

Pharmacy Program Formulary Guide



Effective January 1, 2010



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Pharmacy Program Formulary

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

About This Guide

This guide is up-to-date as of January 1, 2010, 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 www.bluecrossma.com/pharmacy.

- **Covered Medications List**—includes many commonly prescribed medications separated by their therapeutic class and the copayment tier that applies
- **Quality Care Dosing List**—includes a list of drugs subject to Quality Care Dosing limits
- **Prior Authorization List**—includes a list of drugs that require prior authorization
- **Step Therapy List**—includes a list of drugs 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, bluecrossma.com, to the express-scripts.com website, we offer a variety of online resources to help you manage your medications.

- **To Search for Medication Information.** To learn whether your medications will be covered, you can visit our website www.bluecrossma.com/pharmacy, and use the **Search for Information on a Medication** feature located in the Pharmacy section. To access this easy-to-use search tool, click on Pharmacy Coverage on the right-hand side of the home page. Once you reach the Pharmacy Coverage landing page, click on **Search for Information on a Medication** in the left-hand navigation menu. You can use this tool before you enroll. (The medications listed represent our standard pharmacy coverage—your individual coverage may vary.)

- **Member Self Service.** 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. To log on, go to **Member Self Service**:
 - Click on **Member Self Service** in the upper right-hand portion of the screen.
 - If you're already registered, just log in with your user name and PIN.
 - If this is your first time using **Member Self Service**, click on **Register Now** below the log-in box.
 - Complete the short form, and be sure to include information in every field that is marked with an asterisk (*).
 - After you submit the form, you'll have access to some of the **Member Self Service** features.
 - In a few days, you'll receive a letter containing your PIN. You will need this PIN to access additional secure features in **Member Self Service**, including information about your pharmacy benefit.
- **Express Scripts Online.** Once registered with Member Self Service, you can also get immediate, online access to information about your specific pharmacy benefit by visiting Express Scripts, our pharmacy management partner. Once there, you'll have access to:
 - the price-check feature
 - the pharmacy locator
 - mail service features (which allow for ordering refills and renewing prescriptions)



MASSACHUSETTS

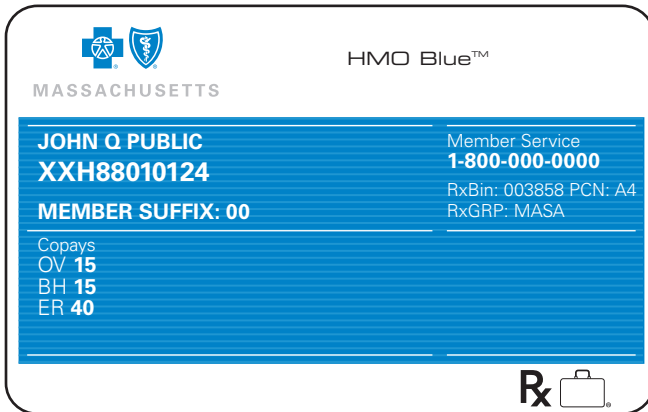
Your Pharmacy Copayments

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.



Covered Medication List

Our pharmacy formulary includes over 4,000 covered prescription medications. 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. You can find the most up-to-date information about a specific prescription medication on our website at www.bluecrossma.com.

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

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

Allergy: Nasal Preparations

Tier 1	Tier 2	Tier 3
Flunisolide (QCD) Fluticasone (QCD) Ipratropium NS (QCD)	Astelir (QCD)	Atrovent NS (QCD)

Allergy: Oral Agents

Tier 1	Tier 2	Tier 3
Cyproheptadine Hydroxyzine	Vistaril (suspension)	Atarax Vistaril

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
(SP) medication part of specialty drug network

Anti-Infectives: Antibiotics

Tier 1	Tier 2	Tier 3
Amoclan Amoxicillin Amoxicillin w/Clavulanate Potassium Ampicillin Azithromycin Cefaclor Cefadroxil Cefdinir Cefuroxime Cephalexin Cephradine Ceprozil Ciprofloxacin Ciprofloxacin ER Clarithromycin ER Clindamycin Cloxacillin Dicloxacillin Doxycycline Erythromycin Erythromycin/Sulfisoxazole Minocycline Nitrofurantoin Ofloxacin Penicillin VK Sulfamethoxazole/Trimethoprim Sulfatrim Sulfisoxazole Tetracycline	Avelox Ceftin (suspension) Suprax Vancocin	Augmentin Augmentin ES Biaxin Biaxin XL Ceftin (tablets) Cefzil Cipro Cleocin Floxin Geocillin Keflex Ketek Macrobid Macrochantin Pediazole Velosef

