
Learn About Your Pharmacy Program

Effective April 1, 2020

This guide provides an overview of your pharmacy program, lists some of the medications covered under your plan, lists medications not covered under your plan, and provides other important information about your pharmacy coverage.

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Pharmacy Program Overview

Your pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medication list, also known as a formulary, that includes many medications that are available at affordable out-of-pocket costs.

About This Guide

This guide is up to date as of April 1, 2020, and is subject to change. Use it as a reference whenever you need coverage information about your pharmacy program. For the most current and complete information about covered medications, use our Medication Lookup tool at bluecrossma.com/medications.

Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. In some cases, you'll pay less for a 90-day supply of maintenance medications (also known as long-term medications) than you would for three 30-day supplies at a retail pharmacy. You'll also make fewer trips to the pharmacy and be less likely to miss a dose since you won't have to refill as often.

To get started with the Mail Order Pharmacy, visit Express Scripts at express-scripts.com/starthd, and select **Register**. You can also call Express Scripts at 1-800-892-5119.

Online Resources

Medication Lookup

Search for covered medications, quickly and easily, at bluecrossma.com/medications. Your individual coverage may vary.

MyBlue

It's the simple, secure, and convenient way to manage your health care. Review claims, track medications, and look up plan information. Sign up at bluecrossma.com/myblue.

Express Scripts

Get information about your specific pharmacy coverage by visiting express-scripts.com. There, you can look up the cost of medications, find a pharmacy, and sign up for the Mail Order Pharmacy.

What You Pay for Medications

Our list of covered medications is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. The amount you pay may also include your copayment, co-insurance, and deductibles. The pharmacist will tell you how much you owe. To find your out-of-pocket costs for specific prescriptions, sign in to [express-scripts.com](https://www.express-scripts.com).

Tier Structure and Covered Medications

Medications are placed on tiers according to a variety of factors, including what they're used for, their cost, and whether equivalent or alternative medications are available. Lower-tier medications typically cost less than higher-tier medications. For example, in a 3-tier structure, you'll likely pay the least for Tier 1 medications and the most for Tier 3 medications.

Pharmacy plans can use one of the five different tier structures outlined below. Check your plan materials to see which tier structure your plan uses, and learn more about how medications are covered.*

2-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Brands	Brand-name medications cost more than generic medications, so you'll pay more if you use them.

3-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of generics or preferred brands.

4-Tier	
Tier 1: Preferred Generics	These medications are preferred because they cost less than other generic medications.
Tier 2: Non-Preferred Generics	Non-preferred generic medications cost more than preferred generics, so you'll pay more if you use them instead of preferred generics.
Tier 3: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 4: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of generics or preferred brands.

*Exceptions may apply. For example, the brands and preferred brands tiers could include some generic medications in addition to brand-name medications.

5-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of generics or preferred brands.
Tier 4: Preferred Brand Specialty	These specialty medications are preferred because they're safe, effective alternatives to more expensive brand-name specialty medications.
Tier 5: Non-Preferred Brand Specialty	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of generics or preferred brand specialty medications.

6-Tier	
Tier 1: Preferred Generics	These medications are preferred because they cost less than other generic medications.
Tier 2: Non-Preferred Generics	Non-preferred generic medications cost more than preferred generics, so you'll pay more if you use them instead of preferred generics.
Tier 3: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 4: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of generics or preferred brands.
Tier 5: Preferred Brand Specialty	These specialty medications are preferred because they're safe, effective alternatives to more expensive brand-name specialty medications.
Tier 6: Non-Preferred Brand Specialty	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of generics or preferred brand specialty medications.

*Exceptions may apply. For example, the brands and preferred brands tiers could include some generic medications in addition to brand-name medications.

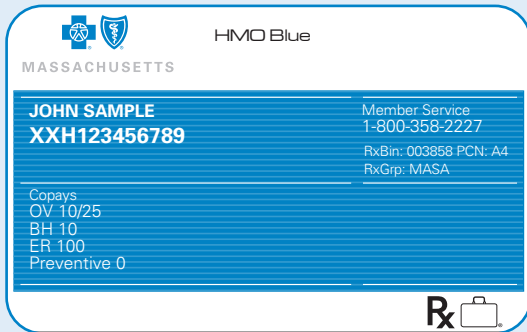
For more information about your pharmacy benefits, sign in to your MyBlue account at bluecrossma.com/myblue.

Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially available medications don't meet your specific needs as determined by your doctor. Some compounded medications may need Prior Authorization, have Quality Care Dosing guidelines, or require an exception.

Covered Medications List Changes

Our covered medications list may change from time to time. These changes may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a specialty pharmacy. We notify any impacted members of these changes via direct mail at least 30 days in advance of the change.



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 at the left.

Over-the-Counter Medications

For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered at no cost to you when they're prescribed by your doctor. This list is up to date as of April 1, 2020, and may change from time to time.

- **Generic Aspirin (81mg)**
- **Generic Folic Acid** is covered for people up to age 50
- **Generic Iron** is covered for infants up to 12 months old
- **Generic Smoking Cessation** (such as nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** is covered for people aged 65 and older
- **Generic contraceptives** (such as female condoms, sponges, and spermicide) are covered

Benefit Exclusions

The following are considered benefit exclusions under your policy. This means these medications and other health products aren't covered, and exceptions aren't available. Some medications within these categories have over-the-counter alternatives available. This list is up to date as of April 1, 2020. See your subscriber certificate for additional exclusions.

- Anorexiant
- Cough and cold products that contain one or more of the following ingredients in equivalent over-the-counter doses: guaifenesin, chlorpheniramine, pseudoephedrine, phenylephrine, clemastine, dextromethorphan, and pyrilamine
- Non-sedating antihistamines
- Ophthalmic drug solutions to treat allergies
- Inhaled nasal steroids
- Proton pump inhibitors (PPI), except for prescription proton pump inhibitors that are prescribed for members under age 18 or prescribed as part of a combination drug used to treat helicobacter pylori
- Topical acne medications (benzoyl peroxide products 10% in strength or less, and some combinations)
- Pharmaceuticals that you can buy without a prescription, except as described in this Pharmacy Program booklet
- Medical supplies such as dressings and antiseptics
- Combination vitamins that require a prescription, except for: prescription prenatal vitamins and pediatric vitamins with fluoride

Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines of the medications you receive. When you fill a prescription for one of the following medications, it's 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 FDA's and manufacturer's monthly dosing recommendations and clinical information

You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

Note: Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary. Some medications on this list may also be subject to Step Therapy and/or Prior Authorization requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up to date as of April 1, 2020, and may change from time to time.

For the most current list of medications subject to Quality Care Dosing, along with associated dosing limits, use our Medication Lookup tool at bluecrossma.com/medications.

