

# Your Pharmacy Program

Effective January 1, 2015 (Updated April 17, 2015)

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# Overview

## 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, 2015, 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](http://www.bluecrossma.com/pharmacy).

- **Top Covered Medications**—includes many commonly prescribed covered medications and your cost share tier that applies
- **Preventative Medications**—includes a list of prescription and over-the-counter medications that are covered with no cost share when prescribed for you by your doctor
- **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 specialty and fertility medications that must be dispensed by a pharmacy in the Specialty and Fertility 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](http://www.bluecrossma.com), to the [www.express-scripts.com](http://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](http://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 the standard BCBSMA pharmacy coverage; TL 170 H&WF coverage may vary. In general, drugs listed by BCBSMA as “not-covered” will fall in Tier 3 for TL 170 H&WF members unless otherwise excluded under the plan benefits.) Our 2015 formulary changes will not be reflected in this tool until January 1, 2015.
- **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](http://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 user name 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](http://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)

# Overview

## 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 all information is handled in accordance with our confidentiality policy.

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](http://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.

If you or your physician requests that a branded prescription be dispensed when there is an equivalent generic product available, you will pay the brand copayment plus the difference in the cost between the brand and generic medication (the difference in the cost between the brand and generic medication is also referred to as an "ancillary fee"). The request for a branded medication to be dispensed when there is a generic equivalent available is frequently

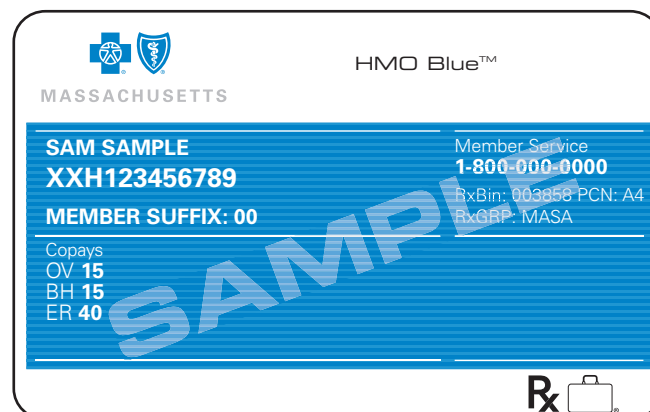
called a "Dispense as Written" medication order. Ancillary fees will be waived for brand versions of select narrow therapeutic window generic medications for treatment of seizures (Carbamazepine and Phenytoin), heart rhythm disorders (Digoxin, Flecainide, and Quinidine), blood thinners (Warfarin), asthma (Theophylline), transplant immunosuppressants (Cyclosporine, Sirolimus, and Tacrolimus), manic depression (Lithium), and thyroid supplementation (Levothyroxine Sodium).

Some medications are formulated or packaged to deliver greater than a 30 day supply in a single dosage/dispensing unit. For some of these medications, members will be charged more than one 30 day copayment per fill depending on the medication and dosage/dispensing unit. For example, Estring is a formulated as a 90 day dosage unit and members will be charged three 30 day copayments.

Your cost share may include your copayment, co-insurance, and deductibles. 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 6:00 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

## 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, 2015, 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](http://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.

The following covered medication list is based on our standard formulary. The tier that is assigned to the drug is the tier used in a three-tier cost share benefit structure.

Abilify tablets (ST)	Tier 2	Aviane	Tier 1	Cephalexin	Tier 1
Accu-Chek Aviva testing strips (QCD)	Tier 2	Azathioprine	Tier 1	Chantix	Tier 2
Acetaminophen/Codeine	Tier 1	Azelastine (QCD)	Tier 1	Chlorhexadine Gluconate	Tier 1
Acyclovir	Tier 1	Azithromycin	Tier 1	Chlorthalidone	Tier 1
Adapalene	Tier 1	Baclofen	Tier 1	Cialis	Tier 3
Advair Diskus (QCD) (ST)	Tier 3	Benicar (ST)	Tier 2	Ciprofloxacin	Tier 1
Albuterol	Tier 1	Benicar HCT (ST)	Tier 2	Citalopram (QCD)	Tier 1
Alendronate (QCD)	Tier 1	Benzonatate	Tier 1	Clarithromycin	Tier 1
Allopurinol	Tier 1	Betamethasone Dipropionate	Tier 1	Clindamycin	Tier 1
Alprazolam	Tier 1	Budesonide (QCD)	Tier 1	Clindamycin/Benzoyl Peroxide	Tier 1
Altavera	Tier 1	Buprenorphine/Naloxone (PA) (QCD)	Tier 1	Clobetasol Propionate	Tier 1
Alyacen	Tier 1	Bupropion	Tier 1	Clonazepam	Tier 1
Amitriptyline	Tier 1	Bupropion SR (QCD)	Tier 1	Clonidine	Tier 1
Amlodipine/Benazepril	Tier 1	Bupropion XL (QCD)	Tier 1	Clopidogrel	Tier 1
Amolodipine (QCD)	Tier 1	Buspirone	Tier 1	Clotrimazole/Betamethasone	Tier 1
Amoxicillin	Tier 1	Butalbital/APAP/Caffeine	Tier 1	Colcrys	Tier 2
Amoxicillin TR-Potassium Clavulanate	Tier 1	Camila	Tier 1	Combivent Respimat (QCD)	Tier 2
Amphetamine Salt Combination	Tier 1	Carbidopa/Levodopa	Tier 1	Crestor (QCD) (ST)	Tier 2
Anastrozole	Tier 1	Carisoprodol	Tier 1	Cryselle	Tier 1
Apri	Tier 1	Carvedilol	Tier 1	Cyclobenzaprine	Tier 1
Armour Thyroid	Tier 3	Cefadroxil	Tier 1	Desonide	Tier 1
Asacol HD	Tier 2	Cefdinir	Tier 1	Dexamethasone	Tier 1
Atenolol	Tier 1	Cefuroxime	Tier 1	Dextroamphetamine/Amphetamine	Tier 1
Atorvastatin (QCD)	Tier 1	Celebrex (QCD) (ST)	Tier 3	Diazepam	Tier 1

