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Blue Cross Blue Shield of Michigan Coverage Management Review Programs

This table describes the Blue Cross Blue Shield of Michigan Prior Authorization and Step Therapy programs that are a part of your prescription drug benefit. These programs are designed to prevent medication misuse and ensure medication safety.

Drug Category	Targeted Drugs	Type of Coverage Management Review	How it works
Diabetes – Byetta	Byetta [®]	Step Therapy	Targets new users only. Step Therapy is a process that requires the use of select alternatives prior to approval of a targeted drug. If a claim does not meet Step Therapy criteria, it will require a manual review by BCBSM/Medco.
Diabetes – Symlin	Symlin [®]	Prior Authorization	Targets new users only. Requires prior authorization for every claim. Prior Authorization is a process that requires approval from BCBSM/Medco before the targeted drug can be dispensed.
Rheumatoid Arthritis Agents	Arava [®] Enbrel [®] Humira [®] Kineret [®]	Step Therapy Built-in Quantity Limit for Humira	Targets new users only. Step Therapy is a process that requires the use of select alternatives prior to approval of a targeted drug. If a claim does not meet Step Therapy criteria, it will require a manual review by BCBSM/Medco.
Allergy and Asthma Agents - Leukotriene Antagonists	Accolate [®] Singulair [®] Zyflo [®] Zyflo CR [®]	Step Therapy	Targets new users only. Step Therapy is a process that requires the use of select alternatives prior to approval of a targeted drug. If a claim does not meet Step Therapy criteria, it will require a manual review by BCBSM/Medco.
Pain Management – Narcotic Analgesics	Actiq [®] Fentora [®]	Step Therapy Quantity Limits	Targets new users only. Step Therapy is a process that requires the use of select alternatives prior to approval of a targeted drug. If a claim does not meet Step Therapy criteria, it will require a manual review by BCBSM/Medco.



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Blue Cross Blue Shield of Michigan Pharmacy Initiatives

This reference tool describes the Blue Cross Blue Shield of Michigan base pharmacy programs designed to help provide our members with clinically sound drug therapy while minimizing their out-of-pocket expenses. The list of drugs in the Sample Targeted Drugs column is not all-inclusive. Please contact customer service for a complete list of targeted drugs.

Initiative	Sample Targeted Drugs	How it works
<p>Member Education Therapeutic Interchange Program – This program is designed to educate members about generic drugs and over-the-counter (OTC) equivalents of expensive brand-name medications.</p>	<p>Aciphex® Clarinex® Clarinex-D® Flector® Nexium® Xyzal®</p>	<p>The first time a member has a prescription filled for a targeted drug, BCBSM will send a letter to the member and physician encouraging the prescribing of an alternative generic or OTC equivalent.</p> <p>If the member and physician choose to switch to the recommended drug and a new prescription is obtained, then the first copay is waived.</p> <p>If the member chooses not to switch to the recommended drug, they can continue taking the brand-name drug for up to 90 days. After 90 days, the physician must call BCBSM to provide evidence of medical necessity. If the request is not approved, then the member will be responsible for the entire cost of the brand-name drug.</p>
<p>Generic Copay Waiver – This program offers members a one-month copay waiver when they switch to the generic equivalent of a multi-source brand-name drug or single-source brand-name drug. This program minimizes the members' out-of-pocket expenses.</p>	<p>Accutane® Allegra® Amaryl® Ativan® Flonase® Fosamax® Kytril® Lamisil® Norvasc® Prilosec® Protonix® Prozac® Toprol® XL Xanax®</p>	<p>When prescribing a targeted drug, BCBSM will send a letter to the member encouraging them to discuss a generic alternative with the prescribing physician</p> <p>The member's first copay is waived if the member switches to the generic equivalent of a single-source or multi-source brand-name drug, after discussing the switch with their physician or pharmacist. The member can ask the pharmacist for the generic equivalent.</p> <p>This program is voluntary and directed towards members.</p>



