



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association

## Pharmacy Medical Policy Non-Covered Drug List

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### Policy Number: 433

BCBSA Reference Number: None

### Related Policies

- [#434](#) Formulary Exception Form

### Policy

#### Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

**Note:** All requests for outpatient retail pharmacy for indications listed and not listed on the medical policy guidelines may be submitted to BCBSMA Clinical Pharmacy Operations by completing the Prior Authorization Form on the last page of this document. Physicians may also call BCBSMA Pharmacy Operations department at (800)366-7778 to request a prior authorization/formulary exception verbally. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider website or directly on the web at <https://provider.express-path.com>. Patients must have pharmacy benefits under their subscriber certificates.

#### Our Formulary

BCBSMA maintains a formulary, or a list of covered drugs. At this time, the BCBSMA formulary applies to most members of group HMO, PPO, POS, and indemnity products, and some members of Managed Blue for Seniors. It also applies to members of the direct-pay products HMO Blue-Direct and PPO Blue-Direct. At this time, the formulary does not apply to Medicare Advantage, Medex<sup>®</sup>, direct-pay products such as Managed Major Medical, Comprehensive Managed Major Medical and certain Managed Blue for Seniors plans.

#### If a patient has a medical basis for a non-covered drug

In order to promote clinically appropriate and cost-effective prescription drug use, BCBSMA may require the use of BCBSMA formulary drugs prior to allowing benefit coverage for a non-formulary drug. Pharmacy benefits and coverage are generally not provided for non-formulary drugs because safe and effective prescription alternatives generally are available on the BCBSMA formulary. The BCBSMA formulary drugs, the covered alternatives in this policy, are used and accepted by regulatory, medical and pharmacy communities. If allowed with Formulary Exception request, the non-formulary drug coverage will be at the highest copayment level and terms as the Plan allows.

You can obtain a complete list of BCBSMA non-covered drugs on the BCBSMA.com website under Medical Policies [#433](#).

#### Clinical coverage criteria

BCBSMA may authorize coverage for non-formulary prescription medications for a member who meets one of the following clinical criteria:

- The member has documented treatment failure with two covered formulary drugs\*; or
- The member has documented adverse effects to two covered formulary drugs\*, significant enough to preclude use of the covered formulary drug; or
- There is some other specified clinical basis.

\* If there is only one covered alternative for the requested medication, the failure of that alternative will be sufficient to meet the exception requirements.

You can request continued coverage of a non-covered drug through our clinical exception program for members when there is a medical basis for the member not being able to take any of the covered drugs from the same therapeutic class. Physicians or their representatives may call BCBSMA Pharmacy Operations department to request a review for formulary exception for their patients at (800)366-7778. Physicians may request an exception review in writing by using the *Formulary Exception Form*. Prescribers and their representatives may also call BCBSMA Pharmacy Operations department to request a review for prior authorization for patients at (800)366-7778. Physicians may also submit requests for retail pharmacy exceptions via the web using Express PAtH which can be found on the BCBSMA provider portal or directly on the web at <https://provider.express-path.com>.

The Formulary Exception form is included as part of this document for physicians to submit for patients. You can also obtain the *Formulary Exception Form* in the following ways:

- Visit our internet site, <http://www.bluecrossma.com> and click on “Pharmacy Program.”

Fax or mail the completed form to BCBSMA. We will respond to your request within two business days of receipt. Once we approve a clinical exception, you will not need to submit another exception form for the same therapy for that patient.

