

# LEARN ABOUT YOUR PHARMACY PROGRAM

## COVERED MEDICATIONS (FORMULARY)

This guide includes important information about your pharmacy coverage, and lists some of the medications covered under your plan, as well as medications that aren't covered.

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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 available at affordable out-of-pocket costs.

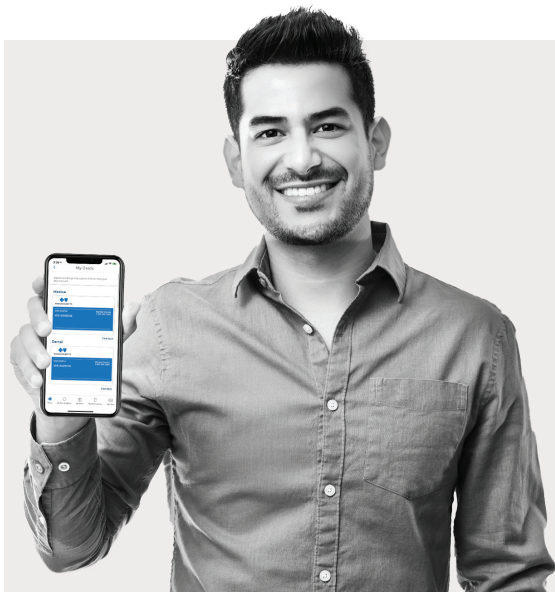
## ABOUT THIS GUIDE

This guide is up to date as of January 1, 2024, 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](https://bluecrossma.org/medication).

## MAIL SERVICE PHARMACY




You can have your 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](https://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).



## GET A PERSONALIZED VIEW OF YOUR PLAN

MyBlue is your online member account that gives you instant access to your plan benefits from any device. Here's what you can do with MyBlue:

-  View plan coverage and details
-  Find an in-network pharmacy
-  Get 90-day prescriptions
-  Price or refill a medication
-  See if a medication is covered

### GET STARTED TODAY

Download the MyBlue app, or create an account at [bluecrossma.org](https://bluecrossma.org).

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# 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 what you owe at checkout. To find your out-of-pocket costs in advance, download the MyBlue app, or create an account at [bluecrossma.org](https://bluecrossma.org). Once signed in, click **Price a Medication** under **My Medications**.

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# 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.<sup>1</sup>

<sup>1</sup> 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 & 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

<b>Tier 1: Generics</b>	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.
<b>Tier 2: Preferred brands</b>	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
<b>Tier 3: Non-preferred brands</b>	Non-preferred brand-name medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred brands.
<b>Tier 4: Preferred brand specialty</b>	These specialty medications are preferred because they're safe, effective alternatives to more expensive brand-name specialty medications.
<b>Tier 5: Non-preferred brand specialty</b>	Non-preferred brand-name specialty medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred brand-name specialty medications.

## 6-TIER

<b>Tier 1: Preferred generics</b>	These medications are preferred because they cost less than other generic medications.
<b>Tier 2: Non-preferred generics</b>	Non-preferred generic medications cost more than preferred generics, so you'll <b>pay more</b> if you use them instead of preferred generics.
<b>Tier 3: Preferred brands</b>	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
<b>Tier 4: Non-preferred brands</b>	Non-preferred brand-name medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred brands.
<b>Tier 5: Preferred brand specialty</b>	These specialty medications are preferred because they're safe, effective alternatives to more expensive, brand-name specialty medications.
<b>Tier 6: Non-preferred brand specialty</b>	Non-preferred brand-name specialty medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred brand-name specialty medications.

## Learn more about your coverage

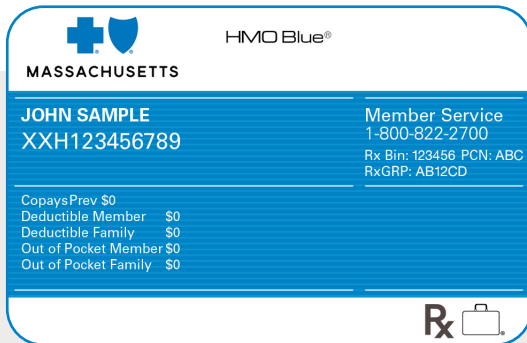
For more information about your pharmacy benefits, sign in to MyBlue at [bluecrossma.org](https://bluecrossma.org).

# 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 January 1, 2024, 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<sup>®</sup> NASAL SPRAY

As of September 1, 2023, the over-the-counter naloxone and Narcan nasal sprays are covered at no cost for most members<sup>2</sup> when purchased at an in-network pharmacy.<sup>3</sup> 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](https://www.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 January 1, 2024.  
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 January 1, 2024, 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](https://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  
 Adalimumab-adaz  
 Adalimumab-adbm  
 Adalimumab-fkjp  
 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  
 AirSupra

Ajovy  
 Akynzeo  
 Albuterol Sulfate HFA  
 Alendronate Sodium  
 Alinia  
 Almotriptan  
 Alora  
 Alosetron  
 Alrex  
 Altoprev  
 Alvesco  
 Ambien  
 Ambien CR  
 Amerge  
 Amitiza  
 Amjevita  
 Amlodipine  
 Amlodipine-Atorvastatin  
 Ampyra  
 Anzemet  
 Apidra  
 Apidra Solostar  
 Aplenzin 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  
 Auvi-Q  
 Avandia  
 Avonex  
 Axert  
 Azelastine (nasal spray)  
 Azstarys  
 Baqsimi  
 Basaglar  
 Basaglar Tempo  
 Belbuca  
 Belsomra  
 Betaseron  
 Bevespi AeroSphere  
 Bijuva  
 Binosto  
 Boniva tablets  
 Brenzavvy  
 Breo Ellipta  
 Brexafemme  
 Breyna  
 Breztri Aerosphere  
 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  
 Caplyta  
 Cardura  
 Cardura XL  
 Catapres TTS  
 Celebrex  
 Celecoxib  
 Celexa  
 Centany  
 Cequa  
 Cholbam  
 Cibinqo  
 Ciclodin solution/kit  
 Ciclopirox cream  
 Ciclopirox gel  
 Ciclopirox nail lacquer  
 Ciclopirox shampoo  
 Ciclopirox topical suspension  
 Cimzia  
 Citalopram  
 Climara  
 Climara Pro  
 Clindamycin 1% gel

# QUALITY CARE DOSING

Clindamycin 1% solution  
 Clindamycin 1% lotion  
 Clindamycin 1% foam  
 Clindamycin 2% vaginal  
 Clonidine patch  
 Combivent  
 Combivent Respimat  
 Concerta  
 Conjupri  
 Cotempla XR ODT  
 Contrave ER  
 Copaxone  
 Cosentyx  
 Copiktra  
 Crestor  
 Cromolyn ophthalmic  
 Cyletzo  
 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)  
 Dichlorphenamide  
 Diclofenac 3% gel  
 Diclofenac solution  
 Diflorasone cream  
 Diflucan (150 mg only)

Dihydroergotamine (nasal spray)  
 DM 2 Kit  
 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  
 Eplclusa  
 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  
 Filspari  
 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  
 Fylnetra  
 Gatifloxacin  
 Gavreto  
 Gemtesa  
 Gentamicin cream  
 Gentamicin ointment  
 Glatiramer  
 Glatopa  
 Glucose testing strips (all)  
 Glyxambi  
 Granisetron  
 Granix  
 Grastek  
 Hadlima  
 Halobetasol cream  
 Halobetasol ointment  
 Harvoni  
 Hetlioz  
 Hetlioz LQ  
 Hulio  
 Humalog  
 Humalog Jr.  
 Humulin  
 Humira  
 Humira CF  
 Hydrocodone ER  
 Hydromorphone ER  
 Hyrimoz  
 Hysingla ER  
 Ibandronate  
 Ibrance

