



Exclusive Home Delivery Maintenance Medications

Maintenance medications are prescription drugs used to treat ongoing conditions, such as diabetes or high blood pressure. Below is a list of maintenance medications for health plans that include Exclusive Home Delivery. Please note some of the drugs listed below may not be covered on your formulary. For such drugs, Exclusive Home Delivery rules apply for members with approved formulary exceptions. This drug list is up-to-date as of January 1, 2016 and may be updated from time to time.

ABACAVIR	AGGRENOX	AMLODIPINE BESYLATE
ABACAVIR-LAMIVUDINE-ZIDOVUDINE	AGRYLIN	AMLODIPINE BESYLATE-BENAZEPRIL
ACARBOSE	AK-PENTOLATE	AMLODIPINE-ATORVASTATIN
ACCOLATE*	ALBUTEROL SULFATE	AMLODIPINE-VALSARTAN
ACCUPRIL*	ALDACTAZIDE	AMLODIPINE-VALSARTAN-HCTZ
ACCURETIC*	ALDACTONE	AMTURNIDE*
ACEBUTOLOL HCL	ALENDRONATE SODIUM	ANAGRELIDE HCL
ACEON*	ALFUZOSIN HCL ER	ANAPROX
ACETAZOLAMIDE	ALLOPURINOL	ANAPROX DS
ACIPHEX SPRINKLE	ALORA*	ANGELIQ*
ACTIGALL*	ALOSETRON HCL	ANORO ELLIPTA
ACTIVELLA*	ALPHAGAN P	ANSAID
ACTONEL	ALTACE*	ANTARA*
ACTOPLUS MET	ALTAVERA	APIDRA*
ACTOPLUS MET XR	ALTOPREV*	APIDRA SOLOSTAR*
ACTOS	ALVESCO*	APLENZIN*
ADALAT CC*	ALYACEN	APRACLONIDINE HCL
ADVAIR DISKUS	AMANTADINE	APRI
ADVAIR HFA	AMARYL	APRISO
ADVICOR	AMETHIA	APTIOM
ADVOCATE PEN NEEDLES	AMETHIA LO	APTIVUS
ADVOCATE SYRINGES	AMETHYST	ARANELLE
AEROSPAN*	AMILORIDE HCL	ARCAPTA NEOHALER*
AFEDITAB CR	AMILORIDE-HYDROCHLOROTHIAZIDE	ARICEPT
AFREZZA	AMIODARONE HCL	ARICEPT ODT

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

ARMOUR THYROID	AZURETTE	BYDUREON
ARNUITY ELLIPTA*	BACLOFEN	BYDUREON PEN
ARTHROTEC 50	BALZIVA	BYETTA
ARTHROTEC 75	BD ULTRA-FINE PEN NEEDLE	BYSTOLIC*
ASACOL	BENAZEPRIL HCL	CABERGOLINE
ASACOL HD	BENAZEPRIL- HYDROCHLOROTHIAZIDE	CADUET*
ASHLYNA	BENICAR	CALAN
ASMANEX*	BENICAR HCT	CALAN SR
ASMANEX HFA*	BETAGAN	CALCITONIN-SALMON
ASPIRIN-DIPYRIDAMOLE ER	BETAPACE	CALCITRIOL
ASSURE ID INSULIN SAFETY	BETAPACE AF	CAMILA
ATACAND*	BETAXOLOL HCL	CAMRESE
ATACAND HCT*	BETIMOL	CAMRESE LO
ATELVIA*	BETOPTIC S	CANASA
ATENOLOL	BEYAZ	CANDESARTAN CILEXETIL
ATENOLOL-CHLORTHALIDONE	BIDIL	CANDESARTAN- HYDROCHLOROTHIAZID
ATORVASTATIN CALCIUM	BIMATOPROST	CAPTOPRIL
ATRIPLA	BINOSTO*	CAPTOPRIL-HYDROCHLOROTHIAZIDE
ATROPINE CARE	BISOPROLOL FUMARATE	CARAFATE
ATROPINE SULFATE	BISOPROLOL- HYDROCHLOROTHIAZIDE	CARBIDOPA
ATROVENT HFA	BLUNT NEEDLE	CARBIDOPA-LEVODOPA
AUBRA	BREO ELLIPTA*	CARBIDOPA-LEVODOPA ER
AUTOSHIELD DUO PEN NEEDLE	BREVICON*	CARBIDOPA-LEVODOPA-ENTACAPONE
AUTOSHIELD PEN NEEDLE	BRIELLYN	CARDENE SR*
AVALIDE	BRILINTA*	CARDIZEM
AVANDAMET	BRIMONIDINE TARTRATE	CARDIZEM CD*
AVANDARYL	BRISDELLE*	CARDIZEM LA*
AVANDIA	BROVANA*	CARDURA
AVAPRO	BUDEPRION SR	CARDURA XL*
AVIANE	BUDEPRION XL	CAREFINE PEN NEEDLE
AVODART	BUDESONIDE	CAREONE
AXID*	BUMETANIDE	CARNITOR
AYGESTIN	BUPROBAN	CARNITOR SF
AZILECT	BUPROPION HCL	CARTEOLOL HCL
AZOPT	BUPROPION HCL SR	CARTIA XT
AZOR	BUPROPION XL	CARVEDILOL
AZULFIDINE	BUSPIRONE HCL	CATAPRES

