

Learn About Our Pharmacy Program

Effective January 1, 2019

This guide provides an overview of the program, lists some of the medications covered under your plan, lists medications not covered under your plan, and provides other important information about your pharmacy coverage.

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Pharmacy Program Overview

Our 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 medication list that includes many medications that are available at affordable out-of-pocket costs.

About This Guide

This guide is up-to-date as of January 1, 2019, and is subject to change. Use it as a reference whenever you need coverage information about our pharmacy program. For the most current and complete information about covered medications, visit our website at bluecrossma.com/medications.

Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that manages our pharmacy benefits, at express-scripts.com. In some cases, you'll pay less for a 90-day supply of maintenance medications (also known as long-term medications) than you would for three 30-day supplies at a retail pharmacy. You'll also make fewer trips to the pharmacy and be less likely to miss a dose since you won't have to refill as often.

To use the Mail Order Pharmacy, download the order form at bluecrossma.com/pharmacy, or call 1-800-262-BLUE (2583).

Online Resources

Medication Lookup

Search for covered medications, quickly and easily, at bluecrossma.com/medications. Your individual coverage may vary. Changes to our current medications usually take place on January 1 and July 1.

MyBlue

Discover a more personalized experience when looking up your health care information, such as detailed plan information and claims. Log in or create an account at bluecrossma.com/myblue.

Express Scripts

Get information about your specific pharmacy coverage by visiting express-scripts.com. There, you can look up the cost of medications, find a pharmacy, and set up home delivery.

Pharmacy Program Overview

What You Pay For Medications

Our covered medications list is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. Medications are placed on tiers according to a variety of factors, including what they’re used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will tell you how much you owe.

In a 3-tier structure
Usually, you’ll pay the least for Tier 1 medications and the most for Tier 3 medications.

In a 4-tier structure
Usually, you’ll pay the least for Tier 1 medications and the most for Tier 4 medications.

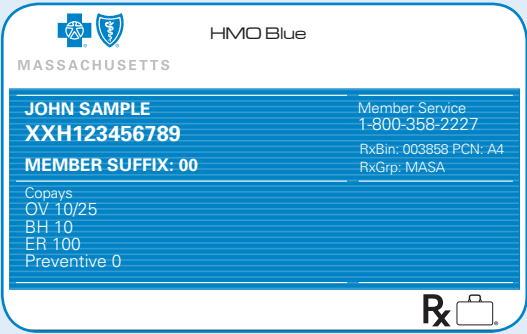
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially-available medications don’t meet your specific needs as determined by your provider. 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. These changes may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a retail specialty pharmacy. We notify any impacted members of these changes via direct mailing at least 30 days in advance of the change.



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 your pharmacist when you fill a prescription. A sample ID card is shown on the left.

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 are prescribed by your doctor. This list is up-to-date as of January 1, 2019, and may change from time to time.

- **Generic Aspirin (81mg)**
- **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** (e.g., nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** is covered for people aged 65 and older
- **Generic contraceptives** (e.g., female condoms, sponges, and spermicide) are covered

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. This list is up-to-date as of January 1, 2019. See your subscriber certificate for additional exclusions.

- 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, except for prescription proton pump inhibitors that are prescribed for members under age 18 or that are prescribed as part of a combination drug used to treat helicobacter pylori
- Topical acne medications (Benzoyl peroxide products 10% in strength or less, and some combinations)
- Pharmaceuticals that you can buy without a prescription, except as described in this Pharmacy Program booklet
- Medical supplies such as dressings and antiseptics
- Combination vitamins that require a prescription, except for: prescription prenatal vitamins, and pediatric vitamins with fluoride

Quality Care Dosing

Our Quality Care Dosing program helps to ensure the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines of the medications you receive. 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 manufacturer's and FDA'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, or be considered non-covered, or a specialty medication. Please 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, 2019, and may change from time to time.

For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, visit our website at bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to the **Quality Care Dosing** section.

