

# COVERED PAIN MANAGEMENT

## MEDICATION LIST

### For plans that use the:

Blue Cross Blue Shield of Massachusetts Formulary



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# COVERED ALTERNATIVES TO OPIOID MEDICATIONS

Opioids are a class of medications, including OxyContin and Vicodin, that are sometimes prescribed by doctors to treat pain. This list identifies covered medications for members who prefer not to use opioids for pain management. These alternative medications are often classified as nonsteroidal anti-inflammatory medications and topical analgesics.

This isn't a complete list of covered medications, and inclusion on this list doesn't guarantee coverage.<sup>1</sup> You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

**NOTE: Some medications on this list may be considered non-covered, including new medications under review by Blue Cross. Your doctor may request an exception for a non-covered medication when medically necessary.<sup>2</sup>**

## Learn More About Your Coverage

For more information about coverage for these medications, sign in to MyBlue at [bluecrossma.org](https://bluecrossma.org) or open the MyBlue app, then go to **Medication Lookup Tool** under **My Medications**. If you're not a member, you can get more information by visiting [bluecrossma.org/medication](https://bluecrossma.org/medication).

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

MEDICATION NAME	NOT COVERED	STEP THERAPY REQUIRED
ACTIVE-PAC KIT	✓	
ADAZIN CREAM	✓	
AGONEAZE	✓	
AMITRIPTYLINE		
AMOXAPINE		
ANACAINE OINTMENT		
ANAFRANIL	✓	
ANAPROX DS		
ANODYNE LPT	✓	
APRIZIO PAK	✓	
ARTHROTEC	✓	
CALDOLOR		
CAMBIA	✓	
CAPSFENAC PAK	✓	
CAPXIB KIT	✓	
CARBAMAZEPINE		
CARBAMAZEPINE ER		
CARBATROL ER		
CELEBREX		✓
CELECOXIB		✓
CELONTIN KAPSEAL		
CETACAINE ANESTHETIC LIQUID		
CETACAINE SPRAY		
CLOMIPRAMINE		
CLONAZEPAM		
CLONAZEPAM ODT		
COMFORT PAC-IBUPROFEN KIT		
COMFORT PAC-MELOXICAM KIT		
COMFORT PAC-NAPROXEN KIT		
DAYPRO	✓	

MEDICATION NAME	NOT COVERED	STEP THERAPY REQUIRED
DEPACON		
DEPAKENE		
DEPAKOTE DR		
DEPAKOTE DR SPRINKLE		
DEPAKOTE EC		
DERMACINRX EMPRICAINE KIT	✓	
DERMACINRX PHN PAK	✓	
DERMACINRX PRIZOPAK KIT	✓	
DERMACINRX ZRM PAK	✓	
DERMAZYL KIT	✓	
DESIPRAMINE		
DIAZEPAM RECTAL GEL		
DICLO GEL PAK	✓	
DICLO GEL XRYLIX SHEET KIT	✓	
DICLOFENAC EPOLAMINE PATCH	✓	
DICLOFENAC POTASSIUM		
DICLOFENAC SODIUM DR		
DICLOFENAC SODIUM EC		
DICLOFENAC SODIUM ER		
DICLOFENAC SODIUM GEL		
DICLOFENAC TOPICAL SOLUTION		
DICLOFENAC-MISOPROSTOL		
DICLOFONO GEL PACKET	✓	
DICLOPAK KIT	✓	
DICLOPR COMBO PACK	✓	
DICLOTRAL PAK	✓	
DICLOVIX KIT	✓	
DICLOZOR KIT	✓	
DILANTIN		
DITHOL COMBO PACK	✓	

MEDICATION NAME	NOT COVERED	STEP THERAPY REQUIRED
DIVALPROEX DR		
DIVALPROEX SODIUM DR		
DOLOTRANZ GEL	✓	
DOXEPIN		
DUEXIS	✓	
DYLOJECT	✓	
EC-NAPROSYN	✓	
EC-NAPROXEN DR		
EPITOL		
ETHYL CHLORIDE SPRAY		
ETODOLAC		
ETODOLAC ER		
FELBAMATE		
FELBATOL		
FELDENE 10 MG CAPSULE		
FELDENE 20 MG CAPSULE		
FENOPROFEN		
FENORTHO		
FLECTOR PATCH	✓	
FLEXIPAK KIT	✓	
FLURBIPROFEN		
FROTEK		
GABAPENTIN		
GABITRIL		
IBU		
IBUPROFEN		
IMIPRAMINE		
IMIPRAMINE PAMOATE		
INDOCIN		
INDOMETHACIN		

