

Your Pharmacy Program



Effective January 1, 2012



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Pharmacy Program Overview

Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We have carefully developed a substantial formulary that includes many medications at affordable cost share levels.

About This Guide

This guide is up-to-date as of January 1, 2012, 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 get the most current coverage information about a specific medication, visit our website at www.bluecrossma.com/pharmacy.

- **Top Covered Medications**—includes many commonly prescribed covered medications and your cost share tier that applies
- **Quality Care Dosing**—includes a list of medications subject to Quality Care Dosing limits
- **Prior Authorization**—includes a list of medications that require prior authorization
- **Specialty Pharmacy Medications**—includes a list of medications that are available through pharmacies in the Specialty Pharmacy Network
- **Step Therapy**—includes a list of medications subject to step therapy
- **Medication Resource List Index**—includes all prescription medications listed in this booklet, along with the page(s) on which they can be found

Online Resources

From our main website, www.bluecrossma.com, to the www.express-scripts.com website, we offer a variety of online resources to help you manage your medications.

- **Search for Medication Information.** To learn whether your medications will be covered, you can visit www.bluecrossma.com/pharmacy, and use the **Medication Look Up** feature, listed on the left-hand side of the page. You can use this tool before you enroll. (The medication information represents our standard pharmacy coverage; your individual coverage may vary.)

- **Member Central.** Want more detailed information about your health care coverage, claims, or deductibles? You can log on to Member Central by going to our website, www.bluecrossma.com/member-central. To register, click **Create an Account**, on the upper right-hand side of the page.
 - If you're already registered, just log in with your username and password.
- **Express Scripts Online.** Once registered with Member Central, you can also get immediate, online access to information about your specific pharmacy benefit by visiting Express Scripts Inc., (ESI), our pharmacy management partner, at www.express-scripts.com. Once there, you'll have access to:
 - Price a Drug
 - Find a Pharmacy
 - Mail Service features (which allow you to order refills and renew prescriptions)

Mail Service Pharmacy

With the Mail Service Pharmacy (administered by ESI), you can enjoy the convenience of having certain prescriptions delivered to you. Depending on your specific coverage, you can use the Mail Service Pharmacy to order up to a 90-day supply of certain long-term maintenance medications (like those used to treat high blood pressure), for less than you may normally pay at a retail pharmacy.

It's convenient, cost-effective, and completely confidential.

If you would like to use the Mail Service Pharmacy, you can download an order form and find additional information on our website. Go to www.bluecrossma.com/pharmacy and choose **Mail Service Pharmacy** from the menu on the left-hand side. If you'd like our Mail Service Pharmacy brochure mailed to you, please call **1-800-262-BLUE (2583)**.

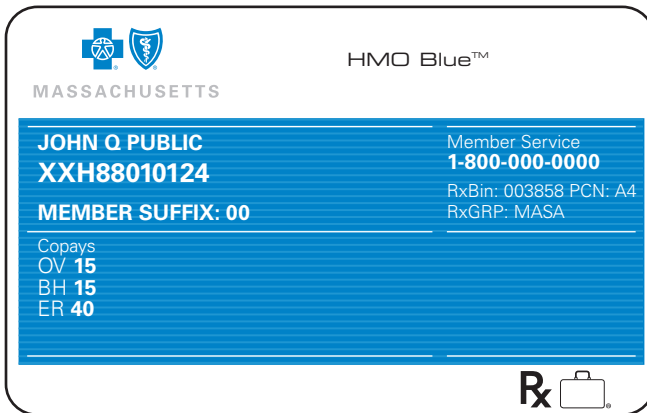
Your Pharmacy Cost Share

Our pharmacy program formulary is based on a tiered cost share structure. When you fill a prescription, the amount you pay the pharmacy (your prescription cost share) is determined by the tier your medication is on. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will advise you of the amount you owe. Usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 3 medications.

Your cost share may include your copayment, co-insurance, deductibles, and maximums. For more about your specific prescription benefits, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription. A sample ID card is shown below.



Top Covered Medications

Our pharmacy formulary includes over 4,000 covered prescription medications. The following sample list includes covered medications most commonly prescribed for our members.

This list is up-to-date as of January 1, 2012, 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.

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

For members with a two-tier structure: The following covered medication list is based on a three-tier structure. All medications listed on Tier 3 are actually covered on your Tier 2.

Abilify	Tier 2	Avalide (ST)	Tier 2
Accu-Chek Aviva	Tier 2	Avapro (ST)	Tier 2
Acetaminophen-Codeine	Tier 1	Aviane	Tier 1
Actonel (QCD) (ST)	Tier 2	Azithromycin	Tier 1
Actos (QCD) (ST)	Tier 3	Baclofen	Tier 1
Acyclovir	Tier 1	Benicar (ST)	Tier 2
Advair Diskus (QCD) (ST)	Tier 3	Benicar HCT (ST)	Tier 2
Albuterol Sulfate	Tier 1	Benzonatate	Tier 1
Alendronate Sodium (QCD)	Tier 1	Betamethasone Dipropionate	Tier 1
Allopurinol	Tier 1	Bisoprolol Fumarate-HCTZ	Tier 1
Alprazolam	Tier 1	Budeprion SR (QCD)	Tier 1
Amitriptyline HCl	Tier 1	Budeprion XL (QCD)	Tier 1
Amlodipine Besylate (QCD)	Tier 1	Bupropion HCl	Tier 1
Amlodipine Besylate-Benazepril	Tier 1	Bupropion HCl SR (QCD)	Tier 1
Amox Tr-Potassium Clavulanate	Tier 1	Bupropion XL (QCD)	Tier 1
Amoxicillin	Tier 1	Buspirone HCl	Tier 1
Amphetamine Salt Combo	Tier 1	Butalbital-APAP-Caffeine	Tier 1
Apri	Tier 1	Byetta	Tier 2
Aricept	Tier 2	Camila	Tier 1
Arimidex	Tier 2	Carisoprodol	Tier 1
Asacol	Tier 2	Carvedilol	Tier 1
Astelin (QCD)	Tier 2	Cefdinir	Tier 1
Atenolol	Tier 1	Cefprozil	Tier 1
Atenolol-Chlorthalidone	Tier 1	Cefuroxime	Tier 1
Atripla	Tier 2	Celebrex (QCD) (ST)	Tier 3