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

# Top Covered Medications

Diclofenac	Tier 1	Gildess FE	Tier 1	Lidocaine	Tier 1
Dicyclomine	Tier 1	Glimepiride	Tier 1	Liothyronine Sodium	Tier 1
Digoxin	Tier 1	Glipizide	Tier 1	Lisinopril	Tier 1
Diltiazem ER	Tier 1	Glipizide ER	Tier 1	Lisinopril/HCTZ	Tier 1
Diovan (ST)	Tier 3	Glipizide XL	Tier 1	Lithium Carbonate	Tier 1
Divalproex Sodium	Tier 1	Glyburide	Tier 1	lo Loestrin FE	Tier 3
Divalproex Sodium ER	Tier 1	Guanfacine	Tier 1	Lorazepam	Tier 1
Donepezil	Tier 1	Humalog (QCD)	Tier 2	Loryna	Tier 1
Dorzolamide/Timolol	Tier 1	Humira (PA) (QCD)	Tier 2	Losartan	Tier 1
Doxazosin	Tier 1	Hydrochlorothiazide	Tier 1	Losartan/HCTZ	Tier 1
Doxycycline Hyclate	Tier 1	Hydrocodone/APAP	Tier 1	Lovastatin (QCD)	Tier 1
Doxycycline Monohydrate	Tier 1	Hydrocodone/Chlorpheniramine	Tier 1	Lutera	Tier 1
Duloxetine (QCD)	Tier 1	Hydrocortisone	Tier 1	Medroxyprogesterone	Tier 1
Econazole	Tier 1	Hydromorphone	Tier 1	Meloxicam (QCD)	Tier 1
Emoquette	Tier 1	Hydroxychloroquine	Tier 1	Metformin	Tier 1
Enalapril	Tier 1	Hydroxyzine	Tier 1	Metformin ER	Tier 1
Enbrel (PA) (QCD)	Tier 2	Ibuprofen	Tier 1	Methimazole	Tier 1
Enoxparin Sodium (QCD)	Tier 1	Indomethacin	Tier 1	Methocarbamol	Tier 1
Enpresse	Tier 1	lophen-C NR	Tier 1	Methotrexate	Tier 1
Epi-Pen AutoInjector (QCD)	Tier 2	Irbesartan	Tier 1	Methylphenidate	Tier 1
Epi-Pen JR. AutoInjector (QCD)	Tier 2	Isosorbide Mononitrate	Tier 1	Methylphenidate ER (QCD)	Tier 1
Erythromycin	Tier 1	Januvia (ST)	Tier 2	Methylprednisolone	Tier 1
Escitalopram (QCD)	Tier 1	Junel	Tier 1	Metoclopramide	Tier 1
Estrace Cream	Tier 2	Junel FE	Tier 1	Metoprolol Succinate	Tier 1
Estradiol	Tier 1	Kariva	Tier 1	Metoprolol Tartrate	Tier 1
Fenofibrate	Tier 1	Kelnor 1-35	Tier 1	Metronidazole	Tier 1
Fentanyl patches (PA) (QCD)	Tier 1	Ketoconazole	Tier 1	Microgestin FE	Tier 1
Finasteride	Tier 1	Ketorolac	Tier 1	Minastrin FE	Tier 3
Flovent HFA inhaler (QCD)	Tier 2	Klor-Con	Tier 1	Minocycline	Tier 1
Fluconazole (QCD)	Tier 1	Labetalol	Tier 1	Mirtazapine (QCD)	Tier 1
Fluocinonide	Tier 1	Lamotrigine	Tier 1	Modafinil (PA)	Tier 1
Fluoxetine (QCD)	Tier 1	Lansoprazole (PA) (QCD)	Tier 1	Mometasone	Tier 1
Fluticasone nasal spray (QCD)	Tier 1	Lantus (QCD)	Tier 2	Montelukast	Tier 1
Folic Acid	Tier 1	Lantus Solostar (QCD)	Tier 2	Morphine Sulfate ER (PA) (QCD)	Tier 1
Furosemide	Tier 1	Latanoprost	Tier 1	Mupirocin	Tier 1
Gabapentin	Tier 1	Levetiracetam	Tier 1	Nabumetone	Tier 1
Gemfibrozil	Tier 1	Levitra	Tier 3	Nadolol	Tier 1
Gianvi	Tier 1	Levofloxacin	Tier 1	Namenda	Tier 2
Gildess	Tier 1	Levothyroxine	Tier 1	Naproxen	Tier 1