MEDICATION NAME	NOT COVERED	STEP THERAPY REQUIRED
INDOMETHACIN ER		
INFLAMMA-K KIT	✓	
INFLATHERM	✓	
KEPPRA		
KEPPRA XR	✓	
KETOPROFEN		
KETOROLAC		
KLOFENSAID II		
KLONOPIN	✓	
L.E.T. (LIDOCAINE-EPINEPHRINE-TETRACAINE)		
LAMICTAL	✓	
LAMICTAL ODT	✓	
LAMICTAL XR	✓	
LAMOTRIGINE		
LAMOTRIGINE ER		
LAMOTRIGINE ODT		
LEVA SET	✓	
LEVETIRACETAM		
LEVETIRACETAM ER		
LEXIXRYL	✓	
LIDOCAINE 5%		
LIDOCAINE-EPINEPHRINE-TETRACAINE		
LIDOCAINE-PRILOCAINE		
LIDODERM	✓	
LIDOPAC	✓	
LIDOPRIL	✓	
LIDOPRIL XR	✓	
LIDO-PRILO CAINE PACK	✓	
LIDOPURE PATCH		
LIDOTRANS 5 PAK	✓	

MEDICATION NAME	NOT COVERED	STEP THERAPY REQUIRED
LIDOTREX	✓	
LIDOXIB KIT	✓	
LIDTOPIC MAX		
LIPROZONEPAK	✓	
LIVIXIL PAK	✓	
LMR PLUS KIT	✓	
LODINE	✓	
LP LITE PAK	✓	
LYRICA		✓
MAPROTILINE		
MECLOFENAMATE		
MEDOLOR PAK	✓	
MEFENAMIC ACID		
MELOXICAM		
MENTHO-CAINE KIT	✓	
MOBIC	✓	
MYSOLINE 50 MG TABLET		
NABUMETONE		
NALFON		
NAPRELAN CR	✓	
NAPROSYN	✓	
NAPROSYN EC	✓	
NAPROXEN		
NAPROXEN DR		
NAPROXEN EC		
NAPROXEN SODIUM		
NAPROXEN SODIUM CR		
NAPROXEN SODIUM DS		
NAPROXEN SODIUM ER		
NAYZILAM		

MEDICATION NAME	NOT COVERED	STEP THERAPY REQUIRED
NEURCAINE	✓	
NEURONTIN	✓	
NORPRAMIN		
NORTRIPTYLINE		
NUDICLO SOLUPAK	✓	
NUDICLO TABPAK	✓	
NUVAKAAN KIT	✓	
OXAPROZIN		
OXCARBAZEPINE		
OXTELLAR XR		
PAIN EASE MIST SPRAY		
PAINGO KFT	✓	
PAMELOR	✓	
PEGANONE		
PENNSAID	✓	
PHENOBARBITAL		
PHENYTEK		
PHENYTOIN		
PHENYTOIN ER		
PIROXICAM		
PONSTEL		
POTIGA		
PREGABALIN		✓
PRIKAAN	✓	
PRIKAAN LITE	✓	
PRILOLID	✓	
PRILOVIX	✓	
PRILOVIX LITE	✓	
PRILOVIX PLUS	✓	
PRILOVIX ULTRALITE	✓	



MEDICATION NAME	NOT COVERED	STEP THERAPY REQUIRED
PRILOVIX ULTRALITE PLUS	✓	
PRIMIDONE		
PRIZOTRAL	✓	
PROFENO		
PROTRIPTYLINE		
QMIIZ ODT		
QUDEXY XR		
READYSHARP KETOROLAC	✓	
RELADOR PAK	✓	
RELADOR PAK PLUS	✓	
RELAFEN DS		
ROWEEPRA		
ROWEEPRA XR		
SMARTRX GABA KIT	✓	
SMARTRX GABA-V KIT	✓	
SOLUPAK KIT	✓	
SPRAY AND STRETCH SPRAY		
SPRITAM	✓	
SPRIX NASAL SPRAY	✓	
SUBVENITE		
SULINDAC		
SURMONTIL		
SUVICORT	✓	
SYNVEXIA TC	✓	
TEGRETOL		
TEGRETOL XR		
TIAGABINE		
TIVORBEX	✓	
TOFRANIL	✓	
TOLMETIN SODIUM		

MEDICATION NAME	NOT COVERED	STEP THERAPY REQUIRED
TOPAMAX	✓	
TOPAMAX SPRINKLE	✓	
TOPIRAMATE		
TOPIRAMATE ER		
TOPIRAMATE SPRINKLE		
TORONOVA SUIK KIT	✓	
TORONOVA II SUIK KIT	✓	
TRILEPTAL		
TRIMIPRAMINE MALEATE		
TRIXYLITRAL	✓	
TROKENDI XR		
VALPROATE SODIUM		
VALPROIC ACID		
VAROPHEN	✓	
VEASYN WOUND GEL	✓	
VIMOVO DR	✓	
VIMPAT		
VIVLODEX	✓	
VOLTAREN GEL		
VOLTAREN-XR	✓	
VOPAC MDS	✓	
WPR PLUS KIT	✓	
XRYLIDERM	✓	
XRYLIX	✓	
ZEYOCAINE	✓	
ZILACAINE PATCH	✓	
ZIPSOR	✓	
ZONEGRAN		
ZONISAMIDE		
ZORVOLEX	✓	

# PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

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

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

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

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

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

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

**Arabic/عربي:**

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

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

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

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

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

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

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

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

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

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

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

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

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بروی 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'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'ígíjijí' 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**).



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