



Your Guide to the BlueValue Rx Formulary



Effective January 1, 2010



MASSACHUSETTS

About BlueValue Rx

BlueValue Rx is a pharmacy program that combines the traditional three-tier pharmacy benefit with the Blue Cross Blue Shield of Massachusetts high-performance formulary. This program 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, 2010 and is subject to change.

Questions About Covered Medications

To learn if your medication is covered, go to www.bluecrossma.com/pharmacy and select Search for Information on a Medication. 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

Blue Shield of Massachusetts 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 about 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.

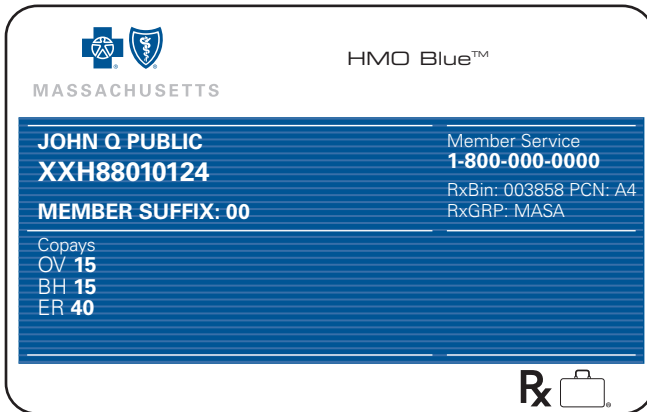
Your Pharmacy Copayments

Our Pharmacy Program Formulary is based on a tiered copayment structure. 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.

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 purchase a prescription. A sample ID Card is shown below.



MASSACHUSETTS

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, 2010 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 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 Cephalexin Cephradine Ciprofloxacin Ciprofloxacin ER Clarithromycin Clarithromycin ER Clindamycin Dicloxacillin Doxycycline Erythromycin Erythromycin/Sulfisoxazole Minocycline Nitrofurantoin Ofloxacin Oraxyl Penicillin VK Sulfamethoxazole/Trimethoprim Tetracycline | Avelox Ceftin (suspension) Vancocin | |

Anti-Infectives: Antifungal (Oral)

| Tier 1 | Tier 2 | Tier 3 |
|---|------------------|----------------------------|
| Fluconazole Fluconazole 150mg (QCD) Griseofulvin Itraconazole (QCD) (PA) Ketoconazole Nystatin Terbinafine (QCD) (PA) | Noxafil VFEND | Lamisil packets (QCD) (PA) |

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

Anti-Infectives: Antiviral

| Tier 1 | Tier 2 | Tier 3 |
|--|---|--------|
| Acyclovir Amantadine Fanciclovir (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 | Coartem Dapsone Malarone Mycobutin Priftin | Quaaluan (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 GG Metaproterenol Terbutaline Theochron Theophylline | Singulair (ST) | |

Central Nervous System: Alzheimer's

| Tier 1 | Tier 2 | Tier 3 |
|-------------------------------|----------------------------------|-------------------------|
| Galantamine Galantamine ER | Aricept Aricept ODT Exelon | Razadyne Razadyne ER |

(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

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 Risperidone M-Tab Risperidone ODT Temazepam Thioridazine Thiothixene Triazolam Trifluoperazine | Abilify Risperdal Consta Seroquel Seroquel XR Zyprexa | Risperdal |

(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

Central Nervous System: Depression

| Tier 1 | Tier 2 | Tier 3 |
|--|--------|--|
| Amitriptyline Amoxapine Budeprion SR (QCD) Budeprion 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 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 (ST) Stalevo | |

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

Central Nervous System: Seizures

| Tier 1 | Tier 2 | Tier 3 |
|--|---|--|
| Carbamazepine Carbamazepine XR Divalproex Sodium Ethosuximide Gabapentin Lamotrigine Lamotrigine Dispersed Levetiracetam Oxcarbazepine Phenobarbital Phenytoin Primidone Topiramate Valproic Acid Zonisamide | Banzel (PA) Celontin Dilantin Felbatol Peganone Tegretol | Depakote/ER Keppra Lamictal Lyrica (PA) Tegretol-XR Topamax Vimpat |

