



# Savings Plus: pharmacy coverage you can count on

May 2010

Blue Care Network's Savings Plus Approved Drug List includes critical drugs like antibiotics and maintenance generic drugs for the lowest copayment. Savings Plus includes most generic drugs and covers some brand-name drugs when an equally effective generic is not available.

The list represents the clinical judgment of Michigan physicians, pharmacists and other health care experts. Medications are selected based on clinical effectiveness, safety and opportunity for cost savings.

## How it works

The Savings Plus Approved Drug List is categorized by tiers, indicating the level of copayment required:

- **Tier 1: Generic prescription drugs** on the Savings Plus Approved Drug List are available for your lowest copayment. The generic forms of these critical and maintenance drugs have a proven record of safety and effectiveness and offer the best value.
- **Tier 2: Brand-name prescription drugs** on the Savings Plus Approved Drug List are available for a higher copayment if there is no generic formulation available.

Look inside for the Savings Plus Approved Drug List. To view the list online, go to [MiBCN.com/drugformulary](http://MiBCN.com/drugformulary).

- **Tier 3:** Prescription drugs that are not on the Savings Plus Approved Drug List and not excluded (see Exclusions) may be purchased from your pharmacy at 75 percent copay.

No copay exceptions are allowed for medications on the Savings Plus Approved Drug List.

## Brand name versus generic

There's little difference between a brand-name drug and its generic equivalent. The U.S. Food and Drug Administration requires that generic drugs have the identical active ingredients as their brand name equivalents. They may differ from brand-name drugs only in color and shape. When you or your physician request that a brand-name version of a drug be dispensed when a generic version is available, you will pay a 75% copayment.

## Understanding your prescription benefit

Your drug rider outlines the terms and conditions of your drug coverage. It also lists your copayment responsibility as a dollar amount or as a percentage of the total prescription cost and indicates when the copayment applies.

The Savings Plus Approved Drug List is current as of 4/1/2010 and is subject to change. For updates, please visit [MiBCN.com/drugformulary](http://MiBCN.com/drugformulary).

\* Coverage and copay depend on member's drug rider

## Savings Plus Approved Drug List: May 2010

Medications in **bold blue** are dispensed as **GENERIC** for the lowest copayment**Antimicrobials****TIER 1**

Amoxicillin  
 Ampicillin  
 Aralen  
 Augmentin, ES  
 Bactrim, DS; Septra, DS  
 Biaxin, XL  
 Ceclor, ER  
 Ceftin  
 Cefzil  
 Cipro  
 Cipro XR [PA] (#)  
 Cleocin  
 Declomycin  
 Dicloxacillin  
 Diflucan  
 Duricef  
 Erythromycin  
 Ethambutol  
 Flagyl  
 Floxin  
 Grifulvin V, Susp  
 Hiprex/Urex  
 Keflex  
 Lamisil tablets  
 Macrobid  
 Macrodantin  
 Mefloquine  
 Mintezol  
 Monodox  
 Mycelex Troche  
 Neomycin  
 Nizoral  
 Nystatin  
 Omnicef  
 Paromomycin  
 Pediazole  
 Penicillin VK  
 Plaquenil  
 Pyrazinamide  
 Pyridium  
 Rifadin  
 Rifamate  
 Sporanox capsules  
 Sulfadiazine  
 Tetracycline  
 Trimethoprim  
 Vantin  
 Vermox (#)  
 Vibramycin  
 Zithromax

**TIER 2**

Alinia  
 Avelox, ABC  
 Biltricide  
 Dapsone  
 Ery-Tab  
 Fansidar

Malarone  
 Mepron  
 Mycobutin  
 Nebupent  
 Primaquine  
 Seromycin  
 Stromectol (#)  
 Vancocin  
 Vfend  
 Zyvox

**Antivirals****TIER 1**

Copegus /Rebetol [PA] <s>  
 Rebetol Solution [PA] <s>  
 Cytovene  
 Famvir (#)  
 Flumadine  
 Retrovir  
 Symmetrel  
 Videx, EC  
 Valtrex (#)  
 Zerit  
 Zovirax