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

CATAPRES-TTS 1	CORDARONE	DEPLIN
CATAPRES-TTS 2	COREG*	DERMACINRX LEXITRAL
CATAPRES-TTS 3	COREG CR*	DESMOPRESSIN ACETATE
CAZIAN	CORGARD	DESOGEN*
CELEBREX	CORLANOR	DESOGESTREL-ETHINYL ESTRADIOL
CELECOXIB	CORTEF	DESOGESTR-ETH ESTRAD ETH ESTRA
CELEXA*	CORZIDE	DESVENLAFAXINE ER*
CENESTIN*	COSOPT	DESVENLAFAXINE FUMARATE ER
CEREFOLIN NAC	COSOPT PF*	DETROL*
CEVIMELINE HCL	COZAAR*	DETROL LA*
CHATEAL	CRESTOR	DIABETA
CHLOROTHIAZIDE	CRIVAN	DIAMOX SEQUELS
CHLORPROPAMIDE	CROMOLYN SODIUM	DICLOFENAC SODIUM
CHLORTHALIDONE	CRYSSELLE	DICLOFENAC SODIUM ER
CHOLESTYRAMINE	CUPRIMINE	DICLOFENAC SODIUM-MISOPROSTOL
CHOLESTYRAMINE LIGHT	CYANOCOBAL-LEVOMEF-PYRIDOXINE	DIDANOSINE
CIFEREX	CYCLAFEM	DIDRONEL
CILOSTAZOL	CYCLESSA	DIFIL-G 400
CIMETIDINE	CYCLOGYL	DIFLUNISAL
CITALOPRAM HBR	CYCLOMYDRIL	DIGITEK
CLICKFINE	CYCLOPENTOLATE HCL	DIGOX
CLIMARA	CYCLOSET	DIGOXIN
CLIMARA PRO	CYMBALTA*	DILACOR XR*
CLONIDINE	CYRED	DILATRATE-SR
CLONIDINE HCL	CYTOMEL	DILT-CD
CLOPIDOGREL	CYTOTEC	DILTIA XT
CLORPRES	DANTRIUM	DILTIAZEM 12HR ER
COLESTID	DANTROLENE SODIUM	DILTIAZEM 24HR CD
COLESTIPOL HCL	DAPSONE	DILTIAZEM 24HR ER
COMBIGAN*	DASETTA	DILTIAZEM ER
COMBIPATCH	DAYPRO*	DILTIAZEM HCL
COMBIVIR	DAYSEE	DILT-XR
COMFORT EZ	DEBLITANE	DILTZAC ER
COMPLERA	DELYLA	DIOVAN
COMPLETE FORMULATION D3000	DELZICOL	DIOVAN HCT
COMPLETE FORMULATION PEDIATRIC	DEMADEX	DIPENTUM*
COMTAN	DEPEN	DIPYRIDAMOLE

