



Your Guide to the BlueValue Rx Formulary



Effective January 1, 2009



MASSACHUSETTS

About BlueValue Rx

BlueValue Rx is a pharmacy program that combines the traditional three-tier pharmacy benefit with the Blue Cross Blue Shield high-performance formulary. This formulary is designed to provide coverage for a wide variety of generic and low-cost brand-name medications that are safe, affordable, and clinically effective.

Common Medications List

Beginning on page 3 is a sample list of many commonly prescribed medications covered under the BlueValue Rx formulary. All medications in this list are grouped by therapeutic class (e.g., Allergy, Asthma, Pain Relievers). Medications are listed alphabetically within each copayment tier. This sample list is current as of January 1, 2009 and is subject to change.

Questions About Covered Medications

To learn if your medication is covered, go to www.bluecrossma.com and select Search for Information on a Medication within the Pharmacy Program section of the website. Be sure to select the tab for the BlueValue Rx formulary.

Blue Cross Blue Shield of Massachusetts members can also register with Member Self Service. Once you are registered, you can then obtain your personal pharmacy benefits which are made available through our partnership with Express Scripts, Inc. (ESI). ESI is the pharmacy benefit manager that Blue Cross utilizes to administer your pharmacy benefits. Once you are routed to the Express Scripts website, you can view details regarding your pharmacy benefits and coverage as well as use the Price Check tool. The Price Check tool allows you to see how much you'll pay for a particular medication, including a comparison with generic equivalents when available.

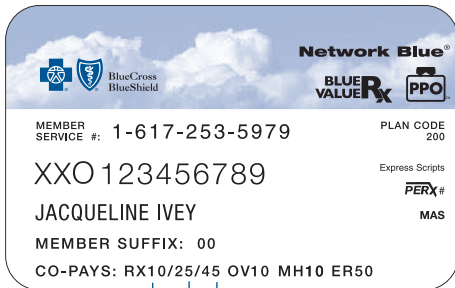
If your medication is not covered, please talk with your doctor to find an alternative covered medication. Your doctor may request coverage from our Clinical Pharmacy Department for a non-covered medication if no covered alternative is appropriate for treating your condition.

About Your ID Card and Your Copayments

BlueValue Rx has three tiers of copayment amounts that you pay, depending on your medications. When you fill a prescription, the amount you pay the pharmacy (your prescription copayment) 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.

In addition to your copayment, your prescription benefits may also include 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.

Copayment amounts are printed on the front of your ID card, as in the following example. Please note that your copayment amount may differ from the amounts listed on the sample card below.



Tier 1 medications have the lowest copayment, indicated by the first number.

Tier 2 medications have a higher copayment, indicated by the second number

Tier 3 medications, usually the most expensive, have the highest copayment, indicated by the third number.

If your current member ID card does not list your pharmacy copayments, please call the Member Service number listed on the front of your ID card.

Covered Medication List

The following sample list includes many widely prescribed covered medications. All medications in this section are grouped by Therapeutic Class (e.g. Allergy and Pain Relievers) and then listed alphabetically within each copayment tier.

This list is up-to-date as of January 1, 2009 and is subject to change at any time. Please note that this sample of widely prescribed medications is based on our standard BlueValue Rx formulary. For more information about your specific prescription benefits, visit www.bluecrossma.com/pharmacy, or 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.

Allergy: Nasal Preparations		
Tier 1	Tier 2	Tier 3
flunisolide (OCD) fluticasone (OCD) ipratropium NS (OCD)		Astelin [®] (OCD)
Allergy: Oral Agents		
Tier 1	Tier 2	Tier 3
clemastine syrup cyproheptadine diphenhydramine (prescription forms only) hydroxyzine		

(PA) prior authorization required | (PA17) prior authorization required for members who are 17 years of age or older
 (OCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Anti-Infectives: Antibiotics

Tier 1	Tier 2	Tier 3
amoxicillin amoxicillin w/clavulanate potassium ampicillin azithromycin cefaclor cefadroxil cefdinir cefepime cefprozil cefuroxime cephalixin cephradine ciprofloxacin ciprofloxacin ER clarithromycin clarithromycin ER clindamycin cloxacillin dicloxacillin doxycycline erythromycin erythromycin/sulfisoxazole minocycline nitrofurantoin ofloxacin oraxyl penicillin VK sulfamethoxazole/trimethoprim Sulfatrim [®] sulfisoxazole tetracycline	Avelox [®] Ceftin [®] (suspension) Vancocin [®]	