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

Cephalexin	Tier 1	Etodolac	Tier 1
Chantix	Tier 2	Evista	Tier 2
Cheratussin AC	Tier 1	Fenofibrate	Tier 1
Chlorhexidine Gluconate 0.12% Rinse	Tier 1	Fentanyl (PA) (QCD)	Tier 1
Cialis	Tier 3	Finasteride	Tier 1
Ciprofloxacin HCl	Tier 1	Flomax	Tier 3
Citalopram HBr (QCD)	Tier 1	Flovent HFA (QCD)	Tier 2
Clarithromycin	Tier 1	Fluconazole	Tier 1
Clindamycin HCl	Tier 1	Fluocinonide	Tier 1
Clindamycin Phosphate	Tier 1	Fluoxetine HCl (QCD)	Tier 1
Clobetasol Propionate	Tier 1	Fluticasone Propionate (QCD)	Tier 1
Clonazepam	Tier 1	Folic Acid	Tier 1
Clonidine HCl	Tier 1	Furosemide	Tier 1
Clotrimazole-Betamethasone	Tier 1	Gabapentin	Tier 1
Colchicine	Tier 1	Gemfibrozil	Tier 1
Combivent (QCD)	Tier 2	Glimepiride	Tier 1
Concerta (QCD)	Tier 2	Glipizide	Tier 1
Crestor (QCD) (ST)	Tier 2	Glipizide ER	Tier 1
Cryselle	Tier 1	Glipizide XL	Tier 1
Cyclobenzaprine HCl	Tier 1	Glyburide	Tier 1
Cymbalta (QCD) (ST)	Tier 3	Glyburide-Metformin HCl	Tier 1
Desonide	Tier 1	Halflytely-Bisacodyl	Tier 3
Dexamethasone	Tier 1	Humalog	Tier 2
Dextroamphetamine-Amphetamine (PA)	Tier 1	Humira (PA) (QCD)	Tier 2
Diazepam	Tier 1	Humulin N	Tier 2
Diclofenac Sodium	Tier 1	Hydrochlorothiazide	Tier 1
Dicyclomine HCl	Tier 1	Hydrocodone-Acetaminophen	Tier 1
Differin	Tier 3	Hydrocortisone	Tier 1
Digoxin	Tier 1	Hydromorphone HCl	Tier 1
Dilt-CD	Tier 1	Hydroxychloroquine Sulfate	Tier 1
Diltiazem 24hr ER	Tier 1	Hydroxyzine HCl	Tier 1
Diovan (ST)	Tier 2	Ibuprofen	Tier 1
Diovan HCT (ST)	Tier 2	Indomethacin	Tier 1
Divalproex Sodium	Tier 1	lophen-C NR	Tier 1
Divalproex Sodium ER	Tier 1	Isosorbide Mononitrate	Tier 1
Doxazosin Mesylate	Tier 1	Januvia (ST)	Tier 2
Doxycycline Hyclate	Tier 1	Junel FE	Tier 1
Duac CS	Tier 3	Kariva	Tier 1
Enalapril Maleate	Tier 1	Ketoconazole	Tier 1
Enbrel (PA) (QCD)	Tier 2	Klor-Con 10	Tier 1
Endocet	Tier 1	Klor-Con M20	Tier 1
Enpresse	Tier 1	Labetalol HCl	Tier 1
Epipen	Tier 2	Lamotrigine	Tier 1
Erythromycin	Tier 1	Lansoprazole (QCD) (ST)	Tier 1
Estradiol (QCD)	Tier 1	Lantus	Tier 2

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

Lantus Solostar	Tier 2	Necon	Tier 1
Levetiracetam	Tier 1	Neomycin-Polymyxin-HC	Tier 1
Levitra	Tier 3	Niaspan	Tier 2
Levora-28	Tier 1	Nifedipine ER	Tier 1
Levothyroxine Sodium	Tier 1	Nitrofurantoin Mono-Macro	Tier 1
Levoxyl	Tier 1	Nitroglycerin	Tier 1
Lexapro (QCD) (ST)	Tier 3	Nortrel	Tier 1
Lidoderm	Tier 2	Nortriptyline HCl	Tier 1
Lipitor (QCD) (ST)	Tier 3	NovoLog	Tier 2
Lisinopril	Tier 1	Nuvaring	Tier 3
Lisinopril-HCTZ	Tier 1	Nystatin-Triamcinolone	Tier 1
Lithium Carbonate	Tier 1	Ocella	Tier 1
Loestrin 24 FE	Tier 3	Ofloxacin	Tier 1
Lorazepam	Tier 1	Omeprazole (PA) (QCD)	Tier 1
Lovastatin (QCD)	Tier 1	Ondansetron HCl (QCD)	Tier 1
Lovenox (QCD)	Tier 3	Ondansetron ODT (QCD)	Tier 1
Low-Ogestrel	Tier 1	One Touch Ultra test strips (QCD)	Tier 2
Lunesta (QCD) (ST)	Tier 3	Ortho Tri-Cyclen Lo	Tier 3
Lutera	Tier 1	Oxcarbazepine	Tier 1
Lyrica (PA)	Tier 3	Oxybutynin Chloride ER	Tier 1
Medroxyprogesterone Acetate	Tier 1	Oxycodone HCl	Tier 1
Meloxicam (QCD)	Tier 1	Oxycodone-Acetaminophen	Tier 1
Metadate CD (QCD)	Tier 3	OxyContin (QCD)	Tier 2
Metformin HCl	Tier 1	Pantoprazole Sodium (PA) (QCD)	Tier 1
Metformin HCl ER	Tier 1	Paroxetine HCl (QCD)	Tier 1
Methadone HCl	Tier 1	Patanol (QCD)	Tier 3
Methocarbamol	Tier 1	PEG-3350 with Flavor Packs	Tier 1
Methotrexate	Tier 1	Penicillin V Potassium	Tier 1
Methylin tablets (non chewable)	Tier 1	Phenazopyridine HCl	Tier 1
Methylphenidate HCl	Tier 1	Piroxicam	Tier 1
Methylprednisolone	Tier 1	Plavix	Tier 2
Metoclopramide HCl	Tier 1	Polymyxin B Sul-Trimethoprim	Tier 1
Metoprolol Succinate	Tier 1	Potassium Chloride	Tier 1
Metoprolol Tartrate	Tier 1	Pravastatin Sodium (QCD)	Tier 1
Metronidazole	Tier 1	Prednisolone Sodium Phosphate	Tier 1
Microgestin	Tier 1	Prednisone	Tier 1
Microgestin FE	Tier 1	Premarin tablets	Tier 3
Minocycline HCl	Tier 1	Prempro	Tier 2
Mirtazapine	Tier 1	Prenatal Plus	Tier 1
Mometasone Furoate	Tier 1	ProAir HFA (QCD)	Tier 2
Morphine Sulfate (QCD)	Tier 1	Prochlorperazine Maleate	Tier 1
Mupirocin	Tier 1	Promethazine HCl	Tier 1
Nabumetone	Tier 1	Promethazine-Codeine	Tier 1
Nadolol	Tier 1	Prometrium	Tier 3
Naproxen	Tier 1	Propoxyphene Nap-Acetaminophen	Tier 1

