



## Your BlueValue Rx Pharmacy Program



Effective January 1, 2011



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# Pharmacy Program Overview—BlueValue Rx

The BlueValue Rx pharmacy program is designed to provide you and your physician with access to a wide variety of high-value medications that are safe and clinically effective. We have carefully developed a formulary that includes various generic medications in addition to some low-cost brand name medications resulting in an affordable pharmacy benefit.

## 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](http://www.bluecrossma.com/pharmacy).

- **Top Covered Medications**—includes many commonly prescribed covered medications and the 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 the 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](http://www.bluecrossma.com), to the [www.express-scripts.com](http://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](http://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 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 Self Service by going to our website, [www.bluecrossma.com/member-central](http://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](http://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](http://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)**.

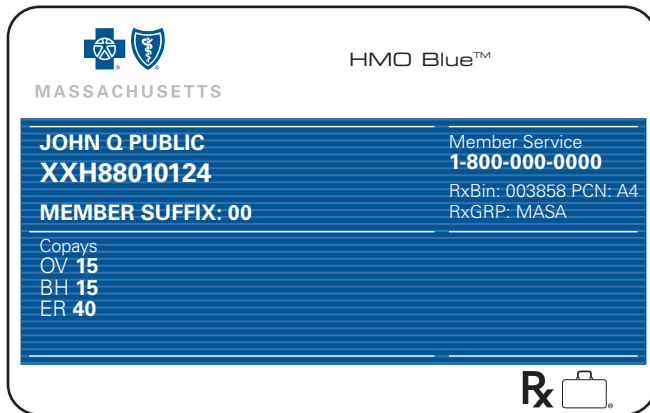
## Your Pharmacy Cost Share

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 provide it to your pharmacist when you fill a prescription. A sample ID card is shown below.



## Top Covered Medications

The following sample list includes many widely prescribed covered medications. To learn if your medication is covered, go to [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy) and select **Medication Look Up**. Be sure to select the tab for the BlueValue Rx formulary.

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](http://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.

Abilify	Tier 2	Azithromycin	Tier 1
Accu-Chek Aviva	Tier 2	Baclofen	Tier 1
Acetaminophen-Codeine	Tier 1	Benicar (ST)	Tier 2
Actonel (QCD) (ST)	Tier 2	Benzonatate	Tier 1
Actos (QCD) (ST)	Tier 3	Betamethasone Dipropionate	Tier 1
Acyclovir	Tier 1	Bisoprolol Fumarate-HCTZ	Tier 1
Advair Diskus (QCD) (ST)	Tier 3	Budeprion SR (QCD)	Tier 1
Albuterol Sulfate	Tier 1	Budeprion XL (QCD)	Tier 1
Alendronate Sodium (QCD)	Tier 1	Bupropion HCl	Tier 1
Allopurinol	Tier 1	Bupropion HCl SR (QCD)	Tier 1
Alprazolam	Tier 1	Bupropion XL (QCD)	Tier 1
Amitriptyline HCl	Tier 1	Buspirone HCl	Tier 1
Amlodipine Besylate (QCD)	Tier 1	Butalbital-APAP-Caffeine	Tier 1
Amlodipine Besylate-Benazepril	Tier 1	Byetta	Tier 2
Amox Tr-Potassium Clavulanate	Tier 1	Camila	Tier 1
Amoxicillin	Tier 1	Carisoprodol	Tier 1
Amphetamine Salt Combo	Tier 1	Carvedilol	Tier 1
Apri	Tier 1	Cefdinir	Tier 1
Aricept	Tier 2	Cefprozil	Tier 1
Arimidex	Tier 2	Cefuroxime	Tier 1
Asacol	Tier 2	Cephalexin	Tier 1
Astelin (QCD)	Tier 3	Chantix	Tier 2
Atenolol	Tier 1	Cheratussin AC	Tier 1
Atenolol-Chlorthalidone	Tier 1	Chlorhexidine Gluconate 0.12% Rinse	Tier 1
Atripila	Tier 2	Ciprofloxacin HCl	Tier 1
Avapro (ST)	Tier 2	Citalopram HBr (QCD)	Tier 1
Avelox	Tier 2	Clarithromycin	Tier 1
Aviane	Tier 1	Clindamycin HCl	Tier 1

Clindamycin Phosphate	Tier 1	Furosemide	Tier 1
Clobetasol Propionate	Tier 1	Gabapentin	Tier 1
Clonazepam	Tier 1	Gemfibrozil	Tier 1
Clonidine HCl	Tier 1	Glimepiride	Tier 1
Clotrimazole-Betamethasone	Tier 1	Glipizide	Tier 1
Colchicine	Tier 1	Glipizide ER	Tier 1
Combivent (QCD)	Tier 2	Glipizide XL	Tier 1
Concerta (QCD)	Tier 2	Glyburide	Tier 1
Crestor (QCD) (ST)	Tier 2	Glyburide-Metformin HCl	Tier 1
Cryselle	Tier 1	Humalog	Tier 2
Cyclobenzaprine HCl	Tier 1	Humira (PA) (QCD)	Tier 2
Cymbalta (ST)	Tier 3	Humulin N	Tier 2
Desonide	Tier 1	Hydrochlorothiazide	Tier 1
Dexamethasone	Tier 1	Hydrocodone-Acetaminophen	Tier 1
Dextroamphetamine-Amphetamine	Tier 1	Hydrocortisone	Tier 1
Diazepam	Tier 1	Hydromorphone HCl	Tier 1
Diclofenac Sodium	Tier 1	Hydroxychloroquine Sulfate	Tier 1
Dicyclomine HCl	Tier 1	Hydroxyzine HCl	Tier 1
Differin	Tier 3	Ibuprofen	Tier 1
Digoxin	Tier 1	Indomethacin	Tier 1
Dilt-CD	Tier 1	lophen-C NR	Tier 1
Diltiazem 24hr ER	Tier 1	Isosorbide Mononitrate	Tier 1
Diovan (ST)	Tier 2	Januvia (ST)	Tier 2
Divalproex Sodium	Tier 1	Junel FE	Tier 1
Divalproex Sodium ER	Tier 1	Kariva	Tier 1
Doxazosin Mesylate	Tier 1	Ketoconazole	Tier 1
Doxycycline Hyclate	Tier 1	Klor-Con 10	Tier 1
Enalapril Maleate	Tier 1	Klor-Con M20	Tier 1
Enbrel (PA) (QCD)	Tier 2	Labetalol HCl	Tier 1
Endocet	Tier 1	Lamotrigine	Tier 1
Enpresse	Tier 1	Lansoprazole (QCD) (ST)	Tier 1
Epipen	Tier 2	Lantus	Tier 2
Erythromycin	Tier 1	Lantus Solostar	Tier 2
Estradiol (QCD)	Tier 1	Levetiracetam	Tier 1
Etodolac	Tier 1	Levora-28	Tier 1
Evista	Tier 2	Levothyroxine Sodium	Tier 1
Fenofibrate	Tier 1	Levoxyl	Tier 1
Fentanyl (PA) (QCD)	Tier 1	Lidoderm	Tier 2
Finasteride	Tier 1	Lipitor (QCD) (ST)	Tier 3
Flomax	Tier 3	Lisinopril	Tier 1
Flovent HFA (QCD)	Tier 2	Lisinopril-HCTZ	Tier 1
Fluconazole	Tier 1	Lithium Carbonate	Tier 1
Fluocinonide	Tier 1	Lorazepam	Tier 1
Fluoxetine HCl (QCD)	Tier 1	Lovastatin (QCD)	Tier 1
Fluticasone Propionate (QCD)	Tier 1	Lovenox (QCD)	Tier 3
Folic Acid	Tier 1	Low-Ogestrel	Tier 1

