

Pharmacy Program Formulary Guide



Effective January 1, 2009



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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, 2009, 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.

- 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, 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 Program on the right-hand side of the home page. Once you reach the Pharmacy Program 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 program—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.** You can also get immediate, online access to information about your specific pharmacy benefit coverage, by registering directly with Express Scripts, our pharmacy management partner. To register directly with Express Scripts, go to www.express-scripts.com and click on **Activate your account**. 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)



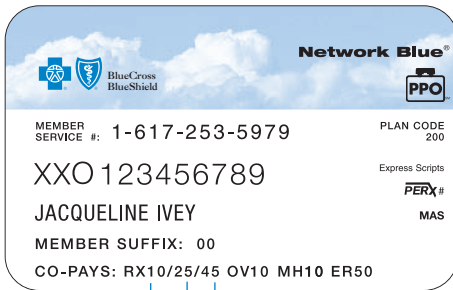
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About Your ID Card and Your Copayments

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.

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.



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.

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.



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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, 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.

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) Flonase [®] (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

Anti-Infectives: Antibiotics

Tier 1	Tier 2	Tier 3
Amoclan [®] amoxicillin amoxicillin w/clavulanate potassium ampicillin azithromycin cefaclor cefadroxil cefdinir cefuroxime cephalixin cephradine ceprozil ciprofloxacin ciprofloxacin ER clarithromycin ER clindamycin cloxacillin dicloxacillin doxycycline erythromycin erythromycin/sulfisoxazole minocycline nitrofurantoin ofloxacin penicillin VK sulfamethoxazole/trimethoprim Sulfatrim [®] sulfisoxazole tetracycline	Avelex [™] Ceftin [®] (suspension) Suprax [®] Vancocin [®]	Augmentin [®] Augmentin [®] ES [™] Biaxin [®] Biaxin XL [®] Ceftin [®] (tablets) Cefzil [®] Cipro [®] Cleocin [®] Floxin [®] Geocillin [®] Keflex [®] Ketek [®] Macrobid [®] Macrochantin [®] Pediazole [®] Velosef [®] Zithromax [®]

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 [®] 150 mg (QCD) Griseofulvin [®] Lamisil [®] tablets (QCD) (PA) Nizoral [®] Penlac [®] (QCD) (PA)

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

Anti-Infectives: Antiviral

Tier 1	Tier 2	Tier 3
acyclovir amantadine famciclovir (QCD) ganciclovir ribavirin rimantadine	Baraclude™ Valcyte™	Cytovene® Valtrex® (QCD) Zovirax®

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® Quaalain™ (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® 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

Asthma/Respiratory: Oral

Tier 1	Tier 2	Tier 3
albuterol ER aminophylline dyphylline metaproterenol terbutaline Theochron [®] theophylline	Singular [®] (ST) Theo-24 [®] Theolair [™]	Brethine [®] Theocap [®] Uniphyll [®] Volmax [®] VoSpire ER [®]

Central Nervous System: Alzheimer's

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

Central Nervous System: Anxiety/Psychological

Tier 1	Tier 2	Tier 3
alprazolam amitriptyline/chlordiazepoxide amitriptyline/perphenazine buspirone chlordiazepoxide chlorpromazine clonazepam clorazepate 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 [®]	Clozaril [®] Dalmane [®] Eskalith [®] Eskalith CR [®] Geodon [®] Halcion [®] Librium [®] Limbital [®] Lithobid [®] Loxitane [®] Mellaril [®] Navane [®] Prolixin [®] ProSom [™] Risperdal [®] Serax [®] Stelazine [®] Thorazine [®] Tranxene [®] T-Tab [®] Trilafon [®]