Anti-Infectives: Antifungal

Tier 1	Tier 2	Tier 3
Ciclopirox Nail Lacquer (QCD) (PA) Fluconazole Fluconazole 150mg (QCD) Griseofulvin Ultra Itraconazole (QCD) (PA) Ketoconazole Nystatin Terbinafine (QCD) (PA)	Noxafil VFEND	Diflucan Diflucan 150mg (QCD) Griseofulvin Lamisil tablets (QCD) (PA) Nizoral Penlac (QCD) (PA)

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

Anti-Infectives: Antiviral

Tier 1	Tier 2	Tier 3
Acyclovir Amantadine Fanciclovir (QCD) Ganciclovir Ribasphere (SP) Ribavirin (SP) Rimantadine	Baraclude Valcyte	Copegus (SP) Cytovene Rebetol (SP) Valtrex (QCD) Zovirax cream

Anti-Infectives: Others

Tier 1	Tier 2	Tier 3
Ethambutol Isoniazid Mebendazole Mefloquine Methenamine Metronidazole Phenazopyridine Pyrazinamide Rifampin	Dapsone DDS Malarone Mycobutin Priftin Primaquine Rifamate Rifater	Lariam Pyridium Qualaquin (QCD) Vermox

Asthma/Respiratory: Inhaled

Tier 1	Tier 2	Tier 3
Albuterol solution Albuterol/HFA inhaler (QCD) Cromolyn Sodium Ipratropium Ipratropium/Albuterol solution Metaproterenol	Alupent inhaler (QCD) Atrovent/HFA inhaler (QCD) Combivent (QCD) Flovent Diskus (QCD) Flovent HFA (QCD) Foradil (QCD) Intal inhaler (QCD) NebuPent (QCD) Perforomist ProAir HFA inhaler (QCD) Pulmicort Flexhaler (QCD) Pulmicort Respules (QCD) Pulmicort Turbuhaler (QCD) QVAR (QCD) Serevent Diskus (QCD) Spiriva (QCD) Symbicort (QCD) (ST) Tilade (QCD)	Advair Diskus (QCD) (ST) Advair HFA (QCD) (ST) Alupent solution Atrovent solution DuoNeb Intal solution

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
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Asthma/Respiratory: Oral

Tier 1	Tier 2	Tier 3
Albuterol ER Aminophylline Dyphylline Metaproterenol Terbutaline Theochron Theophylline	Singulair (ST) Theo-24 Theolair Uniphyl	Brethine Theocap Volmax VoSpire ER

Biologics For Inflammatory Disease

Tier 1	Tier 2	Tier 3
	Cimzia (PA) (SP) Enbrel (PA) (SP) Humira (PA) (SP) Kineret (PA) (SP) Remicade (PA) (SP)	Simponi (PA) (SP)

Central Nervous System: Alzheimer's

Tier 1	Tier 2	Tier 3
Galantamine	Aricept Aricept ODT Cognex Exelon Namenda Razadyne ER	Razadyne

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

Central Nervous System: Anxiety/Psychological

Tier 1	Tier 2	Tier 3
Alprazolam Amitriptyline/Chlordiazepoxide Amitriptyline/Perphenazine Buspirone Chlordiazepoxide Chlorpromazine Clonazepam Clorazepate Clorazepate Dipotassium Clozapine Diazepam Estazolam Fluphenazine Flurazepam Haloperidol Lithium Lorazepam Loxapine Oxazepam Perphenazine Risperidone Temazepam Thioridazine Thiothixene Triazolam Trifluoperazine	Abilify Doral Moban Orap Risperdal Consta Serentil Seroquel Seroquel XR Tranxene -SD Zyprexa Zyprexa Zydis	Clozaril Dalmane Eskalith Eskalith CR Geodon Halcion Librium Limbitrol Lithobid Loxitane Mellaril Navane Prolixin ProSom Risperdal Serax Stelazine Thorazine Trilafon

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

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 Hydrochloride Imipramine Pamoate Maprotiline Mirtazapine (QCD) Nefazodone Nortriptyline Paroxetine (QCD) Paroxetine CR (QCD) Selfema (QCD) Sertraline (QCD) Tranylcipromine Trazodone Venlafaxine	Marplan Nardil Surmontil Vivactil	Aventyl Cymbalta (ST) Desyrel Effexor (ST) Effexor XR (QCD) (ST) Elavil Lexapro (QCD) (ST) Norpramin Parnate Sinequan Symbyax (QCD) Tofranil-PM