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

Lunesta (QCD) (ST)	Tier 3	OxyContin (QCD)	Tier 2
Lutera	Tier 1	Pantoprazole Sodium (PA) (QCD)	Tier 2
Lyrica (PA)	Tier 3	Paroxetine HCl (QCD)	Tier 1
Medroxyprogesterone Acetate	Tier 1	PEG-3350 with Flavor Packs	Tier 1
Meloxicam (QCD)	Tier 1	Penicillin V Potassium	Tier 1
Metadate CD (QCD)	Tier 3	Phenazopyridine HCl	Tier 1
Metformin HCl	Tier 1	Piroxicam	Tier 1
Metformin HCl ER	Tier 1	Plavix	Tier 3
Methadone HCl	Tier 1	Polymyxin B Sul-Trimethoprim	Tier 1
Methocarbamol	Tier 1	Potassium Chloride	Tier 1
Methotrexate	Tier 1	Pravastatin Sodium (QCD)	Tier 1
Methylin tablets (non chewable)	Tier 1	Prednisolone Sodium Phosphate	Tier 1
Methylphenidate HCl	Tier 1	Prednisone	Tier 1
Methylprednisolone	Tier 1	Premarin tablets	Tier 3
Metoclopramide HCl	Tier 1	Prenatal Plus	Tier 1
Metoprolol Succinate	Tier 1	ProAir HFA (QCD)	Tier 2
Metoprolol Tartrate	Tier 1	Prochlorperazine Maleate	Tier 1
Metronidazole	Tier 1	Promethazine HCl	Tier 1
Microgestin	Tier 1	Promethazine-Codeine	Tier 1
Microgestin FE	Tier 1	Prometrium	Tier 2
Minocycline HCl	Tier 1	Propoxyphene Nap-Acetaminophen	Tier 1
Mirtazapine	Tier 1	Propranolol HCl	Tier 1
Mometasone Furoate	Tier 1	Provigil (ST)	Tier 2
Morphine Sulfate (QCD)	Tier 1	Pulmicort Respules (QCD)	Tier 2
Mupirocin	Tier 1	Quinapril HCl	Tier 1
Nabumetone	Tier 1	Ramipril	Tier 1
Nadolol	Tier 1	Ranitidine HCl	Tier 1
Naproxen	Tier 1	Reclipsen	Tier 1
Necon	Tier 1	Restasis (QCD)	Tier 3
Neomycin-Polymyxin-HC	Tier 1	Risperidone	Tier 1
Niaspan	Tier 2	Ropinirole HCl	Tier 1
Nifedipine ER	Tier 1	Roxicet tablets	Tier 1
Nitrofurantoin Mono-Macro	Tier 1	Seroquel	Tier 2
Nitroglycerin	Tier 1	Sertraline HCl (QCD)	Tier 1
Nortrel	Tier 1	Simvastatin (QCD)	Tier 1
Nortriptyline HCl	Tier 1	Sodium Fluoride (Pediatric)	Tier 1
Nystatin-Triamcinolone	Tier 1	Spiriva (QCD)	Tier 2
Ocella	Tier 1	Spironolactone	Tier 1
Ofloxacin	Tier 1	Sprintec	Tier 1
Omeprazole (PA) (QCD)	Tier 1	Suboxone	Tier 2
Ondansetron HCl (QCD)	Tier 1	Sulfamethoxazole-Trimethoprim	Tier 1
Ondansetron ODT (QCD)	Tier 1	Sumatriptan Succinate (non nasal spray) (QCD)	Tier 1
Oxcarbazepine	Tier 1	Symbicort (QCD) (ST)	Tier 2
Oxybutynin Chloride ER	Tier 1	Synthroid	Tier 3
Oxycodone HCl	Tier 1	Tamiflu	Tier 3
Oxycodone-Acetaminophen	Tier 1		

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

Tamoxifen Citrate	Tier 1	TriNessa	Tier 1
Temazepam	Tier 1	Tri-Sprintec	Tier 1
Terazosin HCl (QCD)	Tier 1	Trivora-28	Tier 1
Testim	Tier 2	Uroxatral	Tier 2
Tetracycline HCl	Tier 1	Vagifem	Tier 2
Timolol Maleate	Tier 1	Valacyclovir (QCD)	Tier 1
Tizanidine HCl	Tier 1	Venlafaxine HCl	Tier 1
Tobramycin-Dexamethasone	Tier 1	Verapamil HCl	Tier 1
Topiramate	Tier 1	Warfarin Sodium	Tier 1
Toprol XL	Tier 3	Xalatan	Tier 2
Tramadol HCl	Tier 1	Zetia (QCD) (ST)	Tier 3
Trazodone HCl	Tier 1	Zolpidem Tartrate (QCD)	Tier 1
Tretinoin (PA)	Tier 1	Zomig (QCD) (ST)	Tier 2
Triamcinolone Acetonide	Tier 1	Zovia 1-35e	Tier 1
Triamterene-HCTZ	Tier 1	Zyprexa tablets	Tier 2
Tri-Lo-Sprintec	Tier 1		

## Quality Care Dosing

Quality Care Dosing efforts help to monitor the quantity and dose of medication a patient receives based on Food and Drug Administration (FDA) recommendations, as well as manufacturer and clinical information. Changes to your medication will be done 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](http://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/LS

\*Adderall XR

Advair Diskus (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)

Amitiza

Amlodipine

Ampyra (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

\*Anzemet

\*Aplenzin ER (ST)

Aranesp (PA) (SP)

\*Arava

Arixtra

\*Asmanex Twisthaler

Astelin

\*Astepro

\*Atrovent nasal spray

Atrovent/HFA inhaler

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 nasal spray

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 (150mg)

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 (SP)

Famciclovir

\*Famvir

Fentanyl oral/mucosal (PA)

Fentanyl patch

\*Fentora (PA)

\*Flonase

Flovent/HFA

Fluconazole (150mg)

Flunisolide

Fluoxetine

Fluoxetine DR

Fluticasone

Fluvoxamine

\*Focalin XR

\*Foradil

Forteo (PA) (SP)

\*Fosamax (ST)

Fosamax Plus D (ST)

Fragmin

\* (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

(PA 17) 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

\*Frova (ST)  
 Glucose testing strips  
 Granisetron  
 Granisol  
 Humira (PA) (SP)  
 \*Hytrin  
 \*Imitrex (ST)  
 Infergen (PA) (SP)  
 Ipratropium nasal spray  
 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  
 \*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 (PA)  
 \*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 inhaler  
 Procrit (PA) (SP)  
 \*Protonix (PA)  
 \*Proventil HFA inhaler  
 \*Prozac (ST)  
 \*Prozac Weekly (ST)  
 \*Pulmicort Flexhaler  
 Pulmicort Respules  
 Qualaquin  
 Qutenza (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

QVAR

Rapiflux
Rebif (SP)
*Relpax (ST)
*Remeron
Restasis
*Rhinocort AQ
*Ritalin LA
*Rozerem (ST)
*Sancuso
*Sarafem (ST)
Selfemra
Serevent Diskus
Sertraline
*Simcor (ST)
Simponi (PA) (SP)
Simvastatin
*Sonata (ST)
Spiriva
*Sporanox
*Strattera (PA 17)
*Sumavel Dosepro (ST)
Sumatriptan Succinate
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

(PA 17) 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](http://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 listing 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)	Fentanyl Citrate oral/mucosal (QCD)
Actemra (SP)	*Fentora (QCD)
*Actiq (QCD)	Forteo (QCD) (SP)
Adcirca (SP)	Growth Hormone (SP)
**Amevive	Humira (QCD) (SP)
Amphetamines	Hyalgan
Ampyra (QCD) (SP)	Illaris (SP)
**Aralast	Interferons (alpha, gamma) (QCD) (SP)
**Aralast NP	**IV Immunoglobulin
Aranesp (QCD) (SP)	Kineret (SP)
*Boniva syringe (SP)	Lansoprazole (QCD)
Botulinum toxin	Leukine (SP)
**Ceredase	Lyrica
**Cerezyme	Methamphetamines (PA17)
Cimzia (SP)	Neulasta (QCD) (SP)
**Cinryze	Neupogen (QCD) (SP)
*Dexilant (QCD)	*Nexium (QCD)
*Dextroamphetamines	Omeprazole (QCD)
(e.g. Dexedrine) (PA17)	*Omeprazole-Sod Bicarbonate (QCD)
Elidel	*Onsolis (QCD)
Enbrel (QCD) (SP)	Orencia (SP)
Enteral formula	Orthovisc
Epogen (QCD) (SP)	Pantoprazole (QCD)
**Erbitux	**Preservative-Free Morphine
Euflexxa	*Prevacid (QCD)
**Factor VIII, VIIIa, IX	*Prilosec (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

Procrit (QCD) (SP)	Simponi (QCD) (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 Syncytial Virus IG/Synagis	*Zegerid (QCD)
Revatio (SP)	**Zometa
Rituxan (SP)	

\* (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](http://www.bluecrossma.com/pharmacy).

## Network Pharmacy Information

Caremark, Inc.

**1-866-846-3096**

**[www.caremark.com](http://www.caremark.com)**

CuraScript, a subsidiary of Express Scripts, Inc.

