

Your Pharmacy Program



Effective January 1, 2011

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MASSACHUSETTS

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Pharmacy Program Overview

Our pharmacy program is designed to provide you and your physician with access to a wide variety of safe, clinically effective medications. We have carefully developed a substantial formulary that includes many medications at affordable cost-share levels.

About This Guide

This guide is up-to-date as of January 1, 2011, and is subject to change. Keep this guide handy, and use it as a reference whenever you need coverage information about a specific medication. To obtain the most current coverage information about a specific medication, visit our website at www.bluecrossma.com/pharmacy.

- **Top Covered Medications**—includes many commonly prescribed covered medications and your cost-share tier that applies
- **Quality Care Dosing**—includes a list of medications subject to Quality Care Dosing limits
- **Prior Authorization**—includes a list of medications that require prior authorization
- **Specialty Pharmacy Medications**—includes a list of medications that are available through pharmacies in the Specialty Pharmacy Network
- **Step Therapy**—includes a list of medications subject to step therapy
- **Medication Resource List Index**—includes all prescription medications listed in this booklet, along with the page(s) on which they can be found

Online Resources

From our main website, www.bluecrossma.com, to the www.express-scripts.com website, we offer a variety of online resources to help you manage your medications.

- **Search for Medication Information.** To learn whether your medications will be covered, you can visit our website, www.bluecrossma.com/pharmacy, and use the **Medication Look Up** feature. You can use this tool before you enroll. (The medications listed represent our Standard Pharmacy Network coverage; your individual coverage may vary.)

- **Member Central.** Want more detailed information about your health care coverage, claims, or deductibles? You can log on to Member Central by going to our website, www.bluecrossma.com/member-central. To register, click **Create an Account**.
 - If you're already registered, just log in with your username and password.
- **Express Scripts Online.** Once registered with Member Central, you can also get immediate, online access to information about your specific pharmacy benefit by visiting Express Scripts, our pharmacy management partner, at www.express-scripts.com. Once there, you'll have access to:
 - Price a Drug
 - Find a Pharmacy
 - Mail Service features (which allow you to order refills and renew prescriptions)

Mail Service Pharmacy

With the Mail Service Pharmacy (administered by Express Scripts, Inc. (ESI)), you can enjoy the convenience of ordering certain prescriptions by mail. Depending on your specific coverage, the Mail Service Pharmacy allows you to order up to a 90-day supply of certain long-term maintenance medications (like those used to treat high blood pressure), for less than you may normally pay at a retail pharmacy.

It's convenient, it's cost-effective, and it's completely confidential.

If you would like to use the Mail Service Pharmacy, you can download an order form and find additional information on our website. Go to www.bluecrossma.com/pharmacy and choose **Mail Service Pharmacy**. If you'd like a copy of our Mail Service Pharmacy brochure mailed to you, please call **1-800-262-BLUE (2583)**.

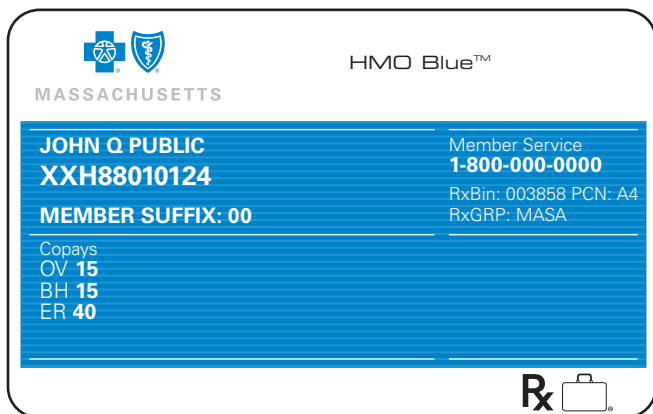
Your Pharmacy Cost Share

Our pharmacy program formulary is based on a tiered cost-share structure. When you fill a prescription, the amount you pay the pharmacy (your prescription cost share) is determined by the tier your medication is on. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will advise you of the amount you owe. Usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 3 medications.

Your cost share may include your copayment, co-insurance, deductibles, and maximums. For more about your specific prescription benefits, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card.

Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you to the pharmacy and give it to your pharmacist when you fill a prescription. A sample ID card is shown below.



Top Covered Medications

Our pharmacy formulary includes over 4,000 covered prescription medications. The following sample list includes covered medications most commonly prescribed for our members.

This list is up-to-date as of January 1, 2011, and is subject to change at any time. You can find the most up-to-date information about a specific prescription medication on our website at www.bluecrossma.com/pharmacy.

Please note that this is a sample of top prescribed medications based on our standard formulary. For more information about your specific prescription benefits, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card.

For members with a 2-tier structure: Please note that the following covered medication list is based on a 3-tier structure. All medications listed on Tier 3 are actually covered on your 2nd Tier.

Abilify	Tier 2	Avalide (ST)	Tier 2
Accu-Chek Aviva	Tier 2	Avapro (ST)	Tier 2
Acetaminophen-Codeine	Tier 1	Avelox	Tier 2
Actonel (QCD) (ST)	Tier 2	Aviane	Tier 1
Actos (QCD) (ST)	Tier 3	Azithromycin	Tier 1
Acyclovir	Tier 1	Baclofen	Tier 1
Advair Diskus (QCD) (ST)	Tier 3	Benicar (ST)	Tier 2
Albuterol Sulfate	Tier 1	Benicar HCT (ST)	Tier 2
Alendronate Sodium (QCD)	Tier 1	Benzonatate	Tier 1
Allopurinol	Tier 1	Betamethasone Dipropionate	Tier 1
Alprazolam	Tier 1	Bisoprolol Fumarate-HCTZ	Tier 1
Amitriptyline HCl	Tier 1	Budeprion SR (QCD)	Tier 1
Amlodipine Besylate (QCD)	Tier 1	Budeprion XL (QCD)	Tier 1
Amlodipine Besylate-Benazepril	Tier 1	Bupropion HCl	Tier 1
Amox Tr-Potassium Clavulanate	Tier 1	Bupropion HCl SR (QCD)	Tier 1
Amoxicillin	Tier 1	Bupropion XL (QCD)	Tier 1
Amphetamine Salt Combo	Tier 1	Buspironone HCl	Tier 1
Apri	Tier 1	Butalbital-APAP-Caffeine	Tier 1
Aricept	Tier 2	Byetta	Tier 2
Arimidex	Tier 2	Camila	Tier 1
Asacol	Tier 2	Carisoprodol	Tier 1
Astelin (QCD)	Tier 2	Carvedilol	Tier 1
Atenolol	Tier 1	Cefdinir	Tier 1
Atenolol-Chlorthalidone	Tier 1	Cefprozil	Tier 1
Atripla	Tier 2	Cefuroxime	Tier 1