Central Nervous System: Parkinson's

Tier 1	Tier 2	Tier 3
Amantadine Benzotropine Bromocriptine Carbidopa/Levodopa Pergolide Ropinirole Selegiline Trihexyphenidyl	Akineton Azilect Comtan Kemadrin Lodosyn Mirapex Stalevo	Cogentin Eldepryl Parlodel Permax Symmetrel

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

Central Nervous System: Seizures

Tier 1	Tier 2	Tier 3
Carbamazepine Carbamazepine XR Divalproex Sodium Ethosuximide Gabapentin Lamotrigine Lamotrigine Dispersions Levetiracetam Oxcarbazepine Phenobarbital Phenytoin Primidone Topiramate Valproic Acid Zonisamide	Banzel (PA) Carbatrol Celontin Depakote Dilantin Felbatol Peganone Tegretol -XR Topamax	Depakene Keppra Lamictal Lyrica (PA) Mysoline Tegretol Trileptal Zonegran

Central Nervous System: Sleep

Tier 1	Tier 2	Tier 3
Chloral Hydrate Estazolam Flurazepam Phenobarbital Temazepam Triazolam Zaleplon (QCD) Zolpidem (QCD)	Butisol Doral Mebaral	Dalmane Halcion Lunesta (QCD) (ST) ProSom Sonata (QCD) (ST)

Central Nervous System: Stimulants/ADHD

Tier 1	Tier 2	Tier 3
Amphetamine combinations Dexmethylphenidate Dextroamphetamine (PA17) Methylphenidate Methylphenidate ER Methylphenidate ER PemoLine	Concerta (QCD) Dextroamphetamine/ Amphetamine ER (QCD) Provigil (PA17)	Adderall XR (QCD) Cylert Desoxyn (PA17) Metadate CD Metadate ER Stratterra (QCD) (PA17)

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
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Cholesterol Lowering

Tier 1	Tier 2	Tier 3
Cholestyramine/Light Colespitol Fenofibrate Gemfibrozil Lovastatin (QCD) Pravastatin (QCD) Prevalite Simvastatin (QCD)	Colestid Crestor (QCD) (ST) Niaspan	Advicor (QCD) (ST) Lipitor (QCD) (ST) Lopid Questran/Light Vytorin (QCD) (ST) Zetia (QCD) (ST)

Diabetes Management

Tier 1	Tier 2	Tier 3
Acarbose Chlorpropamide Glipizide Glyburide Glyburide/Metformin Metformin/ER Nateglinide Tolazamide Tolbutamide	Byetta Glucagen Glucagon Emergency Kit Humalog (all products) Humulin (all products) Iletin II Janumet (ST) Januvia (ST) Lantus Lantus Solostar Levemir Novolin (all products) NovoLog (all products) Prandin Symlin Symlinpen Velosulin	ACTOplus Met (QCD) (ST) Actos (QCD) (ST) Amaryl Avandamet (QCD) (ST) Avandaryl (ST) Avandia (QCD) (ST) DiaBeta Diabinese Duetact Exubera (ST) Glucotrol Glucotrol XL Glucovance Glynase Glyset Micronase Precose Starlix Tolinase

Diabetic Testing Supplies

Tier 1	Tier 2	Tier 3
	Accu-Chek (QCD) One Touch (QCD) Precision Xtra (QCD)	

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

Ear Preparations

Tier 1	Tier 2	Tier 3
Acetic Acid Acetic Acid/Hydrocortisone Antipyrine/Benzocaine Neomycin/Polymyxin/ Hydrocortisone Ofloxacin Otic Drops Otomar Otosporin Treagan Otic	Cerumenex Ciprodex Cortisporin-TC Pediotic	Cipro HC Otic Floxin Otic Vosol/HC Zoto-HC

Endocrine: Oral Steroids

Tier 1	Tier 2	Tier 3
Baycadron Cortisone Dexamethasone Fludrocortisone Hydrocortisone Methylprednisolone Prednisolone Prednisone	Aristocort Celestone Entocort EC	Decadron Deltasone Florinef Hydrocortone Medrol Orapred Prelone

Endocrine: Other Agents

Tier 1	Tier 2	Tier 3
Cabergoline (QCD) Desmopressin	Stimate	Dostinex (QCD)

Endocrine: Thyroid

Tier 1	Tier 2	Tier 3
Levothroid Levothyroxine Levoxyl Methimazole Propylthiouracil Thyroid USP Unithroid	Cytomel	Armour Thyroid Synthroid Tapazole Thyrolar

