



National Preferred Formulary (NPF): Medications That Require Prior Authorization

Last Updated: January 1, 2022

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

These medications are subject to Prior Authorization, and require your doctor to obtain approval from us so your medications are covered. This step ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

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, and Prior Authorization from Blue Cross to receive coverage for these medications. Some medications may also be subject to other pharmacy management programs, such as Step Therapy or Quantity Limitations, or be considered specialty medications.

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at bluecrossma.org.

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

Allergies

Medication Name		
GRASTEK	ORALAIR	RAGWITEK
ODACTRA	PALFORZIA	

Anti-Fungal

Medication Name		
CRESEMBA	NOXAFIL	VFEND

Anti-Infective

Medication Name			
DARAPRIM	PRETOMANID	SIRTURO	VEKLURY

Anti-Infective—Specialty

Medication Name		
ARIKAYCE	KITABIS	TOBI PODHALER
BETHKIS	TOBI	

Asthma—Specialty

Medication Name			
CINQAIR	FASENRA	NUCALA	XOLAIR

Asthma/COPD

Medication Name			
ADVAIR DISKUS	AIRDUO DIGIHALER	BREO ELLIPTA	SYMBICORT
ADVAIR HFA	AIRDUO RESPICLICK	DULERA	

Blood Disorders

Medication Name		
ADAKVEO	GRANIX	PROMACTA
ARANESP	INFED	REBLOZYL
CABLIVI	INJECTAFER	RETACRIT
DOPTELET	MIRCERA	SOLIRIS
EMPAVELI	MONOFERRIC	TAVALISSE
ENDARI	MULPLETA	ULTOMIRIS
EPOGEN	NEUPOGEN	VENOFER
FERAHEME	NIVESTYM	ZARXIO
FERRLECIT	NPLATE	ZIEXTENZO
FULPHILA	OXBRYTA	
GAMIFANT	PROCRIT	

Bone Conditions

Medication Name			
CRYSVITA	GEL-ONE	MONOVISC	SYNVISC-ONE
DUROLANE	GELSYN-3	ORTHOVISC	TRILURON
EUFLEXXA	GENVISC 850	SODIUM HYALURONATE 1%	TRIVISC
EVENITY	HYALGAN	SUPARTZ FX	TYMLOS
FORTEO	HYMOVIS	SYNVISC	VISCO-3

Cardiovascular

Medication Name			
ELIQUIS	SAVAYSA	VYNDAQEL	ZONTIVITY
PRADAXA	VYNDAMAX	XARELTO	

Chelating Agents

Medication Name			
CHEMET	EXJADE	FERRIPROX	JADENU

Chronic Kidney Disease

Medication Name
KERENDIA

Depression

Medication Name	
SPRAVATO	ZULRESSO

Diabetes

Medication Name				
ADLYXIN	BYDUREON BCISE	OZEMPIC	SYMLIN	TRULICITY
BYDUREON	BYETTA	RYBELSUS	TANZEUM	VICTOZA

Duchenne Muscular Dystrophy

Medication Name				
AMONDYS 45	EMFLAZA	EXONDYS 51	VILTEPSO	VYONDYS 53

Endocrine Disorders

Medication Name		
ANDRODERM	JATENZO	SIGNIFOR
ANDROGEL	KORLYM	SIGNIFOR LAR
AVEED	MYALEPT	SOMATULINE DEPOT
AXIRON	MYCAPSSA	STRIANT
DEPO-TESTOSTERONE	NATESTO	TESTIM
EGRIFTA	NATPARA	TESTOPEL
FORTESTA	SAMSCA	VOGELXO
INCRELEX	SANDOSTATIN	XYOSTED
ISTURISA	SANDOSTATIN LAR DEPOT	

Eye Conditions

Medication Name		
BEOVU	LUCENTIS	TRAVATAN Z
BIMATOPROST 0.03%	LUMIGAN	UPNEEQ
CEQUA	LUXTURNA	VYZULTA
EYLEA	OXERVATE	XALATAN
EYSUVIS	RESTASIS	XIIDRA
LACRISERT	TEPEZZA	