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

DISOPYRAMIDE PHOSPHATE	EFFER-K	ESTRASORB*
DITROPAN XL*	EFFEXOR XR	ESTRING
DIURIL	EFFIENT	ESTROGEL*
DIVIGEL*	ELDEPRYL	ESTROPIPATE
DONEPEZIL HCL	ELESTRIN*	ESTROSTEP FE
DONEPEZIL HCL ODT	ELIGEN B12	ETIDRONATE DISODIUM
DORZOLAMIDE HCL	ELINEST	ETODOLAC
DORZOLAMIDE-TIMOLOL	ELIXOPHYLLIN	ETODOLAC ER
DOXAZOSIN MESYLATE	EMOQUETTE	EVISTA
DOXERCALCIFEROL	EMSAM	EVOTAZ
DROSPIRENONE-ETHINYL ESTRADIOL	EMTRIVA	EVOXAC
DUETACT	ENABLEX*	EXEL HUBER
DUEXIS*	ENALAPRIL MALEATE	EXEL HUBER NEEDLE
DULERA	ENALAPRIL-HYDROCHLOROTHIAZIDE	EXEL HYPODERMIC NEEDLE
DULOXETINE HCL	ENJUVA*	EXEL INSULIN SYRINGE
DUOPA	ENLYTE	EXEL MTI DRAWING NEEDLE
DURACHOL	ENPRESSE	EXELON
DURLAZA	ENSKYCE	EXFORGE
DUTASTERIDE	ENTACAPONE	EXFORGE HCT
DUTOPROL	ENTRESTO**	FALESSA*
DYAZIDE	EPANED*	FALMINA
DYNACIRC CR*	EPIVIR	FAMOTIDINE
DYRENIUM	EPIVIR HBV	FARXIGA*
EASY COMFORT INSULIN SYRINGE	EPLERENONE	FELDENE
EASY COMFORT PEN NEEDLES	EPROSARTAN MESYLATE	FELODIPINE ER
EASY TOUCH	EPZICOM	FEMCON FE
EASY TOUCH INSULIN SAFETY	ERGOLOID MESYLATES	FEMHRT
EASY TOUCH INSULIN SYRINGE	ERRIN	FEMRING
EASY TOUCH PEN NEEDLE	ESCAVITE D	FEMTRACE*
EASY-TOUCH INSULIN SYRINGE	ESCAVITE LQ	FENOFIBRATE*
ECLIPSE NEEDLE	ESCITALOPRAM OXALATE	FENOFIBRIC ACID
ECLIPSE SYRINGE	ESOMEPRAZOLE STRONTIUM	FENOGLIDE*
EC-NAPROSYN*	ESTARYLLA	FENOPROFEN CALCIUM
EDARBI*	ESTRACE*	FETZIMA*
EDARBYCLOR*	ESTRADIOL	FIBRICOR*
EDECRIN	ESTRADIOL TRANSDERMAL PATCH	FIFTY50 RESERVOIR
EDURANT	ESTRADIOL-NORETHINDRONE ACETAT	FILTER ASPIRATOR NEEDLE