Celebrex (OCD) (ST)	Tier 3	Etodolac	Tier 1
Cephalexin	Tier 1	Evista	Tier 2
Chantix	Tier 2	Fenofibrate	Tier 1
Cheratussin AC	Tier 1	Fentanyl (PA) (OCD)	Tier 1
Chlorhexidine Gluconate 0.12% Rinse	Tier 1	Finasteride	Tier 1
Cialis	Tier 3	Flomax	Tier 3
Ciprofloxacin HCl	Tier 1	Flovent HFA (OCD)	Tier 2
Citalopram HBr (OCD)	Tier 1	Fluconazole	Tier 1
Clarithromycin	Tier 1	Fluocinonide	Tier 1
Clindamycin HCl	Tier 1	Fluoxetine HCl (OCD)	Tier 1
Clindamycin Phosphate	Tier 1	Fluticasone Propionate (OCD)	Tier 1
Clobetasol Propionate	Tier 1	Folic Acid	Tier 1
Clonazepam	Tier 1	Furosemide	Tier 1
Clonidine HCl	Tier 1	Gabapentin	Tier 1
Clotrimazole-Betamethasone	Tier 1	Gemfibrozil	Tier 1
Colchicine	Tier 1	Glimepiride	Tier 1
Combivent (OCD)	Tier 2	Glipizide	Tier 1
Concerta (OCD)	Tier 2	Glipizide ER	Tier 1
Crestor (OCD) (ST)	Tier 2	Glipizide XL	Tier 1
Cryselle	Tier 1	Glyburide	Tier 1
Cyclobenzaprine HCl	Tier 1	Glyburide-Metformin HCl	Tier 1
Cymbalta (ST)	Tier 3	Halflytely-Bisacodyl	Tier 3
Desonide	Tier 1	Humalog	Tier 2
Dexamethasone	Tier 1	Humira (PA) (OCD)	Tier 2
Dextroamphetamine-Amphetamine (PA)	Tier 1	Humulin N	Tier 2
Diazepam	Tier 1	Hydrochlorothiazide	Tier 1
Diclofenac Sodium	Tier 1	Hydrocodone-Acetaminophen	Tier 1
Dicyclomine HCl	Tier 1	Hydrocortisone	Tier 1
Differin	Tier 3	Hydromorphone HCl	Tier 1
Digoxin	Tier 1	Hydroxychloroquine Sulfate	Tier 1
Dilt-CD	Tier 1	Hydroxyzine HCl	Tier 1
Diltiazem 24hr ER	Tier 1	Ibuprofen	Tier 1
Diovan (ST)	Tier 2	Indomethacin	Tier 1
Diovan HCT (ST)	Tier 2	lophen-C NR	Tier 1
Divalproex Sodium	Tier 1	Isosorbide Mononitrate	Tier 1
Divalproex Sodium ER	Tier 1	Januvia (ST)	Tier 2
Doxazosin Mesylate	Tier 1	Junel FE	Tier 1
Doxycycline Hyclate	Tier 1	Kariva	Tier 1
Duac CS	Tier 3	Ketoconazole	Tier 1
Enalapril Maleate	Tier 1	Klor-Con 10	Tier 1
Enbrel (PA) (OCD)	Tier 2	Klor-Con M20	Tier 1
Endocet	Tier 1	Labetalol HCl	Tier 1
Enpresse	Tier 1	Lamotrigine	Tier 1
Epipen	Tier 2	Lansoprazole (OCD) (ST)	Tier 1
Erythromycin	Tier 1	Lantus	Tier 2
Estradiol (OCD)	Tier 1	Lantus Solostar	Tier 2

(PA) prior authorization required | (OCD) Quality Care Dosing limits apply | (ST) step therapy required

Levetiracetam	Tier 1	Niaspan	Tier 2
Levitra	Tier 3	Nifedipine ER	Tier 1
Levora-28	Tier 1	Nitrofurantoin Mono-Macro	Tier 1
Levothyroxine Sodium	Tier 1	Nitroglycerin	Tier 1
Levoxyl	Tier 1	Nortrel	Tier 1
Lexapro (QCD) (ST)	Tier 3	Nortriptyline HCl	Tier 1
Lidoderm	Tier 2	NovoLog	Tier 2
Lipitor (QCD) (ST)	Tier 3	Nuvaring	Tier 3
Lisinopril	Tier 1	Nystatin-Triamcinolone	Tier 1
Lisinopril-HCTZ	Tier 1	Ocella	Tier 1
Lithium Carbonate	Tier 1	Ofloxacin	Tier 1
Loestrin 24 FE	Tier 3	Omeprazole (PA) (QCD)	Tier 1
Lorazepam	Tier 1	Ondansetron HCl (QCD)	Tier 1
Lovastatin (QCD)	Tier 1	Ondansetron ODT (QCD)	Tier 1
Lovenox (QCD)	Tier 3	One Touch Ultra test strips (QCD)	Tier 2
Low-Ogestrel	Tier 1	Ortho Tri-Cyclen Lo	Tier 3
Lunesta (QCD) (ST)	Tier 3	Oxcarbazepine	Tier 1
Lutera	Tier 1	Oxybutynin Chloride ER	Tier 1
Lyrica (PA)	Tier 3	Oxycodone HCl	Tier 1
Medroxyprogesterone Acetate	Tier 1	Oxycodone-Acetaminophen	Tier 1
Meloxicam (QCD)	Tier 1	OxyContin (QCD)	Tier 2
Metadate CD (QCD)	Tier 3	Pantoprazole Sodium (PA) (QCD)	Tier 2
Metformin HCl	Tier 1	Paroxetine HCl (QCD)	Tier 1
Metformin HCl ER	Tier 1	Patanol (QCD)	Tier 3
Methadone HCl	Tier 1	PEG-3350 with Flavor Packs	Tier 1
Methocarbamol	Tier 1	Penicillin V Potassium	Tier 1
Methotrexate	Tier 1	Phenazopyridine HCl	Tier 1
Methylin tablets (non chewable)	Tier 1	Piroxicam	Tier 1
Methylphenidate HCl	Tier 1	Plavix	Tier 2
Methylprednisolone	Tier 1	Polymyxin B Sul-Trimethoprim	Tier 1
Metoclopramide HCl	Tier 1	Potassium Chloride	Tier 1
Metoprolol Succinate	Tier 1	Pravastatin Sodium (QCD)	Tier 1
Metoprolol Tartrate	Tier 1	Prednisolone Sodium Phosphate	Tier 1
Metronidazole	Tier 1	Prednisone	Tier 1
Microgestin	Tier 1	Premarin tablets	Tier 3
Microgestin FE	Tier 1	Prempro	Tier 2
Minocycline HCl	Tier 1	Prenatal Plus	Tier 1
Mirtazapine	Tier 1	ProAir HFA (QCD)	Tier 2
Mometasone Furoate	Tier 1	Prochlorperazine Maleate	Tier 1
Morphine Sulfate (QCD)	Tier 1	Promethazine HCl	Tier 1
Mupirocin	Tier 1	Promethazine-Codeine	Tier 1
Nabumetone	Tier 1	Prometrium	Tier 3
Nadolol	Tier 1	Propoxyphene Nap-Acetaminophen	Tier 1
Naproxen	Tier 1	Propranolol HCl	Tier 1
Necon	Tier 1	Provigil (ST)	Tier 2
Neomycin-Polymyxin-HC	Tier 1	Pulmicort Flexhaler (QCD)	Tier 2