# QUALITY CARE DOSING

Ibsrela	Kineret	Lumakras	Natpara
Idacio	Klisyri	Lumryz	NebuPent
Ilumya	Kloxxado	Lunesta	Neulasta
Imitrex	Krintafel	Lybalvi	Neupogen
Impavido	Kynmobi	Lyllana	Nexium (excluded for 18 years and older)
Incruse Ellipta	Lansoprazole (excluded for 18 years and older)	Lyrica CR	Nexletol
Indomethacin 20mg	Lansoprazole ODT (excluded for 18 years and older)	Lysteda	Nexlizet
Ingrezza	Lansoprazole/Amoxicillin/Clarithromycin	Lyumjev	Nitazoxanide
Inpefa	Lansoprazole/Amoxicillin/Clarithromycin	Lyumjev Tempo	Nivestym
Insulins (all)	Lantus	Mavyret	Nocdurna
Insuline Aspart	Lantus Solostar	Maxalt	Norvasc
Insulin Glargine	Lazanda	Maxalt-MLT	Novolin
Insulins Lispro	Leflunomide	Meloxicam	Novolog
Intermezzo	Ledipasvir/Sofosbuvir	Meloxicam submicronized	Nucynta ER
Invokamet	Lescol	Menostar	Nuplazid
Invokamet XR	Lescol XL	Methylphenidate CD	Nurtec ODT
Invokana	Levalbuterol HFA	Methylphenidate ER	Nuzyra
Iodoquinol/Hydrocortisone/Aloe	Levamlodipine	Methylphenidate LA	Nyamyc powder
Ipratropium NS	Levemir	Methylphenidate 72 mg	Nystatin powder
Irenka DR	Lexapro	Migranal	Nystop powder
Itraconazole	Lidocaine 5% cream	Migranow Kit	Nyvepria
Jakafi	Lidocaine 5% ointment	Minivelle	Ocaliva
Jardiance	Lidocaine Patch	Mirtazapine	Odactra
Jaypirca	Lidoderm	Mirtazapine Rapid Dissolve	Odomzo
Joenia	Linzess	Mobic	Olanzapine-Fluoxetine
Jornay PM	Lipitor	Morphine Sulfate ER	Olopatadine Nasal
Jynarque	Litfulo	Mounjaro	Olumiant
Kadian	Livalo	Movantik	Omeprazole (excluded for 18 years and older)
Kalydeco	Livtency	Moxifloxacin	Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)
Kenalog aerosol	Lixdexamfetamine	Moxeza	OmePPI (excluded for 18 years and older)
Kerendia	Lonhala Magnair	MS Contin	Ondansetron
Kerydin	Lotronex	Mupirocin	Ondansetron ODT
Ketoconazole 2%	Lovastatin	Mulpleta	Onmel
Ketorolac ophthalmic	Lovenox	Mydayis	
Keveyis	Lubriprostone	Myfembree	
Kevzara	Lucemyra	Nalmefene	
		Naratriptan	

# QUALITY CARE DOSING

Onzetra Xsail  
 Opzelura  
 Oralair  
 Orenzia  
 Orkambi  
 Orladeyo  
 Orserdu  
 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  
 Paxlovid  
 Pegasys  
 PEG-Intron  
 Penciclovir cream  
 Penlac  
 Pennsaid  
 Pentamidine Isethionate  
 Perforomist  
 Pexeva  
 Pimecrolimus cream  
 Pioglitazone  
 Pioglitazone-Metformin  
 Plegriid  
 Pomalyst  
 Ponvory

Praluent  
 Pravachol  
 Pravastatin  
 Pregabalin CR  
 Prevacid (excluded for 18 years and older)  
 PrevPac  
 Prilosec (excluded for 18 years and older)  
 Pristiq  
 Pristiq ER  
 ProAir DigiHaler  
 ProAir HFA  
 ProAir RespiClick  
 Procrit  
 Protonix (excluded for 18 years and older)  
 Proventil HFA  
 Prozac  
 Prudoxin  
 Pulmicort Flexhaler  
 Pulmicort Respules  
 Qbrexxa  
 Qelbree  
 Qinlock  
 Qmiiz ODT  
 Qtern  
 Quaaliquin  
 Qulipta  
 Quillichew  
 Quinine Sulfate  
 Qutenza  
 QVAR  
 Quivic  
 Rabeprazole (excluded for 18 years and older)  
 Ramelteon  
 Ragwitek

Rebif  
 RediTrex  
 Releuko  
 Relexxii ER  
 Relpax  
 Remeron  
 Remeron Soltab  
 Repatha  
 Restasis  
 Retacrit  
 Rexulti  
 Reyvow  
 Rezurock  
 Rezvoglar  
 Rhopressa  
 Rinvoq ER  
 Risedronate  
 Ritalin LA  
 Rizatriptan  
 Rizatriptan ODT  
 Rocklatan  
 Rolvedon  
 Rosuvastatin  
 Rosuvastatin/Ezetimibe  
 Roszet  
 Rozerem  
 Rybelsus  
 Sancuso  
 Sarafem  
 Saxenda  
 Segluromet  
 Semglee  
 Serevent Diskus  
 Sertraline  
 Silenor  
 Siliq  
 Simponi

Simvastatin  
 Skyclarys  
 Skyrizi  
 Sofosbuvir/Velpatasvir  
 Soliqua  
 Solosec  
 Sonata  
 Sotyktu  
 Sovaldi  
 Spiriva HandiHaler  
 Spiriva RespiMat  
 Sporanox  
 Stelara  
 Steglatro  
 Steglujan  
 Stiolto RespiMat  
 Strattera  
 Stimufend  
 Striverdi RespiMat  
 Sublocade  
 Suboxone  
 Subsys  
 Sumatriptan  
 Sumatriptan/Naproxen  
 Sumavel Dosepro  
 Sunosi  
 Symbicort  
 Symbyax  
 Symdeko  
 Symjepi  
 Symproic  
 Synjardy  
 Synjardy XR  
 Tagrisso  
 Taltz  
 Tasimelteon  
 Tavaborole

# QUALITY CARE DOSING

Tavneos  
Tazverik  
Tegsedi  
Tepmetko  
Terazosin  
Terbinafine  
Teriparatide  
Tiotropium  
Tivorbex  
Tolsura  
Tosymra  
Toujeo Solostar  
Toujeo Max Solostar  
Tranexamic Acid  
Trelegy Ellipta  
Tremfya  
Tresiba  
Treximet  
Triamcinolone spray  
Trijardy XR  
Trikafta  
Trintellix  
Triptodur  
Trudhesa  
Trulance  
Trulicity  
Truseltiq  
Tudorza  
Tukysa  
Tymlos  
Tyrvaya  
Ubrelvy  
Udenyca  
Ukoniq  
Utibron Neohaler  
Valacylovir  
Valtrex

Varubi  
Venlafaxine ER capsule  
Venlafaxine ER tablet  
Ventolin HFA  
Veozah  
Verquvo  
Verzenio  
Vilazodone  
Viberzi  
Victoza  
Viekira PAK  
Viekira XR  
Vigamox  
Viibryd  
Vitrakvi  
Vivelle  
Vivelle-Dot  
Vivitrol  
Vivlodex  
Voquenza Dual Pak  
Voquenza Triple Pak  
Vosevi  
Vumerity DR  
Vyleesi  
Vyndaqel  
Vyndamax  
Vytorin  
Vyvanse  
Wakix  
Wegovy  
Wellbutrin SR  
Wellbutrin XL  
Wixela Inhub  
Xaciatto  
Xeljanz  
Xeljanz XR  
Xenleta

Xermelo  
Xiidra  
Xifaxan  
Xigduo XR  
Xofluza  
Xopenex HFA  
Xospata  
Xtampza ER  
Xultophy  
Xuriden  
Xyosted  
Yuflyma  
Yupelri  
Yusymri  
Yosprala  
Zaleplon  
Zarxio  
Zavspret  
Zegerid (excluded for 18 years and older)  
Zejula  
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

Before coverage is approved for certain medications, your doctor must first request prior authorization. Using clinical-based medical standards, the prior authorization process ensures that you meet certain medical criteria, and that the medication being prescribed is necessary to treat you.

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 January 1, 2024, 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](https://bluecrossma.org/medication).



# PRIOR AUTHORIZATION

Abstral	Astramorph/PF	Contrave	Enteral formula
AcipHex (excluded for 18 years and older)	Avinza	Cortrophin	Entyvio
Actemra	Avonex	Cosentyx	Epclusa
Acthar	Avsola	Cotellic	Epogen
Actimmune	Ayvakit	Cyclosporine Ophthalmic	Erlotinib
Actiq	Balversa	Cyletzo	Esomeprazole (excluded for 18 years and older)
Adakveo	Belbuca	Daklinza	Esomeprazole Strontium (excluded for 18 years and older)
Adalimumab-adaz	Benzhydrocodone/APAP	Dalfampridine	Esomep-EZS (excluded for 18 years and older)
Adalimumab-adbm	Berinert	Daxxify	Euflexxa
Adalimumab-fkjp	Betaseron	Demerol	Evekeo
Adbry	Bexarotene gel	Desoxyn	Evenity
Adcirca	Boniva syringe	Dexilant (excluded for 18 years and older)	Evkeeza
Addyi	Botox/Botulinum Toxin	Dexedrine	Evrysdi
Advair Diskus	Braftovi	Dexlansoprazole (excluded for 18 years and older)	Exalgo
Advair HFA	Breo Ellipta	Dextroamphetamines	Exkivity
Air Duo	Breyna	Dilaudid	Exondys 51
Aimovig	Briumvi	Diskets	Extavia
Ajovy	Budesonide/Formoterol	Dolophine	Eysuvis
Alecensa	Buprenorphine film	Doptolet	Factor VIII, VIIIa, IX, XIII (medical benefit only)
Alfenta	Buprenorphine patch	Dujolvi	Farydak
Alunbrig	Butrans	Dulera	Fasenra
Alyq	Bylvay	Dupixent	Fentanyl Citrate
Amjevita	Camzyos	Duragesic	Fentanyl patch
Amondys 45	Capital and Codeine	Doramorph	Fentanyl oral/mucosal
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Capxib	Durolane	Fentora
Ampyra	Celebrex	Dvorah	Filspari
Apadaz	Celecoxib	Dysport	Firazyr
Aralast	Cequa	Egrifta	Firdapse
Armodafinil	Cerezyme	Elidel	First Lansoprazole (excluded for 18 years and older)
Aranesp	Cibinqo	Elyxyb	First Omeprazole (excluded for 18 years and older)
Arikayce	Cimzia	Embeda	Fluticasone/Salmeterol
Arymo ER	Cinqair	Emgality	Fluticasone/Vilanterol
Aspirin/Omeprazole (excluded for 18 years and older)	Cinryze	Empaveli	
	Cocet/Plus	Enbrel	
	Co-gesic	Enjaymo	
	Copkitra	Enspryng	