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

FILTER NEEDLE	GIANVI	HUMULIN N
FINASTERIDE	GILDAGIA	HUMULIN N KWIKPEN
FLAVOXATE HCL	GILDESS	HUMULIN R
FLECAINIDE ACETATE	GILDESS 24 FE	HUMULIN R U-500
FLOMAX	GILDESS FE	HYDRALAZINE HCL
FLORIVA	GLIMEPIRIDE	HYDROCHLOROTHIAZIDE
FLOVENT DISKUS	GLIPIZIDE	HYDROCORTISONE
FLOVENT HFA	GLIPIZIDE ER	HYDROXYCHLOROQUINE SULFATE
FLOW-EZE	GLIPIZIDE XL	HYPODERMIC NEEDLE
FLUDROCORTISONE ACETATE	GLIPIZIDE-METFORMIN	HYZAAR*
FLUORABON	GLUCOPHAGE*	IBUPROFEN
FLUOR-A-DAY	GLUCOPHAGE XR*	IMDUR
FLUORIDE	GLUCOPRO	INCONTROL PEN NEEDLE
FLUORITAB	GLUCOTROL	INCRUSE ELLIPTA**
FLUOXETINE DR	GLUCOTROL XL	INDAPAMIDE
FLUOXETINE HCL	GLUCOVANCE	INDERAL LA*
FLURA-DROPS	GLUMETZA*	INDERAL XL*
FLURBIPROFEN	GLYBURIDE	INNOPRAN XL*
FLUVASTATIN ER	GLYBURIDE MICRONIZED	INSPIRA
FLUVASTATIN SODIUM	GLYBURIDE-METFORMIN HCL	INSULIN CARTRIDGE
FLUVOXAMINE MALEATE	GLYNASE	INSULIN PEN NEEDLE
FLUVOXAMINE MALEATE ER	GLYSET	INSULIN SYRINGE
FOLBIC RF	GLYXAMBI**	INSUPEN
FOLTX	GUANFACINE HCL	INTEGRA NEEDLE
FORFIVO XL*	HEATHER	INTEGRA SYRINGE
FORTAMET*	HECTOROL	INTELENCE
FORTICAL	HOMATROPAIRE	INTRAVENOUS,ARTERIAL & BLOOD
FOSAMAX*	HOMATROPINE HYDROBROMIDE	INTROVALE
FOSAMAX PLUS D	HUMALOG	INVIRASE
FOSINOPRIL SODIUM	HUMALOG KWIKPEN U-100	INVOKAMET
FOSINOPRIL-HYDROCHLOROTHIAZIDE	HUMALOG KWIKPEN U-200	INVOKANA
FREESTYLE PRECISION	HUMALOG MIX 50-50	IOPIDINE
FUROSEMIDE	HUMALOG MIX 50-50 KWIKPEN	IPRATROPIUM BROMIDE
GALANTAMINE HBR	HUMALOG MIX 75-25	IRBESARTAN
GALANTAMINE HYDROBROMIDE	HUMALOG MIX 75-25 KWIKPEN	IRBESARTAN-HYDROCHLOROTHIAZIDE
GELNIQUE*	HUMULIN 70/30 KWIKPEN	IRENKA*
GEMFIBROZIL	HUMULIN 70-30	ISENTRESS

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

ISOCHRON	KIMIDESS	LEVOMEFOLA-NAC-MECOBALM-ALGAL
ISOPTO ATROPINE	KLOR-CON	LEVOMEFOLATE-NAC-MECOBAL-ALGAL
ISOPTO CARBACHOL	KLOR-CON 10	LEVONEST
ISOPTO CARPINE	KLOR-CON 8	LEVONORGESTREL
ISOPTO HOMATROPINE	KLOR-CON M10	LEVONORGESTREL-ETH ESTRADIOL
ISOPTO HYOSCINE	KLOR-CON M15	LEVONORG-ETH ESTRAD ETH ESTRAD
ISORDIL	KLOR-CON M20	LEVORA-28
ISORDIL TITRADOSE	KLOR-CON SPRINKLE	LEVOTHROID
ISOSORBIDE DINITRATE	KLOR-CON-EF	LEVOTHYROXINE SODIUM
ISOSORBIDE MONONITRATE	KOMBIGLYZE XR	LEVOXYL
ISOSORBIDE MONONITRATE ER	KRISTALOSE	LEXAPRO*
ISOXSUPRINE HCL	K-SOL	LEXIVA
ISRADIPINE	K-TAB	LIALDA*
ISTALOL*	K-TAB ER	LIFESHIELD BLUNT CANNULA
JALYN	KURVELO	LIOTHYRONINE SODIUM
JANUMET	LABETALOL HCL	LIPICHOL 540
JANUMET XR	LAMIVUDINE	LIPITOR*
JANUVIA	LAMIVUDINE HBV	LIPOFEN*
JARDIANCE	LAMIVUDINE-ZIDOVUDINE	LIPTRUZET*
JENCYCLA	LANOXIN	LISINOPRIL
JENTADUETO*	LANTUS	LISINOPRIL-HYDROCHLOROTHIAZIDE
JEVANTIQUE	LANTUS SOLOSTAR	LITE TOUCH
JINTELI	LARIN	LIVALO*
JOLESSA	LARIN 24 FE	L-METHYLFOLATE
JOLIVETTE	LARIN FE	L-METHYLFOLATE CALCIUM
JULEBER	LASIX	L-METHYLFOLATE-MECOBALAMIN-NAC
JUNEL	LATANOPROST	LMTHF-PYRIDOXINE-CYANOCOBAL
JUNEL FE	LEENA	LO LOESTRIN FE
JUNEL FE 24	LESCOL*	LO MINASTRIN FE
JUVISYNC	LESCOL XL*	LODOSYN
K EFFERVESCENT	LESSINA	LOESTRIN
KALETRA	LEVATOL	LOESTRIN 24 FE
KARIVA	LEVEMIR*	LOESTRIN FE
KAZANO*	LEVEMIR FLEXPEN*	LOFIBRA*
KELNOR 1-35	LEVEMIR FLEXTOUCH*	LOMEDIA 24 FE
KETOPROFEN	LEVOBUNOLOL HCL	LO-OVRAL-28
KHEDEZLA*	LEVOCARNITINE	LOPID

