

LEARN ABOUT YOUR PHARMACY PROGRAM

COVERED MEDICATIONS (FORMULARY)

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 includes 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 medications list, also known as a formulary, that includes many medications that are available at affordable out-of-pocket costs.

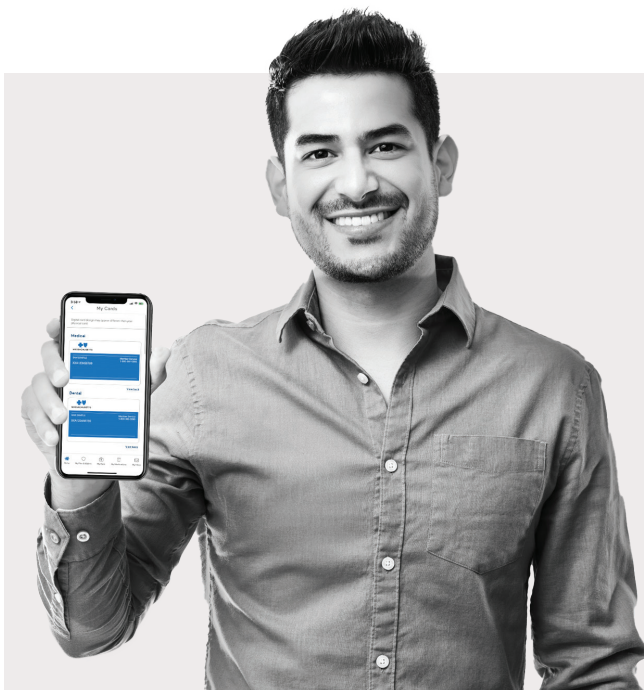
ABOUT THIS GUIDE

This guide is up to date as of October 1, 2023, 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.org/medication.

MAIL SERVICE PHARMACY

You can have certain maintenance medications, also known as long-term medications, delivered right to your door when you order them through the mail service pharmacy. Most medications are available at a lower cost, and standard shipping is always included. You even have the option to have your medications automatically refilled and shipped every 90 days.

To get started with the mail service pharmacy, download the MyBlue app or create an account at bluecrossma.org. Once signed in, click **90-Day Mail Service Pharmacy** under **My Medications**. You can also call CVS Customer Care at 1-877-817-0477 (TTY: 711).



UNLOCK THE POWER OF YOUR PLAN

MyBlue is your key to more features and savings. Download the MyBlue app, or create an account at bluecrossma.org to review claims, track medications, look up plan information, and get easy access to these online resources:



Medication Lookup Tool

Use this tool to search for medications, quickly and easily, and find out how they're covered. To start, go to **Medication Lookup Tool** under **My Medications**.



Pharmacy Benefit Manager

Go to **Pharmacy Benefit Manager** under **My Medications** to look up the cost of medications, search for a local pharmacy, or sign up for the mail service pharmacy and have your medications shipped directly to you.



HOW TIERS DETERMINE 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 your medication's tier 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:

1

Download the MyBlue app, or create an account at bluecrossma.org.

2

Once signed in, click **Pharmacy Benefit Manager** under **My Medications**.

3

Go to **Check Drug Cost & Coverage** under **Plan & Benefits**.



HOW COVERED MEDICATIONS ARE PLACED INTO TIERS

Medications are placed into 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 in this guide. Check your plan materials to see which tier structure your plan uses, and to learn more about how medications are covered.¹

¹ Exceptions may apply. For example, the brands and preferred brands tiers could include some generic medications in addition to brand-name medications.

OUR TIER STRUCTURES

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 Food and Drug Administration (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 any 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 any generics or preferred brands.

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 any 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 specialty medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brand-name 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 any 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 specialty medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brand-name specialty medications.

Learn More About Your Coverage

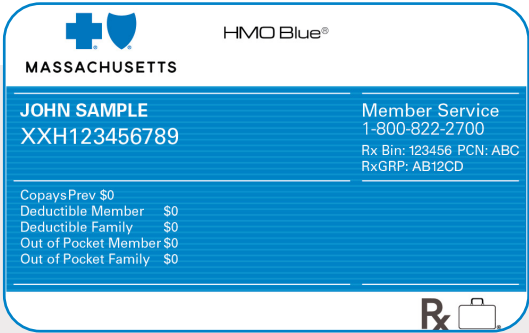
For more information about your pharmacy benefits, sign in to MyBlue at bluecrossma.org.

COMPOUNDED MEDICATIONS

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. Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. 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. This 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 affected members of these changes via direct mail at least 30 days in advance of the change.



Sample ID card for illustrative purposes only.

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 the pharmacist when you fill a prescription.



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 October 1, 2023, and may change from time to time.

- **Generic Aspirin (81mg)**
- **Generic Contraceptives** (such as female condoms, sponges, and spermicide)
- **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 a 168-day supply per calendar year
- **Generic Vitamin D** is covered for people ages 65 and older



OVER-THE-COUNTER NALOXONE AND NARCAN[®] NASAL SPRAY

As of September 1, 2023, the over-the-counter naloxone and Narcan nasal sprays are covered at no cost for most members² when purchased at an in-network pharmacy.³ In life-threatening situations, these products can be used to reverse an overdose from opioids. To learn more, visit cdc.gov/stopoverdose/naloxone/index.html.

2. Check your plan materials to see if this benefit is included in your plan.

3. In some cases, a prescription from your doctor may still be required when purchasing the over-the-counter nasal sprays outside of Massachusetts.

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.

- 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 (PPIs), except for prescription PPIs 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 in 10% strength or less, and some combinations)
- Pharmaceuticals that you can buy without a prescription, except as described in this Pharmacy Program guide
- Medical supplies such as dressings and antiseptics
- Combination vitamins that require a prescription, except for prescription prenatal vitamins and pediatric vitamins with fluoride

This list is up to date as of October 1, 2023.
See your subscriber certificate for additional exclusions.



QUALITY CARE DOSING

Our Quality Care Dosing program helps to ensure that the quantity and dosage of the medications you receive meet the FDA's regulations, clinical standards, and manufacturer's guidelines. 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. Check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up to date as of October 1, 2023, 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.org/medication.

QUALITY CARE DOSING

Abilify Mycite
 Abstral
 AcipHex (excluded for 18 years and older)
 AcipHex Sprinkle (excluded for 18 years and older)
 Actemra
 Actiq
 Actonel
 ACTOplus Met
 ACTOplus Met XR
 Actos
 Acular
 Acular LS
 Acular PF
 Acyclovir cream
 Adderall XR
 Addyi
 Adhansia XR
 Adlarity
 Adlyxin
 Admelog
 Admelog Solostar
 Advair Diskus
 Advair HFA
 Adyphren
 Adyphren II
 Adyphren Amp
 Adyphren Amp II
 Adzenys XR
 Aemcolo
 Aimovig
 AirDuo DigiHaler
 AirDuo RespiClick
 Ajovy
 Akynzeo
 Albuterol Sulfate HFA
 Alendronate Sodium

Alinia
 Almotriptan
 Alora
 Alosetron
 Alrex
 Altoprev
 Alvesco
 Ambien
 Ambien CR
 Amerge
 Amitiza
 Amlodipine
 Amlodipine-Atorvastatin
 Ampyra
 Anzemet
 Apidra
 Apidra Solostar
 Aplenizin ER
 Aprepitant
 Aptenzio XR
 Aranesp
 Arava
 Arcapta Neohaler
 Arformoterol
 Arikayce
 ArmonAir DigiHaler
 ArmonAir RespiClick
 Arnuity Ellipta
 Arixtra
 Arymo ER
 Asmanex HFA
 Asmanex Twisthaler
 Aspirin/Omeprazole (excluded for 18 years and older)
 Atelvia DR
 Atomoxetine
 Atorvastatin

Atrovent (nasal spray)
 Atrovent HFA
 Auvvi-Q
 Avandia
 Avonex
 Axert
 Azelastine (nasal spray)
 Azstarys
 Baqsimi
 Basaglar
 Belbuca
 Belsomra
 Betaseron
 Bevespi AeroSphere
 Bijuva
 Binosto
 Boniva tablets
 Breo Ellipta
 Breztri Aerosphere
 Brexafemme
 Brisdelle
 Bronchitol
 Brovana
 Brukinsa
 Budesonide (nebules)
 Budesonide/Formoterol
 Bunavail
 Buprenorphine
 Buprenorphine-Naloxone
 Buprenorphine film
 Buprenorphine patch
 Bupropion SR
 Bupropion XL
 Butorphanol NS
 Butrans
 Bydureon
 Bydureon Bcise

Byetta
 Cabergoline
 Cabometyx
 Caduet
 Calcipotriene
 Calcipotriene/Betamethasone
 Cardura
 Cardura XL
 Caplyta
 Catapres TTS
 Celebrex
 Celecoxib
 Celexa
 Cholibam
 Cibinqo
 Ciclodin solution/kit
 Ciclopirox cream
 Ciclopirox gel
 Ciclopirox nail lacquer
 Ciclopirox shampoo
 Ciclopirox topical suspension
 Cimzia
 Citalopram
 Climara
 Climara Pro
 Clindamycin 1% gel
 Clindamycin 1% solution
 Clindamycin 1% lotion
 Clindamycin 1% foam
 Clindamycin 2% vaginal
 Clonidine patch
 Combivent
 Combivent Respimat
 Concerta
 Conjupri
 Cotempla XR ODT