**TIER 2**

Agenerase  
 Aptivus [PA]  
 Atripla  
 Baraclude <s>  
 Combivir  
 Crixivan  
 Emtriva  
 Epivir, HBV  
 Epzicom  
 Fuzeon <s>  
 Hepsera <s>  
 Hivid  
 Invirase  
 Intelence  
 Isentress  
 Kaletra  
 Lexiva  
 Norvir  
 Prezista [PA]  
 Relenza (#)  
 Rescriptor  
 Reyataz  
 Selzentry  
 Sustiva  
 Tamiflu capsules, suspension (#)  
 Trizivir  
 Truvada  
 Valcyte  
 Viracept  
 Viramune  
 Viread  
 Ziagen

**Cardiovascular,  
Hypertension, Cholesterol****TIER 1**

Accupril, Accuretic  
 Aceon  
 Aldactone, Aldactazide  
 Aldomet  
 Aldoril  
 Altace  
 Amicar  
 Agrylin  
 Apresazide  
 Apresoline  
 Betapace, AF  
 Betaxolol  
 Blocadren  
 Bumex  
 Calan SR/Isoptin SR  
 Capoten, Capozide  
 Cardene  
 Cardizem, SR, CD  
 Cardura  
 Catapres  
 Colestid  
 Cordarone  
 Coreg  
 Corgard  
 Corzide  
 Coumadin  
 Demadox  
 Diamox, Sequels  
 Digoxin Tabs  
 Dilacor XR  
 Diuril  
 Dynacirc  
 Fenofibrate, Fenofibric  
 Acid  
 Guanidine  
 Heparin <s>  
 Hydrochlorothiazide  
 Hygroton, Thalitone  
 Hytrin  
 Indapamide  
 Inderal, LA (#); Inderide  
 Inspra  
 Ismo, Monoket, Imdur  
 Isordil  
 Lasix  
 Lopid  
 Lopressor, HCT  
 Lotensin, HCT  
 Lotrel (#)  
 Mavik  
 Maxzide, Dyazide  
 Mevacor  
 Mexitil  
 Midamor  
 Minipress  
 Minoxidil  
 Moduretic

Monopril, HCT  
 Nifedipine  
 Nitroglycerin  
 Normodyne  
 Norpace, CR  
 Norvasc  
 Papaverine capsules  
 Persantine  
 Pindolol  
 Plendil  
 Pletal  
 Pravachol  
 Prinivil, Prinzide; Zestril,  
 Zestoretic  
 Proamatine  
 Procardia, XL; Adalat CC (#)  
 Pronestyl, SR  
 Questran, Questran Light  
 Quinidine Sulfate  
 Reserpine  
 Rythmol  
 Sectral  
 Sular  
 Tambocor  
 Tenex  
 Tenoretic  
 Tenormin  
 Tiazac  
 Ticlid  
 Toprol XL  
 Normodyne  
 Trental  
 Univasc, Uniretic  
 Vasodilan  
 Vasotec, Vaseretic  
 Verelan, PM  
 Zaroxolyn  
 Zebeta, Ziacc  
 Zocor (#)

**TIER 2**

Catapres-TTS  
 Cozaar [PA] (#)  
 Crestor [PA] (#)  
 Effient [#]  
 Hyzaar [PA] (#)  
 Lovenox <s>  
 Mephyton  
 Niaspan  
 Nitro-Bid ointment  
 Nitrolingual spray  
 Plavix  
 Samsca <s>  
 Tikosyn

**Central Nervous System**

Adderall (#)  
 Amoxapine  
 Ambien  
 Amitriptyline

[PA] Prior authorization required; (#) Quantity limits apply; &lt;s&gt; Specialty drug

Medications in **bold blue** are dispensed as **GENERIC** for the lowest copayment