Anti-Infectives: Antifungal (Oral)

Tier 1	Tier 2	Tier 3
fluconazole fluconazole 150mg (QCD) Griseofulvin Ultra itraconazole (QCD) (PA) ketoconazole nystatin terbinafine (QCD) (PA)	Noxafil [®] VFEND [®]	Lamisil [®] packets (QCD) (PA)

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Anti-Infectives: Antiviral

Tier 1	Tier 2	Tier 3
acyclovir amantadine famciclovir (QCD) ganciclovir ribavirin (SP) rimantadine	Baraclude™ Epivir HBV® Hepsera® Tyzeka™ Valcyte™	

Anti-Infectives: Others

Tier 1	Tier 2	Tier 3
ethambutol isoniazid mebendazole mefloquine methenamine metronidazole phenazopyridine pyrazinamide rifampin	Dapsone® Malarone® Mycobutin® Priftin®	Qualaquin™ (QCD)

Asthma/Respiratory: Inhaled

Tier 1	Tier 2	Tier 3
albuterol solution cromolyn sodium ipratropium solution metaproterenol solution	Atrovent/HFA® inhaler (QCD) Combivent® (QCD) Flovent®/HFA/Rotadisk (QCD) NebuPent™ (QCD) Perforomist™ ProAir® HFA inhaler (QCD) Pulmicort Respules® (QCD) QVAR® (QCD) Serevent® Diskus® (QCD) Spiriva® (QCD) Symbicort® (QCD) (ST)	Advair Diskus® (QCD) (ST) Advair® HFA (QCD) (ST)

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Asthma/Respiratory: Oral

Tier 1	Tier 2	Tier 3
albuterol albuterol ER aminophylline dyphylline metaproterenol terbutaline Theochron [®] theophylline	Singulair [®] (ST)	

Central Nervous System: Alzheimer's

Tier 1	Tier 2	Tier 3
galantamine	Aricept [®] Aricept [®] ODT Exelon [®] Razadyne ER [®]	Razadyne [®]

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Central Nervous System: Anxiety/Psychological

Tier 1	Tier 2	Tier 3
alprazolam alprazolam ER amitriptyline/chlordiazepoxide amitriptyline/perphenazine buspirone chlordiazepoxide chlorpromazine clonazepam clonazepam disperse tabs clorazepate clozapine diazepam estazolam fluphenazine flurazepam haloperidol lithium lorazepam loxapine oxazepam perphenazine risperidone temazepam thioridazine thiothixene triazolam trifluoperazine	Abilify™ Risperdal® Consta® Seroquel® Seroquel XR™ Zyprexa®	Risperdal®

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Central Nervous System: Depression

Tier 1	Tier 2	Tier 3
amitriptyline amoxapine Budeprion™ SR (QCD) buprion XL (QCD) bupropion bupropion SR (QCD) bupropion XL (QCD) citalopram (QCD) clomipramine desipramine doxepin fluoxetine (QCD) fluvoxamine (QCD) imipramine imipramine hydrochloride imipramine pamoate maprotiline mirtazapine (QCD) nefazodone (QCD) nortriptyline paroxetine (QCD) paroxetine CR (QCD) Selfemra™ (QCD) sertraline (QCD) trazodone venlafaxine	Nardil®	Cymbalta® (ST) Effexor XR® (QCD) (ST)

Central Nervous System: Parkinson's

Tier 1	Tier 2	Tier 3
amantadine benzotropine bromocriptine carbidopa-levodopa/SR pergolide ropinirole selegiline trihexyphenidyl	Azilect® Comtan® Lodosyn® Mirapex® Stalevo®	Requip®

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Central Nervous System: Seizures

Tier 1	Tier 2	Tier 3
carbamazepine divalproex sodium ethosuximide gabapentin lamotrigine lamotrigine dispertabs oxcarbazepine phenobarbital phenytoin primidone valproic acid zonisamide	Celontin [®] Depakote [®] /ER Dilantin [®] Felbatol [®] Keppra [®] Peganone [®] Tegretol [®] Tegretol [®] -XR	Lamictal [®] Lyrica [®] (PA) Topamax [®] Zonegran [®]

Central Nervous System: Sleep

Tier 1	Tier 2	Tier 3
chloral hydrate estazolam flurazepam phenobarbital temazepam triazolam zaleplon (QCD) zolpidem (QCD)		Lunesta [®] (QCD) (ST)