(PA) prior authorization required | (QCD) Quality Care Dosing limits apply | (ST) step therapy required

Pulmicort Respules (QCD)	Tier 2	Tizanidine HCl	Tier 1
Quinapril HCl	Tier 1	Tobramycin-Dexamethasone	Tier 1
Ramipril	Tier 1	Topiramate	Tier 1
Ranitidine HCl	Tier 1	Toprol XL	Tier 3
Reclipsen	Tier 1	Tramadol HCl	Tier 1
Relpax (QCD) (ST)	Tier 3	Trazodone HCl	Tier 1
Restasis (QCD)	Tier 3	Tretinoin (PA)	Tier 1
Risperidone	Tier 1	Triamcinolone Acetonide	Tier 1
Ropinirole HCl	Tier 1	Triamterene-HCTZ	Tier 1
Roxicet tablets	Tier 1	Tri-Lo-Sprintec	Tier 1
Seroquel	Tier 2	TriNessa	Tier 1
Sertraline HCl (QCD)	Tier 1	Tri-Sprintec	Tier 1
Simvastatin (QCD)	Tier 1	Trivora-28	Tier 1
Sodium Fluoride (Pediatric)	Tier 1	Tussionex	Tier 3
Spiriva (QCD)	Tier 2	Uroxatral	Tier 2
Spironolactone	Tier 1	Vagifem	Tier 2
Sprintec	Tier 1	Valacyclovir (QCD)	Tier 1
Strattera (QCD) (ST)	Tier 3	Valtrex (QCD)	Tier 3
Suboxone	Tier 2	Venlafaxine ER capsules	Tier 1
Sulfamethoxazole-Trimethoprim	Tier 1	Verapamil HCl	Tier 1
Sumatriptan Succinate (non nasal spray) (QCD)	Tier 1	Viagra	Tier 3
Symbicort (QCD) (ST)	Tier 2	Vigamox (QCD)	Tier 3
Synthroid	Tier 3	Vivelle-Dot (QCD)	Tier 3
Tamiflu	Tier 3	Warfarin Sodium	Tier 1
Tamoxifen Citrate	Tier 1	Xalatan	Tier 2
Temazepam	Tier 1	Yaz	Tier 3
Terazosin HCl (QCD)	Tier 1	Zetia (QCD) (ST)	Tier 3
Testim	Tier 2	Zolpidem Tartrate (QCD)	Tier 1
Tetracycline HCl	Tier 1	Zomig (QCD) (ST)	Tier 2
Timolol Maleate	Tier 1	Zovia 1-35e	Tier 1
		Zyprexa tablets	Tier 2

Quality Care Dosing

Quality Care Dosing efforts help to monitor the quantity and dose of medications a patient receives based on Food and Drug Administration (FDA) recommendations, as well as manufacturer and clinical information. Changes to your medication will be made with your doctor's approval.

When you fill a prescription for one of the following medications, your prescription is checked electronically in two ways:

- **Dose Consolidation**—Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage.
- **Recommended Monthly Dosing Level**—Checks to see that your monthly dosage is consistent with the manufacturer's and FDA's monthly dosing recommendations and clinical information.

For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, please visit our website at www.bluecrossma.com/pharmacy and proceed to the **Quality Care Dosing** section.

Please note: Your doctor may request an exception from the guidelines for medications that are subject to Quality Care Dosing (when medically necessary).

Quality Care Dosing List

This list of medications that are in our Quality Care Dosing program is up-to-date as of January 1, 2011, and may change from time to time.

*AcipHex (PA)
*Actiq (PA)
Actonel (ST)
Actonel with Calcium (ST)
ACTOplus Met (ST)
ACTOplus Met XR (ST)
Actos (ST)
Acular PF
*Acular/LS
*Acuvail
Adderall XR
Advair Discus (ST)
Advair HFA (ST)
Advicor (ST)

*Aerobid
*Aerobid-M
*Alamast
Alendronate
*Alocril
Alomide
*Alora
*Alrex
Altoprev (ST)
Alupent inhaler
*Alvesco
*Ambien (ST)
*Ambien CR (ST)
Amerge (ST)

* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions

** (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions

(PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

(SP) medication is part of the specialty pharmacy network

(ST) step therapy required

Amitiza
 Amlodipine
 Ampyra (PA) (SP)
 *Anzemet
 *Aplenzin ER
 Aranesp (PA) (SP)
 *Arava
 Arixtra
 *Asmanex Twisthaler
 Astelin
 *Astepro
 Atrovent (nasal spray)
 Atrovent HFA
 Avandamet (ST)
 Avandia (ST)
 *Avinza
 Avonex (SP)
 *Axert (ST)
 Azelastine
 *Azmacort
 *Beconase AQ
 Betaseron (SP)
 *Boniva tablets (ST)
 Budeprion SR
 Budeprion XL
 Bupropion SR
 Bupropion XL
 Butorphanol NS
 Cabergoline
 *Caduet (ST)
 *Cardura
 *Cardura XL
 Catapres TTS
 Celebrex (ST)
 *Celexa (ST)
 *Cesamet
 Ciclopirox nail lacquer
 Citalopram
 Climara
 Climara Pro
 Clonidine patch
 *CNL 8 nail kit
 Combivent