# PRIOR AUTHORIZATION

Forteo  
 Fulphila  
 Fynetra  
 Galafold  
 Gamifant  
 Gavreto  
 Gel-One  
 Gelsyn-3  
 Genotropin  
 Genvisc  
 Gilyena  
 Gilotrif  
 Givlaari  
 Granix  
 Grastek  
 Hadlima  
 Harvoni  
 Haegarda  
 Hetlioz  
 Hulio  
 Humatrope  
 Humira  
 Hyalgan  
 Hycet  
 Hydrocodone ER  
 Hydrogesic  
 Hydromorphone ER  
 Hydroxyprogesterone  
 Hymovis  
 Hyrimoz  
 Hysingla ER  
 Ibandronate injection/syringe  
 Ibrance  
 Ibudone  
 Idacio  
 Idhifa  
 Ilaris

Ilumya  
 Imcivree  
 Increlex  
 Incruse Ellipta  
 Inflectra  
 Infliximab  
 Infumorph  
 Inrebic  
 Interferons (alpha, gamma)  
 Iressa  
 Isturisa  
 IV Immunoglobulin  
 Jaypirca  
 Joenja  
 Juxtapid  
 Kadian  
 Kalbitor  
 Kalydeco  
 Kanuma  
 Kesimpta  
 Kevzara  
 Kineret  
 Kisqali  
 Kisqali Femara  
 Konvomep (excluded for 18 years and older)  
 Krazati  
 Kynamro  
 Lazanda  
 Ledipasvir/Sofosbuvir  
 Lemtrada  
 Lenvima  
 Leqvio  
 Lidoxib  
 Liqrev  
 Liquadd  
 Litfulo

Livmarli  
 Lorbrena  
 Lorcet  
 Lumakras  
 Lyrica  
 Lyrica CR  
 Lytgobi  
 Magnacet  
 Mavyret  
 Maxidone  
 Makena  
 Margesic-H  
 Mekinist  
 Mektovi  
 Meperitab  
 Methadone  
 Methadose  
 Methamphetamine  
 Miebo  
 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  
 Ngenla  
 Norco

Norditropin  
 Nucala  
 Nucynta ER  
 Nulibry  
 Nutritional Supplements  
 Nutropin  
 Nuvigil  
 Ocrevus  
 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  
 Orenzia  
 Orkambi  
 Orladeyo  
 Orserdu  
 Orthovisc  
 Otezla  
 Oxbryta  
 Oxecta  
 Oxervate  
 Oxlumo  
 Oxycodone ER  
 Oxycontin  
 Oxymorphone ER  
 Panlor SS  
 Pemazyre  
 Percocet  
 Percodan

# PRIOR AUTHORIZATION

Pimecrolimus	Rezilidhia	Subsys	Trezix
Piqray	Rezurock	Sunosi	Trikafta
Plegridy	Riabni	Supartz	Triluron
Polygesic	Rinvoq ER	Symbicort	Trivisc
Praluent	Rituxan	Symdeko	Truseltiq
Pregabalin CR	Rolvedon	Synalgos-DC	Truxima
Prevacid (excluded for 18 years and older)	Roxybond	Synjoynt	Tylenol with Codeine
Prilosec (excluded for 18 years and older)	Rozlytrek	Synvisc	Tylox
Primlev	Ruconest	Synvisc One	Tymlos
Procentra	Ruxience	Tabrecta	Tyrvaya
Procrit	Rydapt	Tacrolimus (topical)	Tysabri
Prolate	Rystiggo	Tascenso	Tzield
Proleukin	Saizen	Tadalafil (antihypertensive)	Udenyca
Prolia	SaizenPrep	Tadliq	Vanflyta
Protonix (excluded for 18 years and older)	Sajazir	Tafinlar	Verdrocet
Protopic	Saxenda	Tagrisso	Verkazia
Provigil	Scemblix	Takhzyro	Verzenio
Pyrukind	Seglentis	Taltz	Vicodin
Rabeprazole 10mg (excluded for 18 years and older)	Serostim	Tarceva	Vicoprofen
Ragwitek	Sildenafil (antihypertensive)	Tarpeyo DR	Viekira XR
Rebif	Siliq	Tasimelteon	Viekira PAK
Reblozyl	Simponi	Tavneos	Viltepsa
Recorlev	Simponi Aria	Technivie	Visco-3
Releuko	Skyclarys	Tegsedi	Vitrakvi
Regranex	Skyrizi	Tepezza	Vivjoa
Remicade	Skytrofa	Tepmetko	Vizimpro
Renflexis	Sodium Hyaluronate 1% Syringe	Teriparatide	Vonjo
Repatha	Sofosbuvir/Velpatasvir	TeV-Tropin	Vosevi
Respiratory SyncytialVirus IG/Synagis	Sogroya	Tezspire	Voxzogo
Retacrit	Sotyktu	Tibsovo	Vyepti
Restasis	Sovaldi	Topical Retinoic Acid Derivatives and Combinations (e.g. Retin-A)	Vyjuvek
Retevmo	Spevigo	TPN (total parenteral nutrition)(medical benefit only)	Vyleesi
Revatio	Spinraza	Trelegy Ellipta	Vyndamax
	Stagesic	Tremfya	Vyndaqel
	Stelara		Vyondys-53
	Stimufend		Vyvgart
			Wakix



# PRIOR AUTHORIZATION

Wegovy  
Wixela Inhub  
Xalkori  
Xartemis XR  
Xeljanz  
Xeljanz XR  
Xenpozyme  
Xeomin  
Xgeva  
Xiaflex  
Xiidra  
Xodol  
Xolair  
Xospata  
Xtampza ER  
Yosprala  
Yuflyma  
Yusymri  
Zamicet  
Zavspret  
Zarxio  
Zegerid (excluded for 18  
years and older)  
Zelboraf  
Zenzedi  
Zepatier  
Zeposia  
Zerlor  
Ziextenzo  
Zohydro ER  
Zokinvy  
Zolvit  
Zomacton  
Zorbtive  
Zydelig  
Zydone  
Zykadia



# STEP THERAPY

Step therapy, which is a key part of our prior authorization program, ensures that your doctor provides you with an effective and affordable medication treatment. Before coverage is allowed for certain second-step medications, your doctor must first prescribe a more affordable, yet clinically appropriate first-step medication. Some medications may go through multiple steps before being approved.

**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 January 1, 2024, 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](https://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
Inpefa
Jardiance
Lodoco
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 625mg
Metformin ER (generic for Glumetza)

Metformin Film Coated ER (generic for Fortamet)
Mounjaro
Nesina
Onglyza
Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Riomet
Riomet ER
Rybelsus
Saxagliptin
Saxagliptin/Metformin
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

## Menopause Motor Symptoms

Veozah
--------

## Methotrexate Auto-Injectors

Otrexup
Rasuvo

## Multiple Sclerosis

Bafiertam
Copaxone
Ponvory
Tecfidera

## Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Gemtesa
Myrbetriq
Oxytrol



# STEP THERAPY

Toviaz

---

Vesicare

---

## Parkinson's Disease Management

Comtan

---

Inbrija

---

Nourianz

---

Ongentys

---

Tasmar

---

Tolcapone

---

## Prostate Treatment

Avodart

---

Entadfi

---

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

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# 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 January 1, 2024, 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](https://bluecrossma.org/medication).



