



National Preferred Formulary (NPF): Medications with Quantity Limitations

Last Updated: January 1, 2020

The following list includes medications that are covered by plans with the National Preferred Formulary (NPF), which is available through Express Scripts, Inc.[®], an independent company that administers your pharmacy benefits on the behalf of Blue Cross Blue Shield of Massachusetts.

These medications are subject to quantity limitations, which helps to ensure that the quantity and dosage meet the Food and Drug Administration's (FDA's) 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.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.¹ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to other pharmacy management programs, such as Step Therapy, Prior Authorization, or be considered specialty medications.

NOTE: Some medications on this list may be considered non-covered, including new medications under review. Your doctor may request an exception for a non-covered medication when medically necessary.²

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, log in to your MyBlue account at bluecrossma.com/myblue.

1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

2. If approved, you'd pay the highest tier cost.

Therapeutic Class	Medication Name	Strength	Quantity
Behavioral/Neurological Disorders	ABILIFY	2 MG TABLET	30 TABLETS
	ABILIFY	5 MG TABLET	30 TABLETS
	ABILIFY	10 MG TABLET	30 TABLETS
	ABILIFY	15 MG TABLET	30 TABLETS
	ABILIFY	20 MG TABLET	30 TABLETS
	ABILIFY	30 MG TABLET	30 TABLETS
	ABILIFY DISCMELT (ODT)	10 MG TABLET	60 TABLETS
	ABILIFY DISCMELT (ODT)	15 MG TABLET	60 TABLETS
	ABILIFY MYCITE	2 MG KIT	30 TABLETS
	ABILIFY MYCITE	5 MG KIT	30 TABLETS
	ABILIFY MYCITE	10 MG KIT	30 TABLETS
	ABILIFY MYCITE	15 MG KIT	30 TABLETS
	ABILIFY MYCITE	20 MG KIT	30 TABLETS
	ABILIFY MYCITE	30 MG KIT	30 TABLETS
	AUSTEDO	6 MG TABLET	60 TABLETS
	AUSTEDO	9 MG TABLET	120 TABLETS
	AUSTEDO	12 MG TABLET	120 TABLETS
	FANAPT	1 MG TABLET	60 TABLETS
	FANAPT	2 MG TABLET	60 TABLETS
	FANAPT	4 MG TABLET	60 TABLETS
	FANAPT	6 MG TABLET	60 TABLETS
	FANAPT	8 MG TABLET	60 TABLETS
	FANAPT	10 MG TABLET	60 TABLETS
	FANAPT	12 MG TABLET	60 TABLETS
	FANAPT	TITRATION PACK (8 TABLETS TO ACCOMMODATE 2X1 MG, 2X2 MG, 2X4 MG, AND 2X6 MG)	1 PACK
	GEODON	20 MG CAPSULE	60 CAPSULES
	GEODON	40 MG CAPSULE	60 CAPSULES
	GEODON	60 MG CAPSULE	60 CAPSULES
	GEODON	80 MG CAPSULE	60 CAPSULES
	GOCOVRI	68.5 MG CAPSULE	30 CAPSULES
	INGREZZA	40 MG CAPSULE	30 CAPSULES
	INGREZZA	80 MG CAPSULE	30 CAPSULES
INGREZZA	INITIATION PACK	28 CAPSULES	
INVEGA (PALIPERIDONE)	1.5 MG TABLET	30 TABLETS	

Therapeutic Class	Medication Name	Strength	Quantity
Behavioral/Neurological Disorders (Cont.)	INVEGA (PALIPERIDONE)	3 MG TABLET	30 TABLETS
	INVEGA (PALIPERIDONE)	6 MG TABLET	60 TABLETS
	INVEGA (PALIPERIDONE)	9 MG TABLET	30 TABLETS
	LATUDA	20 MG TABLET	30 TABLETS
	LATUDA	40 MG TABLET	30 TABLETS
	LATUDA	60 MG TABLET	30 TABLETS
	LATUDA	80 MG TABLET	60 TABLETS
	LATUDA	120 MG TABLET	30 TABLETS
	NUPLAZID	10 MG TABLET	30 TABLETS
	NUPLAZID	17 MG TABLET	60 TABLETS
	NUPLAZID	34 MG CAPSULE	30 CAPSULES
	OSMOLEX ER	129 MG TABLET	30 TABLETS
	OSMOLEX ER	193 MG TABLET	30 TABLETS
	OSMOLEX ER	258 MG TABLET	30 TABLETS
	REXULTI	0.25 MG TABLET	31 TABLETS
	REXULTI	0.5 MG TABLET	32 TABLETS
	REXULTI	1 MG TABLET	33 TABLETS
	REXULTI	2 MG TABLET	34 TABLETS
	REXULTI	3 MG TABLET	35 TABLETS
	REXULTI	4 MG TABLET	36 TABLETS
	RISPERDAL	0.25 MG TABLET	60 TABLETS
	RISPERDAL	0.5 MG TABLET	60 TABLETS
	RISPERDAL	1 MG TABLET	60 TABLETS
	RISPERDAL	2 MG TABLET	60 TABLETS
	RISPERDAL	3 MG TABLET	60 TABLETS
	RISPERDAL	4 MG TABLET	60 TABLETS
	RISPERDAL M-TAB	0.5 MG TABLET	60 TABLETS
	RISPERDAL M-TAB	1 MG TABLET	60 TABLETS
	RISPERDAL M-TAB	2 MG TABLET	60 TABLETS
	RISPERDAL M-TAB	3 MG TABLET	60 TABLETS
	RISPERDAL M-TAB	4 MG TABLET	60 TABLETS
	RISPERIDONE ODT (GENERIC ONLY)	0.25 MG TABLET	60 TABLETS
	SAPHRIS	2.5 MG TABLET	60 TABLETS
SAPHRIS	5 MG TABLET	60 TABLETS	
SAPHRIS	10 MG TABLET	60 TABLETS	