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

Propranolol HCl	Tier 1	Timolol Maleate	Tier 1
Provigil (ST)	Tier 2	Tizanidine HCl	Tier 1
Pulmicort Flexhaler (QCD)	Tier 2	Tobramycin-Dexamethasone	Tier 1
Pulmicort Respules (QCD)	Tier 2	Topiramate	Tier 1
Quinapril HCl	Tier 1	Toprol XL	Tier 3
Ramipril	Tier 1	Tramadol HCl	Tier 1
Ranitidine HCl	Tier 1	Trazodone HCl	Tier 1
Reclipsen	Tier 1	Tretinoin (PA)	Tier 1
Relpax (QCD) (ST)	Tier 3	Triamcinolone Acetonide	Tier 1
Restasis (QCD)	Tier 3	Triamterene-HCTZ	Tier 1
Risperidone	Tier 1	Tri-Lo-Sprintec	Tier 1
Ropinirole HCl	Tier 1	TriNessa	Tier 1
Roxicet tablets	Tier 1	Tri-Sprintec	Tier 1
Seroquel	Tier 2	Trivora-28	Tier 1
Sertraline HCl (QCD)	Tier 1	Tussionex	Tier 3
Simvastatin (QCD)	Tier 1	Uroxatral	Tier 2
Sodium Fluoride (Pediatric)	Tier 1	Vagifem	Tier 2
Spiriva (QCD)	Tier 2	Valacyclovir (QCD)	Tier 1
Spironolactone	Tier 1	Valtrex (QCD)	Tier 3
Sprintec	Tier 1	Venlafaxine ER capsules	Tier 1
Strattera (QCD) (ST)	Tier 3	Verapamil HCl	Tier 1
Suboxone	Tier 2	Viagra	Tier 3
Sulfamethoxazole-Trimethoprim	Tier 1	Vigamox (QCD)	Tier 3
Sumatriptan Succinate (non nasal spray) (QCD)	Tier 1	Vivelle-Dot (QCD)	Tier 3
Symbicort (QCD) (ST)	Tier 2	Warfarin Sodium	Tier 1
Synthroid	Tier 3	Xalatan	Tier 2
Tamiflu	Tier 3	Yaz	Tier 3
Tamoxifen Citrate	Tier 1	Zetia (QCD) (ST)	Tier 3
Temazepam	Tier 1	Zolpidem Tartrate (QCD)	Tier 1
Terazosin HCl (QCD)	Tier 1	Zomig (QCD) (ST)	Tier 2
Testim	Tier 2	Zovia 1-35e	Tier 1
Tetracycline HCl	Tier 1	Zyprexa tablets	Tier 2

Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dose of medications you receive comply with Food and Drug Administration (FDA) recommendations, as well as manufacturer and clinical information.

When you fill a prescription for one of the following medications, it is checked electronically in two ways:

- **Dose Consolidation**—Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage.
- **Recommended Monthly Dosing Level**—Checks to see that your monthly dosage is consistent with the manufacturer's and FDA's monthly dosing recommendations and clinical information.

We will get your doctor's approval before making any changes to your prescribed medications.

For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, please visit our website at www.bluecrossma.com/pharmacy and proceed to the **Quality Care Dosing** section.

Please note: Your doctor may request an exception from the guidelines for medications that are subject to Quality Care Dosing (when medically necessary).

Quality Care Dosing List

This list of medications that are in our Quality Care Dosing program is up-to-date as of January 1, 2012, and may change from time to time.

Abstral * (PA)	Adderall XR
AcipHex * (PA)	Advair Discus (ST)
Actiq * (PA)	Advair HFA (ST)
Actonel (ST)	Advicor (ST)
Actonel with Calcium (ST)	Aerobid *
ACTOplus Met (ST)	Aerobid-M *
ACTOplus Met XR (ST)	Alamast *
Actos (ST)	Alendronate
Acular PF	Alocril *
Acular/LS *	Alomide

* (non-covered medication) Quality Care Dosing limits apply for members with approved formulary exceptions

** (new to market drug; non-covered while under review) quantity limits apply to members with approved formulary exceptions (PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

(SP) medication is part of the specialty pharmacy network

(SPO) benefits are not available for this medication when administered in an outpatient setting such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

(ST) step therapy required

Alora *	Cabergoline
Alrex *	Caduet * (ST)
Alsuma (ST)	Cardura *
Altoprev (ST)	Cardura XL *
Alupent inhaler	Catapres TTS
Alvesco *	Celebrex (ST)
Ambien * (ST)	Celexa * (ST)
Ambien CR * (ST)	Cesamet *
Amerge (ST)	Ciclodin solution/kit
Amitiza	Ciclopirox nail lacquer
Amlodipine	Citalopram
Ampyra (PA) (SP)	Climara
Anzemet *	Climara Pro
Aplenzin ER * (ST)	Clonidine patch
Aranesp (PA) (SP) (SPO)	CNL 8 nail kit *
Arava *	Combivent
Arcapta Neohaler **	Concerta
Arixtra	Copaxone (SP) (SPO)
Asmanex Twisthaler *	Crestor (ST)
Astelin	Crolom ophthalmic
Astepro *	Cromolyn ophthalmic
Atelvia * (ST)	Cymbalta (ST)
Atrovent (nasal spray)	Dexilant * (PA)
Atrovent HFA	Dextroamphetamine/Amphetamine ER
Avandamet (ST)	Diflucan (150 mg only)
Avandia (ST)	Doxazosin
Avinza *	Dulera (ST)
Avonex (SP) (SPO)	Duragesic *
Axert * (ST)	Edluar * (ST)
Azelastine	Effexor XR * (ST)
Azmacort *	Elestat *
Beconase AQ *	Emadine
Betaseron (SP) (SPO)	Embeda *
Boniva tablets * (ST)	Emend
Budeprion SR	Enbrel (PA) (SP) (SPO)
Budeprion XL	Enoxaparin
Budesonide (ampules)	Epinastine Ophthalmic
Bupropion SR	Epogen (PA) (SP) (SPO)
Bupropion XL	Estraderm
Butorphanol NS	Estradiol patch
Butrans *	Estrasorb *

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

(PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

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(SPO) benefits are not available for this medication when administered in an outpatient setting such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