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

LOPREEZA	MENEST	MIRCETTE
LOPRESSOR*	MENOSTAR*	MISOPROSTOL
LOPRESSOR HCT	MESTINON	MOBIC*
LORYNA	METAFOLBIC PLUS RF	MODICON
LOSARTAN POTASSIUM	METAPROTERENOL SULFATE	MOEXIPRIL HCL
LOSARTAN-HYDROCHLOROTHIAZIDE	METFORMIN HCL	MOEXIPRIL-HYDROCHLOROTHIAZIDE
LOSEASONIQUE*	METFORMIN HCL ER	MONOJECT
LOTENSIN*	METHAZOLAMIDE	MONOJECT BLOOD COLLECTION
LOTENSIN HCT*	METHIMAZOLE	MONOJECT INSULIN SAFETY SYRNG
LOTREL	METHYCLOTHIAZIDE	MONOJECT INSULIN SYRINGE
LOTRONEX	METHYLDOPA	MONOJECT MAGELLAN
LOVASTATIN	METHYLDOPA-HYDROCHLOROTHIAZIDE	MONOKET
LOVAZA*	METIPRANOLOL	MONO-LINYAH
LOW-OGESTREL	METOLAZONE	MONONESSA
LOZI-FLUR	METOPROLOL SUCCINATE	MONTELUKAST SODIUM
LUDENT FLUORIDE	METOPROLOL TARTRATE	MULTAQ
LUER-LOK SYRINGE	METOPROLOL-HYDROCHLOROTHIAZIDE	MULTIVITAMINS-A,B,D,E,K,ZN
LUFYLLIN	MEVACOR*	MYDRAL
LUMIGAN	MEXILETINE HCL	MYDRIACYL
LUTERA	MIACALCIN	MYRBETRIQ*
LUVOX CR*	MICARDIS*	MYZILRA
LYZA	MICARDIS HCT*	NABUMETONE
MACUVEX	MICROGESTIN	NADOLOL
MACUZIN	MICROGESTIN FE	NADOLOL-BENDROFLUMETHIAZIDE
MAGELLAN INSULIN SAFETY SYRNG	MICRO-K	NAFRINSE DAILY-NEUTRAL
MAGELLAN INSULIN SYRINGE	MICROZIDE	NALFON
MARLISSA	MIMVEY	NAMENDA
MARPLAN	MIMVEY LO	NAMENDA XR
MATZIM LA	MINASTRIN 24 FE	NAPRELAN*
MAVIK*	MINI ULTRA-THIN II	NAPROSYN*
MAXI-COMFORT	MINIMED RESERVOIR	NAPROXEN
MAXZIDE	MINIPRESS	NAPROXEN SODIUM
MAXZIDE-25 MG	MINITRAN	NAPROXEN SODIUM CR
MECLOFENAMATE SODIUM	MINIVELLE	NAPROXEN SODIUM ER
MEDROXYPROGESTERONE ACETATE	MINOXIDIL	NARDIL
MELOXICAM	MIRAPEX	NASCOBAL
MEMANTINE HCL	MIRAPEX ER*	NATAZIA*