(PA) prior authorization required | (QCD) quality care dosing limits apply | (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 hydrochloride imipramine pamoate maprotiline mirtazapine (QCD) nefazodone nortriptyline paroxetine (QCD) paroxetine CR (QCD) Selfema® (QCD) sertraline (QCD) tranylcipromine trazodone venlafaxine	Marplan® Nardil® Surmontil® Vivactil®	Anafranil® Aventyl® Celexa® (QCD) (ST) Cymbalta® (ST) Desyrel® Effexor® (ST) Effexor XR® (QCD) (ST) Elavil® Lexapro™ (QCD) (ST) Norpramin® Pamelor® Parnate® Paxil® (QCD) (ST) Prozac® (not weekly) (QCD) (ST) Sinequan® Symbyax® (QCD) Tofranil® Tofranil-PM® Wellbutrin® Wellbutrin SR® (100 mg, 150 mg) (QCD) (ST) Zoloft® (QCD) (ST)

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® Requip® Sinemet® Symmetrel®

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

Central Nervous System: Seizures

Tier 1	Tier 2	Tier 3
carbamazepine divalproex sodium ethosuximide gabapentin lamotrigine lamotrigine dispersible tablets oxcarbazepine phenobarbital phenytoin primidone valproic acid zonisamide	Carbatrol [®] Celontin [®] Depakote [®] Dilantin [®] Felbatol [®] Keppra [®] Peganone [®] Tegretol [®] -XR Topamax [®]	Depakene [®] Lamictal [®] Lyrica [®] (PA) Mysoline [®] Neurontin [®] 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 [®]	Ambien [®] (QCD) (ST) Dalmane [®] Halcion [®] Lunesta [®] (QCD) (ST) ProSom [™] Sonata [®] (QCD) (ST)

Central Nervous System: Stimulants/ADHD

Tier 1	Tier 2	Tier 3
amphetamine combinations dextmethylphenidate dextroamphetamine (PA17) Methylin [™] /ER methylphenidate pemoline	Concerta [®] (QCD) Provigil [®] (PA17)	Adderall [®] Adderall XR [®] (QCD) Cylert [®] Desoxyn [®] (PA17) Dexedrine [®] (PA17) Metadate [®] CD Metadate [®] ER Ritalin [®] Strattera [®] (QCD) (PA17)

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

Cholesterol Lowering

Tier 1	Tier 2	Tier 3
cholestyramine/light colespitol fenofibrate gemfibrozil lovastatin (QCD) pravastatin (QCD) Prevalite® simvastatin (QCD)	Colestid® Crestor® (QCD) (ST) Fenoglide® Niaspan® TriCor® Triglide™	Advicor® (QCD) (ST) Lipitor® (QCD) (ST) Lipid® Pravachol® (QCD) (ST) Questran®/Light Vytorin® (QCD) (ST) Zetia® (QCD) (ST) Zocor® (QCD) (ST)

Diabetes Management

Tier 1	Tier 2	Tier 3
acarbose chlorpropamide glipizide glyburide glyburide/metformin metformin/ER tolazamide tolbutamide	ACTOplus met™ (QCD) Actos® (QCD) Avandamet® (QCD) Avandaryl® Avandia® (QCD) Byetta® Glucagon® Emergency Kit Humalog® Humulin® (all products) Iletin II® Janumet™ (ST) Januvia™ (ST) Lantus® Levemir® Novolin® (all products) NovoLog® Prandin® Symlin® Velosulin®	Amaryl® DiaBeta® Diabinese® Duetact™ Exubera® (ST) Glucophage® Glucophage XR® Glucotrol® Glucotrol XL® Glucovance® Glynase® Glyset® Micronase® Precose® Starlix® Tolinase®

Ear Preparations

Tier 1	Tier 2	Tier 3
acetic acid acetic acid/hydrocortisone antipyrine/benzocaine neomycin/polymyxin/ hydrocortisone ofloxacin otic drops Otomar® Otopsporin®	Cerumenex® Ciprodex® Cortisporin-TC® Pediotic®	Cipro HC Otic® Floxin® Otic Vosol®/HC Zoto-HC®

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

Endocrine: Oral Steroids

Tier 1	Tier 2	Tier 3
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 (OCD) desmopressin	Stimate [®]	DDAVP [®] Dostinex [®] (OCD)

