

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.

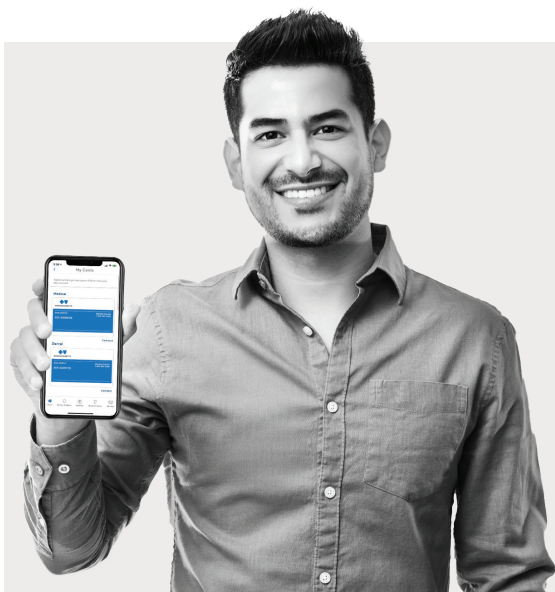
ABOUT THIS GUIDE

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.

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. 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.



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. Once signed in, click **Price a Medication** under **My Medications**.



HOW COVERED MEDICATIONS ARE PLACED INTO TIERS

Medications are placed into tiers according to a variety of factors, including what they're used for, their cost, and whether equivalent or alternative medications are available. Lower-tier medications typically cost less than higher-tier medications. For example, in a 3-tier structure, you'll likely pay the least for Tier 1 medications and the most for Tier 3 medications.

Pharmacy plans can use one of the five different tier structures outlined in this guide. Check your plan materials to see which tier structure your plan uses, and to learn more about how medications are covered.¹

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

OUR TIER STRUCTURES

2-TIER	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same Food & Drug Administration (FDA) requirements.
Tier 2: Brands	Brand-name medications cost more than generic medications, so you'll pay more if you use them.

3-TIER	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Preferred brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-preferred brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brands.

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

5-TIER	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Preferred brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-preferred brands	Non-preferred brand-name medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brands.
Tier 4: Preferred brand specialty	These specialty medications are preferred because they're safe, effective alternatives to more expensive brand-name specialty medications.
Tier 5: Non-preferred brand specialty	Non-preferred brand-name specialty medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred brand-name specialty medications.

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

Learn more about your coverage

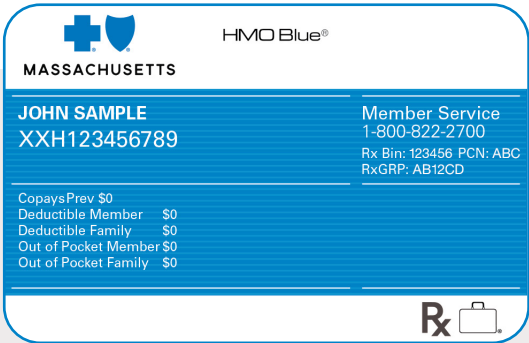
For more information about your pharmacy benefits, sign in to MyBlue at bluecrossma.org.

COMPOUNDED MEDICATIONS

Compounded medications are made to order by a pharmacist when existing, commercially available medications don't meet your specific needs as determined by your doctor. Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Some compounded medications may need prior authorization, have quality care dosing guidelines, or require an exception.

COVERED MEDICATIONS LIST CHANGES

Our covered medications list may change from time to time. This may include changing medications to a non-covered status, changing medication tier status, applying quality care dosing limitations, and/or moving medications to a specialty pharmacy. We notify any affected members of these changes via direct mail at least 30 days in advance of the change.



Sample ID card for illustrative purposes only.

YOUR ID CARD

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to the pharmacist when you fill a prescription.



OVER-THE-COUNTER MEDICATIONS

For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered at no cost to you when they're prescribed by your doctor. This list is up to date as of 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[®] NASAL SPRAY

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

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

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

BENEFIT EXCLUSIONS

The following are considered benefit exclusions under your policy. This means these medications and other health products aren't covered, and exceptions aren't available. Some medications within these categories have over-the-counter alternatives available.