Therapeutic Class	Medication Name	Strength	Quantity
Behavioral/Neurological Disorders (Cont.)	SEROQUEL	25 MG TABLET	90 TABLETS
	SEROQUEL	50 MG TABLET	90 TABLETS
	SEROQUEL	100 MG TABLET	90 TABLETS
	SEROQUEL	200 MG TABLET	90 TABLETS
	SEROQUEL	300 MG TABLET	60 TABLETS
	SEROQUEL	400 MG TABLET	60 TABLETS
	SEROQUEL XR	50 MG TABLET	60 TABLETS
	SEROQUEL XR	150 MG TABLET	30 TABLETS
	SEROQUEL XR	200 MG TABLET	30 TABLETS
	SEROQUEL XR	300 MG TABLET	60 TABLETS
	SEROQUEL XR	400 MG TABLET	60 TABLETS
	VRAYLAR	1.5 MG CAPSULE	30 CAPSULES
	VRAYLAR	1.5-3 MG CAPSULE BLISTER PACK	30 CAPSULES
	VRAYLAR	3 MG CAPSULE	30 CAPSULES
	VRAYLAR	4.5 MG CAPSULE	30 CAPSULES
	VRAYLAR	6 MG CAPSULE	30 CAPSULES
	XENAZINE	12.5 MG TABLET	120 TABLETS
	XENAZINE	25 MG TABLET	60 TABLETS
	ZYPREXA	2.5 MG TABLET	30 TABLETS
	ZYPREXA	5 MG TABLET	30 TABLETS
	ZYPREXA	7.5 MG TABLET	30 TABLETS
	ZYPREXA	10 MG TABLET	30 TABLETS
	ZYPREXA	15 MG TABLET	30 TABLETS
	ZYPREXA	20 MG TABLET	30 TABLETS
	ZYPREXA ZYDIS	5 MG TABLET	30 TABLETS
	ZYPREXA ZYDIS	10 MG TABLET	30 TABLETS
	ZYPREXA ZYDIS	15 MG TABLET	30 TABLETS
ZYPREXA ZYDIS	20 MG TABLET	30 TABLETS	
Depression	APLENZIN	174 MG TABLET	30 TABLETS
	APLENZIN	348 MG TABLET	30 TABLETS
	APLENZIN	522 MG TABLET	30 TABLETS
	BRISDELLE	7.5 MG CAPSULE	30 CAPSULES
	BUDEPRION SR	100 MG TABLET	60 TABLETS
	BUDEPRION SR	150 MG TABLET	60 TABLETS
	BUDEPRION XL	300 MG TABLET	30 TABLETS
	CELEXA	10 MG TABLET	30 TABLETS

Therapeutic Class	Medication Name	Strength	Quantity
Depression (Cont.)	CELEXA	20 MG TABLET	30 TABLETS
	CELEXA	40 MG TABLET	30 TABLETS
	CYMBALTA	20 MG CAPSULE	60 CAPSULES
	CYMBALTA	30 MG CAPSULE	30 CAPSULES
	CYMBALTA	60 MG CAPSULE	60 CAPSULES
	DESVENLAFAXINE ER	50 MG TABLET	30 TABLETS
	DESVENLAFAXINE ER	100 MG TABLET	30 TABLETS
	EFFEXOR	25 MG TABLET	90 TABLETS
	EFFEXOR	37.5 MG TABLET	90 TABLETS
	EFFEXOR	50 MG TABLET	90 TABLETS
	EFFEXOR	75 MG TABLET	90 TABLETS
	EFFEXOR	100 MG TABLET	90 TABLETS
	EFFEXOR XR	37.5 MG CAPSULE	30 CAPSULES
	EFFEXOR XR	75 MG CAPSULE	90 CAPSULES
	EFFEXOR XR	150 MG CAPSULE	30 CAPSULES
	FETZIMA ER	20 MG CAPSULE	30 CAPSULES
	FETZIMA ER	40 MG CAPSULE	30 CAPSULES
	FETZIMA ER	80 MG CAPSULE	30 CAPSULES
	FETZIMA ER	120 MG CAPSULE	30 CAPSULES
	FETZIMA ER	TITRATION PACK	1 PACK (28 CAPSULES)
	FLUOXETINE	10 MG CAPSULE, TABLET	30 CAPSULES, TABLETS
	FLUOXETINE HCL	40 MG CAPSULE	60 CAPSULES
	FLUVOXAMINE	25 MG TABLET	30 TABLETS
	FLUVOXAMINE	50 MG TABLET	60 TABLETS
	FLUVOXAMINE	100 MG TABLET	90 TABLETS
	FORFIVO XL	450 MG TABLET	30 TABLETS
	IRENKA (DULOXETINE)	40 MG CAPSULE	30 CAPSULES
	KHEDEZLA	50 MG TABLET	30 TABLETS
	KHEDEZLA	100 MG TABLET	30 TABLETS
	LEXAPRO	5 MG TABLET	30 TABLETS
	LEXAPRO	10 MG TABLET	30 TABLETS
	LEXAPRO	20 MG TABLET	30 TABLETS
	LUVOX CR	100 MG TABLET	60 TABLETS
	LUVOX CR	150 MG TABLET	60 TABLETS
PAXIL	10 MG TABLET	30 TABLETS	
PAXIL	20 MG TABLET	60 TABLETS	