**1-888-823-9070**

**[www.curascript.com](http://www.curascript.com)**

OncoMed, the Oncology Pharmacy

**1-877-662-6633**

**[www.oncomed.net](http://www.oncomed.net)**

Walgreens Specialty Pharmacy

**1-800-370-2510**

**[www.walgreensspecialtyrx.com](http://www.walgreensspecialtyrx.com)**

## Network Pharmacy Information for Medications Most Commonly Used for Fertility

Freedom Fertility Pharmacy

**1-866-297-9452**

**[www.freedomdrug.com](http://www.freedomdrug.com)**

Walgreens Specialty Pharmacy

**1-800-370-2510**

**[www.walgreensspecialtyrx.com](http://www.walgreensspecialtyrx.com)**

Village Fertility Pharmacy

**1-877-334-1610**

**[www.villagepharmacy.com](http://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)

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\*BiCNU

---

\*Blenoxane

---

Bleomycin Sulfate

---

\*Boniva injection (PA)

---

\*Busulfex

---

\*Camptosar

---

Carboplatin

---

\*Cerubidine

---

Cimzia kit (PA) (SPO)

---

Cisplatin

---

Cladribine

---

Copaxone (QCD) (SPO)

---

\*Cosmegen

---

Cyclophosphamide

---

Cytarabine

---

\*Cytoxan

---

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)

---

\*Ethyol

---

\*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

---

\*Norditropin (PA) (SPO)

---

Novantrone

---

Nplate

---

Nutropin (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

Nutropin AQ (PA) (SPO)  
 Octreotide injection (SPO)  
 \*Omnitrope (PA) (SPO)  
 \*Oncaspar  
 \*Ontak  
 Onxol  
 Orenicia (PA)  
 Oxaliplatin  
 Paclitaxel  
 Pamidronate  
 Pamidronate Disodium  
 \*Paraplatin  
 Pegasys (PA) (QCD) (SPO)  
 PEG-Intron (PA) (QCD) (SPO)  
 \*Photofrin  
 Procrit (PA) (QCD) (SPO)  
 Proleukin (PA)  
 Prolia (PA)  
 Rebif (QCD) (SPO)  
 Remicade (PA)  
 Revatio (PA)  
 \*Rituxan (PA)  
 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)  
 \*Rebetol (SPO)  
 Revatio (PA)  
 Revlimid  
 Ribapak (SPO)  
 Ribasphere (SPO)  
 \*Ribatab  
 Ribavirin (SPO)  
 Rilutek  
 Sabril  
 Sprycel  
 \*Sucraid  
 Sutent

\* (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

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](http://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 CR (QCD)
*Paxil (QCD)
*Paxil CR (QCD)
*Pexeva (QCD)
*Pristiq (QCD)
*Prozac (QCD)
*Prozac Weekly (QCD)
*Sarafem (QCD)
Venlafaxine ER tablet (QCD)
*Wellbutrin
*Wellbutrin SR (QCD)
*Wellbutrin XL (QCD)
*Zoloft (QCD)

### Asthma Management

*Accolate
Advair Discus (QCD)
Advair HFA (QCD)
Dulera (QCD)
Singular
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
Janumet
Januvia
Onglyza
Victoza

### Heart/Blood Modifiers/Circulation

*Atacand
----------

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

\*Atacand HCT  
\*Avalide  
Avapro  
Azor  
Benicar  
\*Benicar HCT  
\*Cozaar  
Diovan  
\*Diovan HCT  
Exforge  
Exforge-HCT  
\*Hyzaar  
Losartan  
Losartan-HCTZ  
\*Micardis  
\*Micardis HCT  
\*Teveten  
\*Teveten HCT  
\*Twynta  
\*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 Medications

Your BlueValue Rx Pharmacy Program provides coverage for over 2,000 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](http://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.

2 4-Dinitrochlorobenzene	Actiq (PA) (QCD)
A/T/S	Activase
Abelcet	Activella
Abilify DiscMelt	Acuflex
Abraxane (SP)	Acular (QCD)
Acanya	Acular LS (QCD)
Accolate (ST)	Acular PF (QCD)
Accuhist	Aczone
Accuhist DM	Adagen
Accuhist PDX	Adalat CC
AccuNeb	Adderall
Accupril	Adderall XR (QCD)
Accuretic	Adenocard
Accutane	Adenoscan
Accuzyme	Adoxa
Acd-A *	Adoxa CK
Aceon	Adoxa Pak
Acid Jelly	Adoxa TT
AcipHex (PA) (QCD)	Adrenalin Chloride injection
Aclovate	Adrenalin Chloride nasal solution
Acthar H.P. (SP)	Advate (PA) *
Acthrel	Aerobid (QCD)
Actigall	Aerobid-M (QCD)

\* covered under the medical or home infusion benefit only

(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

Aerohist	Aldex D
Aerokid	Aldex DM
Aerotuss 12	Aldex G
Aggrastat *	Aldurazyme *
Aggrenox	Alesse
Agrylin	Alimta *
Ah-Chew II	Allclenz
Ah-Chew D	Allerdur
Ah-Chew Ultra	Allertan
A-Hydrocort	AlleRx
Airet	AlleRx 10
Akne-Mycin	AlleRx 30
Akorn Balanced Salt *	AlleRx-D
Akten *	AlleRx-DF
Akurza	AlleRx-DF 30
Alacol	AlleRx-PE
Alacol DM	AlleRx-PE 30
Ala-Hist	Allfen
Ala-Hist AC	Allfen C
Ala-Hist D	Allfen CD
Alahist DHC	Allfen CDX
Ala-Hist DM	Allfen CX
Alahist LQ	Allfen DMA
Alamast (QCD)	Allfen-DM
Ala-Quin	Allres D
Ala-Scalp HP	Allres G
Ala-Tet	Allres PD
Alba-3	Alocril (QCD)
Albalon	Alodox
Albatussin	Alomide (QCD)
Albatussin CF	Aloprim
Albatussin DM	Alphagan P
Albatussin NN	Alphanate (PA) *
Albatussin Pediatric	Alphanine (PA) *
Albatussin SR	Alrex (QCD)
Albatussin SR F	Altabax
Albatussin SR Senior	Altace
Alcaine	Altafluor
Alcet	Altprev (ST)
Alcortin	Alupent (QCD)
Aldactazide	Alvesco (QCD)
Aldactone	Amaryl
Aldex AN	Ambi 10PEH-400GFN
Aldex CT	Ambi 10PEH-400GFN-20DM

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(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

Ambi 40PSE-400GFN	Antizol
Ambien (QCD) (ST)	Anzemet (QCD)
Ambien CR (QCD) (ST)	Apexicon
Ambifed-G	Apexicon E
Ambifed-G DM	Aphthasol
Ambisome	Apidra
Amerge (QCD) (ST)	Aplenzin ER (QCD) (ST)
Amevive (PA) *	Apokyn (SP)
Amicar	Appformin-D
Amidate *	Apresoline
Amino-Cerv	Aquachloral
Aminosyn	Aquasol A
Aminosyn II	Aquatab C
Aminosyn II in Dextrose	Aquoral
Aminosyn II w/Electrolytes	Aralast (PA) *
Aminosyn w/Electrolytes	Aralast NP (PA) *
Aminosyn-HBC	Aralen Phosphate
Aminosyn-M	Arava (QCD)
Aminosyn-PF	Aredia (SP)
Aminosyn-RF	Aristospan
Amoxil	Armour Thyroid
Amphadase *	Arranon *
Amphotec	Arthrotec
Amrix	Arzerra *
Amytal Sodium injection	Ascensia Autodisc (QCD)
Anacaine	Ascensia Breeze (QCD)
Anadrol-50	Ascensia Contour (QCD)
Anafranil	Ascensia Elite (QCD)
Analpram E	Ascor L NC
Analpram HC	Asmalpred Plus
Anamantle HC	Asmanex Twisthaler (QCD)
Anamantle HC Forte	Astepro (QCD)
Anaprox	Astramorph PF (PA) *
Anaprox DS	Atabex
Anaspaz	Atabex EC
Androderm	Atacand (ST)
Androgel	Atacand HCT (ST)
Android	Atgam *
Anestacon	Ativan
Angeliq	Atopiclair
Angiomax	Atralin
Ansaid	Atropen
Antara	Atrovent nasal spray (QCD)
Antivert	Atryn *

\* covered under the medical or home infusion benefit only  
(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