(ST) step therapy required

Estrogel *	Lastacraft *
Evamist *	Leflunomide
Exalgo *	Lescol * (ST)
Extavia (SP)	Lescol XL * (ST)
Famciclovir	Lexapro (ST)
Famvir *	Lipitor (ST)
Fentanyl oral/mucosal (PA)	Livalo * (ST)
Fentanyl patch	Lotronex
Fentora * (PA)	Lovastatin
Flonase *	Lovenox
Flovent/HFA	Lunesta (ST)
Fluconazole (150 mg only)	Luvox CR * (ST)
Flunisolide	Lysteda *
Fluoxetine	Maxair Autohaler *
Fluoxetine DR	Maxalt * (ST)
Fluticasone	Maxalt-MLT * (ST)
Fluvoxamine	Meloxicam
Focalin XR *	Menostar *
Fondaparinux	Metadate CD
Foradil	Methylphenidate ER
Forteo (PA) (SP) (SPO)	Mevacor * (ST)
Fosamax * (ST)	Migranal
Fosamax Plus D (ST)	Mirtazapine
Fragmin	Mirtazapine Rapid Dissolve
Frova * (ST)	Mobic *
Gilenya (PA) (SP)	Morphine Sulfate ER
Glucose testing strips (all)	Moxeza
Gralise	MS Contin
Granisetron	Naratriptan
Granisol	Nasacort AQ *
Humira (PA) (SP) (SPO)	Nasonex *
Hytrin *	NebuPent
Imitrex (ST)	Neulasta (PA) (SP)
Infergen (PA) (SP) (SPO)	Neupogen (PA) (SP)
Ipratropium NS	Nexium * (PA)
Itraconazole	Norvasc *
Kadian *	Omeprazole (PA)
Ketorolac ophthalmic	Omeprazole-Sod. Bicarbonate * (PA)
Kytril *	Omnicar *
Lamisil *	Ondansetron
Lansoprazole (PA)	Ondasetron ODT

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a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

(ST) step therapy required

Onsolis * (PA)	Restasis
Opana ER *	Rhinocort Aqua *
Optivar *	Ritalin LA *
Oramorph SR *	Rozerem * (ST)
Oxycodone ER	Sancuso *
OxyContin	Sarafem * (ST)
Oxymorphone ER	Selferma
Pantoprazole (PA)	Serevent Diskus
Paroxetine	Sertraline
Paroxetine CR	Silenor * (ST)
Pataday *	Simcor * (ST)
Patanase *	Simponi (PA) (SP)
Patanol	Simvastatin
Paxil * (ST)	Sonata (ST)
Paxil CR * (ST)	Spiriva
Pegasys (PA) (SP) (SPO)	Sporanox *
PEG-Intron (PA) (SP) (SPO)	Strattera (PA17)
Penlac *	Sumatriptan
Pexeva * (ST)	Sumavel Dosepro * (ST)
Pravachol * (ST)	Symbicort (ST)
Pravastatin	Symbyax
Prevacid * (PA)	Terazosin
Prevpac	Terbinafine
Prilosec * (PA)	Terbinex *
Pristiq * (ST)	Treximet * (ST)
ProAir HFA	Triamcinolone (nasal spray)
Procrit (PA) (SP) (SPO)	Valacylovir
Protonix * (PA)	Valtrex
Proventil HFA *	Venlafaxine ER capsule
Prozac * (ST)	Venlafaxine ER tablet (ST)
Prozac Weekly * (ST)	Ventolin HFA *
Pulmicort Flexhaler	Veramyst *
Pulmicort Respules	Vigamox
Qualaquin	Viibryd * (ST)
Qutenza (SP)	Vivelle
QVAR	Vivelle-Dot
Rapaflox	Vytorin * (ST)
Rebif (SP) (SPO)	Vyvanse *
Relpax (ST)	Wellbutrin SR * (ST)
Remeron *	Wellbutrin XL * (ST)
Remeron Soltab *	Xopenex HFA *

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

(PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

(SP) medication is part of the specialty pharmacy network

(SPO) benefits are not available for this medication when administered in an outpatient setting such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

(ST) step therapy required

Zaleplon
Zegerid * (PA)
Zetia (ST)
Zocor * (ST)
Zofran *
Zofran ODT *
Zoloft * (ST)

Zolpidem
Zolpimist * (ST)
Zomig (ST)
Zomig ZMT (ST)
Zuplenz *
Zymar
Zymaxid *

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(PA) prior authorization required

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(SP) medication is part of the specialty pharmacy network

(SPO) benefits are not available for this medication when administered in an outpatient setting such as

a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

(ST) step therapy required

Prior Authorization

Your doctor is required to obtain prior authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

For the most up-to-date list of medications that require prior authorization, please visit our website, www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Prior Authorization**.

Another part of our prior authorization program is step therapy. Please refer to page 19 for a list of medications that require step therapy.

Prior Authorization List

This list of medications that require prior authorization is up-to-date as of January 1, 2012, and may change from time to time.

Abstral * (QCD)	Enteral formula
AcipHex * (QCD)	Epogen (QCD) (SP) (SPO)
Actemra (SP)	Erbix **
Actiq * (QCD)	Euflexxa
Adcirca (SP)	Factor VIII, VIIIa, IX, XIII **
Amevive **	Fentanyl oral/mucosal (QCD)
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Fentora * (QCD)
Ampyra (QCD) (SP)	Forteo (QCD) (SP) (SPO)
Aralast **	Growth Hormone (SP) (SPO)
Aralast NP **	Humira (QCD) (SP) (SPO)
Aranesp (QCD) (SP) (SPO)	Hyalgan
Boniva syringe * (SP)	Ilaris (SP)
Botulinum toxin	Incivek (SP)
Ceredase **	Interferons (alpha, gamma) (QCD) (SP) (SPO)
Cerezyme **	IV Immunoglobulin **
Cimzia (SP) (SPO)	Kineret (SP) (SPO)
Cinryze **	Lansoprazole (QCD)
Desoxyn (PA17)	Leukine (SP)
Dexilant * (QCD)	Lyrca
Dextroamphetamines (e.g. Dexedrine) (PA17)	Makena (SP)
Egrifta (SP)	Neulasta (QCD) (SP)
Elidel	Neupogen (QCD) (SP)
Enbrel (QCD) (SP) (SPO)	Nexium * (QCD)
	Nuvigil * (PA17)

* (non-covered medication) prior authorization required for members with approved formulary exceptions

** covered under medical benefit only

(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members who are 30 years of age or older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy network

(SPO) benefits are not available for this medication when administered in an outpatient setting such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