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043  
Tel: 1-800-366-7778  
Fax: 1-800-583-6289

Drug Class	Non-covered Drug
<b>Anaphylaxis Management</b>	Adyphren <sup>®</sup> Amp, Adyphren <sup>®</sup> Amp II, Adyphren <sup>®</sup> , Adyphren <sup>®</sup> II, Auvi-Q <sup>™</sup> , Epinephrine Snap V <sup>®</sup> , Episnap Convenience Kit <sup>®</sup>
<b>Anti-Bacterial Cephalosporin</b>	Cedax <sup>®</sup> , Daxbia <sup>®</sup> , Maxipime <sup>®</sup> , Panixine <sup>™</sup> , Spectracef <sup>®</sup>
Doxycycline	Acticlate <sup>®</sup> , Alodox <sup>™</sup> , Avidoxy <sup>™</sup> , Avidoxy <sup>™</sup> CK, Monodox <sup>®</sup> , Morgidox <sup>®</sup> , Ocudox KIT <sup>®</sup> , Oracea <sup>™</sup>
Macrolide	Dificid <sup>™</sup> , PCE <sup>®</sup> , PCE Dispertabs <sup>®</sup> , Zithromax <sup>®</sup> , Zmax <sup>™</sup>
Quinolone	Avelox <sup>®</sup> , Cipro <sup>®</sup> XR, Factive <sup>®</sup> , Levaquin, Avidoxy <sup>™</sup> , Maxaquin <sup>®</sup> , Penetrex <sup>™</sup> , Tequin <sup>™</sup> , Zagam <sup>®</sup>
Tetracycline	Cleervue-M <sup>™</sup> , Minocin <sup>®</sup> , Minocin Combo PAK <sup>®</sup> , Minolira ER <sup>®</sup> , Solodyn <sup>™</sup> , Ximino ER <sup>®</sup>
Other	Augmentin XR <sup>™</sup> , Moxatag <sup>™</sup> , Solosec <sup>®</sup> , Xifaxan <sup>™</sup>
<b>Antiemetic</b>	Akynzeo <sup>®</sup> , Anzemet <sup>®</sup> , Cesamet <sup>®</sup> , Sancuso <sup>®</sup> , Zofran <sup>®</sup> , Zofran <sup>®</sup> ODT, Zuplenz <sup>®</sup>
<b>Anti-Fungal, oral</b>	Lamisil <sup>®</sup> , Lamisil <sup>®</sup> Granules, Oravig <sup>™</sup> , Onmel <sup>™</sup> , Penlac <sup>®</sup> , Sporanox <sup>®</sup>
<b>Anti-Fungal, topical</b>	Extina <sup>®</sup> , Jublia <sup>®</sup> , Kerydin <sup>®</sup> , Luliconazole, Luzu <sup>®</sup> , PediPak <sup>®</sup> , Vusion <sup>™</sup>
<b>Antimalarial</b>	Plaquenil <sup>®</sup>
<b>Antirheumatic</b>	Arava <sup>®</sup>
<b>Anti-Trichomonas</b>	Flagyl <sup>®</sup> /ER, Flagyl <sup>®</sup> IV, Flagyl <sup>®</sup> IV-RTU Viaflex, Tindamax <sup>™</sup>
<b>Antiviral</b>	Sitavig <sup>®</sup> , Zovirax <sup>®</sup>
<b>Antiviral – Hepatitis C</b>	Daklinza <sup>®</sup> , Ledipasvir/Sofosbuvir, Mavyret <sup>®</sup> , Olysio <sup>®</sup> , Sofosbuvir/Velpatasvir, Sovaldi <sup>®</sup> , Tecnovie <sup>®</sup> , Viekira PAK <sup>®</sup> ,
<b>Biologics</b>	Cimzia <sup>®</sup> , Entyvio <sup>®</sup> , Lemtrada <sup>®</sup> , Orencia <sup>®</sup> , Neupogen <sup>®</sup> , Siliq <sup>®</sup> , Simponi <sup>®</sup> , Simponi Aria <sup>®</sup>
<b>CNS 5HT Agonists</b>	Alsuma <sup>®</sup> , Axert <sup>®</sup> , Frova <sup>™</sup> , Maxalt <sup>®</sup> /MLT, Relpax <sup>®</sup> , Sumavel <sup>™</sup> Dosepro, Treximet <sup>™</sup> , Zembrace <sup>®</sup> Symtouch <sup>™</sup> , Zomig/ZMT <sup>®</sup>
Alzheimer’s disease	Namzaric <sup>®</sup>