QUALITY CARE DOSING

Contrave ER
Copaxone
Cosentyx
Copiktra
Crestor
Cromolyn ophthalmic
Cyclosporine Ophthalmic
Cymbalta
Dalfampridine
Daurismo
Dayvigo
Denavir
Desvenlafaxine ER
Dexlansoprazole (excluded for 18 years and older)
Dexilant (excluded for 18 years and older)
Dexmethylphenidate ER
Dexmethylphenidate XR
Dextroamphetamine/Amphetamine ER
Diabetic Testing Strips (all)
Diclofenac 3% gel
Diclofenac solution
Diflorasone cream
Diflucan (150 mg only)
Dihydroergotamine (nasal spray)
DM 2 Kit
Doptelet
Dotti
Dovonex
Doxazosin
Doxepin cream
Doxepin tablets
Drizalma Sprinkle
Duaklir Pressair
Dulera

Duloxetine DR
Duragesic
Econazole cream
Edluar
Effexor XR
Eletriptan
Emend
Emgality
Emverm
Enbrel
Enoxaparin
Epclusa
Epinephrine injection
Epinephrine Professional kit
Epinephrine Professional EMS kit
Epi-Pen Auto-Injector
Epogen
Escitalopram
Esomep-EZS (excluded for 18 years and older)
Esomeprazole (excluded for 18 years and older)
Esomeprazole Strontium (excluded for 18 years and older)
Estradiol patch
EstroGel
Eszopiclone
Evamist
Evenity
Exkivity
Extavia
Ezallor Sprinkle
Ezetimibe
Ezetimibe/Simvastatin
Famciclovir
Farydak

Farxiga
Fasenra
Fentanyl Citrate
Fentanyl oral/mucosal
Fentanyl patch
Fentora
Fetzima
Fiasp
Flovent Diskus
Flovent HFA
Fluconazole (150 mg only)
Fluoxetine
Fluoxetine DR
Fluticasone
Fluticasone/Salmeterol
Fluticasone/Vilanterol
Fluvastatin
Fluvastatin XR
Fluvoxamine
Fluvoxamine CR
Focalin XR
Fondaparinux
Forfivo XL
Formoterol
Forteo
Fosamax
Fosamax Plus D
Fotivda
Fragmin
Frova
Frovatriptan
Fulphila
Fynetra
Gatifloxacin
Gavreto
Gemtesa
Gentimicin cream

Gentimicin ointment
Glatiramer
Glatopa
Glucose testing strips (all)
Glyxambi
Granisetron
Granix
Grastek
Halobetasol cream
Halobetasol ointment
Harvoni
Hetlioz
Hetlioz LQ
Humalog
Humalog Jr.
Humulin
Humira
Humira CF
Hydrocodone ER
Hydromorphone ER
Hysingla ER
Ibandronate
Ibrance
Ibsrela
Ilumya
Imitrex
Impavido
Incruse Ellipta
Indomethacin 20mg
Ingrezza
Insulins (all)
Insuline Aspart
Insulin Glargine
Insulins Lispro
Intermezzo
Invokamet
Invokamet XR

QUALITY CARE DOSING

Invokana
 Iodoquinol/Hydrocortisone/
 Aloe
 Ipratropium NS
 Irenka DR
 Itraconazole
 Jakafi
 Jardiance
 Jornay PM
 Jynarque
 Kadian
 Kalydeco
 Kenalog aerosol
 Kerendia
 Kerydin
 Ketoconazole 2%
 Ketorolac ophthalmic
 Keveyis
 Kevzara
 Kineret
 Klisyri
 Kloxxado
 Krintafel
 Kynmobi
 Lansoprazole (excluded for
 18 years and older)
 Lansoprazole ODT (excluded
 for 18 years and older)
 Lansoprazole/Amoxicillin/
 Clarithromycin
 Lantus
 Lantus Solostar
 Lazanda
 Leflunomide
 Ledipasvir/Sofosbuvir
 Lescol
 Lescol XL
 Levalbuterol HFA

Levamlodipine
 Levemir
 Lexapro
 Lidocaine 5% cream
 Lidocaine 5% ointment
 Lidocaine Patch
 Lidoderm
 Linzess
 Lipitor
 Livalo
 Livtency
 Lonhala Magnair
 Lotronex
 Lovastatin
 Lovenox
 Lubriprotone
 Lucemyra
 Lumakras
 Lunesta
 Lybalvi
 Lyllana
 Lyrica CR
 Lysteda
 Lyumjev
 Mavyret
 Maxalt
 Maxalt-MLT
 Meloxicam
 Meloxicam submicronized
 Menostar
 Methylphenidate CD
 Methylphenidate ER
 Methylphenidate LA
 Methylphenidate 72 mg
 Migranal
 Migranow Kit
 Minivelle

Mirtazapine
 Mirtazapine Rapid Dissolve
 Mobic
 Morphine Sulfate ER
 Mounjaro
 Movantik
 Moxifloxacin
 Moxeza
 MS Contin
 Mupirocin
 Mulpleta
 Mydayis
 Myfembree
 Nalmefene
 Naloxone
 Naratriptan
 Narcan
 Natpara
 NebuPent
 Neulasta
 Neupogen
 Nexium (excluded for 18
 years and older)
 Nexletol
 Nexlizet
 Nitazoxanide
 Nivestym
 Nocdurna
 Norvasc
 Novolin
 Novolog
 Nucynta ER
 Nuplazid
 Nurtec ODT
 Nyamyc powder
 Nystatin powder
 Nystop powder

Nyvepria
 Ocaliva
 Odactra
 Odomzo
 Olanzapine-Fluoxetine
 Olopatadine Nasal
 Olumiant
 Omeprazole (excluded for 18
 years and older)
 Omeprazole-Sodium
 Bicarbonate (excluded for 18
 years and older)
 OmePPI (excluded for 18
 years and older)
 Ondansetron
 Ondansetron ODT
 Onmel
 Onzetra Xsail
 Opzelura
 Oralair
 Orencea
 Orkambi
 Orladeyo
 Otezla
 Oxbryta
 Oxiconazole Nitrate
 Oxistat
 Oxycodone ER
 OxyContin
 Oxymorphone ER
 Ozempic
 Pantoprazole (excluded for 18
 years and older)
 Paroxetine
 Paroxetine CR
 Patanase
 Paxil
 Paxil CR

QUALITY CARE DOSING

Pegasys	Qmiiiz ODT	Rozerem	Symbyax
PEG-Intron	Qtern	Rybelsus	Symdeko
Penlac	Qualaquin	Sancuso	Symjepi
Pennsaid	Qulipta	Sarafem	Symproic
Pentamidine Isethionate	Quillichew	Saxenda	Synjardy
Perforomist	Quinine Sulfate	Segluromet	Synjardy XR
Pexeva	Qutenza	Semglee	Tagrisso
Pimecrolimus cream	QVAR	Serevent Diskus	Talicia DR
Pioglitazone	Quvivac	Sertraline	Taltz
Pioglitazone-Metformin	Rabeprazole (excluded for 18 years and older)	Silenor	Tavaborole
Plegridy	Ramelteon	Siliq	Tavneos
Pomalyst	Ragwitek	Simponi	Tazverik
Ponvory	Rebif	Simvastatin	Tegsedi
Praluent	RediTrex	Skyrizi	Tepmetko
Pravachol	Releuko	Sofosbuvir/Velpatasvir	Terazosin
Pravastatin	Relexxii ER	Soliqua	Terbinafine
Pregabalin CR	Relpax	Solosec	Teriparatide
Prevacid (excluded for 18 years and older)	Remeron	Sonata	Tivorbex
PrevPac	Remeron Soltab	Sotyktu	Tolsura
Prilosec (excluded for 18 years and older)	Repatha	Sovaldi	Tosymra
Pristiq	Restasis	Spiriva HandiHaler	Toujeo Solostar
Pristiq ER	Retacrit	Spiriva RespiMat	Toujeo Max Solostar
ProAir DigiHaler	Rexulti	Sporanox	Tranexamic Acid
ProAir HFA	Reyvow	Stelara	Trelegy Ellipta
ProAir RespiClick	Rezurock	Steglatro	Tremfya
Procrit	Rhopressa	Steglujan	Tresiba
Protonix (excluded for 18 years and older)	Rinvoq ER	Stiolto Respimat	Treximet
Proventil HFA	Risedronate	Strattera	Triamcinolone spray
Prozac	Ritalin LA	Striverdi Respimat	Trijardy XR
Prudoxin	Rizatriptan	Sublocade	Trikafta
Pulmicort Flexhaler	Rizatriptan ODT	Suboxone	Trintellix
Pulmicort Respules	Rocklatan	Subsys	Triptodur
Qbrexxa	Rolvedon	Sumatriptan	Trudhesa
Qelbree	Rosuvastatin	Sumatriptan/Naproxen	Trulance
Qinlock	Rosuvastatin/Ezetimibe	Sumavel Dosepro	Trulicity
	Roszet	Sunosi	Truseltiq
		Symbicort	Tudorza