Atuss DS	Benicar HCT (ST)
Atuss HD	Bensal HP
Atuss HS	Bentyl
Atuss HX	BenzaClin
Augmentin	Benzamycin
Augmentin ES-600	Benzamycinpak
Augmentin XR	Benzotic
Auralgan	Benzyl Benzoate
Avalide (ST)	Bepreve
Avar	Berinert *
Avar LS	Besivance
Avar-E	Betadine
Avar-E LS	Betagan
Avc	Betapace
Avidoxy	Betapace AF
Avidoxy DK	Betavent
Avinza (QCD)	Betimol
Avita (PA)	Betoptic S
Avodart (ST)	Bexxar
Axert (QCD) (ST)	Beyaz
Axid	Biaxin
Aygestin	Biaxin XL
Azactam	Bicillin C-R
Azasan	Bicillin L-A
Azasite	Bicitra
Azelex	BiCNU (SP)
Azmacort (QCD)	Bidex-A
Azopt	Biltricide
Azulfidine	Bionect
B & O Suppettes	Biotuss
Bactocill	Blenoxane (SP)
Bactrim	Bleph-10
Bactrim DS	Blephamide
Bactroban	Boniva syringe (PA) (SP)
Bactroban nasal	Boniva tablets (QCD) (ST)
Bal in Oil	Branchamin
Balacet	Bravelle (SP)
Balanced Salt *	Brethine
Baltussin	Brevicon
Baros Granules	Brofed
Bebulin VH Immuno 200-1200 units (PA) *	Bromax
Beconase AQ (QCD)	Bromfed-DM
Benadryl injection	Bromfed-PD
Benefix (PA) *	Broncap

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(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

Broncholate	Cantil
Broncodur	Capastat
Broncomar- 1	Capex Shampoo
Broncopectol	Caphosol
Broncotron-D	Capital w/Codeine
Brontex	Capoten
Brontuss SF	Capozide
Brovana	Carac
Brovex	Carafate
Brovex ADT	Carbaphen 12
Brovex CT	Carbaphen 12 Ped
Brovex HC	Carbatrol
Brovex PB DM	Carbatuss 12
Brovex PD	Carbatuss-CL
Brovex PEB	Carba-XP
Brovex PEB DM	Carbocaine
Brovex PSB	Cardene
Brovex PSB DM	Cardene SR
Brovex PSE	Cardizem
Brovex PSE DM	Cardizem CD
Brovex SR	Cardizem LA
Brovex-D	Cardizem SR
BSS	Cardura (QCD)
BSS Plus	Cardura XL (QCD)
Bucalcide	Carimune (PA) *
Bucalsep	Carimune NF (PA) *
Bumex	Carmol
Buprenex	Carmol 40
Buspar	Carmol HC
Busulfex (SP)	Carmol Scalp
Butisol Sodium	Carnitor
Bystolic	Carnitor SF
Caduet (QCD) (ST)	Cataflam
Calan	Catapres
Calan SR	Catapres-TTS (QCD)
Calcifol	Caverject
Calcijex	Cebocap
Calcitrene	Ceclor
Calomist	Cedax
Calphosan	Cefizox
Cambia	Ceftin
Campath *	Cefzil
Camptosar (SP)	Celebrex (QCD) (ST)
Canasa	Celestone

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(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

Celexa (QCD) (ST)	Clinac BPO
Cenestin	Clindagel
Cenogen Ultra	Clindamax
Cenolate	Clindareach
Centany	Clindesse
Ceprothin *	Clindets
Cerebyx	Clinimix
Ceredase (PA) *	Clinimix E
Cerezyme (PA) *	Clinisol
Certuss	Clinoril
Certuss-D	Clobeta Plus
Cerubidine (SP)	Clobevate
Cervidil	Clobex
Cesamet (QCD)	Cloderm
Cetacaine	Clomid (SP)
Cetacort	Clorfed
Cetraxal	Clorpres
Chenodal (SP)	Clozaril
ChiRhoStim *	CNL 8 nail kit (QCD)
Chlordex GP	Codclear DH
Cialis	Codimal DH
Ciloxan	Cogentin
Cinryze (PA) *	Cognex
Cipro (excluding tablets)	Colazal
Cipro XR	Colchicine Injectable
Ciprodex	Coldamine
Citracal Prenatal + DHA	Colestid
Citracal Prenatal Rx	Colocort
Citranatal 90 DHA	Coly-Mycin M
Citranatal Assure	Coly-Mycin S
Citranatal B-Calm	CoLyte
Citranatal DHA	CoLyte with Flavor packets
Citranatal Harmony	Colytrol
Citranatal Rx	Combigan
Citrolith	Combipatch
Claforan	Combunox
Clarifoam EF	Comhist
Cleeravue-M	Compazine
Clenia	Complete-RF Prenatal
Cleocin	Concept DHA
Cleocin Ovule	Concept OB
Cleocin T	Condylox
Climara (QCD)	Conex
Climara Pro (QCD)	Conpec

\* covered under the medical or home infusion benefit only

(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

Control test strips (QCD)	Cytoxan (SP)
Copegus (SP)	D.H.E.45
Cordarone	Dallergy
Cordran	Dallergy DM
Cordran SP	Dallergy PE
Cordron-HC	Dallergy PSE
Coreg	Dallergy-Jr
Coreg CR	Dalmane
Corgard	Danocrine
Corlopam *	Darvocet A500
Cormax	Darvocet-N
Cortane-B	Darvon
Cortef	Darvon Compound
Cortenema	Darvon-N
Cortifoam	DaunoXome (SP)
Cortisporin	Daypro
Cortisporin-TC	Dayto-Sulf
Cortrosyn *	Daytrana
Corvert	Dazidox
Corzall	DDAVP
Corzall Plus	DDAVP (injection) (SP)
Corzide	Declomycin
Cosmegen (SP)	Deconex
Cosopt	Deconex DM
Cosyntropin *	Decon-G
Cotab AX	Deconsal CT
Cotabflu	Deconsal DM
Covera-HS	Deka
Cozaar (ST)	Delatestryl
Cresylate	Delestrogen
Crinone	Del-Mycin
Crnatal	Deltuss DMX
Crolom (QCD)	Demadex
Cutivate	Demerol
Cyanokit *	Demulen
Cyclessa	Denavir
Cyclogyl	Depacon
Cyclomydril	Depakene
Cycloserine	Depen
Cyklokapron	Depocyt (SP)
Cystospaz	Depodur *
Cystospaz-M	Depo-Medrol
Cytotec	Depo-Provera
Cytovene	Depo-Subq Provera 104

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Depo-Testosterone	Diprolene
Derma-Smoothie-FS	Diprolene AF
Dermatop	Diprosone
DermOtic	Disophrol
Desferal *	Ditropan (ST)
Desogen	Ditropan XL (ST)
Desonate	Diuril
DesOwen	Divigel
Desoxyn (PA)	Dolgit LQ
Despec DM	Dolgit Plus
Despec SR	Dolobid
Desyrel	Dologesic
Detrol (ST)	Dolophine
Detrol LA (ST)	Dolorex
Dex PC	Dolorex Forte
Dexacidin	Domeboro
Dexedrine (PA)	Dometuss DM
Dexedrine Spansule (PA)	Donatuss XP
Dexilant (PA) (QCD)	Donatussin
Dexodryl	Donatussin DC
Dexpak	Donatussin DM
Dextrostat (PA)	Donatussin Pediatric
DiaBeta	Donnamar
Diabetic Tussin C	Donnatal
Diabinese	Doral
Diamox Sequels	Doribax *
Dianeal	Doryx
Dianeal-PD	Dovonex
Dicel	Doxil (SP)
Difil-G	Drisdol
Difil-G 400	Drithocreame HP
Difil-G Forte	Dritho-Scalp
Diflucan (QCD)	Drituss HD
Digesplen Plus	Drocon-CS
Digex	Drotuss-CP
Digex NF	Droxia
Dilacor XR	Drymax
Dilatrate-SR	Drysol
Dilaudid	Drysol Dab-O-Matic
Dilaudid-HP	DTIC-Dome IV (SP)
Dilex-G	Duac
Diovan HCT (ST)	Duac CS
Dipentum	Duet DHA
Diprivan	Duet DHA complete

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Duet DHA EC	Dyrenium
Duet DHA EC Stuartnatal	Dytan
Duet DHA Stuartnatal	Dytan CD
Duet DHA with Ferrazone	Dytan-AT
Duet Stuart Natal chewable	Dytan-CS
Duet Stuartnatal	Dytan-D
Duo-Care (QCD)	Dytan-HC
Duohist DH	E.E.S.
DuoNeb	Easprin
Durabac	Easypro test strips (QCD)
Durabac Forte	EC-Naprosyn
Duraclon	Econopred Plus
Duradex	ED-A-Hist DM
Duradex Forte	Edecrin
Duraflu	Edex
Duragesic (QCD)	Edular (QCD) (ST)
Durahist	Effexor (ST)
Durahist D	Effexor XR (QCD) (ST)
Durahist PE	Efudex
Duramorph	Eldepryl
Duraphen 1000	Elestat (QCD)
Duraphen II	Elestrin
Duraphen II DM	Eletone
Duraphen DM	Elimite
Duraphen Forte	Elitek
Durasal	Elixophyllin
Duratan DM	Ellence (SP)
Duratan Forte	Elmiron
Duratan PE	Elocon
Duratuss	Eloxatin (SP)
Duratuss A	Elspar (SP)
Duratuss AC 12	Emadine (QCD)
Duratuss DA	Embeda (QCD)
Duratuss HD	Emgel
Duravent-DA	Emla
Duraxin	Emsam
Durezol	E-Mycin
Duricef	Enablex (ST)
Dyazide	Endacon-DM
Dynacin	Endal CD
Dynacirc	Endal-HD
Dynacirc CR	Endal-HD Plus
Dynex	Endrate
Dynex HD	Enduron