Anticonvulsants	Equetro™, Horizant™, Keppra XR™, Lamictal® ODT™, Neurontin®, Spritam®, Sympazan®
Antiparkinsonian	Emsam®, Gocovri®, Mirapex®, Mirapex®ER, Requip®, Requip® XL™, Neupro®, Osmolex ER®, Rytary ER®, Sinemet®, Xadago®, Zelapar™
Atypical Antidepressants	Aplenzin™, Brintellix®, Fetzima®, Forfivo™ XL, Irenka DR®, Remeron®, Wellbutrin®, Wellbutrin® SR, Wellbutrin®XL
Atypical Antipsychotics	Abilify®, Abilify® Discmelt™, Abilify MYCITE®, Fanapt™, FazaClo®, Geodon®, Invega®, Latuda®, Perseris ER®, Risperdal® M-tab®, Rexulti®, Saphris®, Seroquel®, Seroquel XR®, Zyprexa®, Zyprexa® IM, Zyprexa® Relprevv, Zyprexa Zydis®
Benzodiazepines	Ativan®, Klonopin™, Restoril®, Tranxene® T-Tab®, Valium®, Xanax®, Xanax XR®
Hypnotics	Ambien®, Ambien CR™, Belsomra®, Edluar™, Intermezzo®, Lunesta®, Silenor®, Sonata®, Zolpimist®
Multiple Sclerosis	Extavia®, Zinbryta®
Pain/Opioid	Abstral®, Actiq®, Arymo® ER, Conzip®, Dilaudid®, Duragesic®, Embeda™, Exalgo™, Fentora™, Hysingla ER®, Kadian®, Lazanda®, Morphabond ER®, Nucynta™, Nucynta™ ER, Onsolis™, Opana ER®, Oramorph SR™, Percocet®, Roxibond®, Sprix®, Subsys™, Trezix®, Xartemis XR®, Zohydro ER®
Pain/Analgesic/Topical	Adazin®, Agoneaze®, Anodyne LPT®, Capsfenac®, D-Care 100X®, Dermacin® Rx, Dolotranz®, Empricaine Kit, LevaSet®, LiprozonePak®, LidoDerm®, LidoPac®, Lido-Prilo Caine Pak®, LidotransKit®, Lidotrex®, Lidovex®, Livixil PAK®, MAC Patch®, Marvona SUIK Kit®, MedolorKit®, Neumaxin®, Neurcaine®, P-Care MG®, P-Care X®, PainGo KFT®, Prikaan®, Prikaan LITE®, Prilolid® Kit, Prilovix®, Solaice®, Suvicort®, Synvexia TC®, Tranzarel®, Trixylytral®, Vexa®, Wound Debride 4%®, Xryliderm®, Zeyocaine®, ZTLido®
Other	GelX®, Lyrica CR®
Stimulant	Adderall®, Adzenys®, Adzenyz® XR, Contempla XR®, Daytrana™, Dexedrine®, Evekeo®, Focalin®, Focalin XR®, Kapvay®, Mydayis®, Nuvigil™, ProCentra™, Quillichew® ER, Quillivant XR™, Relexxi ER®, Ritalin®, Ritalin SR®, Ritalin LA®, Vyvanse®
SNRI	Cymbalta®, desvenlafaxine ER, Effexor®, Effexor XR®, Khedezla™, Pristiq™, Venlafaxine ER tablet
SSRI	Celexa®, Lexapro®, Paxil®, Paxil CR™, Pexeva™, Prozac®, Prozac® Weekly™, Sarafem®, Zoloft®
SSRI/5-HT1A Receptor Partial Agonist	Viibryd™
Other	Episil®, Fiorinal®, Fiorinal® with codeine #3, Intuniv™, Kapvay™, Nuedexta™; Provigil®, Ultracet™, Ultram ER®
Tricyclic Antidepressants	Anafranil®, Pamelor®, Tofranil®
<b>Cardiovascular</b>	
ARB	Avapro®, Atacand™, Benicar®, Cozaar®, Diovan®, Edarbi™, Micardis®, Tekturna®
ACEI	Accupril®, Altace™, Epaned™, Lotensin, Prinivil®, Vasotec®, Zestril®
Alpha Blocker	Cardura XL®
Antiplatelet Agents	Pradaxa®
Beta Blocker	Bystolic™, Coreg®, Coreg CR®, Inderal® LA, Inderal®XL, InnoPran XL™, Kaspargo Sprinkle®, Lopressor®, Tenormin®
CCB	Adalat® CC, Cardene® SR, Cardizem® CD, Cardizem® LA, Norvasc®, Sular®, Tiazac®
Combination products	Accuretic®, Atacand® HCT, Avalide®, Azor®, Benicar HCT®, Caduet®, Diovan HCT®, Edarbyclor®, Exforge®, Exforge HCT®, Hyzaar®, Lotensin® HCT, Micardis® HCT, Prestalia, Tekturna HCT®, Tribenzor®, Twynsta®, Vaseretic®
HMG-CoA and combinations	Altoprev™, Caduet®, Crestor®, FloLipid®, Lescol®/XL, Livalo®, Lipitor®, Pravachol®, Pravigard™ PAC, Vytorin®, Zocor®, Zypitamag®
Low Molecular Weight Heparins	Arixtra®, Fragmin®, Lovenox®
Erythroid Stimulants	Aranesp®, Epogen®, Retacrit®
Other	Antara™, Brilinta™, Corlanor®, Fenoglide™, Entresto®, Fibracor®, Lipofen™,