# SPECIALTY PHARMACY MEDICATIONS

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

Acetadote  
 Actemra  
 Acthar  
 Actimmune  
 Adakveo  
 Adalimumab-adaz  
 Adalimumab-adbm  
 Adalimumab-fkjp  
 Adbry  
 Alferon-N  
 Alkeran  
 Amjevita  
 Apokyn  
 Apomorphine  
 Aranesp  
 Arcalyst  
 Asceniv  
 Asparlas  
 Aved  
 Avonex  
 Avsola  
 Beleodaq  
 Berinert  
 Besponsa  
 Betaseron  
 Bicillin  
 BiCNU  
 Bivigam  
 Bleomycin Sulfate  
 Blincyto

Boniva  
 Bortezomib  
 Botox  
 Briumvi  
 Brixadi  
 Busulfex  
 Bynfezia  
 Camptosar  
 Carboplatin  
 Carmustine  
 Cerezyme  
 Cimzia  
 Cinqair  
 Cinryze  
 Cisplatin  
 Cladribine  
 Copaxone  
 Cortrophin  
 Cosentyx  
 Cosmegen  
 Crysvisa  
 Cutaquig  
 Cuvitru  
 Cyclophosphamide  
 Cyletzo  
 Cytarabine  
 Cytogam  
 Dacarbazine  
 Dactinomycin  
 Daunorubicin HCL  
 Daxxify  
 DDAVP  
 Delestrogen  
 Depo-Estradiol  
 Desferal  
 Desmopressin Acetate  
 Dexrazoxane

Docetaxel  
 Dupixent  
 Dysport  
 Egrifta  
 Eligard  
 Ellence  
 Enbrel  
 Enjaymo  
 Enspryng  
 Entyvio  
 Epirubicin  
 Epogen  
 Estradiol valerate  
 Ethyol  
 Etopophos  
 Etoposide  
 Evenity  
 Evomela  
 Extavia  
 Fasenra  
 Faslodex  
 Fensolvi  
 Firazyr  
 Firmagon  
 Flebogamma  
 Floxuridine  
 Fludarabine phosphate  
 Fluorouracil  
 Fortaz  
 Forteo  
 Fulphila  
 Fulvestrant  
 Fuzeon  
 Fylnetra  
 GamaSTAN  
 Gammagard  
 Gammagard Liquid

Gammaked  
 Gammaplex  
 Gamunex  
 Gattex  
 Gemcitabine  
 Gemzar  
 Genotropin  
 Givlaari  
 Glatiramer  
 Glatopa  
 Granix  
 Hadlima  
 Haegarda  
 Hizentra  
 Hulio  
 Humatrope  
 Humira  
 Hycamtin  
 HyQvia  
 Hyrimoz  
 Ibandronate injection/syringe  
 Icatibant  
 Idacio  
 Idamycin PFS  
 Idarubicin  
 Ifex  
 Ifosfamide  
 Ifosfamide/Mesna  
 Ilaris  
 Ilumya  
 Increlex  
 Inflectra  
 Infliximab  
 Intron A  
 Irinotecan  
 Istodax

# SPECIALTY PHARMACY MEDICATIONS

Kalbitor  
 Kanuma  
 Kenalog  
 Kesimpta  
 Kevzara  
 Kynamro  
 Lanreotide  
 Lemtrada  
 Leucovorin Calcium  
 Leukine  
 Leuprolide Acetate  
 Levoleucovorin  
 Lumoxiti  
 Lupron Depot  
 Lupron Depot-Ped  
 Marqibo  
 Mekinist  
 Mepsevii  
 Mesna  
 Mesnex  
 Methotrexate  
 Mitomycin  
 Mitoxantrone  
 Mozobil  
 Mylotarg  
 Myobloc  
 Natpara  
 Navelbine  
 Neulasta  
 Neupogen  
 Ngenla  
 Nipent  
 Nivestym  
 Norditropin  
 Norditropin Flexpro  
 Norditropin Nordiflex

Nplate  
 Nucala  
 Nutropin AQ Nuspin  
 Nyvepria  
 Ocrevus  
 Octagam  
 Octreotide  
 Omnitrope  
 Onpattro  
 Orenzia  
 Otrexup  
 Oxaliplatin  
 Palynziq  
 Pamidronate disodium  
 Panzyga  
 Paraplatin  
 Pegasys  
 Pegasys Proclick  
 Peg-Intron  
 Photofrin  
 Plegridy  
 Plerixafor  
 Portrazza  
 Privigen  
 Procrit  
 Prolia  
 Radicava  
 Rebif  
 Reblozyl  
 RediTrex  
 Releuko  
 Remicade  
 Renflexis  
 Retacrit  
 Revatio  
 Riabni  
 Rimso-50

Rituxan  
 Rolvedon  
 Romidepsin  
 Ruconest  
 Ruxience  
 Rystiggo  
 Saizen  
 SaizenPrep  
 Sajazir  
 Sandostatin  
 Sandostatin-LAR  
 Serostim  
 Signafor  
 Signafor LAR  
 Siliq  
 Simponi  
 Simponi Aria  
 Skyrizi  
 Skytrofa  
 Sogroya  
 Somatuline  
 Somavert  
 Spevigo  
 Spinraza  
 Stelara  
 Stimufend  
 Sublocade  
 Sylvant  
 Synagis  
 Synarel  
 Takhzyro  
 Taltz  
 Tazicef  
 Tegsedi  
 Temodar  
 Teniposide  
 Tepadina

Tepezza  
 Teriparatide  
 Testosterone Enanthate  
 Tezspire  
 Thiotepa  
 Thyrogen  
 Toposar  
 Topotecan  
 Totect  
 Trelstar  
 Trelstar Depot  
 Trelstar LA  
 Tremfya  
 Truxima  
 Tymlos  
 Tysabri  
 Udenyca  
 Valrubicin  
 Valstar  
 Velcade  
 Ventavis  
 Vimizim  
 Vinblastine  
 Vincasar PFS  
 Vincristine  
 Vinorelbine  
 Vivitrol  
 Voxzogo  
 Vyepti  
 Vyvgart  
 Vyvgart Hytrulo  
 Vyxeos  
 Xembify  
 Xenpozyme  
 Xeomin  
 Xgeva  
 Xolair

# SPECIALTY PHARMACY MEDICATIONS

Yondelis  
 Yuflyma  
 Yusmyri  
 Zaltrap  
 Zanosar  
 Zarxio  
 Ziextenzo  
 Zilretta  
 Zoladex  
 Zomacton  
 Zorbtive

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

Amondys 45  
 Arikayce  
 Benlysta Autoinject/syringe  
 Besremi  
 Bleo 15  
 Cablivi  
 Ceftazadime  
 Deferoxamine Mesylate  
 Empaveli  
 Evkeeza  
 Exondys  
 Fintepla  
 Gamifant  
 Kineret  
 Leqvio  
 Libtayo  
 Neulasta Onpro  
 Nulibry  
 Oxlumo  
 Revcovi

Ryplazim  
 Saphnelo  
 Sildenafil antihypertensive  
 Strensiq  
 Synribo  
 Triptodur  
 Tzielid  
 Unituxin  
 Uptravi  
 Veopoz  
 Viltepso  
 Vyleesi  
 Xiaflex

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

Abiraterone  
 Adcirca  
 Adempas  
 Afinitor  
 Afinitor Disperz  
 Akeega  
 Alecensa  
 Alkeran  
 Alyq  
 Ambrisentan  
 Ampyra  
 Aubagio  
 Austedo XR  
 Bafiertam  
 Bethkis  
 Bosentan  
 Bosulif  
 Braftovi  
 Bronchitol

Bylvay  
 Cabometyx  
 Calquence  
 Carglumic Acid  
 Camzyos  
 Capecitabine  
 Carbaglu  
 Cayston  
 Cerdelga  
 Cibirngo  
 Cometriq  
 Cotellic  
 Cyclophosphamide  
 Cystagon  
 Dalfampridine  
 Daraprim  
 Daurismo  
 Deferasirox  
 Dichlorphenamide  
 Dimethyl Fumarate  
 Dojolvi  
 Doptelet  
 Droxidopa  
 Duopa  
 Emflaza  
 Epclusa  
 Erivedge  
 Erleada  
 Erlotinib  
 Esbriet  
 Etoposide  
 Everolimus  
 Evrysdi  
 Exjade  
 Farydak  
 Filspari  
 Fingolimod

Galafold  
 Gavreto  
 Gilenya  
 Gilotrif  
 Gleevec  
 Harvoni  
 Hetlioz  
 Hetlioz LQ  
 Hycamtin  
 Ibrance  
 Iclusig  
 Idhifa  
 Imatinib  
 Inbrija  
 Ingrezza  
 Inlyta  
 Inqovi  
 Inrebic  
 Iressa  
 Jadenu  
 Jakafi  
 Jatenzo  
 Javygtor  
 Jaypirca  
 Juxtapid  
 Jynarque  
 Kalydeco  
 Kisqali  
 Kisqali Femara  
 Kitabis PAK  
 Koselugo  
 Kuvan  
 Kyzatrex  
 Lapatinib  
 Ledipasvir/Sofosbuvir  
 Lenalidomide  
 Lenvima