Anafranil	Luvox	Trifluoperazine	Marinol (#)
Anaprox, DS	Maprotiline	Trileptal	Mesalamine
Ansaid	Mebaral	Tylenol w/Codeine	Paregoric
Artane	Meclomen	Tylox	Pepcid (Rx Only)
Aspirin w/Codeine	Mellaril	Ultram, Ultracet	Phenergan
Ativan	Mestinon	Valium	Pro-banthine
Buspar	Methadone	Vicoprofen	Proctocort suppository
Cafergot (#)	Midrin	Vivactil	Proctofoam
Cataflam	Miltown, Equanil	Voltaren, XR	Rectagel HC
Celexa	Mobic	Wellbutrin , SR , XL (#)	Reglan
Chloral Hydrate	Motrin (Rx Only)	Xanax , XR (#)	Robinul, Forte
Choline Mag Trisalicylate	Morphine sulfate, ER, solution, suppository	Zarontin	Rowasa enema
Clinoril	Mysoline	Zoloft	Tagamet (Rx Only)
Clozaril	Naprosyn, EC	Zonegran	Tigan
Codeine sulfate	Navane		Urso, Forte
Cogentin	Neurontin	<b>TIER 2</b>	Zantac (Rx Only)
D.H.E.45 (#)	Nimotop	Abilify, Discmelt	Zofran, ODT (#)
Dantrium	Norflex	Akineton	
Darvocet-N	Norgesic, Forte	Aricept, ODT	<b>TIER 2</b>
Darvon	Norpramin	Banzel	Asacol, HD
Daypro	Orudis	Depakote Sprinkles	Creon
Demerol	Oxycodone (IR only)	Dilantin Infatabs, 30mg Kapseal	Dygase
Depakene	Pamelor, Aventyl	Exelon (#)	Emend (#)
Depakote	Paraflex, Parafon Forte DSC	Gabitril	Lipram-UL
Dexedrine (#)	Parcopa	Geodon	Pancrease, MT,4,10,16,20
Diflunisal	Parlodel	Metadate CD (#)	Pancrelipase EC
Dilantin	Parnate	Namenda	Pangestyme
Dilaudid	Paxil , CR (#)	Oramorph SR	Ultrase MT
Dolgic LQ; Esgic, Plus; Fioricet; Zebutal	Percocet	Orap	Viokase
Dostinex	Percodan	Rilutek	
Doxepin	Perphenazine	Sabril <s>	<b>Obstetrics and Gynecology</b>
Duragesic (#)	Phenobarbital	Seroquel	<b>TIER 1</b>
Effexor	Phrenilin	Stalevo, 50	Activella
Eldepryl	Prosom	Venlafaxine ER (#)	Alesse, Levlite *
Eskalith, CR	Prozac, Sarafem	Vimpat	Aygestin
Etrafon	Razadyne	Zyprexa, Zydis	Cleocin vaginal cream
Feldene	Relafen		Climara (#)
Fioricet w/ Codeine	Remeron, Soltab	<b>Gastrointestinal</b>	Clomid
Fiorinal	Requip	<b>TIER 1</b>	Cyclessa *
Fiorinal w/ Codeine	Restoril	Actigall	Demulen *
Flexeril	Revia	Anamantle HC	Depo-Provera 150mg *
Fluphenazine	Risperdal, M-Tab	Anusol HC, Proctocream HC	Desogen, Ortho-Cept *
Halcion	Ritalin, SR; Methylin ER (#)	Antivert	Diflucan 150mg
Haldol	Robaxin	Axid (Rx Only)	Estrace
Hydrocodone Bit/ Acetaminophen	Salsalate	Azulfidine, EN-Tab	Estratest, H.S.
Imitrex, injection (#)	Serax	Bellamine-S/ Bellaspas	Estrostep Fe *
Indocin, SR	Sinemet, CR	Bentyl	Lo/Ovral *
Keppra	Sonata	Carafate tablets	Loestrin, Fe *
Ketoprofen	Stadol	Colazal	Metrogel Vaginal
Klonopin, ODT	Surmontil	Compazine	Mircette *
Lamictal, ODT	Talacen	Cortenema	Modicon *
Librium	Talwin NX	Cytotec	Necon *
Limbitrol, DS	Tegretol, XR	Donnatal	Nordette, Levlene *
Lioresal	Thorazine	Kytril (#)	Norinyl, Ortho-Novum *
Lithium Citrate, Carbonate	Tofranil, PM	Lactulose	Nystatin
Lithobid	Tolectin, DS	Levbid	Ogen, Ortho-Est
Lodine, XL	Topamax	Levsin, SL	Ortho Micronor, Nor-QD *
Loxitane	Toradol (#)	Levsinex	Ortho Tri-Cyclen *
Ludiomil	Tranxene	Lidocaine-Hydrocortisone	Ortho-Cyclen *
	Trazodone	Lomotil	Ortho-Novum 7/7/7 *