Omeprazole (QCD)	Remicade (SP)
Omeprazole -Sod. Bicarbonate * (QCD)	Respiratory SyncytialVirus IG/Synagis **
Onsolis * (QCD)	Revatio (SP)
Orencia (SP)	Rituxan (SP)
Orthovisc	Simponi (QCD) (SP)
Pantoprazole (QCD)	Stelara * (SP)
Pradaxa	Strattera (PA17) (QCD)
Preservative-Free Morphine **	Supartz
Prevacid * (QCD)	Synvisc
Prilosec * (QCD)	Synvisc One
Procrit (QCD) (SP) (SPO)	Topical Retinoic Acid derivatives (e.g. Retin A) (PA30)
Prolastin **	TPN (total parenteral nutrition) **
Prolastin C **	Tysabri **
Proleukin (SP)	Vectibix **
Prolia (SP)	Victrelis (SP)
Protonix * (QCD)	Xgeva (SP)
Protopic	Xolair **
Provigil (PA17)	Zegerid * (QCD)
Raptiva (SP)	Zometa **
Reclast **	

* (non-covered medication) prior authorization required for members with approved formulary exceptions

** covered under medical benefit only

(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members who are 30 years of age or older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy network

(SPO) benefits are not available for this medication when administered in an outpatient setting such as

a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to dispense certain medications classified as specialty. The following is a list of medications that can only be purchased from one of the pharmacies in this network in order for coverage to be available.

This list is up-to-date as of January 1, 2012. You can find the latest information about your medications and look up pharmacy contact information by visiting www.bluecrossma.com/pharmacy.

Network Pharmacy Information

Accredo Health Group, Inc.

1-877-988-0058

www.accredo.com

CVS Caremark, Inc.

1-866-846-3096

www.caremark.com

CuraScript, a subsidiary of Express Scripts, Inc.

1-888-823-9070

www.curascript.com

OncoMed, the Oncology Pharmacy

1-877-662-6633

www.oncomed.net

Network Pharmacy Information for Medications Most Commonly Used for Fertility

Ascend SpecialtyRx

1-800-850-9122

www.ascendspecialtyrx.com

Freedom Fertility Pharmacy

1-866-297-9452

www.freedomfertility.com

Village Fertility Pharmacy

1-877-334-1610

www.villagefertilitypharmacy.com

Fertility Medications

Bravelle * (SPO)

Cetrotide

Clomid

Clomiphene

Endometrin

Follistim AQ * (SPO)

Ganirelix (SPO)

Gonal F/Gonal F RFF (SPO)

Human Chorionic Gonadotropin (HCG) (SPO)

Leuprolide (SPO)

Leuprolide Acetate

Lupron Depot

Lupron Depot Ped

Luveris (SPO)

Menopur (SPO)

Novarel

Ovidrel

Pregnyl (SPO)

Repronex (SPO)

Serophene

Injectable Medications

Abraxane

Actemra (PA)

Acthar

Actimmune (PA) (SPO)

Adriamycin PFS

Adrucil

Alferon N (PA)

Alkeran

Apokyn

Aranesp (PA) (QCD) (SPO)

Arcalyst Injection

Aredia

Arzerra

* (non-covered medication) step therapy required for members with approved formulary exceptions
(PA) prior authorization required | (QCD) Quality Care Dosing limits apply
(SPO) benefits are not available for this medication when administered in an outpatient setting such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

Avonex (QCD) (SPO)	Fludarabine phosphate
Betaseron (QCD) (SPO)	Fluorouracil
BiCNU	Forteo (PA) (QCD) (SPO)
Bleomycin Sulfate	FUDR
Boniva Injection * (PA)	Fusilev I.V.
Busulfex	Fuzeon (SPO)
Camptosar	Gemcitabine
Carboplatin	Gemzar
Cerubidine	Genotropin * (PA) (SPO)
Cimzia (PA) (SPO)	Herceptin
Cisplatin	Humatrope (PA) (SPO)
Cladribine	Humira (PA) (QCD) (SPO)
Copaxone (QCD) (SPO)	Hycamtin
Cosmegen	Idamycin PFS
Cyclophosphamide	Idarubicin
Cytarabine	Ifex
Cytosan	Ifosfamide
Dacarbazine	Ifosfamide/Mesna
Dactinomycin	Ilaris (PA)
Daunorubicin HCL	Increlex (PA) (SPO)
DaunoXome	Infergen (PA) (QCD) (SPO)
DDAVP *	Intron A (PA) (SPO)
Depocyt	Irinotecan
Desmopressin Acetate	Istodax
Docetaxel	Kineret (PA) (SPO)
Doxil	Leucovorin Calcium
Doxorubicin HCl	Leukine (PA)
DTIC-Dome	Leuprolide Acetate
Egrifta (PA)	Leustatin
Eligard	Lupron Depot
Ellence	Lupron Depot-Ped
Eloxatin	Makena (PA)
Elspar	Mesna
Enbrel (PA) (QCD) (SPO)	Methotrexate
Epirubicin	Mexnex
Epogen (PA) (QCD) (SPO)	Mitomycin
Ethyol	Mitoxantrone
Etopophos	Mozobil (SPO)
Etoposide	Mustargen
Extavia * (QCD)	Mylotarg
Faslodex	Navelbine
Firmagon	Neosar
Floxuridine	Neulasta (PA) (QCD)
Fludara	Neumega

* (non-covered medication) step therapy required for members with approved formulary exceptions
(PA) prior authorization required | (QCD) Quality Care Dosing limits apply
(SPO) benefits are not available for this medication when administered in an outpatient setting such as
a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

Neupogen (PA) (QCD)
 Nipent
 Norditropin * (PA) (SPO)
 Norditropin Flexpro * (PA) (SPO)
 Norditropin Nordiflex * (PA) (SPO)
 Novantrone
 Nplate
 Nutropin (PA) (SPO)
 Nutropin AQ (PA) (SPO)
 Nutropin AQ Nuspin (PA) (SPO)
 Octreotide injection (SPO)
 Omnitrope * (PA) (SPO)
 Oncaspar
 Ontak
 Onxol
 Orencia (PA)
 Oxaliplatin
 Paclitaxel
 Pamidronate
 Pamidronate disodium
 Pegasys (PA) (QCD) (SPO)
 Peg-Intron (PA) (QCD) (SPO)
 Photofrin
 Procrit (PA) (QCD) (SPO)
 Proleukin (PA)
 Prolia (PA)
 Rebif (QCD) (SPO)
 Remicade (PA)
 Revatio (PA)
 Rituxan (PA)
 Saizen * (PA) (SPO)
 Sandostatin (SPO)
 Sandostatin-LAR
 Serostim (PA) (SPO)
 Simponi (PA) (QCD)
 Simulect
 Somatuline
 Somavert
 Stelara * (PA)
 Sylatron (PA)
 Tarabine
 Taxol
 Taxotere
 Tev-Tropin * (PA) (SPO)