Concerta
 Copaxone (SP)
 Crestor (ST)
 Crolom ophthalmic
 Cromolyn ophthalmic
 *Dexilant (PA)
 Dextroamphetamine/Amphetamine ER
 Diflucan (150 mg only)
 Doxazosin
 Dulera (ST)
 *Duragesic
 *Edular (ST)
 *Effexor XR (ST)
 *Elestat
 Emadine
 *Embeda
 Emend
 Enbrel (PA) (SP)
 Enoxaparin
 Epogen (PA) (SP)
 Estraderm
 Estradiol patch
 *Estrasorb
 *Estrogel
 *Evamist
 *Exalgo
 Extavia
 Famiciclovir
 *Famvir
 Fentanyl oral/mucosal (PA)
 Fentanyl patch
 *Fentora (PA)
 *Flonase
 Flovent/HFA
 Fluconazole (150 mg only)
 Flunisolide
 Fluoxetine
 Fluoxetine DR
 Fluticasone
 Fluvoxamine
 *Focalin XR
 Foradil
 Forteo (PA) (SP)

* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions

** (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions (PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

(SP) medication is part of the specialty pharmacy network

(ST) step therapy required

*Fosamax (ST)
 Fosamax Plus D (ST)
 Fragmin
 *Frova (ST)
 Glucose testing strips (all)
 Granisetron
 Granisol
 Humira (PA) (SP)
 *Hytrin
 Imitrex (ST)
 Infergen (PA) (SP)
 Ipratropium NS
 Itraconazole
 *Kadian
 Ketorolac ophthalmic
 *Kytril
 *Lamisil
 Lansoprazole (PA)
 Leflunomide
 *Lescol (ST)
 *Lescol XL (ST)
 Lexapro (ST)
 Lipitor (ST)
 *Livalo (ST)
 Lotronex
 Lovastatin
 Lovenox
 Lunesta (ST)
 *Luvox CR (ST)
 *Lysteda
 *Maxair Autohaler
 *Maxalt (ST)
 *Maxalt-MLT (ST)
 Meloxicam
 *Menostar
 Metadate CD
 *Mevacor (ST)
 Migranal
 Mirtazapine
 Mirtazapine Rapid Dissolve
 *Mobic
 Morphine Sulfate ER
 MS Contin

Naratriptan
 *Nasacort AQ
 *Nasonex
 NebuPent
 Neulasta (PA) (SP)
 Neupogen (PA) (SP)
 *Nexium (PA)
 *Norvasc
 Omeprazole (PA)
 *Omeprazole-Sod. Bicarbonate (PA)
 *Omnicar
 Ondansetron
 Ondansetron ODT
 *Onsolis
 *Opana ER
 *Optivar
 *Oramorph SR
 Oxycodone ER
 OxyContin
 Pantoprazole (PA)
 Paroxetine
 Paroxetine CR
 *Pataday
 *Patanase
 Patanol
 *Paxil (ST)
 *Paxil CR (ST)
 Pegasys (PA) (SP)
 PEG-Intron (PA) (SP)
 *Penlac
 *Pexeva (ST)
 *Pravachol (ST)
 Pravastatin
 *Prevacid (PA)
 Prevpac
 *Prilosec (PA)
 *Pristiq (ST)
 ProAir HFA
 Procrit (PA) (SP)
 *Protonix (PA)
 *Proventil HFA
 *Proventil inhaler
 *Prozac (ST)

* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions

** (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions

(PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

(SP) medication is part of the specialty pharmacy network

(ST) step therapy required

*Prozac Weekly (ST)
 Pulmicort Flexhaler
 Pulmicort Respules
 Qalaaquin
 Qutenza (SP)
 QVAR
 Rapaflox
 Rebif (SP)
 Relpax (ST)
 *Remeron
 *Remeron Soltab
 Restasis
 *Rhinocort Aqua
 *Ritalin LA
 *Rozerem (ST)
 *Sancuso
 *Sarafem (ST)
 Selferma
 Serevent Diskus
 Sertraline
 *Simcor (ST)
 Simponi (PA) (SP)
 Simvastatin
 Sonata (ST)
 Spiriva
 *Sporanox (PA)
 Strattera (PA17)
 Sumatriptan
 *Sumavel Dosepro (ST)
 Symbicort (ST)
 Symbyax

Terazosin
 Terbinafine
 *Terbinex
 *Treximet (ST)
 Valacyclovir
 Valtrex
 Venlafaxine ER capsule
 Venlafaxine ER tablet (ST)
 *Ventolin HFA
 *Veramyst
 Vigamox
 Vivelle
 Vivelle-Dot
 *Vytorin (ST)
 *Vyvanse
 *Wellbutrin SR (ST)
 *Wellbutrin XL (ST)
 *Xopenex HFA
 Zaleplon
 *Zegerid (PA)
 Zetia (ST)
 *Zocor (ST)
 *Zofran
 *Zofran ODT
 *Zolofit (ST)
 Zolpidem
 Zomig (ST)
 Zomig ZMT (ST)
 **Zuplenz
 Zymar
 *Zymaxid

* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions

** (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions

(PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

(SP) medication is part of the specialty pharmacy network

(ST) step therapy required

Prior Authorization

Your doctor is required to obtain prior authorization before prescribing specific medications. This is generally required in cases where the patient must meet certain medical-necessity criteria in order to receive coverage.

For the most up-to-date list of medications that require prior authorization, please visit our website, www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Prior Authorization**.

Another part of our prior authorization program is step therapy. Please refer to page 18 for a list of medications that require step therapy.

Prior Authorization List

This list of medications that require prior authorization is up-to-date as of January 1, 2011, and may change from time to time.