Endocrine: Thyroid

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

Eye Preparations: Allergy

Tier 1	Tier 2	Tier 3
cromolyn ophthalmic (OCD) phenylephrine		Acular [®] (OCD) Alomide [®] (OCD) Crolom [®] Ophthalmic (OCD) Emadine [®] (OCD) Patanol [®] (OCD)

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

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 [®] Ocuflor [®] Poly-Pred [®] Polytrim [®] TobraDex [®] Tobrex [®] Drops Vasocidin [®] Vigamox [®] (QCD) Viroptic [®] Zymar [®] (QCD)

Eye Preparations: Anti-Inflammatory

Tier 1	Tier 2	Tier 3
dexamethasone fluorometholone flurbiprofen prednisolone	Cetapred [®] Econopred [®] FML-Forte [®] HMS Liquifilm [®] Inflamase Mild [®] Maxidex [®] Pred Mild [®] Restasis [®] (QCD) Vexol [®] Voltaren [®]	Decadron [®] Econopred Plus [®] Flarex [®] FML [®] Inflamase Forte [®] Ocufer [®] Pred Forte [®]

Eye Preparations: Glaucoma

Tier 1	Tier 2	Tier 3
acetazolamide betaxolol carteolol dipivefrin epinephrine levobunolol metipranolol pilocarpine timolol	Alphagan [®] Cosopt [™] Diamox Sequels [®] Humorsol [®] Lumigan [®] Trusopt [®] Xalatan [®]	Azopt [®] Betagan [®] Betoptic [®] /S Iopidine [®] Isopto Carbachol [®] Isopto Carpine [®] Ocupress [®] Phospholine Iodide [®] Pilopine HS [®] Timoptic [®] Timoptic XE [®] Travatan [®]

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

Gastrointestinal (Stomach)

Tier 1	Tier 2	Tier 3
balsalazide disodium belladonna/phenobarbital chlordiazepoxide/clidinium cimetidine (excluding 200mg) dicyclomine diphenoxylate/atropine Enulose [®] famotidine (40mg only) granisetron (QCD) hyoscyamine lactulose Lonox [®] metoclopramide misoprostol nizatidine omeprazole (QCD) ondansetron (QCD) pancrelipase pantoprazole (QCD) (ST) prochlorperazine promethazine ranitidine (excluding 150mg) sucralfate sulfasalazine trimethobenzamide ursodiol	Aloxi [®] Asacol [®] Bentyl [®] Liquid Cantil [®] Emend [®] (QCD) Entocort EC [®] Helidac [®] Lialda [™] Lotronex [®] (QCD) Motofen [®] NuLYTELY [®] Pamine [®] Pentasa [®] Prevacid [®] (QCD) (ST) Prevpac [®] (QCD) propantheline Scopace [®] Torecan [®] Transderm Scop [®] Ultrase [®] MT Zelnorm [®] (QCD)	Actigall [®] Anaspaz [®] Azulfidine [®] Bentyl [®] Carafate [®] Colazal [®] CoLyte [®] Compazine [®] Creon [®] Cystospaz [®] Cytotec [®] GoLYTELY [®] Levbid [®] Levsin [®] /SL Levsinex [®] Librax [®] Motilil [®] Pancrease [®] Protonix [®] (QCD) (ST) Reglan [®] Robinul Forte [®] Rowasa [®] Viokase [®] Zofran [®] (QCD)