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

NATEGLINIDE	NORETHINDRONE ACETATE	ORTHO EVRA
NATURE-THROID	NORETHINDRONE-ETHIN ESTRADIOL	ORTHO MICRONOR
NECON	NORETHINDRON-ETHINYL ESTRADIOL	ORTHO TRI-CYCLEN
NEEDLE	NORETHIN-ETH ESTRA FERROUS FUM	ORTHO TRI-CYCLEN LO
NEFAZODONE HCL	NORGESTIMATE-ETHINYL ESTRADIOL	ORTHO-CEPT
NEOMYCIN-BACITRACIN-POLYMYXIN	NORGESTREL-ETHINY ESTRA	ORTHO-CYCLEN
NEO-POLYCIN	NORINYL 1+35*	ORTHO-NOVUM
NEPTAZANE	NORINYL 1+50*	OSENI*
NESINA*	NORLYROC	OVCON-35*
NEUPRO*	NORPACE	OVCON-50*
NEVIRAPINE	NORPACE CR	OXAPROZIN
NEVIRAPINE ER	NOR-Q-D*	OXYBUTYNIN CHLORIDE
NEXIUM	NORTREL	OXYBUTYNIN CHLORIDE ER
NEXT CHOICE	NORVASC*	OXYTROL*
NIACIN ER	NORVIR	PACERONE
NIACOR	NOVOFINE	PAPAVERINE HCL
NIASPAN	NOVOFINE 32	PARADIGM
NICARDIPINE HCL	NOVOFINE AUTOCOVER	PARCOPA
NICOMIDE	NOVOFINE PLUS	PARICALCITOL
NIFEDIAC CC	NOVOLIN 70-30*	PARNATE
NIFEDICAL XL	NOVOLIN N*	PAROXETINE HCL
NIFEDIPINE	NOVOLIN R*	PAXIL*
NIFEDIPINE ER	NOVOLOG*	PAXIL CR*
NIFEDIPINE XL	NOVOLOG FLEXPEN*	PENNSAID*
NIKKI	NOVOLOG MIX 70-30*	PENTASA
NISOLDIPINE	NOVOLOG MIX 70-30 FLEXPEN*	PENTOXIFYLLINE
NITRO-BID	NOVOTWIST	PEPCID*
NITRO-DUR	NP THYROID	PERFORMIST
NITROGLYCERIN	NUVARING	PERINDOPRIL ERBUMINE
NITROGLYCERIN PATCH	OCELLA	PERSANTINE
NITRO-TIME	OCUVEL	PEXEVA*
NIZATIDINE	OGESTREL	PHASEAL PROTECTOR
NOKOR ADMIX NEEDLE	OMEGA-3 ACID ETHYL ESTERS	PHENELZINE SULFATE
NOKOR NEEDLE	ONGLYZA	PHILITH
NORA-BE	ORSINI INSULIN SYRINGE	PHOS-FLUR
NORDETTE-28	ORSYTHIA	PHOSPHOLINE IODIDE
NORETHINDRONE	ORTHO D	PILOCARPINE HCL

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

PILOPINE HS	PREVIFEM	QUINAPRIL-HYDROCHLOROTHIAZIDE
PIMTREA	PREZCOBIX	QUINIDINE GLUCONATE
PINDOLOL	PREZISTA	QUINIDINE SULFATE
PIOGLITAZONE HCL	PRIMAQUINE	QVAR
PIOGLITAZONE-GLIMEPIRIDE	PRINIVIL*	RALOXIFENE HCL
PIOGLITAZONE-METFORMIN	PRINZIDE*	RAMIPRIL
PIRMELLA	PRISTIQ ER*	RANEXA
PIROXICAM	PROBENECID	RAPAFLO*
PLAQUENIL*	PROCARDIA	RAZADYNE
PLAVIX	PROCARDIA XL	RAZADYNE ER
PLETAL	PRODIGY INSULIN SYRINGE	RECLIPSEN
PODIAPN	PRODIGY PEN NEEDLE	REGULAR BEVEL NEEDLES
POLY HUB NEEDLE	PROGESTERONE	RELION PEN NEEDLES
POLY-VI-FLOR FS	PROGLYCEM	REPAGLINIDE
PORTIA	PROMETRIUM	REQUIP*
POTABA	PROPAFENONE HCL	REQUIP XL*
POTASSIUM BICARBONATE	PROPAFENONE HCL ER	RESCRIPTOR
POTASSIUM CHLORIDE	PROPRANOLOL HCL	RESCULA*
POTASSIUM CITRATE ER	PROPRANOLOL HCL ER	RESERPINE
PRADAXA	PROPRANOLOL-HYDROCHLOROTHIAZID	RESTASIS
PRAMIPEXOLE DIHYDROCHLORIDE	PROPYLTHIOURACIL	RETROVIR
PRAMIPEXOLE ER	PROSCAR	REVESTA
PRANDIMET*	PROVERA	REYATAZ
PRANDIN	PROZAC*	RIDAURA
PRAVACHOL*	PROZAC WEEKLY*	RIOMET
PRAVASTATIN SODIUM	PULMICORT	RISEDRONATE SODIUM
PRAZOSIN HCL	PULMICORT FLEXHALER	RISEDRONATE SODIUM DR
PRECISIONGLIDE	PURALOR CI	RIVASTIGMINE
PRECOSE	PYRIDOSTIGMINE BROMIDE	ROCALTROL
PREFEST*	PYRIDOSTIGMINE BROMIDE ER	ROPINIROLE ER
PREMARIN	Q-TABS	ROPINIROLE HCL
PREMPHASE	QUARTETTE*	RYTARY*
PREMPRO	QUASENSE	RYTHMOL*
PRESTALIA*	QUESTRAN	RYTHMOL SR
PREVALITE	QUESTRAN LIGHT	SAFESNAP INSULIN SYRINGE
PREVIDENT 5000	QUFLORA	SAFETYGLIDE INSULIN SYRINGE
PREVIDENT 5000 PLUS	QUINAPRIL HCL	SAFETYGLIDE NEEDLE