# SPECIALTY PHARMACY MEDICATIONS

Letairis  
 Liqrev  
 Litfulo  
 Lonsurf  
 Lorbreana  
 Lumakras  
 Lumryz  
 Lynparza  
 Lytgobi  
 Mavenclad  
 Mavyret  
 Mayzent  
 Mekinist  
 Mektovi  
 Mesnex  
 Miglustat  
 Mulpleta  
 Mycapssa DR  
 Myleran  
 Nerlynx  
 Nexavar  
 Ninlaro  
 Nitisinone  
 Nityr  
 Northera  
 Nourianz  
 Nubeqa  
 Nuplazid  
 Ocaliva  
 Odomzo  
 Ofev  
 Olpruva  
 Olumiant  
 Onureg  
 Opsumit  
 Orenitram  
 Orkambi

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

Stivarga  
 Sunitinib  
 Sutent  
 Symdeko  
 Tabrecta  
 Tadalafil antihypertensive  
 Tadliq  
 Tafinlar  
 Tagrisso  
 Talzenna  
 Tarceva  
 Tassigna  
 Tasimelteon  
 Tecfidera  
 Temodar  
 Temozolamide  
 Teriflunomide  
 Tetrabenazine  
 Thalomid  
 Tiopronin  
 Tlando  
 TOBI ampules  
 TOBI-Podhaler  
 Tobramycin ampules  
 Tolvaptan  
 Tracleer  
 Trikafta  
 Tykerb  
 Tyvaso  
 Upravi  
 Veltassa  
 Veozah  
 Verzenio  
 Viekira PAK  
 Viekira XR  
 Vigabatrin  
 Vijoice

Vitrakvi  
 Vizimpro  
 Vosevi  
 Votrient  
 Vumerity DR  
 Vyndamax  
 Vyndaqel  
 Wakix  
 Xalkori  
 Xeljanz  
 Xeljanz XR  
 Xeloda  
 Xenazine  
 Xtandi  
 Yonsa  
 Zavesca  
 Zejula  
 Zelboraf  
 Zepatier  
 Zeposia  
 Zolinza  
 Zydelig  
 Zykadia  
 Zytiga

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

Akeega  
 Alunbrig  
 Austedo  
 Ayvakit  
 Balversa  
 Brukinsa  
 Chenodal  
 Cholbam  
 Copiktra

# SPECIALTY PHARMACY MEDICATIONS

Daybue  
DDAVP  
Diacomit  
Exkivity  
Exservan  
Firdapse  
Fotivda  
Gocovri ER  
Imbruvica  
Isturisa  
Joenja  
Keveyis  
Korlym  
Krazati  
Livmarli  
Livtencity  
Lumryz  
Lupkynis  
Ojjaara  
Orfadin  
Orserdu  
Pemazyre  
Pyrukind  
Qinlock  
Recorlev  
Rezlidhia  
Rezurock  
Ruzurgi  
Skyclarlys  
Sodium Oxybates  
Sucraid  
Tavalisse  
Tavneos  
Tazverik  
Tepmetko  
Thiola  
Tiglutik

Truseltiq  
Tukysa  
Turalio  
Ukoniq  
Vanflyta  
Venclexta  
Veozah  
Vigadrone  
Vistogard  
Vonjo  
Vowst  
Welireg  
Xermelo  
Xospata  
Xpovio  
Xuriden  
Xyrem  
Xywav

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

Cystaran  
Mugard  
Oxervate  
Panretin  
Qutenza  
Rebyota  
Valchlor  
Vyjuvek

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

Cystadrops

Synarel

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

Bravelle  
Cetrorelix  
Cetrotide  
Clomid  
Clomiphene  
Crinone  
Endometrin  
Follistim AQ  
Fyremadel  
Ganirelix  
Gonal-F/Gonal-F RFF  
Gonal-F RFF Redi-Ject  
Human Chorionic  
Gonadotropin (hCG)  
Leuprolide  
Lupron Depot  
Lupron Depot-Ped  
Luveris  
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 January 1, 2024, 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](https://bluecrossma.org/medication).

# NON-COVERED MEDICATIONS

7T Gummy ES  
 Abilify  
 Abilify Mycite  
 Absorica  
 Absorica LD  
 Abstral  
 Acanya  
 Accolate  
 Accucaine  
 Accu-Chek Diabetic Testing Supplies  
 Accula Covid Kit  
 Accupril  
 Accuretic  
 Accutrend Diabetic Testing Supplies  
 Aciphex (excluded for 18 years and older)  
 Actemra  
 Acticlate  
 Actigall  
 Actiq  
 Active Injection D  
 Activella  
 Active-Pac  
 Actonel  
 ActoPlus Met  
 Acular  
 Acular LS  
 Acuvail  
 Aczone  
 Adazin  
 Adderall  
 Addyi  
 Adhansia XR  
 Adlarity  
 Adlyxin  
 Admelog

Advance Diabetic Testing Supplies  
 Advanced Allergy Collection Kit  
 Advocate Diabetic Testing Supplies  
 Adyphren  
 Adyphren II  
 Adzenys XR  
 Aemcolo DR  
 Aerochmaber Kit  
 Agametric Diabetic Testing Supplies  
 Agoneaze  
 Airduo Digihaler  
 Airduo Resplick  
 AirSupra  
 Aklied  
 Akynzeo  
 Albuterol HFA (Ventolin Authorized Product)  
 Alcortin-A  
 Alinia  
 Alkindi  
 Allzital  
 Alodox  
 Alogliptin  
 Alogliptin/Metformin  
 Alogliptin/Pioglitazone  
 Aloquin  
 Alora  
 Alphagan P  
 Alrex  
 Altabax  
 Altace  
 Altoprev  
 Alvesco  
 Ambien

Ambien CR  
 Amphetamine ER Suspension  
 Amrix  
 Amzeeq  
 Anafranil  
 Ana-Lex  
 Angeliq  
 Anodyne LPT  
 Antara  
 Anusol HC suppository  
 Anzemet  
 Apadaz  
 Apidra  
 Aplenzin  
 Apriso  
 Aprizio Pak  
 Aprizio Pak II  
 Aptensio XR  
 Aqua Glycolic HC  
 Arakoda  
 Aranesp  
 Arava  
 Arcapta  
 Arimidex  
 Arixtra  
 Armonair Digihaler  
 Aromasin  
 Arthrotec  
 Arymo ER  
 Arze-Ject-A Kit  
 Asacol HD  
 Ascensia Test Strips  
 Asmanex HFA  
 Asmanex Twisthaler  
 Aspirin/Omeprazole (excluded for 18 years and older)

Assure Diabetic Testing Supplies  
 Atabex EC 29-1MG  
 Atabex OB 29-1MG  
 Atacand  
 Atacand HCT  
 Atelvia  
 Ativan  
 Atopaderm  
 Atopavo  
 Atopiclair  
 Atorvaliq  
 Atorvastatin/Ezetimibe  
 Atralin  
 Atropen  
 Augmentin XR  
 Auryxia  
 Autocode Diabetic Testing Supplies  
 Auvelity  
 Auvi-Q  
 Avalide  
 Avapro  
 Avelox  
 Avidoxy  
 Avidoxy DK  
 Avita  
 Azasite  
 Azeschew  
 Azesco  
 Azopt  
 Azor  
 Azstarys  
 B12 Kit  
 Bafiertam  
 Bal-Care DHA  
 Balcoltra  
 Basadrox

# NON-COVERED MEDICATIONS

B-D Testing Strips  
 BD Veritor Covid KIT  
 Belsomra  
 Benicar  
 Benicar HCT  
 Benzaclin  
 Benzaclin Kit  
 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  
 Brenzavvy  
 Breo Ellipta  
 Brevicon  
 Brexifemme  
 Brilinta  
 Brimonidine 1%  
 Brisdelle  
 Bromsite  
 Brovana  
 Brylhalo