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

# Top Covered Medications

Necon	Tier 1	Progesterone	Tier 1	Trazodone	Tier 1
Nifedipine ER	Tier 1	Promethazine	Tier 1	Tretinoin (PA)	Tier 1
Nitrofurantoin	Tier 1	Promethazine/Codeine	Tier 1	Tri-Previfem	Tier 1
Norethindrone	Tier 1	Propranolol	Tier 1	Tri-Sprintec	Tier 1
Norgestimate/Ethinyl Estradiol	Tier 1	Propranolol ER	Tier 1	Triamcinolone Acetonide	Tier 1
Nortrel	Tier 1	Pulmicort FlexHaler (QCD)	Tier 2	Triamterene/HCTZ	Tier 1
Nortriptyline	Tier 1	Quetiapine	Tier 1	Trinessa	Tier 1
Nystatin	Tier 1	Quinapril	Tier 1	Vagifem	Tier 2
Nystatin/Triamcinolone	Tier 1	QVAR (QCD)	Tier 2	Valacyclovir (QCD)	Tier 1
Ocella	Tier 1	Ramipril	Tier 1	Valsartan/HCTZ	Tier 1
Ofloxacin	Tier 1	Ranitidine	Tier 1	Venlafaxine	Tier 1
Olanzapine	Tier 1	Reclipsen	Tier 1	Venlafaxine ER capsules (QCD)	Tier 1
Omeprazole (QCD)	Tier 1	Restasis (PA) (QCD)	Tier 3	Verapmil ER	Tier 1
Ondasetron (QCD)	Tier 1	Risperidone	Tier 1	Vesicare (ST)	Tier 2
Ondasetron ODT (QCD)	Tier 1	Ropinirole	Tier 1	Viagra	Tier 3
One Touch Delica testing strips (QCD)	Tier 2	Sertraline (QCD)	Tier 1	Viorelle	Tier 1
One Touch Ultra testing strips (QCD)	Tier 2	Simvastatin	Tier 1	Vitamin D2	Tier 1
Orsythia	Tier 1	Spiriva HandiHaler (QCD)	Tier 2	Vivelle-DOT (QCD)	Tier 3
Ortho Tri-Cyclen Lo	Tier 3	Spirolactone	Tier 1	Voltaren gel	Tier 3
Oxcarbazepine	Tier 1	Sprintec	Tier 1	Warfarin	Tier 1
Oxybutynin	Tier 1	Strattera (PA) (QCD)	Tier 3	Xarelto	Tier 2
Oxycodone	Tier 1	Suboxone (PA) (QCD)	Tier 2	Zetia (QCD) (ST)	Tier 3
Oxycodone/APAP	Tier 1	Sulfamethoxizole/Trimethoprim	Tier 1	Zolpidem (QCD)	Tier 1
Oxycontin (PA) (QCD)	Tier 2	Sumatriptan (QCD)	Tier 1	Zolpidem ER (QCD)	Tier 1
Pantoprazole (QCD)	Tier 1	Suprep	Tier 3		
Paroxetine (QCD)	Tier 1	Symbicort (QCD) (ST)	Tier 2		
Penicillin	Tier 1	Synthroid	Tier 3		
Phenazopyridine	Tier 1	Tamiflu	Tier 3		
Pioglitazone (QCD) (ST)	Tier 1	Tamoxifen	Tier 1		
Ploymyxin B-Sul/Trimethoprim	Tier 1	Tamsulosin	Tier 1		
Potassium Chloride	Tier 1	Temazepam	Tier 1		
Pramipexole	Tier 1	Terazosin	Tier 1		
Pravastatin (QCD)	Tier 1	Terbinafine	Tier 1		
Prednisone	Tier 1	Timolol Maleate	Tier 1		
Premarin	Tier 2	Tizanidine	Tier 1		
Prempro	Tier 2	Tobramycin/Dexamethasone	Tier 1		
Prenatal Plus	Tier 1	Topiramate	Tier 1		
ProAir HFA inhaler (QCD)	Tier 2	Toprol XL	Tier 3		
Prochlorperazine	Tier 1	Tramadol	Tier 1		

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

# Preventative Medications

The following list includes prescription and over-the-counter medications that are covered with no cost share when they are prescribed for you by your doctor. This list is up to date as of January 1, 2015, and is subject to change at any time.