- Anorexiant
- Cough and cold products that contain one or more of the following ingredients in equivalent over-the-counter doses: guaifenesin, chlorpheniramine, pseudoephedrine, phenylephrine, clemastine, dextromethorphan, and pyrilamine
- Non-sedating antihistamines
- Ophthalmic drug solutions to treat allergies
- Inhaled nasal steroids
- Proton pump inhibitors (PPIs), except for prescription PPIs that are prescribed for members under age 18 or prescribed as part of a combination drug used to treat helicobacter pylori
- Topical acne medications (benzoyl peroxide products in 10% strength or less, and some combinations)
- Pharmaceuticals that you can buy without a prescription, except as described in this pharmacy program guide
- Medical supplies such as dressings and antiseptics
- Combination vitamins that require a prescription, except for prescription prenatal vitamins and pediatric vitamins with fluoride

This list is up to date as of 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.

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
 Cotelpla 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
 Epclusa
 Epinephrine injection
 Epinephrine Professional kit
 Epinephrine Professional
 EMS kit
 Epi-Pen Auto-Injector
 Epogen
 Escitalopram
 Esomep-EZS (excluded for 18
 years and older)
 Esomeprazole (excluded for
 18 years and older)
 Esomeprazole Strontium
 (excluded for 18 years
 and older)
 Estradiol patch
 Estrogel

Eszopiclone
 Evamist
 Evenity
 Exkivity
 Extavia
 Ezallor Sprinkle
 Ezetimibe
 Ezetimibe/Simvastatin
 Famciclovir
 Farydak
 Farxiga
 Fasenra
 Fentanyl Citrate
 Fentanyl oral/mucosal
 Fentanyl patch
 Fentora
 Fetzima
 Fiasp
 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
Idacio
Ilumya
Imitrex
Impavido
Incruse Ellipta
Indomethacin 20mg
Ingrezza
Inpefa
Insulins (all)
Insuline Aspart
Insulin Glargine
Insulins Lispro
Intermezzo
Invokamet
Invokamet XR
Invokana
Iodoquinol/Hydrocortisone/
Aloe
Ipratropium NS
Irenka DR
Itraconazole
Jakafi
Jardiance
Jaypirca
Joenja
Jornay PM
Jynarque
Kadian
Kalydeco
Kenalog aerosol
Kerendia
Kerydin
Ketoconazole 2%
Ketorolac ophthalmic
Keveyis
Kevzara

Kineret
Klisyri
Kloxxado
Krintafel
Kynmobi
Lansoprazole (excluded for
18 years and older)
Lansoprazole ODT (excluded
for 18 years and older)
Lansoprazole/Amoxicillin/
Clarithromycin
Lantus
Lantus Solostar
Lazanda
Leflunomide
Ledipasvir/Sofosbuvir
Lescol
Lescol XL
Levalbuterol HFA
Levamlodipine
Levemir
Lexapro
Lidocaine 5% cream
Lidocaine 5% ointment
Lidocaine Patch
Lidoderm
Linzess
Lipitor
Litfulo
Livalo
Liventcity
Lixdexamfetamine
Lonhala Magnair
Lotronex
Lovastatin
Lovenox
Lubriprostone
Lucemyra

Lumakras
Lumryz
Lunesta
Lybalvi
Lyllana
Lyrica CR
Lysteda
Lyumjev
Lyumjev Tempo
Mavyret
Maxalt
Maxalt-MLT
Meloxicam
Meloxicam submicronized
Menostar
Methylphenidate CD
Methylphenidate ER
Methylphenidate LA
Methylphenidate 72 mg
Migranal
Migranow Kit
Minivelle
Mirtazapine
Mirtazapine Rapid Dissolve
Mobic
Morphine Sulfate ER
Mounjaro
Movantik
Moxifloxacin
Moxeza
MS Contin
Mupirocin
Mulpleta
Mydayis
Myfembree
Nalmefene
Naratriptan