QUALITY CARE DOSING

Tukysa
 Tymlos
 Tyrvaya
 Ubrelvy
 Undenycya
 Ukoniq
 Utibron Neohaler
 Valacyclovir
 Valtrex
 Varubi
 Venlafaxine ER capsule
 Venlafaxine ER tablet
 Ventolin HFA
 Verquvo
 Verzenio
 Vilazodone
 Viberzi
 Victoza
 Viekira PAK
 Viekira XR
 Vigamox
 Viibryd
 Vitrakvi
 Vivelle
 Vivelle-Dot
 Vivitrol
 Vivlodex
 Voquenxa Dual Pak
 Voquenxa Triple Pak
 Voltaren 1%
 Vosevi
 Vumerity DR
 Vyleesi
 Vyndaqel
 Vyndamax
 Vytorin
 Vyvanse

Wakix
 Wegovy
 Wellbutrin SR
 Wellbutrin XL
 Wixela Inhub
 Xeljanz
 Xeljanz XR
 Xenleta
 Xermelo
 Xiidra
 Xifaxan
 Xigduo
 Xigduo XR
 Xofluza
 Xopenex HFA
 Xospata
 Xtampza ER
 Xultophy
 Xuriden
 Yupelri
 Yosprala
 Zaleplon
 Zarxio
 Zegerid (excluded for 18 years and older)
 Zembrace Symtouch
 Zepatier
 Zeposia
 Zetia
 Ziextenzo
 Zimhi
 Zocor
 Zofran
 Zofran ODT
 Zoladex
 Zolmitriptan
 Zolmitriptan nasal

Zolmitriptan ODT
 Zoloft
 Zolpidem
 Zolpidem CR
 Zolpidem SL
 Zolpimist
 Zomig
 Zomig nasal
 Zomig ZMT
 Zonalon
 Zovirax cream
 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.

Our Prior Authorization program includes Step Therapy. Refer to the Step Therapy section in this guide 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. Check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up to date as of October 1, 2023, 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.org/medication.

PRIOR AUTHORIZATION

Abstral
 AcipHex (excluded for 18 years and older)
 Actemra
 Acthar
 Actimmune
 Actiq
 Adakveo
 Adbry
 Addcirca
 Addyi
 Advair Diskus
 Advair HFA
 Air Duo
 Aimovig
 Ajovy
 Alecensa
 Alfenta
 Alunbrig
 Alyq
 Amondys 45
 Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)
 Ampyra
 Apadaz
 Aralast
 Armodafinil
 Aranesp
 Arikayce
 Arymo ER
 Aspirin/Omeprazole (excluded for 18 years and older)
 Atramorph/PF
 Avinza
 Avsola
 Ayvakit

Balversa
 Belbuca
 Benzhydrocodone/APAP
 Berinert
 Bexarotene gel
 Boniva syringe
 Botox/Botulinum Toxin
 Braftovi
 Breo Ellipta
 Breztri
 Budesonide/Formoterol
 Buprenorphine film
 Buprenorphine patch
 Butrans
 Bylvay
 Camzyos
 Capital and Codeine
 Capxib
 Celebrex
 Celecoxib
 Cequa
 Cerezyme
 Cibinqo
 Cimzia
 Cinqair
 Cinryze
 Cocet/Plus
 Co-gesic
 Copkitra
 Contrave
 Cortrophin
 Cosentyx
 Cotellic
 Cyclosporine Ophthalmic
 Daklinza
 Dalfampridine
 Demerol

Desoxyn
 Dexilant (excluded for 18 years and older)
 Dexedrine
 Dexlansoprazole (excluded for 18 years and older)
 Dextroamphetamines
 Dilaudid
 Diskets
 Dolophine
 Dujolvi
 Dulera
 Dupixent
 Duragesic
 Doramorph
 Durolane
 Dvorah
 Dysport
 Egrifta
 Elidel
 Elyxyb
 Embeda
 Emgality
 Empaveli
 Enbrel
 Enjaymo
 Enspryng
 Enteral formula
 Entyvio
 Epclusa
 Epogen
 Erlotinib
 Esomeprazole (excluded for 18 years and older)
 Esomeprazole Strontium (excluded for 18 years and older)
 Esomep-EZS (excluded for 18 years and older)

Euflexxa
 Evekeo
 Evenity
 Evkeeza
 Evrysdi
 Exalgo
 Exkivity
 Exondys 51
 Eysuvis
 Factor VIII, VIIIa, IX, XIII (medical benefit only)
 Farydak
 Fasenna
 Fentanyl Citrate
 Fentanyl patch
 Fentanyl oral/mucosal
 Fentora
 Firazyr
 Firdapse
 First Lansoprazole (excluded for 18 years and older)
 First Omeprazole (excluded for 18 years and older)
 Fluticasone/Salmeterol
 Fluticasone/Vilanterol
 Forteo
 Fulphila
 Fynetra
 Galafold
 Gamifant
 Gavreto
 Gel-One
 Gelsyn-3
 Genotropin
 Genvisc
 Gilotrif
 Givlaari
 Granix

PRIOR AUTHORIZATION

Grastek
Harvoni
Haegarda
Hetlioz
Humatrope
Humira
Hyalgan
Hycet
Hydrocodone ER
Hydrogesic
Hydromorphone ER
Hydroxyprogesterone
Hymovis
Hysingla ER
Ibandronate injection/syringe
Ibrance
Ibudone
Idhifa
Ilaris
Ilumya
Imcivree
Increlex
Incruse Ellipta
Inflectra
Infliximab
Infumorph
Inrebic
Interferons (alpha, gamma)
Iressa
Isturisa
IV Immunoglobulin
Juxtapid
Kadian
Kalbitor
Kalydeco
Kanuma
Kevzara

Kineret
Kisqali
Kisqali Femara
Kynamro
Lazanda
Ledipasvir/Sofosbuvir
Lemtrada
Lenvima
Legvio
Lidoxib
Liquadd
Livmarli
Lorbrena
Lorcet
Lumakras
Lynparza
Lyrica
Lyrica CR
Magnacet
Mavyret
Maxidone
Makena
Margesic-H
Mekinist
Mektovi
Meperitab
Methadone
Methadose
Methamphetamine
Modafinil
Monovisc
Morphabond ER
Morphine Sulfate CR
Morphine Sulfate ER
MS Contin
Myalept
Myobloc

Nalocet
Natrecor
Nexium (excluded for 18 years and older)
Neulasta
Neupogen
Nexlitol
Nexlizet
Norco
Norditropin
Nucala
Nucynta ER
Nulibry
Nutritional Supplements
Nutropin
Nuvigil
Olumiant
Olysio
Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)
OmePPI (excluded for 18 years and older)
Omnitrope
Onpattro
Onsolis
Opana ER
Oralair
Oramorph SR
Orencia
Orkambi
Orladeyo
Orthovisc
Otezla
Oxbryta
Oxecta
Oxervate
Oxlumo

Oxycodone ER
Oxycontin
Oxymorphone ER
Panlor SS
Pemazyre
Percocet
Percodan
Pimecrolimus
Piqray
Polygesic
Praluent
Pregabalin CR
Prevacid (excluded for 18 years and older)
Prilosec (excluded for 18 years and older)
Primlev
Procentra
Procrit
Prolate
Proleukin
Prolia
Protonix (excluded for 18 years and older)
Protopic
Provigil
Pyrukind
Rabeprazole 10mg (excluded for 18 years and older)
Ragwitek
Reblozyl
Recorlev
Releuko
Regranex
Remicade
Renflexis
Repatha

PRIOR AUTHORIZATION

Respiratory
 SyncytialVirus IG/Synagis
 Retacrit
 Restasis
 Retevmo
 Revatio
 Rezurock
 Riabni
 Rinvoq ER
 Rituxan
 Roxybond
 Rozlytrek
 Ruconest
 Ruxience
 Rydapt
 Saizen
 SaizenPrep
 Sajazir
 Saxenda
 Scemblix
 Seglentis
 Serostim
 Sildenafil (antihypertensive)
 Siliq
 Simponi
 Simponi Aria
 Skyrizi
 Skytrofa
 Sodium Hyaluronate 1%
 Syringe
 Sofosbuvir/Velpatasvir
 Sovaldi
 Spinraza
 Stagesic
 Stelara
 Subsys
 Sunosi
 Supartz