*AcipHex (QCD)	**Factor VIII, VIIIa & IX
Actemra (SP)	Fentanyl oral/mucosal (QCD)
*Actiq (QCD)	*Fentora (QCD)
Adcirca	Forteo (QCD) (SP)
**Amevive	Growth Hormone (SP)
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Humira (QCD) (SP)
Ampyra (QCD) (SP)	Hyalgan
**Aralast	Ilaris (SP)
**Aralast NP	Interferons (alpha, gamma) (SP)
Aranesp (QCD) (SP)	**IV Immunoglobulin
*Boniva syringe (SP)	Kineret (SP)
Botulinum toxin	Lansoprazole (QCD)
**Ceredase	Leukine (SP)
**Cerezyme	Lyrica
Cimzia (SP)	Neulasta (QCD) (SP)
**Cinryze	Neupogen (QCD) (SP)
Desoxyn (PA17)	*Nexium (QCD)
*Dexilant (QCD)	Omeprazole (QCD)
Dextroamphetamines (e.g. Dexedrine) (PA17)	*Omeprazole -Sod.
Elidel	Bicarbonate (QCD)
Enbrel (QCD) (SP)	*Onsolis (QCD)
Enteral formula	Orencia (SP)
Epogen (QCD) (SP)	Orthovisc
**Erbitux	Pantoprazole (QCD)
Euflexxa	**Preservative-Free Morphine
	*Prevacid (QCD)

* (non-covered medication) prior authorization required for members with approved formulary exceptions

** covered under medical benefit only

(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members who are 30 years of age or older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy network

*Prilosec (QCD)	Rituxan (SP)
Procrit (QCD) (SP)	Simponi (SP)
**Prolastin	*Stelara (SP)
**Prolastin C	Strattera (PA17) (QCD)
Proleukin (SP)	Supartz
Prolia (SP)	Synvisc
*Protonix (QCD)	Synvisc One
Protopic	Topical Retinoic Acid derivatives (e.g. Retin A) (PA30)
Provigil (PA17)	**TPN (total parenteral nutrition)
Raptiva (SP)	**Tysabri
**Reclast	**Vectibix
Remicade (SP)	**Xolair
**Respiratory	*Zegerid (QCD)
SyncytialVirus IG/Synagis	**Zometa
Revatio	

* (non-covered medication) prior authorization required for members with approved formulary exceptions

** covered under medical benefit only

(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members who are 30 years of age or older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy network

Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has established a designated network of retail specialty pharmacies to dispense certain medications classified as specialty. The following is a list of medications that must be obtained through one of the pharmacies in this network in order for coverage to be available.

This list is up-to-date as of January 1, 2011. You can find the latest information about your medications and look up pharmacy contact information by visiting www.bluecrossma.com/pharmacy.

Network Pharmacy Information

Caremark, Inc.

1-866-846-3096

www.caremark.com

CuraScript, a subsidiary of Express Scripts, Inc.

1-888-823-9070

www.curascript.com

OncoMed, the Oncology Pharmacy

1-877-662-6633

www.oncomed.net

Walgreens Specialty Pharmacy

1-800-370-2510

www.walgreensspecialtyrx.com

Network Pharmacy Information for Medications Most Commonly Used for Fertility

Freedom Fertility Pharmacy

1-866-297-9452

www.freedomdrug.com

Walgreens Specialty Pharmacy

1-800-370-2510

www.walgreensspecialtyrx.com

Village Fertility Pharmacy

1-877-334-1610

www.villagepharmacy.com

Fertility Medications

*Bravelle (SPO)

Cetrotide

Clomid

Clomiphene

Endometrin

*Follistim AQ (SPO)

Ganirelix (SPO)

Gonal F/Gonal F RFF (SPO)

Human Chorionic Gonadotropin (HCG) (SPO)

Leuprolide (SPO)

Leuprolide Acetate

Lupron Depot

Lupron Depot Ped

Luveris (SPO)

Menopur (SPO)

Novarel

Ovidrel

Pregnyl (SPO)

Repronex (SPO)

Serophene

Injectable Medications

Abraxane

Actemra (PA)

Acthar

Actimmune (PA) (SPO)

Adriamycin PFS

Adrucil

Alferon N (PA)

Alkeran

Apokyn

Aranesp (PA) (QCD) (SPO)

Arcalyst injection

Aredia

Avonex (QCD) (SPO)

* (non-covered medication) step therapy required for members with approved formulary exceptions
(PA) prior authorization required | (QCD) Quality Care Dosing limits apply

(SPO) benefits are not available for this medication when administered in an outpatient setting such as a physician's office or hospital, unless the medication is obtained from a specialty pharmacy

Betaseron (QCD) (SPO)
 BiCNU
 Blenoxane
 Bleomycin Sulfate
 Boniva injection (PA)
 Busulfex
 Camptosar
 Carboplatin
 Cerubidine
 Cimzia kit (PA) (SPO)
 Cisplatin
 Cladribine
 Copaxone (QCD) (SPO)
 Cosmegen
 Cyclophosphamide
 Cytarabine
 Cytosan
 Dacarbazine
 Dactinomycin
 Daunorubicin HCl
 DaunoXome
 DDAVP
 Depocyt
 Desmopressin Acetate
 Doxil
 Doxorubicin HCl
 DTIC-Dome
 Eligard
 Ellence
 Eloxatin
 Elspar
 Enbrel (PA) (QCD) (SPO)
 Epirubicin
 Epogen (PA) (QCD) (SPO)
 Ethylol
 Etopophos
 Etoposide
 Extavia (QCD)
 Faslodex
 Firmagon
 Floxuridine
 Fludara
 Fludarabine Phosphate
 Fluorouracil

Forteo (PA) (QCD) (SPO)
 FUDR
 Fusilev I.V.
 Fuzeon (SPO)
 Gemzar
 Genotropin (PA) (SPO)
 Herceptin
 Humatrope (PA) (SPO)
 Humira (PA) (QCD) (SPO)
 Hycamtin
 Idamycin PFS
 Idarubicin
 Ifex
 Ifex/Mesnex
 Ifosfamide
 Ifosfamide/Mesna
 Ilaris (PA)
 Increlex (PA) (SPO)
 Infergen (PA) (QCD) (SPO)
 Intron A (PA)
 Istodax
 Kineret (PA) (SPO)
 Leucovorin Calcium
 Leukine (PA)
 Leuprolide Acetate (SPO)
 Leustatin
 Lupron
 Lupron Depot
 Lupron Depot-Ped
 Mesna
 Methotrexate
 Mitomycin
 Mitoxantrone
 Mozobil
 Mustargen
 Mylotarg
 Navelbine
 Neosar
 Neulasta (PA) (QCD)
 Neumega
 Neupogen (PA) (QCD)
 Nipent
 Nordiflex
 *Norditropin (PA) (SPO)

* (non-covered medication) step therapy required for members with approved formulary exceptions
 (PA) prior authorization required | (QCD) Quality Care Dosing limits apply
 (SPO) benefits are not available for this medication when administered in an outpatient setting such as
 a physician's office or hospital, unless the medication is obtained from a specialty pharmacy