Central Nervous System: Stimulants/ADHD

Tier 1	Tier 2	Tier 3
amphetamine combinations dexamethylphenidate dextroamphetamine (PA17) Methylin [™] /ER methylphenidate methylphenidate SR pemoline	Concerta [®] (QCD) Provigil [®] (PA17)	Metadate [®] CD

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Cholesterol Lowering

Tier 1	Tier 2	Tier 3
cholestyramine/light colestipol fenofibrate gemfibrozil lovastatin (QCD) pravastatin (QCD) Prevalite® simvastatin (QCD)	Crestor® (QCD) (ST) Fenoglide™ Niaspan® Triglide™	Advicor® (QCD) (ST) Lipitor® (QCD) (ST) Vytorin® (QCD) (ST) Zetia® (QCD) (ST)

Diabetes Management

Tier 1	Tier 2	Tier 3
acarbose chlorpropamide glipizide/metformin glipizide/XL glyburide glyburide(micronized) glyburide/metformin metformin/ER tolazamide tolbutamide	ACTOplus met™ (QCD) Actos™ (QCD) Avandamet® (QCD) Avandaryl® Avandia® (QCD) Byetta® Humalog® (all products) Humulin® (all products) Iletin II® Janumet™ (ST) Januvia™ (ST) Lantus® Levemir® Prandin® Symlin®	Duetact™ Exubera® (ST) Precose®

Ear Preparations

Tier 1	Tier 2	Tier 3
acetic acid acetic acid/hydrocortisone antipyrine/benzocaine neomycin/polymyxin/ hydrocortisone ofloxacin		Cipro HC Otic®

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Endocrine: Oral Steroids

Tier 1	Tier 2	Tier 3
cortisone dexamethasone fludrocortisone hydrocortisone methylprednisolone prednisolone prednisone	Entocort EC [®]	

Endocrine: Other Agents

Tier 1	Tier 2	Tier 3
cabergoline (OCD) desmopressin	Stimate [®]	DDAVP [®] nasal spray

Endocrine: Prostate

Tier 1	Tier 2	Tier 3
finasteride	Flomax [®] Uroxatral [®]	

Endocrine: Thyroid

Tier 1	Tier 2	Tier 3
Levothroid [®] levothyroxine Levoxyl [®] methimazole propylthiouracil thyroid USP Unithroid [™]		Cytomel [®] Synthroid [®]

Eye Preparations: Allergy

Tier 1	Tier 2	Tier 3
cromolyn ophthalmic (OCD) phenylephrine		

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Eye Preparations: Anti-Infective

Tier 1	Tier 2	Tier 3
bacitracin/polymyxin ciprofloxacin erythromycin gentamicin neomycin/polymyxin combinations sulfacetamide tobramycin trifluridine	Ciloxan [®] (ointment) Zylet [®]	

Eye Preparations: Anti-Inflammatory

Tier 1	Tier 2	Tier 3
dexamethasone fluorometholone flurbiprofen prednisolone	Pred Mild [®] Voltaren [®]	Restasis [™] (OCD)

Eye Preparations: Glaucoma

Tier 1	Tier 2	Tier 3
acetazolamide betaxolol carteolol dipivefrin levobunolol metipranolol pilocarpine timolol	Trusopt [®] Xalatan [®]	

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Gastrointestinal (Stomach)

Tier 1	Tier 2	Tier 3
balsalazide disodium belladonna/phenobarbital chlordiazepoxide cimetidine (excluding 200mg) dicyclomine diphenoxylate/atropine dronabinol Enulose [®] famotidine (40mg only) granisetron (QCD) granisol (QCD) hyoscyamine lactulose Lonox [®] loperamide metoclopramide misoprostol nizatidine omeprazole (QCD) ondansetron (QCD) ondansetron ODT (QCD) pancrelipase prochlorperazine promethazine propantheline ranitidine (excluding 150mg) sucralfate sulfasalazine trimethobenzamide ursodiol	Aloxi [®] Asacol [®] Carafate [®] suspension Emend [®] (QCD) Entocort EC [®] Lialda [™] Lotronex [®] (QCD) Pentasa [®] Prevacid [®] (QCD) (ST) Prevpac [®] (QCD)	Protonix [®] (QCD) (ST) Transderm-Scop [®]

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Heart/Blood Modifiers/Circulation