Quality Care Dosing

Abilify Mycite	Apidra	Bunavail	Dexilant (excluded for 18 years and older)
Abstral	Apidra Solostar	Buprenorphine	Dexmethylphenidate ER
AcipHex (excluded for 18 years and older)	Aplenzin ER	Buprenorphine-Naloxone	Dexmethylphenidate XR
Actiq	Aprepitant	Buprenorphine patch	Dextroamphetamine/Amphetamine ER
Actonel	Aptenzio XR	Bupropion SR	Diabetic Testing Strips (all)
ACTOplus Met	Aranesp	Bupropion XL	Diclofenac gel
ACTOplus Met XR	Arava	Butorphanol NS	Diclofenac solution
Actos	Arcapta Neohaler	Butrans	Diflucan (150 mg only)
Acular	ArmonAir RespiClick	Bydureon	Dihydroergotamine (nasal spray)
Acular LS	Arnuity Ellipta	Bydureon Bcise	DM 2 Kit
Acular PF	Arixtra	Byetta	Doptelet
Adderall XR	Arymo ER	Cabergoline	Dotti
Adhansia XR	Ashlyna	Caduet	Dovonex
Adlyxin	Asmanex Twisthaler	Calcipotriene	Doxazosin
Admelog	Asipirn/Omeprazole (excluded for 18 years and older)	Camrese	Doxepin cream
Advair Diskus	Astepro	Camrese Lo	Duaklir Pressair
Advair HFA	Atelvia DR	Cardura	Dulera
Adyphren	Atomoxetine	Cardura XL	Duloxetine
Adzenys XR	Atorvastatin	Catapres TTS	Duloxetine DR
Aemcolo	Atrovent (nasal spray)	Celebrex	Duragesic
Aerospan	Atrovent HFA	Celecoxib	Edluar
Aimovig	Auvi-Q	Celexa	Effexor XR
Air Duo	Avandia	Cesamet	Eletriptan
Ajovy	Avinza	Cholbam	Embeda
Akynzeo	Avonex	Ciclodin solution/kit	Emend
Albuterol Sulfate HFA	Axert	Ciclopirox nail lacquer	Emgality
Alendronate Sodium	Azelastine (nasal spray)	Citalopram	Emverm
Almotriptan	Baqsimi	Climara	Enbrel
Alora	Basaglar	Climara Pro	Enoxaparin
Alosetron	Belbuca	Clonidine patch	Epclusa
Alrex	Belsomra	Combivent	Epinephrine injection
Alsuma	Belviq	Combivent Respimat	Epi-Pen Auto-Injector
Altoprev	Belviq XR	Concerta	Epogen
Alvesco	Betaseron	Cotempla XR ODT	Escitalopram
Ambien	Bevespi AeroSphere	Contrave ER	Esomep-EZS (excluded for 18 years and older)
Ambien CR	Bevyxxa	Copaxone	Esomeprazole (excluded for 18 years and older)
Amethia	Bijuva	Cosentyx	Esomeprazole Strontium (excluded for 18 years and older)
Amethia Lo	Binosto	Crestor	Estradiol patch
Amerge	Boniva tablets	Cromolyn ophthalmic	Estrogel
Amitiza	Breo Ellipta	Cymbalta	Eszopiclone
Amlodipine	Brisdelle	Daklinza	
Amlodipine-Atorvastatin	Budeprion SR	Dalfampridine	
Ampyra	Budeprion XL	Daurismo	
Anzemet	Budesonide (nebules)	Daysee	
		Desvenlafaxine ER	

Quality Care Dosing

Evamist	Granix	Lansoprazole/Amoxicillin/ Clarithromycin	Movantik
Evenity	Grastek	Lantus	Moxifloxacin
Evzio	Harvoni	Lazanda	Moxeza
Exalgo	Hetlioz	Leflunomide	MS Contin
Extavia	Humalog	Ledipasvir/Sofosbuvir	Mulpleta
Ezallor Sprinkle	Humalog Jr.	Lescol	Mydayis
Ezetimibe	Humulin	Lescol XL	Naratriptan
Exetimibe/Simvastatin	Humira	Levalbuterol HFA	Narcan
Famciclovir	Hydromorphone ER	Levemir	NebuPent
Farydak	Hysingla ER	Levonorgestrel/ Ethinyl Estradiol	Neulasta
Farxiga	Ibandronate	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Neupogen
Fasenra	Ibrance	Lexapro	Nexium (excluded for 18 years and older)
Fayosim	Ilumya	Lidocaine 5% cream	Nivestym
Fentanyl Citrate	Imitrex	Lidocaine Patch	Nocdurna
Fentanyl oral/mucosal	Impavido	Lidoderm	Norvasc
Fentanyl patch	Incruse Ellipta	Linzezz	Novolin
Fentora	Infergen	Lipitor	Novolog
Fetzima	Insulins (all)	Livalo	Nucynta ER
Fiasp	Insulins Lispro	Lonhala Magnair	Nuplazid
Flovent Diskus	Intermezzo	LoSeasonique	Ocaliva
Flovent HFA	Introvale	Lotronex	Odomzo
Fluconazole (150 mg only)	Invokamet	Lovastatin	Olanzapine-Fluoxetine
Fluoxetine	Invokamet XR	Lovenox	Olopatadine Nasal
Fluoxetine DR	Invokana	Lucemyra	Olumiant
Fluticasone/Salmeterol	Ipratropium NS	Lunesta	Olysio
Fluvastatin	Irenka DR	Lysteda	Omeprazole (excluded for 18 years and older)
Fluvastatin XR	Itraconazole	Mavyret	Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)
Fluvoxamine	Jardiance	Maxalt	OmePPI (excluded for 18 years and older)
Fluvoxamine CR	Jolessa	Maxalt-MLT	Omontys
Focalin XR	Jornay PM	Meloxicam	Ondansetron
Fondaparinux	Jynarque	Menostar	Ondansetron ODT
Forfivo XL	Kadian	Methylphenidate CD	Onmel
Forteo	Kalydeco	Methylphenidate ER	Onsolis
Fosamax	Kenalog aerosol	Methylphenidate LA	Onezetra Xsail
Fosamax Plus D	Kerydin	Methylphenidate 72mg	Opana ER
Fragmin	Ketorolac ophthalmic	Migranal	Oralair
Frova	Keveyis	Migranow Kit	Oramorph SR
Frovatriptan	Kevzara	Minivelle	Orkambi
Fulphila	Khedezla	Mirtazapine	Otezla
Gatifloxacin	Krintafel	Mirtazapine Rapid Dissolve	Oxiconazole Nitrate
Glatiramer	Lamisil	Mobic	Oxistat
Glatopa	Lansoprazole (excluded for 18 years and older)	Morphabond ER	
Glucose testing strips (all)	Lansoprazole ODT (excluded for 18 years and older)	Morphine Sulfate ER	
Glyxambi			
Granisetron			