Quality Care Dosing

Abstral	Aranesp	Caduet	Dulera
AcipHex (excluded for 18 years and older)	Arava	Camrese	Duloxetine
Actiq	Arcapta Neohaler	Camrese Lo	Duloxetine DR
Actonel	ArmonAir RespiClick	Cardura	Duragesic
ACTOplus Met	Arnuity Ellipta	Cardura XL	Edluar
ACTOplus Met XR	Arixtra	Catapres TTS	Effexor XR
Actos	Arymo ER	Celebrex	Eletriptan
Acular PF	Ashlyna	Celecoxib	Embeda
Acular	Asmanex Twisthaler	Celexa	Emend
Acular LS	Astepro	Cesamet	Emverm
Adderall XR	Atelvia DR	Cholbam	Enbrel
Adlyxin	Atomoxetine	Ciclodin solution/kit	Enoxaparin
Admelog	Atorvastatin	Ciclopirox nail lacquer	Epclusa
Advair Diskus	Atrovent (nasal spray)	Citalopram	Epinephrine injection
Advair HFA	Atrovent HFA	Climara	Epi-Pen Auto-Injector
Adyphren	Auvi-Q	Climara Pro	Epogen
Adzenys XR	Avandia	Clonidine patch	Escitalopram
Aerospan	Avonex	Combivent	Esomep-EZS (excluded for 18 years and older)
Aimovig	Axert	Combivent Respimat	Esomeprazole (excluded for 18 years and older)
Air Duo	Azelastine (nasal spray)	Concerta	Esomeprazole Strontium (excluded for 18 years and older)
Akynzeo	Basaglar	Cotempla XR ODT	Estradiol patch
Alendronate Sodium	Belbuca	Contrave ER	Estrogel
Almotriptan	Belsomra	Copaxone	Eszopiclone
Alora	Belviq	Cosentyx	Evamist
Alosetron	Belviq XR	Crestor	Evzio
Alrex	Betaseron	Cromolyn ophthalmic	Exalgo
Alsuma	Bevespi AeroSphere	Cymbalta	Extavia
Altoprev	Binosto	Daklinza	Ezetimibe
Alvesco	Boniva tablets	Dalfampridine	Exetimibe/Simvastatin
Ambien	Breo Ellipta	Daysee	Famciclovir
Ambien CR	Brisdelle	Desvenlafaxine ER	Farydak
Amethia	Budeprion SR	Dexilant (excluded for 18 years and older)	Farxiga
Amethia Lo	Budeprion XL	Dexmethylphenidate ER	Fasenra
Amerge	Budesonide (nebules)	Dexmethylphenidate XR	Fayosim
Amitiza	Bunavail	Dextroamphetamine/Amphetamine ER	Fentanyl oral/mucosal
Amlodipine	Buprenorphine	Diabetic Testing Strips (all)	Fentanyl patch
Amlodipine-Atorvastatin	Buprenorphine-Naloxone	Diclofenac gel	Fentora
Ampyra	Buprenorphine patch	Diclofenac solution	Fetzima
Anzemet	Bupropion SR	Diflucan (150 mg only)	Fiasp
Apidra	Bupropion XL	Dihydroergotamine (nasal spray)	Flovent/HFA
Apidra Solostar	Butorphanol NS	DM 2 Kit	Fluconazole (150 mg only)
Aplenzin ER	Butrans	Doptelet	Fluoxetine
Aprepitant	Bydureon	Doxazosin	
Aptenzio XR	Byetta		
	Cabergoline		

Quality Care Dosing

Fluoxetine DR	Ipratropium NS	Maxalt	OmePPI (excluded for 18 years and older)
Fluticasone/Salmeterol	Irenka DR	Maxalt-MLT	Omontys
Fluvastatin XR	Itraconazole	Meloxicam	Ondansetron
Fluvastatin	Jardiance	Menostar	Ondansetron ODT
Fluvoxamine	Jolessa	Methylphenidate CD	Onmel
Fluvoxamine CR	Jynarque	Methylphenidate ER	Onsolis
Focalin XR	Kadian	Methylphenidate LA	Onezetra Xsail
Fondaparinux	Kalydeco	Methylphenidate 72mg	Opana ER
Forfivo XL	Kerydin	Migranal	Oralair
Forteo	Ketorolac ophthalmic	Migranow Kit	Oramorph SR
Fosamax	Keveyis	Minivelle	Orkambi
Fosamax Plus D	Kevzara	Mirtazapine	Otezla
Fragmin	Khedeza	Mirtazapine Rapid Dissolve	Oxycodone ER
Frova	Lamisil	Mobic	OxyContin
Frovatriptan	Lansoprazole (excluded for 18 years and older)	Morphabond ER	Oxymorphone ER
Fulphila	Lansoprazole ODT (excluded for 18 years and older)	Morphine Sulfate ER	Ozempic
Gatifloxacin	Lansoprazole/Amoxicillin/Clarithromycin	Movantik	Pantoprazole (excluded for 18 years and older)
Glatiramer	Lantus	Moxifloxacin	Paroxetine
Glatopa	Lazanda	Moxeza	Paroxetine CR
Glucose testing strips (all)	Leflunomide	MS Contin	Patanase
Glyxambi	Lescol	Mydayis	Paxil
Granisetron	Lescol XL	Naratriptan	Paxil CR
Granix	Levalbuterol HFA	Narcan	Pegasys
Grastek	Levemir	NebuPent	PEG-Intron
Harvoni	Levonorgestrel/Ethinyl Estradiol	Neulasta	Penlac
Hetlioz	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Neupogen	Pennsaid
Humalog	Lexapro	Nexium (excluded for 18 years and older)	Pexeva
Humalog Jr.	Lidocaine 5% cream	Nivestym	Pioglitazone
Humulin	Lidocaine Patch	Nocurna	Pioglitazone-Glimepiride
Humira	Lidoderm	Norvasc	Pioglitazone-Metformin
Hydromorphone ER	Linzess	Novolin	Plegridy
Hysingla ER	Lipitor	Novolog	Praluent
Ibandronate	Livalo	Nucynta ER	Pravachol
Ibrance	Lonhala Magnair	Nuplazid	Pravastatin
Ilumya	LoSeasonique	Ocaliva	Prevacid (excluded for 18 years and older)
Imitrex	Lotronex	Odanzo	PrevPac
Impavido	Lovastatin	Olanzapine-Fluoxetine	Prilosec (excluded for 18 years and older)
Incruse Ellipta	Lovenox	Olopatadine Nasal	Pristiq
Infergen	Lunesta	Olumiant	Pristiq ER
Insulins (all)	Lysteda	Olysio	ProAir HFA
Intermezzo	Mavyret	Omeprazole (excluded for 18 years and older)	ProAir Respiclick
Introvale		Omeprazole-Sod.	Procrit
Invokamet		Bicarbonate (excluded for 18 years and older)	
Invokamet XR			
Invokana			

Quality Care Dosing

Protonix (excluded for 18 years and older)

Proventil HFA

Prozac

Prozac Weekly

Pulmicort Flexhaler

Pulmicort Respules

Qbrexxa

Qtern

Qualaquin

Quartette

Quasense

Quillichew

Quinine Sulfate

Qutenza

QVAR

Rabeprazole (excluded for 18 years and older)