Symbicort
 Symdeko
 Synalgos-DC
 Synojoynt
 Synvisc
 Synvisc One
 Tabrecta
 Tacrolimus (topical)
 Tascenso
 Tadalafil (antihypertensive)
 Tadiq
 Tafenlar
 Takhzyro
 Tarceva
 Tagrisso
 Taltz
 Talzenna
 Tarpeyo DR
 Tavneos
 Technivie
 Tegsedi
 Tepezza
 Tepmetko
 Teriparatide
 Tev-Tropin
 Tezspire
 Tibsovo
 Topical Retinoic Acid
 Derivatives and
 Combinations (e.g. Retin-A)
 TPN (total parenteral
 nutrition)(medical
 benefit only)
 Trelegy Ellipta
 Tremfya
 Trezix
 Trikafta
 Triluron

Trivisc
 Truseltiq
 Truxima
 Tylenol with Codeine
 Tylox
 Tymlos
 Tyrvaya
 Tysabri
 Udenyca
 Verdrocet
 Verkazia
 Verzenio
 Vicodin
 Vicoprofen
 Viekira XR
 Viekira PAK
 Vilepso
 Visco-3
 Vitrakvi
 Vizimpro
 Vonjo
 Vosevi
 Voxzogo
 Vyepti
 Vyleesi
 Vyndamax
 Vyndaqel
 Vyondys-53
 Vyvgart
 Wakix
 Wegovy
 Wixela Inhub
 Xalkori
 Xartemis XR
 Xeljanz
 Xeljanz XR
 Xeomin

Xgeva
 Xiaflex
 Xiidra
 Xodol
 Xolair
 Xospata
 Xtampza ER
 Yosprala
 Zamacet
 Zarxio
 Zegerid (excluded for 18
 years and older)
 Zelboraf
 Zenzedi
 Zepatier
 Zeposia
 Zerlor
 Ziextenzo
 Zohydro ER
 Zokinvy
 Zolvit
 Zomacton
 Zorbtive
 Zydelig
 Zydane
 Zykadia



STEP THERAPY

Step Therapy is a key part of our Prior Authorization program, allowing 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 Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Check the corresponding pages to determine coverage requirements.

This list of medications in our Step Therapy program is up to date as of October 1, 2023, 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.org/medication.

STEP THERAPY

Anti-Migraine

Almotriptan
Amerge
Axert
Dihydroergotamine
Eletriptan
Frova
Frovatriptan
Imitrex
Maxalt
Maxalt-MLT
Migranal
Nurtec
Onzetra Xsail
Relpax
Sumatriptan/Naproxen
Tosymra
Treximet
Trudhesa
Ubrelvy
Zembrace Symtouch
Zolmitriptan
Zolmitriptan Nasal
Zomig
Zomig Nasal
Zomig ZMT

Cardiovascular Medications

Entresto
Farxiga
Jardiance
Verquvo

Diabetes Management

ACTOplus MET

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

Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Riomet
Riomet ER
Rybelsus
Segluromet
Soliqua
Steglatro
Steglujan
Synjardy
Synjardy XR
Tradjenta
Trijardy XR
Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

Glaucoma

Lumigan
Rescula
Rocklatan
Travatan
Travatan Z
Vyzulta
Xalatan
Xelpros
Zioptan

Immunomodulators for Skin Conditions

Elidel
Eucrisa
Opzelura

Pimecrolimus
Protopic
Tacrolimus
Vtama

Methotrexate Auto-Injectors

Otrexup
Rasuvo

Multiple Sclerosis

Avonex
Bafiertam
Betaseron
Copaxone
Extavia
Kesimpta
Plegridy
Ponvory
Rebif
Tecfidera

Osteoporosis Treatment (Oral)

Actonel
Atelvia DR
Binosto
Boniva tablets
Fosamax
Fosamax Plus D

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique

STEP THERAPY

Gemtesa

Myrbetriq

Oxytrol

Toviaz

Vesicare

Parkinson's Disease Management

Comtan

Inbrija

Nourianz

Ongentys

Tasmar

Tolcapone

Prostate Treatment

Avodart

Jalyn

Proscar

Topical Antibiotics

Mupirocin cream

Topical Testosterone

Androgel

Axiron

Fortesta

Natesto Nasal

Testim

Testone CIK Kit

Testosterone CIK Kit

Testosterone gel (Fortesta
Authorized product)

Testosterone gel (Testim
Authorized product)

Testosterone gel (Vogelxo
Authorized product)

Vogelxo

SPECIALTY PHARMACY MEDICATIONS

In our formulary, some medications are classified 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

Encompass Fertility™

1-855-443-5357

Fax: 1-844-364-9364

encompassfertility.com

Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

Village Fertility Pharmacy

1-877-334-1610

Fax: 1-866-935-0719

vfppharmacygroup.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. Check the corresponding pages to determine coverage requirements.

This list of Specialty Medications is up to date as of October 1, 2023, 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.org/medication.

SPECIALTY PHARMACY MEDICATIONS

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

Actemra
Acthar
Actimmune
Adakveo
Adbry
Adriamycin
Adrucil
Alferon-N
Alkeran
Apokyn
Apomorphine
Aranesp
Arcalyst
Asceniv
Aveed
Avonex
Avsola
Beleodaq
Berinert
Besponsa
Betaseron
BiCNU
Bivigam
Bleomycin Sulfate
Blinicyto
Boniva
Bortezomib
Botox
Busulfex
Bynfezia
Calcium Folate

Camptosar
Carboplatin
Carmustine
Cerezyme
Cimzia
Cinqair
Cinryze
Cisplatin
Cladribine
Copaxone
Cortrophin
Cosentyx
Cosmegen
Crysvita
Cuvitru
Cyclophosphamide
Cytarabine
Cytogam
Dacarbazine
Dactinomycin
Daunorubicin HCL
DDAVP
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Dupixent
Dysport
Egrifta
Eligard
Ellence
Enbrel
Enjaymo
Enspryng
Entyvio
Epirubicin
Epogen

Ethyol
Etopophos
Etoposide
Evenity
Extavia
Fasenra
Faslodex
Fensolvi
Firazyr
Firmagon
Flebogamma
Floxuridine
Fludarabine phosphate
Fluorouracil
Forteo
Fulphila
Fulvestrant
Fuzeon
Fylnetra
GamaSTAN
Gammagard
Gammagard Liquid
Gammaked
Gammaplex
Gamunex
Gattex
Gemcitabine
Gemzar
Genotropin
Givlaari
Glatiramer
Glatopa
Granix
Haegarda
Hizentra
Humatrope
Humira

Hycamtin
Hydroxyprogesterone
HyQvia
Ibandronate injection/syringe
Icatibant
Idamycin PFS
Idarubicin
Ifex
Ifosfamide
Ifosfamide/Mesna
Ilaris
Ilumya
Increlex
Inflectra
Infliximab
Intron A
Irinotecan
Istodax
Kalbitor
Kenalog
Kesimpta
Kevzara
Kynamro
Lanreotide
Lartruvo
Lemtrada
Leucovorin Calcium
Leukine
Leuprolide Acetate
Levoleucovorin
Lumoxiti
Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena
Mepsevii
Mesna

SPECIALTY PHARMACY MEDICATIONS

Mesnex
Methotrexate
Mitomycin
Mitoxantrone
Mozobil
Mustargen
Mylotarg
Myobloc
Natpara
Navelbine
Neulasta
Neupogen
Nipent
Nivestym
Norditropin
Norditropin Flexpro
Norditropin Nordiflex
Nplate
Nucala
Nutropin AQ Nuspin
Nyvepria
Ocrevus
Octagam
Octreotide
Omnitrope
Oncaspar
Orencia
Otrexup
Oxaliplatin
Paclitaxel
Palynziq
Pamidronate
Pamidronate disodium
Panzyga
Pegasys
Pegasys Proclick
Peg-Intron

Photofrin
Plegridy
Privigen
Procrit
Prolia
Radicava
Rebif
RediTrex
Releuko
Remicade
Renflexis
Retacrit
Revatio
Riabni
Rituxan
Ruconest
Ruxience
Saizen
SaizenPrep
Sandostatin
Sandostatin-LAR
Serostim
Signafor
Signafor LAR
Siliq
Simponi
Simponi Aria
Skyrizi
Skytrofa
Somatuline
Somavert
Spevigo
Spinraza
Stelara
Sublocade
Sylatron
Sylvant

Synagis
Takhzyro
Taltz
Taxotere
Tegsedi
Temodar
Teniposide
Tepadina
Tepezza
Teriparatide
Tev-Tropin
Tezspire
TheraCys
Thiotepa
Thyrogen
Toposar
Totect
Trelstar
Trelstar Depot
Trelstar LA
Tremfya
Truxima
Tymlos
Tysabri
Udenyca
Valrubicin
Valstar
Velcade
Vimizim
Vinblastine
Vincristine
Vinorelbine
Vivitrol
Voxzogo
Vyvgart
Xembify
Xenpozyme

Xeomin
Xgeva
Xolair
Zaltrap
Zanosar
Zarxio
Ziextenzo
Zilretta
Zinecard
Zoladex
Zomacton
Zorbtive

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

Acetadote
Amondys 45
Arikayce
Benlysta Autoinject/syringe
Besremi
Bicillin
Bleo 15
Cablivi
Ceftazadime
Cutaquig
Cuvposa
Delestrogen
Depo-Estradiol
Desferal
Desferoxamine
Empaveli
Evkeeza
Evomela
Exondys
Fintepla