	Lovaza <sup>®</sup> , Nexiclon XR <sup>®</sup> , Northera <sup>®</sup> , Recothrom <sup>®</sup> , Repatha <sup>®</sup> , Rythmol <sup>®</sup> , Savaysa <sup>®</sup> , Teczem <sup>®</sup> /HCT, Tricor <sup>®</sup> , Triglide <sup>™</sup> , TriLipix <sup>™</sup> , Vascepa <sup>®</sup> , Welchol <sup>®</sup> , Zontivity <sup>®</sup>
<b>Dermatologic</b>	Absorica <sup>™</sup> , Acanya <sup>™</sup> , Aczone <sup>®</sup> , Advanced Allergy Collection Kit <sup>®</sup> , Aloquin <sup>™</sup> , Altabax <sup>®</sup> , Alcortin-A <sup>®</sup> , Alivycin SG <sup>®</sup> , AlivycinPlus <sup>®</sup> , Ana-Lex Kit <sup>®</sup> , Aqua Glycolic HC <sup>®</sup> , Atopiclair <sup>™</sup> , Atopoderm <sup>®</sup> , Atralin <sup>™</sup> , Atrapro <sup>™</sup> Dermal Spray, Atrapro CP <sup>™</sup> , Atrapro Hydrogel <sup>™</sup> , Avita <sup>®</sup> , Benzacilin <sup>®</sup> , Bionect <sup>®</sup> , Bryhall <sup>®</sup> , Calitriol Topical, Cem-Urea <sup>®</sup> , Centany <sup>®</sup> , Ceramax <sup>®</sup> Skin Barrier, Cleocin T <sup>®</sup> , Clindacin <sup>®</sup> ETZ, Clindacin PAC <sup>®</sup> , Clindagel <sup>®</sup> , Clobex <sup>®</sup> , Clodan Kit <sup>®</sup> , Dermacin Rx <sup>®</sup> , Dermacin Silazone Pharpak <sup>®</sup> , Dermacin <sup>®</sup> Rx Chlorhexacin Kit <sup>®</sup> , Dermacin <sup>®</sup> Rx Therazole PAK <sup>®</sup> , Derma-Smoothe/FS <sup>®</sup> , DermaSORB-AF <sup>™</sup> , DermaSORB-HC <sup>™</sup> , DermaSORB-TA <sup>™</sup> , DermaSORB-XM <sup>™</sup> , DermawaRx <sup>®</sup> Surgical Plus Pack, DesOwen <sup>®</sup> , Duac <sup>®</sup> , Eletone <sup>®</sup> , Elizia Pack <sup>®</sup> , EpiCeram <sup>®</sup> , Epiduo <sup>™</sup> , Epiduo Forte <sup>™</sup> , Ertaczo <sup>®</sup> , Eucrisa <sup>®</sup> , Evoclin <sup>®</sup> , Garimide <sup>®</sup> , Finacea <sup>®</sup> Plus <sup>™</sup> , Fluoroplex <sup>®</sup> , HPR <sup>™</sup> Emolient Foam, Halobetasol Propionate Foam, HPR <sup>™</sup> Plus, HPR <sup>™</sup> Plus Hydrogel, Hydrocortisone-Lidocaine Kit, Hylatopic <sup>™</sup> , Hylatopic <sup>™</sup> Plus, Hylatopic <sup>™</sup> Plus Aurstat, Keralyt <sup>®</sup> Scalp Kit, MB <sup>™</sup> Hydrogel, Levicyn Antipruritic <sup>®</sup> , Lexette <sup>®</sup> , Loutrex <sup>™</sup> , Neosalus <sup>™</sup> , Neosalus CP <sup>™</sup> , NeoSynalar KIT <sup>®</sup> , Neuac KIT <sup>®</sup> , Novacort <sup>®</sup> , NuCort <sup>®</sup> , NuSurgepak Surgical Prep <sup>®</sup> , Nutraseb <sup>®</sup> , NutriaRx Cream PAK <sup>®</sup> , Nuversa <sup>®</sup> , Olux <sup>®</sup> , Onexton <sup>®</sup> , Picato <sup>®</sup> , Plixda <sup>®</sup> , PR Cream <sup>®</sup> , Pram-HCA <sup>®</sup> , Pramosome E <sup>™</sup> , Presera <sup>™</sup> , Procort <sup>®</sup> , Promiseb, Quinja <sup>®</sup> , RadiaGel <sup>®</sup> , RadiaPlex <sup>®</sup> , Relador PAK <sup>®</sup> , Relador PAK Plus <sup>®</sup> , Retin-A Micro <sup>®</sup> , Rosadan <sup>®</sup> , Salicylic Acid 6% Kit, Salicylic Acid/Ceramide Kit, Salkera <sup>™</sup> , Salvax, Salvax Duo <sup>®</sup> , Salvax Duo Plus <sup>®</sup> , SanadermRx Skin Repair <sup>®</sup> , Scalacort/DK <sup>™</sup> , Sebuderm <sup>®</sup> , Silalite PAK <sup>®</sup> , Silazone-II Kit <sup>®</sup> , SilvrSTAT <sup>®</sup> , Sklice <sup>®</sup> , Solaraze <sup>®</sup> , Soolantra <sup>®</sup> , Sumadan <sup>®</sup> , Sumaxin <sup>™</sup> , Sumaxin <sup>™</sup> CP, Sumaxin <sup>™</sup> TS, Synalar Combo PAK <sup>®</sup> , Synalar TS <sup>®</sup> , Tersi, Therapevo <sup>®</sup> , Tretin-X <sup>™</sup> , Trixylitral <sup>®</sup> , Ultrasal ER <sup>®</sup> , Ultravate <sup>®</sup> PAC, Ultravate X <sup>®</sup> , Uramaxin <sup>™</sup> , Urea Nail Kit, Vacustim <sup>®</sup> Silver Kit, Vanos <sup>™</sup> , Vectical <sup>®</sup> , Veltin <sup>™</sup> , Veregen <sup>™</sup> , Virasal <sup>®</sup> , Vusion <sup>®</sup> , Whytederm SurgiPAK <sup>®</sup> , Whytederm Trilisal PAK <sup>®</sup> , WPR Plus Kit <sup>®</sup> , X-Clair <sup>™</sup> , Xerese <sup>®</sup> , Xologel Zanaderm Antipruritic Hydrogel <sup>®</sup> , Zenieva <sup>®</sup> , Ziana <sup>™</sup> , Zypram <sup>™</sup>
<b>Diabetic Supplies</b>	Accu-Chek <sup>®</sup> , Advocate Redi-Code <sup>®</sup> , Ascensia <sup>™</sup> , Assure <sup>®</sup> , B-D <sup>™</sup> , BG Star <sup>®</sup> , CareOne <sup>®</sup> , CareTouch <sup>®</sup> , CareSens N <sup>®</sup> , Clever Choice Voice+ <sup>®</sup> , Contour <sup>®</sup> , Cool <sup>®</sup> products, CVS Advanced Care <sup>®</sup> , EasyGluco <sup>®</sup> G2, EasyMax <sup>®</sup> , Easy Step <sup>®</sup> , Easy Talk <sup>®</sup> , Easy Touch <sup>®</sup> , Easy Trak <sup>®</sup> , Embrace <sup>™</sup> , EvenCare <sup>®</sup> , Exactech <sup>®</sup> , Fifty50 <sup>®</sup> , Fora <sup>®</sup> , Freestyle <sup>®</sup> , G-4 <sup>®</sup> , GE 100 <sup>®</sup> , Genstrip <sup>®</sup> , Glucocard <sup>®</sup> , Glucometer <sup>®</sup> , HealthPro <sup>®</sup> , Humana <sup>®</sup> , G-Mate <sup>®</sup> , KRO Premium <sup>®</sup> , NovaMax <sup>®</sup> , On-Call <sup>®</sup> Plus, Pharmacist Choice <sup>®</sup> , Precision <sup>®</sup> QID, Precision <sup>®</sup> XTRA, Premium <sup>®</sup> , Prestige <sup>®</sup> , Prodigy <sup>®</sup> , Pro-Voice <sup>®</sup> , Refuah <sup>™</sup> Plus, Relion <sup>®</sup> , Smart Sense <sup>®</sup> , Sof-Tact Test Strips <sup>®</sup> , Solus V2 Audible <sup>®</sup> , Sure-Test Easyplus <sup>™</sup> , Test N' Go <sup>®</sup> , TrueMetrex <sup>®</sup> , TRUETest <sup>™</sup> , TrueTrack <sup>®</sup> , Ultratrak Ultimate <sup>™</sup> , UniStrip One <sup>®</sup> , Up & Up <sup>®</sup> , Verasens <sup>®</sup> , Wavesense <sup>®</sup> ,
<b>DMARD</b>	Otrexup <sup>®</sup> , Rasuvo Auto-Injector <sup>®</sup>
<b>Endocrine</b> Androgen	Fortesta <sup>®</sup> , Natesto Nasal <sup>®</sup> , Striant <sup>®</sup> , Testim <sup>®</sup> , Testone CIK KIT <sup>®</sup> , Testosterone Gel (Fortesta Authorized generic), testosterone (Tetsim Authorized generic), Testosterone (Vogelxo Authorized generic), Vogelxo <sup>®</sup> , Xyosted <sup>®</sup>
Corticosteroid	Arze-Ject-A Kit <sup>®</sup> , Orapred ODT <sup>™</sup> , Rayos <sup>®</sup> , Betaloan SUIK <sup>®</sup> , DMT SUIK Kit <sup>®</sup> , Lidocidex I <sup>®</sup> , Medroloan SUIK Kit <sup>®</sup> , Medroloan II SUIK Kit <sup>®</sup> , P-Care D40 <sup>®</sup> , P-Care D80 <sup>®</sup> , P-Care D40G <sup>®</sup> , P-Care D80G <sup>®</sup> , Pod-Care 100C <sup>®</sup> , Pod-Care 100CG <sup>®</sup> , Pod-Care 100K <sup>®</sup> , Pod-Care 100KG <sup>®</sup> , P-Care K40 <sup>®</sup> , P-Care K40G <sup>®</sup> , P-Care K80 <sup>®</sup> , P-Care K80G <sup>®</sup> , Readysharp Betamethasone Kit <sup>®</sup> , Readysharp Triamcinolone Kit <sup>®</sup> , Toronova SUIK Kit <sup>®</sup> , Toronova II SUIK Kit <sup>®</sup> , Triloan SUIK Kit <sup>®</sup> , Triloan IISUIK Kit <sup>®</sup>
Growth Hormone	Genotropin <sup>®</sup> , Omnitrope <sup>®</sup> , Norditropin <sup>®</sup> , Saizen <sup>®</sup> , Saizen Prep <sup>®</sup> , Tev-Tropin <sup>®</sup> , Zomacton <sup>®</sup> ,
Insulins	Admelog <sup>®</sup> , Apidra <sup>®</sup> , Fiasp <sup>®</sup> , Levemir <sup>®</sup> , Novolog <sup>®</sup> , Novolin <sup>®</sup> , Toujeo Solostar <sup>®</sup>
Diabetes – Other	Adlyxin <sup>®</sup> , DM2 Kit <sup>®</sup> , Soliqua <sup>®</sup> , Tanzeum <sup>®</sup> , Victoza <sup>®</sup> , Xultophy <sup>®</sup>
Osteoporosis, Paget's	Atelvia <sup>™</sup> , Binosto <sup>®</sup> , Boniva <sup>®</sup> , Fosamax <sup>®</sup>