Ragwitek

Rebif

Relexxii ER

Relpax

Remeron

Remeron Soltab

Repatha

Restasis

Retacrit

Rexulti

Rhopressa

Risedronate

Ritalin LA

Rivelsa

Rizatriptan

Rozerem

Rosuvastatin

Sancuso

Sarafem

Saxenda

Seasonique

Seebri Neohaler

Segluromet

Serevent Diskus

Sertraline

Setlakin

Silenor

Siliq

Simponi

Simvastatin

Soliqua

Solosec

Sonata

Sovaldi

Spiriva

Sporanox

Steglatro

Steglujan

Stiolto Respimat

Strattera

Striverdi Respimat

Suboxone

Subsys

Sumatriptan

Sumavel Dosepro

Symbicort

Symbyax

Symdeko

Symproic

Synjardy

Synjardy XR

Taltz

Tanzeum

Technivie

Terazosin

Terbinafine

Tivorbex

Toujeo Solostar

Tranexamic Acid

Trelegy Ellipta

Tremfya

Tresiba

Treximet

Trintellix

Triptodur

Trulance

Trulicity

Tudorza

Tymlos

Utibron Neohaler

Valacyclovir

Valtrex

Varubi

Venlafaxine ER capsule

Venlafaxine ER tablet

Ventolin HFA

Viberzi

Victoza

Viekira PAK

Viekira XR

Vigamox

Viibryd

Vivelle

Vivelle-Dot

Vivitrol

Vivlodex

Voltaren gel

Vosevi

Vytorin

Vyvanse

Wellbutrin SR

Wellbutrin XL

Xartemis XR

Xeljanz

Xeljanz XR

Xermelo

Xiidra

Xifaxan

Xigduo

Xigduo XR

Xopenex HFA

Xtampza ER

Xultophy

Xuriden

Yosprala

Zaleplon

Zarxio

Zegerid (excluded for 18 years and older)

Zembrace Symtouch

Zepatier

Zetia

Zinbryta

Zocor

Zofran

Zofran ODT

Zohydro ER

Zoladex

Zolmitriptan

Zolmitriptan ODT

Zoloft

Zolpidem

Zolpidem CR

Zolpidem SL

Zolpimist

Zomig

Zomig ZMT

Zubsolv

Zuplenz

Zydelig

Zymaxid

Zypitamag

Prior Authorization

Your doctor is required to obtain Prior Authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Another part of our Prior Authorization program is Step Therapy. Please refer to the Step Therapy section in this brochure for more information.

Note: Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, or be considered non-covered, or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that require Prior Authorization, visit our website, bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Prior Authorization**.

Prior Authorization

Abstral	Daklinza	Genotropin	Modafinil
AcipHex (excluded for 18 years and older)	Dalfampridine	Grastek	Monovisc
Actemra	Desoxyn	Harvoni	Morphabond ER
Acthar	Dexilant (excluded for 18 years and older)	Hetlioz	Morphine Sulfate CR
Actimmune	Dexedrine	Humatrope	Morphine Sulfate ER
Actiq	Dextroamphetamines	Humira	MS Contin
Adcirca	Dificid	Hyalgan	Myalept
Addyi	Diskets	Hydromorphone ER	Myobloc
Adviar Diskus	Dulera	Hydroxyprogesterone	Nexium (excluded for 18 years and older)
Advair HFA	Dolophine	Hymovis	Norditropin
Air Duo	Dupixent	Hysingla ER	Nucala
Alecensa	Duragesic	Ibandronate injection/syringe	Nucynta ER
Amevive	Durolane	Ibrance	Nutritional Supplements
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Dysport	Idhifa	Nutropin
Ampyra	Egrifta	Ilaris	Nuvigil
Aralast	Elidel	Ilumya	Olumiant
Aralast NP (medical benefit only)	Embeda	Increlex	Olysio
Armodafinil	Enbrel	Incruse Ellipta	Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)
Aranesp	Enteral formula	Inflectra	OmePPI (excluded for 18 years and older)
Arymo ER	Entyvio	Interferons (alpha, gamma)	Omnitrope
Atomoxetine	Epclusa	IV Immunoglobulin	Omontys
Belbuca	Epogen	Juxtapid	Onpattro
Belviq	Erbitux (medical benefit only)	Kadian	Onsolis
Belviq XR	Esomeprazole (excluded for 18 years and older)	Kalydeco	Opana ER
Bevespi AeroSphere	Esomeprazole Strontium (excluded for 18 years and older)	Kevzara	Opdivo
Binosto	Esomeprazole Strontium (excluded for 18 years and older)	Kineret	Oralair
Boniva syringe	Esomep-EZS (excluded for 18 years and older)	Kisqali	Oramorph SR
Botox/Botulinum Toxin	Euflexxa	Kisqali Femara	Orencia
Braftovi	Evekeo	Kynamro	Orkambi
Breo Ellipta	Exalgo	Lazanda	Orthovisc
Buprenex	Exondys 51	Lenvima	Otezla
Buprenorphine patch	Eylea (medical benefit only)	Liquadd	Oxycodone ER
Butrans	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Lucentis (medical benefit only)	Oxycontin
Ceredase (medical benefit only)	Farydak	Lynparza	Oxymorphone ER
Cerezyme	Fasenra	Lyrica	Praluent
Cimzia	Fentanyl patch	Lyrica CR	Preservative-Free Morphine (medical benefit only)
Cinqair	Fentanyl oral/mucosal	Macugen (medical benefit only)	Prevacid (excluded for 18 years and older)
Cinryze (medical benefit only)	Fentora	Mavyret	Prilosec (excluded for 18 years and older)
Contrave	Fluticasone/Salmeterol	Makena	Procentra
Cotellic	Forteo	Mekinist	Procrit
Cosentyx	Gel-One	Mektovi	
	Gelsyn-3	Methadone	
		Methadose	
		Methamphetamine	