Central Nervous System: Sleep

| Tier 1 | Tier 2 | Tier 3 |
|---|--------|--------------------|
| Chloral Hydrate Estazolam Flurazepam Phenobarbital Temazepam Triazolam Zaleplon (OCD) Zolpidem (OCD) | | Lunesta (OCD) (ST) |

Central Nervous System: Stimulants/ADHD

| Tier 1 | Tier 2 | Tier 3 |
|--|---|-------------|
| Amphetamine combinations Dexamphetamine Dextroamphetamine (PA17) Dextroamphetamine SR (PA17) Liquadd Methylin/ER Methylphenidate Methylphenidate SR | Concerta (OCD) Dextroamphetamine/ Amphetamine ER (OCD) 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) Niaspan | 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 Nateglinide Tolazamide Tolbutamide | Byetta Humalog (all products) Humulin (all products) Iletin II Janumet (ST) Januvia (ST) Lantus Levemir Prandin Symlin | ACTOplus Met (QCD) (ST) Actos (QCD) (ST) Avandamet (QCD) (ST) Avandaryl (ST) Avandia (QCD) (ST) Duetact (ST) 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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 (QCD) quality care dosing limits apply | (SP) specialty pharmacy network only | (ST) step therapy required

Endocrine: Oral Steroids

| Tier 1 | Tier 2 | Tier 3 |
|---|-------------|--------|
| Cortisone Dexamethasone Fludrocortisone Hydrocortisone Methylprednisolone Millipred DP Prednisolone Prednisone | Entocort EC | |

Endocrine: Other Agents

| Tier 1 | Tier 2 | Tier 3 |
|-----------------------------------|---------|--------|
| Cabergoline (OCD) Desmopressin | Stimate | |

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

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 Dorzolamide Dorzolamide-Timolol Levobunolol Metipranolol Pilocarpine Timolol | Trusopt Xalatan | |

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Gastrointestinal (Stomach)

| Tier 1 | Tier 2 | Tier 3 |
|---|---|---|
| Allopurinol Balsalazide Disodium Belladonna/Phenobarbital Chlordiazepoxide Cimetidine (excluding 200mg) Dicyclomine Diphenoxylate/Atropine Dronabinol Enulose Famotidine (40mg only) Granisetron (QCD) Granisol (QCD) Hyoscyamine Lactulose Lansoprazole (QCD) (PA) Lonox Metoclopramide Misoprostol Nizatidine Omeprazole (QCD) (PA) Ondansetron (QCD) Ondansetron ODT (QCD) Pancrelipase Prochlorperazine Proctosol-HC Promethazine Propantheline Ranitidine (excluding 150mg) Sucralfate Sulfasalazine Trimethobenzamide Ursodiol | Aloxi Asacol Carafate suspension Creon Emend (QCD) Entocort EC Lialda Lotronex (QCD) Pentasa Prevpac (QCD) Ultrase Viokase | Amitiza (PA) Transderm-Scop Uloric (ST) |

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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 Clonidine (QCD) Digitek Digoxin Dilt-CD Diltiazem/ER/SR Diltzac ER 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 Methylothiazide Metolazone Metoprolol Metoprolol Succinate Minoxidil | Aranesp (QCD) (PA) (SP) Arixtra (QCD) Avapro (ST) Azor (ST) Benicar (ST) BiDil Diovan (ST) Exforge (ST) Fragmin (QCD) Innohep Lovenox (QCD) Neulasta (QCD) (PA) (SP) Neumega (SP) Neupogen (QCD) (PA) (SP) Procrit (QCD) (PA) (SP) Revatio (PA) (SP) Revlimid | Coumadin Epogen (QCD) (PA) (SP) Plavix Rythmol SR Toprol XL |

(PA) prior authorization required | (PA17) prior authorization required for members who are 17 years of age or older
 (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 |
|---|--------|--------|
| Moexipril Moexipril HCTZ 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) Ergotamine-Caffeine Sumatriptan (injection, tablet) (OCD) | Cafegot (tablets) Sumatriptan (nasal spray) (OCD) Zomig (OCD) (ST) Zomig-ZMT (OCD) (ST) | Imitrex (injection) (OCD) (ST) |

(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

Muscle Relaxants

| Tier 1 | Tier 2 | Tier 3 |
|--|----------|----------|
| Baclofen Carisoprodol Carisoprodol Compound Chlorzoxazone Cyclobenzaprine Methocarbamol Orphenadrine Tizanidine | Dantrium | Skelaxin |