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

Heart/Blood Modifiers/Circulation

Tier 1	Tier 2	Tier 3
acebutolol	Aranesp [®] (QCD) (PA)	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	Cartrol [®]	Cardizem [®]
bisoprolol w/HCTZ	Catapres [®] TTS [®] (QCD)	Cardizem SR [®]
bumetanide	Covera HS [®]	Cardura [®] (QCD)
captopril	Diovan [®] (ST)	Cordarone [®]
captopril w/HCTZ	Diovan HCT [®] (ST)	Coreg [®]
Cartia XT [®]	Dyrenium [®]	Coumadin [®]
carvedilol	Edecrin [®]	Diuril [®]
chlorothiazide	Exforge [®] (ST)	Dyazide [®]
chlorthalidone	Flomax [®]	Epogen [®] (QCD) (PA)
cilostazol	Fragmin [®] (QCD)	HydroDIURIL [®]
Digitek [®]	Innohep [®]	Imdur [™]
digoxin	Lanoxicaps [®]	Inderal [®]
Dilt CD [™]	Lovenox [®] (QCD)	Inderal LA [®]
diltiazem/ER/SR	Neulasta [®] (QCD)	Inderide [®]
dipyridamole	Neupogen [®]	Inspra [®] (ST)
disopyramide	Pacerone [®]	Ismo [®]
doxazosin (QCD)	Plavix [®]	Isordil [®]
enalapril	Prevatid [®] (PA)	Lanoxin [®]
enalapril w/HCTZ	Procanbid [®]	Lasix [®]
eplerenone (ST)	Procrit [®] (QCD) (PA)	Loniten [®]
finasteride	Pronesty [®]	Lopressor HCT [®]
flecainide	Remodulin [®]	Lotrel [®]
folic acid	Revatio [®] (PA)	Lozol [®]
furosemide	Tarka [®]	Maxzide [®]
hydralazine	Tonocard [®]	Microzide [®]
hydrochlorothiazide	Tracleer [®]	Minipress [®]
indapamide	Ventavis [®]	Moduretic [®]
isosorbide dinitrate		Nitro-Dur [®]
isosorbide mononitrate		Nitrolingual [®]
Jantoven [®]		Nitrostat [®]
labetalol		Normodyne [®]
lisinopril		Norpace [®]
lisinopril w/HCTZ		Norvasc [®] (QCD)
methylothiazide		Plendil [®]
metolazone		Pleta [®]
metoprolol		Procardia [®] XL
minoxidil		Pronesty [®] SR
moexipril		Proscar [®] (ST)

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

Heart/Blood Modifiers/Circulation *(continued)*

Tier 1	Tier 2	Tier 3
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) (QCD) ticlopidine trandolapril triamterene w/HCTZ verapamil ER PM verapamil/SR warfarin		Quinaglute [®] Quinidex [®] Rythmol [®] Rythmol [®] SR Tambacor [®] Tenoretic [®] Tenormin [®] Ticlid [®] Toprol XL [®] Trandate [®] Trental [®] Uniretic [®] Univasc [®] Vasodilan [®] Verelan [®] Verelan PM [®] Zaroxolyn [®] Zestoretic [®] Ziac [®]

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

Migraine/ Headache

Tier 1	Tier 2	Tier 3
butalbital (generic combinations) Duradrin [®] ergotamine (generic)	Ergomar [®] Imitrex [®] (injection) (QCD) Zomig [®] (QCD)	Amerge [™] (QCD) Cafergot [®] Esgic [®] Fioricet w/Codeine [®] Fiorinal [®] Fiorinal w/Codeine [®] Imitrex [®] (tablets, nasal spray) (QCD) Migranal [®] (QCD) Relpax [®] (QCD)

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 [®] Robaxinal [®] Skelaxin [®] Soma [®] Soma [®] Compound

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

Pain Relievers

Tier 1	Tier 2	Tier 3
acetaminophen/codeine butorphanol NS (QCD) choline magnesium trisalicylate codeine diclofenac diflunisal etodolac fentanyl fentanyl lozenge flurbiprofen hydrocodone/acetaminophen hydrocodone/ibuprofen hydromorphone ibuprofen indomethacin ketoprofen ketorolac levorphanol meloxicam (QCD) meperidine methadone morphine sulfate SR nabumetone naproxen oxycodone oxycodone ER oxycodone/acetaminophen oxycodone/aspirin piroxicam propoxyphene propoxyphene/acetaminophen salsalate sulindac tolmetin tramadol tramadol/acetaminophen	Arthrotec® Nalfon® OxyContin® Ponstel®	Actiq® Anaprox®/DS Ansaid® Celebrex® (QCD) (ST) Clinoril® Darvon® Demerol® Dilaudid® Disalcid® Dolobid® Duragesic® Feldene® Indocin® Indocin® SR Lorcet Plus® Lortab® Lyrica® (PA) Motrin® MS Contin® MSIR® Norco® Orudis® Oruvail® OxyIR® Percodan® Tolectin®/DS Toradol® Trilisate® Tylenol® w/Codeine Vicoprofen®