Tier 1	Tier 2	Tier 3
acebutolol amiloride amiloride w/chlorthalidone amiodarone amlodipine (QCD) atenolol atenolol w/HCTZ bisoprolol bisoprolol w/HCTZ bumetanide captopril captopril w/HCTZ Cartia XT [®] carvedilol chlorothiazide chlorthalidone cilostazol Digitek [®] digoxin dilt-CD diltiazem/ER/SR dipyridamole disopyramide doxazosin (QCD) enalapril enalapril w/HCTZ eplerenone (ST) flecainide folic acid furosemide hydralazine hydrochlorothiazide indapamide isosorbide dinitrate isosorbide mononitrate jantoven labetalol lisinopril lisinopril w/HCTZ methyclothiazide metolazone metoprolol metoprolol succinate minoxidil moexipril moexipril HCTZ	Aranesp [®] (QCD) (PA) (SP) Arixtra [®] (QCD) Avapro [®] (ST) Azor [®] (ST) Benicar [®] (ST) BiDil [®] Diovan [®] (ST) Exforge [®] (ST) Fragmin [®] (QCD) Innohep [®] Lovenox [®] (QCD) Neulasta [®] (QCD) (SP) Neupogen [®] (QCD) (SP) Procrit [®] (QCD) (PA) (SP) Revatio [®] (PA) Revlimid [®]	Coumadin [®] Epogen [®] (QCD) (PA) (SP) Plavix [®] Rythmol SR [®]

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 (QCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Heart/Blood Modifiers/Circulation *(continued)*

Tier 1	Tier 2	Tier 3
nadolol nicardipine nifedipine/ER nimodipine nisoldipine nitroglycerin Nitro-Quick [®] papaverine pentoxifylline pindolol prazosin procainamide propafenone propranolol propranolol w/HCTZ quinapril quinaretic quinidine gluconate quinidine sulfate sotalol spironolactone spironolactone w/HCTZ terazosin (OCD) ticlopidine torsemide trandolapril triamterene w/HCTZ verapamil/SR warfarin		

Migraine/Headache

Tier 1	Tier 2	Tier 3
butalbital (generic combinations) Duradrin [®] ergotamine (generic)	Cafergot [®] (tablets) Imitrex [®] (injection) (OCD) Zomig [®] (OCD)	

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 (OCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Muscle Relaxants

Tier 1	Tier 2	Tier 3
baclofen carisoprodol carisoprodol compound chlorzoxazone cyclobenzaprine methocarbamol orphenadrine tizanidine	Dantrium [®]	Skelaxin [®]

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(OCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Pain Relievers

Tier 1	Tier 2	Tier 3
acetaminophen/codeine butorphanol NS (QCD) choline magnesium trisalicylate codeine phosphate codeine sulfate diclofenac diflunisal etodolac fentanyl lozenge fentanyl patch flurbiprofen hydrocodone/acetaminophen hydrocodone/ibuprofen hydromorphone ibuprofen indomethacin ketoprofen ketorolac levorphanol mefenamic acid meloxicam (QCD) meperidine methadone morphine sulfate ER/IR nabumetone naproxen oxycodone oxycodone ER oxycodone/acetaminophen oxycodone/aspirin piroxicam propoxyphene propoxyphene/acetaminophen salsalate sulindac tolmetin tramadol tramadol/acetaminophen		Lyrica [®] (PA)

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 (QCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Skin Preparations

Tier 1	Tier 2	Tier 3
<p>Amnesteem™ (oral) betamethasone calcipotriene Claravis™ (oral) clindamycin clioquinol/HC clobetasol clotrimazole/betamethasone desonide desoximetasone econazole erythromycin fluocinolone fluocinonide fluorouracil fluticasone gentamicin halobetasol ketoconazole lodrocortisone metronidazole mometasone mupirocin nystatin nystatin/triamcinolone podofilox sodium sulfacetamide sulfur Sotret® (oral) SSD® cream tretinoin (PA30) triamcinolone</p>	<p>Cleocin Vaginal Cream Efudex® cream Regranex® Sulfamylon®</p>	<p>Differin® Elidel® (PA)</p>

(PA) prior authorization required | (PA30) prior authorization required for members who are 30 years of age or older
(OCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Women's Health: Contraceptives