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Enjuvia	Evoxac
Enlon	Exalgo (QCD)
Enlon-Plus	Exall
Entero Vu *	Exall-D
Entex	Exelderm
Entex HC	Exoderm
Entex LA	Extavia (QCD) (SP)
Entex PSE	Extendryl
Enzymax	Extendryl DM
Eovist *	Extendryl G
Epiduo	Extendryl HC
Epifoam	Extendryl Jr
Equagesic	Extina
Equetro	Extraneal Icodextrin
Eraxis *	E-Z Disk *
Erbix (PA) *	E-Z-HD *
Ergocaff-PB	E-Z-Paque *
Ergomar	Fabrazyme *
Ertaczo	Factive
Eryc	Famvir (QCD)
Erycette	Fanapt
Eryderm	Fansidar
Erygel	Fareston
Eryped	Faslodex (SP)
Erythrocin Vial	Fast Take test strips (QCD)
Esgic	FazaClo
Esgic Plus	Feiba NH (PA) *
Eskalith	Feiba VH Immuno (PA) *
Eskalith CR	Feldene
Esopho-Cat *	Femcon FE
Estrace	Femecal OB
Estraderm (QCD)	Femecal OB Plus DHA
Estrasorb (QCD)	Femhrt
Estratest	Femring
Estratest H.S.	Femtrace
Estring	Fenoglide
Estrogel (QCD)	Fentora (PA) (QCD)
Estrostep FE	Fexmid
Ethamolin	Fibricor
Ethezyme	Finacea
Ethyol (SP)	Finacea Plus
Etopophos (SP)	Fioricet
Evamist (QCD)	Fioricet w/Codeine
Evoclin	Fiorinal

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Fiorinal w/Codeine #3	Formalaz
First-BXN	Forma-Ray
First-Hydrocortisone	Fortamet
First-Mouthwash BLM	Fortaz
First-Progesterone MC	Fosamax (QCD) (ST)
First-Testosterone MC	Foscavir
Flagyl	Freamine III
Flagyl ER	Freamine III w/Electrolytes
Flarex	Freestyle test strips (QCD)
Flebogamma (PA) *	Frenadol
Flector	Freshkote
Flexeril	Frova (QCD) (ST)
Flextra Plus	Galzin
Flextra-650	Gamastan S-D (PA) *
Flextra-DS	Gammagard (PA) *
Flolan	Gamunex (PA) *
Flonase (QCD)	Ganirelix Acetate (SP)
Florinef Acetate	Garamycin
Floxin	Gastrinex
Flucaine	Gastrinex NF
Fludara (SP)	Gastrocrom
Flumadine	Gelclair
Fluoracaine	Gel-Kam
Fluor-A-Day	Gelnique
Fluorets	Gemzar (SP)
Fluoritab	Genelan
Flura	Genexpect DM
Flura-Drops	Genexpect-PE
Flura-Tab	Genexpect-SF
Flurate	Genoptic
Fluress	Genotropin (PA) (SP)
Fluro-Ethyl	Gentex 30
Flutuss HC	Gentex HC
Flutuss XP	Gentex LA
FML	Gentex LQ
FML Forte	Geodon
FML S.O.P.	Gesticare
FML-S	Gesticare DHA
Focalin	Gilchew IR
Focalin XR (QCD)	Gilphex TR
Follistim AQ (SP)	Giltuss
Folotyn *	Giltuss HC
Foltabs Prenatal Plus DHA	Giltuss Ped-C
Foradil (QCD)	Giltuss Pediatric

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Giltuss TR	Humatin
Glucagen	Hyalgan (PA)
Glucometer Dex (QCD)	Hycamtin (vial) (SP)
Glucometer Elite (QCD)	Hycet
Glucophage	Hycodan
Glucophage XR	Hycotuss
Glucotrol	Hydase *
Glucotrol XL	Hydrea
Glucovance	Hydro
Glynase	Hydro 35
Glyset	Hydro 40
GoLYTELY	Hydro PC II
Gordofilm	Hydrocet
Gordo-Urea	Hylira
Granulex	Hyperlyte CR
Grifulvin V	Hyper-Sal
Guaifed	Hytone
Guaifed-PD	Hytrin (QCD)
Guaimax-D	Hyzaar (ST)
Gynazole-1	IB-Stat
Gynodiol	Ibudone
Halcion	IC400
Haldol	IC800
Haldol Decanoate	Icar Prenatal
Halflytely	Icar-C Plus
Halflytely with Flavor Packs	Idamycin PFS (SP)
Halflytely-Bisacodyl	Ifex (SP)
Halog	Ifex-Mesnex (SP)
Halotin	Ilopan injection
HDC DM	Imdur
Helidac	Imitrex nasal spray (QCD) (ST)
Helixate FS (PA) *	Imitrex tablets (QCD) (ST)
Hemofil-M (PA) *	Immune Globulin Vial (PA) *
Hepatamine	Imuran
Hepatasol	Indamix DM
Herceptin (SP)	Inderal
Hextend Lactated Electrolyte	Inderal LA
Hiprex	Inderide
Histatab Plus	Indocin
Histex	Indocin SR
Histex SR	InnoPran XL
Histussin HC	Inpersol with Dextrose
HPR End	Inspra
Humate-P (PA) *	Introl

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Intuniv ER	Keflex
Invanz	Kemadrin
Invega	Kenalog
Inversine	Kenalog in Orabase
Iodosorb	Keppra XR
Ionosol B-D5W	Kerafoam
Ionosol MB-D5W	Keralac
Ionosol T-D5W	Keralyt
lopidine	Keralyt Scalp
Iquix	Kerlone
Ismo	Kerol
Isochron	Kerol AD
Isolyte H	Kerol ZX
Isolyte M	Ketalar
Isolyte P	Ketek
Isolyte S	Kinevac
Isoptin SR	Klaron
Isopto Atropine	Klonopin
Isopto Carbachol	K-Lor
Isopto Carpine	Klor-Con
Isopto Homatropine	K-Lyte
Isopto Hyoscine	K-Lyte-CL
Iordil	Koate-DVI (PA) *
Istalol	Kogenate FS (PA) *
Isuprel	K-Phos Neutral
Ixempra *	Kristalose
Jaycof	K-Tab
Jaycof-HC	Kuric
Jaycof-XP	Kutrase
J-Cof DHC	Ku-Zyme
Jevtana *	Ku-Zyme HP
J-Max	Kwelcof
J-Tan	Kytril (QCD)
J-Tan D	Lacrisert
J-Tan D HC	Lactinol
Just for Kids	Lactinol-E
Kadian (QCD)	Lactocal-F
Kalbitor *	Lagesic
Kaochlor	Lamictal ODT
Kaochlor-Eff	Lamisil (QCD)
Kay Ciel	Lanoxicaps
Kayexalate	Lariam
K-Dur	Lasix
K-Effervescent	Latrix XM

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Lazerformalyde  
Lescol (QCD) (ST)  
Lescol XL (QCD) (ST)  
Leustatin (SP)  
Levacet  
Levall  
Levall 5.0  
Levall G  
Levall-12  
Levaquin  
Levatol  
Levbid  
Levitra  
Levlen  
LevLite  
Levo-Dromoran  
Levophed  
Levsin  
Levsin/SL  
Levsinex  
Lexapro (QCD) (ST)  
Lexiscan \*  
Lexxel  
Librax  
Librium  
Lidamantle  
Lidamantle HC  
Lidex  
Limbitrol  
Limbitrol DS  
Limbrel  
Lincocin  
Lioresal  
Lipofen  
Liquibid-D  
Liquibid-D 1200  
Liquibid-PD  
Liquicough DM  
Liquid Polibar \*  
Lithobid  
Lithostat  
Livalo (QCD) (ST)  
Locoid  
Lodine

Lodine XL  
Lodrane  
Lodrane 12  
Lodrane 12 D  
Lodrane 24  
Lodrane D  
Lodrane XR  
Loestrin  
Loestrin 24 FE  
Loestrin FE  
Lofibra  
Lokara  
Lomotil  
Lo-Ovral  
Lopid  
Lopressor  
Lopressor HCT  
Loprox  
Lorcet  
Lorcet HD  
Lorcet Plus  
Lortab  
Lortuss DM  
Lortuss HC  
LoSeasonique  
Lotemax  
Lotensin  
Lotensin HCT  
Lotrel  
Lotrisone  
Lovaza  
Loxitane  
Lufyllin  
Lufyllin-GG  
Lumigan  
Luminal  
Lumizyme \*  
Lupron (SP)  
Luride  
Lusonal  
Lusonex  
Lusonex Plus  
Luvox CR (QCD) (ST)  
Luxiq

