



Blue Cross Blue Shield of Massachusetts Formulary: Covered Pain Management Medications

Last Updated: January 1, 2020

The following list includes non-opiate medications covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. Opioids are a class of medication that includes OxyContin and Vicodin and is sometimes prescribed by doctors to treat pain. This list identifies alternate medications for members who prefer not to use opioids for pain management. These alternate medications are often classified as nonsteroidal anti-inflammatory drugs, and topical analgesics.

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 the listed medications. Some medications may also be subject to other pharmacy management programs, such as Step Therapy, Prior Authorization, and/or Quality Care Dosing, to qualify for coverage.

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

Learn More About Your Coverage

For more information about these medications, look them up using the Medication Lookup tool at bluecrossma.com/medications.

1. Not all medications listed are covered by all prescription plans. Please check your benefit materials for details.
2. If approved, you'd pay the highest tier cost.

Medication Name	Not Covered	Step Therapy Required
ACTIVE-PAC KIT	Not Covered	
ADAZIN CREAM	Not Covered	
AGONEAZE	Not Covered	
AMITRIPTYLINE		
AMOXAPINE		
ANACAINE OINTMENT		
ANAFRANIL	Not Covered	
ANAPROX DS		

Medication Name	Not Covered	Step Therapy Required
ANODYNE LPT	Not Covered	
APRIZIO PAK	Not Covered	
ARTHROTEC		
CALDOLOR		
CAMBIA	Not Covered	
CAPSFENAC PAK	Not Covered	
CAPXIB KIT	Not Covered	
CARBAMAZEPINE		
CARBAMAZEPINE ER		
CARBATROL ER		
CELEBREX		Yes
CELECOXIB		Yes
CELONTIN KAPSEAL		
CETACAINE ANESTHETIC LIQUID		
CETACAINE SPRAY		
CLOMIPRAMINE		
CLONAZEPAM		
CLONAZEPAM ODT		
COMFORT PAC-IBUPROFEN KIT		
COMFORT PAC-MELOXICAM KIT		
COMFORT PAC-NAPROXEN KIT		
DAYPRO	Not Covered	
DEPACON		
DEPAKENE		
DEPAKOTE DR		
DEPAKOTE DR SPRINKLE		
DEPAKOTE EC		
DERMACINRX EMPRICAIN KIT	Not Covered	
DERMACINRX PHN PAK	Not Covered	
DERMACINRX PRIZOPAK KIT	Not Covered	
DERMACINRX ZRM PAK	Not Covered	
DERMAZYL KIT	Not Covered	
DESIPRAMINE		
DIAZEPAM RECTAL GEL		
DICLO GEL PAK	Not Covered	
DICLO GEL XRYLIX SHEET KIT	Not Covered	

Medication Name	Not Covered	Step Therapy Required
DICLOFENAC EPOLAMINE PATCH	Not Covered	
DICLOFENAC POTASSIUM		
DICLOFENAC SODIUM DR		
DICLOFENAC SODIUM EC		
DICLOFENAC SODIUM ER		
DICLOFENAC SODIUM GEL		
DICLOFENAC TOPICAL SOLUTION		
DICLOFENAC-MISOPROSTOL		
DICLOFONO GEL PACKET	Not Covered	
DICLOPAK KIT	Not Covered	
DICLOPR COMBO PACK	Not Covered	
DICLOTRAL PAK	Not Covered	
DICLOVIX KIT	Not Covered	
DICLOZOR KIT	Not Covered	
DILANTIN		
DITHOL COMBO PACK	Not Covered	
DIVALPROEX DR		
DIVALPROEX SODIUM DR		
DOLOTRANZ GEL	Not Covered	
DOXEPIN		
DUEXIS	Not Covered	
DYLOJECT	Not Covered	
EC-NAPROSYN	Not Covered	
EC-NAPROXEN DR		
EPITOL		
ETHYL CHLORIDE SPRAY		
ETODOLAC		
ETODOLAC ER		
FELBAMATE		
FELBATOL		
FELDENE 10 MG CAPSULE		
FELDENE 20 MG CAPSULE		
FENOPROFEN		
FENORTHO		
FLECTOR PATCH	Not Covered	
FLEXIPAK KIT	Not Covered	

Medication Name	Not Covered	Step Therapy Required
FLURBIPROFEN		
FROTEK		
GABAPENTIN		
GABITRIL		
IBU		
IBUPROFEN		
IMIPRAMINE		
IMIPRAMINE PAMOATE		
INDOCIN		
INDOMETHACIN		
INDOMETHACIN ER		
INFLAMMA-K KIT	Not Covered	
INFLATHERM	Not Covered	
KEPPRA		
KEPPRA XR	Not Covered	
KETOPROFEN		
KETOROLAC		
KLOFENSAID II		
KLONOPIN	Not Covered	
L.E.T. (LIDOCAINE-EPINEPHRINE-TETRACAINE)		
LAMICTAL		
LAMICTAL ODT	Not Covered	
LAMICTAL XR		
LAMOTRIGINE		
LAMOTRIGINE ER		
LAMOTRIGINE ODT		
LEVA SET	Not Covered	
LEVETIRACETAM		
LEVETIRACETAM ER		
LEXIXRYL	Not Covered	
LIDOCAINE 5%		
LIDOCAINE-EPINEPHRINE-TETRACAINE		
LIDOCAINE-PRILOCAINE		
LIDODERM	Not Covered	
LIDOPAC	Not Covered	