Gastrointestinal

Medication Name
XERMELO

Gout

Medication Name
KRYSTEXXA

Growth Hormones

Medication Name				
GENOTROPIN	NORDITROPIN	NUTROPIN AQ NUSPIN	SAIZEN	ZOMACTON
HUMATROPE	NUTROPIN AQ	OMNITROPE	SEROSTIM	ZORBTIVE

Hemophilia

Medication Name			
ADVATE	ELOCTATE	JIVI	REBINYN
ADYNOVATE	ESPEROCT	KOATE	RECOMBINATE
AFSTYLA	FEIBA	KOGENATE FS	RIXUBIS
ALPHANATE	HELIXATE FS	KOVALTRY	SEVENFACT
ALPHANINE	HEMLIBRA	MONOCLATE-P	TRETTEN
ALPROLIX	HEMOFIL M	MONONINE	VONVENDI
BENEFIX	HUMATE-P	NOVOEIGHT	WILATE
COAGADEX	IDELVION	NUWIQ	XYNTHA
CORIFACT	IXINITY	PROFILNINE	XYNTHA SOLOFUSE

Hepatitis C

Medication Name			
EPCLUSA	MAVYRET	SOFOSBUVIR/VELPATASVIR	VOSEVI
HARVONI	PEGASYS	SOVALDI	ZEPATIER
LEDIPASVIR/SOFOSBUVIR	PEGINTRON	VIEKIRA PAK	

Hereditary Angioedema

Medication Name			
BERINERT	FIRAZYR	KALBITOR	RUCONEST
CINRYZE	HAEGARDA	ORLADEYO	TAKHZYRO

High Blood Cholesterol

Medication Name				
EVKEEZA	LOVAZA	NEXLETOL	NEXLIZET	VASCEPA

Hormone Supplementation

Medication Name
MAKENA

Immunosuppressive Agents

Medication Name
REZUROCK

Inflammatory Conditions

Medication Name		
ACTEMRA	KEVZARA	SILIQ
BENLYSTA IV	KINERET	SIMPONI
BENLYSTA SC	LUPKYNIS	SIMPONI ARIA
CIMZIA	OLUMIANT	SKYRIZI
COSENTYX	ORENCIA	STELARA
ENBREL	OTEZLA	TALTZ
ENTYVIO	RINVOQ	TREMFYA
HUMIRA	RITUXAN	TRUXIMA
ILUMYA	RUXIENCE	XELJANZ
INFLECTRA	SAPHNELO	

Mental/Neurological Disorders

Medication Name			
ADUHELM	FINTEPLA	NOURIANZ	SABRIL
AUSTEDO	FIRDAPSE	NUPLAZID	SYMPAZAN
BANZEL	GOCOVRI	ONFI	TEGSEDI
BOTOX	INBRIJA	ONGENTYS	TIGLUTIK
DIACOMIT	INGREZZA	ONPATTRO	VALTOCO
DYSPORT	KYNMOBI	OSMOLEX ER	VIGABATRIN
EPIDIOLEX	MYOBLOC	RILUTEK	XENAZINE
EXSERVAN	NAYZILAM	RUZURGI	XEOMIN

Metabolic, Immune Disorders, or Inherited Rare Disease

Medication Name			
ARCALYST	EVRYSDI	NITISINONE	PROLASTIN C
BYLVAY	GALAFOLD	NITYR	SPINRAZA
CERDELGA	GIVLAARI	NULIBRY	STRENSIQ
CEREZYME	ILARIS	OCALIVA	UPLIZNA
CHENODAL	IMCIVREE	ORFADIN	ZAVESCA
CHOLBAM	JYNARQUE	OXLUMO	ZEMAIRA
DOJOLVI	KEVEYIS	PALYNZIQ	ZOKINVY
ENSPRYNG	KUVAN	PROLASTIN	ZOLGENSMA