TheraCys
 Thiotepa
 Thyrogen
 Toposar
 Totect
 Trelstar
 Trelstar Depot
 Trelstar LA
 Velcade
 VePesid
 VinBLASTine
 VinCRISline
 Vinorelbine
 Vumon
 Xgeva (PA)
 Zanosar
 Zenapax
 Zinecard
 Zoladex
 Zorbtive (PA) (SPO)

Oral Medications

8-Mop
 Adcirca (PA)
 Afinitor
 Alkeran
 Ampyra (PA) (QCD)
 Carbaglu
 Copegus (SPO)
 Cystagon
 Cytoxan
 Etoposide
 Exjade
 Gilenya
 Gleevec
 Hycamtin
 Incivek (PA)
 Iressa
 Kuvan
 Letairis
 Mesnex
 Nexavar
 Oforta
 Orfadin
 Promacta

* (non-covered medication) step therapy required for members with approved formulary exceptions
 (PA) prior authorization required | (QCD) Quality Care Dosing limits apply
 (SPO) benefits are not available for this medication when administered in an outpatient setting such as
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Pulmozyme (SPO)
Rebetol (SPO)
Revatio (PA)
Revlimid
Ribapak (SPO)
Ribasphere (SPO)
Ribatab
Ribavirin (SPO)
Rilutek
Sabril
Sprycel
Sucraid
Sutent
Tarceva
Tasigna
Temodar
Thalomid

TOBI (SPO)
Tracleer
Tykerb
Tyvaso
VePesid
Victrelis (PA)
Votrient
Xalkori
Xeloda
Xenazine
Zavesca
Zelboraf
Zolinza
Zytiga
Topical
Panretin
Outenza (QCD)

* (non-covered medication) step therapy required for members with approved formulary exceptions
(PA) prior authorization required | (QCD) Quality Care Dosing limits apply
(SPO) benefits are not available for this medication when administered in an outpatient setting such as
a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

Step Therapy

Step therapy is a key part of our prior authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

Step Therapy List

This list is up-to-date as of January 1, 2012, and is subject to change at any time. For the most up-to-date list of medications that require step therapy, please visit our website www.bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

Antidepressant Drugs

Aplenzin ER * (QCD)

Celexa * (QCD)

Cymbalta (QCD)

Effexor *

Effexor XR * (QCD)

Lexapro (QCD)

Luvox CR * (QCD)

Paxil * (QCD)

Paxil CR * (QCD)

Pexeva * (QCD)

Pristiq * (QCD)

Prozac * (QCD)

Prozac Weekly * (QCD)

Sarafem * (QCD)

Venlafaxine ER tablet (QCD)

Viibryd * (QCD)

Wellbutrin *

Wellbutrin SR * (QCD)

Wellbutrin XL * (QCD)

Zoloft * (QCD)

Asthma Management

Accolate *

Advair Discus (QCD)

Advair HFA (QCD)

Dulera (QCD)

Singulair

Symbicort (QCD)

Zafirlukast

Zyflo *

Zyflo CR *

Cholesterol Treatment

Advicor (QCD)

Altoprev * (QCD)

Caduet * (QCD)

Crestor (QCD)

Lescol * (QCD)

Lescol XL * (QCD)

Lipitor (QCD)

Livalo * (QCD)

Mevacor * (QCD)

Pravachol * (QCD)

Simcor * (QCD)

Vytorin * (QCD)

Zetia (QCD)

Zocor * (QCD)

Diabetes Management

ACTOplus met (QCD)

Actoplus Met XR (QCD)

Actos (QCD)

Avandamet (QCD)

Avandaryl

Avandia (QCD)

Duetact

Janumet

* (non-covered medication) step therapy required for members with approved formulary exceptions

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

(QCD) Quality Care Dosing limits apply

Januvia

Kombiglyze XR

Onglyza

Tradjenta *

Victoza

Glaucoma

Lumigan

Travatan

Travatan Z

Xalatan

Heart/Blood Modifiers/Circulation

Atacand *

Atacand HCT *

Avalide

Avapro

Azor

Benicar

Benicar HCT

Cozaar *

Diovan

Diovan HCT

Edarbi *

Exforge

Exforge-HCT

Hyzaar *

Micardis *

Micardis HCT *

Teveten *

Teveten HCT *

Tribenzor

Twynsta *

Valturna *

Insomnia Treatment

Ambien * (QCD)

Ambien CR * (QCD)

Edluar * (QCD)

Lunesta (QCD)

Rozerem * (QCD)

Sonata (QCD)

Zolpimist * (QCD)

Migraine Treatment

Alsuma (QCD)

Amerge (QCD)

Axert * (QCD)

Frova * (QCD)

Imitrex (QCD)

Maxalt * (QCD)

Maxalt MLT * (QCD)

Relpax (QCD)

Sumavel Dosepro * (QCD)

Treximet * (QCD)

Zomig (QCD)

Zomig ZMT (QCD)

Osteoporosis Treatment (Oral)

Actonel (QCD)

Actonel with Calcium (QCD)

Atelvia DR * (QCD)

Boniva tablets * (QCD)

Fosamax * (QCD)

Fosamax Plus D (QCD)

Overactive Bladder Treatment

Detrol *

Detrol LA *

Ditropan *

Ditropan XL *

Enablex *

Gelnique *

Oxytrol *

Sanctura *

Sanctura XR *

Toviaz *

Vesicare

Pain Relievers (Cox II Inhibitors)

Celebrex (QCD)

Parkinson's Disease Treatment

Mirapex

Mirapex ER *

Requip *

Requip XL *

* (non-covered medication) step therapy required for members with approved formulary exceptions

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

(QCD) Quality Care Dosing limits apply

Prostate Treatment

Avodart

Jalyn *

Proscar *

Topical Testosterone

Androderm

Androgel *

Axiron *

Fortesta *

Treatment For Gout

Uloric

* (non-covered medication) step therapy required for members with approved formulary exceptions

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

(QCD) Quality Care Dosing limits apply

Non-Covered Medications

Your pharmacy program provides coverage for over 4,000 prescription medications. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. Check with your doctor about appropriate alternatives if you currently take any of these medications.

For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, www.bluecrossma.com/pharmacy, click on **Medication Look Up**, and proceed to the **Medications that are not Covered** section.

Please note: Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

Non-Covered Medication List

This list of non-covered medications is up-to-date as of January 1, 2012, and may change from time to time.