*Norditropin Flexpro (PA)
 *Norditropin Nordiflex (PA)
 Novantrone
 Nplate
 Nutropin (PA) (SPO)
 Nutropin AQ (PA) (SPO)
 Nutropin AQ Nuspin (PA) (SPO)
 Octreotide injection (SPO)
 *Omnitrope (PA) (SPO)
 Oncaspar
 Ontak
 Onxol
 Orenzia (PA)
 Oxaliplatin
 Paclitaxel
 Pamidronate
 Pamidronate Disodium
 Paraplatin
 Pegasys (PA) (QCD) (SPO)
 PEG-Intron (PA) (QCD) (SPO)
 PEG-Intron Redipen (PA) (QCD) (SPO)
 Photofrin
 Procrit (PA) (QCD) (SPO)
 Proleukin (PA)
 Prolia (PA)
 Rebif (QCD) (SPO)
 Remicade (PA)
 Revatio (PA)
 Rituxan (PA)
 Roferon-A (SPO)
 Saizen (PA) (SPO)
 Sandostatin (SPO)
 Sandostatin-LAR
 Serostim (PA) (SPO)
 Simponi (PA) (QCD)
 Simulect
 Somatuline
 Somavert
 *Stelara (PA)
 Tarabine
 Taxol
 Taxotere
 *Tev-Tropin (PA) (SPO)
 TheraCys
 Thiotepa

Thyrogen
 Toposar
 Totect
 Trelstar
 Trelstar Depot
 Trelstar LA
 Velcade
 VePesid
 Vinblastine
 Vincristine
 Vinorelbine
 Vumon
 Zanosar
 Zenapax
 Zinecard
 Zoladex
 Zorbtive (PA) (SPO)

Oral Medications

8-Mop
 Adcirca (PA)
 Afinitor
 Alkeran
 Ampyra (PA) (QCD)
 Cayston
 *Chenodal
 Copegus (SPO)
 Cystagon
 Cytosan
 Etoposide
 Exjade
 Gleevec
 Hycamtin
 Iressa
 Kuvan
 Letairis
 Mesnex
 Nexavar
 Oforta
 Promacta
 Pulmozyme (SPO)
 Rebetal (SPO)
 Revatio (PA)
 Revlimid
 Ribapak (SPO)

* (non-covered medication) step therapy required for members with approved formulary exceptions
 (PA) prior authorization required | (QCD) Quality Care Dosing limits apply
 (SPO) benefits are not available for this medication when administered in an outpatient setting such as
 a physician's office or hospital, unless the medication is obtained from a specialty pharmacy

Ribasphere (SPO)

Ribatab

Ribavirin (SPO)

Rilutek

Sabril

Sprycel

Sucraid

Sutent

Tarceva

Tasigna

Temodar

Thalomid

TOBI (SPO)

Tracleer

Tykerb

Tyvaso

Ventavis

VePesid

Votrient

Xeloda

Xenazine

Zavesca

Zolinza

Topical

Panretin

Outenza (QCD)

* (non-covered medication) step therapy required for members with approved formulary exceptions (PA) prior authorization required | (QCD) Quality Care Dosing limits apply (SPO) benefits are not available for this medication when administered in an outpatient setting such as a physician's office or hospital, unless the medication is obtained from a specialty pharmacy

Step Therapy

Step therapy is a key part of our prior authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, it is required that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

Step Therapy List

This list is up-to-date as of January 1, 2011, and is subject to change at any time. For the most up-to-date list of medications that require step therapy, please visit our website www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

Antidepressant Drugs

- *Aplenzin ER (QCD)
- *Celexa (QCD)
- Cymbalta
- *Effexor
- *Effexor XR (QCD)
- Lexapro (QCD)
- *Luvox (QCD)
- *Luvox CR (QCD)
- *Paxil (QCD)
- *Paxil CR (QCD)
- *Pexeva (QCD)
- *Pristiq (QCD)
- *Prozac (QCD)
- *Prozac Weekly (QCD)
- *Sarafem (QCD)
- Venlafaxine ER tablets (QCD)
- *Wellbutrin
- *Wellbutrin SR (QCD)
- *Wellbutrin XL (QCD)
- *Zoloft (QCD)

Asthma Management

- *Accolate
- Advair Discus (QCD)
- Advair HFA (QCD)
- Dulera (QCD)
- Singulair
- Symbicort (QCD)
- *Zyflo

- *Zyflo CR

Cholesterol Treatment

- Advicor (QCD)
- *Altoprev (QCD)
- *Caduet (QCD)
- Crestor (QCD)
- *Lescol (QCD)
- *Lescol XL (QCD)
- Lipitor (QCD)
- *Livalo (QCD)
- *Mevacor (QCD)
- *Pravachol (QCD)
- *Simcor (QCD)
- *Vytorin (QCD)
- Zetia (QCD)
- *Zocor (QCD)

Diabetes Management

- ACTOplus Met (QCD)
- ACTOplus Met XR (QCD)
- Actos (QCD)
- Avandamet (QCD)
- Avandaryl
- Avandia (QCD)
- Duetact
- Exubera
- Janumet
- Januvia
- Onglyza
- Victoza

* (non-covered medication) step therapy required for members with approved formulary exceptions

** (new to market drug—non-covered while under review) quantity limits apply to members with approved formulary exceptions (QCD) Quality Care Dosing limits apply

Heart/Blood Modifiers/Circulation

*Atacand
*Atacand HCT
Avalide
Avapro
Azor
Benicar
Benicar HCT
*Cozaar
Diovan
Diovan HCT
Exforge
Exforge HCT
*Hyzaar
Losartan
Losartan HCTZ
*Micardis
*Micardis HCT
**Tekamlo
*Teveten
*Teveten HCT
*Twynsta
*Valturna

Insomnia Treatment

*Ambien (QCD)
*Ambien CR (QCD)
*Edular (QCD)
Lunesta (QCD)
*Rozerem (QCD)
Sonata (QCD)

Migraine Treatment

Amerge (QCD)
*Axert (QCD)
*Frova (QCD)
Imitrex (QCD)
*Maxalt (QCD)
*Maxalt MLT (QCD)

Relpax (QCD)
*Sumavel Dosepro (QCD)
*Treximet (QCD)
Zomig (QCD)
Zomig ZMT (QCD)

Osteoporosis Treatment (Oral)

Actonel (QCD)
Actonel with Calcium (QCD)
*Boniva tablets (QCD)
*Fosamax (QCD)
Fosamax Plus D (QCD)

Overactive Bladder Treatment

*Detrol
*Detrol LA
*Ditropan
*Ditropan XL
*Enablex
*Sanctura
*Sanctura XR
*Toviaz
Vesicare

Pain Relievers (Cox II Inhibitors)

Celebrex (QCD)

Parkinson's Disease Treatment

Mirapex
*Mirapex ER
*Requip
*Requip XL

Prostate Treatment

Avodart
**Jalyn
Proscar

Treatment for Gout

Uloric

* (non-covered medication) step therapy required for members with approved formulary exceptions

** (new to market drug—non-covered while under review) quantity limits apply to members with approved formulary exceptions (QCD) Quality Care Dosing limits apply

Non-Covered Medications

Your pharmacy program provides coverage for over 4,000 prescription medications. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. Check with your doctor about appropriate alternatives if you currently take any of these medications.