[PA] Prior authorization required; (#) Quantity limits apply; <s> Specialty drug

## Savings Plus Approved Drug List: May 2010

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Ovcon 35 \*  
Ovral \*  
Progesterone in oil (Inj)  
Provera  
Seasonale (#)\*  
Terazol- 3, 7  
Tri-Norinyl \*  
Triphasil, Trileven \*  
Vivelle  
Yasmin \*

**TIER 2**

Crinone  
Estraderm  
Lupron Depot <s>  
Methergine  
Prochieve  
Prometrium  
Vivelle DOT (#)

**Rheumatology and Musculoskeletal****TIER 1**

Arava (#)  
Colbenemid  
Colchicine  
Didronel  
Fosamax  
Fosamax Weekly (#)  
Imuran  
Methotrexate  
Probenecid  
Zyloprim  
Fortical, Miacalcin nasal spray

**TIER 2**

Cuprimine  
Enbrel [PA] (#) <s>  
Humira [PA] (#) <s>  
Miacalcin Injection  
Rheumatrex, Trexall, injection

**Endocrinology****TIER 1**

Amaryl  
Calciferol  
Cortef  
Cortisone Acetate  
Cytomel  
Danocrine  
DDAVP tablets, injection, spray  
Decadron  
Depo-Testosterone  
Diabinese  
Fludrocortisone  
Fluoxymesterone  
Glucophage, XR

Glucotrol, XL  
Glucovance  
Glynase  
Hydrocortisone  
Levothyroxine  
Lupron  
Medrol  
Metaglip  
Micronase  
Orinase  
Oxandrin  
Precose  
Prednisolone  
Prednisone  
Propylthiouracil  
Rocaltrol  
Sandostatin <s>  
SSKI  
Starlix  
Tapazole  
Tolinase

**TIER 2**

Actos [PA] (#)  
Apidra, Solostar  
Genotropin [PA] <s>  
Glucagon Emergency Kit  
Humalog, Mix(All Pens/  
Cartridge/Vial)  
Humulin (Pen/Cartridges/Vial)  
Lantus (Pen/Cartridges/Vial)  
Levemir (Pen/Vial)  
Lupron Depot, Ped <s>  
Novolin (Pen/Vial/Cartridge)  
Novolog (All Pens/Cartridge/  
Vial)  
Novolog Mix (Pen/Vial)  
Nutropin, AQ, Nuspin [PA] <s>  
Somatuline Depot <s>  
Synarel  
Trelstar Depot, LA <s>

**Antineoplastics and Immunosuppressants****TIER 1**

Casodex <s>  
Cellcept <s>  
Cytosan  
Eulexin <s>  
Hydrea  
Leucovorin  
Megace  
Neoral <s>  
Prograf <s>  
Purinethol  
Tamoxifen  
Vepesid  
Vesanoid

**TIER 2**

Afinitor [PA] <s>  
Alkeran  
Arcalyst [PA] <s>  
Arimidex <s>  
Aromasin <s>  
Ceenu  
Cellcept Susp <s>  
Droxia  
Emcyt  
Fareston  
Faslodex  
Femara <s>  
Gleevec <s>  
Hexalen  
Hycamtin [PA] <s>  
Iressa [PA] <s>  
Leukeran  
Leukine <s>  
Lysodren  
Matulane  
Mesnex  
Myleran  
Neupogen <s>  
Nexavar [PA] (#) <s>  
Nilandron  
Rapamune tablet, solution <s>  
Sandimmune <s>  
Sprycel [PA] <s>  
Sutent [PA] (#) <s>  
Tarceva [PA] <s>  
Tasigna <s>  
Temodar capsules <s>  
Thalomid <s>  
Thioguanine  
Trelstar Depot, LA <s>  
Tykerb [PA] <s>  
Xeloda <s>  
Zoladex <s>  
Zolinza [PA] <s>