Migraine Headaches

Medication Name		
NURTEC ODT	REYVOW	UBRELVY

Migraine Headaches—CGRP Products

Medication Name			
AIMOVIG	AJOVY	EMGALITY	VYEPTI

Multiple Sclerosis

Medication Name			
AMPYRA	COPAXONE	MAVENCLAD	REBIF
AUBAGIO	EXTAVIA	MAYZENT	TYSABRI
AVONEX	GILENYA	OCREVUS	VUMERITY
BAFIERTAM	KESIMPTA	PLEGRIDY	ZEPOSIA
BETASERON	LEMTRADA	PONVORY	

Neuromuscular Conditions/Cosmetic

Medication Name
XIAFLEX

Oncology

Medication Name			
ABECMA	ARZERRA	BAVENCIO	BLINCYTO
ADCETRIS	ASPARLAS	BELEODAQ	BORTEZOMIB
AFINITOR	AVASTIN	BELRAPZO	BOSULIF
ALECENSA	AYVAKIT	BENDEKA	BRAFTOVI
ALIQOPA	AZEDRA	BESPONSA	BREYANZI
ALUNBRIG	BALVERSA	BLENREP	BRUKINSA

Oncology (Cont.)

Medication Name			
CABOMETYX	HERZUMA	MEKTOVI	RYBREVANT
CALQUENCE	HYCANTIN	MONJUVI	RYDAPT
CAPRELSA	IBRANCE	MVASI	RYLAZE
CARMUSTINE	ICLUSIG	MYLOTARG	SARCLISA
COMETRIQ	IDHIFA	NERLYNX	SPRYCEL
COPIKTRA	IMBRUVICA	NEXAVAR	STIVARGA
COSELA	IMFINZI	NILANDRON	SUTENT
COTELLIC	IMLYGIC	NINLARO	SYLVANT
CYRAMZA	INLYTA	NUBEQA	SYNRIBO
DACOGEN	INQOVI	ODOMZO	TABRECTA
DANYELZA	INREBIC	OGIVRI	TAFINLAR
DARZALEX	IRESSA	ONCASPAR	TAGRISSO
DARZALEX FASPRO	IXEMPRA	ONIVYDE	TALZENNA
DAURISMO	JAKAFI	ONTRUZANT	TARCEVA
ELIGARD	JELMYTO	ONUREG	TARGETIN
ELZONRIS	JEMPERLI	OPDIVO	TASIGNA
EMPLICITI	JEVTANA	ORGOVYX	TAZVERIK
ENHERTU	KADCYLA	PADCEV	TECARTUS
ERBITUX	KANJINTI	PEMAZYRE	TECENTRIQ
ERIVEDGE	KEYTRUDA	PEPAXTO	TEMODAR (CAPSULES)
ERLEADA	KHAPZORY	PERJETA	TEPADINA
ERWINAZE	KISQALI	PHESGO	TEPMETKO
FARYDAK	KOSELUGO	PIQRAY	THALOMID
FASLODEX	KYMRIAH	POLIVY	TIBSOVO
FIRMAGON	KYPROLIS	POMALYST	TORISEL
FOLOTYN	LENVIMA	PORTRAZZA	TRAZIMERA
FOTIVDA	LEVOLEUCOVORIN	POTELIGEO	TREANDA
FUSILEV	LIBTAYO	PROLEUKIN	TRELSTAR
GAVRETO	LONSURF	QINLOCK	TRISENOX
GAZYVA	LORBRENA	RETEVMO	TRODELVY
GILOTRIF	LUMAKRAS	REVLIMID	TRUSELTIQ
GLEEVEC	LUMOXITI	RITUXAN HYCELA	TUKYSA
HALAVEN	LYNPARZA	ROMIDEPSIN	TURALIO
HERCEPTIN	MARGENZA	ROZLYTREK	TYKERB
HERCEPTIN HYLECTA	MEKINIST	RUBRACA	UKONIQ

Oncology (Cont.)