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<p>Three Month Generic Copay Holiday – Provides a three month generic copay waiver – (three copay waivers at retail pharmacy and three copay waivers for mail order) when a member switches to a generic equivalent of a targeted brand drug.</p>	<p>Zocor[®] Mevacor[®] Pravachol[®]</p>	<p>The first time a member has a prescription filled for a targeted drug, BCBSM sends a letter to the member to have a discussion with their physician about switching to a generic alternative.</p> <p>If the member switches, the first three prescriptions at retail are free because the copay is waived. For mail order, one copay waiver will apply to a 3-month supply.</p>
<p>Brand to Alternate Generic Interchange – The program encourages physicians to replace certain brand-name drugs with less-costly generic alternatives.</p>	<p>Aciphex[®] Ambien CR[®] Avalide[®] Beconase AQ[®] Lescol[®] and Lescol XL[®] Lipitor[®] Nexium[®] Prilosec[®] Protonix[®] Prozac[®] Weekly[™] Tibetan HCT[®]</p>	<p>When prescribing a targeted drug, BCBSM will notify the physician to encourage prescribing a less-costly generic alternative.</p> <p>If the physician chooses to switch the member (by signing the authorization request) to a generic alternative, BCBSM will send a notification letter to the member and the pharmacy will fill the prescription for the generic drug.</p> <p>This program is voluntary and directed towards physicians.</p>
<p>Brand-To-Brand Therapeutic Interchange – This program encourages physicians to replace targeted high cost brand-name drugs with lower-cost branded drugs equal in strength and efficacy.</p>	<p>Avapro[®] Tevetan[®]</p>	<p>The first time a member has a prescription filled for a targeted drug, BCBSM will send a letter to the physician encourage the prescribing of a less-costly brand alternative. If the physician chooses to switch the member's medication to the lower-cost brand drug, BCBSM will send a letter to the member and the physician will provide a new prescription.</p> <p>This is a voluntary program directed towards physicians.</p>

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<p>Dose Optimization Program – This program encourages physicians to change the dosage from multiple daily doses to single doses, when appropriate. This program minimizes the members’ out-of-pocket expenses.</p>	<p>Avapro[®] Crestor[®] Cymbalta[®] Effexor[®] Lexapro[®] Lipitor[®] Luvox[®] Nexium[®] Paxil[®] Pravachol[®] Prevacid[®] Prilosec[®] Protonix[®] Zocor[®]</p>	<p>When prescribing a targeted drug that can be prescribed once per day, instead of smaller doses throughout the day, BCBSM will send a letter to the physician encouraging a switch to a once-daily dosage of the same drug.</p> <p>If the physician chooses not to authorize a change in therapy, it should be noted on the form and faxed back to the number listed on the letter. Returning the fax will allow BCBSM to code “no further intervention” for the patient.</p> <p>This is a voluntary program directed towards the physicians.</p>
<p>Exclude Off-Label Coverage – Requires medical necessity for drugs prescribed for uses other than those approved by the Food and Drug Administration.</p> <p>The targeted drugs are human growth hormones and anabolic steroids.</p>	<p>Genotropin[®] Humatrope[®] Increlex[®] Nandrolone[®] Norditropin[®] Nutropin[®] Omnitrope[®] Oxandrolone[®] Oxymetholone[®] Saizen[®] Serostim[®]</p>	<p>If the member’s physician prescribes a drug for an indication not approved by the FDA, the physician must call BCBSM/Medco to obtain a form to provide evidence of medical necessity for the prescription. If evidence of medical necessity is not approved, the member is responsible for full cost of the prescription.</p>



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<p>Quantity Limits – This program aligns dispensing of targeted drugs in quantities consistent with FDA-approved labeling or published clinical criteria for the drugs.</p>	<p>Allegra D[®] 12 hr and 24 hr Ambien[®] CR Clarinet[®] Crestor[®] Lipitor[®] Lunesta[®] Restoril[®] Rozerem[®] Seroquel[®] XR Singulair[®] Viagra[®]</p>	<p>When a member has a prescription filled with a drug that is part of this program, the pharmacist will fill the prescription only for the quantity limit approved for the drug.</p> <p>For greater quantities of the amount recommended, the member's physician must call BCBSM at 800-437-3803, option 1, and provide evidence of medical necessity. If evidence of medical necessity is not approved, the pharmacist will only fill the prescription to the approved quantity limit for the drug.</p>
<p>Enhanced Polypharmacy Outreach – This program helps to ensure patients are using their medications safely and also alerts physicians of adverse reactions from potential dangerous situations.</p>	<p>Multiple drugs</p>	<p>BCBSM will send a letter to the patient's primary care physician or the last physician to write a prescription when the patient meets the following criteria:</p> <ul style="list-style-type: none"> • More than 10 unique medications for treating a chronic condition • Seeing three or more physicians within three months • Three or more emergency room visits