SPECIALTY PHARMACY MEDICATIONS

Fortaz
Gamifant
Imcivree
Kanuma
Kineret
Leqvio
Libtayo
Marqibo
Nabi-HB
Neulasta Onpro
Nulibry
Onpattro
Oxlumo
Portrazza
Revcovi
Rimso-50
Rocephin
Rolvedon
Romidepsin
Sajazir
Sandimmune
Saphnelo
Sildenafil antihypertensive
Strensiq
Synribo
Tazicef
Testosterone Enanthate
Triptodur
Unituxin
Uptravi
Viltepso
Vyepti
Vyleesi
Vyondys-53
Vyxeos
Xiaflex
Yondelis

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

Abiraterone
Adcirca
Adempas
Afinitor
Afinitor Disperz
Alecensa
Alkeran
Alyq
Ambrisentan
Ampyra
Aubagio
Bafiertam
Bethkis
Bosentan
Bosulif
Bronchitol
Bylvay
Cabometyx
Camzyos
Capecitabine
Carbaglu
Cayston
Cerdelga
Cibinqo
Copegus
Cotellic
Cyclophosphamide
Cystagon
Daklinza
Dalfampridine
Daurismo
Deferasirox

Dimethyl Fumarate
Dojolvi
Doptelet
Droxidopa
Duopa
Epclusa
Erivedge
Erleada
Erlotinib
Esbriet
Etoposide
Everolimus
Evrysdi
Exjade
Farydak
Fingolimod
Galafold
Gilenya
Gilotrif
Gleevec
Harvoni
Hetlioz
Hetlioz LQ
Hycamtin
Ibrance
Iclusig
Idhifa
Imatinib
Inlyta
Inqovi
Inrebic
Iressa
Jadenu
Jakafi
Javygtor
Juxtapid
Kalydeco

Kisqali
Kisqali Femara
Kitabis PAK
Kuvan
Lapatinib
Ledipasvir/Sofosbuvir
Lenalidomide
Lenvima
Letairis
Lonsurf
Lorbrena
Lumakras
Mavenclad
Mavyret
Mayzent
Mekinist
Mesnex
Miglustat
Moderiba
Mulpleta
Mycapssa DR
Myleran
Nerlynx
Nexavar
Ninlaro
Northera
Nourianz
Nubeqa
Nuplazid
Ocaliva
Odomzo
Ofev
Olumiant
Olysio
Onureg
Opsumit
Orenitram

SPECIALTY PHARMACY MEDICATIONS

Orkambi
 Otezla
 Otezla Starter Pack
 Oxbryta
 Palforzia
 Pheburane
 Pirfenidone
 Piqray
 Pomalyst
 Ponvory
 Procysbi
 Promacta
 Pulmozyme
 Pyrimethamine
 Radicava ORS
 Ravicti
 Rebetal
 Relyvrio
 Retevmo
 Revatio
 Revlimid
 Ribasphere
 Ribasphere Ribapak
 Ribavirin
 Rilutek
 Riluzole
 Rinvoq ER
 Rozlytrek
 Rubraca
 Rydapt
 Sabril
 Samsca
 Sapropterin
 Scemblix
 Sildenafil antihypertensive
 Sofosbuvir/Velpatasvir
 Sorafenib

Sotyktu
 Sovaldi
 Sprycel
 Stivarga
 Sunitinib
 Sutent
 Symdeko
 Tabrecta
 Tadalafil antihypertensive
 Tadiq
 Tafinlar
 Tagrisso
 Talzena
 Tarceva
 Tasisga
 Tecfidera
 Technivie
 Temodar
 Temozolamide
 Tetrabenazine
 Thalomid
 TOBI ampules
 TOBI-Podhaler
 Tobramycin ampules
 Tolvaptan
 Tracleer
 Trikafta
 Tykerb
 Tyvaso
 Uptravi
 Veltassa
 Verzenio
 Viekira PAK
 Viekira XR
 Vigabatrin
 Vijoice
 Vitakvi

Vizimpro
 Vonjo
 Vosevi
 Votrient
 Vumerity DR
 Vyndamax
 Vyndaqel
 Wakix
 Xalkori
 Xeljanz
 Xeljanz XR
 Xeloda
 Xenazine
 Xtandi
 Xyrem
 Zavesca
 Zelboraf
 Zepatier
 Zeposia
 Zolinza
 Zykadia
 Zytiga

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

8-Mop
 Alunbrig
 Austedo
 Ayvakit
 Balversa
 Boniva 150mg
 Calquence
 Carglumic Acid
 Chenodal
 Cholbam
 Cometriq

Copiktra
 Daraprim
 DDAVP
 Diacomit
 Emflaza
 Exkivity
 Exservan
 Firdapse
 Fotivda
 Gavreto
 Gocovri ER
 Imbruvica
 Inbrija
 Ingrezza
 Isturisa
 Jynarque
 Keveyis
 Korlym
 Koselugo
 Kyzatrex
 Livmarli
 Livtencity
 Lupkynis
 Nityr
 Orfadin
 Orgovyx
 Pemazyre
 Pyrukind
 Qinlock
 Recorlev
 Rezurock
 Ruzurgi
 Sucraid
 Tavalisse
 Tavneos
 Tepmetko
 Thiola

SPECIALTY PHARMACY MEDICATIONS

Tiglutik
Tlando
Truseltiq
Tukysa
Turalio
Ukoniq
Venclexta
Vigadrone
Vistogard
Welireg
Xermelo
Xospata
Xpovio
Xuriden
Xywav
Yonsa
Zejula
Zokinvy
Zydelig

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

Mugard
Oxervate
Panretin
Valchlor

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

Cystadrops
Cystaran
Qutenza
Synarel

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

Bravelle
Cetrotide
Clomid
Clomiphene
Crinone
Endometrin
Follistim AQ
Fyremadel
Ganirelix
Gonal-F/Gonal-F RFF
Gonal-F RFF Redi-Ject
Human Chorionic Gonadotropin (hCG)
Hydroxyprogesterone
Leuprolide
Lupron Depot
Lupron Depot-Ped
Luveris
Makena
Menopur
Novarel
Ovidrel
Pregnyl
Serophene



NON-COVERED MEDICATIONS

Your pharmacy program provides coverage for more than 4,000 prescription medications. This section lists medications that aren't covered under your benefits. Most medications on our non-covered list have covered alternatives that have proven to be equally safe and effective 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. Check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up to date as of October 1, 2023, 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.org/medication.

NON-COVERED MEDICATIONS

7T Gummy ES	Advance Diabetic Testing Supplies	Amphetamine ER Suspension	Atacand
Abilify	Advanced Allergy Collection Kit	Amrix	Atacand HCT
Abilify Mycite	Advocate Diabetic Testing Supplies	Amzeeq	Atelvia
Absorica	Adyphren	Anafranil	Ativan
Absorica LD	Adyphren II	Ana-Lex	Atopaderm
Abstral	Adzenys XR	Angeliq	Atopavo
Acanya	Aemcolo DR	Anodyne LPT	Atopiclair
Accolate	Aerochmaber Kit	Antara	Atralin
Accucaine	Agamatric Diabetic Testing Supplies	Anusol HC suppository	Atropen
Accu-Chek Diabetic Testing Supplies	Agoneaze	Anzemet	Augmentin XR
Accula Covid Kit	Airduo Digihaler	Apadaz	Auryxia
Accupril	Airduo Respiclick	Apidra	Autocode Diabetic Testing Supplies
Accuretic	Akief	Aplenzin	Auvi-Q
Accutrend Diabetic Testing Supplies	Akynzeo	Apriso	Avalide
Aciphex (excluded for 18 years and older)	Albuterol Hfa (Ventolin Authorized Product)	Aprizio Pak	Avapro
Actemra	Alcortin-A	Aprizio Pak II	Avelox
Acticlate	Alinia	Aptensio XR	Avidoxy
Actigall	Alkindi	Aqua Glycolic HC	Avidoxy DK
Actiq	Allzital	Arakoda	Avita
Active Injection D	Alodox	Aranesp	Azasite
Activella	Alogliptin	Arava	Azeschew
Active-Pac	Alogliptin/Metformin	Arcapta	Azesco
ActoPlus Met	Alogliptin/Pioglitazone	Arimidex	Azopt
Acular	Aloquin	Arixtra	Azor
Acular LS	Alora	Armonair Digihaler	Azstarys
Acuvail	Alphagan P	Aromasin	B12 Kit
Aczone	Alex	Arthrotec	Bafiertam
Adazin	Altabax	Arymo ER	Balcoltra
Adderall	Altace	Arze-Ject-A Kit	Basadrox
Addyi	Altoprev	Asacol HD	Basadrox
Adhansia XR	Alvesco	Ascensia Test Strips	B-D Testing Strips
Adlarity	Ambien	Asmanex HFA	BD Veritor Covid KIT
Adlyxin	Ambien CR	Asmanex Twisthaler	Belsomra
Admelog		Aspirin/Omeprazole (excluded for 18 years and older)	Benicar
		Assure Diabetic Testing Supplies	Benicar HCT
			Benzaclin
			Benzaclin Kit