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
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Eye Preparations: Allergy

Tier 1	Tier 2	Tier 3
Cromolyn Ophthalmic (OCD) Phenylephrine		Acular (OCD) Alomide (OCD) Crolom Ophthalmic (OCD) Emadine (OCD) Patanol (OCD)

Eye Preparations: Anti-Infective

Tier 1	Tier 2	Tier 3
Bacitracin Bacitracin/Polymyxin Erythromycin Gentamicin Neomycin/Dexamethasone Neomycin/Polymyxin combinations Sulfacetamide Tobramycin Trifluridine Trimethoprim/Polymyxin	Blephamide Ciloxan (ointment) FML-S Pred-G Tobrex ointment Zylet	Bleph-10 Ciloxan Garamycin Ilotycin Maxitrol Natacyn Ocuflax Poly-Pred Polytrim TobraDex Tobrex Drops Vasocidin Vigamox (OCD) Viroptic Zymar (OCD)

Eye Preparations: Anti-Inflammatory

Tier 1	Tier 2	Tier 3
Dexamethasone Fluorometholone Flurbiprofen Prednisolone	Cetapred Econopred FML-Forte HMS Liquifilm Inflamase Mild Lotemax Maxidex Pred Mild Restasis (OCD) Vexol Voltaren	Decadron Econopred Plus Flarex FML Inflamase Forte Ocufer Pred Forte

(PA) prior authorization required | (OCD) quality care dosing limits apply | (ST) step therapy required
(SP) medication part of specialty drug network

Eye Preparations: Glaucoma

Tier 1	Tier 2	Tier 3
Acetazolamide Betaxolol Carteolol Dipivefrin Dorzolamide Dorzolamide-Timolol Epinephrine Levobunolol Metipranolol Pilocarpine Timolol	Alphagan P Diamox Sequels Humorsol Lumigan Xalatan	Alphagan Azopt Betagan Betoptic/S Cosopt Iopidine Isopto Carbachol Isopto Carpine Ocupress Phospholine Iodide Pilocpine HS Timoptic Timoptic XE Travatan Trusopt

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

Gastrointestinal (Stomach)

Tier 1	Tier 2	Tier 3
Balsalazide Disodium	Aloxi	Amitiza (PA)
Belladonna/Phenobarbital	Asacol	Anaspaz
Chlordiazepoxide/Clidinium	Bentyl Liquid	Azulfidine
Cimetidine (excluding 200mg)	Canasa	Bentyl
Dicyclomine	Cantil	Carafate tablets
Diphenoxylate/Atropine	Carafate suspension	CoLyte
Enulose	Creon	Compazine
Famotidine (40mg only)	Emend (QCD)	Creon DR
Granisetron (QCD)	Entocort EC	Cystospaz
Hyoscyamine	Helidac	Cytotec
Lactulose	Lialda	GoLYTELY
Lansoprazole (QCD) (PA)	Lotronex (QCD)	Levbid
Lonox	Motofen	Levsin/SL
Metoclopramide	NuLYTELY	Levsinex
Misoprostol	Omeprazole (40mg) (QCD) (PA)	Librax
Nizatidine	Pamine	Lomotil
Omeprazole (10 and 20mg) (QCD) (PA)	Pentasa	Pancrease
Ondansetron (QCD)	Prevpac (QCD)	Reglan
Ondasetron ODT (QCD)	Propantheline	Robinul Forte
Pancrelipase	Pylera	Rowasa
Prochlorperazine	Scopace	
Promethazine	Torecan	
Ranitidine (excluding 150mg)	Transderm Scop	
Sucalfate	Ultrase	
Sulfasalazine	Ultrase MT	
Trimethobenzamide	Viokase	
Ursodiol	Zelnorm (QCD)	

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
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Heart/Blood Modifiers/Circulation