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

SAFETYGLIDE SYRINGE	STALEVO 100	TARKA
SAFYRAL	STALEVO 125	TASMAR
SANCTURA*	STALEVO 150	TAZTIA XT
SANCTURA XR*	STALEVO 200	TEKAMLO*
SARAFEM*	STALEVO 50	TEKTURNA*
SAVELLA	STALEVO 75	TEKTURNA HCT*
SEASONALE	STARLIX	TELMISARTAN
SEASONIQUE*	STAVUDINE	TELMISARTAN-AMLODIPINE
SECTRAL	STENDRA	TELMISARTAN-HYDROCHLOROTHIAZID
SELEGILINE HCL	STERILE TWO-FER NEEDLE	TENEX
SELZENTRY	STIMATE	TENORETIC 100
SEREVENT DISKUS	STIOLTO RESPIMAT	TENORETIC 50
SERTRALINE HCL	STRIBILD	TENORMIN*
SETLAKIN	STRIVERDI RESPIMAT	TERAZOSIN HCL
SHAROBEL	SUCRALFATE	TERBUTALINE SULFATE
SHORT BEVEL NEEDLES	SULAR*	TERUMO INSULIN SYRINGE
SIMBRINZA*	SULFASALAZINE	TERUMO SURGUARD2
SIMCOR*	SULFASALAZINE DR	TEVETEN*
SIMVASTATIN	SULFAZINE	TEVETEN HCT*
SINEMET 10-100	SULFAZINE EC	TEXAVITE LQ
SINEMET 25-100*	SULFZIX	THEO-24
SINEMET 25-250	SULINDAC	THEOCHRON
SINEMET CR	SURE COMFORT	THEOPHYLLINE
SINGULAIR	SURE-FINE PEN NEEDLES	THEOPHYLLINE ANHYDROUS
SORINE	SURE-JECT INSULIN SYRINGE	THIN WALL NEEDLES
SOTALOL	SUSTIVA	THINPRO INSULIN SYRINGE
SOTALOL AF	SYEDA	THINSET
SOTYLIZE	SYMBICORT	THYROLAR-1
SPECIAL NEEDLE	SYMLINPEN 120	THYROLAR-1/2
SPECIALTY USE NEEDLES	SYMLINPEN 60	THYROLAR-1/4
SPIRIVA	SYNJARDY**	THYROLAR-2
SPIRIVA RESPIMAT	SYNTHROID	THYROLAR-3
SPIRONOLACTONE	TAMBOCOR	TIAZAC*
SPIRONOLACTONE-HCTZ	TAMSULOSIN HCL	TICLOPIDINE HCL
SPRINTEC	TANZEUM	TILIA FE
SRONYX	TAPAZOLE	TIMOLOL MALEATE
SSKI	TARINA FE	TIMOPTIC