Medication Name	Not Covered	Step Therapy Required
LIDOPRIL	Not Covered	
LIDOPRIL XR	Not Covered	
LIDO-PRILO CAINE PACK	Not Covered	
LIDOPURE PATCH		
LIDOTRANS 5 PAK	Not Covered	
LIDOTREX	Not Covered	
LIDOXIB KIT	Not Covered	
LIDTOPIC MAX		
LIPROZONEPAK	Not Covered	
LIVIXIL PAK	Not Covered	
LMR PLUS KIT	Not Covered	
LODINE	Not Covered	
LP LITE PAK	Not Covered	
LYRICA		Yes
MAPROTILINE		
MECLOFENAMATE		
MEDOLOR PAK	Not Covered	
MEFENAMIC ACID		
MELOXICAM		
MENTHO-CAINE KIT	Not Covered	
MOBIC	Not Covered	
MYSOLINE 50 MG TABLET		
NABUMETONE		
NALFON		
NAPRELAN CR	Not Covered	
NAPROSYN	Not Covered	
NAPROSYN EC	Not Covered	
NAPROXEN		
NAPROXEN DR		
NAPROXEN EC		
NAPROXEN SODIUM		
NAPROXEN SODIUM CR		
NAPROXEN SODIUM DS		
NAPROXEN SODIUM ER		
NAYZILAM		
NEURCAINE	Not Covered	

Medication Name	Not Covered	Step Therapy Required
NEURONTIN	Not Covered	
NORPRAMIN		
NORTRIPTYLINE		
NUDICLO SOLUPAK	Not Covered	
NUDICLO TABPAK	Not Covered	
NUVAKAAN KIT	Not Covered	
OXAPROZIN		
OXCARBAZEPINE		
OXTELLAR XR		
PAIN EASE MIST SPRAY		
PAINGO KFT	Not Covered	
PAMELOR	Not Covered	
PEGANONE		
PENNSAID	Not Covered	
PHENOBARBITAL		
PHENYTEK		
PHENYTOIN		
PHENYTOIN ER		
PIROXICAM		
PONSTEL		
POTIGA 200		
PREGABALIN		Yes
PRIKAAN	Not Covered	
PRIKAAN LITE	Not Covered	
PRILOLID	Not Covered	
PRILOVIX	Not Covered	
PRILOVIX LITE	Not Covered	
PRILOVIX PLUS	Not Covered	
PRILOVIX ULTRALITE	Not Covered	
PRILOVIX ULTRALITE PLUS	Not Covered	
PRIMIDONE		
PRIZOTRAL	Not Covered	
PROFENO		
PROTRIPTYLINE		
QMIIZ ODT		
QUDEXY XR		

Medication Name	Not Covered	Step Therapy Required
READYSHARP KETOROLAC	Not Covered	
RELADOR PAK	Not Covered	
RELADOR PAK PLUS	Not Covered	
RELAFEN DS		
ROWEEPRA		
ROWEEPRA XR		
SMARTRX GABA KIT	Not Covered	
SMARTRX GABA-V KIT	Not Covered	
SOLUPAK KIT	Not Covered	
SPRAY AND STRETCH SPRAY		
SPRITAM	Not Covered	
SPRIX NASAL SPRAY	Not Covered	
SUBVENITE		
SULINDAC		
SURMONTIL		
SUVICORT	Not Covered	
SYNVEXIA TC	Not Covered	
TEGRETOL		
TEGRETOL XR		
TIAGABINE		
TIVORBEX	Not Covered	
TOFRANIL	Not Covered	
TOLMETIN SODIUM		
TOPAMAX		
TOPAMAX SPRINKLE		
TOPIRAMATE		
TOPIRAMATE ER		
TOPIRAMATE SPRINKLE		
TORONOVA SUIK KIT	Not Covered	
TORONOVA II SUIK KIT	Not Covered	
TRILEPTAL		
TRIMIPRAMINE MALEATE		
TRIXYLITRAL	Not Covered	
TROKENDI XR		
VALPROATE SODIUM		
VALPROIC ACID		

Medication Name	Not Covered	Step Therapy Required
VAROPHEN	Not Covered	
VEXASYN WOUND GEL	Not Covered	
VIMOVO DR	Not Covered	
VIMPAT		
VIVLODEX	Not Covered	
VOLTAREN GEL		
VOLTAREN-XR	Not Covered	
VOPAC MDS	Not Covered	
WPR PLUS KIT	Not Covered	
XRYLIDERM	Not Covered	
XRYLIX	Not Covered	
ZEYOCAINE	Not Covered	
ZILACAINE PATCH	Not Covered	
ZIPSOR	Not Covered	
ZONEGRAN		
ZONISAMIDE		
ZORVOLEX	Not Covered	



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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/عربية:

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

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃគឺអាចរកបានសម្រាប់អ្នក។ 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/ລາວ: ຂໍອວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໃດໜຶ່ງຮອດຕໍ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໃຫ້ສະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánít'i'go saad bee yát'i' éí t'áájíik'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béesh 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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