Quality Care Dosing

Oxycodone ER	Quasense	Sonata	Valacyclovir
OxyContin	Quillichew	Sovaldi	Valtrex
Oxymorphone ER	Quinine Sulfate	Spiriva	Varubi
Ozempic	Qutenza	Sporanox	Venlafaxine ER capsule
Pantoprazole (excluded for 18 years and older)	QVAR	Steglatro	Venlafaxine ER tablet
Paroxetine	Rabeprazole (excluded for 18 years and older)	Steglujan	Ventolin HFA
Paroxetine CR	Ramelteon	Stiolto Respimat	Viberzi
Patanase	Ragwitek	Strattera	Victoza
Paxil	Rebif	Striverdi Respimat	Viekira PAK
Paxil CR	Relexxii ER	Suboxone	Viekira XR
Pegasys	Relpax	Subsys	Vigamox
PEG-Intron	Remeron	Sumatriptan	Viibryd
Penlac	Remeron Soltab	Sumavel Dosepro	Vitrakvi
Pennsaid	Repatha	Symbicort	Vivelle
Pexeva	Restasis	Symbyax	Vivelle-Dot
Pioglitazone	Retacrit	Symdeko	Vivitrol
Pioglitazone-Glimepiride	Rexulti	Symjepi	Vivlodex
Pioglitazone-Metformin	Rhopressa	Symproic	Voltaren gel
Plegridy	Risedronate	Synjardy	Vosevi
Praluent	Ritalin LA	Synjardy XR	Vyndaqel
Pravachol	Rivelsa	Taltz	Vyndamax
Pravastatin	Rizatriptan	Tanzeum	Vytorin
Prevacid (excluded for 18 years and older)	Rizatriptan ODT	Technivie	Vyvanse
PrevPac	Rocklatan	Tegsedi	Wellbutrin SR
Prilosec (excluded for 18 years and older)	Rozerem	Terazosin	Wellbutrin XL
Pristiq	Rosuvastatin	Terbinafine	Wixela Inhub
Pristiq ER	Rybelsus	Tivorbex	Xartemis XR
ProAir HFA	Sancuso	Tolsura	Xeljanz
ProAir Respiclick	Sarafem	Tosymra	Xeljanz XR
Procrit	Saxenda	Toujeo Solostar	Xermelo
Protonix (excluded for 18 years and older)	Seasonique	Toujeo Max Solostar	Xiidra
Proventil HFA	Seebri Neohaler	Tranexamic Acid	Xifaxan
Prozac	Segluromet	Trelegy Ellipta	Xigduo
Prozac Weekly	Serevent Diskus	Tremfya	Xigduo XR
Prudoxin	Sertraline	Tresiba	Xopenex HFA
Pulmicort Flexhaler	Setlakin	Treximet	Xospata
Pulmicort Respules	Silenor	Triamcinolone spray	Xtampza ER
Qbrexxa	Siliq	Trintellix	Xultophy
Qmiiz ODT	Simponi	Triptodur	Xuriden
Qtern	Simvastatin	Trulance	Yosprala
Qualaquin	Skyrizi	Trulicity	Yupelri
Quartette	Sofosbuvir/Velpatasvir	Tudorza	Zaleplon
	Soliqua	Tymlos	Zarxio
	Solosec	Udenyca	Zegerid (excluded for 18 years and older)
		Utibron Neohaler	

Quality Care Dosing

Zembrace Symtouch
Zepatier
Zetia
Zinbryta
Zocor
Zofran
Zofran ODT
Zohydro ER
Zoladex
Zolmitriptan
Zolmitriptan ODT
Zoloft
Zolpidem
Zolpidem CR
Zolpidem SL
Zolpimist
Zomig
Zomig ZMT
Zonalon
Zubsolv
Zuplenz
Zydelig
Zymaxid
Zypitamag

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.

Another part of our Prior Authorization program is Step Therapy. Please refer to the Step Therapy section in this booklet for more information.

Note: Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up to date as of April 1, 2020, and may change from time to time.

For the most current list of medications that require Prior Authorization, use our Medication Lookup tool at bluecrossma.com/medications.

Prior Authorization

Abstral	Cimzia	Evekeo	Inflectra
AcipHex (excluded for 18 years and older)	Cinqair	Evenity	Infumorph
Actemra	Cinryze	Exalgo	Interferons (alpha, gamma)
Actimmune	Cocet/Plus	Exondys 51	Iressa
Actiq	Co-gesic	Factor VIII, VIIIa, IX, XIII (medical benefit only)	IV Immunoglobulin
Adcirca	Copkitra	Farydak	Juxtapid
Addyi	Contrave	Fasenra	Kadian
Adviar Diskus	Cotellic	Fentanyl Citrate	Kalbitor
Advair HFA	Cosentyx	Fentanyl patch	Kalydeco
Air Duo	Daklinza	Fentanyl oral/mucosal	Kanuma
Aimovig	Dalfampridine	Fentora	Kevzara
Ajovy	Demerol	Firazyr	Kineret
Alecensa	Desoxyn	Firdapse	Kisqali
Alfenta	Dexilant (excluded for 18 years and older)	Fluticasone/Salmeterol	Kisqali Femara
Alyq	Dexedrine	Forteo	Kynamro
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Dextroamphetamines	Galafold	Lazanda
Ampyra	Difucid	Gamifant	Ledipasvir/sofosbuvir
Apadaz	Dilaudid	Gel-One	Lemtrada
Aralast	Diskets	Gelsyn-3	Lenvima
Armodafinil	Dulera	Genotropin	Liquadd
Aranesp	Dolophine	Genvisc	Lorbrena
Arikayce	Dupixent	Gilotrif	Lorcet
Arymo ER	Duragesic	Grastek	Lynparza
Aspirin/Omeprazole (excluded for 18 years and older)	Doramorph	H.P. Acthar	Lyrica
Astramorph/PF	Durolane	Harvoni	Lyrica CR
Avinza	Dvorah	Haegarda	Magnacet
Belversa	Dysport	Hetlioz	Mavyret
Belbuca	Egrifta	Humatrope	Maxidone
Belviq	Elidel	Humira	Makena
Belviq XR	Embeda	Hyalgan	Margesic-H
Benzhydrocodone/APAP	Emgality	Hycet	Mekinist
Berinert	Enbrel	Hydrogesic	Mektovi
Boniva syringe	Enteral formula	Hydromorphone ER	Meperitab
Botox/Botulinum Toxin	Entyvio	Hydroxyprogesterone	Methadone
Braftovi	Epclusa	Hymovis	Methadose
Breo Ellipta	Epogen	Hysingla ER	Methamphetamine
Buprenorphine patch	Erlotinib	Ibandronate injection/syringe	Modafinil
Butrans	Esomeprazole (excluded for 18 years and older)	Ibrance	Monovisc
Capital and Codeine	Esomeprazole Strontium (excluded for 18 years and older)	Ibudone	Morphabond ER
Cequa	Esomep-EZS (excluded for 18 years and older)	Idhifa	Morphine Sulfate CR
Cerezyme	Euflexxa	Ilaris	Morphine Sulfate ER
		Ilumya	MS Contin
		Increlex	Myalept
		Incruse Ellipta	Myobloc
			Nalocet