**Breast cancer preventative medications** (tamoxifen and raloxifene) are covered for females age 35 and older without a prior diagnosis of breast cancer.

**Bowel preparations (generic medications or brand without a generic equivalent)** are covered for males and females age 50 to 75 prior to colorectal screening exams.

**Erythromycin eye ointment** is covered for infants up to 12 months old.

**Fluoride supplements** are covered for children age 6 months to 5 years

**Generic Aspirin (81mg)** is covered for females age 55–79 and males age 45–79.

**Generic Folic Acid** is covered for females up to age 54.

**Generic Iron** is covered for infants up to 12 months old.

**Generic Smoking Cessation**, or brand medications without a generic equivalent, is covered for up to two 90-day supplies per calendar year.

**Generic Vitamin D (up to 800 IU per day)** is covered for females and males age 65 and older.

**Generic women's contraceptives, or brand medications without a generic equivalent**, (e.g. includes prescription contraceptives and over-the-counter products such as female condoms, sponges, and spermicide) are covered for females up to age 54.

**Various vaccines** are covered, age requirements vary by vaccine type.

# Quality Care Dosing

## 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](http://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, 2015, and may change from time to time.

Abstral (PA)	Altoprev (ST)	Atorvastatin
AcipHex (PA)	Alupent inhaler	Atrovent
Actiq (PA)	Alvesco	Atrovent HFA
Actonel (ST)	Ambien	Auvi-Q
ACTOplus Met (ST)	Ambien CR	Avandamet (ST)
ACTOplus Met XR (ST)	Amerge	Avandia (ST)
Actos (ST)	Amitiza	Avinza
Acular	Amlodipine	Avonex
Acular LS	Amlodipine-Atorvastatin	Axert
Acular PF	Ampyra (PA)	Azelastine
Adderall XR	Anzemet	Azmacort
Advair Diskus (ST)	Aplenzin ER	Beconase AQ
Advair HFA (ST)	Aranesp (PA)	Betaseron
Advicor (ST)	Arava	Binosto (ST)
Aerobid	Arcapta Neohaler	Boniva tablets (ST)
Aerobid-M	Arixtra	Brintellix
Alendronate Sodium	Asmanex Twisthaler	Brisdelle
Alora	Astelin	Budeprion SR
Alrex	Astepro	Budeprion XL
Alsuma	Atelvia DR (ST)	Budesonide

(OTC) Available over-the-counter  
(PA) prior authorization required  
(QCD) Quality Care Dosing limits apply  
(ST) step therapy required



# Quality Care Dosing

Budesonide	Dulera (ST)	Fluvoxamine CR
Bunavail (PA)	Duloxetine	Focalin XR
Buprenex (PA)	Duragesic (PA)	Fondaparinux
Buprenorphine (PA)	Dymista	Foradil
Buprenorphine-Naloxone (PA)	Edluar	Forfivo XL
Bupropion SR	Effexor XR	Forteo (PA)
Bupropion XL	Embeda	Fosamax (ST)
Butorphanol NS	Emend	Fosamax Plus D (ST)
Butrans	Enbrel (PA)	Fragmin
Cabergoline	Enoxaparin	Frova
Caduet (ST)	Epi-Pen Auto-Injector	Gatifloxacin
Cardura	Epinephrine injection	Gilenya
Cardura XL	Epogen (PA)	Glucose testing strips
Catapres TTS	Escitalopram	Granisetron
Celebrex	Esomeprazole Strontium (QCD)	Granisol
Celexa	Estraderm	Granix
Cesamet	Estradiol patch	Grastek (PA)
Ciclodin solution/kit	Estrasorb	Hetlioz (PA)
Ciclopirox nail lacquer	Estrogel	Humira (PA)
Citalopram	Eszopiclone	Hydromorphone ER (PA)
Climara	Evamist	Hytrin
Climara Pro	Evzio	Ibandronate
Clonidine patch	Exalgo	Imitrex
CNL 8 nail kit	Extavia	Infergen (PA)
Combivent	Famciclovir	Insulins
Combivent Respimat	Famvir	Intermezzo
Concerta	Fentanyl oral/mucosal (PA)	Ipratropium NS
Copaxone	Fentanyl patch (PA)	Itraconazole
Crestor (ST)	Fentora (PA)	Kadian (PA)
Crolom ophthalmic	Fetzima	Ketorolac ophthalmic
Cromolyn ophthalmic	Flonase (OTC)	Khedezla
Cymbalta	Flovent/HFA	Kytril
Desvenlafaxine ER	Fluconazole	Lamisil
Dexilant (PA)	Flunisolide	Lansoprazole (PA)
Dexmethylphenidate XR	Fluoxetine	Lansoprazole/Amoxicillin/Clarithromycin
Dextroamphetamine/Amphetamine ER	Fluoxetine DR	Lazanda (PA)
Diflucan	Fluticasone	Leflunomide
Dihydroergotamine	Fluvastatin	Lescol (ST)
Doxazosin	Fluvoxamine	Lescol XL (ST)