**Immunology and Hematology****TIER 1**

None

**TIER 2**

Actimmune <s>  
Alferon N  
Avonex <s>  
Copaxone <s>  
Infergen [PA] <s>  
Intron A [PA] <s>  
Leukine <s>  
Neumega <s>  
Neupogen <s>  
Pegasys [PA] (#) <s>  
Peg-Intron, Redipen [PA] <s>  
Procrit [PA] <s>

Promacta [PA] (#) <s>  
Rebif <s>  
Rhogam [PA] <s>  
Vivotif Berna (#)

**Dermatology****TIER 1**

Accutane (Req Derm Consult)  
Accuzyme, Gladase  
Aclovate  
Aristocort, Kenalog  
Bactroban ointment  
Benzamycin  
Betamethasone valerate  
Carmol  
Claravis, Sotret  
Cleocin T  
Condylox solution  
Cutivate  
Cyclocort  
Dermacort, Hytone (Rx Only)  
Dermatop  
Desowen, Tridesilon  
Diprolene, AF  
Diprosone, Maxivate  
Dovonex solution  
Drithocrema  
Drysol  
Econazole  
Efudex  
Elimite  
Elocon  
Emla  
Erythromycin topical soln, gel  
Gentamicin cream, ointment  
Granulex  
Hydrocortisone acetate  
Kerol, ZX  
Lidex, E  
Lidocaine cream, ointment  
Lindane  
Locoid  
Loprox cream, lotion, gel  
Lotrimin  
Lotrisone cream, lotion  
Metrocream, lotion  
Monistat-Derm  
Mycostatin  
Nizoral cream, shampoo 2%  
Nystatin w/ Triamcinolone  
Olux  
Ovide  
Panafil  
Plexion, TS  
Pramosone  
Retin-A, Avita  
Rosaderm  
Rosula  
Seb-Prev  
Selsun Rx

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Silvadene  
Sulfacet-R  
Synalar 0.025%  
Temovate  
Topicort LP  
Triamcinolone Acetonide  
Umecta foam  
Ultravate  
Westcort  
Xylocaine Viscous

#### TIER 2

Bactroban cream, nasal ointment  
Differin  
Dovonex cream  
Elidel **[PA]**  
Eurax  
Santyl  
Zovirax cream, ointment

#### Ophthalmology

#### TIER 1

Albalon  
Acular, LS  
Alphagan, P 0.15%  
Bacitracin  
Bacitracin/Polymyxin B ointment  
Bacitracin/Neomycin/Polymyxin B ointment  
Betagan  
Betoptic  
Bleph-10  
Brimonidine  
Ciloxan solution  
Cosopt  
Cyclogyl  
Dexamethasone  
Erythromycin ointment  
Gentamicin  
Iopidine 0.5% solution  
Isopto Atropine  
Isopto Carpine  
Isopto Homatropine  
Maxitrol  
Mydracil  
Neosporin solution  
Neomycin/Polymyxin/HC  
Ocufen  
Ocuflox  
Ocupress  
Ophthetic  
Opticrom  
Optipranolol  
Phenylephrine  
Polytrim  
Pred Forte  
Prednisolone Sodium

Phosphate  
Tetracaine  
Timoptic, XE  
Tobrex solution  
Trusopt  
Vasocidin solution  
Viroptic  
Voltaren solution

#### TIER 2

Alocril  
Alomide  
Azopt  
Blephamide solution, ointment  
Ciloxan ointment  
FML, Forte, S.O.P.  
Isopto Carbachol  
Isopto Hyoscine  
Lacrisert  
Lumigan  
Natacyn  
Phospholine Iodide  
Pilocpine HS  
Propine  
Poly-Pred  
Pred Mild  
Tobradex  
Travatan, Z  
Vexol  
Vigamox

#### Otic and Nasal Preparations

#### TIER 1

AB otic  
Acetasol, HC; Vosol, HC  
Atrovent nasal spray  
Auralgan  
Cortisporin  
Domeboro Otic  
Flonase  
Floxin Otic  
Nasarel