Abilify DiscMelt	Aerobid (QCD)
Abstral (PA) (QCD)	Aerobid-M (QCD)
Acanya	Airet
Accolate (ST)	Alamast (QCD)
AccuNeb	Alocril (QCD)
Accupril	Alodox
Accutane	Aloquin
Aceon	Alora (QCD)
AcipHex (PA) (QCD)	Alrex (QCD)
Actigall	Altabax
Actiq (PA) (QCD)	Altace
Activella	Altoprev (QCD) (ST)
ACTOplus Met XR (QCD) (ST)	Aluvea
Acular (QCD)	Alvesco (QCD)
Acular LS (QCD)	Ambien (QCD) (ST)
Acuvail	Ambien CR (QCD) (ST)
Aczone	Amrix
Adalat CC	Amturnide
Adderall	Anafranil
Adoxa CK	Analpram Advanced
Adoxa TT	Analpram-E kit
	Androgel (ST)

(PA) prior authorization required for members with approved formulary exceptions

(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions

(SP) medication is part of the specialty pharmacy network

(SPO) benefits are not available for this medication when administered in an outpatient setting such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

(ST) step therapy required for members with approved formulary exceptions

Angeliq	Caduet (QCD)
Antara	Cambia
Anzemet (QCD)	Caphosol
Apidra	Capoten
Aplenzin ER (QCD) (ST)	Cardene
Appformin-D	Cardene SR
Arava (QCD)	Cardizem CD
Ascensia diabetic testing supplies (QCD)	Cardizem LA
Asmanex Twisthaler (QCD)	Cardura XL (QCD)
Assure Pro diabetic testing supplies (QCD)	Cataflam
Astepro (QCD)	Ceclor
Atacand (ST)	Ceclor CD
Atacand HCT (ST)	Cedax
Atelvia (QCD) (ST)	Celexa (QCD) (ST)
Ativan	Cem-Urea
Atopiclair	Cenestin
Atralin	Centany
Atropen	Centany AT
Augmentin XR	Cesamet (QCD)
Avelox	Cetraxel
Avidoxy	Chenodal
Avidoxy DK	Chibroxin Ocumeter
Avinza (QCD)	Cipro-XR
Avita	Cleanse and Treat
Axert (QCD) (ST)	Cleervue-M
Axid	Cleocin T
Axiron (ST)	Clindacin PAC
Azasite	Clindagel
Azmacort (QCD)	Clindamax
B-D diabetic testing supplies (QCD)	Clindareach
Beconase AQ (QCD)	Clindets
BenzaClin kit	Clobeta + Plus
Bepreve	CNL 8 nail kit (QCD)
Besivance	Colazal
Bionect	Combigan
Boniva syringe (PA) (SP)	Combunox
Boniva tablets (QCD) (ST)	Coreg
Bravelle (SP)	Coreg CR
Brevicon	Cozaar (ST)
Bromday	Daliresp
Brovana	Darvocet N-100
Butrans (QCD)	Daypro
Bystolic	Daytrana

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(ST) step therapy required for members with approved formulary exceptions

DDAVP	Estrasorb (QCD)
Demulen	Estrojel (QCD)
Depo-Sub Q Provera 104	Evamist (QCD)
Derma-Smoother/FS	Evoclin
DermOtic	ExacTech diabetic testing supplies (QCD)
Desogen	Exalgo (QCD)
Desonil + Plus	Extavia
DesOwen kit	Extina
Detrol (ST)	Factive
Detrol LA (ST)	Famvir (QCD)
Dexedrine (PA)	Fanapt
Dexilant (PA) (QCD)	FazaClo
Dilacor XR	Femtrace
Dilaudid	Fenoglide
Dipentum	Fentora (PA) (QCD)
Dispermox	Fertinex (SP)
Ditropan (ST)	Fexmid
Ditropan XL (ST)	Fibracor
Divigel	Finacea Plus
Doryx	Fioricet
Duragesic (QCD)	Fiorinal
Durezol	Fiorinal with Codeine
Dynabac	Flagyl
Dynacin	Flagyl ER
Dynacirc	Flagyl IV
Dynacirc CR	Flector
Dytan	Flonase (QCD)
Edarbi (ST)	Focalin
Edluar (QCD) (ST)	Focalin XR (QCD)
Effexor (ST)	Follistim AQ (SP) (SPO)
Effexor XR (QCD) (ST)	Fortamet
Elestat (QCD)	Fortesta (ST)
Elestrin	Fosamax (QCD) (ST)
Eletone	Freestyle diabetic supplies (QCD)
Embeda (QCD)	Fresh Kote
Emsam	Frova (QCD) (ST)
Enablex (ST)	Gelclair
Enjuvia	Gelnique (ST)
EpiCeram	Genotropin (PA) (SP) (SPO)
Epiduo	Glucometer diabetic supplies (QCD)
Equetro	Glucophage
Ertaczo	Glucophage XR
Estrace	Glumetza

(PA) prior authorization required for members with approved formulary exceptions
(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions

(SP) medication is part of the specialty pharmacy network

(SPO) benefits are not available for this medication when administered in an outpatient setting such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

(ST) step therapy required for members with approved formulary exceptions

Halonate	Lopressor
Halotin	Lorabid
Hydrocortisone-Lidocaine kit	LoSeasonique
Hylatopic	Lotensin
Hylatopic Plus	Lotensin HCT
Hylatopic Plus-Aurstat	Lovaza
Hylira	Luvox CR (QCD) (ST)
Hytrin (QCD)	Lysteda (QCD)
Hyzaar (ST)	Lytensopril
IB-Stat	Mavik
IC400 kit	Maxair Autohaler (QCD)
IC800 kit	Maxalt/Maxalt-MLT (QCD) (ST)
Imuran	Maxipime
Inderal LA	Megace ES
InnoPran XL	Menostar (QCD)
Intuniv	Metaglip
Invega	Metozolv ODT
Iquix	Metrogel kit
Istalol	Mevacor (QCD) (ST)
Jalyn (ST)	Micardis (ST)
Kadian (QCD)	Micardis HCT (ST)
Kapvay	Minocin
Keppra XR	Minocin Combo Pack
Keralyt complete kit	Mirapex ER (ST)
Ketocon + Plus	Mobic (QCD)
Klonopin	Momexin
Kytril (QCD)	Monodox
Lamictal ODT	Monopril
Lamisil (QCD)	Monopril HCT
Lamisil Granules (QCD)	Morgidox
Lastacaft	Moxatag
Latuda	Naprelan
Lescol (QCD) (ST)	Naprosyn
Lescol XL (QCD) (ST)	Naprosyn EC
Levaquin	Nasacort AQ (QCD)
Levlen	Nasarel (QCD)
Lexxel	Nasonex (QCD)
Lialda	Natazia
Lipofen	Neosalus
Livalo (QCD) (ST)	Neupro
Lodine	Neurontin
Lodine XL	NeutraSal
Lofibra	Nevanac