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Lybrel  
 Lynox  
 Lysteda (QCD)  
 Lytensopril  
 Macrobid  
 Macrochantin  
 Magan  
 Magnacet  
 Magnebind 400 Rx  
 Mandelamine  
 Mannitol  
 Marcaine  
 Marcainew/Epinephrine  
 Mar-Cof BP  
 Mar-Cof CG  
 Marinol  
 Marnatal-F  
 Marnatal-F Plus  
 Marplan  
 Mar-Spas  
 Materna  
 Mavik  
 Maxair Autohaler (QCD)  
 Maxalt (QCD) (ST)  
 Maxalt MLT (QCD) (ST)  
 Maxichlor DM  
 Maxichlor PEH DM  
 Maxichlor PSE DM  
 Maxidex  
 Maxidone  
 Maxifed CD  
 Maxifed CDX  
 Maxifed DM  
 Maxifed DMX  
 Maxifed-G CD  
 Maxifed-G CDX  
 Maxiflu CD  
 Maxiflu DM  
 Maxinate  
 Maxiphen (1000mg tablet)  
 Maxiphen ADT  
 Maxiphen CD  
 Maxiphen DM  
 Maxiphen G

Maxiphen-G DM  
 Maxipime  
 Maxitrol  
 Maxi-Tuss HC  
 Maxi-Tuss HCG  
 Maxi-Tuss HCG  
 Maxzide  
 Mebaral  
 Medent DM  
 Medent PE  
 Medrol  
 Mefoxin  
 Megace  
 Megace ES  
 Membraneblue \*  
 M-End PE  
 Menostar (QCD)  
 Meprobamate w/Aspirin  
 Merrem  
 Mestinon  
 Metadate ER  
 Metaglip  
 Methylcobalamin  
 Methylin  
 Metozolv ODT  
 Metro IV  
 Metrocream  
 Metrogel  
 Metrogel Combo Pack  
 Metrogel-Vaginal  
 Metrolotion  
 Mevacor (QCD) (ST)  
 Mexitil  
 Miacalcin  
 Micardis (ST)  
 Micardis HCT (ST)  
 Micro-K  
 Micronase  
 Micronor  
 Microzide  
 Midamor  
 Midrin  
 Migralam  
 Migranal (QCD)

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Migraten  
 Millipred syrup  
 Mimyx  
 MiniPress  
 Minitran  
 Minocin  
 Minocin Combo Pack  
 Mintuss DR  
 Mintuss MR  
 Miostat  
 Mirapex ER (ST)  
 Mircette  
 Moban  
 Mobic (QCD)  
 Modicon  
 Momexin  
 Monarc-M (PA) \*  
 Monistat Dual-Pak  
 Monoclate-P (PA) \*  
 Monodox  
 Monoket  
 Mononine (PA) \*  
 Monopril  
 Monopril HCT  
 Monte G HC  
 Monteflu HC  
 Montephen  
 Monurol  
 Motofen  
 Motrin  
 Moviprep  
 Moxatag  
 MS Contin (QCD)  
 Murocoll-2  
 Muse  
 Mustargen (SP)  
 MVC-Fluoride  
 M-Vit  
 My Kidz Iron FL  
 Myambutol  
 Mycamine  
 Mycelex  
 Myci Chlorped  
 Myci Chlor-Tan

Mycolog II  
 Mycostatin  
 Mydrin  
 Mydriacyl  
 Mylotarg (SP)  
 Myophen  
 Mysoline  
 Mytelase  
 Naftin  
 Naglazyme \*  
 Naldex  
 Nalex AC  
 Nalex DH  
 Nalex-A  
 Nalfon  
 Nallpen  
 Naprelan  
 Naprelan CR  
 Naprosyn  
 Narcan  
 Naropin \*  
 Narvox  
 Nasacort AQ (QCD)  
 Nascobal  
 Nasofed  
 Nasohist DM  
 Nasonex (QCD)  
 Nasop  
 Nasop 12  
 Natachew  
 Natacyn  
 Natafort  
 Natalcare Rx  
 Natalvit  
 Natazia  
 Natelle  
 Natelle C  
 Natelle One  
 Natelle Plus  
 Natelle Prefer  
 Natelle-EZ  
 Naturetin  
 Navane  
 Navelbine (SP)

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Nebcin  
 Neevo  
 Neevo DHA  
 Nebutal Sodium  
 Neo AC  
 Neo DM  
 Neo HC  
 Neo-Fradin  
 Neoral  
 Neosalus  
 Neosar (SP)  
 Neosporin Eye Drops  
 Neosporin G.U. Irrigant  
 Neo-Synephrine (10mg/ml ampule)  
 Neotic  
 Neotuss-D  
 Nephramine  
 Neptazane  
 Nesacaine  
 Nesacaine-MPF  
 Neupro  
 Neurontin  
 Neut  
 NeutraSal  
 Nevanac  
 Nexavir  
 Nexium (PA) (QCD)  
 Niferex-PN Forte  
 Nipent (SP)  
 Niravam  
 Nisoldipine ER (excluding 20,  
 30, 40mg strengths)  
 Nitro-Dur  
 Nitrolingual  
 Nizoral  
 Nolvadex  
 Norco  
 Nordette  
 Norditropin (PA) (SP)  
 Norditropin Flexpro (PA) (SP)  
 Norditropin Nordiflex (PA) (SP)  
 Norel EX  
 Norel LA  
 Norel SR

Norflex  
 Norgesic Forte  
 Norinyl  
 Noritate  
 Normodyne  
 Normosol-M and Dextrose  
 Normosol-R  
 Normosol-R and Dextrose  
 Normosol-R PH 7.4  
 Noroxin  
 Norpace  
 Norpace CR  
 Norpramin  
 Nor-Q-D  
 Norvasc (QCD)  
 Notuss AC  
 Notuss DC  
 Notuss Forte  
 Notuss-PE  
 Novacort  
 Novahistine DH  
 Novamine  
 Novanatal  
 Novastart  
 Novasus  
 Novocain  
 Novolin 70/30  
 Novolin N  
 Novolin R  
 NovoLog  
 NovoLog Mix 70/30  
 Novoseven (PA) \*  
 Novoseven RT (PA) \*  
 Nubain  
 Nucofed  
 NuCort  
 Nucynta  
 Nuhist  
 Nulev  
 NuLYTELY  
 NuLYTELY with Flavor Packs  
 Numoisyn  
 Numonyl  
 Numonyl DX

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Numonyl Pediatric	Oramagicrx
Numorphan	Oramorph SR (QCD)
NutriDox	Orap
Nuvaring	Orapred
Nuzon	Orapred ODT
Nydamax	Oratuss
OB complete	Oravig
OB complete 400	Orbivan
OB-Natal One	Ortho Evra
Obstetrix DHA	Ortho Micronor
Obstetrix EC	Ortho Tri-Cyclen
Obtrex DHA	Ortho Tri-Cyclen Lo
Obtrex Prenatal	Ortho-Cept
O-Cal FA	Orthoclone OKT-3
O-Cal Prenatal	Ortho-Cyclen
OCL	Ortho-Est
Ocufen	Ortho-Novum
Ocuflox	Ortho-Prefest
Ogen	Orthovisc (PA)
Oleptro ER	Orudis
Olux	Osmitrol
Olux-E	Otilam
Olux-Olux-E	Otogesic
Omeprazole-Sod Bicarbonate (PA) (QCD)	Ovace
Omnaris (QCD)	Ovace Plus
Omnicef	Ovcon
Omnihist II LA	Ovide
Omnipaque *	Ovral
Omnitrope (PA) (SP)	Oxalis
Oncaspar (SP)	Oxandrin
One Touch test strips (QCD)	Oxistat
One Touch Ultra test strips (QCD)	Oxsoralen
Onsolis (PA) (QCD)	Oxsoralen-Ultra
Ontak (SP)	OxylR
Opana	Oxytrol
Opana ER (QCD)	Ozurdex *
Ophthalmic	Pain Ease
Opium Tincture	Palgic
Optase	Pamelor
Optinate	Pamine
Optipranolol	Pamine Forte
Optivar (QCD)	Pamine FQ
Oracea	Panafil
Oracit	Panatuss DXP