For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, www.bluecrossma.com/pharmacy, click on **Medication Look Up**, and proceed to the **Medications that are not Covered** section.

Please note: Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

Non-Covered Medication List

This list of non-covered medications is up-to-date as of January 1, 2011, and may change from time to time.

Abilify DiscMelt	Alamast (QCD)
Acanya	Alocril (QCD)
Accolate (ST)	Alodox
AccuNeb	Aloquin
Accupril	Alora (QCD)
Accuretic	Alrex (QCD)
Accutane	Altabax
Aceon	Altace
AcipHex (PA) (QCD)	Altoprev (QCD) (ST)
Actigall	Alvesco (QCD)
Actiq (PA) (QCD)	Ambien (QCD) (ST)
Activella	Ambien CR (QCD) (ST)
Acular (QCD)	Amrix
Acular LS (QCD)	Anafranil
Acuvail	Analpram-E kit
Aczone	Androgel
Adalat CC	Angeliq
Adderall	Antara
Adoxa CK	Anzemet (QCD)
Adoxa TT	Apidra
Aerobid (QCD)	Aplenzin ER (QCD) (ST)
Aerobid-M (QCD)	Appformin-D
Airet	Arava (QCD)

(PA) prior authorization required for members with approved formulary exceptions
(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions
(SP) medication is part of the specialty pharmacy network
(ST) step therapy required for members with approved formulary exceptions

Ascensia diabetic testing supplies (QCD)
Asmanex Twisthaler (QCD)
Assure Pro diabetic testing supplies (QCD)
Astepro (QCD)
Atacand (ST)
Atacand HCT (ST)
Ativan
Atopiclair
Atralin
Atropen
Augmentin XR
Avidoxy
Avidoxy DK
Avinza (QCD)
Avita
Axert (QCD) (ST)
Axid
Azasite
Azmacort (QCD)
B-D diabetic testing supplies (QCD)
Beconase AQ (QCD)
BenzaClin kit
Bepreve
Besivance
Bionect
Boniva syringe (PA) (SP)
Boniva tablets (QCD) (ST)
Bravelle (SP)
Brevicon
Brovana
Bystolic
Caduet (QCD)
Cambia
Caphosol
Capoten
Cardene
Cardene SR
Cardizem CD
Cardizem LA
Cardura XL (QCD)
Cataflam
Ceclor
Ceclor CD
Cedax
Celexa (QCD) (ST)

Cenestin
Centany
Cesamet (QCD)
Cetraxel
Chenodal
Chibroxin Ocumeter
Cipro-XR
Cleanse and Treat
Cleervue-M
Cleocin T
Clindagel
Clindamax
Clindareach
Clindets
CNL 8 nail kit (QCD)
Colazal
Combigan
Combunox
Coreg
Coreg CR
Cozaar (ST)
Darvocet N-100
Daypro
Daytrana
DDAVP
Demulen
Depo-Sub Q Provera 104
Derma-Smoothe/FS
DermOtic
Desogen
DesOwen kit
Detrol (ST)
Detrol LA (ST)
Dexedrine (PA)
Dexilant (PA) (QCD)
Dilacor XR
Dilaudid
Dipentum
Dispermox
Ditropan (ST)
Ditropan XL (ST)
Divigel
Doryx
Duragesic (QCD)
Durezol

(PA) prior authorization required for members with approved formulary exceptions
(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions
(SP) medication is part of the specialty pharmacy network
(ST) step therapy required for members with approved formulary exceptions

Dynabac
Dynacin
Dynacirc
Dynacirc CR
Dytan
Edular (QCD) (ST)
Effexor (ST)
Effexor XR (QCD) (ST)
Elestat (QCD)
Elestrin
Eletone
Embeda (QCD)
Emsam
Enablex (ST)
Enjuvia
EpiCeram
Epiduo
Equetro
Ertaczo
Estrace
Estrasorb (QCD)
Estrogel (QCD)
Evamist (QCD)
Evoclin
ExacTech diabetic testing supplies (QCD)
Exalgo (QCD)
Extavia
Extina
Factive
Famvir (QCD)
Fanapt
FazaClo
Femtrace
Fenoglide
Fentora (PA) (QCD)
Fertinex (SP)
Fexmid
Fibracor
Finacea Plus
Fioricet
Fiorinal
Fiorinal w/Codeine
Flagyl
Flagyl ER
Flagyl IV

Flector
Flonase (QCD)
Focalin XR (QCD)
Follistim/AQ (SP)
Fortamet
Fosamax (QCD) (ST)
Freestyle diabetic supplies (QCD)
Fresh Kote
Frova (QCD) (ST)
Gelclair
Gelnique
Genotropin (PA) (SP)
Glucometer diabetic supplies (QCD)
Glucophage
Glucophage XR
Glumetza
Halonate
Halotin
Hylatopic
Hylira
Hytrin (QCD)
Hyzaar (ST)
IB-Stat
IC400 kit
IC800 kit
Imuran
Inderal LA
InnoPran XL
Intuniv
Invega
Iquix
Istalol
Kadian (QCD)
Keppra XR
Keralyt complete kit
Klonopin
Kytril (QCD)
Lamictal ODT
Lamisil (QCD)
Lamisil Granules (QCD)
Lescol (QCD) (ST)
Lescol XL (QCD) (ST)
Levaquin
Levlen
Lexxel

(PA) prior authorization required for members with approved formulary exceptions
(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions
(SP) medication is part of the specialty pharmacy network
(ST) step therapy required for members with approved formulary exceptions