(OTC) Available over-the-counter  
 (PA) prior authorization required  
 (QCD) Quality Care Dosing limits apply  
 (ST) step therapy required

# Quality Care Dosing

Lexapro	Omeprazole-Sod. Bicarbonate (PA)	Prozac
Lidocaine Patch	Omnaris	Prozac Weekly
Lidoderm	Omontys (PA)	Pulmicort Flexhaler
Linzess	Ondansetron	Pulmicort Respules
Lipitor (ST)	Ondansetron ODT	QNASL
Liptruzet	Onmel	Qualaquin
Livalo (ST)	Onsolis (PA)	Qutenza
Lotronex	Opana ER (PA)	QVAR
Lovastatin	Optivar	Rabeprazole (PA)
Lovenox	Oralair (PA)	Ragwitek (PA)
Lunesta	Oramorph SR (PA)	Rapaflux
Luvox CR	Otezla (PA)	Rebif
Lysteda	Oxycodone ER (PA)	Relpax
Maxair Autohaler	OxyContin (PA)	Remeron
Maxalt	Oxymorphone ER (PA)	Remeron Soltab
Maxalt-MLT	Pantoprazole	Restasis (PA)
Meloxicam	Paroxetine	Rhinocort Aqua
Menostar	Paroxetine CR	Risedronate
Metadate CD	Patanase	Ritalin LA
Methylphenidate CD	Paxil	Rizatriptan
Methylphenidate ER	Paxil CR	Rozerem
Mevacor (ST)	Pediaprox-4	Sancuso
Migranal	PEG-Intron	Sarafem
Minivelle	Pegasys	Selferma
Mirtazapine	Penlac	Serevent Diskus
Mirtazapine Rapid Dissolve	Pexeva	Sertraline
Mobic	Pioglitazone (ST)	Silenor
Morphine Sulfate ER (PA)	Pioglitazone-Glimepiride (ST)	Simcor (ST)
Moxeza	Pioglitazone-Metformin (ST)	Simponi (PA)
MS Contin (PA)	Pravachol (ST)	Simvastatin
Naratriptan	Pravastatin	Sonata
Nasonex	Prevacid (PA)	Spiriva
NebuPent	PrevPac	Sporanox
Neulasta	Prilosec (PA)	Strattera
Neupogen	Pristiq	Suboxone (PA)
Nexium (PA)	ProAir HFA	Subsys (PA)
Norvasc	Procrit (PA)	Subutex (PA)
Olanzapine-Fluoxetine	Protonix (PA)	Sumatriptan
Omeprazole	Proventil HFA	Sumavel Dosepro

(OTC) Available over-the-counter  
 (PA) prior authorization required  
 (QCD) Quality Care Dosing limits apply  
 (ST) step therapy required

# Quality Care Dosing

Symbicort (ST)

Symbyax

Terazosin

Terbinafine

Terbinex

Tranexamic Acid

Treximet

Tudorza

Valacyclovir

Valtrex

Venlafaxine ER capsule

Venlafaxine ER tablet

Ventolin HFA

Veramyst

Vigamox

Viibryd

Vivelle

Vivelle-Dot

Vytorin (ST)

Vyvanse

Wellbutrin SR

Wellbutrin XL

Xartemis XR (PA)

Xopenex HFA

Zaleplon

Zegerid (PA)

Zetia (ST)

Zetonna

Zocor (ST)

Zofran

Zofran ODT

Zohydro ER (PA)

Zolmitriptan

Zolmitriptan ODT

Zoloft

Zolpidem

Zolpidem ER

Zolpimist

Zomig

Zomig ZMT

Zubsolv

Zuplenz

Zymar

Zymaxid

(OTC) Available over-the-counter  
(PA) prior authorization required  
(QCD) Quality Care Dosing limits apply  
(ST) step therapy required

# Prior Authorization

## 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](http://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 22 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, 2015, and may change from time to time.

Abstral *	Cimzia	Factor VIII, VIIIa, IX, XIII
AcipHex *	Cinryze	Fentanyl oral/mucosal
Actemra	Desoxyn (PA17)	Fentanyl patch
Acthar	Dexilant *	Fentora *
Actiq *	Dextroamphetamines (e.g. Dexedrine)	First-lansoprazole
Adcirca	(PA17)	First-omeprazole
Amevive	Difcid	Forteo
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Diskets	Gel-One *
Ampyra	Dolophine	Grastek
Aralast	Duragesic *	Growth Hormone
Aralast NP	Dysport	Hetlioz
Aranesp	Egrifta	Humira
Avinza *	Elidel	Hyalgan *
Boniva syringe *	Embeda *	Ilaris
Botulinum toxin	Enbrel	Incivek
Bunavail	Enteral formula	Interferons (alpha, gamma)
Buprenex	Entyvio	IV Immunoglobulin
Buprenorphine	Epogen	Kadian *
Buprenorphine-Naloxone	Erbitux	Kalydeco
Butrans *	Esomeprazole Strontium *	Kineret
Ceredase	Euflexxa *	Lansoprazole
Cerezyme	Exalgo *	Lazanda *
	Eylea	Leukine