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

Skin Preparations

Tier 1	Tier 2	Tier 3
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/cloiquinol ketoconazole metronidazole mometasone mupirocin nystatin nystatin/triamcinolone podofilox sodium sulfacetamide sulfur Sotret® (oral) SSD® cream tetracycline (oral) tretinoin (PA30) triamcinolone	Capitol® Efudex® Emla® Disc pHisoHex® Regranex® Soriatane CK® Sulfamylon® Targretin® Xerac AC™	Aristocort® Azelex® Bactroban® BenzaClin® Benzamycin® Cleocin® Cleocin-T® 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®

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

Women's Health: Contraceptives

Tier 1	Tier 2	Tier 3
<p> Apri[®] Aranelle[™] Aviane[®] Camila[®] Cesia[™] Cryselle[™] Enpresse[®] Errin[®] Jolessa[™] Jolivet[™] 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[®] Preven[™] </p>	<p> Alesse[®] Cyclessa[®] Estrostep FE[®] Levite[®] 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[®] </p>

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

Women's Health: Hormone Replacement/Preparations

Tier 1	Tier 2	Tier 3
Covaryx™ Covaryx™ HS Essian™ Essian™ HS estradiol estradiol patch (QCD) estradiol/norithindrone estropiate medroxyprogesterone norethindrone	Climara Pro™ (QCD) Crinone® Estrace® cream Femhrt® Menest® Ogen Cream® Ortho-Dienestrol Cream® Premarin® Cream Premphase® Prempro™ Prochieve® Vagifem®	Aygestin® Climara® (QCD) CombiPatch™ Estrace® 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) Didronel® Evista® Forteo® (QCD) (PA)	Fosamax® (QCD) (ST) Miacalcin®

Women's Health: Other

Tier 1	Tier 2	Tier 3
chorionic gonadotropin clomiphene leuprolide Novarel® Serophene®	Bravelle® Cetrotide® Gonal-f® Gonal-f® RFF Lupron Depot® Luveris® Repronex® Supprelin™ Synarel®	Clomid® Lupron® Ovidrel® Pregnyl® Profasi®

(PA) prior authorization required | (QCD) quality care dosing limits apply | (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.

*Aciphex™ (ST)
Actonel® (ST)
ACTOplus met™
Actos®
Acular®/PF/LS
Adderall XR®
Advair Diskus® (ST)
Advair® HFA (ST)
Advicor® (ST)
*Aerobid®
*Aerobid®-M
*Alamast™
albuterol/HFA inhaler
alendronate
*Alocril®
Alomide®
*Alora®
*Alrex™
Alupent® inhaler
Ambien® (ST)
*Ambien CR® (ST)
Amerge™
amlodipine
*Anzemet®
Aranesp® (PA)
Arava®
Arixtra®
*Asmanex® Twisthaler®
Astelin®
Atrovent® (nasal spray)
Atrovent® HFA
Avandamet®
Avandia®
Avonex®
*Axert®
*Azmacort®
*Beconase®

*Beconase® AQ
Betaseron®
*Boniva® (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®
Crestor® (ST)
Crolom®
cromolyn
Diflucan® (150 mg only)
Dostinex®
doxazosin
Effexor® XR (ST)
*Elestat™
Emadine®
Emend®
Enbrel® (PA)
Epogen® (PA)
Estraderm®