Tier 1	Tier 2	Tier 3
<p> Apri[®] Aranelle[™] Aviane[®] Camila[®] Cesia[™] Cryselle[™] Enpresse[®] Errin[™] Jolessa[™] Jolivette[™] Junel/FE[®] Kariva[™] Kelnor[™] Lessina[™] Levora[®] Low-Ogestrel[®] Lutera[™] Microgestin FE[®] Mononessa[®] Necon[®] Nora-BE[®] Nortrel[®] Ocella[®] Ogestrel[®] Portia[®] Previfem[™] Quasense[™] Sprintec[®] TriNessa[®] Tri-Previfem[™] Tri-Sprintec[®] Trivora[®] Velivet[™] Zenchent[‡][®] Zovia[®] </p>		<p>Plan B[®]</p>

(PA) prior authorization required | (PA17) prior authorization required for members who are 17 years of age or older (OCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Women's Health: Hormone Replacement/Preparations

Tier 1	Tier 2	Tier 3
Covaryx™ Covaryx™ HS estradiol estradiol patch (QCD) estradiol/norethindrone estropipate medroxyprogesterone norethindrone	Alora® (QCD) Estrace Cream® Menest® Prometrium® Vagifem®	Premarin® Premarin Cream®

Women's Health: Osteoporosis

Tier 1	Tier 2	Tier 3
alendronate (QCD) etidronate	Actonel® (QCD) (ST) Actonel® with Calcium (QCD) (ST) Didronel® Evista® Forteo® (QCD) (PA)	Fosamax® (QCD) (ST) Fosamax® Plus D™ (QCD) (ST)

Women's Health: Other

Tier 1	Tier 2	Tier 3
chorionic gonadotropin (SP) clomiphene (SP) leuprolide (SP) Novarel® (SP) Serophene® (SP)	Bravelle® (SP) Cetrotide® (SP) Gonal-f® (SP) Gonal-f® RFF (SP) Lupron Depot® (SP) Luveris® (SP) Repronex® (SP)	Ovidrel® (SP) Pregnyl® (SP)

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 (QCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Quality Care Dosing List

The following prescription medications are subject to Quality Care Dosing (QCD). This list is up-to-date as of January 1, 2009 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.

*Aciphex™ (ST)
Actonel® (ST)
Actonel with Calcium® (ST)
ACTOplus met™
Actos™
*Acular® /PF/LS
*Adderall® XR
Advair Diskus® (ST)
Advair HFA® (ST)
Advicor® (ST)
*Aerobid® /Aerobid® M
*Alamast™
alendronate
*Alocril®
*Alomide®
Alora®
*Alrex™
*Alupent® Inhaler
*Ambien® (ST)
*Ambien CR™ (ST)
*Ambien Pak™ (ST)
*Amerge™
amlodipine
*Anzemet®
Aranesp® (PA) (SP)
*Arava®
Arixtra®
*Asmanex®
Astelin®
*Atrovent® Nasal Spray
Atrovent/HFA® inhaler
Avandamet™
Avandia®
Avonex® (SP)
*Axert®
*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 8% solution (PA)
citalopram
*Climara®
*Climara Pro™
*CNL 8® (PA)
Combivent®
Concerta®
Copaxone® (SP)
Crestor® (ST)
*Crolom® Ophthalmic
cromolyn ophthalmic
*Diflucan® 150mg
*Dostinex®
doxazosin
Effexor XR® (ST)
*Elestat™
*Emadine®
Emend®
Emend® Tri-Fold Pack
Enbrel® (PA) (SP)
Epogen® (PA) (SP)
*Estraderm®

* (Non-covered Medication) quality care dosing limits apply to members with approved formulary exceptions (PA) prior authorization required | (SP) specialty pharmacy network only | (ST) step therapy required

estradiol patch

*Estrasorb[®]

*Estroge|[®]

*Evamist[®]

famciclovir

*Famvir[®]

*Flonase[®]

Fluvent[®] /HFA

fluconazole 150mg

flunisolide

fluoxetine

fluticasone

flvoxamine

*Foradil[®]

Forteo[®] (PA) (SP)

Fosamax[®] (ST)

Fosamax[®] Plus D[™] (ST)

Fragmin[®]

*Frova[™]

glucose testing strips (all)

granisetron

granisol

Humira[®] (PA) (SP)

*Hytrin[®]

Imitrex[®] (injection)

*Imitrex[®] (tablets, nasal spray)

Infergen[®] (PA) (SP)

*Intal[®] Inhaler

ipratropium nasal spray

itraconazole (PA)

*Kytril[™]