\* (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 for members with approved formulary exceptions  
 (PA) prior authorization required  
 (PA17) prior authorization required for members who are 17 years of age or older

# Prior Authorization

Lucentis	Prolastin C	Xenazine
Lyrica	Proleukin	Xeomin
Macugen	Prolia	Xgeva
Makena	Protonix *	Xiaflex
Methadone	Protopic	Xolair
Methadose	Provigil (PA17)	Zegerid *
Modafinil	Rabeprazole	Zelboraf
Monovisc *	Ragwitek	Zometa
Morphine Sulfate CR	Reclast	Zubsolv
Morphine Sulfate ER	Regranex	Zykadia
MS Contin	Remicade	
Myalept	Respiratory SyncytialVirus IG/Synagis	
Nexium *	Restasis	
Nucynta ER *	Revatio *	
Nutritional Supplements	Rituxan	
Nuvigil * (PA17)	Sildenafil	
Olysio	Simponi	
Omeprazole-Sod. Bicarbonate *	Sovaldi	
Omontys	Stelara *	
Onsolis *	Strattera (PA17)	
Opana ER *	Suboxone	
Oralair	Subsys *	
Oramorph SR *	Supartz *	
Orencia	Synagis	
Orthovisc *	Synvisc *	
Otezla	Synvisc One *	
Oxycodone ER	Topical Retinoic Acid derivatives (e.g.	
Oxycontin	Retin A)	
Oxymorphone ER	TPN (total parenteral nutrition)	
Preservative-Free Morphine	Tysabri	
Prevacid *	Vectibix	
Prilosec *	Victrelis	
Procrit	Xalkori	
Prolastin	Xeljanz *	

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(PA) prior authorization required

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# 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.

## Network Pharmacy Information

AcariaHealth

**1-866-892-1202**

**[www.acariahealth.com](http://www.acariahealth.com)**

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Accredo Health Group, Inc./CuraScript

**1-877-988-0058**

**[www.accredo.com](http://www.accredo.com)**

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CVS Caremark, Inc.

**1-866-846-3096**

**[www.caremark.com](http://www.caremark.com)**

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Onco360, Oncology Pharmacy Solutions

**1-877-662-6633**

**[www.onco360.com](http://www.onco360.com)**

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This list is up-to-date as of January 1, 2015. You can find the latest information about your medications and look up pharmacy contact information by visiting **[www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy)**.

## Network Pharmacy Information for Medications Most Commonly Used for Fertility

BriovaRx

**1-800-850-9122**

**[www.briovarx.com](http://www.briovarx.com)**

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Freedom Fertility Pharmacy

**1-866-297-9452**

**[www.freedomfertility.com](http://www.freedomfertility.com)**

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Metro Drugs

**1-888-258-0106**

**[www.metrodrugs.com](http://www.metrodrugs.com)**

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Village Fertility Pharmacy

**1-877-334-1610**

**[www.villagefertilitypharmacy.com](http://www.villagefertilitypharmacy.com)**

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Walgreens

**1-800-424-9002**

**[www.walgreens.com/specialty](http://www.walgreens.com/specialty)**

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# Specialty Pharmacy

## Fertility Medications

Bravelle * (SPO)
Cetrotide (SPO)
Clomid
Clomiphene
Endometrin
Follistim AQ * (SPO)
Ganirelix (SPO)
Gonal F Rff Rediject (SPO)
Gonal F/Gonal F RFF (SPO)
Human Chorionic Gonadotropin (HCG) (SPO)
Leuprolide (SPO)
Lupron Depot
Lupron Depot-Ped
Luveris (SPO)
Menopur (SPO)
Novarel
Ovidrel (SPO)
Pregnyl (SPO)
Repronex (SPO)
Serophene

## Injectable Medications

Abraxane
Actemra (PA)
Acthar (PA)
Actimmune (PA) (SPO)
Adriamycin PFS
Adrucil
Alferon N (PA)
Alkeran
Apokyn
Aranesp (PA) (SPO)
Arcalyst Injection (SPO)

Aredia
Arzerra
Aveed
Avonex (SPO)
Betaseron (SPO)
BiCNU
Bleomycin Sulfate
Boniva Injection * (PA)
Botulinum Toxin (PA)
Busulfex
Calcium Folate
Camptosar
Carboplatin
Cerubidine
Cimzia (PA) (SPO)
Cisplatin
Cladribine
Copaxone (SPO)
Cosmegen
Cyclophosphamide
Cyramza
Cytarabine
Cytoxan
Dacarbazine
Dactinomycin
Daunorubicin HCL
DaunoXome
DDAVP *
Depocyt
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Doxil