Prior Authorization

Prolastin (medical benefit only)	Technivie
Prolastin C (medical benefit only)	Tev-Tropin
Proleukin	Tibsovo
Prolia	Topical Retinoic Acid Derivatives (e.g. Retin-A)
Protonix (excluded for 18 years and older)	TPN (total parenteral nutrition) (medical benefit only)
Protopic	Tremfya
Provigil	Trivisc
Ragwitek	Tymlos
Reclast (medical benefit only)	Tysabri (medical benefit only)
Regranex	Vectibix (medical benefit only)
Remicade	Venclexta
Renflexis	Verzenio
Repatha	Viekira XR
Respiratory Syncytial Virus IG/Synagis	Viekira PAK
Retacrit	Visco-3
Restasis	Vosevi
Revatio	Xalkori
Rituxan	Xartemis XR
Rydapt	Xeljanz
Saizen	Xeljanz XR
SaizenPrep	Xeomin
Saxenda	Xgeva
Serostim	Xiaflex (medical benefit only)
Sildenafil	Xiidra
Siliq	Xolair
Simponi	Xtampza ER
Simponi Aria	Yosprala
Sovaldi	Zegerid (excluded for 18 years and older)
Spinraza	Zelboraf
Stelara	Zenzedi
Strattera	Zepatier
Subsys	Zohydro ER
Supartz	Zoledronic Acid (medical benefit only)
Symbicort	Zomactin
Symdeko	Zometa (medical benefit only)
Synvisc	Zorbtive
Synvisc One	Zydelig
Tacrolimus (topical)	Zykadia
Tadalafil	
Tafinlar	
Tagrisso	
Taltz	

Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. We'll cover the cost of some specialty medications if you fill them at a pharmacy outside of our network. We do this because these highly specialized medications aren't always available at one of our in-network pharmacies. The following is a list of medications that can be purchased from one of the pharmacies in our network and a list of medications we'll cover at a pharmacy outside of our network.

Network Pharmacy 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

BriovaRx®

1-844-284-9462

Fax: 1-866-496-1196

briovarx.com

CVS Specialty™

1-866-846-3096

Fax: 1-800-323-2445

cvsspecialty.com

Network Pharmacy Information for Fertility Medications

AcariaHealth™ Fertility

1-877-928-5125

Fax: 866-927-9870

acariahealth.com/index.php/explore/infertility

AllianceRx Walgreens Prime

1-800-424-9002

Fax: 1-800-874-9179

alliancerxwp.com

BriovaRx

1-800-850-9122

Fax: 1-800-218-3221

briovarx.com

Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

Metro Drugs

1-800-649-2872

Fax: 1-888-258-4242

metrodrugs.com

Village Fertility Pharmacy

1-877-334-1610

Fax: 1-866-935-0719

villagefertilitypharmacy.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. Please check the corresponding pages to determine coverage requirements.

This list is up-to-date as of January 1, 2019, and may change from time to time.

You can find the latest information about your medications and look up pharmacy contact information by visiting bluecrossma.com/pharmacy.

Specialty Pharmacy Medications

Injectable Medications

Abraxane	Cytarabine	GamaSTAN	Lupaneta Pack
Actemra	Cytogam	Gammaked	Lupron Depot
Acthar	Dacarbazine	Gammaplex	Lupron Depot-Ped
Actimmune	Dactinomycin	Gamunex	Makena
Adriamycin PFS	Darzalex	Gattex	Marqibo
Adrucil	Daunorubicin HCL	Gazyva	Mesna
Alferon-N	DDAVP	Gemcitabine	Mesnex
Alkeran	Depocyt	Gemzar	Methotrexate
Apokyn	Desmopressin Acetate	Genotropin	Mitomycin
Aranesp	Dexrazoxane	Glatiramer	Mitoxantrone
Arcalyst Injection	Docefrez	Glatopa	Mozobil
Arzerra	Docetaxel	Granix	Mustargen
Aveed	Doxil	Herceptin	Myalept
Avonex	Doxorubicin HCl	Hizentra	Mylotarg
Beleodaq	DTIC-Dome	Humatrope	Myobloc
Betaseron	Dupixent	Humira	Naptara
BiCNU	Dysport	Hycamtin	Navelbine
Bivigam	Egrifta	Hydroxyprogesterone	Neulasta
Bleomycin Sulfate	Eligard	HyQvia	Neumega
Blinicyto	Ellence	Ibandronate injection/syringe	Neupogen
Boniva Injection	Empliciti	Idamycin PFS	Nipent
Bortezomib	Enbrel	Idarubicin	Nivestym
Botox	Entyvio	Ifex	Norditropin
Busulfex	Epirubicin	Ifosfamide	Norditropin Flexpro
Calcium Folate	Epogen	Ifosfamide/Mesna	Norditropin Nordiflex
Camptosar	Ethyol	Ilaris	Nplate
Carboplatin	Etopophos	Ilumya	Nucala
Carimune	Etoposide	Imfinzi	Nutropin
Carmustine	Extavia	Increlex	Nutropin AQ
Cerubidine	Fasenra	Inflectra	Nutropin AQ Nuspin
Cerezyme	Faslodex	Intron A	Ocrevus
Cimzia	Firazyr	Irinotecan	Octagam
Cinqair	Firmagon	Istodax	Octreotide injection
Cisplatin	Flebogamma	Kenalog	Olumiant
Cladribine	Floxuridine	Kevzara	Omnitrope
Copaxone	Fludara	Keytruda	Oncaspar
Cosentyx	Fludarabine phosphate	Kynamro	Opdivo
Cosmegen	Fluorouracil	Lartruvo	Orencia
Crysvita	Forteo	Lemtrada	Otezla
Cuvitru	FUDR	Levoleucovorin	Otrexup
Cyclophosphamide	Fulphila	Leucovorin Calcium	Oxaliplatin
Cyramza	Fusilev I.V.	Leukine	Paclitaxel
	Fuzeon	Leuprolide Acetate	Palynziq
	Gammagard	Lipodox	Pamidronate
	Gammagard Liquid	Lipodox-50	Pamidronate disodium