(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

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 (QCD) (PA) 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 (QCD) Oxycodone/Acetaminophen Oxycodone/Aspirin Piroxicam Propoxyphene Propoxyphene/Acetaminophen Salsalate Sulindac Tolmetin Tramadol Tramadol/Acetaminophen | OxyContin (QCD) | Lyrica (PA) Savella |

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

Skin Preparations

| Tier 1 | Tier 2 | Tier 3 |
|---|------------------------|--|
| Amnesteem (oral) Betamethasone Calcipotriene Claravis (oral) Clindamycin Clindamycin/Benzoyl Peroxide 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 | Regranex Sulfamylon | Cleocin Vaginal cream Differin Efudex cream Elidel (PA) |

(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 |
|--|--------|--------|
| Apri Aranelle Aviane Azurette Camila Caziant Cesia Cryselle Enpresse Errin Gildess FE Jolessa Jolivette Junel/FE Kariva Kelnor Lessina Levora Low-Ogestrel Lutera Microgestin FE Mononessa Necon Next Choice Nora-BE Nortrel Ocella Ogestrel Portia Prevfem Quasense Sprintec Tri-Lo Sprintec TriNessa Tri-Previfem Tri-Sprintec Trivora Velivet Zenchent Zovia | | Plan B |

(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) (SP) | 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) | Cetrotide (SP) Gonal-f (SP) Gonal-f RFF (SP) Lupron Depot (SP) Luveris (SP) Menopur (SP) Repronex (SP) | Endometrin (SP) Ovidrel (SP) Pregnyl (SP) |

(PA) prior authorization required | (PA17) prior authorization required for members who are 17 years of age or older
 (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, 2010 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 (PA) | Betaseron (SP) |
| *Actiq (PA) | *Boniva tablets (ST) |
| Actonel (ST) | Budeprion SR |
| Actonel with Calcium (ST) | Budeprion XL |
| ACTOplus Met (ST) | Bupropion SR |
| Actos (ST) | Bupropion XL |
| *Acular/PF/LS | Butorphanol NS |
| *Adderall XR | Cabergoline |
| Advair Diskus (ST) | *Caduet (ST) |
| Advair HFA (ST) | *Cardura |
| Advicor (ST) | *Cardura XL |
| *Aerobid/Aerobid M | *Catapres TTS |
| *Alamast | *Celebrex (ST) |
| Alendronate | *Celexa (ST) |
| *Alocril | *Cesamet |
| *Alomide | Ciclopirox 8% solution (PA) |
| Alora | Citalopram |
| *Alrex | *Climara |
| *Alupent inhaler | *Climara Pro |
| *Ambien (ST) | *CNL 8 (PA) |
| *Ambien CR (ST) | Combivent |
| *Amerge (ST) | Concerta |
| Amlodipine | Copaxone (SP) |
| *Anzemet | Crestor (ST) |
| Aranesp (PA) (SP) | *Crolom Ophthalmic |
| *Arava | Cromolyn Ophthalmic |
| Arixtra | *Diflucan 150mg |
| *Asmanex | Doxazosin |
| Astelin | Effexor XR (ST) |
| *Atrovent nasal spray | *Elestat |
| Atrovent/HFA inhaler | *Emadine |
| Avandamet (ST) | Emend |
| Avandia (ST) | Emend Tri-Fold Pack |
| Avonex (SP) | Enbrel (PA) (SP) |
| *Axert (ST) | Epogen (PA) (SP) |
| *Azmacort | *Estraderm |
| *Beconase AQ | Estradiol Patch |