* (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

estradiol patch	*Maxalt-MLT [®] **
*Estrasorb [®] **	meloxicam
*Estroge [®] **	*Menostar [®] **
*Evamist [®] **	*Mevacor [®] ** (ST)
famciclovir	Migranal [®] **
*Famvir [®] **	mirtazapine
Flonase [®] **	*Mobic [®] ** (ST)
Fluvent [®] ** HFA	*Nasacort [®] **
fluconazole (150 mg only)	*Nasacort [®] ** AQ
flunisolide	*Nasarel [®] **
fluoxetine	*Nasonex [®] **
fluticasone	NebuPent [™]
fluvoxamine	Neulasta [®] **
Foradil [®] **	Neupogen [®] **
Forteo [®] ** (PA)	*Nexium [™] (ST)
Fosamax [®] ** (ST)	Norvasc [®] **
Fragmin [®] **	omeprazole
*Frova [™]	*Omnicar [®] **
Glucose testing strips (all)	ondansetron
granisetron	*Optivar [™]
Humira [®] ** (PA)	pantoprazole (ST)
*Hytrin [®] **	paroxetine
Imitrex [®] **	paroxetine CR
Imitrex [®] ** (injection)	*Pataday [™]
Infergen [®] ** (PA)	** Patanase [®] **
Intal [®] **	Patanol [®] **
ipratropium NS [®] **	Paxil [®] ** (ST)
itraconazole (PA)	*Paxil CR [®] ** (ST)
*Kytril [™]	Pegasys [®] ** (PA)
Lamisil [®] ** (PA)	PEG-Intron [®] ** (PA)
leflunomide	Penlac [®] ** (PA)
*Lescol [®] ** (ST)	*Pexeva [™] (ST)
*Lescol [®] ** XL (ST)	Pravachol [®] ** (ST)
Lexapro [™] (ST)	pravastatin
Lipitor [®] ** (ST)	*Pravigard [™] PAC
*Livostin [®] **	Prevacid [®] ** (ST)
Lotronex [®] **	Prevpac [®] **
lovastatin	*Prilosec [™] (ST)
Lovenox [®] **	*Pristiq [®] ** (ST)
Lunesta [®] ** (ST)	ProAir [®] ** HFA inhaler
** Luvox CR [®] **	Procrit [®] ** (PA)
*Maxair [®] **	Protonix [®] ** (ST)
*Maxair [®] ** Autohaler [®] **	*Proventil [®] ** HFA
*Maxalt [®] **	*Proventil [®] ** Inhaler

* (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

Prozac[®] (ST)
 *Prozac[®] Weekly[™] (ST)
 Pulmicort Flexhaler[™]
 Pulmicort Respules[®]
 Pulmicort Turbuhaler[®]
 Qualaquin[™]
 QVAR[®]
 Rebif[®]
 Relpax[®]
 *Remeron[®]
 Restasis[®]
 *Rhinocort Aqua[®]
 *Rozerem[™] (ST)
 *Sarafem[™] (ST)
 Selferma[®]
 Serevent[®] Diskus[®]
 sertraline
 *Simcor[®] (ST)
 simvastatin
 Sonata[®] (ST)
 Spiriva[®]
 *Sporanox[®] (PA)
 Strattera[®] (PA)
 Symbicort[®] (ST)
 Symbyax[®]
 terazosin
 terbinafine (PA)
 Tilade[®]
 **Treximet^{†®}
 Valtrex[®]
 *Ventolin[®]
 *Ventolin[®] HFA
 *Veramyst[™]
 Vigamox[™]
 Vivelle[®]
 Vivelle-Dot[®]
 Vytorin[™] (ST)
 *Vyvanse[®]
 Wellbutrin SR[®] (100 mg, 150 mg) (ST)
 *Wellbutrin SR[®] (200 mg) (ST)
 *Wellbutrin XL[®] (ST)
 *Xopenex[®] HFA
 zaleplon
 *Zegerid[®] (ST)

Zelnorm[®]
 Zetia[™] (ST)
 Zocor[®] (ST)
 Zofran[®]
 Zoloft[™] (ST)
 zolpidem
 Zomig[®]
 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

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.