NON-COVERED MEDICATIONS

Benzhydrocodone/
 Acetaminophen
 Benzonatate 150mg
 Beser
 Besivance
 Betaloan Suik
 Betimol
 Betoptic S
 Bevespi Aerosphere
 Bg-Star Diabetic
 Testing Supplies
 Biifenac Kit
 Bijuva
 Binosto
 Bionect
 Bioscanner Diabetic
 Testing Supplies
 Biotene Dry Spray
 Blulink Diabetic
 Testing Supplies
 Boniva
 Breo Ellipta
 Brevicon
 Brexifemme
 Brilinta
 Brisdelle
 Bromsite
 Brovana
 BSP 0820
 Brylhal
 Budesonide/Formoterol
 (Symbicort
 Authorized Product)
 Bunavail
 Bydureon
 Bydureon Bcise
 Byetta
 Bystolic
 Caduet

Calcipotriene Foam (Sorilux
 Authorized Product)
 Cambia Powder
 Caphosol
 Caplyta
 Capsfenac
 Carac
 Carbinoxamine 6mg
 Cardene
 Cardizem CD
 Cardizem LA
 Cardura XL
 Careone Diabetic
 Testing Supplies
 Caresens Diabetic
 Testing Supplies
 Caretouch Diabetic
 Testing Supplies
 Cataflam
 Celexa
 Cem-Urea
 Centany
 Centany AT
 Cequa
 Ceramax
 Cetraxal
 Chenodal
 Chlorzoxazone 250mg
 Chlorzoxazone 375mg
 Chlorzoxazone 750mg
 Chorionic Gonadotropin
 Cialis
 Cimzia
 Citalopram Capsules
 Clenpiq
 Cleocin T
 Clever Check Diabetic
 Testing Supplies

Clever Choice Diabetic
 Testing Supplies
 Clindcin ETZ Kit
 Clindacin PAC
 Clindagel
 Clindavix
 Clobetavix
 Clobex
 Clodan Kit
 Cobas Covid-2 Kit
 Colazal
 Colchicine Capsules
 Colcrys
 Collanex
 Combigan
 Confirm Diabetic
 Testing Supplies
 Conjupri
 Contour Diabetic
 Testing Supplies
 Convenience Pak
 Conzip
 Cool Diabetic
 Testing Supplies
 Copaxone
 Coreg
 Coreg CR
 Corlanor
 Cosentyx
 Cosopt PF
 Contempla XR ODT
 Cozaar
 Crestor
 CVS Advanced Diabetic
 testing supplies
 CVS Dry Mouth
 Cyclobenzaprine 7.5mg
 Cyclopak Kit

Cymbalta
 Daliresp
 Dapsone 7.5%
 Daypro
 Daytrana
 Dayvigo
 D-Care Diabetic
 Testing Supplies
 D-Care 100X
 DDAVP
 Deluo
 Delzicol
 Delzicol XR
 Depakote
 Depakote ER
 Depakote Sprinkle
 Depo-Sub Q Provera 104
 Derma-Smoothe/FS Body Oil
 Derma-Smoothe/FS
 Scalp Oil
 Dermacin
 Silazone Pharmapak
 Dermacin Cinolone-1 CPI
 DermacinRx Clorhexacin
 DermacinRx Empricaine
 DermacinRx PHN
 DermacinRx Prenatrix
 DermacinRx Prenatryl
 DermacinRx Pretrate
 DermacinRx Prizopak
 DermacinRx Silapk
 DermacinRx
 Surgical Pharmpak
 DermacinRx Therazole Pak
 DermacinRx ZRM
 Dermalid
 Dermawerx SDS

NON-COVERED MEDICATIONS

Dermawerx Surgical Plus Pack
 Dermotic
 Desvenlafaxine ER
 Detrol
 Detrol LA
 Dexedrine
 Dexilant (Kapidex) (excluded for 18 years and older)
 Dexlansoprazole (excluded for 18 years and older)
 Dhivy
 Diathrive Diabetic Testing Supplies
 Diatrue Diabetic Testing Supplies
 Diclo Gel
 Diclofenac Epolamine
 Diclofenac Potassium 25mg
 Diclofenac Potassium 35mg
 Diclofenac Submicronized
 Diclofono
 Dicloheal-60
 Diclopak
 Diclopr Combo Pack
 Diclostream Pak
 Diclotrex
 Diclotrex II
 Diclovix
 Diclovix M
 Diclo-Xrylix Sheet Kit
 Diclozor
 Differin
 Dilaudid
 Diovan
 Diovan HCT
 Dipentum
 Dithol Combo Pack

Ditropan XL
 Divigel
 DM2 kit
 DMT Suik
 Dolotranz
 Doubledex
 Doxycycline Hyclate 50mg tablets
 Doxycycline IR-DR
 Drizalma Sprinkle
 Dry Mouth Solution
 Duaklir Pressair
 Duavee
 Duexis
 Duobrii
 Duocare Diabetic Testing Supplies
 Duragesic
 Durezol
 Durlaza
 Durolane
 Easy Plus Diabetic Testing Supplies
 Easy Step Diabetic Testing Supplies
 Easy Talk Diabetic Testing Supplies
 Easy Touch Diabetic Testing Supplies
 Easy Trak Diabetic Testing Supplies
 Easygluco Diabetic Testing Supplies
 Easymax Diabetic Testing Supplies
 Easyplus Diabetic Testing Supplies
 Easypro Diabetic Testing Supplies
 EC-Naprosyn

Econasil
 Edarbi
 Edarbyclor
 Edluar
 Elemar
 Effexor XR
 Element Diabetic Testing Supplies
 Elepsia XR
 Elestrin
 Eletone
 Ellzia
 Elyxyb
 Embrace Diabetic Testing Supplies
 Empraciane
 Empraciane II
 Emsam
 Enablex
 Epaned
 Epiduo
 Epiduo Forte
 Epinephrine Autoinject (Amneal Authorized Product For Adrenaclick)
 Epinephrine Snap-V
 Episil
 Episnap Convenience Kit
 Epogen
 EQ Diabetic Testing Supplies
 Equetro
 Ertaczo
 Esomeprazole (excluded for 18 years and older)
 Esomeprazole Stronum (excluded for 18 years and older)
 Esomeprazole-EZS Kit (excluded for 18 years and older)

Estrace
 Estrogel
 Eucrisa
 Euflexxa
 Evamist
 Evekeo
 Evencare Diabetic Testing Supplies
 Evoclin
 Evolution Diabetic Testing Supplies
 Exactech Diabetic Testing Supplies
 Exforge
 Exforge HCT
 Exservan
 Extavia
 Extina
 EZ Smart Diabetic Testing Supplies
 Ezallor Sprinkle
 Fabior
 Factive
 Fanapt
 Femring
 Fenofibrate 50mg
 Fenofibrate 150mg
 Fenoglide
 Fenoprofen capsules
 Fenovar
 Fentanyl Citrate
 Fentora
 Fetzima
 Fexmid
 Fiasp
 Fibricor
 Fifty50 Diabetic Testing Supplies

NON-COVERED MEDICATIONS

Fiorinal
First Lansoprazole
First Omeprazole
Flagyl
Flagyl ER
Flarex
Flector
Flexipak
Flolipid
Fluopar
Fluoroplex
Fluovix
Fluovix Plus
Fluoxetine Tablets
Fluticasone Propionate HFA
Fluticasone/Vilanterol
FML Forte
FML Liquifilm
FML S.O.P.
Focalin
Focalin XR
Follistim
Fora Diabetic
Testing Supplies
Foracare Diabetic
Testing Supplies
Forfivo XL
Fortamet
Fortesta
Fortiscare Diabetic
Testing Supplies
Fosamax
Fragmin
Freestyle Diabetic
Testing Supplies
Frova
Ganirelix

GE 110 Diabetic
Testing Supplies
Gelclair
Gelnique
Gel-One
Gelsyn-3
Genotropin
Genstrip Diabetic
Testing Supplies
Genultimate Diabetic
Testing Supplies
Genvisc
Geodon
GHT Diabetic
Testing Supplies
Gimoti
Gleevec
Gloperba
Glucocard Diabetic
Testing Supplies
Glucometer Diabetic
Testing Supplies
Gluco Perfect Diabetic
Testing Supplies
Glucocom Diabetic
Testing Supplies
Gluconavii Diabetic
Testing Supplies
Glumetza
Gmate Diabetic
Testing Supplies
GNP Diabetic
Testing Supplies
Gocovri ER
Goggi Diabetic
Testing Supplies
Golytely
Halobetasol Foam
Harmony Diabetic
Testing Supplies