Specialty Pharmacy Medications

Pegasys
Pegasys Proclick
Peg-Intron
Photofrin
Poteligeo
Plegridy
Praluent
Privigen
Procrit
Proleukin
Prolia
Rebif
Remicade
Renflexis
Repatha
Retacrit
Revatio
Rituxan
Roferon-A
Saizen
SaizenPrep
Sandostatin
Sandostatin-LAR
Serostim
Signafor
Signafor LAR
Siliq
Simponi
Simponi Aria
Somatuline
Somavert
Spinraza
Stelara
Sylatron
Sylvant
Synagis
Synribo
Takhzyro
Taltz
Taxotere
Tecentriq
Temodar
Teniposide
Tepadina
Tev-Tropin

TheraCys
Thiotepa
Thyrogen
Toposar
Totect
Trelstar
Trelstar LA
Trelstar Depot
Tremfya
Tymlos
Unituxin
Valstar
Velcade
Ventavis
Vimizim
VinBLASTine
Vincasar PFS
VinCRISTine
Vinorelbine
Vivitrol
Xeomin
Xgeva
Xolair
Zaltrap
Zanosar
Zarxio
Zilretta
Zinecard
Zoladex
Zomacton

Out-Of-Network Injectable Medications

Acetadote
Bavencio
Benlysta Autoinject/syringe
Besponsa
Bicillin
Bleo 15
Ceftazadime
Cuvposa
Delestrogen
Depo-Estradiol
Desferal

Desferoxamine
Evomela
Exondys
Fortaz
Kanuma
Kineret
Nabi-HB
Neulasta Onpro
Portrazza
Radicava
Rimso-50
Rocephin
Romidepsin
Sandimmune
Sildenafil
Strensiq
Sublocade
Tazicef
Testosterone Enanthate
Triptodur
Vyxeos
Yondelis

Oral Medications

Adcirca
Adempas
Afinitor
Alcensa
Alkeran
Alunbrig
Ampyra
Aubagio
Bethkis
Bosulif
Cabometyx
Capecitabine
Carbaglu
Cayston
Cerdelga
Copegus
Cotellic
Cyclophosphamide
Cystagon
Daklinza
Dalfampridine

Doptelet
Duopa
Epclusa
Erivedge
Esbriet
Erleada
Erivedge
Etoposide
Exjade
Farydak
Galafold
Gilenya
Gilotrif
Gleevec
Harvoni
Hetlioz
Hycamtin
Ibrance
Idhifa
Imatinib
Inlyta
Iressa
Jadenu
Jakafi
Juxtapid
Kalydeco
Kisqali
Kisqali Femara
Kitabis PAK
Kuvan
Lenvima
Letairis
Lonsurf
Mavyret
Mekinist
Mesnex
Miglustat
Moderiba
Mulpleta
Nerlynx
Nexavar
Ninlaro
Northera
Nuplazid
Ocaliva

Specialty Pharmacy Medications

Odomzo
Ofev
Olysio
Opsumit
Orenitram
Orkambi
Pomalyst
Procysbi
Promacta
Pulmozyme
Ravicti
Rebetol
Revatio
Revlimid
Ribapak
Ribasphere
Ribasphere Ribapak
Ribatab
Ribavirin
Rilutek
Riluzole
Rubraca
Rydapt
Sabril
Samsca
Sildenafil
Sovaldi
Sprycel
Stivarga
Sucraid
Sutent
Symdeko
Tadalafil
Tafinlar
Tagrisso
Tarceva
Tasigna
Tecfidera
Technivie
Temodar
Temozoloamide
Tetrabenazine
Thalomid
TOBI ampules
TOBI-Podhaler

Tobramycin ampules
Tracleer
Tykerb
Tyvaso
Uptravi
Veltassa
Venclexta
Verzenio
Viekira PAK
Viekira XR
Vigabatrin
Vigadrone
Vosevi
Votrient
Xalkori
Xeljanz
Xeljanz XR
Xeloda
Xenazine
Xtandi
Xyrem
Zavesca
Zelboraf
Zepatier
Zolinza
Zykadia
Zytiga

Out-Of-Network Oral Medications

8-Mop
Afinitor Disperz
Austedo
Boniva 150mg
Calquence
Chenodal
Cholbam
Cometriq
Daraprim
DDAVP
Emflaza
Gocovri ER
Iclusig
Imbruvica
Ingrezza

Jynarque
Keveyis
Korlym
Nityr
Orfadin
Otezla
Otezla Starter Pack
Tavalisse
Thiola
Vistogard
Xermelo
Xuriden
Yonsa
Zejula
Zydelig