Medication Name			
UNITUXIN	VITRAKVI	XPOVIO	ZEPZELCA
VALCHLOR	VIZIMPRO	XTANDI	ZIRABEV
VALSTAR	VOTRIENT	YERVOY	ZOLINZA
VECTIBIX	VYXEOS	YESCARTA	ZYDELIG
VELCADE	XALKORI	YONSA	ZYKADIA
VENCLEXTA	XELODA	ZALTRAP	ZYNLONTA
VERZENIO	XGEVA	ZEJULA	
VISTOGARD	XOSPATA	ZELBORAF	

Overactive Bladder

Medication Name
NOCDURNA

Pain—Narcotic

Medication Name		
ABSTRAL	HYDROMORPHONE ER (E.G., EXALGO, GENERICS)	OXYMORPHONE ER (GENERICS)
ACTIQ	LAZANDA	SUBSYS
BUPRENORPHINE (E.G., BELBUCA, BUTRANS)	LIDODERM	TAPENTADOL ER (E.G., NUCYNTA ER)
FENTANYL TRANSDERMAL (DURAGESIC, GENERICS)	METHADONE (E.G., DISKETS, DOLOPHINE, METHADOSE, GENERICS)	TRAMADOL ER (E.G., CONZIP, ULTRAM ER, GENERICS)
FENTORA	MORPHINE SULFATE ER (E.G., ARYMO ER, EMBEDA, KADIAN, MS CONTIN, GENERICS)	ZTLIDO
HYDROCODONE ER (E.G., HYSINGLA ER, ZOHYDRO ER)	OXYCODONE ER (E.G., XTAMPZA ER, OXYCONTIN)	

Pulmonary Hypertension

Medication Name				
ADCIRCA	LETAIRIS	REMODULIN	TYVASO	VENTAVIS
ADEMPAS	OPSUMIT	REVATIO	UPTRAVI	
FLOLAN	ORENITRAM	TRACLEER	VELETRI	

Respiratory Conditions

Medication Name			
BRONCHITOL	KALYDECO	ORKAMBI	TRIKAFTA
ESBRIET	OFEV	SYMDEKO	

Sexual Disorders

Medication Name			
ADDYI	CIALIS	MUSE	VEREGEN
CAVERJECT	EDEX	STAXYN	VIAGRA
CAVERJECT IMPULSE	LEVITRA	STENDRA	VYLEESI

Skin Conditions

Medication Name		
AKLIEF	MIRVASO TOPICAL GEL	SOLARAZE
ALTRENO	QBREXZA	TAZORAC
ARAZLO	RETIN-A	TRETIN X
ATRALIN	RETIN-A MICRO	VELTIN
AVITA	RETIN-A MICRO PUMP	WINLEVI
DUPIXENT	RHOFADE	ZIANA
FABIOR	SCENESSE	ZOVIRAX

Sleep Disorders

Medication Name
HETLIOZ

Substance Abuse Agents

Medication Name
LUCEMYRA

Weight Loss

Medication Name		
ADIPEX-P	PHENDIMETRAZINE TARTRATE	SAXENDA
BENZPHETAMINE HYDROCHLORIDE	PHENTERMINE HYDROCHLORIDE	WEGOVY
DIETHYLPROPION HYDROCHLORIDE	QSYMIA	XENICAL
LOMAIRA	REGIMEX	

Wilson's Disease

Medication Name
SYPRINE

Women's Health—Contraceptives & Non-Pregnancy-Related Conditions

Medication Name		
MYFEMBREE	ORIAHNN	ORILISSA



Translation Resources

Proficiency of Language Assistance Services

Spanish/Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Chinese/简体中文: 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

Haitian Creole/Kreyòl Ayisyen: ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

Vietnamese/Tiếng Việt: LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

Russian/Русский: ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

Arabic/عربي:

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

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាភ្នំគគីតថ្ងៃគឺអាចរកបានសម្រាប់អ្នក។ 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 شمار تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

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

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníít'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'ígííjjí' béésh bee hodíílnih (TTY: 711).

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

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

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. © Registered Marks of the Blue Cross and Blue Shield Association. ® Registered Marks are the property of their respective owners. © 2021 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

001113671

55-2445 (11/21)