) Hydrocortisone (g) Mometasone Furoate - Elocon (g) Triamcinolone Acetonide - Aristocort, Kenolog (g)</p> <p>Prior Authorization Required Clobetasol - Cormax; Temovate (g)</p>
<p>Muscle Relaxants</p> <p>Preferred Baclofen - Lioresal (g) Chlorzoxazone - Parafon Forte (g) Cyclobenzaprine - Flexeril (g) Methocarbamol - Robaxin (g) Orphenadrine Citrate - Norflex (g) Tizanidine - Zanaflex tablets (g)</p>	<p>Ophthalmics – Anti-Infectives</p> <p>Preferred Ciprofloxacin - Ciloxan (g) Erythromycin - Ilotycin (g) Gentamicin - Garamycin, Gentak (g) Neomyc/Poly/Dex - Maxitrol (g) Ofloxacin - Ocuflox (g) Polymyxin B Sulfate/TMP - Polytrim (g) Sulfacetamide - Bleph-10 (g) Tobramycin/Dexameth - Tobradex (g) Tobramycin Sulfate - Tobrex (g)</p>	<p>Respiratory – Inhaled Steroid and Combos*</p> <p>Preferred Beclomethasone - QVAR Budesonide - Pulmicort Flexhaler Budesonide/Formoterol - Symbicort Fluticasone - Arnuity Ellipta Fluticasone/Vilanterol - Breo Ellipta Mometasone - Asmanex Mometasone/Formoterol - Dulera</p> <p>Prior Authorization Required Budesonide - Pulmicort Respules - PA required for age >6 years old</p>	<p>Urologic – Benign Prostatic Hypertrophy</p> <p>Preferred Doxazosin Mesylate - Cardura (g) Finasteride - Proscar (g) Tamulosin - Flomax (g) Terazosin - Hytrin (g)</p>
<p>Ophthalmics – Glaucoma</p> <p>Preferred Betaxolol - Betoptic (g) Brimonidine - Alphagan; Alphagan P 0.15% (g) Cosopt (g) Dorzolamide - Trusopt (g) Latanoprost - Xalatan (g) Levobunolol - Betagan (g) Phospholine Iodide Pilocarpine - Isopto Carpine (g) Timolol Maleate - Timoptic, XE (g) Travoprost - Travatan (g)</p>	<p>Pain and Arthritis</p> <p>Preferred Codeine/Acetaminophen - Tylenol #3 (g) Diclofenac Sodium - Voltaren (g) Hydrocodone /Acetaminophen - Vicodin, ES (g) Ibuprofen - Motrin (g) Ibuprofen/Hydrocodone - Vicoprofen (g) Indomethacin - Indocin (g) Ketoprofen - Orudis; Oruvail (g) Meloxicam - Mobic (g) Methadone (g) Morphine Sulfate IR (g) Morphine Sulfate SR - MS Contin; Oramorph SR (g) Nabumetone - Relafen (g) Naproxen Sulfate - Naprosyn (g) Oxycodone/Acetaminophen - Percocet (g) Piroxicam - Feldene (g) Tramadol - Ultram (g)</p> <p>Prior Authorization Required Celecoxib - Celebrex (g); Fentanyl - Duragesic (g)</p>	<p>Respiratory – Intranasal Steroid</p> <p>Preferred Flunisolide nasal spray - Nasalide (g), Nasarel (g) Fluticasone Propionate - Flonase (g) Flonase Allergy - OTC Nasacort OTC</p>	<p>Urologic – Urinary Incontinence</p> <p>Preferred Oxybutynin Chloride - Ditropan, XL (g) Tolterodine - Detrol, LA (g)</p>
<p>Osteoporosis</p> <p>Preferred Alendronate - Fosamax, Weekly (g) Calcitonin-Salmon - Miacalcin (g) Etidronate - Didronel (g) Ibandronate - Boniva (g) Miacalcin (g) Raloxifene - Evista (g)</p> <p>Prior Authorization Required Forteo</p>	<p>Respiratory – Micellaneous</p> <p>Preferred Acetylcysteine - Mucomyst (g) Albuterol Sulfate - Volmax (g) Combivent Cromolyn Sodium - Intal solution (g) Formoterol - Foradil Ipratropium - Atrovent HFA; Nebulizer Solution, nasal (g) Tiotropium - Spiriva Umeclidinium - Incruse Ellipta Umeclidinium/Vilanterol - Anoro Ellipta Zafirlukast - Accolate (g)</p>	<p>Smoking Cessation</p> <p>Preferred Bupropion SR - Zyban (g) Chantix Nicotine Replacement nicotine patches, inhalers, nasal sprays, gum, lozenges Nicotrol (g)</p> <p>*Spacers - Various products (4/year)</p>	<p>Carve Outs – Behavioral Health, HIV, Hepatitis C, etc.</p> <p>Coverage for these agents is based on the Michigan Department of Community Health criteria. Please refer to the Magellan website for additional information: michigan.fhsc.com/providers/druginfo.asp</p> <p>Some drugs require authorization before Blue Cross Complete covers them. Both your doctor and Blue Cross Complete must agree that the drug is medically necessary based on your condition.</p>