Thyroid Supplement	Tirosint®
Other	Noctiva®
<b>ENT</b> other	Astepro™, Cetraxal®, Dermotic®
<b>GI</b> Bowel Evacuants	CoLyte®, GoLyteLy®, Moviprep®, NuLyteLy®, Osmoprep®, Plenvu®, Prepopik®, Suprep®
H2 Antagonists	Pepcid®, Zantac®
H.Pylori	Pylera®, PrevPac®
PPI (Excluded for members 18 years and older)	Aciphex™, Dexilant®, Esomeprazole Strontium, Esomep-EZS®, Nexium®, NapraPAC™, Omeprazole/Sodium Bicarbonate, Prilosec®, Prevacid® 30mg, Protonix®, Yosprala®, Zegerid®
Other	Asacol HD®, Actigall®, Anusol HC® Suppository, Chenodal™, Colazal®, Delzicol®, Dipentum®, Giazol®, Megace ES®, mesalamine HD, Pancreaze™, Pertze®, Symproic®, Trulance®, Viberzi®, Xifaxan®
<b>GOUT Treatment</b>	Colchicine tablets, Colchicine capsules, Duzallo®, Zurampic®
<b>GU</b> Alpha Blocker	Rapaflo™
Anticholinergic	Detrol®, Detrol® LA, Enablex®, Toviaz™
Antispasmodic	Ditropan XL®, Gelnique™, Oxytrol™
Other	DDAVP®, Nocdurna®, Noctiva®
<b>Hyaluronic Acids /Joint Fluid Replacement</b>	Durolane®, Euflexxa®, Gel-One®, Hyalgan®, Monovisc®, Orthovisc®, Supartz®, Synvisc®, Synvisc-One®, Trivisc®
<b>Infertility</b>	Bravelle®, Follistim® AQ, Ganirelix®, Pergonal®
<b>Miscellaneous</b>	AtroPen®, Caphasol®, Gelclair®, ProBarimin QT™, Lysteda™
<b>Musculoskeletal</b>	Amrix®, Fexmid™, Soma®, Zanaflex®
<b>NSAIDs</b> Oral and Topical	Cambia™, Daypro™, Diclo® Gel, Diclopak Kit®, Diclophono®, Diclopr Combo Pack®, Diclozor Kit®, Dithol®, Duexis®, Dyloject®, Flector®, Flexipak Kit®, Lexixryl®, Lodine®/XL, Mobic®, Naprosyn®/EC, Naprelan®, Naprelan® CR, Nudiclo Solupak®, Nudiclo TabPak®, Pennsaid®, Tivorbex®, Vimovo™, Vivlodex®, Voltaren®/XR, Zipsor™, Zorvolex®
<b>OB/GYN</b> Estrogen, Topical	Alora®, Divigel®, Esclim®, Elestrin™, Evamist™, Estrogel®, FemRing®, Menostar™, Novacort™
Estrogen Receptor Antagonist	Soltamox™
Monophasic OC	Balclotra®, Brevicon®, LoSeasonique™, Seasonique™, Taytulla®
Triphasic OC	Rivelsa®, Tri-Norinyl®
Four-phasic OC	Natazia™, Quartette®
Injectable OC	Depo-SubQ Provera 104®
Oral HRT	Activella™, Angeliq®, Duavee®, Estrace®
Other	Addyi™, Brisdelle®, Divigel®, Imvexxy®, Ospheña®
<b>Ophthalmic</b> Anti-infective	AzaSite™, Besivance, Moxeza®, Tobradex ST®, Vigamox®, Zymaxid™
Other	Acular®, Acular LS®, Acuvail™, Alrex™, Bepreve™, Bromsite®, Combigan®, Durezol™, Flarex®, FML Forte®, FML SOP®, FML Liquifilm®, Ilevro™, Inveltys®, Istalol™, Livostin®, Maxidex®, Nevanac™, PredMild®, Prolensa™, Rescula®, Rhopressa®, Simbrinza®, Vyzulta®, Xelpros®
<b>Oral Anti-Diabetic</b>	alogliptin, alogliptin/metformin, alogliptin/pioglitazone, Fortamet®, Farxiga®, Glucophage®, Glucophage® XR, Glumetza™, Jentadueto®, Kazano®, Metformin ER, Metformin Film Coated ER, Nesina®, Oseni®, Qtern®, Segluromet®,