Aldurazyme™ (medical benefit only)
 Amevive® (medical benefit only)
 amphetamines
 Aranesp® (QCD)
 azathioprine
 *Boniva® syringe
 botulinum toxin
 Cellcept®
 Ceredase® (medical benefit only)
 Cerezyme® (medical benefit only)
 ciclopirox nail lacquer (QCD)
 Cimzia®
 *CNL 8® nail kit (QCD)
 cyclosporine
 Cytosan®
 Desoxyn®
 dextroamphetamines (e.g. Dexedrine®)
 Elidel®
 Enbrel® (QCD)
 enteral formula (medical benefit only)
 Epogen® (QCD)
 Fabrazyme® (medical benefit only)
 factor VIII, VIIIa & IX (medical benefit only)
 Forteo® (QCD)
 growth hormone
 Humira® (QCD)
 interferons (alpha, gamma)
 itraconazole (QCD)
 IV Immunoglobulin (medical benefit only)
 Kineret®
 Lamisil® (QCD)
 Lyrica®
 Orencia™
 Penlac® (QCD)
 Preservative-Free Morphine
 (medical benefit only)
 Procrit® (QCD)
 Prograf®

Prolastin® (medical benefit only)
 Protopic®
 Provigil®
 Rapamune®
 Raptiva™
 Reclast® (medical benefit only)
 Remicade®
 Respiratory SyncytialVirus IG/
 Synagis® (medical benefit only)
 Revatio®
 Rituxan®
 Simulect®
 Somatuline®
 Somavert®
 *Sporonox® (QCD)
 Strattera® (QCD)
 terbinafine (QCD)
 topical retinoic acid derivatives
 (e.g., Retin A®)
 TPN (total parenteral nutrition)
 (medical benefit only)
 Tysabri® (medical benefit only)
 VePesid®
 Zenapax®
 Zometa® (medical benefit only)

* (Non-covered Medication)
 (QCD) quality care dosing limits apply

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.

*Accolate [®]	Lipitor [®] (QCD)
*Aciphex [™] (QCD)	Lunesta [®] (QCD)
Actonel [®] (QCD)	*Mevacor [®] (QCD)
Advair Diskus [®] (QCD)	*Micardis [®]
Advair [®] HFA (QCD)	*Micardis HCT [®]
Advicor [®] (QCD)	*Nexium [™] (QCD)
*Altoprev [™]	Paxil [®] (QCD)
Ambien [®] (QCD)	*Paxil CR [®] (QCD)
*Ambien CR [®] (QCD)	*Pexeva [™] (QCD)
*Atacand [®]	Pravachol [®] (QCD)
*Atacand HCT [®]	Prevacid [®] (QCD)
Avalide [®]	*Prilosec [®] (QCD)
Avapro [®]	*Pristiq [®] (QCD)
Avodart [®]	Proscar [®]
Azor [®]	Protonix [®] (QCD)
Benicar [®]	Prozac [®] (QCD)
Benicar HCT [®]	*Prozac [®] Weekly [™] (QCD)
*Boniva [®] (QCD)	*Rozerem [™] (QCD)
Celebrex [®] (QCD)	*Sarafem [™] (QCD)
Celexa [®] (QCD)	*Simcor [®] (QCD)
*Cozaar [®]	Singulair [®]
Crestor [®] (QCD)	Sonata [®] (QCD)
Cymbalta [®]	Sprycel [®]
Diovan [®]	Sutent [®]
Diovan HCT [®]	Symbicort [®] (QCD)
Effexor [®]	Tasigna [®]
Effexor XR [®] (QCD)	*Teveten [®]
eplerenone	*Teveten HCT [®]
Exforge [®]	Vytorin [™] (QCD)
Exubera [®]	Wellbutrin SR [®] (100 mg, 150 mg) (QCD)
Fosamax [®] (QCD)	*Wellbutrin SR [®] (200 mg) (QCD)
*Hyzaar [®]	*Wellbutrin XL [®] (QCD)
Inspra [®]	*Zegerid [®] (QCD)
Janumet [™]	Zetia [®] (QCD)
Januvia [™]	Zocor [®] (QCD)
*Lescol [®] (QCD)	Zolofl [®] (QCD)
*Lescol [®] XL (QCD)	*Zyflo [®]
Lexapro [™] (QCD)	*Zyflo [®] CR

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

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.