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Panatuss DXP Pediatric	Pfizerpen
Pancrease	Phenabid
Pancrease MT	Phenabid DM
Pancrease	Phena-HC
Pancrecarb MS	Phena-Plus
Pandel	Phena-S
Panlor DC	Phendacof Plus
Panlor SS	Phenergan
Panretin (SP)	Phenergan VC-Codeine
Paptase	Phenergan-Codeine
Parafon Forte DSC	Phenflu DM
Paraplatin (SP)	Phentolamine
Parlodel	Phenytek
Parnate	pHisoHex
Paser	Phos-Flur
Pataday (QCD)	Phospholine Iodide
Patanase (QCD)	Photofrin (SP)
Patanol (QCD)	Phrenilin
Paxil (QCD) (ST)	Phrenilin Forte
Paxil CR (QCD) (ST)	Phrenilin-Caffeine-Codeine
PCE	Physiolyte
Pedameth	Physiosol
Pediaderm HC	Pilopine HS
Pediahist DM	Pipracil
Pediapred	Pirosal
Pediatex TD	Pitocin
Pediazole	Pitressin
Pediotic	Plaquenil
Pediox-S	Plasma-Lyte
Pen GK	Plasma-Lyte A PH
Penlac (QCD)	Plasma-Lyte-Dextrose
Pennsaid	Plendil
Pentacel *	Pletal
Pentam	Plexion
Pentothal	Plexion SCT
Pepcid	Plexion TS
Peranex HC	Pneumotussin
Percocet	PNV-DHA Plus
Percodan	Podoben Resin
Peridex	Podocon-25
Periostat	Pododerm
Permax	Polocaine
Persantine	Poly Hist DM
Pexeva (QCD) (ST)	Poly Hist Forte

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Poly Hist HC	Prempro
Poly Hist NC	Prenatal MTR
Poly Hist PD	Prenate DHA
Polycitra	Prenate Elite
Polycitra-K	Prenate Essential
Polycitra-LC	Prenexa
Poly-Histine	Prepidil
Poly-Pred	Preque 10
Polysporin	Prevacid (PA) (QCD)
Polytrim	Prevacid NapraPAC
Poly-Tussin	Prevident
Poly-Tussin AC	Prevident 5000 Plus
Poly-Tussin DHC	Prilosec (PA) (QCD)
Poly-Tussin DM	PrimaCare
Poly-Tussin HD	PrimaCare Advantage
Poly-Tussin XP	PrimaCare ONE
Ponstel	Primacor
Pontocaine	Primalev
Potaba	Primaquine
Potassium Iodide Granules	Primaxin
Pramosone	Primsol
Pramosone E	Prinivil
Pramotic	Prinzide
PrandiMet	Pristiq (QCD) (ST)
Pravachol (QCD) (ST)	Privigen *
Precare	Proamatine
Precare Conceive	Probarimin QT
Precare Premier	Procalamine
Precision PCX (QCD)	Procanbid
Precision PCX Plus (QCD)	Procardia
Precision Point of Care (QCD)	Procardia XL
Precision Q-I-D (QCD)	Prochieve
Precision Sof-Tact (QCD)	Pro-Clear
Pred Forte	Pro-Clear AC
Pred-G	Proctocort
Pred-G S.O.P	Proctocream-HC
Prefera OB One	Proctof foam-HC
Prefera-OB	Procto-Kit
Prefera-OB Plus DHA	Prodrin
Prehist	Profilnine SD (PA) *
Prelone	Proglycem
Premasol	Prolastin (PA) *
Premesis Rx	Prolastin C (PA) *
Premphase	Prolex D

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Prolex DH	Quinidex
Prolex DM	Quixin
Prolex PD	RadiaPlexRx
Promiseb	Raniclor
Pronestyl	Rapaflo
Propine	Readi-Cat *
Proquin XR	Rebetol (SP)
Pro-Red	Reclast (PA) *
Pro-Red AC	Recombinate (PA) *
Proscar (ST)	Recothrom
Prosed-DS	Rectagel HC
Prosol	Refacto (PA) *
ProSom	Refludan
Prostin E2 Vaginal Suppository	Regenecare
Prostin VR Pediatric	Reglan
Protid	Regonol
Protonix (PA) (QCD)	Relacon-HC
Protopam Chloride	Relafen
Protopic (PA)	Relagard
Provengé *	Relagesic
Proventil HFA (QCD)	Relcof DN PE
Provera	Relcof DN PSE
Provocholine	Relpax (QCD) (ST)
Prozac (QCD) (ST)	Remeron (QCD)
Prozac Weekly (QCD) (ST)	Remeron Soltab (QCD)
Prudoxin	Renacidin
Psorcon	Renamin
Psorcon E	Requip (ST)
Psoriatec	Requip XL (ST)
Pulmicort Flexhaler (QCD)	Rescon
Purinethol	Rescon-Jr
P-V-Tussin	Rescon-MX
Pylera	Resectisol
Pyrelle HB	Respa A.R.
Pyridium	Respa C&C
Pyridium Plus	Respa C&C IR
Pyril D	Respahist II
Pyrex	Respaire
Pyrex CB	Respi-Tann
Qflex	Respi-Tann G
Quadramet *	Respi-Tann PD
Questran	Restoril
Questran Light	Retavase *
Quick Mix w/Lytes	Retin-A (PA)

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Retin-A Micro (PA)	R-Tannate
Retrovir	Rum-K
Revox	Ru-Tuss 800 DM
Revia	Rybix ODT
R-Gene 10	Ryna-12
Rheumatrex	Ryna-12 S
Rhinocort Aqua (QCD)	Ryna-12X
Riastap *	Rynatan
Ribatab (SP)	Rynatan Pediatric
Ricobid	Rynatuss
Ricobid-H	Rynatuss Pediatric
Ricotuss	Rynessa 12S
Rifadin	Ryneze
Rifamate	Rythmol
Rifater	Ryzolt
Rimso-50	Salagen
Rinate	Salex
Rinnovi Combo Pack	Salflex
Riomet	Salicept
Risperdal M	Salkera
Ritalin	Sal-Tropine
Ritalin LA (QCD)	Saluron
Ritalin-SR	Salvax
Rituxan (PA) (SP)	Salvax Duo
Robaxin	Salvax Duo Plus
Robinul	Sanctura (ST)
Robinul Forte	Sanctura XR (ST)
Rocaltrol	Sancuso
Rocephin	Sandimmune
Romazicon	Santuss
Rondec-DM	Santyl
Rosac	Saphris
Rosanil	Sarafem (QCD) (ST)
Rosula	Scalacort
Rosula CLK	Scleromate
Rosula NS	Scopace
Rowasa	Scopolamine Vial
Roxanol	Seasonale
Roxanol-T	Seasonique
Roxicet	Sebizon
Roxicodone	Seb-Prev lotion
Roxicodone Intensol	Sectral
Rozerem (QCD) (ST)	Select-OB
R-Tannamine	Select-OB + DHA

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Selepen	Sotradecol *
Sel-Pen	Spacol
Selseb	Spacol T/S
Semprex-D	Spectazole
Senophylline	Spectracef
Sensorcaine	Sporanox (QCD)
Sensorcaine w/Dextrose	Spray and Stretch
Sensorcaine w/Epinephrine	SPS
Septra	SSKI
Septra DS	S-T Forte 2
Seradex	Sta-D
Serax	Staflex
Seromycin	Stagesic-10
SF Rowasa	Stahist
Shohl's Modified	Starlix
Silvadene	Statuss Green
Simcor (QCD) (ST)	Stelara (PA) (SP)
Simetyl	Sterapred
Simulect (SP)	Sterapred DS
Sina-12X	Strattera (PA) (QCD)
Sinemet	Streptase
Sinemet CR	Streptomycin Sulfate
Sinequan	Striant
Sitrex	Strongstart
Sitrex PD	Stuarnatal Plus 3
Skelid	Sucraid (SP)
Slofed 60	Sudal 12
Sodium Edecrin	Sufentanil Citrate *
Sof-Tact test strips (QCD)	Sular
Solaraze	Sulfacet-R
Soliris *	Sumavel Dosepro (QCD) (ST)
Solodyn	Sumaxin
Solotuss	Sumycin
Soltamox	Supprelin *
Solu-Cortef	Supprelin LA *
Solu-Cortef PF	Suprax
Solu-Medrol	Surestep Pro test strips (QCD)
Soma	Surestep test strips (QCD)
Soma Compound	Surmontil
Soma Compound w/Codeine	Suttar-2
Somnote	Suttar-SF
Sonata (QCD) (ST)	Symax Duotab
Sorbituss	Symbyax (QCD)
Sotalol (vial)	Symmetrel