Topical

Mugard
Panretin
Qutenza
Valchlor

Out-Of-Network Topical

Cystaran
Synarel

Fertility Medications

Bravelle
Cetrotide
Clomid
Clomiphene
Crinone
Endometrin
Follistim AQ
Ganirelix
Gonal F/Gonal F RFF
Gonal F Rff Rediject
Human Chorionic Gonadotropin (HCG)
Leuprolide
Lupron Depot
Lupron Depot-Ped
Luveris
Makena
Menopur

Novarel
Ovidrel
Pregnyl
Repronex
Serophene

Step Therapy

Step Therapy is a key part of our Prior Authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

Note: Some medications on this list may also be subject to Prior Authorization and/or Quality Care Dosing requirements, or be considered non-covered or a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that require Step Therapy, please visit our website bluecrossma.com/pharmacy, click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

Step Therapy

Diabetes Management

Adlyxin
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
ACTOplus Met
ACTOplus Met XR
Actos
Avandaryl
Avandia
Byetta
Bydureon
Duetact
Farxiga
Fortamet
Glucophage
Glucophage XR
Glumetza
Glyxambi
Invokana
Invokamet
Invokamet XR
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kombiglyze XR
Metformin Film Coated ER
Metformin ER
Nesina
Onglyza
Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Segluromet
Soliqua

Steglatro
Steglujan
Synjardy
Tanzeum
Tradjenta
Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

Glaucoma

Lumigan
Rescula
Travatan
Travatan Z
Xalatan

Osteoporosis Treatment (Oral)

Actonel
Atelvia DR
Binosto
Boniva tablets
Fosamax
Fosamax Plus D

Pain Relievers (Cox II Inhibitors)

Capxib
Celebrex
Celecoxib
Lidoxib

Prostate Treatment

Avodart
Jalyn
Proscar

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Oxytrol

Myrbetriq
Toviaz
Vesicare

Topical Testosterone

Axiron
Fortesta
Natesto Nasal
Testim
Testosterone gel (Fortesta Authorized product)
Testosterone gel (Testim Authorized product)
Testosterone gel (Vogelxo Authorized product)
Testone CIK Kit
Testosterone CIK Kit
Vogelxo

Non-Covered Medication

Your pharmacy program provides coverage for over 4,000 prescription medications. This section lists medications that are not covered under your benefits. Most medications on our non-covered list have equally safe, effective, covered alternatives 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, Step Therapy and/or Quality Care Dosing requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up-to-date as of January 1, 2019, and may change from time to time.

For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, bluecrossma.com/medications and proceed to the **Medications That Are Not Covered** section.

Non-Covered Medication

Abilify	Aloquin	Atrapro Hydrogel	Capxib
Abilify DiscMelt	Alora	Atropen	Careone diabetic testing supplies
Absorica	Alrex	Augmentin XR	Caresens N diabetic testing supplies
Abstral	Alsuma	Auryxia	Caretouch diabetic testing supplies
Acanya	Altabax	Auvi-Q	Cardene
Accolate	Altace	Avalide	Cardizem CD
Accu-Chek diabetic testing supplies	Altoprev	Avapro	Cardizem LA
Accucaine	Alvesco	Avelox	Cardura XL
Accupril	Ambien	Avidoxy	Cedax
Accuretic	Ambien CR	Avidoxy DK	Celexa
AcipHex (excluded for 18 years and older)	Amrix	Avita	Cem-Urea
Acticlate	Ana-Lex	Axert	Centany
Actigall	Anafranil	Axid	Centany AT
Actiq	Angeliq	Azasite	Ceracade Skin Barrier
Active Injection D	Anodyne LPT	Azor	Ceramax
Active-PAC	Antara	B-D diabetic testing supplies	Cesamet
Activella	Anusol HC Suppository	Balcoltra	Cetraxel
Acular	Anzemet	Belsomra	Chenodal
Acular LS	Apidra	Benicar	Cimzia
Acuvail	Aplenzin ER	Benicar HCT	Cipro-XR
Aczone	Aptensio XR	BenzaClin gel	Clenpiq
Adalat CC	Aqua Glycolic HC	BenzaClin kit	Cleocin T
Adazin	Aranesp	BenzaClin pump	Clever Choice Voice diabetic testing supplies
Adderall	Arava	Besivance	Clindacin ETZ Kit
Addyi	Arcapta Neohaler	Betalan SUIK kit	Clindacin PAC
Adlyxin	Arixtra	Bevespi AeroSphere	Clindagel
Admelog	Arymo ER	BG-Star diabetic testing supplies	Clobex
Advanced Allergy Collection Kit	Armonair RespiClick	Binosto	Clodan Kit
Advocate Redi-Code diabetic testing supplies	Arze-Ject-A kit	Bionect	Colazal
Adyphren	Asacol HD	Boniva syringe	Colchicine tablets
Adzenys XR	Ascensia diabetic testing supplies	Boniva tablets	Colchicine capsules
Aerospan	Asmanex Twisthaler	Bravelle	CoLyte
Agoneaze	Assure diabetic testing supplies	Breo Ellipta	Combigan
Air Duo	Astepro	Brevicon	Contour Next diabetic testing supplies
Akynzeo	Astero	Brilinta	Conzip
Alcortin-A	Atacand	Brisdelle	Cool diabetic testing supplies
Alevicyn Plus Kit	Atacand HCT	Bromsite	Coreg
Alevicyn Antipruritic SG gel	Atelvia DR	Brovana	Coreg CR
Alodox	Ativan	Bystolic	Corlanor
Alogliptin	Atopaderm	Byvalson	Cosopt PF
Alogliptin/Metformin	Atopiclair	Caduet	Cotempla XR ODT
Alogliptin/Pioglitazone	Atralin	Calcitriol Topical	
	Atrapro Dermal Spray	Cambia	
	Atrapro CP	Caphosol	