A			
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acarbose	10	Ambien CR	21, 25
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acetaminophen/codeine	17	amiloride	14
acetazolamide	12	amiloride w/HCTZ	14
acetic acid	10	aminophylline	7
acetic acid/hydrocortisone	10	amiodarone	14
Aciphex	21, 25	amitriptyline	8
Actigall	13	amitriptyline/chlordiazepoxide	7
Actiq	17	amitriptyline/perphenazine	7
Actonel	20, 21, 25	amlodipine	14, 21
ACTOplus met	10, 21	amlodipine/benazepril	14
Actos	10, 21	Amnesteem (oral)	18
Acular	11	Amoclan	5
Acular/PF/LS	21	amoxapine	8
acyclovir	6	amoxicillin	5
Adderall	9	amoxicillin w/clavulanate	
Adderall XR	9, 21	potassium	5
Advair Diskus	6, 21, 25	amphetamine combinations	9
Advair HFA	6, 21, 25	amphetamines	24
Advicor	10, 21, 25	ampicillin	5
Aerobid	21	Anafranil	8
Aerobid-M	21	Anaprox/DS	17
Akineton	8	Anaspaz	13
Alamast	21	Ansaid	17
albuterol ER	7	antipyrine/benzocaine	10
albuterol/HFA inhaler	6, 21	Anzemet	21
albuterol solution	6	Apresoline	14
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Altoprev	25	Atacand HCT	25
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		Atrovent/HFA inhaler	6
		Atrovent (nasal spray)	21
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		Augmentin ES	5
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		Avandamet	10, 21
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		bacitracin	12
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		baclofen	16
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BiDil	14	Cesia	19	Crolom	21
bisoprolol	14	Cetaped	12	Crolom Ophthalmic	11
bisoprolol w/HCTZ	14	Cetrotide	20	cromolyn	21
Bleph-10	12	chloral hydrate	9	cromolyn ophthalmic	11
Blephamide	12	chlordiazepoxide	7	cromolyn sodium	6
Blocadren	14	chlordiazepoxide/clidinium	13	Cryselle	19
Boniva	21, 25	chlorothiazide	14	Cutivate	18
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botulinum toxin	24	chlorpropamide	10	cyclobenzaprine	16
Bravelle	20	chlorthalidone	14	cyclusporine	24
Brethine	7	chlorzoxazone	16	Cylert	9
bromocriptine	8	cholestyramine/light	10	Cymbalta	8, 25
Budeprion SR	8, 21	choline magnesium trisalicylate	17	cyproheptadine	4
Budeprion XL	8, 21	chorionic gonadotropin	20	Cystospaz	13
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Bumex	14	cilostazol	14	Cytotec	13
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Camila	19	Climara	20, 21	Depakote	9
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Capozide	14	Clinoril	17	desonide	18
captopril	14	clobetasol	18	DesOwen	18
captopril w/HCTZ	14	Clomid	20	desoximetasone	18
Carafate	13	clomiphene	20	Desoxyn	9, 24
carbamazepine	9	clomipramine	8	Desyrel	8
Carbatol	9	clonazepam	7	dexamethasone	11, 12
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carteolol	12	Cognex	7	diazepam	7
Cartia XT	14	Colazal	13	diclofenac	17
Cartrol	14	colespitol	10	dicloxacillin	5
carvedilol	14	Colestid	10	dicyclomine	13
Catapres TTS	14, 21	CoLyte	13	Didronel	20
cefaclor	5	CombiPatch	20	Differin	18
cefadroxil	5	Combivent	6, 21	Diflucan	5
cefdinir	5	Compazine	13	Diflucan (150 mg)	5
Ceftin (suspension)	5	Comtan	8	Diflucan (150 mg only)	21
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Cefzil	5	Cordarone	14	digoxin	14
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