Prior Authorization

Natrecor	Primlev	Synvisc One	Xospata
Nexium (excluded for 18 years and older)	Procentra	Tacrolimus (topical)	Xtampza ER
Neulasta	Procrit	Tadalafil (antihypertensive)	Yosprala
Neupogen	Proleukin	Tafinlar	Zamicet
Norco	Prolia	Takhzyro	Zegerid (excluded for 18 years and older)
Norditropin	Protonix (excluded for 18 years and older)	Tarceva	Zelboraf
Nucala	Protopic	Tagrisso	Zenzedi
Nucynta ER	Provigil	Taltz	Zepatier
Nutritional Supplements	Ragwitek	Talzenna	Zerlor
Nutropin	Regranex	Technivie	Zohydro ER
Nuvigil	Remicade	Tegsedi	Zolvit
Olumiant	Renflexis	Tev-Tropin	Zomactin
Olysio	Repatha	Tibsovo	Zorbivte
Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)	Respiratory SyncytialVirus IG/Synagis	Topical Retinoic Acid Derivatives (e.g. Retin-A)	Zydelig
OmePPI (excluded for 18 years and older)	Retacrit	TPN (total parenteral nutrition) (medical benefit only)	Zydone
Omnitrope	Restasis	Tremfya	Zykadia
Onpattro	Revatio	Trezix	
Onsolis	Rinvoq	Trivisc	
Opana ER	Rituxan	Tylenol with Codeine	
Opdivo	Roxybond	Tylox	
Oralair	Ruconest	Tymlos	
Oramorph SR	Rydapt	Verdrocet	
Orencia	Saizen	Verzenio	
Orkambi	SaizenPrep	Vicodin	
Orthovisc	Saxenda	Vicoprofen	
Otezla	Serostim	Viekira XR	
Oxecta	Sildenafil (antihypertensive)	Viekira PAK	
Oxervate	Siliq	Visco-3	
Oxycodone ER	Simponi	Vitrakvi	
Oxycontin	Simponi Aria	Vizimpro	
Oxymorphone ER	Skyrizi	Vosevi	
Panlor SS	Sodium Hyaluronate 1% Syringe	Vyndamax	
Percocet	Sofosbuvir/Velpatasvir	Vyndaqel	
Percodan	Sovaldi	Wixela Inhub	
Pimecrolimus	Spinraza	Xalkori	
Piqray	Stagesic	Xartemis XR	
Polygesic	Stelara	Xeljanz	
Praluent	Subsys	Xeljanz XR	
Pregablin	Supartz	Xeomin	
Prevacid (excluded for 18 years and older)	Symbicort	Xgeva	
Prilosec (excluded for 18 years and older)	Symdeko	Xiaflex	
	Synalgos-DC	Xiidra	
	Synvisc	Xodol	
		Xolair	

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 medication 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.

Note: Some medications on this list may also be subject to Prior Authorization and/or Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Step Therapy program is up to date as of April 1, 2020, and may change from time to time.

For the most current list of medications that require Step Therapy, use our Medication Lookup tool at bluecrossma.com/medications.

Step Therapy

Bone Marrow Stimulants

Nivestym
Neupogen

Cardiovascular

Entresto

Diabetes Management

Adlyxin
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
ACTOplus Met
ACTOplus Met XR
Actos
Afrezza
Avandaryl
Avandia
Bydureon
Byetta
Duetact
Farxiga
Fortamet
Glucophage
Glucophage XR
Glumetza
Glyxambi
Invokana
Invokamet
Invokamet XR
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kombiglyze XR
Metformin Film Coated ER (generic for Glumetza)
Metformin ER (generic for Fortamet)
Nesina
Onglyza

Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Rybelsus
Segluromet
Soliqua
Steglatro
Steglujan
Synjardy
Synjardy XR
Tanzeum
Tradjenta
Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

Fertility Treatment

Chorionic Gonadotropin (human)
Pregnyl

Glaucoma

Lumigan
Rescula
Rocklatan
Travatan
Travatan Z
Xalatan
Xelpros
Vyzulta
Zioptan

Osteoporosis Treatment (Oral)

Actonel
Atelvia DR
Binosto
Boniva tablets
Fosamax
Fosamax Plus D

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Myrbetriq
Oxytrol
Toviaz
Vesicare

Pain Relievers (Cox II Inhibitors)

Capxib
Celebrex
Celecoxib
Lidoxib

Parkinson's Disease Management

Inbrija

Prostate Treatment

Avodart
Jalyn
Proscar

Topical Antibiotics

Mupirocin ointment

Topical Testosterone

Androgel
Axiron
Fortesta
Natesto Nasal
Testim
Testosterone gel (Fortesta Authorized product)
Testosterone gel (Testim Authorized product)
Testosterone gel (Vogelxo Authorized product)
Testone CIK Kit
Testosterone CIK Kit
Vogelxo

Specialty Pharmacy Medications

In our formulary, some medications are referred to as specialty medications. These medications are usually used to treat complex health conditions. We've developed a network of specialty pharmacies that are experienced in dispensing these medications. Members are required to fill most specialty medications through one of the pharmacies listed below. However, if a highly specialized medication isn't available at one of our specialty pharmacies, we'll cover the cost of the medication when it's filled at an in-network pharmacy. For a list of specialty medications, see the following pages.

Specialty Network Pharmacy Contact Information

AcariaHealth™

1-866-892-1202

Fax: 1-877-541-1503

acariahealth.com

Accredo®

1-877-988-0058

Fax: 1-800-391-9707

accredo.com

CVS Specialty™

1-866-846-3096

Fax: 1-800-323-2445

cvsspecialty.com

Specialty Network Pharmacy Contact Information for Fertility Medications

AcariaHealth™ Fertility

1-877-928-5125

Fax: 866-927-9870

acariahealth.envolvehealth.com/services/infertility_2.html

Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

Metro Drugs

1-888-258-0106

Fax: 1-201-253-1101

metrointegrative.com

Village Fertility Pharmacy

1-877-334-1610

Fax: 1-866-935-0719

villagepharmacy.com

Note: Some medications on this list may also be subject to Step Therapy, Prior Authorization, and/or Quality Care Dosing requirements, or be considered non-covered. Please check the corresponding pages to determine coverage requirements.

This list of Specialty Medications is up to date as of April 1, 2020, and may change from time to time. For the most current specialty medication and specialty pharmacy network information, use our Medication Lookup tool at bluecrossma.com/medications.

Specialty Pharmacy Medications

Injectable Medications Required to Be Filled at an In-Network Specialty Pharmacy

Abraxane
 Actemra
 Actimmune
 Adriamycin PFS
 Adrucil
 Alferon-N
 Alkeran
 Apokyn
 Aranesp
 Arcalyst Injection
 Arzerra
 Aved
 Avonex
 Beleodaq
 Berinert
 Besponsa
 Betaseron
 BiCNU
 Bivigam
 Bleomycin Sulfate
 Blincyto
 Boniva Injection
 Bortezomib
 Botox
 Busulfex
 Calcium Folate
 Camptosar
 Carboplatin
 Carimune
 Carmustine
 Cerezyme
 Cimzia
 Cinqair
 Cisplatin
 Cladribine
 Copaxone
 Cosentyx
 Cosmegen
 Crysvita
 Cuvitru

Cyclophosphamide
 Cyramza
 Cytarabine
 Cytogam
 Dacarbazine
 Dactinomycin
 Darzalex
 Daunorubicin HCL
 DDAVP
 Depocyt
 Desmopressin Acetate
 Dexrazoxane
 Docefrez
 Docetaxel
 Doxil
 Doxorubicin HCl
 Dupixent
 Dysport
 Egrifta
 Eligard
 Ellence
 Empliciti
 Enbrel
 Entyvio
 Epirubicin
 Epogen
 Ethylol
 Etopophos
 Etoposide
 Evenity
 Extavia
 Fasenra
 Faslodex
 Firazyr
 Firmagon
 Flebogamma
 Floxuridine
 Fludara
 Fludarabine phosphate
 Fluorouracil
 Forteo
 Fulphila
 Fulvestrant
 Fusilev I.V.
 Fuzeon