Natpara
NebuPent
Neulasta
Neupogen
Nexium (excluded for 18
years and older)
Nexletol
Nexlizet
Nitazoxanide
Nivestym
Nocdurna
Norvasc
Novolin
Novolog
Nucynta ER
Nuplazid
Nurtec ODT
Nuzyra
Nyamyc powder
Nystatin powder
Nystop powder
Nyvepria
Ocaliva
Odactra
Odomzo
Olanzapine-Fluoxetine
Olopatadine Nasal
Olumiant
Omeprazole (excluded for 18
years and older)
Omeprazole-Sodium
Bicarbonate (excluded for 18
years and older)
OmePPI (excluded for 18
years and older)
Ondansetron
Ondansetron ODT
Onmel

QUALITY CARE DOSING

Onzetra Xsail
Opzelura
Oralair
Orencia
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
Plegridy
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
Qualaquin
Qulipta
Quillichew
Quinine Sulfate
Qutenza
QVAR
Quvivac
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
Ubrelyvy
Undenycya
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
Xaciato
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.

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	Breztri	Diskets	Extavia
Ajovy	Briumvi	Dolophine	Eysuvis
Alecensa	Budesonide/Formoterol	Doptolet	Factor VIII, VIIIa, IX, XIII (medical benefit only)
Alfenta	Buprenorphine film	Dujolvi	Farydak
Alunbrig	Buprenorphine patch	Dulera	Fasenra
Alyq	Butrans	Dupixent	Fentanyl Citrate
Amjevita	Bylvay	Duragesic	Fentanyl patch
Amondys 45	Camzyos	Doramorph	Fentanyl oral/mucosal
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Capital and Codeine	Durolane	Fentora
Ampyra	Capxib	Dvorah	Filspari
Apadaz	Celebrex	Dysport	Firazyr
Aralast	Celecoxib	Egrifta	Firdapse
Armodafinil	Cequa	Elidel	First Lansoprazole (excluded for 18 years and older)
Aranesp	Cerezyme	Elyxyb	First Omeprazole (excluded for 18 years and older)
Arikayce	Cibinqo	Embeda	Fluticasone/Salmeterol
Arymo ER	Cimzia	Emgality	Fluticasone/Vilanterol
Aspirin/Omeprazole (excluded for 18 years and older)	Cinqair	Empaveli	
	Cinryze	Enbrel	
	Cocet/Plus	Enjaymo	
	Co-gesic	Enspryng	
	Copkitra		

PRIOR AUTHORIZATION

Forteo
Fulphila
Fynetra
Galafold
Gamifant
Gavreto
Gel-One
Gelsyn-3
Genotropin
Genvisc
Gilyena
Gilotrif
Givlaari
Granix
Grastek
Hadlima
Harvoni
Haegarda
Hetlio
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
Orencia
Orkambi
Orladeyo
Orserdu
Orthovisc
Otezla
Oxbryta
Oxecta
Oxervate
Oxlumo
Oxycodone ER
Oxycontin
Oxymorphone ER
Panlor SS
Pemazyre
Percocet
Percodan

PRIOR AUTHORIZATION

Pimecrolimus
 Piqray
 Plegriby
 Polygesic
 Praluent
 Pregabalin CR
 Prevacid (excluded for 18 years and older)
 Prilosec (excluded for 18 years and older)
 Primlev
 Procentra
 Procrit
 Prolate
 Proleukin
 Prolia
 Protonix (excluded for 18 years and older)
 Protopic
 Provigil
 Pyrukind
 Rabeprazole 10mg (excluded for 18 years and older)
 Ragwitek
 Rebif
 Reblozyl
 Recorlev
 Releuko
 Regranex
 Remicade
 Renflexis
 Repatha
 Respiratory SyncytialVirus IG/Synagis
 Retacrit
 Restasis
 Retevmo
 Revatio