Doxorubicin HCl
DTIC-Dome
Egrifta (PA)
Eligard
Ellence
Eloxatin
Elspar
Enbrel (PA) (SPO)
Entyvio (PA)
Epirubicin
Epogen (PA) (SPO)
Ethyol
Etopophos
Etoposide
Extavia * (SPO)
Faslodex
Firazyr
Firmagon
Floxuridine
Fludara
Fludarabine phosphate
Fluorouracil
Forteo (PA) (SPO)
FUDR
Fusilev I.V.
Fuzeon (SPO)
Gattex
Gazyva
Gemcitabine
Gemzar
Genotropin * (PA) (SPO)
Granix
Herceptin
Humatrope (PA) (SPO)

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(PA) prior authorization required

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

(SPO) available in pharmacy benefit only

# Specialty Pharmacy

Humira (PA) (SPO)	Mitoxantrone	Proleukin (PA)
Hycamtin	Mozobil	Prolia (PA) (SPO)
Ibandronate	Mustargen	Raptiva
Idamycin PFS	Myalept (PA)	Rebif (SPO)
Idarubicin	Mylotarg	Remicade (PA)
Ifex	Navelbine	Revatio * (PA)
Ifosfamide	Neosar	Rituxan (PA)
Ifosfamide/Mesna	Neulasta	Ruconest **
Ilaris (PA) (SPO)	Neumega	Saizen * (PA) (SPO)
Increlex (PA) (SPO)	Neupogen	Sandostatin (SPO)
Infergen (PA) (SPO)	Nipent	Sandostatin-LAR
Intron A (PA) (SPO)	Norditropin * (PA) (SPO)	Serostim (PA) (SPO)
Irinotecan	Norditropin Flexpro * (PA) (SPO)	Signafor **
Istodax	Norditropin Nordiflex * (PA) (SPO)	Simponi (PA) (SPO)
IV Immunoglobulin (PA)	Novantrone	Simponi Aria (PA)
Kenalog	Nplate	Simulect
Keytruda	Nutropin (PA) (SPO)	Somatuline
Kineret (PA) (SPO)	Nutropin AQ (PA) (SPO)	Somavert (SPO)
Kynamro	Nutropin AQ Nuspin (PA) (SPO)	Stelara * (PA) (SPO)
Leucovorin Calcium	Octreotide injection (SPO)	Sylatron (PA)
Leukine (PA)	Omnitrope * (PA) (SPO)	Sylvant
Leuprolide Acetate (SPO)	Omontys (PA)	Synagis (PA)
Leustatin	Oncaspar	Synribo
Lipodox	Ontak	Tarabine
Lipodox-50	Onxol	Taxol
Lupaneta Pack	Orencia (PA)	Taxotere
Lupron Depot	Oxaliplatin	Teniposide
Lupron Depot-Ped	Paclitaxel	Tev-Tropin * (PA) (SPO)
Makena (PA)	Pamidronate	TheraCys
Marqibo	Pamidronate disodium	Thiotepa
Mesna	Peg-Intron (SPO)	Thyrogen
Mesnex	Pegasys (SPO)	Toposar
Methotrexate	Photofrin	Totect
Mitomycin	Procrit (PA) (SPO)	Trelstar

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# Specialty Pharmacy

Trelstar Depot	Etoposide	Pulmozyme (SPO)
Trelstar LA	Exjade	Ravicti
Valstar	Gilenya	Rebetol (SPO)
Velcade	Gilotrif	Revatio * (PA)
Vimzim	Gleevec	Revlimid
VinBLAStine	Havroni ** (PA)	Ribapak (SPO)
VinCRIStine	Hetlioz (PA)	Ribasphere (SPO)
Vinorelbine	Hycamtin	Ribatab
Vumon	Iclusig	Ribavirin (SPO)
Xgeva (PA) (SPO)	Imbruvica	Rilutek
Zaltrap	Incivek (PA)	Riluzole
Zanosar	Inlyta	Sabril
Zenapax	Iressa	Sildenafil (PA)
Zinecard	Jakafi	Sovaldi (PA)
Zoladex	Kalydeco (PA)	Sprycel
Zorbtive (PA) (SPO)	Korlym	Stivarga
<b>Oral Medications</b>	Kuvan	Sucraid
8-Mop	Letairis	Sutent
Adcirca (PA)	Mekinist	Tafinlar (PA)
Adempas	Mesnex	Tarceva
Afinitor	Moderiba	Tasigna
Alkeran	Nexavar	Tecfidera
Ampyra (PA)	Northera	Temodar
Aubagio	Oforta	Temozoloamide
Bethkis	Olysio (PA)	Thalomid
Bosulif	Onsolis * (PA)	TOBI ampules (SPO)
Capecitabine	Opsumit	TOBI-Podhaler (SPO)
Carbaglu	Orenitram	Tobramycin ampules
Cerdelga **	Orfadin (SPO)	Tracleer
Cometriq	Otezla (PA)	Tykerb
Copegus (SPO)	Otezla Starter Pack *	Tyvaso
Cystagon	Pomalyst	Victrelis (PA)
Cytosan	Procysbi	Votrient
Erivedge	Promacta	Xalkori (PA)