Therapeutic Class	Medication Name	Strength	Quantity
Depression (Cont.)	PAXIL	30 MG TABLET	60 TABLETS
	PAXIL	40 MG TABLET	30 TABLETS
	PAXIL CR	12.5 MG TABLET	60 TABLETS
	PAXIL CR	25 MG TABLET	60 TABLETS
	PAXIL CR	37.5 MG TABLET	60 TABLETS
	PEXEVA	10 MG TABLET	30 TABLETS
	PEXEVA	20 MG TABLET	60 TABLETS
	PEXEVA	30 MG TABLET	60 TABLETS
	PEXEVA	40 MG TABLET	30 TABLETS
	PRISTIQ	25 MG TABLET	30 TABLETS
	PRISTIQ ER	50 MG TABLET	30 TABLETS
	PRISTIQ ER	100 MG TABLET	30 TABLETS
	PROZAC	10 MG CAPSULE	30 CAPSULES
	PROZAC	40 MG CAPSULE	60 CAPSULES
	PROZAC WEEKLY	90 MG CAPSULE	4 CAPSULES
	SARAFEM	10 MG TABLET	30 TABLETS
	SARAFEM	15 MG TABLET	28 TABLETS
	SARAFEM	20 MG TABLET	126 TABLETS
	SAVELLA	12.5 MG TABLET	60 TABLETS
	SAVELLA	25 MG TABLET	60 TABLETS
	SAVELLA	50 MG TABLET	60 TABLETS
	SAVELLA	100 MG TABLET	60 TABLETS
	SAVELLA	TITRATION PACK	1 PACK
	TRINTELLIX	5 MG TABLET	30 TABLETS
	TRINTELLIX	10 MG TABLET	30 TABLETS
	TRINTELLIX	20 MG TABLET	30 TABLETS
	VENLAFAXINE	37.5 MG TABLET	90 TABLETS
	VENLAFAXINE	50 MG TABLET	90 TABLETS
	VENLAFAXINE	75 MG TABLET	90 TABLETS
	VENLAFAXINE ER	37.5 MG TABLET	30 TABLETS
	VENLAFAXINE ER	75 MG TABLET	90 TABLETS
	VENLAFAXINE ER	150 MG TABLET	30 TABLETS
	VENLAFAXINE ER	225 MG TABLET	30 TABLETS
	VIIBRYD	10 MG TABLET	30 TABLETS
	VIIBRYD	20 MG TABLET	30 TABLETS
	VIIBRYD	40 MG TABLET	30 TABLETS

Therapeutic Class	Medication Name	Strength	Quantity
Depression (Cont.)	VIIBRYD	STARTER KIT	1 PACK
	WELLBUTRIN SR	100 MG TABLET	60 TABLETS
	WELLBUTRIN SR	150 MG TABLET	60 TABLETS
	WELLBUTRIN SR	200 MG TABLET	60 TABLETS
	WELLBUTRIN XL	150 MG TABLET	30 TABLETS
	WELLBUTRIN XL	300 MG TABLET	30 TABLETS
	ZOLOFT	25 MG TABLET	45 TABLETS
	ZOLOFT	50 MG TABLET	60 TABLETS
	ZOLOFT	100 MG TABLET	60 TABLETS
Heart Failure	ENTRESTO	24 MG/26 MG TABLET	60 TABLETS
	ENTRESTO	49 MG/51 MG TABLET	60 TABLETS
	ENTRESTO	97 MG/103 MG TABLET	60 TABLETS



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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/عربي:

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

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក (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:日本語をお話し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:

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

Lao/ພາສາລາວ: ຂໍອວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíí'k'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíí'j' béésh bee hodíílnih (TTY: **711**).

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 Service 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).



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55-2444 (01/20)