Lamisil[®] packets (PA)

*Lamisil[®] tablets (PA)

leflunomide

*Lescol[®] (ST)

*Lescol[®] XL (ST)

*Lexapro[®] (ST)

Lipitor[®] (ST)

*Livostin[®]

Lotronex[®]

lovastatin

Lovenox[®]

Lunesta[®] (ST)

*Luvox[®] CR (ST)

*Maxair[™] Autohaler[™]

*Maxalt[®]

*Maxalt[®]-MLT[™]

meloxicam

*Menostar[®]

*Mevacor[®] (ST)

*Migranal[®]

mirtazapine

*Mobic[®]

*Nasacort[®]

*Nasacort[®] AQ

*Nasarel[®]

*Nasonex[®]

NebuPent[®]

Neulasta[®] (SP)

Neupogen[®] (SP)

*Nexium[™] (ST)

*Norvasc[®]

omeprazole

*Omnaris[™]

ondansetron

ondansetron ODT

*Optivar[™]

pantoprazole (ST)

paroxetine

paroxetine CR

*Pataday[™]

*Patanase[®]

*Patanol[®]

*Paxil[®] (ST)

*Paxil[®] CR (ST)

Pegasys[®] (PA) (SP)

PEG-Intron[®] (PA) (SP)

*Penlac[™] (PA)

*Pexeva[™] (ST)

*Pravachol[®] (ST)

pravastatin

*Pravigard[™] Pac

Prevacid[®] (ST)

Prevpac[®]

*Prilosec[®] (ST)

*Pristiq[®] (ST)

ProAir[®] HFA Inhaler

Procrit[®] (PA) (SP)

* (Non-covered Medication) quality care dosing limits apply to members with approved formulary exceptions
 (PA) prior authorization required | (SP) specialty pharmacy network only | (ST) step therapy required

Protonix® (ST)
 *Proventil® /HFA Inhaler
 *Prozac® (ST)
 *Prozac® Weekly™ (ST)
 *Pulmicort Flexhaler™
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 *Pulmicort Turbuhaler®
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 *Remeron®
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 *Rhinocort® AQ™
 *Rozerem™ (ST)
 *Sarafem™ (ST)
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 *Simcor® (ST)
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 *Sonata® (ST)
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 *Sporanox® (PA)
 *Strattera™ (PA17)
 Symbicort® (ST)
 *Symbyax®
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 terbinafine (PA)
 *Tilade®
 *Treximet®
 *Valtrex®
 *Ventolin® /HFA
 *Veramyst™
 *Vigamox™
 *Vivelle®
 *Vivelle-Dot®
 Vytorin® (ST)
 *Vyvanse®
 *Wellbutrin SR® (ST)
 *Wellbutrin XL® (ST)
 *Xopenex HFA®
 zaleplon
 *Zegerid® (ST)

Zetia™ (ST)
 *Zocor® (ST)
 *Zofran®
 *Zofran ODT®
 *Zolof® (ST)
 zolpidem
 Zomig®
 Zomig ZMT®
 *Zymar™

* (Non-covered Medication) quality care dosing limits apply to members with approved formulary exceptions
 (PA) prior authorization required | (SP) specialty pharmacy network only | (ST) step therapy required

Prior Authorization List

The following is a list of prescription medications that require prior authorization. This list is up-to-date as of January 1, 2009 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.

Aldurazyme™ (medical benefit only)
Amevive® (medical benefit only)
amphetamines
Aranesp® (QCD) (SP)
*Boniva® syringe
botulinum toxin
Ceredase® (medical benefit only)
Cerezyme® (medical benefit only)
ciclopirox 8% solution (QCD)
Cimzia®
*CNL 8® (QCD)
*Desoxyn® (PA17)
*Dexedrine® (PA17)
dextroamphetamine (PA17)
Elidel®
Enbrel® (QCD) (SP)
enteral formula
Epogen® (QCD) (SP)
Fabrazyme® (medical benefit only)
factor viii, viiia, ix (medical benefit only)
Forteo® (QCD) (SP)
growth hormone (SP)
Humira™ (QCD) (SP)
interferons (QCD) (SP)
itraconazole (QCD)
iv immunoglobulin (medical benefit only)
Kineret® (SP)
Lamisil® packets (QCD)
*Lamisil® tablets (QCD)
Lyrica®
methamphetamines (PA17)
Naglazyme® (medical benefit only)
Orencia® (SP)
*Penlac™ (QCD)
preservative-free morphine
(medical benefit only)