Gammagard
 Gammagard Liquid
 GamaSTAN
 Gammaked
 Gammaplex
 Gamunex
 Gattex
 Gazyva
 Gemcitabine
 Gemzar
 Genotropin
 Glatiramer
 Glatopa
 Granix
 H.P. Actahr
 Haegarda
 Herceptin
 Herceptin Hylecta
 Hizentra
 Humatrope
 Humira
 Hycamtin
 Hydroxyprogesterone
 HyQvia
 Ibandronate injection/syringe
 Icatibant
 Idamycin PFS
 Idarubicin
 Ifex
 Ifosfamide
 Ifosfamide/Mesna
 Ilaris
 Ilumya
 Imfinzi
 Increlex
 Inflectra
 Intron A
 Irinotecan
 Istodax
 Kalbitor
 Kanjinti
 Kenalog
 Kevzara
 Keytruda
 Kynamro

Lartruvo
 Lemtrada
 Levoleucovorin
 Leucovorin Calcium
 Leukine
 Leuprolide Acetate
 Lipodox
 Lipodox-50
 Lumoxiti
 Lupaneta Pack
 Lupron Depot
 Lupron Depot-Ped
 Makena
 Marqibo
 Mepsevii
 Mesna
 Mesnex
 Methotrexate
 Mitomycin
 Mitoxantrone
 Mozobil
 Mustargen
 Mylotarg
 Myobloc
 Naptara
 Navelbine
 Neulasta
 Neupogen
 Nipent
 Nivestym
 Norditropin
 Norditropin Flexpro
 Norditropin Nordiflex
 Nplate
 Nucale
 Nutropin
 Nutropin AQ
 Nutropin AQ Nuspin
 Ocrevus
 Octagam
 Octreotide injection
 Olumiant
 Omnitrope
 Oncaspar
 Opdivo

Specialty Pharmacy Medications

Orencia
 Otezla
 Otrexup
 Oxaliplatin
 Paclitaxel
 Palynziq
 Pamidronate
 Pamidronate disodium
 Panzyga
 Pegasys
 Pegasys Proclick
 Peg-Intron
 Photofrin
 Plegridy
 Poteligeo
 Privigen
 Procrit
 Proleukin
 Prolia
 Rebif
 Remicade
 Renflexis
 Retacrit
 Revatio
 Rituxan
 Roferon-A
 Ruconest
 Saizen
 SaizenPrep
 Sandostatin
 Sandostatin-LAR
 Serostim
 Signafor
 Signafor LAR
 Siliq
 Simponi
 Simponi Aria
 Skyrizi
 Somatuline
 Somavert
 Spinraza
 Stelara
 Sublocade
 Sylatron
 Sylvant

Synagis
 Synribo
 Takhzyro
 Taltz
 Taxotere
 Tecentriq
 Tegsedi
 Temodar
 Teniposide
 Tepadina
 Tev-Tropin
 TheraCys
 Thiotepa
 Thyrogen
 Toposar
 Totect
 Trelstar
 Trelstar Depot
 Trelstar LA
 Tremfya
 Tymlos
 Udenyca
 Unituxin
 Valrubicin
 Valstar
 Velcade
 Ventavis
 Vimizim
 Vinblastine
 Vincristine
 Vinorelbine
 Vivitrol
 Vyndamax
 Vyndaqel
 Xeomin
 Xgeva
 Xolair
 Zaltrap
 Zanosar
 Zarxio
 Zilretta
 Zinecard
 Zoladex
 Zomacton

Injectable Medications That Can Be Filled at Other In-Network Pharmacies

Acetadote
 Arikayce
 Bavencio
 Benlysta Autoinject/syringe
 Bicillin
 Bleo 15
 Cablivi
 Ceftazadime
 Cutaquig
 Cuvposa
 Delestrogen
 Depo-Estradiol
 Desferal
 Desferoxamine
 Evomela
 Exondys
 Fortaz
 Gamifant
 Kanuma
 Khapzory
 Kineret
 Libtayo
 Nabi-HB
 Neulasta Onpro
 Onpattro
 Portrazza
 Radicava
 Revcovi
 Rimso-50
 Rocephin
 Romidepsin
 Sandimmune
 Sildenafil antihypertensive
 Strensiq
 Tazicef
 Testosterone Enanthate
 Triptodur
 Vyleesi
 Vyxeos
 Xiaflex

Yondelis Oral Medications Required to Be Filled at an In-Network Specialty Pharmacy

Abiraterone
 Adcirca
 Adempas
 Afinitor
 Alcensa
 Alkeran
 Alunbrig
 Alyq
 Ambrisentan
 Ampyra
 Aubagio
 Bethkis
 Boniva 150mg
 Bosentan
 Bosulif
 Cabometyx
 Capecitabine
 Carbaglu
 Cayston
 Cerdelga
 Copegus
 Cotelllic
 Cyclophosphamide
 Cystagon
 Daklinza
 Dalfampridine
 Daurismo
 DDAVP
 Deferasirox
 Doptelet
 Duopa
 Eplclusa
 Erivedge
 Erleada
 Erlotinib
 Esbriet
 Etoposide
 Exjade
 Farydak
 Galafold

Specialty Pharmacy Medications

Gilenya
 Gilotrif
 Gleevec
 Harvoni
 Hetlioz
 Hycamtin
 Ibrance
 Idhifa
 Imatinib
 Inbrija
 Inlyta
 Inrebic
 Iressa
 Jadenu
 Jakafi
 Juxtapid
 Kalydeco
 Kisqali
 Kisqali Femara
 Kitabis PAK
 Kuvan
 Ledipasvir/Sofosbuvir
 Lenvima
 Letairis
 Lonsurf
 Lobrena
 Mavenclad
 Mavyret
 Mayzent
 Mekinist
 Mesnex
 Miglustat
 Moderiba
 Mulpleta
 Nerlynx
 Nexavar
 Ninlaro
 Northera
 Nubeqa
 Nuplazid
 Ocaliva
 Odomzo
 Ofev
 Olumiant
 Olysio

Opsumit
 Orenitram
 Orkambi
 Piqray
 Pomalyst
 Procysbi
 Promacta
 Pulmozyme
 Ravicti
 Rebetol
 Revatio
 Revlimid
 Ribapak
 Ribasphere
 Ribasphere Ribapak
 Ribatab
 Ribavirin
 Rilutek
 Riluzole
 Rinvoq ER
 Rozlytrek
 Rubraca
 Rydapt
 Sabril
 Samsca
 Sildenafil antihypertensive
 Sofosbuvir/Velpatasvir
 Sovaldi
 Sprycel
 Stivarga
 Sucraid
 Sutent
 Symdeko
 Tadalafil
 Tafinlar
 Tagrisso
 Talzena
 Tarceva
 Tassigna
 Tecfidera
 Technivie
 Temodar
 Temozoloamide
 Tetrabenazine
 Thalomid

TOBI ampules
 TOBI-Podhaler
 Tobramycin ampules
 Tracleer
 Tykerb
 Tyvaso
 Uptravi
 Veltassa
 Venclexta
 Verzenio
 Viekira PAK
 Viekira XR
 Vigabatrin
 Vitrakvi
 Vizimpro
 Vosevi
 Votrient
 Xalkori
 Xeljanz
 Xeljanz XR
 Xeloda
 Xenazine
 Xtandi
 Xyrem
 Zavesca
 Zelboraf
 Zepatier
 Zolinza
 Zykadia
 Zytiga

Oral Medications That Can Be Filled at Other In-Network Pharmacies

8-Mop
 Afinitor Disperz
 Austedo
 Balversa
 Boniva 150mg
 Calquence
 Chenodal
 Cholbam
 Cometriq
 Copiktra
 Daraprim