Non-Covered Medication

Cozaar	Diclofono	Emsam	Fiorinal
Crestor	Diclopak	Enablex	Fiorinal with Codeine
CVS Advanced diabetic testing supplies	DicloPR Combo Pak	Entresto	Flagyl
Cymbalta	Diclotral	Entyvio	Flagyl ER
D-Care 100X	Diclozor	Epaned	Flagyl IV
Daklinza	Dificid	EpiCeram	Flarex
Daliresp	Dilaudid	Epiduo	Flector
Daxbia	Diovan	Epiduo Forte	FlexiPak
Daypro	Diovan HCT	Epinephrine Snap-V	Flolipid
Daytrana	Dipentum	Episil	Fluoroplex
DDAVP	Dithol Combo Pack	Episnap Convenience Kit	FML Forte
Delzicol	Ditropan XL	Epogen	FML Liquifilm
Delzicol DR	Divigel	Equetro	FML S.O.P.
Depo-Sub Q Provera 104	DM2 Kit	Ertaczo	Focalin
Derma-Smoother/FS	DMT Suik	Esomeprazole Strontium (excluded for 18 years and older)	Focalin XR
Dermacin RX Cinolone-1 CPI	Dolotranz	Esomep-EZS (excluded for 18 years and older)	Follistim AQ
Dermacin Rx Chlorhexacin	Doubledex	Estrace	Fora V12 diabetic testing supplies
Dermacin Rx Empraciane	Duac	Estrogel	Forfivo XL
Dermacin RX Prizopak	Duac CS	Eucrisa	Fortamet
Dermacin RX PHN	Duavee	Euflexxa	Fortesta
Dermacin RX Silpak	Duragesic	Evamist	Fosamax
Dermacin Silazone Pharmpak	Durezol	Evekeo	Fragmin
Dermacin RX Surgical Pharmpak	Durolane	Evoclin	Freestyle diabetic testing supplies
Dermacin Rx Therazole Pak	Duzallo	ExacTech diabetic testing supplies	Frova
Dermacin RX ZRM	Dyloject	Exalgo	Ganirelix
Dermasorb-AF	Easy Max diabetic testing supplies	Exforge	GE 100 diabetic testing supplies
Dermasorb-HC	Easy Step diabetic testing supplies	Exforge HCT	Gel-One
Dermasorb-TA	Easy Talk diabetic testing supplies	Extavia	Gelclair
Dermasorb-XM	Easy Touch diabetic testing supplies	Extina	Gelnique
Dermawerx SDS	Easy-Trak diabetic testing supplies	Factive	Gelsyn-3
Dermawerx Surgical Plus Pack	Edarbi	Fanapt	GelX
Dermazone	Edarbyclor	Farxiga	Genotropin
Dermazyl	Edluar	FazaClo	Genstrip diabetic testing supplies
DermOtic	Effexor	Femring	Geodon
DesOwen kit	Effexor XR	Fenoglide	GE 100 diabetic testing supplies
Desvenlafaxine ER	Elestrin	Fentora	Gialax
Detrol	Eletone	Fetzima	Giazo
Detrol LA	Ellizia	Fexmid	Glucocard diabetic testing supplies
Dexedrine	Embeda	Fiasp	Glucometer diabetic testing supplies
Dexilant (excluded for 18 years and older)	Embrace diabetic testing supplies	Fifty50 diabetic testing supplies	Glucophage
Diclo Gel		Finacea Plus	
Diclo-Xrylix Sheet Kit			

Non-Covered Medication

Glucophage XR	Khedezla	Lovaza	Moxeza
Glumetza	Kitabis PAK	Lovenox	Mydayis
Gmate diabetic testing supplies	Klonopin	Luliconazole	Namzaric
GNP diabetic testing supplies	Kro Premium diabetic testing supplies	Lunesta	Naprelan
Gocovri	Lamictal ODT	Luzu	Naprelan CR
GoLytely	Lamisil	Lyrice CR	Naprosyn
Healthpro diabetic testing supplies	Lamisil Granules	Lysteda	Naprosyn EC
Horizant	Latuda	MAC Patch	Nascobal
HPR	Lazanda	Marvona SUIK	Natazia
HPR Plus	Lemtrada	Mas Care Pak	Natesto Nasal
HPR Plus Hydrogel Kit	Lescol	Mavyret	Neocera
Humana True Metrix diabetic testing supplies	Lescol XL	Maxalt	Neo-Synalar Kit
Hyalgan	Leva Set	Maxalt-MLT	Neosalus
Hydrocortisone-Lidocaine kit	Levalbuterol HFA	Maxidex	Neosalus CP
Hylatopic	Levaquin	Maxipime	Nesina
Hylatopic Plus	Levemir	MB Hydrogel	Neuac Kit
Hylatopic Plus-Aurstat	Levicycn Antipruritic SG	Medolor Kit	Neumaxin
Hymovis	Lexapro	Medroloan SUIK	Neupogen
Hysingla ER	Lexixryl	Medroloan II SUIK	Neupro
Hyzaar	Liberty diabetic testing supplies	Megace ES	Neurcaine
Iglucose diabetic testing supplies	Lido-Prilo Caine Pak	Menostar	Neurontin
Ilevro	Lidocaine HC Kit	Mentho-Caine Kit	Nevanac
Imvexxy	Lidocidex I	Mesalamine HD	Nexiclon XR
Inderal LA	Lidoderm	Metformin ER (Fortamet Authorized Product)	Nexium (excluded for 18 years and older)
Inderal XL	Lidopac	Metformin Film Coated ER (Glumetza Authorized Product)	Niravam
Inflamma K	Lidopril	Micardis	Nocdurna
InnoPran XL	Lidotrans 5 Pac	Micardis HCT	Noctiva
Intermezzo	Lidotrex	Microdot diabetic testing supplies	Norditropin
Intuniv	Lidovex	Migranow	Northera
Invega	Lidoxib	Minastrin Fe Chewable	Norvasc
Irenka DR	Lipitor	Minocin	Novacort
Istalol	Lipofen	Minocin Combo Pack	Nova Max diabetic testing supplies
Jentadueto	Liprozone Pak	Minolira ER	Novolin Insulin products
Jentadueto XR	Livalo	Mirapex	Novolog Insulin products
Jublia	Livixil PAK	Mirapex ER	Noxipak
Kadian	Lodine	Mobic	NuCort
Kapvay	Lodine XL	Monodox	Nucynta
Kaspargo Sprinkle	Lonhala Magnair	Monovisc	Nucynta ER
Kazano	Lopressor	Morgidox Kit	Nudiclo SoluPak
Keppra XR	Loprox Kit	Morphabond ER	Nudiclo TabPak
Keralyt kit	LoSeasonique	MoviPrep	NuLytely
Kerydin	Lotensin	Moxatag	Nusurgepak Surgical Prep
	Lotensin HCT		Nutraseb
	Loutrex		NutriaRx Pak