Healthpro Diabetic
Testing Supplies
Helidac Therapy Pak
Hemady
Horizant
HPR
HPR Plus
HPR Plus Hydrogel
Humana True Metrix Diabetic
Testing Supplies
HW Embrace Diabetic
Testing Supplies
Hyalgan
Hylaguard
Hylatopic
Hylatopic Plus
Hylatopic Plus-Aurstat
Hymovis
Hysingla ER
Hyzaar
Ibsrela
Ibupak
Ibuprofen/Famotidine
Iglucose Diabetic
Testing Supplies
Ilevro
Ilumya
Imitrex Kit Refill
Imitrex Pen Injector
Imitrex Vial
Imvexxy
Inavix
Inderal LA
Inderal XL
Indomethacin 20Mg
(Branded Product)
Infinity Diabetic
Testing Supplies
Inflamma-K

Innopran XL
Insulin Aspart
Insulin Glargine
Insulin Lispro
Insulin Lispro Jr.
Insulin Lispro Mix 75-25
Intermezzo
In Touch Diabetic
Testing Supplies
Intuniv
Invega
Inveltys
Invokana
Invokamet
Invokamet XR
Istalol
Jentaduetto
Jentaduetto XR
Journay PM
Jublia
Kadian
Kapvay
Kapzin DC
Kaspargo Sprinkle
Katerzia
Kazano
Keppra
Keppra XR
Keralyt Scalp 6% Kit
Kerydin
Ketoprofen 25mg
Ketorolac Nasal Spray
(Branded Product)
Kineret
Kitabis Pak
Klonopin
Kombiglyze
Krintafel

NON-COVERED MEDICATIONS

Kristalose
KRO premium
Diabetic supplies
Kroger Diabetic
Testing Supplies
Kuvan
Lactulose Pak
Lamictal
Lamictal ODT
Lamictal XR
Lancet Diabetic
Testing Supplies
Latuda
Lazanda
Ledipasvir/Sofosbuvir
Lemtrada
Lescol
Lescol XL
Levamlodipine
Levalbuterol HFA
Levemir
Levitra
Levothyroxine capsules
Lexapro
Lexette
Liberty Diabetic
Testing Supplies
Licart
Lido BDK
Lidocaine/Hydrocortisone Kit
Lidcoaine/Hydrocortisone
Lidocidex I
Lidocort
Lidoderm
Lidolog
Lidomark
Lidopac
Lidopril

Lidopril XR
Lido-Prilo Caine Pack
Lidocaine/Prilocaine Kit
Lidotor
Lidotrex
Lidovix
Lidovix L
Lipitor
Lipofen
Livalo
Livixil Pak
LMR Plus Kit
Lodine
Lodine XL
Lofena
Lokelma
Lonhala Magnair
Lopressor
Loprox Kit
Loreev XR
Lorzone
Loseasonique
Lotemax
Lotemax SM
Lotensin
Lotensin HCT
Lotrel
Loutrex
Lovaza (Omacor)
Lovenox
Lubiprostone
Lucira Covid Kit
Luliconazole
Lunesta
Luzu
Lybalvi
Lymepak

Lyra Covid Kit
Lyrica
Lyrica CR
Lysteda
Lyumjev
Marvona Suik
Mas Care-Pak
Mavyret
Maxalt
Maxalt-Mlt
Maxidex
Mb Hydrogel
Medrolan II Suik
Medroloan Suik
Meijer Diabetic
Testing Supplies
Megace ES
Menostar
Mentho-Caine Kit
Metformin 625mg
Metformin ER (Fortamet
Authroized product)
Metformin ER (Glumetza
Authroized product)
Micardis
Micardis HCT
Mico ZN
Microdot Diabetic
Testing Supplies
Microvix LP
Migranow
Minastrin Fe
Minocin
Minocycline Tablets
Minocycline ER
(Branded product)
Minolira ER
Mirapex

Mirapex ER
Moi-Stir
Mobic
Monodox
Monovisc
Morgidox Kit
Motegrity
Mouth Kote
Moviprep
Moxatag
Moxicane
Moxeza
Mulpleta
My Gluco Health Diabetic
Testing Supplies
Mydayis
Myfembree
Nalfon
Namzaric
Naprelan
Naprelan CR Dose Card
Naprosyn
Naproxen CR
Naproxen/Esomeprazole
Nascobal
Natazia
Natesto Nasal
Neocera
Neosalus
Neosalus CP
Neo-Synalar Kit
Nesina
Neuac Kit
Neupogen
Neupro
Neurontin
Neutek Diabetic
Testing Supplies

NON-COVERED MEDICATIONS

Nevanac	Nuvigil	OxyContin	Pradaxa
Nexiclon XR	Olumiant	Oxytrol	Pravachol
Nexium (excluded for 18 years and older)	Olux	Paingo KFT	Precision Diabetic Testing Supplies
Nitro-Dur	Omeclamox	Pamelor	Pred Mild
No Coding Diabetic Testing Supplies	Omeprazole/Bicarbonate (excluded for 18 years and older)	Pancreaze	Prefest
Nocdurna	Omeprazole + Syrspond (excluded for 18 years and older)	Patanase	Pregnyl
Noctiva	Omnitrope	Paxil	Premium Diabetic Testing Supplies
Nopiod-LMC	On Call Diabetic Testing Supplies	Paxil CR	Prenatryl
Nopiod-TC	One Drop Diabetic Testing Supplies	P-Care	Prenatrix
Norditropin	Onexton	P-Care K	Presera
Norgesic	Onglyza	P-Care M	Prestalia
Norgesic Forte	Onzetra Xsail	P-Care MG	Prestige Diabetic Testing Supplies
Northera	Optium Diabetic Testing Supplies	P-Care X	Prevacid (excluded for 18 years and older)
Norvasc	OptiumEZ Diabetic Testing Supplies	Penlac	Prilo Patch Kit
Nova Max Diabetic Testing Supplies	OptumRx Diabetic Testing Supplies	Pennsaicin	Prilo Patch II Kit
Novacort	Oracea	Pennsaid	Priloheal Plus 30
Novolin	Oral Releif	Pentican	Prilolid
Novolog	Orapred ODT	Pepcid	Prilosec (excluded for 18 years and older)
Noxipak	Oravig	Percocet	Prilovix
Nucaraclinpak	Orencia	Perseris	Prilovixil
Nucararxpak	Oriahnn	Pertzeye	Prinivil
Nucort	Orilissa	Pexeva	Pristiq
Nucynta	Orphendrine/Aspirin/Caffeine	Physicians Choice Diabetic Testing Supplies	Prozopak II
Nucynta ER	Orthovisc	Physicians EX USE B12 Kit	Prizotral
Nudermrxpack	Oseni	Physicians USE EZ M-Pred Kit	Prizotral II
Nudiclo Solupak	Osmolex ER	Plaquenil	ProVoice Diabetic Testing Supplies
Nudiclo Tabpak	Osmoprep	PNV 20-1	ProAir Digihaler
Nulytely	Osphena	Pocketchem Diabetic Testing Supplies	ProAir HFA
Nusurgepak Surgical Prep	Oxaydo	Pod-Care 100C	ProAir RespiClick
Nutraseb	Oxycodone ER	Pod-Care 100CG	Procrit
Nutria Rx		Pod-Care 100K	Prodigy Diabetic Testing Supplies
NuvaRing		Pod-Care 100KG	
Nuvakaan		Pogo Diabetic Testing Supplies	
Nuvakaan II		Ponvory	
Nuessa		PR Cream Kit	

NON-COVERED MEDICATIONS

Profinac
 Prolensa
 Promiseb
 Protonix (excluded for 18 years and older)
 Proventil HFA
 Proventil Inhaler
 Provigil
 Prozac
 PTS Panel Diabetic Testing Supplies
 Pylera
 Qbrexis
 Qbrexza
 Qelbree
 Qmiiz ODT
 Qtern
 Quartette
 Quicktek Diabetic Testing Supplies
 Quickview Covid Kit
 Quillichew ER
 Quillivant XR
 Quinixil
 Quintet Diabetic Testing Supplies
 Quinja
 Qulipta
 Quviviq
 RA Dry Mouth
 Rabeprazole 10mg (excluded for 18 years and older)
 Rapaflo
 Rayaldee
 Rayos
 Readysharp Betamethasone
 Readysharp Bupivacaine
 Readysharp Dexamethasone

Readysharp Ketorolac
 Readysharp Lidocaine
 Readysharp Methylprednisolone
 Readysharp Triamcinolone
 Realheal-1
 Recothrom
 Reditrex
 Refuah Plus Diabetic Testing Supplies
 Regenecare
 Relador PAK
 Relador PAK Plus
 Relafen DS
 Rellexii ER
 Relion Diabetic Testing Supplies
 Relpax
 Remeron
 Remeron Soltab
 Repatha
 Requip XL
 Restoril
 Retin-A Cream
 Retin-A Micro
 Revatio
 Reveal Diabetic Testing Supplies
 Rexulti
 Reyvow
 Rhopressa
 Rightest Diabetic Testing Supplies
 Ritalin
 Ritalin LA
 Rocklatan
 Rosadan
 Rosuvastatin/Ezetimibe
 Roszet