DDAVP
 Diacomit
 Emflaza
 Firdapse
 Gocovri ER
 Iclusig
 Imbruvica
 Ingrezza
 Jynarque
 Keveyis
 Korlym
 Nityr
 Orfadin
 Otezla
 Otezla Starter Pack
 Ruzurgi
 Tavalisse
 Thiola
 Tiglutik
 Turalio
 Vistogard
 Xermelo
 Xospata
 Xpovio
 Xuriden
 Yonsa
 Zejula
 Zydelig

Topical Medications Required to Be Filled at an In-Network Specialty Pharmacy

Mugard
 Oxervate
 Panretin
 Qutenza
 Valchlor
 Zecuity

Topical Medications That Can Be Filled at Other In-Network Pharmacies

Cystaran
 Synarel

Specialty Pharmacy Medications

Fertility Medications Required to Be Filled at an In-Network Specialty Fertility Pharmacy

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

Non-Covered Medications

Your pharmacy program provides coverage for over 4,000 prescription medications. This section lists medications that aren't covered under your benefits. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. If a non-covered medication is approved, it will be covered at the highest tier. Check with your doctor about appropriate alternatives if you currently take any of these medications.

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

Note: Some medications on this list may also be subject to Prior Authorization, Quality Care Dosing and/or Step Therapy requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up to date as of April 1, 2020, and may change from time to time.

For the most current list of non-covered medications, and to see covered alternatives, use our Medication Lookup tool at bluecrossma.com/medications.

Non-Covered Medications

Abilify	Alevicyn Antipruritic SG gel	Atelvia DR	Brevicon
Abilify DiscMelt	Alodox	Ativan	Brilinta
Abilify Mycite	Alogliptin	Atopaderm	Brisdelle
Absorica	Alogliptin/Metformin	Atopiclair	Bromsite
Abstral	Alogliptin/Pioglitazone	Atralin	Brovana
Acanya	Aloquin	Atrapro Dermal Spray	Bystolic
Accolate	Alora	Atrapro CP	Byvalson
Accu-Chek diabetic testing supplies	Alrex	Atrapro Hydrogel	Caduet
Accucaine	Alsuma	Atropen	Calcitriol Topical
Accupril	Altabax	Augmentin XR	Cambia
Accuretic	Altace	Auryxia	Caphosol
AcipHex (excluded for 18 years and older)	Altoprev	Auvi-Q	Capxib
Acticlate	Alvesco	Avalide	Carbinoxamine 6mg
Actigall	Ambien	Avapro	Careone diabetic testing supplies
Actiq	Ambien CR	Avelox	Caresens N diabetic testing supplies
Active Injection D	Amrix	Avidoxy	Caretouch diabetic testing supplies
Active-PAC	Ana-Lex	Avidoxy DK	Cardene
Activella	Anafranil	Avita	Cardizem CD
Acular	Angeliq	Axert	Cardizem LA
Acular LS	Anodyne LPT	Azasite	Cardura XL
Acuvail	Antara	Azor	Cedax
Aczone	Anusol HC Suppository	B-D diabetic testing supplies	Celexa
Adalat CC	Anzemet	Balcoltra	Cem-Urea
Adderall	Apadaz	Belsomra	Centany
Addyi	Apidra	Belviq	Centany AT
Adhansia XR	Aplenzin ER	Belviq XR	Cequa
Adlyxin	Aptensio XR	Benicar	Ceracade Skin Barrier
Admelog	Aqua Glycolic HC	Benicar HCT	Ceramax
AdrenaClick (AdrenaClick authorized product)	Arakoda	BenzaClin gel	Cesamet
Advanced Allergy Collection Kit	Aranesp	BenzaClin kit	Cetraxel
Advocate Redi-Code diabetic testing supplies	Arava	BenzaClin pump	Chenodal
Adyphren	Arcapta Neohaler	Benzhydrocodone/Acetaminophen	Chlorzoxazone 250mg
Adzenys XR	Arixtra	Beser	Chlorzoxazone 375mg
Aerospan	Arymo ER	Besivance	Chlorzoxazone 750mg
Agoneaze	Armonair RespiClick	Betaloin SUIK kit	Cimzia
Air Duo	Asacol HD	Bevespi AeroSphere	Cipro-XR
Aktipak gel pouch	Ascensia diabetic testing supplies	BG-Star diabetic testing supplies	Clenpiq
Akynzeo	Asmanex Twisthaler	Bijuva	Cleocin T
Albuterol HFA (Ventolin and ProAir authorized products)	Aspirin/Omeprazole (excluded for 18 years and older)	Binosto	Clever Choice Voice diabetic testing supplies
Alcortin-A	Assure diabetic testing supplies	Bionect	Clindacin ETZ Kit
Alevicyn Plus Kit	Astepro	Boniva syringe	Clindacin PAC
	Atacand	Boniva tablets	Clindagel
	Atacand HCT	Bravelle	
		Breo Ellipta	

Non-Covered Medications

Clobex	Dermasorb-TA	Duzallo	Exalgo
Clodan Kit	Dermasorb-XM	Dyloject	Exforge
Colazal	Dermawerx SDS	Easy Max diabetic testing supplies	Exforge HCT
Colchicine tablets	Dermawerx Surgical Plus Pack	Easy Step diabetic testing supplies	Extavia
Colchicine capsules	Dermazone	Easy Talk diabetic testing supplies	Extina
CoLyte	Dermazyl	Easy Touch diabetic testing supplies	EZ Use Joint Tunnel Trigger
Combigan	DermOtic	Easy-Trak diabetic testing supplies	Ezallor Sprinkle
Contour Next diabetic testing supplies	DesOwen kit	Edarbi	Factive
Conzip	Desvenlafaxine ER	Edarbyclor	Fanapt
Cool diabetic testing supplies	Detrol	Edluar	Farxiga
Coreg	Detrol LA	Effexor	FazaClo
Coreg CR	Dexedrine	Effexor XR	Femring
Corlanor	Dexilant (excluded for 18 years and older)	Elestrin	Fenoglide
Cosopt PF	Diclo Gel	Eletone	Fenoprofen 200mg
Cotempla XR ODT	Diclo-Xrylix Sheet Kit	Ellizia	Fenoprofen 400mg
Cozaar	Diclofono	Embeda	Fentanyl Citrate
Crestor	Diclopak	Embrace diabetic testing supplies	Fentora
CVS Advanced diabetic testing supplies	DicloPR Combo Pak	Emsam	Fetzima
Cymbalta	Diclotral	Enablex	Fexmid
D-Care 100X	Diclozor	Entyvio	Fiasp
Daklinza	Dificid	Epaned	Fibracor
Daliresp	Dilaudid	EpiCeram	Fifty50 diabetic testing supplies
Daxbia	Diovan	Epinephrine Snap-V	Finacea Plus
Daypro	Diovan HCT	Episil	Fiorinal
Daytrana	Doxycycline IR-DR	Episnap Convenience Kit	Fiorinal with Codeine
DDAVP	Doxycycline DR 80mg	Epogen	Flagyl
Deluo	Doxycycline DR 200mg	Equetro	Flagyl ER
Delzicol	Dipentum	Ertaczo	Flagyl IV
Delzicol DR	Dithol Combo Pack	Esomeprazole Strontium (excluded for 18 years and older)	Flarex
Depo-Sub Q Provera 104	Ditropan XL	Esomep-EZS (excluded for 18 years and older)	Flector
Derma-Smoothe/FS	Divigel	Estrace	FlexiPak
Dermacin RX Cinolone-1 CPI	DM2 Kit	Estrogel	Flolipid
Dermacin Rx Chlorhexacin	DMT Suik	Eucrisa	Fluoroplex
Dermacin Rx Empraciane	Dolotranz	Euflexxa	Fluovix
Dermacin RX Prizopak	Doubledex	Evamist	FML Forte
Dermacin RX PHN	Duac	Evekeo	FML Liquifilm
Dermacin RX Silpak	Duac CS	ExacTech diabetic testing supplies	FML S.O.P.
Dermacin Silazone Pharmpak	Duaklir Pressair		Focalin
Dermacin RX Surgical Pharmpak	Duavee		Focalin XR
Dermacin Rx Therazole Pak	Duexis		Follistim AQ
Dermacin RX ZRM	Duobrii		Fora V12 diabetic testing supplies
Dermasorb-AF	Duragesic		Forfivo XL
Dermasorb-HC	Durezol		Fortamet
	Durolane		Fortesta