#### TIER 2

Cipro HC  
Ciprodex

#### Respiratory

#### TIER 1

Accuneb  
Albuterol tablets  
Aminophylline  
Atarax, Vistaril  
Duoneb  
Epinephrine  
Intal solution  
Ipratropium solution  
Mucomyst

Terbutaline  
Theophylline Anhydrous  
Uniphyll  
Vistaril  
Vospire ER

#### TIER 2

Alvesco  
Asmanex  
Atrovent Inhaler  
Azmacort  
Combivent  
Epipen, JR  
Flovent Inhaler  
Intal Inhaler  
Flovent HFA, Diskus  
Foradil  
Letairis **[PA]** (#) <s>  
Maxair Autohaler  
Proair, Ventolin, HFA  
Pulmicort  
Pulmozyme <s>  
QVAR  
Remodulin <s>  
Revatio **[PA]** (#) <s>  
Serevent Diskus  
Singular **[PA]** (#)  
Spiriva  
Tracleer **[PA]** <s>  
Tyvaso **[PA]** (#) <s>  
Ventavis **[PA]** (#) <s>

#### Urology

#### TIER 1

Cardura  
Cytra-2, 3, K  
Ditropan, XL  
Hytrin  
K-Phos Neutral  
Prosed DS  
Polycitra  
Proscar  
Urecholine  
Urelle  
Urised  
Urispas  
Urocit-K  
UTA

#### TIER 2

Detrol, LA  
Renacidin

#### Vitamins and Minerals

#### TIER 1

Cyanocobalamin  
Potassium Chloride  
Select Rx Multivitamins W/Fluoride

Select Rx Prenatal Vitamins  
Select Rx Multivitamins  
Select Rx Sodium Fluoride products

#### TIER 2

None

#### Diagnostic and Other Miscellaneous

#### TIER 1

Carnitor  
Colyte  
Desferal  
Golytely  
Kayexalate  
Nulytely  
Peridex  
PhosLo  
Revial  
Salagen

#### TIER 2

Antabuse  
Kuvan **[PA]** <s>  
Renagel  
Renvela, Packet 2.4G  
Rhogam **[PA]** <s>

#### Lifestyle Modification

#### TIER 1

Commit Lozenge OTC (#)  
Nicotine Gum, Patch (#)  
Zyban

#### TIER 2

None

The Savings Plus Approved Drug List is current as of 4/1/2010 and is subject to change. For updates, please visit **MiBCN.com/drugformulary**.

\*Coverage and copay depend on member's drug rider

## Exclusions

Your drug rider does not cover certain types of medications and medical supplies, including:

- Compounded medications
- Cough and cold preparations (Over-the-counter products are readily available.)
- Drugs used for weight loss
- Drugs used for erectile dysfunction
- Non-sedating antihistamines and combination products
- Proton pump inhibitors, for example, Prilosec, Prevacid and Nexium, except when authorized by BCN for confirmed diagnosis of Barrett's Esophagitis or Zollinger-Ellison syndrome. BCN's Quality Interchange Program rules (at [MiBCN.com](http://MiBCN.com)) apply if a proton pump inhibitor is authorized. (OTC products are readily available.)
- Drug formulations specifically designed for patient convenience
- Cosmetic drugs or drugs used for cosmetic purposes
- Drugs used for experimental or investigational purposes
- Prescriptions filled after you are no longer a BCN member
- Drugs included as a health care benefit, such as vaccines and other injectable drugs normally administered in a physician's office
- Drugs included as a benefit under Medicare or under any health care program funded in whole or in part by the federal or state government
- New drugs not yet added to the Approved Drug List
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs acquired without cost to the providers or included in the cost of other services or supplies
- Drugs for which there are OTC equivalents in both strength and dosage
- Drugs that are not FDA approved, including medical foods and supplements
- Creams and other products approved as devices by the FDA
- Syringes and needles, except those dispensed with insulin
- Durable medical equipment and supplies, such as blood glucose monitors, test strips, and ostomy supplies
- Drugs filled at an out-of-network pharmacy

## Prior authorization

We monitor the use of certain medications to help ensure members receive the most appropriate and cost-effective drug therapy. Our prior authorization program requires that certain clinical criteria be met before coverage is provided. BCN reviews all physician and member requests for drugs that require prior authorization to determine if the drug

is medically necessary and that there aren't equally effective alternative drugs on the Approved Drug List. The criteria for authorization are based on medical information and the recommendations of BCN's Pharmacy and Therapeutics Committee. Tier 1 and Tier 2 drugs requiring prior authorization are marked [PA] in the Approved Drug List. Tier 3 narcotics and specialty drugs that are included on BCN's Quality Interchange Program also require prior authorization.