Rezlidhia
 Rezurock
 Riabni
 Rinvoq ER
 Rituxan
 Rolvedon
 Roxybond
 Rozlytrek
 Ruconest
 Ruxience
 Rydapt
 Rystiggo
 Saizen
 SaizenPrep
 Sajazir
 Saxenda
 Scemblix
 Seglentis
 Serostim
 Sildenafil (antihypertensive)
 Siliq
 Simponi
 Simponi Aria
 Skyclarys
 Skyrizi
 Skytrofa
 Sodium Hyaluronate 1% Syringe
 Sofosbuvir/Velpatasvir
 Sogroya
 Sotyktu
 Sovaldi
 Spevigo
 Spinraza
 Stagesic
 Stelara
 Stimufend

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

Trezix
 Trikafta
 Triluron
 Trivisc
 Truseltiq
 Truxima
 Tylenol with Codeine
 Tylox
 Tymlos
 Tyrvaya
 Tysabri
 Tzield
 Udenyca
 Vanflyta
 Verdrocet
 Verkazia
 Verzenio
 Vicodin
 Vicoprofen
 Viekira XR
 Viekira PAK
 Viltepso
 Visco-3
 Vitrakvi
 Vivjoa
 Vizimpro
 Vonjo
 Vosevi
 Voxzogo
 Vyepti
 Vyjuvek
 Vyleesi
 Vyndamax
 Vyndaqel
 Vyondys-53
 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.

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

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.

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
Aveed
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
Crysvita
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
Ethiol
Etopophos
Etoposide
Evenity
Evomela
Extavia
Fasenra
Faslodex
Fensolvi
Firazyr
Firmagon
Flebogamma
Floxuridine
Fludarabine phosphate
Fluorouracil
Fortaz
Forteo
Fulphila
Fulvestrant
Fuzeon
Fynetra
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
Orencia
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
Tzield
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
Cibinqo
Cometriq
Cotellic
Cyclophosphamide
Cystagon
Dalfampridine
Daraprim
Daurismo
Deferasirox
Dichlorophenamide
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
Lorbrena
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
Tasigna
Tasimelteon
Tecfidera
Temodar
Temozolamide
Teriflunomide
Tetrabenazine
Thalomid
Tiopronin
Tlando
TOBI ampules
TOBI-Podhaler
Tobramycin ampules
Tolvaptan
Tracleer
Trikafta
Tykerb
Tyvaso
Uptravi
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
Zolanza
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
Skyclarys
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.

NON-COVERED MEDICATIONS

7T Gummy ES	Advance Diabetic Testing Supplies	Ambien CR	Assure Diabetic Testing Supplies
Abilify	Advanced Allergy Collection Kit	Amphetamine ER Suspension	Atabex EC 29-1MG
Abilify Mycite	Advocate Diabetic Testing Supplies	Amrix	Atabex OB 29-1MG
Absorica	Adyphren	Amzeeq	Atacand
Absorica LD	Adyphren II	Anafranil	Atacand HCT
Abstral	Adzenys XR	Ana-Lex	Atelvia
Acanya	Aemcolo DR	Angeliq	Ativan
Accolate	Aerochmaber Kit	Anodyne LPT	Atopaderm
Accuaine	Agamatric Diabetic Testing Supplies	Antara	Atopavo
Accu-Chek Diabetic Testing Supplies	Agoneaze	Anusol HC suppository	Atopiclair
Accula Covid Kit	Airduo Digihaler	Anzemet	Atorvaliq
Accupril	Airduo Respiclick	Apadaz	Atorvastatin/Ezetimibe
Accuretic	AirSupra	Apidra	Atralin
Accutrend Diabetic Testing Supplies	Aklief	Aplenzin	Atropen
Aciphex (excluded for 18 years and older)	Akynzeo	Apriso	Augmentin XR
Actemra	Albuterol HFA (Ventolin Authorized Product)	Aprizio Pak	Auryxia
Acticlate	Alcortin-A	Aprizio Pak II	Autocode Diabetic Testing Supplies
Actigall	Alinia	Aptensio XR	Auvelity
Actiq	Alkindi	Aqua Glycolic HC	Auvi-Q
Active Injection D	Allzital	Arakoda	Avalide
Activella	Alodox	Aranesp	Avapro
Active-Pac	Alogliptin	Arava	Avelox
Actonel	Alogliptin/Metformin	Arcapta	Avidoxy
ActoPlus Met	Alogliptin/Pioglitazone	Arimidex	Avidoxy DK
Acular	Aloquin	Arixtra	Avita
Acular LS	Alora	Armonair Digihaler	Azasite
Acuvail	Alphagan P	Aromasin	Azeschew
Aczone	Alrex	Arthrotec	Azesco
Adazin	Altabax	Arymo ER	Azopt
Adderall	Altace	Arze-Ject-A Kit	Azor
Addyi	Altoprev	Asacol HD	Azstarys
Adhansia XR	Alvesco	Ascensia Test Strips	B12 Kit
Adlarity	Ambien	Asmanex HFA	Bafiartam
Adlyxin		Asmanex Twisthaler	Bal-Care DHA
Admelog		Aspirin/Omeprazole (excluded for 18 years and older)	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
 Brylhal