Non-Covered Medications

Fosamax	Hysingla ER	Levaquin	Maxipime
Fragmin	Hyzaar	Levemir	MB Hydrogel
Freestyle diabetic testing supplies	Iglucose diabetic testing supplies	Levicycn Antipruritic SG	Medolor Kit
Frova	Ilevro	Lexapro	Medroloan SUIK
Ganirelix	Imvexxy	Lexette	Medroloan II SUIK
GE 100 diabetic testing supplies	Inderal LA	Lexixryl	Megace ES
Gel-One	Inderal XL	Liberty diabetic testing supplies	Menostar
Gelclair	Inflamma K	Lido-Prilo Caine Pak	Mentho-Caine Kit
Gelnique	Inflatherm	Lidocidex I	Mesalamine HD
Gelsyn-3	InnoPran XL	Lidoderm	Metformin ER (Fortamet Authorized Product)
GelX	Insulin Lispro	Lidopac	Metformin Film Coated ER (Glumetza Authorized Product)
Genotropin	Intermezzo	Lidopril	Micardis
Genstrip diabetic testing supplies	Intuniv	Lidotrans 5 Pac	Micardis HCT
Geodon	Invega	Lidotrex	Microdot diabetic testing supplies
GE 100 diabetic testing supplies	Irenka DR	Lidoxib	Migranow
Gialax	Istalol	Lipitor	Minastrin Fe Chewable
Giazo	Jentadueto	Lipofen	Minocin
Glucocard diabetic testing supplies	Jentadueto XR	Liprozone Pak	Minocin Combo Pack
Glucometer diabetic testing supplies	Jornay PM	Livalo	Minolira ER
Glucoophage	Jublia	Livixil PAK	Mirapex
Glucoophage XR	Kadian	LMR Plus Kit	Mirapex ER
Glumetza	Kapvay	Lodine	Mobic
Gmate diabetic testing supplies	Kaspargo Sprinkle	Lodine XL	Monodox
GNP diabetic testing supplies	Katerzia	Lonhala Magnair	Monovisc
Gocovri ER	Kazano	Lopressor	Morgidox Kit
GoLytely	Keppra XR	Loprox Kit	Morphabond ER
Halobetasol Foam	Keralyt kit	LoSeasonique	Motegrity
Healthpro diabetic testing supplies	Kerydin	Lotensin	MoviPrep
Horizant	Khedezla	Lotensin HCT	Moxatag
HPR	Kitabis PAK	Loutrex	Moxeza
HPR Plus	Klonopin	Lovaza	Mydayis
HPR Plus Hydrogel Kit	Kro Premium diabetic testing supplies	Lovenox	Namzaric
Humana True Metrix diabetic testing supplies	Lactulose 10gm packets	Luliconazole	Naprelan
Hyalgan	Lamictal ODT	Lunesta	Naprelan CR
Hydrocortisone-Lidocaine kit	Lamisil	Luzu	Naprosyn
Hylatopic	Lamisil Granules	Lyrice CR	Naprosyn EC
Hylatopic Plus	Latuda	Lysteda	Nascobal
Hylatopic Plus-Aurstat	Lazanda	MAC Patch	Natazia
Hymovis	Ledipasvir/Sofobuvir	Marvona SUIK	Natesto Nasal
	Lemtrada	Mas Care Pak	Neocera
	Lescol	Mavyret	Neo-Synalar Kit
	Lescol XL	Maxalt	Neosalus
	Leva Set	Maxalt-MLT	
	Levalbuterol HFA	Maxidex	