BCN will notify both you and your doctor in writing if the request is denied. We will include information on how to appeal our decision, and either you or your doctor can initiate the appeal process. If you have questions about your drug coverage, a drug claim or filing a benefit exception, please call Customer Service.

## Filling your prescription

There are several ways you can fill a prescription:

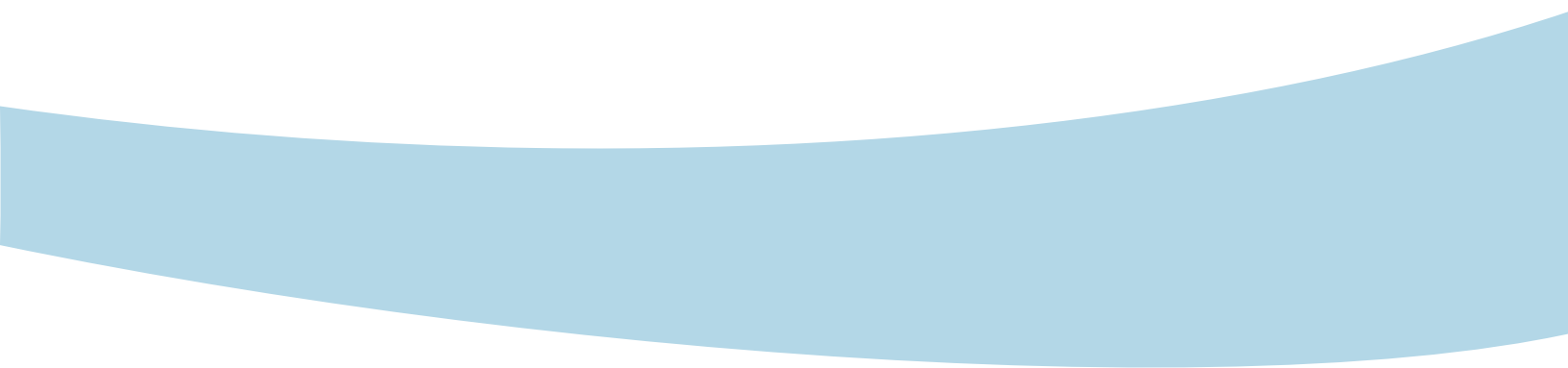
- **At a retail pharmacy**  
You may fill up to a three-month (90-day) supply of your prescription at a retail pharmacy in Michigan for only two copayments, following an initial 34-day trial period. Over 2,200 retail pharmacies in Michigan, including most major chains, and 58,000 retail pharmacies nationwide participate with BCN. Please show your ID card to get the best value from your benefit. You must use a participating pharmacy for coverage. For information about participating pharmacies outside Michigan, call Customer Service.
- **Mail order through Medco®**  
You may fill up to a three-month supply of your medication for two copayments through Medco. To request a mail order form, call Customer Service.
- **Specialty drug mail order from Walgreen's Specialty Pharmacy**  
Only Walgreen's Specialty Pharmacy handles BCN members' mail order prescriptions for specialty drugs, used to treat complex or rare conditions such as arthritis, asthma, multiple sclerosis, hepatitis C, and others. BCN members can get a 34-day supply of specialty drugs from a BCN participating retail pharmacy as well as from Walgreen's Specialty Pharmacy. For general benefit information, including mail order refills and inquiries, please call Walgreen's Specialty Pharmacy Customer Service at 1-866-515-1355.

Customer Service: Call the number on the back of your BCN identification card.

**MiBCN.com**

The Savings Plus Approved Drug List is current as of 4/1/2010 and is subject to change. For updates, please visit [MiBCN.com/drugformulary](http://MiBCN.com/drugformulary).

\* Coverage and copay depend on member's drug rider





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