Tier 1	Tier 2	Tier 3
Acebutolol	Aranesp (QCD) (PA) (SP)	Aldactazide
Amiloride	Arixtra (QCD)	Aldactone
Amiloride w/HCTZ	Avalide (ST)	Apresoline
Amiodarone	Avapro (ST)	Avodart (ST)
Amlodipine (QCD)	Azor (ST)	Betapace
Amlodipine/Benazepril	Benicar (ST)	Blocadren
Atenolol	Benicar HCT (ST)	Bumex
Atenolol w/HCTZ	BiDil	Capozide
Bisoprolol	Cartrrol	Cardizem
Bisoprolol w/HCTZ	Catapres TTS (QCD)	Cardizem SR
Bumetanide	Covera HS	Cardura (QCD)
Captopril	Diovan (ST)	Cardarone
Captopril w/HCTZ	Diovan HCT (ST)	Coumadin
Cartia XT	Dyrenium	Diuril
Carvedilol	Edecrin	Dyazide
Chlorothiazide	Exforge (ST)	Epogen (QCD) (PA) (SP)
Chlorthalidone	Flomax	HydroDIURIL
Cilostazol	Fragmin (QCD)	Imdur
Clonidine Patch (QCD)	Innohep	Inderal
Digitek	Lanoxicaps	Inderide
Digoxin	Lotrel	Inspra (ST)
Dilt CD	Lovenox (QCD)	Ismo
Diltiazem/ER/SR	Neulasta (QCD) (PA)	Isordil
Diltzac ER	Neupogen (QCD) (PA)	Lanoxin
Dipyridamole	Pacerone	Lasix
Disopyramide	Plavix	Loniten
Doxazosin (QCD)	Prevatid (PA)	Lopressor HCT
Enalapril	Procanbid	Lozol
Enalapril w/HCTZ	Procrit (QCD) (PA) (SP)	Maxzide
Eplerenone (ST)	Pronestyl	Microzide
Finasteride	Remodulin	Minipress
Flecainide	Revatio (PA)	Moduretic
Folic Acid	Samsca	Nitro-Dur
Furosemide	Tarka	Nitrolingual
Hydralazine	Tonocard	Nitrostat
Hydrochlorothiazide	Tracleer	Normodyne
Indapamide	Uroxatral	Norpace
Isosorbide Dinitrate	Ventavis	Plendil
Isosorbide Mononitrate		Pletal
Jantoven		Procardia XL
Labetalol		Pronestyl SR
Lisinopril		Proscar (ST)
Lisinopril w/HCTZ		Quinaglute
Methyclothiazide		Quinidex
Metolazone		Rythmol SR
Metoprolol		Tambocor

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
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Heart/Blood Modifiers/Circulation *(continued)*

Tier 1	Tier 2	Tier 3
Minoxidil Moexipril Moexipril w/HCTZ Nadolol Nadolol/Bendroflumethazide Nicardipine/SR Nifedipine/ER Nimodipine Nisoldipine Nitroglycerin Nitro-Quick Papaverine Pentoxifylline Pindolol Prazosin Procainamide Propafenone Propranolol Propranolol w/HCTZ Quinapril Quinapril w/HCTZ Quinidine Gluconate Quinidine Sulfate Ramipril Sotalol Spironolactone Spironolactone w/HCTZ Taztia XT Terazosin (capsules only) (OCD) Ticlopidine Trandolapril Triamterene w/HCTZ Verapamil ER PM Verapamil/SR Warfarin		Tenoretic Ticlid Toprol XL Trandate Trental Uniretic Univasc Vasodilan Verelan Verelan PM Zaroxolyn Zestoretic Ziac

(PA) prior authorization required | (OCD) quality care dosing limits apply | (ST) step therapy required
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Migraine/ Headache

Tier 1	Tier 2	Tier 3
Butalbital (generic combinations) Duradrin Ergotamine (generic) Sumatriptan (QCD)	Ergomar Imitrex (injection) (QCD) (ST) Zomig (QCD) (ST) Zomig ZMT (QCD) (ST)	Amerge (QCD) (ST) Cafergot Esgic Imitrex (tablets, nasal spray) (QCD) (ST) Migranal (QCD) Relpax (QCD) (ST)

Multiple Sclerosis Treatment:Injectables

Tier 1	Tier 2	Tier 3
	Avonex (QCD) (SP) Betaseron (QCD) (SP) Copaxone (QCD) (SP) Rebif (QCD) (SP)	

Muscle Relaxants

Tier 1	Tier 2	Tier 3
Baclofen Carisoprodol Carisoprodol Compound Chlorzoxazone Cyclobenzaprine Methocarbamol Orphenadrine Tizanidine	Dantrium	Flexeril Norflex Norgesic Parafon Forte DSC Robaxin Robaxisal Skelaxin Soma Compound

Overactive Bladder Treatment

Tier 1	Tier 2	Tier 3
Oxybutynin Oxybutynin ER	Vesicare (ST)	

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
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Pain Relievers