Non-Covered Medications

Neosalus CP	Onsolis	Plaquenil	Protonix (excluded for 18 years and older)
Nesina	Onzetra Xsail	Plenvu	Proventil HFA
Neuac Kit	Opana	Plixda	Proventil inhaler
Neumaxin	Opana ER	POD Care 100C	Provigil
Neupogen	Optium diabetic testing supplies	POD Care 100CG	Prozac
Neupro	Oracea	POD Care 100K	Prozac Weekly
Neurcaine	Oramorph SR	POD Care 100KG	Pylera
Neurontin	Orapred ODT	PR-Cream	Qbrexla
Nevanac	Oravig	Pradaxa	Qbrexa
Nexiclon XR	Orencia	Pram-HCA	Qmiiz ODT
Nexium (excluded for 18 years and older)	Orthovisc	Pramosone E	Qtern
Niravam	Oseni	Pravachol	Quartette
Nocdurna	Osmolex ER	Precision QID diabetic supplies	Quillichew ER
Noctiva	Osmoprep	Precision X-Tra diabetic supplies	Quillivant XR
Norditropin	Osphena	Pred Mild	Quinixil
Northera	Otrexup	Prefest	Quinja
Norvasc	Oxaydo	Premium diabetic testing supplies	Quinosone Combo pack
Novacort	Oxytrol	Prepopik	RadiaPlex Rx
Nova Max diabetic testing supplies	Ozempic	Presera	Radigel
Novacort	P-Care	Prestalia	Rapaflo
Novolin Insulin products	P-Care K	Prestige diabetic testing supplies	Rasuvo
Novolog Insulin products	P-Care M	Prevacid (excluded for 18 years and older)	Rayaldee
Noxipak	P-Care MG	PrevPac	Rayos
NuCaraClinPak	P-Care X	Prikaan	Readysharp Betamethasone
NuCaraRxPak	Paingo KFT	Prilolid	Readysharp Bupivacaine
NuCort	Pamelor	Prilosec (excluded for 18 years and older)	Readysharp Dexamethasone
Nucynta	Pancreaze	Prinivil	Readysharp Ketorolac
Nucynta ER	Patanase	Prilovix	Readysharp Lidocaine
NudermRX Pack	Paxil	Pristiq	Readysharp Methylprednisolone
Nudiclo SoluPak	Paxil CR	Prizotral	Readysharp Triamcinolone
Nudiclo TabPak	PCE	Pro-Voice diabetic testing supplies	Recothrom
NuLyteLy	PCE Dispertab	Procentra	Regenecare
Nusurgepak Surgical Prep	Penlac	Procort	Relador Pak
Nutraseb	Pennsaid	Procrit	Relador Pak Plus
NutriaRx Pak	Pepcid	Prodigy diabetic testing supplies	Rellexii ER
Nuvakaan	Percocet	Prolensa	Relion diabetic testing supplies
Nuvessa	Perseris ER	Promiseb	Relpax
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Olux	Pharmacist Choice diabetic testing supplies		Repatha
Olysio	Physicians EZ Use B12 Kit		Requip
Omnitrope	Physicians Use EZ M-PRED Kit		Requip XL
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Retin-A Micro	SmartRx Gaba-V	Tanzeum	Trintellix
Revatio	SmartRx GabaKit	Targadox	Tri-Norinyl
Rexulti	Sodium Hyaluronate	Taytulla	Tri-Sila Topical
Rhopressa	Sofosbuvir/Velpatasvir	Technivie	Trivisc
Risperdal M-Tab	Sof-Tact diabetic supplies	Tekturna	Trixylytral
Ritalin	Solaice	Tekturna HCT	True Metrix diabetic supplies
Ritalin LA	Solaraze	Tenormin	TrueTest diabetic supplies
Ritalin SR	Soliqua	Tequin	TrueTrack diabetic supplies
Rocklatan	Solodyn	Tersi	Trulance
Rosadan	Solosec	Test N'Go diabetic testing supplies	Tudorza
Roxybond	Soltamox	Testim	Twynsta
Rytary ER	Solupak	Testone CIK	Ultracet
Rythmol	Solus V2 diabetic testing supplies	Testosterone gel (Fortesta Authorized product)	Ultram
Saizen	Soma	Testosterone gel (Testim Authorized product)	Ultram ER
SaizenPrep	Sonata	Testosterone gel (Vogelxo Authorized product)	Ultrasal ER
Salicylic Acid 6% Kit	Soolantra	Testosterone CIK Kit	Ultrasal PAC
Salicylic Acid-Ceramide kit	Sorilux foam	Tev-Tropin	Ultravate X
Salkera	Sovaldi	Therapevo	Unistrip 1 diabetic testing supplies
Salvax Duo	Spectracef	Tiazac	Up & Up diabetic testing supplies
Salvax Duo Plus	Sporanox	Tindamax	Uramaxin
SanadermRx Skin Repair	Spritam	Tirosint	Urea kit
Sancuso	Sprix	Tivorbex	Utibron NeoHaler
Saphris	Steglatro	TobraDex ST	Vacustim Silver Kit
Sarafem	Steglujan	Tofranil	Valium
Savaysa	Strattera	Tolak	Vanos
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Seasonique	Subsys	Toronova II SUIK	Vascepa
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Sernivo	Sumavel Dosepro	Trelegy Ellipta	Velphoro
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Seroquel XR	Sumaxin CP	Tretin-X	Veltin
Silalite PAK	Sumaxin TS	Treximet	Ventolin HFA
Silazone-II	Supartz	Trezix	Verasens diabetic testing supplies
Silenor	Suprep	Tribenzor	Veregen
Siliq	Sure Result Tak Pack	Tricor	Vexa
Silvrstat	Sustol	Triglide	Vexasyn
Simbrinza	Symproic	Trilipix	Viberzi
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Sitavig	Synvisc		Viekira PAK
Sklice	Synvisc-One		

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Viibryd	Zanaflex
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Virasal	Zegerid (excluded for 18 years and older)
Visco-3	Zelapar
Vivagurad INO diabetic testing supplies	Zembrace Symtouch
Vivlodex	Zepatier
Vogelxo	Zestril
Voltaren	Zetia
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Vopac MDS	Ziana
Vraylar	Zilacaine
Vusion	Zinbryta
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Xerese	Zyflo
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Viibryd	10, 28	Xanax	28	Zarxio	10, 19	Zuplenz	11, 28
Vimizim	19	Xanax XR	28	Zavesca	20	Zurampic	28
Vimovo	28	Xartemis XR	10, 14, 28	Zecuity	20	Zydelig	11, 14, 20
Vinblastine	19	Xeljanz	10, 14, 20	Zegerid	10, 14, 28	Zydone	14
Vincristine	19	Xeljanz XR	10, 14, 20	Zejula	20	Zyflo	28
Vinorelbine	19	Xeloda	20	Zelapar	28	Zyflo CR	28
Virasal	28	Xelpros	16, 28	Zelboraf	14, 20	Zykadia	14, 20
Visco-3	14, 28	Xenazine	20	Zembrace Symtouch	11, 28	Zymaxid	11, 28
Vistogard	20	Xeomin	14, 19	Zenzedi	14	Zypitamag	11, 28
Vitrakvi	10, 14, 20	Xepi	28	Zepatier	11, 14, 20, 28	Zypram	28
Vivagurad INO diabetic testing supplies	28	Xerese	28	Zerlor	14	Zyprexa	28
Vivelle	10	Xermelo	10, 20	Zestril	28	Zyprexa IM	28
Vivelle-Dot	10	Xgeva	14, 19	Zetia	11, 28	Zyprexa Relprevv	28
Vivitrol	10, 19	Xiaflex	14, 19	Zeyocaine	28	Zyprexa Zydys	28
Vivlodex	10, 28	Xifaxan	10, 28	Ziana	28	Zytiga	20
Vizimpro	14, 20	Xigduo	10, 16, 28	Zilacaine	28		
Vogelxo	16, 28	Xigduo XR	10, 16, 28	Zilretta	19		
Voltaren	28	Xiidra	10, 14	Zinbryta	11, 28		
Voltaren XR	28	Xilapak	28	Zinocard	19		
Voltaren gel	10	Ximino ER	28	Zioptan	16, 28		
Vopac MDS	27	Xodol	14	Zipsor	28		
Vosevi	10, 14, 20	Xolair	14, 19	Zithromax	28		
Votrient	20	Xolegel	28	Zmax	28		
Vraylar	28	Xopenex HFA	10, 28	Zocor	11, 28		
Vusion	28	Xopenex nebulas	28	Zofran	11, 28		
Vyleesi	19	Xospata	10, 14, 20	Zofran ODT	11, 28		
Vyndamax	10, 14, 19	Xpovio	20	Zohydro ER	11, 14, 28		
Vyndaqel	10, 14, 19	Xryliderm	28	Zoladex	11, 19		
Vytorin	10, 28	Xrylix	28	Zolinza	20		
Vyvance	10, 28			Zolmitriptan	11		

New Medication Approval Process

Our Pharmacy and Therapeutics Committee (the 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. Approved medications are added to our list as they're approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. As with other medications that aren't covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier.

Nondiscrimination Notice

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at civilrightscoordinator@bcbsma.com.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at ocrportal.hhs.gov; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at [hhs.gov](https://www.hhs.gov).

Translation Resources Proficiency of Language Assistance Services

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/العربية:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النقي للصم والبكم "TTY": 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅជុំនៃកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY : 711).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: 711).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: 711)를 사용하여 회원 서비스에 전화하십시오.

Greek/λληνικά: ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID Card) (TTY: 711).

Polish/Polski: UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाई.: 711)।

Gujarati/ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話になる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توجہ: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníft'i'go saad bee yát'i' éí t'áájíik'e bee níká'a'doowolgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déés' nóomba biká'ígíijí' béésh bee hodílnih (TTY: 711).



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