BSP 0820  
 Budesonide/Formoterol  
 (Symbicort  
 Authorized Product)  
 Bunavail  
 Bydureon  
 Bydureon Bcise  
 Byetta  
 Bystolic  
 Caduet  
 Calcipotriene Foam (Sorilux  
 Authorized Product)  
 Calcipotriene/  
 Betamethsone Suspension  
 Cambia Powder  
 Caphosol  
 Caplyta  
 Capsfenac  
 Carac  
 Carbinoxamine 6mg  
 Carbinoxamine Oral Solution  
 Cardene  
 Cardizem CD  
 Cardizem LA  
 Cardura XL  
 Careone Diabetic  
 Testing Supplies  
 Carezens Diabetic  
 Testing Supplies  
 Carestart Covid Kit  
 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  
 Ciprofloxacin  
 Oral Suspension  
 Citranatal  
 Citranatal 90 DHA  
 Citranatal Assure  
 Cutranatal B-Calm  
 Citranatal Harmony  
 Citanatal Bloom  
 Citranatal DHA  
 Citranatal Rx  
 Cleardetect Covid Kit  
 Cleocin T  
 Clever Check Diabetic  
 Testing Supplies  
 Clever Choice Diabetic  
 Testing Supplies  
 Clindcin ETZ Kit  
 Clindacin PAC  
 Clindagel  
 Clindavix  
 Clinitest Covid Kit  
 Clobetavix  
 Clobex  
 Clodan Kit  
 Clonidine ER  
 C-Nate DHA 28-1-200  
 Cobas Covid-2 Kit  
 Colazal  
 Colchicine Capsules  
 Colcrys

Collanex  
 Combigan  
 Completenate Chew  
 Completenate DHA  
 Co-Natal FA 29-1MG  
 Concept DHA  
 Concept OB  
 Conjupri  
 Contour Diabetic  
 Testing Supplies  
 Convenience Pak  
 Conzip  
 Cool Diabetic  
 Testing Supplies  
 Copaxone  
 Coreg  
 Coreg CR  
 Corlanor  
 Cortisone 25mg  
 Cosentyx  
 Cosopt PF  
 Contempla XR ODT  
 Covid At Home Test Kit  
 Covid-19 Rap Kit  
 Cozaar  
 Crestor  
 CVS Advanced Diabetic  
 testing supplies  
 CVS Antigen Test Kit  
 CVS Covid 19 Kit  
 CVS Dry Mouth  
 Cyclobenzaprine 7.5mg  
 Cyclopak Kit  
 Cyletzo  
 Cymbalta  
 Daliresp  
 Dapsone 7.5%  
 Daypro



# NON-COVERED MEDICATIONS

Daytrana  
 Dayvigo  
 D-Care 100X  
 D-Care Diabetic Testing Supplies  
 DDAVP  
 Deluo  
 Delzicol  
 Delzicol XR  
 Depakote  
 Depakote ER  
 Depakote Sprinkle  
 Depo-Sub Q Provera 104  
 Dermacin  
 Silazone Pharmapak  
 Dermacin Cinolone-1 CPI  
 DermacinRx Chlorhexacin  
 DermacinRx Empricaine  
 DermacinRx PHN  
 DermacinRx Prenatrix  
 DermacinRx Prenatryl  
 DermacinRx Pretrate  
 DermacinRx Prizopak  
 DermacinRx Silapk  
 DermacinRx Surgical Pharmapak  
 DermacinRx Therazole Pak  
 DermacinRx ZRM  
 Dermalid  
 Derma-Smoothe/FS Body Oil  
 Derma-Smoothe/FS Scalp Oil  
 Dermawerx SDS  
 Dermawerx Surgical Plus Pack  
 Dermotic  
 Desvenlafaxine ER  
 Detrol

Detrol LA  
 Dexedrine  
 Dexilant (Kapidex) (excluded for 18 years and older)  
 Dexlansoprazole  
 Dhivy  
 Diathrive Diabetic Testing Supplies  
 Diatrue Diabetic Testing Supplies  
 Diatrue Covid Kit  
 Diclo Gel  
 Diclofenac 2% solution  
 Diclofenac 25mg capsules  
 Diclofenac Epolamine  
 Diclofenac Potassium 25mg  
 Diclofenac Potassium 35mg  
 Diclofenac Potassium 50mg powder pack  
 Diclofenac Submicronized  
 Dicloheal-60  
 Diclona  
 Diclona Plus  
 Diclona + Pad  
 Diclopak  
 Diclopr Combo Pack  
 Diclostrem Pak  
 Diclotrex II  
 Diclovix  
 Diclovix M  
 Diclo-Xrylix Sheet Kit  
 Diclozor  
 Differin  
 Dilaudid  
 Diovan HCT  
 Dithol Combo Pack  
 Ditropan XL  
 Divigel

DM2 kit  
 DMT Suik  
 Dolotranz  
 Doubledex  
 Doxycycline Hyclate 50mg tablets  
 Doxycycline Hyclate 75mg tablets  
 Doxycycline Hyclate 150mg tablets  
 Doxycycline IR-DR  
 Drizalma Sprinkle  
 Dry Mouth Solution  
 Duaklir Pressair  
 Duavee  
 Duet DHA 400 25-1-400  
 Duet DHA Balanced  
 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  
 Effexor XR  
 Elemar  
 Element Diabetic Testing Supplies  
 Elepsia XR  
 Elestrin  
 Eleton  
 Ellume Covid Kit  
 Ellzia  
 Embrace Diabetic Testing Supplies  
 Empraciane  
 Empraciane II  
 Emsam  
 Enablex  
 Enbrace HR  
 Enlite Glucose Pump  
 Enoxiluv  
 Epaned  
 Epiduo  
 Epiduo Forte  
 Epinephrine Professional Kit  
 Epinephrine Snap-V  
 Episil  
 Episnap Convenience Kit  
 Epogen  
 EQ Diabetic Testing Supplies  
 Equetro  
 Ertaczo

# NON-COVERED MEDICATIONS

Esomeprazole  
 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  
 Eversense Glucose Pump  
 Evoclin  
 Evolution Diabetic  
 Testing Supplies  
 Exactech Diabetic  
 Testing Supplies  
 Exforge  
 Exforge HCT  
 Exjade  
 Exservan  
 Extina  
 EZ Smart Diabetic  
 Testing Supplies  
 Ezallor Sprinkle  
 Fabior  
 Factive  
 Fanapt  
 Femring  
 Fenofibrate 150mg  
 Fenofibrate 50mg  
 Fenoglide  
 Fenoprofen capsules  
 Fenovar  
 Fentanyl Citrate

Fentora  
 Ferriprox  
 Fetzima  
 Fexmid  
 Fiasp  
 Fibracor  
 Fifty50 Diabetic  
 Testing Supplies  
 Fiorinal  
 First Lansoprazole  
 First Omeprazole  
 Flagyl  
 Flagyl ER  
 Flarex  
 Flector  
 Flexipak  
 Flolipid  
 Flovent Diskus  
 Flovent HFA  
 Fluopar  
 Fluoroplex  
 Fluovix  
 Fluovix Plus  
 Fluoxetine Tablets  
 Fluticasone/Vilanterol  
 FML Forte  
 FML Liquifilm  
 FML S.O.P.  
 Focalin  
 Focalin XR  
 Folivane OB  
 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  
 Gluco Perfect Diabetic  
 Testing Supplies  
 Glucocard Diabetic  
 Testing Supplies  
 Glucocom Diabetic  
 Testing Supplies  
 Glucometer Diabetic  
 Testing Supplies  
 Gluconavii Diabetic  
 Testing Supplies  
 Glumetza  
 Gmate Diabetic  
 Testing Supplies

Gnp Diabetic  
 Testing Supplies  
 Gocovri ER  
 Gojji Diabetic  
 Testing Supplies  
 Golytely  
 Guardian Glucose Pump  
 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  
 Hyrimoz  
 Hysingla ER  
 Hyzaar  
 Ibsrela  
 Ibupak  
 Ibuprofen/Famotidine  
 Idacio  
 Iglucose Diabetic  
 Testing Supplies  
 Ilevro  
 Ilumya

# NON-COVERED MEDICATIONS

Imitrex Kit Refill  
 Imitrex Pen Injector  
 Imitrex Vial  
 Imvexxy  
 In Touch Diabetic Testing Supplies  
 Inavix  
 Indacaid Covid Kit  
 Inderal LA  
 Inderal XL  
 Indocin suspension  
 Indomethacin 20Mg (Branded Product)  
 Infinity Diabetic Testing Supplies  
 Inflamm-K  
 Innopran XL  
 Insulin Aspart  
 Insulin Glargine  
 Insulin Lispro  
 Insulin Lispro Jr.  
 Insulin Lispro Mix 75-25  
 Intermezzo  
 Intuniv  
 Invega  
 Inveltys  
 Invokamet  
 Invokamet XR  
 Invokana  
 Istalol  
 Iyuzah  
 Jadenu  
 Jenliva  
 Jentadueto  
 Jentadueto XR  
 Journey PM  
 Jublia  
 Kadian