Tier 1	Tier 2	Tier 3
Acetaminophen/Codeine Butorphanol NS (QCD) Choline Magnesium Trisalicylate Codeine Diclofenac Diflunisal Etodolac Fentanyl Fentanyl Lozenge (PA) Flurbiprofen Hydrocodone/Acetaminophen Hydrocodone/Ibuprofen Hydromorphone Ibuprofen Indomethacin Ketoprofen Ketorolac Levorphanol Meloxicam (QCD) Meperidine Methadone Morphine Sulfate SR Nabumetone Naproxen Oxycodone Oxycodone ER (QCD) Oxycodone/Acetaminophen Oxycodone/Aspirin Piroxicam Propoxyphene Propoxyphene/Acetaminophen Salsalate Sulindac Tolmetin Tramadol Tramadol/Acetaminophen	Aggrenox Arthrotec Lidoderm Nalfon OxyContin (QCD) Ponstel	Anaprox/DS Ansaïd Celebrex (QCD) (ST) Clinoril Darvon Demerol Disalcid Dolobid Feldene Indocin Indocin SR Lorcet Plus Lortab Lyrica (PA) Motrin MS Contin MSIR Norco Orudis Oruvail OxyIR Percodan Savella Tolectin/DS Toradol Trilisate Tylenol w/Codeine Vicoprofen

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Skin Preparations

Tier 1	Tier 2	Tier 3
<p>Alclometasone Amnesteem (oral) Betamethasone Betamethasone/Clotrimazole Calcipotriene Ciclopirox Nail Lacquer (QCD) (PA) Claravis (oral) Clindamycin Clobetasol Desonide Desoximetasone Econazole Erythromycin Fluocinolone Fluocinonide Fluticasone Gentamicin Halobetasol Hydrocortisone Butyrate Hydrocortisone/Clioquinol Ketoconazole Lidocaine/Prilocaine Metronidazole Mometasone Mupirocin Nystatin Nystatin/Triamcinolone Podofilox Sodium Sulfacetamide Sulfur Sotret (oral) SSD cream Tetracycline (oral) Tretinoin (PA30) Triamcinolone</p>	<p>Aldara Capitrol Carac Condylox Gel Efudex Emla Disc pHisoHex Regranex Soriatane CK Sulfamylon Targretin Xerac AC</p>	<p>Aristocort Azelex Bactroban BenzaClin Benzamycin Cutivate DesOwen Differin Dovonex Elidel (PA) Elocon Emgel Emla cream Erygel Exelderm Finacea Furacin Garamycin Halog Loprox Lotrisone Metrocream Metrogel Mycolog II Mycostatin Naftin Nizoral Panoxyl Penlac (PA) Pramoxone Protopic (PA) Retin-A (PA30) Sebizon Silvadene Solaraze Spectazole Sulfacet-R Taclonex Tazorac Temovate Topicort Ultravate Vytone Zonalon</p>

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

Women's Health: Contraceptives

Tier 1	Tier 2	Tier 3
Apri Aranelle Aviane Azurette Camila Cesia Cryselle Enpresse Errin Gildess FE 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	Plan B Preven	Alesse Cyclessa Estrostep FE Levlite Lo/Ovral Loestrin/FE Mircette Modicon Nordette Nuva Ring Ortho Evra Ortho Micronor Ortho Tri-Cyclen Ortho Tri-Cyclen Lo Ortho-Cept Ortho-Cyclen Ortho-Novum Ovral Ovrette Triphasil Yasmin Yaz

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

Women's Health: Hormone Replacement/Preparations

Tier 1	Tier 2	Tier 3
Covaryx Covaryx HS Essian Essian HS Estradiol Estradiol Patch (QCD) Estradiol/Northingdrone Estropipate Medroxyprogesterone Norethindrone	Armidex Climara Pro (QCD) Crinone Estrace cream Femhrt Menest Ogen cream Ortho-Dienestrol cream Premarin cream Premphase Prempro Prochieve Vagifem	Aygestin Climara (QCD) CombiPatch Estraderm (QCD) Estratest Estratest HS Estring Ogen Ortho-Est Premarin Prometrium Provera Vivelle (QCD) Vivelle-Dot (QCD)

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) Miacalcin

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) Supprelin Synarel	Clomid (SP) Ganirelix (SP) Lupron (SP) Ovidrel (SP) Pregnyl (SP) Profasi (SP)

(PA) prior authorization required | (QCD) quality care dosing limits apply | (ST) step therapy required
 (SP) medication part of specialty drug network

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.