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(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions

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(ST) step therapy required for members with approved formulary exceptions

Nexavir	PCE
Nexiclon XR	PCE Dispertab
Nexium (PA) (QCD)	Pediaderm AF
Niravam	Pediaderm HC
Norditropin (PA) (SP) (SPO)	Pediaderm TA
Norinyl	Penlac (QCD)
Noroxin	Pennsaid
Nor-Q-D	Pepcid
Norvasc (QCD)	Percocet
Novacort	Pexeva (QCD) (ST)
NuCort	Plaquenil
Nucynta	Pram-HCA
Nucynta ER	Pramosone E
Nuedexta	PrandiMet
NutriDox	Pravachol (QCD) (ST)
Nuvigil (PA)	PR-Cream
Ocudox kit	Precision diabetic supplies (QCD)
Oleptro ER	Prestige diabetic testing supplies (QCD)
Olux	Prevacid (PA) (QCD)
Omeprazole/Sodium Bicarb (PA) (QCD)	Prevacid NapraPAC
Omnaris (QCD)	Prilosec (PA) (QCD)
Omnicef	Prinivil
Omnitrope (PA) (SP) (SPO)	Prinzide
Onsolis (PA) (QCD)	Pristiq (QCD) (ST)
Opana	Procentra (PA)
Opana ER (QCD)	Prodigy diabetic testing supplies (QCD)
Optase	Promiseb
Optivar (QCD)	Promiseb Light
Oracea	Proquin XR
Oramorph SR (QCD)	Protonix (PA) (QCD)
Orapred ODT	Proventil HFA (QCD)
Oravig	Proventil inhaler (QCD)
Ortho-Prefest	Proventil/Repetab
Ovcon	Prozac (QCD) (ST)
Oxytrol (ST)	Prozac Weekly (QCD) (ST)
Pamelor	Purinethol
Pamine FQ	Quixin
Pancreaze	RadiaPlex Rx
Paptase	Radigel
Pataday (QCD)	Raniclor
Patanase (QCD)	Rapaflo
Paxil (QCD) (ST)	Recothrom
Paxil CR (QCD) (ST)	Relafen

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(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions
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(ST) step therapy required for members with approved formulary exceptions

Remeron (QCD)	Sprix
Remeron Soltab (QCD)	Stavzor
Requip (ST)	Stelara (PA) (SP)
Requip XL (ST)	Striant
Rescula	Sular
Restoril	Sumadan
Retin-A Micro (PA30)	Sumavel Dosepro (QCD) (ST)
Rhinocort Aqua (QCD)	Sumaxin
Rinnovi	Sumaxin TS
Risperdal M-Tab	Tagamet
Ritalin	Tekamlo
Ritalin LA (QCD)	Tekturna
Ritalin SR	Tekturna HCT
Rosanil	Tenormin
Rozerem (QCD) (ST)	Tequin
Rybix	Terbinex (QCD)
Rybix ODT	Tersi
Rynatan	Tetrix
Rythmol	Teveten (ST)
Ryzolt	Teveten HCT (ST)
Saizen (PA) (SP) (SPO)	Tev-Tropin (PA) (SP) (SPO)
Salkera	Therapentin
Salvax	Tiamate
Salvax Duo	Tiazac
Salvax Duo Plus	Tindamax
Sanctura (ST)	Tirosint
Sanctura XR (ST)	Tofranil
Sancuso (QCD)	Tornalate
Saphris	Toviaz (ST)
Sarafem (QCD) (ST)	Tradjenta (ST)
Scalacort	Tranxene T-Tab
Seasonique	Tretin-X (PA)
Senophylline	Treximet (QCD) (ST)
Silenor (QCD)	Tricor
Simcor (QCD) (ST)	Triglide
Sinemet	Tri-Levlen
Skelid	Trilipix
Sof-Tact diabetic supplies (QCD)	Trinalin
Solodyn	Tri-Norinyl
Soltamox	TriOxin
Soma	Tritec
Spectracef	Tropazone
Sporanox (QCD)	TrueTest diabetic supplies (QCD)

(PA) prior authorization required for members with approved formulary exceptions

(QCD) Quality Care Dosing limits apply for members with approved formulary exceptions

(SP) medication is part of the specialty pharmacy network

(SPO) benefits are not available for this medication when administered in an outpatient setting such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy

(ST) step therapy required for members with approved formulary exceptions

TrueTrack diabetic supplies (QCD)

Twynsta (ST)

Ultracet

Ultram/ER

Ultravate PAC

Uramaxin

Urea kit

Valium

Valturna (ST)

Vanos

Vantin

Vaseretic

Vasolex

Vasotec

Vectical

Vectrin

Veltin (PA30)

Ventolin HFA (QCD)

Veramyst (QCD)

Veregen

Vicodin

Vicodin ES

Vimovo

Virasal

Voltaren

Voltaren XR

Vusion

Vytolin (QCD) (ST)

Vyvanse (QCD)

Welchol

Wellbutrin

Wellbutrin SR (QCD) (ST)

Wellbutrin XL (QCD) (ST)

Xanax

Xanax XR

X-Clair

Xenaderm

Xerese

Xibrom

Xifaxan

Xolegel

Xolox

Xopenex HFA (QCD)

Xopenex nebules

Xyralid

Zanaflex

Zantac

Zebeta

Zegerid (PA) (QCD)

Zelapar

Zenieve

Zestril

Ziana

Zinotic

Zinotic ES

Zipsor

Zithromax

Zmax

Zocor (QCD) (ST)

Zofran (QCD)

Zofran ODT (QCD)

Zolofit (QCD) (ST)

Zolpimist (QCD) (ST)

Zovirax

Z-Pram

Zuplenz (QCD)

Zyflo (ST)

Zyflo CR (ST)

Zymaxid

Zypram

Zyprexa IM

Zyprexa Relprevv

Zytopic

(PA) prior authorization required for members with approved formulary exceptions
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New Medication Approval Process

Our Pharmacy and Therapeutics Committee, which is made up of pharmacists and doctors of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to help us give our members prescription drug options that meet their medical needs and achieve desired treatment goals.

While under review, new medications will not be covered by your plan. As with other medications that are not covered, your doctor may request coverage when medically necessary.



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