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
 Carensens 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 Clorhexacin
DermacinRx Empricaine
DermacinRx PHN
DermacinRx Prenatrix
DermacinRx Prenatryl
DermacinRx Pretrate
DermacinRx Prizopak
DermacinRx Silapk
DermacinRx Surgical Pharmpak
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
Diatrust 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
Diclostroom 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
Eletone
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
 Feriprox
 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
 Fluovox
 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
Inflamma-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
Jentaduetto
Jentaduetto XR
Journay 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
Authroized product)

Metformin ER (Glumetza
Authroized 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-IMG

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 IMG 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	Prenaisance	Prilovix
Orilissa	Pilot Covid Kit	Prenaisance 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	Procor
Paingo KFT	Ponvory	Prenate Cap Enhance	Procrit
Pamelor	PR Cream Kit	Prenate Cap Restore	Prodigy Diabetic Testing Supplies
Pancreaze	PR Natal 400 Pak	Prenate Chew 0.6-0.4	Profinac
Patanase	PR Natal 400 Pak EC	Prenate Elite	Prolensa
Paxil	PR Natal 430 Pak	Prenatrix	Promiseb
Paxil CR	PR Natal 430 Pak EC	Prenatryl	Protonix (excluded for 18 years and older)
P-Care	Pradaxa	Prenatvite Complete	Proventil HFA
P-Care K	Pravachol	Prenatvite Plus	Proventil Inhaler
P-Care M	Precision Diabetic Testing Supplies	Prenatvite Rx	Provida OB
P-Care MG	Pred Mild	Preplus 27-IMG	Provigil
P-Care X	Prednisolone 5mg	Presera	Prozac
Penlac	Prefest	Prestalia	PTS Panel Diabetic Testing Supplies
Pennsaicin	Pregen DHA	Prestige Diabetic Testing Supplies	Pylera
Pennsaid	Pregenna	Pretab 29-IMG	Qbrelis
Pentican	Pregnyl	Prevacid (excluded for 18 years and older)	Qbrexza
Pepcid	PremesisRx	Prilo Patch II Kit	Qelbree
Percocet	Premium Diabetic Testing Supplies	Prilo Patch Kit	Qmiiz ODT
Perseris	Prena 1 True	Priloheal Plus 30	Qtern
Pertzye	Prena1	Prilolid	Quartette
Pexeva	Prena Pearl	Prilosec (excluded for 18 years and older)	

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
 Soaanz
 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
Tersi
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
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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.⁴
- 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.

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

APPEALING A COVERAGE DECISION

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



PHONE

1-800-472-2689



FAX

1-617-246-3616

Phone and fax are recommended for faster service.



EMAIL

grievances@bcbsma.com



MAIL

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

WHAT HAPPENS WHEN AN APPEAL IS DENIED

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

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

FOR MORE INFORMATION

1

Visit
bluecrossma.org.

2

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

3

Click
Appeals & Grievances.



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This index is a list of the medications referenced in this guide.

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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.

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- 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។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណ សម្គាល់សមាជិករបស់អ្នក (TTY: 711)។

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

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

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

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

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

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

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

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

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

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

Persian/پارسیان:

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

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

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



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