*AcipHex (PA)
*Actiq (PA)
Actonel (ST)
Actonel with Calcium (ST)
ACTOplus Met (ST)
Actos (ST)
Acular/PF/LS
**Acuvail
Adderall XR
Advair Diskus (ST)
Advair HFA (ST)
Advicor (ST)
*Aerobid
*Aerobid -M
*Alamast
Albuterol/HFA inhaler
Alendronate
*Alocril
Alomide
*Alora
*Alrex
*Altprev (ST)
Alupent inhaler
*Alvesco
*Ambien (ST)
*Ambien CR (ST)
Amerge (ST)
Amlodipine
*Anzemet
*Aplenzin
Aranesp (PA) (SP)
*Arava
Arixtra
*Asmanex Twisthaler
Astelin
*Astepro
Atrovent (nasal spray)

Atrovent HFA
Avandamet (ST)
Avandia (ST)
Avonex (SP)
*Axert (ST)
*Azmacort
*Beconase
*Beconase AQ
Betaseron (SP)
*Boniva tablets (ST)
Budeprion SR
Budeprion XL
Bupropion SR
Bupropion XL
Butorphanol NS
Cabergoline
*Caduet (ST)
*Cardura
*Cardura XL
Catapres TTS
Celebrex (ST)
*Celexa (ST)
*Cesamet
Ciclopirox Nail Lacquer (PA)
Citalopram
Climara
Climara Pro
*CNL 8 Nail Kit (PA)
Combivent
Concerta
Copaxone (SP)
Crestor (ST)
Crolom
Cromolyn
Dextroamphetamine/Amphetamine ER
Diflucan (150mg only)
Doxazosin

* (Non-covered Medication) quality care dosing limits apply to 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 | (ST) step therapy required | (SP) medication part of specialty drug network

Effexor XR (ST)
 *Elestat
 Emadine
 Emend
 Enbrel (PA) (SP)
 Epogen (PA) (SP)
 Estraderm
 Estradiol Patch
 *Estrasorb
 *EstroGel
 *Evamist
 Famciclovir
 *Famvir
 Fentanyl Oral/Mucosal (PA)
 *Fentora (PA)
 *Flonase
 Flovent HFA
 Fluconazole (150mg only)
 Flunisolide
 Fluoxetine
 Fluticasone
 Fluvoxamine
 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)
 Imitrex Nasal (ST)
 Imitrex syringe (ST)
 Infergen (PA) (SP)
 Intal
 Ipratropium NS
 Itraconazole (PA)
 *Kapidex (PA)
 *Kytril
 Lamisil (PA)
 Lansoprazole (PA)

Leflunomide
 *Lescol (ST)
 *Lescol XL (ST)
 Lexapro (ST)
 Lipitor (ST)
 Lotronex
 Lovastatin
 Lovenox
 Lunesta (ST)
 *Luvox (ST)
 *Luvox CR (ST)
 *Maxair
 *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
 *PataDay
 *Patanase
 Patanol
 *Paxil (ST)
 *Paxil CR (ST)

* (Non-covered Medication) quality care dosing limits apply to 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 | (ST) step therapy required | (SP) medication part of specialty drug network

Pegasys (PA) (SP)
PEG-Intron (PA) (SP)
Penlac (PA)
*Pexeva (ST)
*Pravachol (ST)
Pravastatin
*Prevacid (PA)
Prevpac
*Prilosec (PA)
*Pristiq (ST)
ProAir HFA inhaler
Procrit (PA) (SP)
*Protonix (PA)
*Proventil HFA
*Proventil inhaler
*Prozac (ST)
*Prozac Weekly (ST)
Pulmicort Flexhaler
Pulmicort Respules
Pulmicort Turbuhaler
Qualaquin
QVAR
Rebif (SP)
Relpax (ST)
*Remeron
Restasis
*Rhinocort Aqua
*Rozerem (ST)
*Sancuso
*Sarafem (ST)
Selferma
Serevent Diskus
Sertraline
*Simcor (ST)
Simvastatin
Sonata (ST)
Spiriva
*Sporanox (PA)
Strattera (PA17)
Sumatriptan
Sumatriptan injection
Sumatriptan Nasal
Symbicort (ST)
Symbyax

Terazosin
Terbinafine (PA)
Tilade
*Treximet (ST)
Valtrex
*Venlafaxine ER (ST)
*Ventolin
*Ventolin HFA
*Veramyst
Vigamox
Vivelle
Vivelle-Dot
Vytorin (ST)
*Vyvanse
*Wellbutrin SR (ST)
*Wellbutrin XL (ST)
*Xopenex HFA
Zaleplon
*Zegerid (PA)
Zelnorm
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

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

(PA) prior authorization required | (ST) step therapy required | (SP) medication part of specialty drug network

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.