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

TIMOPTIC OCUDOSE	TRI-PREVIFEM	VENLAFAXINE HCL
TIMOPTIC-XE	TRI-SPRINTEC	VENLAFAXINE HCL ER
TIROSINT*	TRIVORA-28	VERAPAMIL ER
TIVICAY	TRIZIVIR	VERAPAMIL ER PM
TIVORBEX*	TROPICAMIDE	VERAPAMIL HCL
TIZANIDINE HCL	TROSPIUM CHLORIDE	VERAPAMIL SR
TOLAZAMIDE	TROSPIUM CHLORIDE ER	VERELAN
TOLBUTAMIDE	TRUEPLUS INSULIN SYRINGE	VERELAN PM
TOLCAPONE	TRULICITY	VESICARE
TOLMETIN SODIUM	TRUSOPT	VESTURA
TOLTERODINE TARTRATE	TRUVADA	VICTOZA 2-PAK
TOLTERODINE TARTRATE ER	TUDORZA PRESSAIR	VICTOZA 3-PAK
TOPCARE CLICKFINE	TWYNSTA*	VIDEX
TOPCARE ULTRA COMFORT	ULORIC	VIDEX EC
TOPROL XL	ULTICARE	VIIBRYD*
TORSEMIDE	ULTILET INSULIN SYRINGE	VIMOVO*
TOUJEO SOLOSTAR*	ULTILET PEN NEEDLE	VIORELE
TOVIAZ*	ULTRA COMFORT	VIRACEPT
TRANDATE	ULTRA-THIN II	VIRAMUNE
TRANDOLAPRIL	UNIRETIC	VIRAMUNE XR
TRANDOLAPRIL-VERAPAMIL ER	UNITHROID	VIREAD
TRANSFER NEEDLE	UNIVASC	VITEKTA
TRANLYCYPROMINE SULFATE	UROCIT-K	VIVELLE-DOT
TRAVATAN Z	UROXATRAL	VOLTAREN
TRAVOPROST	URSO	VOLTAREN-XR*
TRENTAL	URSO FORTE	VOSPIRE ER
TRIAMTERENE-HCTZ	URSODIOL	VYFEMLA
TRIAMTERENE-HYDROCHLOROTHIAZID	VAGIFEM	VYTORIN*
TRIBENZOR	VALSARTAN	WELCHOL*
TRICOR*	VALSARTAN-HYDROCHLOROTHIAZIDE	WELLBUTRIN*
TRI-ESTARYLLA	VALTURNA*	WELLBUTRIN SR*
TRIGLIDE*	VANISHPOINT	WELLBUTRIN XL*
TRI-LEGEST FE	VASCEPA*	WERA
TRI-LINYAH	VASERETIC*	WESTHROID
TRILIPIX*	VASOSTRICT	WESTHROID-P
TRINESSA	VASOTEC*	WP THYROID
TRI-NORINYL*	VELIVET	WYMZYA FE

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

XALATAN	ZARAH	ZIDOVUDINE
XIGDUO XR*	ZAROXOLYN	ZIOPTAN*
XIZFLUS	ZEBETA*	ZOCOR*
XULANE	ZELAPAR*	ZOLOFT*
YALE NEEDLE	ZEMPLAR	ZONTIVITY*
YALE NEEDLE HUBER BEVEL	ZENCHENT	ZORVOLEX*
YALE NEEDLE REGULAR BEVEL	ZENCHENT FE	ZOVIA 1-35E
YALE NEEDLE SHORT BEVEL	ZEOSA	ZOVIA 1-50E
YASMIN 28	ZERIT	ZYBAN
YAZ	ZESTORETIC	ZYFLO*
ZAFIRLUKAST	ZESTRIL*	ZYFLO CR*
ZANAFLEX*	ZETIA	ZYLOPRIM
ZANTAC*	ZIAC	
ZANTAC 25*	ZIAGEN	

* (Non-Covered Medication) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

** (Non-Covered/New To Market Under Review) Exclusive Home Delivery rules apply for all affected members with approved formulary exceptions

Nondiscrimination Notice & Translation Resources

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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Services at the number on your ID Card (TTY: 711).

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).

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).