Lipofen
Livalo (QCD) (ST)
Lodine
Lodine XL
Lofibra
Lopressor
Lorabid
LoSeasonique
Lotensin
Lotensin HCT
Lovaza
Luvox CR (QCD) (ST)
Lysteda (QCD)
Lytensopril
Mavik
Maxair Autohaler (QCD)
Maxalt/Maxalt-MLT (QCD) (ST)
Maxipime
Megace ES
Menostar (QCD)
Metaglip
Metozolv ODT
Metrogel kit
Mevacor (QCD) (ST)
Micardis (ST)
Micardis HCT (ST)
Minocin
Minocin Combo Pack
Mirapex ER (ST)
Mobic (QCD)
Momexin
Monodox
Monopril
Monopril HCT
Moxatag
Naprelan
Naprosyn
Naprosyn EC
Nasacort AQ (QCD)
Nasonex (QCD)
Natazia
Neosalus
Neupro
Neurontin
NeutraSal

Nevanac
Nexavir
Nexium (PA) (QCD)
Niravam
Norditropin (PA) (SP)
Norinyl
Noroxin
Nor-Q-D
Norvasc (QCD)
Novacort
NuCort
Nucynta
NutriDox
Nuvigil (PA)
Oleptro ER
Olux
Omnaris (QCD)
Omnicef
Omnitrope (PA) (SP)
Onsolis (PA)
Opana ER (QCD)
Optase
Optivar (QCD)
Oracea
Oramorph SR (QCD)
Orapiv ODT
Oravig
Ortho-Prefest
Ovcon
Oxytrol
Pamelor
Pamine FQ
Pancreaze
Paptase
Pataday (QCD)
Patanase (QCD)
Paxil (QCD) (ST)
Paxil CR (QCD) (ST)
PCE
PCE Dispertab
Pediaderm HC
Penlac (QCD)
Pennsaid
Pepcid
Percocet

(PA) prior authorization required for members with approved formulary exceptions
(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions
(SP) medication is part of the specialty pharmacy network
(ST) step therapy required for members with approved formulary exceptions

Pexeva (QCD) (ST)

Plaquenil

Pramosone E

PrandiMet

Pravachol (QCD) (ST)

Precision diabetic supplies (QCD)

Prestige diabetic testing supplies (QCD)

Prevacid (PA) (QCD)

Prevacid NapraPAC

Prilosec (PA) (QCD)

Prinivil

Prinzide

Pristiq (QCD) (ST)

Procentra (PA)

Promiseb

Promiseb Light

Proquin XR

Protonix (PA) (QCD)

Proventil HFA (QCD)

Proventil inhaler (QCD)

Proventil/Repetab

Prozac (QCD) (ST)

Prozac Weekly (QCD) (ST)

Purinethol

Quixin

RadiaPlex Rx

Radigel

Raniclор

Rapaflo

Recothrom

Relafen

Remeron (QCD)

Remeron Soltab (QCD)

Requip (ST)

Requip XL (ST)

Rescula

Restoril

Retin-A Micro

Rhinocort Aqua (QCD)

Rinnovi

Risperdal M-Tab

Ritalin

Ritalin LA (QCD)

Ritalin SR

Rosanil

Zozerem (QCD) (ST)

Rybix

Rybix ODT

Rynatan

Rythmol

Ryzolt

Salkera

Salvax

Salvax Duo

Salvax Duo Plus

Sanctura (ST)

Sanctura XR (ST)

Sancuso (QCD)

Saphris

Sarafem (QCD) (ST)

Scalacort

Seasonique

Senophylline

Simcor (QCD) (ST)

Sinemet

Skelid

Sof-Tact diabetic supplies (QCD)

Solodyn

Soltamox

Soma

Spectracef

Sporanox (QCD)

Stavzor

Stelara (PA)

Striant

Sular

Sumavel Dosepro (QCD) (ST)

Sumaxin

Tagamet

Tekturna

Tekturna HCT

Tenormin

Tequin

Terbinex (QCD)

Tersi

Tetrix

Teveten (ST)

Teveten HCT (ST)

Tev-Tropin (PA) (SP)

Therapentin

(PA) prior authorization required for members with approved formulary exceptions
(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions
(SP) medication is part of the specialty pharmacy network
(ST) step therapy required for members with approved formulary exceptions

Tiamate	Vusion
Tiazac	Vytorin (QCD) (ST)
Tindamax	Vyvanse (QCD)
Tofranil	Welchol
Tornalate	Wellbutrin
Toviaz (ST)	Wellbutrin SR (QCD) (ST)
Tranxene T-Tab	Wellbutrin XL (QCD) (ST)
Tretin-X (PA)	Xanax
Treximet (QCD) (ST)	Xanax XR
Tricor	X-Clair
Triglide	Xenaderm
Tri-Levlen	Xibrom
Trilipix	Xifaxan
Trinalin	Xolegel
Tri-Norinyl	Xolox
Triosint	Xopenex HFA (QCD)
TriOxin	Xopenex nebules
Tritec	Xyralid
Tropazone	Zanaflex
TrueTest diabetic supplies (QCD)	Zantac
TrueTrack diabetic supplies (QCD)	Zebeta
Twynsta (ST)	Zegerid (PA) (QCD)
Ultracet	Zelapar
Ultram/ER	Zenieva
Ultravate PAC	Zestril
Uramaxin	Ziana
Urea kit	Zinotic
Valium	Zinotic ES
Valturna (ST)	Zipsor
Vanos	Zithromax
Vantin	Zmax
Vaseretic	Zocor (QCD) (ST)
Vasolex	Zofran (QCD)
Vasotec	Zofran ODT (QCD)
Vectrin	Zoloft (QCD) (ST)
Ventolin HFA (QCD)	Zovirax
Veramyst (QCD)	Zyflo (ST)
Veregen	Zyflo CR (ST)
Vicodin	Zymaxid
Vicodin ES	Zypram
Vimovo	Zyprexa IM
Voltaren	Zyprexa Relprevv
Voltaren Gel	Zytopic
Voltaren XR	

(PA) prior authorization required for members with approved formulary exceptions

(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions

(SP) medication is part of the specialty pharmacy network

(ST) step therapy required for members with approved formulary exceptions

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New Medication Approval Process

Our Pharmacy and Therapeutics Committee, which is made up of pharmacists and physicians of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to help Blue Cross Blue Shield of Massachusetts give its members prescription drug options that meet their medical needs and achieve desired treatment goals.

While under review, new medications will not be covered by your plan. As with other medications that are not covered, your doctor may request coverage for any medication under review when medically necessary.



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