Procrit® (QCD) (SP)
Prolastin® (medical benefit only)
*Protopic®
Provigil® (PA17)
Raptiva™ (SP)
Reclast® (medical benefit only)
Remicade® (SP)
Respiratory Syncytial Virus Ig/
Synagis® (medical benefit only)
Revatio®
Rituxan® (SP)
Somatuline®
Somavert® (SP)
*Sporanox® (QCD)
*Strattera™ (QCD) (PA17)
terbinafine (QCD)
topical retinoic acid derivatives (PA30)
TPN (medical benefit only)
Tysabri® (medical benefit only)
Xolair® (medical benefit only)
Zometa® (medical benefit only)

* (Non-covered Medication) | (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) specialty pharmacy network only

Step Therapy

The following prescription medications are subject to our Step Therapy program. This list is up-to-date as of January 1, 2009 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.

*Accolate[®]
 *Aciphex[™] (QCD)
 Actonel[®] (QCD)
 Actonel with Calcium[®] (QCD)
 Advair Diskus[®] (QCD)
 Advair HFA[®] (QCD)
 Advicor[®] (QCD)
 *Altprev[®]
 *Ambien[®] (QCD)
 *Ambien CR[™] (QCD)
 *Ambien Pak[™] (QCD)
 *Atacand[®]
 *Atacand HCT[®]
 *Avalide[®]
 Avapro[®]
 *Avodart[®]
 Azor[®]
 Benicar[™]
 *Benicar HCT[™]
 *Boniva[®] tablets (QCD)
 *Caduet[®] (QCD)
 *Celebrex[™] (QCD)
 *Celexa[®] (QCD)
 *Cozaar[®]
 Crestor[®] (QCD)
 Cymbalta[®]
 Diovan[®]
 *Diovan HCT[®]
 *Effexor[®]
 Effexor XR[®] (QCD)
 eplerenone
 Exforge[®]
 Exubera[®]
 Fosamax[®] (QCD)
 Fosamax Plus D[™] (QCD)
 *Hyzaar[®]
 *Inspra[®]

Janumet[™]
 Januvia[™]
 *Lescol[®] (QCD)
 *Lescol XL[®] (QCD)
 *Lexapro[™] (QCD)
 Lipitor[®] (QCD)
 Lunesta[®] (QCD)
 *Luvox CR[®] (QCD)
 *Mevacor[®] (QCD)
 *Micardis[®]
 *Micardis HCT[®]
 *Nexium[™] (QCD)
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 *Paxil[®] (QCD)
 *Paxil[®] CR (QCD)
 *Pexeva[™] (QCD)
 *Pravachol[®] (QCD)
 Prevacid[®] (QCD)
 *Prilosec[®] (QCD)
 *Pristiq[®] (QCD)
 *Proscar[®]
 Protonix[®] (QCD)
 *Prozac[®] (QCD)
 *Prozac[®] Weekly[™] (QCD)
 *Rozerem[™] (QCD)
 *Sarafem[™] (QCD)
 *Simcor[®] (QCD)
 Singulair[®]
 *Sonata[®] (QCD)
 Sprycel[®] (SP)
 Sutent[®] (SP)
 Symbicort[®] (QCD)
 Tasigna[®] (SP)
 *Teveten[®]
 *Teveten HCT[®]
 Vytorin[™] (QCD)
 *Wellbutrin[®]

* (Non-covered Medication) step therapy applies to members with approved formulary exceptions (QCD) quality care dosing limits apply

*Wellbutrin SR[®] (QCD)

*Wellbutrin XL[®] (QCD)

*Zegerid[®] (QCD)

Zetia[®] (QCD)

*Zocor[®] (QCD)

*Zoloft[®] (QCD)

*Zyflo[®]

*Zyflo CR[™]

* (Non-covered Medication) quality care dosing limits apply to members with approved formulary exceptions (PA) prior authorization required | (SP) specialty pharmacy network only | (ST) step therapy required

Medication Resource List Index

This index includes all prescription medications listed in this booklet, along with the page(s) on which they can be found. By looking up your medication by page number(s), you can find out:

- Which tier your medication is listed on;
- Whether your medication is included in our Quality Care Dosing Program;
- Whether your medication requires prior authorization/step therapy;
- What therapeutic class your medication is in; and
- If lower cost alternatives exist within the same therapeutic class.

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