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# Specialty Pharmacy

Xeljanz \*

Xeloda

Xenazine

Xtandi

Xyrem

Zavesca

Zelboraf (PA)

Zolinza

Zydelig

Zykadia (PA)

Zytiga

## Topical

Cystaran

Panretin (SPO)

Qutenza

Valchlor

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# Step Therapy

## 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.

### Asthma Management

<u>Accolate *</u>
<u>Advair Diskus</u>
<u>Advair HFA</u>
<u>Anoro Ellipta</u>
<u>Breo Ellipta *</u>
<u>Dulera</u>
<u>Singulair</u>
<u>Symbicort</u>
<u>Zyflo *</u>
<u>Zyflo CR *</u>

### Atypical Antipsychotic Medications

<u>Abilify</u>
<u>Abilify DiscMelt *</u>
<u>Abilify Maintenna *</u>
<u>Clozaril</u>
<u>Fanapt *</u>
<u>FazaClo *</u>
<u>Geodon</u>
<u>Haldol</u>
<u>Haldol Decanoate</u>
<u>Invega *</u>
<u>Invega Sustenna</u>
<u>Latuda *</u>
<u>Loxitane</u>

<u>Risperdal</u>
<u>Risperdal Consta</u>
<u>Risperdal M-Tab *</u>
<u>Saphris *</u>
<u>Seroquel</u>
<u>Seroquel XR</u>
<u>Symbyax</u>
<u>Zyprexa</u>
<u>Zyprexa IM *</u>
<u>Zyprexa Relprevv *</u>
<u>Zyprexa Zydis</u>

### Cholesterol Treatment

<u>Advicor</u>
<u>Altoprev *</u>
<u>Caduet *</u>
<u>Crestor</u>
<u>Juxtapid</u>
<u>Kynamro</u>
<u>Lescol *</u>
<u>Lescol XL *</u>
<u>Lipitor *</u>
<u>Liptruzet **</u>
<u>Livalo *</u>
<u>Mevacor *</u>
<u>Pravachol *</u>

<u>Simcor *</u>
<u>Vytorin *</u>
<u>Zetia</u>
<u>Zocor *</u>

### Diabetes Management

<u>ACTOplus Met</u>
<u>ACTOplus Met XR</u>
<u>Actos</u>
<u>Avandamet</u>
<u>Avandaryl</u>
<u>Avandia</u>
<u>Duetact</u>
<u>Farxiga *</u>
<u>Fortamet *</u>
<u>Glucophage *</u>
<u>Glucophage XR *</u>
<u>Glumetza *</u>
<u>Invokamet</u>
<u>Invokana</u>
<u>Janumet</u>
<u>Janumet XR</u>
<u>Januvia</u>
<u>Jardiance</u>
<u>Jentadueto *</u>
<u>Kazano *</u>

## Step Therapy List

This list is up-to-date as of January 1, 2015, 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](http://www.bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

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# Step Therapy

Kombiglyze XR

Nesina \*

Onglyza

Oseni \*

Pioglitazone

Pioglitazone-Glimepiride

Pioglitazone-Metformin

PrandiMet \*

Prandin \*

Tradjenta \*

Victoza

## **Glaucoma**

Lumigan

Rescula \*

Travatan

Travatan Z

Xalatan

## **Heart/Blood Modifiers/Circulation**

Amturnide \*

Atacand \*

Atacand HCT \*

Avalide

Avapro

Azor

Benicar

Benicar HCT

Cozaar \*

Diovan

Diovan HCT

Edarbi \*

Edarbiclor \*

Exforge

Exforge-HCT

Hyzaar \*

Micardis \*

Micardis HCT \*

Tekamlo \*

Tekturna \*

Tekturna HCT \*

Teveten \*

Teveten HCT \*

Tribenzor

Twynsta \*

Valturna \*

## **Osteoporosis Treatment (Oral)**

Actonel

Atelvia DR \*

Binosto \*

Boniva tablets \*

Fosamax \*

Fosamax Plus D

## **Overactive Bladder Treatment**

Detrol \*

Detrol LA \*

Ditropan \*

Ditropan XL \*

Enablex \*

Gelnique \*

Myrbetriq \*

Oxytrol \*

Sanctura \*

Sanctura XR \*

Toviaz \*

Vesicare

## **Pain Relievers (Cox II Inhibitors)**

Celebrex

## **Parkinson's Disease Treatment**

Mirapex

Mirapex ER \*

Requip \*

Requip XL \*

## **Prostate Cancer - Oral**

Xtandi

## **Prostate Treatment**

Avodart

Jalyn

Proscar \*

## **Topical Testosterone**

Fortesta \*

Testim \*

Testosterone gel (Fortesta Authorized product) \*

Testosterone gel (Testim Authorized product) \*

Testosterone gel (Vogelxo Authorized product) \*

Vogelxo \*

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## Medication Resource List Index

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