Kapvay  
 Kapzin DC  
 Kaspargo Sprinkle  
 Katerzia  
 Kazano  
 Keppra  
 Keppra XR  
 Keralyt Scalp 6% Kit  
 Kerydin  
 Ketoprofen 25mg  
 Ketoprofen ER 200mg  
 Ketorolac Nasal Spray (Branded Product)  
 Kineret  
 Kitabis Pak  
 Klonopin  
 Kombiglyze  
 Konvomep (excluded for 18 years and older)  
 Koshr Prenate 30-IMG  
 Krintafel  
 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  
 Levalbuterol HFA  
 Levamlodipine  
 Levemir  
 Levitra  
 Levothyroxine capsules  
 Lexapro  
 Lexette  
 Lextol  
 Liberty Diabetic Testing Supplies  
 Licart  
 Lido BDK  
 Lidocaine/Hydrocortisone  
 Lidocaine/Hydrocortisone Kit  
 Lidocaine/Prilocaine Kit  
 Lidocort  
 Lidoderm  
 Lidolog  
 Lidomark  
 Lidopac  
 Lidopril  
 Lidopril XR  
 Lido-Prilo Caine Pack  
 Lidosol-50  
 Lidotor  
 Lidotrex  
 Lidovix  
 Lidovix L  
 Lipofen  
 Livixil Pak  
 Lokelma  
 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  
 Lyumjev Tempo  
 Marvona Suik  
 Mas Care-Pak  
 Mavyret  
 Maxalt  
 Maxalt-Mlt  
 Maxidex  
 Mb Hydrogel  
 Medrolan II Suik  
 Medroloan Suik  
 Megace ES  
 Meijer Diabetic Testing Supplies  
 Meloxicam Submicronized  
 Menostar  
 Mentho-Caine Kit  
 Metformin 625mg

# NON-COVERED MEDICATIONS

Metformin ER (Fortamet Authorized product)

Metformin ER (Glumetza Authorized product)

Methylphenidate 45mg

Methylphenidate 63mg

Micardis

Micardis HCT

Mico ZN

Microdot Diabetic Testing Supplies

Microvix LP

Migranow

Minastrin Fe

Minocin

Minocycline ER (Branded product)

Minocycline Tablets

Minolira ER

Mirapex

Mirapex ER

M-Natal Plus

Mobic

Moi-Stir

Monodox

Monovisc

Morgidox Kit

Motegrity

Mouth Kote

Moviprep

Moxatag

Moxeza

Moxicane

Mulpleta

Multi-Mac

My Gluco Health Diabetic Testing Supplies

Mydayis

Myfembree

Mynatal

Mynatal Advance

Mynate 90 Plus

Nalfon

Namzaric

Naprelan

Naprelan CR Dose Card

Naprosyn

Naprotin

Naproxen CR

Naproxen/Esomeprazole

Nascobal

Natachew

Natal PNV

Natalvite 75-IMG

Natazia

Natesto Nasal

Neeco DHA 27-1-13

Neocera

Neonatal Complete

Neonatal DHA

Neonatal FE

Neonatal Plus 27-1MG

Neonatal Plus

Neosalus

Neosalus CP

Neo-Synalar Kit

Nesina

Nestabs DHA

Nestabs One

Nestabs

Neuac Kit

Neupogen

Neupro

Neurontin

Neutek Diabetic Testing Supplies

Nevanac

Nexiclon XR

Nexium (excluded for 18 years and older)

Niva-Plus

No Coding Diabetic Testing Supplies

Nocdurna

Noctiva

Nopioid-LMC

Nopioid-TC

Norditropin

Norgesic

Norgesic Forte

Noritate

Northera

Norvasc

Nova Max Diabetic Testing Supplies

Novacort

Novolin

Novolog

Noxipak

Nucaraclinpak

Nucararxpak

Nucort

Nucynta

Nucynta ER

Nudermrxpack

Nudiclo Solupak

Nudiclo Tabpak

Nulytely

Nusurgepak Surgical Prep

Nutraseb

Nutria Rx

Nuvakaan

Nuvakaan II

NuvaRing

Nuversa

Nuvigil

OB Complete DHA

Ob Complete One

OB Complete Petite

OB Complete

OB Complete Premier

Obstetrix EC

Obstetrix DHA

Obstetrix One 38-1-225

O-Cal Prenatal

Olumiant

Omeclamox

Omeprazole/Bicarbonate (excluded for 18 years and older)

Omnitrope

On Call Diabetic Testing Supplies

One Drop Diabetic Testing Supplies

One Vite 1MG Plus

Onexton

Onglyza

Onzetra Xsail

Optium Diabetic Testing Supplies

Optiumez Diabetic Testing Supplies

OptumRx Diabetic Testing Supplies

Oracea

Oral Releif

Orapred ODT

Oravig

Orencia

Orfadin

# NON-COVERED MEDICATIONS

Oriahnn	Physicians USE EZ M-Pred Kit	Prenaissance	Prilovix
Orilissa	Pilot Covid Kit	Prenaissance Plus	Prilovixil
Orphendrine/Aspirin/ Caffeine	Plaquenil	Prenara Prenatal	Primacare
Orthovisc	Plerixafor	Prenatal 19 Chw 29-IMG	Primidone 125MG caps
Oseni	PNV 20-1	Prenatal 27-IMG	Prinivil
Osmolex ER	PNV Tabs 29-IMG	Prenatal Essential	Pristiq
Osmoprep	PNV-DHA Docusate	Prenatal Plus	Prozopak II
Osphena	PNV-Omega	Prenatal Vit Low Iron	Prizotral
Oxaydo	Pocketchem Diabetic Testing Supplies	Prenatal+Fe Tab 29-IMG	Prizotral II
Oxybutynin 2.5MG	Pod-Care 100C	Prenatal-U 106.5-1	ProVoice Diabetic Testing Supplies
Oxybutynin Solution	Pod-Care 100CG	Prenate Essential	ProAir Digihaler
Oxycodone ER	Pod-Care 100K	Prenate AM IMG	ProAir HFA
OxyContin	Pod-Care 100KG	Prenate DHA	ProAir RespiClick
Oxytrol	Pogo Diabetic Testing Supplies	Prenate Mini	Procort
Paingo KFT	Ponvory	Prenate Pixie	Procrit
Pamelor	PR Cream Kit	Prenate Cap Enhance	Procrit
Pancreaze	PR Natal 400 Pak	Prenate Cap Restore	Prodigy Diabetic Testing Supplies
Patanase	PR Natal 400 Pak EC	Prenate Chew 0.6-0.4	Profinac
Paxil	PR Natal 430 Pak	Prenate Elite	Prolensa
Paxil CR	PR Natal 430 Pak EC	Prenatrix	Promiseb
P-Care	Pradaxa	Prenatryl	Protonix (excluded for 18 years and older)
P-Care K	Pravachol	Prenatvite Complete	Proventil HFA
P-Care M	Precision Diabetic Testing Supplies	Prenatvite Plus	Proventil Inhaler
P-Care MG	Pred Mild	Prenatvite Rx	Provida OB
P-Care X	Prednisolone 5mg	Preplus 27-IMG	Provigil
Penlac	Prefest	Presera	Prozac
Pennaiclin	Pregen DHA	Prestalia	PTS Panel Diabetic Testing Supplies
Pennaiclin	Pregenna	Prestige Diabetic Testing Supplies	Pylera
Pentican	Pregnyl	Pretab 29-IMG	Qbrelix
Pepcid	PremesisRx	Prevacid (excluded for 18 years and older)	Qbrexza
Percocet	Premium Diabetic Testing Supplies	Prilo Patch II Kit	Qelbree
Perseris	Prena 1 True	Prilo Patch Kit	Qmiiz ODT
Pertzye	Prena1	Priloheal Plus 30	Qtern
Pexeva	Prena Pearl	Prilolid	Quartette
Pharmacist Choice Diabetic Testing Supplies		Prilosec (excluded for 18 years and older)	
Physicians EX USE B12 Kit			

# NON-COVERED MEDICATIONS

Quicktek Diabetic Testing Supplies  
 Quickview Covid Kit  
 Quillichew ER  
 Quillivant XR  
 Quinixil  
 Quinja  
 Quintet Diabetic Testing Supplies  
 Qulipta  
 Quviviq  
 RA Dry Mouth  
 Rabeprazole 10mg  
 Rapaflo  
 Rayaldee  
 Rayos  
 Readysharp Betamethasone  
 Readysharp Bupivacaine  
 Readysharp Dexamethasone  
 Readysharp Ketorolac  
 Readysharp Lidocaine  
 Readysharp Methylprednisolone  
 Readysharp Triamcinolone  
 Realheal-1  
 Recothrom  
 Redichew Rx  
 Reditrex  
 Refuah Plus Diabetic Testing Supplies  
 RegeneCare  
 Relador PAK  
 Relador PAK Plus  
 Relafen DS  
 Relexxii ER  
 Relion Diabetic Testing Supplies  
 Relnate DHA  
 Relpax