* (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

*Estrasorb
 *Estrojel
 *Evamist
 Famciclovir
 *Famvir
 Fentanyl Oral/Mucosal (PA)
 *Fentora (PA)
 *Flonase
 Flovent/HFA
 Fluconazole 150mg
 Flunisolide
 Fluoxetine
 Fluticasone
 Flvoxamine
 *Foradil
 Forteo (PA) (SP)
 *Fosamax (ST)
 Fosamax Plus D (ST)
 Fragmin
 *Frova (ST)
 Glucose Testing Strips (All)
 Granisetron
 Granisol
 Humira (PA) (SP)
 *Hytrin
 *Imitrex (ST)
 Infergen (PA) (SP)
 *Intal inhaler
 Ipratropium nasal spray
 Itraconazole (PA)
 *Kapidex (PA)
 *Kytril
 Lamisil Granules (PA)
 *Lamisil tablets (PA)
 Lansoprazole (PA)
 Leflunomide
 *Lescol (ST)
 *Lescol XL (ST)
 *Lexapro (ST)
 Lipitor (ST)
 *Livostin
 Lotronex
 Lovastatin
 Lovenox

Lunesta (ST)
 *Luvox CR (ST)
 *Maxair Autohaler
 *Maxalt (ST)
 *Maxalt-MLT (ST)
 Meloxicam
 *Menostar
 *Mevacor (ST)
 *Migranal
 Mirtazapine
 *Mobic
 *Nasacort AQ
 *Nasarel
 *Nasonex
 NebuPent
 Neulasta (PA) (SP)
 Neupogen (PA) (SP)
 *Nexium (PA)
 *Norvasc
 Omeprazole (PA)
 *Omnaris
 Ondansetron
 Ondansetron ODT
 *Optivar
 Oxycodone ER
 OxyContin
 *Pantoprazole (PA)
 Paroxetine
 Paroxetine CR
 *Pataaday
 *Patanase
 *Patanol
 *Paxil (ST)
 *Paxil CR (ST)
 Pegasys (PA) (SP)
 PEG-Intron (PA) (SP)
 *Penlac (PA)
 *Pexeva (ST)
 *Pravachol (ST)
 Pravastatin
 *Prevacid (PA)
 Prevpac
 *Prilosec (PA)
 *Pristiq (ST)

* (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

ProAir HFA inhaler
 Procrit (PA) (SP)
 *Protonix (PA)
 *Proventil/HFA inhaler
 *Prozac (ST)
 *Prozac Weekly (ST)
 *Pulmicort Flexhaler
 Pulmicort Respules
 Qvalaquin
 QVAR
 Rebif (SP)
 *Relpax (ST)
 *Remeron
 Restasis
 *Rhinocort AQ
 *Rozerem (ST)
 *Sarafem (ST)
 Selfemra
 Serevent Diskus
 Sertraline
 *Simcor (ST)
 Simvastatin
 *Sonata (ST)
 Spiriva
 *Sporanox (PA)
 *Strattera (PA17)
 Sumatriptan Succinate
 Symbicort (ST)
 *Symbyax
 Terazosin
 Terbinafine (PA)
 *Tilade
 *Treximet (ST)
 *Valtrex
 *Venlafaxine ER (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
 *Zoloft (ST)
 Zolpidem
 Zomig (ST)
 Zomig ZMT (ST)
 *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, 2010 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 (QCD) | Itraconazole (QCD) |
| *Actiq (QCD) | IV Immunoglobulin (medical benefit only) |
| Aldurazyme (medical benefit only) | *Kapidex (QCD) |
| Amevive (medical benefit only) | Kineret (SP) |
| Amitiza | Lamisil packets (QCD) |
| Amphetamines | *Lamisil tablets (QCD) |
| Aralast (medical benefit only) | Lansoprazole (QCD) |
| Aralast NP (medical benefit only) | Leukine (ST) |
| Aranesp (QCD) (SP) | Lyrca |
| Banzel | Methamphetamines (PA17) |
| *Boniva syringe (SP) | Naglazyme (medical benefit only) |
| Botulinum Toxin | Neulasta (QCD) (SP) |
| Ceredase (medical benefit only) | Neupogen (QCD) (SP) |
| Cerezyme (medical benefit only) | *Nexium (QCD) |
| Ciclopirox 8% solution (QCD) | Omeprazole (QCD) |
| Cimzia (SP) | Orencia (SP) |
| Cinryze (medical benefit only) | Orthovisc |
| *CNL 8 (QCD) | *Pantoprazole (QCD) |
| *Desoxyn (PA17) | *Penlac (QCD) |
| *Dexedrine (PA17) | Preservative-Free Morphine (medical benefit only) |
| Dextroamphetamine (PA17) | *Prevacid (QCD) |
| Elidel | *Prilosec (QCD) |
| Enbrel (QCD) (SP) | Procrit (QCD) (SP) |
| Enteral Formula | Prolastin (medical benefit only) |
| Epogen (QCD) (SP) | Proleukin (SP) |
| Erbitux | *Protonix (QCD) |
| Euflexxa | *Protopic |
| Fabrazyme (medical benefit only) | Provigil (PA17) |
| Factor VIII, VIIIa, IX (medical benefit only) | Raptiva (SP) |
| Fentanyl Citrate Oral/Mucosal (QCD) | Reclast (medical benefit only) |
| *Fentora (QCD) | Remicade (SP) |
| Forteo (QCD) (SP) | Respiratory Syncytial Virus IG/ Synagis (medical benefit only) |
| Growth Hormone (SP) | Revatio |
| Humira (QCD) (SP) | Rituxan (SP) |
| Hyalgan | |
| Interferons (QCD) (SP) | |