	Steglatro <sup>®</sup> , Steglujan <sup>®</sup> , Tradjenta <sup>™</sup> , Xigduo <sup>®</sup> , Xigduo XR <sup>®</sup>
<b>Phosphate Binders</b>	Auryxia <sup>®</sup>
<b>Respiratory</b> Beta-adrenergic and combinations (inhaled)	Albuterol Sulfate HFA (Ventolin Authorized Product), Albuterol Sulfate HFA (ProAir Authorized Product), AirDuo RespiClick <sup>®</sup> , Arcapta <sup>™</sup> , ArmonAir <sup>™</sup> RespiClick <sup>®</sup> , Breo-Ellipta <sup>®</sup> , Brovana <sup>®</sup> , Levalbuterol HFA, Proventil <sup>®</sup> HFA, Ventolin <sup>®</sup> , Ventolin <sup>®</sup> HFA, Ventolin <sup>®</sup> Rotacaps, Trelegy Ellipta <sup>®</sup> , Xopenex HFA <sup>®</sup> , Xopenex <sup>®</sup> nebulizers
Inhaled Steroid	Arnuity Ellipta <sup>®</sup> , Alvesco <sup>®</sup> , Asmanex HFA <sup>®</sup> , Asmanex Twisthaler <sup>®</sup>
Leukotriene Modifier	Accolate <sup>®</sup> , Singulair <sup>®</sup> , Zflo <sup>™</sup> , Zflo <sup>™</sup> CR
Other	Daliresp <sup>®</sup> , Kitabis PAK <sup>®</sup> , Lonhala Magnair <sup>®</sup>
<b>Vitamins/Minerals</b>	Nascobal <sup>®</sup> , Rayaldee <sup>®</sup>

To request prior authorization using the Massachusetts Standard Form for Medication Prior Authorization Requests (eForm), click the link below:

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