Roxybond
 Rytary ER
 Ryvent
 Saizen
 Saizenprep
 Salicylic Acid 6% Kit
 Salicylic Acid/Ceramide Kit
 Salex Cream Kit
 Salvax Duo
 Salvax Duo Plus
 SanadermRx Skin Repair
 Sancuso
 Saphris
 Sarafem
 Savaysa
 Savella
 Scalacort
 Seasonique
 Secuado
 Seglentis
 Segluromet
 Semglee
 Sernivo
 Seroquel
 Seroquel XR
 Sertraline Capsules
 Seysara
 Sila III
 Silenor
 Siliq
 Silvrstat
 Simbrinza
 Simponi
 Sinemet 25/100
 Singulair
 Sitavig
 Skyaderm-LP

Sklice
 Smart Sense Diabetic Testing Supplies
 SmarTest Diabetic Testing Supplies
 Soaanz
 Sodium Hyaluronate
 Sofia Covid Kit
 Sofosbuvir/Velpatasvir
 Sof-Tact Diabetic Testing Supplies
 Solaravix
 Soliqua
 Solodyn
 Solosec
 Soltamox
 Solupak
 Solus Diabetic Testing Supplies
 Soma
 Soolantra
 Sorilux
 Sovaldi
 Sporanox
 Spritam
 Sprix
 Stalevo
 Staxyn
 Steglatro
 Steglujan
 Stendra
 Strattera
 Suboxone
 Subsys
 Sular
 Sumadan
 Sumaxin
 Sumaxin CP

NON-COVERED MEDICATIONS

Sumaxin TS
 Sunosi
 Supartz
 Supreme Diabetic Testing Supplies
 Suprep
 Sure-Test Diabetic Testing Supplies
 Sure Edge Diabetic Testing Supplies
 SureChek Diabetic Testing Supplies
 Sure Result Tac Pak
 Sustol
 Sympazan
 Symproic
 Synalar Combo-Pack
 Synalar TS
 Synojoynt
 Synvexia TC
 Synvisc
 Synvisc-One
 Targadox
 Tarka
 Tascenso
 Taytulla
 Tazorac
 Tecfidera
 Tekturna
 Tekturna HCT
 Telcare Diabetic Testing Supplies
 Tenormin
 Teriparatide
 Tersil
 Test N'Go Diabetic Testing Supplies
 Testim
 Testone CIK

Testosterone (Testim Authorized Product)
 Testosterone (Vogelxo Authorized Product)
 Testosterone Gel (Fortesta Authorized Product)
 Tiazac
 Timoptic
 Timoptic Ocudose
 Tindamax
 Tirosint
 Tivorbex
 Tobradex
 Tobradex ST
 Tofranil
 Tolak
 Tolsura
 Topamax
 Topidex
 Toronova II Suik
 Toronova Suik
 Toviaz
 Tradjenta
 Tramadol 100Mg Tablets (Branded Product)
 Tramadol ER Capsules
 Tranxene -T
 Tresiba
 Treximet
 Trezix
 Triadime-80
 Triamcinolone 0.05%
 Trianex
 Tribenzor
 Tricor
 Triglide
 Triheal-80
 Trileptal

Trilipix
 Trilipx DR
 Triloan II Suik
 Triloan Suik
 TriloCiclo Kit
 Triluron
 Trinaz
 Tri-Norinyl
 Trintellix (Formerly Brintellix)
 Tritocin
 Trivisc
 Trivix
 Trudhesa
 True Focus Diabetic Testing Supplies
 True Metrix Diabetic Testing Supplies
 Truetest Diabetic Testing Supplies
 Truetrack Diabetic Testing Supplies
 Trulance
 Tudorza
 Twynneo
 Twynsta
 Tyrvaya
 Ultima Diabetic Testing Supplies
 Ultracet
 Ultram
 Ultram ER
 Ultrasal ER
 Ultratrak Diabetic Testing Supplies
 Unistrip Diabetic Testing Supplies
 Up & Up Diabetic Testing Supplies
 Uramaxin

Utibron Neohaler
 Valium
 Valladerm-90
 Vanos
 Varophen Kit
 Vascepa
 Vaseretic
 Vasotec
 Vecamyl
 Vectical
 Velphoro
 Veltassa
 Veltin
 Venlafaxine ER Tablets
 Ventolin
 Ventolin HFA
 Verasens Diabetic Testing Supplies
 Veregen
 Vesicare
 Vexatrol Kit
 Viagra
 Viberzi
 Victory Diabetic Testing Supplies
 Viekira
 Viekira PAK
 Vigamox
 Viibryd
 Vimovo
 Virasal
 Visco-3
 Vivaguard Ino Diabetic Testing Supplies
 Vivlodex
 Vocal Point Diabetic Testing Supplies
 Vogelxo

NON-COVERED MEDICATIONS

Vraylar	Yupelri	Zyflo CR
Vusion	Zanaflex	Zylet
Vyepti	Zegerid (excluded for 18 years and older)	Zymaxid
Vytorin	Zelapar	Zypitamag
Vyvanse	Zelnorm	Zypram
Vyzulta	Zembrace Symtouch	Zyprexa
Wakix	Zepatier	Zyprexa Intramuscular
Wavesense Diabetic Testing Supplies	Zestril	Zyprexa Relprevv
Welchol	Zetia	Zyprexa Zydys
Wellbutrin SR	Ziana	
Wellbutrin XL	Ziclocin	
Whytederm Surgipak	Zilacaine	
Whytederm Trilasil Pak	Zilxi	
Winlevi	Ziloval	
WPR Plus	Zinbryta	
Wynzora	Zioptan	
Xadago	Zipsor	
Xalix	Zithromax	
Xanax	Zocor	
Xanax XR	Zofran	
Xelpros	Zohydro ER	
Xepi	Zoloft	
Xerese	Zolpak	
Xilapak	Zolpimist	
Ximino ER	Zomacton	
Xolegel	Zomig	
Xopenex HFA	Zomig ZMT	
Xopenex Nebules	Zonegran	
Xpert Xpress Covid Kit	Zontivity	
Xryliderm	Zorvolex	
Xrylix	Zovirax	
Xrylix II	Ztlido	
Xultophy	Zubsolv	
Xyosted	Zuplenz	
Xywav	Zyclara	
Yosprala DR	Zyflo	

HOW TO REQUEST COVERAGE FOR NON-COVERED MEDICATIONS

To request coverage for non-covered medications, your doctor will need to contact our Pharmacy Operations department using one of the methods below, and provide the Massachusetts Standard Form for Medication for Prior Authorization Requests, along with any additional supporting documentation:



PHONE

1-800-366-7778



FAX

1-800-583-6289

Phone and fax are recommended for faster service.



MAIL

Blue Cross Blue Shield of Massachusetts
Pharmacy Operations Department
25 Technology Place
Hingham, MA 02043-4359

TURNAROUND TIME

Standard requests are reviewed within 48 hours of receipt. In certain life-threatening situations, your doctor may request an expedited review, which we'll respond to within 24 hours of receipt.

CRITERIA FOR EXCEPTION REQUESTS

We may authorize coverage based on one of the following criteria:

- You have documented treatment failures with two covered medications.⁴
- You have documented adverse effects to two covered medications, which are significant enough to stop taking the medications.
- There is another specified clinical basis.

Note: If a non-covered medication is approved, it will be covered at the highest tier, and you'll pay the highest out-of-pocket cost for the medication.

4. Or if there is only one covered alternative available for the requested medication, and the alternative medication fails.

APPEALING A COVERAGE DECISION

A coverage decision is a ruling we make about your health care and pharmacy coverage, or the amount of money we pay for health care services and medications. In some cases, we may decide that a service or medication isn't covered, or is no longer covered for you. If you're not satisfied with a coverage decision, you, your doctor, or an authorized representative can appeal the decision within 180 days of the date of the service, or when you receive a notice of the decision, by contacting the Member Appeal and Grievance Program by:



PHONE

1-800-472-2689



FAX

1-617-246-3616

Phone and fax are recommended for faster service.



EMAIL

grievances@bcbsma.com



MAIL

Blue Cross Blue Shield of Massachusetts
Member Appeal and Grievance Program
One Enterprise Drive
Quincy, MA 02171-2126

WHAT HAPPENS WHEN AN APPEAL IS DENIED

If your appeal is denied in part or in full, we'll contact you to explain how we reached our decision. We'll also inform you if your appeal qualifies for an external review, and which steps you should take to file the request.

To read your full appeal and grievance rights, refer to your Evidence of Coverage.

FOR MORE INFORMATION:

1

Visit
bluecrossma.org.

2

Go to **Member Rights**
at the bottom of the page.

3

Click
Appeals & Grievances.



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APPROVAL PROCESS FOR NEW MEDICATIONS

Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors with various specialty backgrounds, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee's expertise and advice 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.

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 **civilrightscordinator@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**.

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។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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/Ελληνικά: 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 निःशुल्क 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:

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

Lao/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໃຫລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béesh bee hódíílnih (TTY: **711**).



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