* (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

| |
|--|
| Simponi (SP) |
| Somatuline (SP) |
| Somavert (SP) |
| *Sporanox (QCD) |
| *Strattera (QCD) (PA17) |
| Supartz |
| Synvisc |
| Terbinafine (QCD) |
| Topical Retinoic Acid derivatives (PA30) |
| TPN (medical benefit only) |
| Tysabri (medical benefit only) |
| Vectibix (medical benefit only) |
| Xenazine (SP) |
| Xolair (medical benefit only) |
| *Zegerid (QCD) |
| 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, 2010 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 | Duetact |
| Actonel (QCD) | *Effexor |
| Actonel with Calcium (QCD) | Effexor XR (QCD) |
| ACTOplus Met (QCD) | *Enablex |
| Actos (QCD) | Eplerenone |
| Advair Diskus (QCD) | Exforge |
| Advair HFA (QCD) | Exubera |
| Advicor (QCD) | *Fosamax (QCD) |
| *Altprev | Fosamax Plus D (QCD) |
| *Ambien (QCD) | *Frova (QCD) |
| *Ambien CR (QCD) | *Hyzaar |
| *Amerge (QCD) | *Imitrex (QCD) |
| *Atacand | *Inspra |
| *Atacand HCT | Janumet |
| *Avalide | Januvia |
| Avandamet (QCD) | *Lescol (QCD) |
| Avandaryl | *Lescol XL (QCD) |
| Avandia (QCD) | *Lexapro (QCD) |
| Avapro | Lipitor (QCD) |
| *Avodart | Lunesta (QCD) |
| *Axert (QCD) | *Luvox CR (QCD) |
| Azor | *Maxalt (QCD) |
| Benicar | *Maxalt-MLT (QCD) |
| *Benicar HCT | *Mevacor (QCD) |
| *Boniva tablets (QCD) | *Micardis |
| *Caduet (QCD) | *Micardis HCT |
| *Celebrex (QCD) | Mirapex |
| *Celexa (QCD) | *Paxil (QCD) |
| *Cozaar | *Paxil CR (QCD) |
| Crestor (QCD) | *Pexeva (QCD) |
| Cymbalta | *Pravachol (QCD) |
| *Detrol | *Pristiq (QCD) |
| *Detrol LA | *Proscar |
| Diovan | *Prozac (QCD) |
| *Diovan HCT | *Prozac Weekly (QCD) |
| *Ditropan | *Relpax (QCD) |
| *Ditropan XL | *Requip |

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

| |
|-----------------------|
| *Requip XL |
| *Rozerem (QCD) |
| *Sanctura |
| *Sanctura XR |
| *Sarafem (QCD) |
| *Simcor (QCD) |
| Singulair |
| *Sonata (QCD) |
| Sprycel (SP) |
| Sutent (SP) |
| Symbicort (QCD) |
| Tasigna (SP) |
| *Teveten |
| *Teveten HCT |
| *Toviaz |
| *Treximet (QCD) |
| Uloric |
| *Venlafaxine ER (QCD) |
| Vesicare |
| Vytorin (QCD) |
| *Wellbutrin |
| *Wellbutrin SR (QCD) |
| *Wellbutrin XL (QCD) |
| Zetia (QCD) |
| *Zocor (QCD) |
| *Zolofit (QCD) |
| Zomig (QCD) |
| Zomig-ZMT (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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