Remeron  
 Remeron Soltab  
 Repatha  
 Requip XL  
 Restoril  
 Retin-A Cream  
 Retin-A Micro  
 Revatio  
 Reveal Diabetic Testing Supplies  
 Rexulti  
 Reyvow  
 Rezvoglar  
 Rhopressa  
 Rightest Diabetic Testing Supplies  
 Ritalin  
 Ritalin LA  
 R-Natal OB 20-1-320  
 Rocklatan  
 Rosadan  
 Rosuvastatin/Ezetimibe  
 Roszet  
 Roxybond  
 Rytary ER  
 Ryvent  
 Saizen  
 Saizenprep  
 Salex Cream Kit  
 Salicylic Acid 6% Kit  
 Salicylic Acid/Ceramide Kit  
 Salvax Duo  
 Salvax Duo Plus  
 SanadermRx Skin Repair  
 Sancuso  
 Saphris  
 Sarafem  
 Savaysa

Savella  
 Scalacort  
 Seasonique  
 Secuado  
 Seglentis  
 Segluromet  
 Select OB Chew  
 Select-OB+ DHA  
 Semglee  
 Se-Natal 19  
 Se-Natal 19 Chew  
 Sernivo  
 Seroquel  
 Seroquel XR  
 Sertraline Capsules  
 Seysara  
 Sila III  
 Silenor  
 Siliq  
 Silvrstat  
 Simbrinza  
 Simponi  
 Sinemet 25/100  
 Singulair  
 Sitavig  
 Sklice  
 Skyaderm-LP  
 Smart Sense Diabetic Testing Supplies  
 SmarTest Diabetic Testing Supplies  
 Soanz  
 Sodium Hyaluronate  
 Sodium Oxybates  
 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  
 Stratterra  
 Suboxone  
 Subsys  
 Suflav  
 Sular  
 Sumadan  
 Sumaxin  
 Sumaxin CP  
 Sumaxin TS  
 Sunosi  
 Supartz  
 Supreme Diabetic Testing Supplies  
 Suprep  
 Sure edge Diabetic Testing Supplies  
 Sure Result Tac Pak

# NON-COVERED MEDICATIONS

SureChek Diabetic Testing Supplies  
 Sure-Test Diabetic Testing Supplies  
 Sustol  
 Symbicort  
 Sympazan  
 Symproic  
 Synalar Combo-Pack  
 Synalar TS  
 Synojoynt  
 Synvexia TC  
 Synvisc  
 Synvisc-One  
 Taclonex Suspension  
 Targadox  
 Tarka  
 Taron-C DHA  
 Taron-Prex  
 Tascenso  
 Tavaborole  
 Taytulla  
 Tazorac  
 Tecfidera  
 Tekturna  
 Tekturna HCT  
 Telcare Diabetic Testing Supplies  
 Tenormin  
 Teriparatide  
 Tersis  
 Test N'Go Diabetic Testing Supplies  
 Testim  
 Testone CIK  
 Testosterone (Testim Authorized Product)  
 Testosterone (Vogelxo Authorized Product)

Testosterone Gel (Fortesta Authorized Product)  
 Thrivite RX 29-IMG  
 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  
 Tretinoin 8% Gel  
 Treximet  
 Trezix  
 Triadime-80  
 Triamcinolone 0.05%  
 Trianex  
 Triasil  
 Tribenzor  
 Tricare Prenatal  
 Tricor  
 Triglide  
 Triheal-80  
 Trileptal

Trilipix  
 Trilipx DR  
 Triloan II Suik  
 Triloan Suik  
 TriloCiclo Kit  
 Triluron  
 Trinatal Rx 1  
 Trinaz  
 Tri-Norinyl  
 Trintellix (Formerly Brintellix)  
 Tristart DHA  
 Tristart One 35-1-215  
 Tristart Free  
 Tri-Tabs DHA  
 Tritocin  
 Triveen-Duo DHA  
 Trivisc  
 Trivix  
 Trudhesa  
 True Focus Diabetic Testing Supplies  
 True Metrix Diabetic Testing Supplies  
 Truetest Diabetic Testing Supplies  
 Truetrack Diabetic Testing Supplies  
 Trulance  
 Tudorza  
 Twynco  
 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  
 Uroxatral  
 Utibron Neohaler  
 Valium  
 Valladerm-90  
 Vanos  
 Varophen Kit  
 Vascepa  
 Vaseretic  
 Vasotec  
 Vecamyl  
 Vectical  
 Velphoro  
 Veltassa  
 Veltin  
 Venlafaxine ER Tablets  
 Ventolin  
 Ventolin HFA  
 Verapamil 100mg caps  
 Verasens Diabetic Testing Supplies  
 Veregen  
 Vesicare  
 Vexatrol Kit  
 Viagra  
 Viberzi  
 Victory Diabetic Testing Supplies  
 Viekira  
 Viekira PAK  
 Vigamox  
 Viibryd

# NON-COVERED MEDICATIONS

Vimovo  
 Vinate DHA 27-113  
 Vinate II  
 Vinate One  
 Virasal  
 Virt-C DHA  
 Virt-Nate DHA  
 Virt-Pn DHA  
 Virt-Pn Plus  
 Visco-3  
 Vitafof Gummies  
 Vitafof Fe+  
 Vitafof Ultra  
 Vitafof-Nano  
 Vitafof-OB +DHA  
 Vitafof-OB 65-IMG  
 Vitafof-One  
 VitamedMD One Rx  
 Vitapearl  
 Vitathely  
 Vitatrue  
 Viva DHA  
 Vivaguard Ino Diabetic Testing Supplies  
 Vivlodex  
 Vocal Point Diabetic Testing Supplies  
 Vogelxo  
 Vol-Plus  
 Vol-Tab Rx  
 VP-PNV-DHA  
 Vraylar  
 Vusion  
 Vyepti  
 Vytorin  
 Vyvanse  
 Vyzulta  
 Wakix

Wavesense Diabetic Testing Supplies  
 Welchol  
 Wellbutrin SR  
 Wellbutrin XL  
 Wescap-C DHA  
 Wescap-PN DHA  
 Wesnate DHA  
 Westab Plus 27-IMG  
 Westgel DHA  
 Whytederm Surgipak  
 Whytederm Trilasil Pak  
 Winlevi  
 WPR Plus  
 Wyzora  
 Xadago  
 Xalix  
 Xanax  
 Xanax XR  
 Xelpros  
 Xelstrym  
 Xepi  
 Xerac AC  
 Xerese  
 Xilapak  
 Ximino ER  
 Xolegel  
 Xopenex HFA  
 Xopenex Nebules  
 Xpert Xpress Covid Kit  
 Xryliderm  
 Xrylix  
 Xrylix II  
 Xultophy  
 Xyosted  
 Xywav  
 Yosprala DR

Yuflyma  
 Yupelri  
 Zalvit 13-IMG  
 Zanaflex  
 Zatean-PN DHA  
 Zatean-PN Plus  
 Zegerid (excluded for 18 years and older)  
 Zelarpar  
 Zelnorm  
 Zembrace Symtouch  
 Zepatier  
 Zestril  
 Zetia  
 Ziana  
 Ziclocin  
 Zilacaine  
 Ziloval  
 Zilxi  
 Zinbryta  
 Zioptan  
 Ziphex 13-IMG  
 Zipsor  
 Zithromax  
 Zocor  
 Zofran  
 Zohydro ER  
 Zoloft  
 Zolpak  
 Zolpimist  
 Zomacton  
 Zomig  
 Zomig ZMT  
 Zonegran  
 Zontivity  
 Zorvolex  
 Zovirax

Ztlido  
 Zubsolv  
 Zuplenz  
 Zyclara  
 Zyflo  
 Zyflo CR  
 Zylet  
 Zymaxid  
 Zypitamag  
 Zypram  
 Zyprexa  
 Zyprexa Intramuscular  
 Zyprexa Relprevv  
 Zyprexa Zydis



# 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.<sup>4</sup>
- You have documented adverse effects to two covered medications, which are significant enough to stop taking the medications.
- There's 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.**

<sup>4</sup> 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](http://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. If it's medically necessary, your doctor can request an exception for coverage. If approved, the medication 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 النقي للصم والبكم "TTY": **711**).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិក (TTY: **711**)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY: **711**).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

**Greek/λληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID card) (TTY: **711**).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: **711**).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें।टी.टी.वाई.: **711**).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: **711**).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID card (TTY: **711**).

**Japanese/日本語:** お知らせ: 日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: **711**)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: **711**).

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

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

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



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