

**CAPITAL BLUE CROSS**  
**Precertification/Prior Authorization Drug List**  
 Effective 1/1/02

<b>Growth Hormones (All Products)</b>	
Humatrope Nutropin Nutropin AQ Nutropin Depot Saizen Protopine Serostim Genotropin Norditropin	<ul style="list-style-type: none"> <li>• Express Scripts to system code for effective date of 1/1/02.</li> <li>• Applicable for Rx benefit plans that include prior authorization program.</li> </ul>
<b>Topical Tetinoin Products</b>	
Retin-A Retin-A Micro Avita Altinac  <b>NOTE:</b> Renova is a benefit exclusion across all CBC Rx plans because its indications are considered cosmetic.	<ul style="list-style-type: none"> <li>• Require prior authorization for age &gt;25 years.</li> <li>• Express Scripts to system code for effective date of 1/1/02.</li> </ul> <b>NOTE:</b> Applicable across all CBC Rx benefit plans with exception for a few selected groups who have opted for coverage without age limit.
<b>Weight Loss Drugs</b>	
benzphetamine (Didrex) diethylpropion (i.e., generic for Tenuate, Tenuate Dospan, and others) phendimetrazine (i.e., generic for Bontril and others) phentermine (i.e., generic for Ionamin and others) Meridia Xenical	<ul style="list-style-type: none"> <li>• Express Scripts to system code for effective date 1/1/02.</li> <li>• Applicable for Rx benefit plans that include prior authorization program.</li> </ul>