*AcipHex (QCD)	Kineret (SP)
*Actiq (QCD)	Lamisil (QCD)
Aldrazyme (medical benefit only)	Lansoprazole (QCD)
Amevive (medical benefit only)	Leukine (SP)
Amphetamines	Lyrica
Aralast NP (medical benefit only)	Methamphetamines (PA17)
Aranesp (QCD) (SP)	Naglazyme (medical benefit only)
Banzel	Neulasta (SP)
*Boniva syringe (SP)	Neupogen (SP)
Botulinum Toxin	*Nexium (QCD)
Ceredase (medical benefit only)	Omeprazole (QCD)
Cerezyme (medical benefit only)	Orencia (SP)
Ciclopirox Nail Lacquer (QCD)	Orthovisc
Cimzia (SP)	*Pantoprazole (QCD)
Cinryze (medical benefit only)	Penlac (QCD)
*CNL 8 Nail Kit (QCD)	Preservative-Free Morphine (medical benefit only)
Desoxyn (PA17)	*Prevacid (QCD)
Dextroamphetamines (e.g.)	*Prilosec (QCD)
Dexedrine (PA17)	Procrit (QCD) (SP)
Elidel	Prolastin (medical benefit only)
Enbrel (QCD) (SP)	Proleukine (SP)
Enteral Formula (medical benefit only)	*Protonix (QCD)
Epogen (QCD) (SP)	Protopic
Erbixut (medical benefit only)	Provigil (PA17)
Euflexxa	Raptiva (SP)
Fabrazyme (medical benefit only)	Reclast (medical benefit only)
Factor VIII, VIIIa & IX (medical benefit only)	Remicade (SP)
Fentanyl Oral/Mucosal (QCD)	Respiratory SyncytialVirus IG/ Synagis (medical benefit only)
*Fentora (QCD)	Revatio
Forteo (QCD) (SP)	Rituxan (SP)
Growth Hormone (SP)	Simponi (SP)
Humira (QCD) (SP)	Somatuline (SP)
Interferons (Alpha, Gamma) (SP)	Somavert (SP)
Itraconazole (QCD)	*Sporonox (QCD)
IV Immunoglobulin (medical benefit only)	
*Kapidex (QCD)	

* (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) medication part of specialty drug network

Strattera (QCD) (PA17)

Supartz

Synvisc

Terbinafine (QCD)

Topical Retinoic Acid derivatives

(e.g., Retin A) (PA30)

TPN (total parenteral nutrition)

(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) medication part of specialty drug network

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.

Antidepressant Drugs

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

Asthma Management

*Accolate
Advair Discus (QCD)
Advair HFA (QCD)
Singular
Symbicort (QCD)
*Zyflo
*Zyflo CR

Cardiovascular Drugs

Eplerenone
Inspra

Cholesterol Treatment

Advicor (QCD)
*Altoprev (QCD)
*Caduet (QCD)
Crestor (QCD)

*Lescol (QCD)
*Lescol XL (QCD)
Lipitor (QCD)
*Mevacor (QCD)
*Pravachol (QCD)
*Simcor (QCD)
Vytorin (QCD)
Zetia (QCD)
*Zocor (QCD)

Diabetes Management

ACTOplus Met (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Duetact
Exubera
Janumet
Januvia

Heart/Blood Modifiers/Circulation

*Atacand
*Atacand HCT
Avalide
Avapro
Azor
Benicar
Benicar HCT
*Cozaar
Diovan
Diovan HCT
Exforge
*Hyzaar
*Micardis
*Micardis HCT
*Teveten
*Teveten HCT

* (Non-covered Medication) step therapy applies to members with approved formulary exceptions (QCD) quality care dosing limits apply | (SP) medication part of specialty drug network

Insomnia Treatment

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

Migraine Treatment

Amerge (QCD)
*Axert (QCD)
*Frova (QCD)
Imitrex (QCD)
*Maxalt (QCD)
*Maxalt MLT (QCD)
Relpax (QCD)
*Treximet (QCD)
Zomig (QCD)
Zomig ZMT (QCD)

Oncology (Oral) Agents

Sprycel (SP)
Sutent (SP)
Tasigna (SP)

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

*Requip

*Requip XL

Prostate Treatment

Avodart
Proscar

Treatment for Gout

Uloric

* (Non-covered Medication) step therapy applies to members with approved formulary exceptions (QCD) quality care dosing limits apply | (SP) medication part of specialty drug network

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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Alora.....	23	Aricept ODT.....	7
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Betoptic/S	14	Ceprozil	5	Covaryx	22
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