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Sympak	Terramycin
Sympak DM	Terramycin w/Polymyxin
Sympak PDX	Tersi
Symtan	Tessalon
Symtan A	Tessalon Perle
Synagis (PA) *	Testopel
Synalar	Testred
Synalgos-DC	Tetracaine *
Synarel	Tetravisc *
Synera *	Tetravisc Forte *
Synercid	Tetrix
Syprine	Teveten (ST)
Taclonex	Teveten HCT (ST)
Tagamet	Tev-Tropin (PA) (SP)
Talacen	Texacort
Talwin	Thalitone
Talwin NX	Theo-24
Tambocor	Theocap
Tanafed	Theomar GG
Tanafed DMX	TheraCys (SP)
Tanafed DP	Thera-Flur-N
Tandem DHA	Therapentin-60
Tandem OB	Thiocyl
Tandur DM	Thiola
Tapazole	Thrombate III
Tarabine PFS (SP)	Thrombin
Tarka	Thymoglobulin *
Taxol (SP)	Thyrel TRH
Taxotere (SP)	Thyrolar
Tazicef	Tiazac
Tazorac	Ticar
Tekral	Ticlid
Tekturna	Tidafen LA
Tekturna HCT	Tigan
Temovate	Time-Hist QD
Temovate Emollient	Timentin
Tenar DM	Timolide
Tenex	Timoptic
Tenoretic	Timoptic-XE
Tenormin	Tindamax
Tequin	Tirosint
Terazol 3	Tisseel VH
Terazol 7	TobraDex
Terbinex (QCD)	TobraDex ST

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Tobrex  
 Tofranil  
 Tofranil-PM  
 Tolectin  
 Topicort  
 Topicort LP  
 Toradol  
 Torisel \*  
 Totacillin-N  
 Touro Allergy  
 Touro CC  
 Touro CC-LD  
 Touro HC  
 Touro LA  
 Touro LA-LD  
 Toviaz (ST)  
 TPN Electrolytes  
 TPN Electrolytes II  
 Trac 2X  
 Trandate  
 Tranxene SD  
 Tranxene T-Tab  
 Travasol  
 Travasol w/Electrolytes  
 Travatan  
 Travatan Z  
 Travert  
 Treanda (SP)  
 Trecator  
 Trental  
 Tretin-X (PA)  
 Trexall  
 Treximet (QCD) (ST)  
 Triad  
 Triant-HC  
 Tricare  
 Tricare DHA  
 Tricare Prenatal DHA One  
 Tri-Chlor  
 Tricitrasol  
 Tricor  
 Tridal  
 Tridesilon  
 Triesence \*

Triglide  
 Tri-K  
 Trikof-D  
 Trileptal  
 Tri-Levlen  
 Trilipix  
 Trilisate  
 Tri-Norinyl  
 Triostat \*  
 TriOxin  
 Triphasil  
 Triple Sulfa  
 Trispec DMX  
 Trispec DMX Pediatric  
 Trispec PSE  
 Trispec PSE Pediatric  
 Trispec SFX  
 Trituss  
 Trituss-A  
 Trituss-ER  
 Trobicin  
 Tropazone  
 Trophamine  
 True Track test strips (QCD)  
 TrueTest test strips (QCD)  
 Trust Natal DHA  
 Trycet  
 Tusnel  
 Tusnel Ped-C  
 Tusnel Pediatric  
 Tusnel-DM  
 Tusnel-HC  
 Tussafed EX  
 Tussafed-HCG  
 Tussall  
 Tussall-ER  
 Tussend  
 Tussi-12  
 Tussi-12 S  
 Tussi-12D  
 Tussi-12D S  
 Tussicaps  
 Tussidex  
 Tussigon

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Tussilan N.F.	Uramaxin
Tussinal 12	Uramaxin GT
Tussiniate	Urea 40% kit
Tussionex	Urecholine
Tussi-Organidin NR	Urelle
Tussi-Pres	Uretron D/S
Tussi-Pres Pediatric	Urex
Tussirex	Uribel
Tussirex S/F	Urimax
Tuss-Mine D.M.	Urised
Tusso-C	Urispas
Tusso-DF	Urisym
Tusso-DM	Uro Blue
Tusso-DMR	Urocit-K
Tusso-HC	Urodol
Tusso-XR	Uro-KP-Neutral
Tusso-ZMR	Urolene Blue
Tusso-ZR	Uroqid-Acid No.2
Tustan 12S	Urso
Twynsta (ST)	Urso Forte
Tygalil *	Uta
Tylenol w/Codeine	Valium
Tylox	Valtrex (QCD)
Tympagesic	Valturna (ST)
Tysabri (PA) *	Vanacet
Tyzine	Vanacof
Ucephan	Vanacof CD
U-Cort	Vanacof DX
Ultimatecare Advantage	Vanamide
Ultimatecare Combo	Vanex HD
Ultiva *	Vanos
Ultrabrom	Vanspar
Ultrabrom PD	Vantas *
Ultracet	Vantin
Ultram	Varibar Thin *
Ultram ER	Varibar Thin Honey *
Ultravate	Vaseretic
Ultravate PAC	Vasodilan
Umecta	Vasotec
Umecta PD	Vasotuss HC
Unasyn	Vazol
Uniphyl	Vazol-D
Uniretic	Vazolex
Univasc	Vazotab

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Vectibix (PA) *	Vitrase *
Veetids 500	Vitrasert *
Velcade (SP)	Viva DHA
Velosef	Vivactil
Venoglobulin (PA) *	Vivelle (QCD)
Ventolin HFA (QCD)	Vivelle-Dot (QCD)
VePesid (SP)	Volmax
Veramyst (QCD)	Voltaren
Verdeso	Voltaren-XR
Veregen	Volumen *
Verelan	Voluven *
Verelan PM	Vopac
Vermox	Vosol HC
Versiclear	VoSpire ER
Vesanoid	Vpriv *
Vexol	V-Tann
V-Hist	Vumon (SP)
Viagra	Vusion
Vibramycin	Vytone
Vibra-Tabs	Vytorin (QCD) (ST)
Vicodin	Vyvanse (QCD)
Vicodin ES	Welchol
Vicodin HP	Wellbutrin (ST)
Vicoprofen	Wellbutrin SR (QCD) (ST)
Vi-Daylin F ADC	Wellbutrin XL (QCD) (ST)
Vi-Daylin/F	Westcort
Vi-Daylin/F + Iron	Wilate (PA) *
Vi-Daylin/F ADC Plus Iron	Xanax
Vidaza *	Xanax XR
Videx EC	Xclair
Vigamox (QCD)	Xenaderm
Vimovo	Xerac AC
Viravan-P	Xiaflex *
Viravan-PDM	Xibrom
Viravan-S	Xifaxan
Viravan-T	Xirahist
Virazole	Xirahist DM
Viroptic	Xiratuss
Viscoat	Xodol
Vistaril	Xolair (PA) *
Vistide	Xolegel
Visudyne *	Xolegel Corepak
Vita-Numonyl	Xolegel Duo
Vita-Pren	Xopenex

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Xopenex HFA (QCD)	Zinotic
XPect-AT	Zinotic ES
XPect-HC	Zinx kit
Xylocaine	Zithromax
Xyntha *	Zmax
Xyralid	Zmax Pediatric
Xyralid LP	Zocor (QCD) (ST)
Xyralid RC	Zofran (QCD)
Yasmin 28	Zofran ODT (QCD)
Yaz	Zoloft (QCD) (ST)
Yodofan	Zometa (PA) *
Yodofan-NF	Zonalon
Yodoxin	Zonegran
Zacare	Zorprin
Zanaflex	Zostrix
Zanosar (SP)	Zosyn
Zantac	Zotex
Zarontin	Zotex GPX
Zaroxolyn	Zotex LAX
Zazole	Zotex Pediatric
Z-Clinz	Zotex-12D
Z-Cof 8 DM	Zotex-C
Z-Cof DM	Zotex-D
Z-Cof DMX	Zotex-EX
Z-Cof HC	Zotex-G
Z-Cof HCX	Zotex-GP
Z-Cof LAX	Zotex-LA
Zebeta	Zotex-PE
Zebutal	Zoto-HC
Zegerid (PA) (QCD)	Zovirax
Zelapar	Ztuss
Zemaira *	Ztuss 2
Zenapax (SP)	Z-Tuss AC
Zencia	Zyban
Zenieva	Zydone
Zephrex-LA	Zyflo (ST)
Zestoretic	Zyflo CR (ST)
Zestril	Zylet
Zetacet	Zyloprim
Zhist	Zymar (QCD)
Ziac	Zymaxid (QCD)
Ziana	Zymine
Zinacef	Zymine DXR
Zinecard (SP)	Zymine HC

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Zymine XR

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Zymine-D

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Zypram

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Zyprexa IM

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Zyprexa Relprevv

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Zyprexa Zydis

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Zytopic Convenience kit

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Zyvox

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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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