Non-Covered Medication

Nuessa	Perseris ER	Promiseb	Revatio
Nuvigil	Pertzze	Promiseb Light	Rexulti
Ocudox kit	Pexeva	Protonix (excluded for 18 years and older)	Rhopressa
Olux	Pharmacist Choice diabetic testing supplies	Proventil HFA	Risperdal M-Tab
Olysio	Picato	Proventil inhaler	Ritalin
Omnitrope	Plaquenil	Provigil	Ritalin LA
Onexton	Plenvu	Prozac	Ritalin SR
Onmel	Plixda	Prozac Weekly	Rosadan
Onsolis	POD Care 100C	Pylera	Roxybond
Onzetra Xsail	POD Care 100CG	Qbrelex	Rytary ER
Opana	POD Care 100K	Qtern	Rythmol
Opana ER	POD Care 100KG	Quartette	Saizen
Optium diabetic testing supplies	PR-Cream	Quillichew ER	SaizenPrep
Oracea	Pradaxa	Quillivant XR	Salicylic Acid 6% Kit
Oramorph SR	Pram-HCA	Quinja	Salicylic Acid-Ceramide kit
Orapred ODT	Pramosone E	RadiaPlex Rx	Salkera
Oravig	Pravachol	Radigel	Salvax Duo
Orencia	Precision QID diabetic supplies	Rapaflo	Salvax Duo Plus
Orthovisc	Precision X-Tra diabetic supplies	Rasuvo	SanadermRx Skin Repair
Oseni	Pred Mild	Rayaldee	Sancuso
Osmolex ER	Prefest	Rayos	Saphris
Osmoprep	Premium diabetic testing supplies	Readysharp Betamethasone	Sarafem
Osphena	Prepopik	Readysharp Bupivacaine	Savaysa
Otrexup	Presera	Readysharp Dexamethasone	Scalacort
Oxaydo	Prestalia	Readysharp Ketorolac	Seasonique
Oxytrol	Prestige diabetic testing supplies	Readysharp Lidocaine	Sebuderm
Ozempic	Prevacid (excluded for 18 years and older)	Readysharp Methylprednisolone	Seebri Neohaler
P-Care	PrevPac	Readysharp Triamcinolone	Segluromet
P-Care K	Prilolid	Recothrom	Sernivo
P-Care M	Prilosec (excluded for 18 years and older)	Regenecare	Seroquel
P-Care MG	Prinivil	Relador Pak	Seroquel XR
P-Care X	Prilovix	Relador Pak Plus	Silalite PAK
Paingo KFT	Pristiq	Relexxii ER	Silazone-II
Pamelor	Pristiq ER	Relion diabetic testing supplies	Silenor
Pancreaze	Pro-Voice diabetic testing supplies	Relpax	Siliq
Patanase	Procentra	Remeron	Silvrstat
Paxil	Procort	Remeron Soltab	Simbrinza
Paxil CR	Prodigy diabetic testing supplies	Repatha	Sinemet
PCE	Prolensa	Requip	Singular
PCE Dispertab		Requip XL	Sitavig
Penlac		Rescula	Sklice
Pennsaid		Restoril	Smart Sense diabetic testing supplies
Pepcid		Retacrit	SmartRx Gaba-V
Percocet		Retin-A Micro	SmartRx GabaKit

Non-Covered Medication

Sof-Tact diabetic supplies	Tekturna HCT	Trixyltral	Voltaren XR
Solaice	Tenormin	True Metrix diabetic supplies	Vopac MDS
Solaraze	Tequin	TrueTest diabetic supplies	Vraylar
Soliqua	Tersi	TrueTrack diabetic supplies	Vusion
Solodyn	Test N'Go diabetic testing supplies	Trulance	Vytorin
Solosec	Testim	Twynsta	Vyvanse
Soltamox	Testone CIK	Ultracet	Vyzulta
Solupak	Testosterone gel (Fortesta Authorized product)	Ultram	Wavesense diabetic testing supplies
Solus V2 diabetic testing supplies	Testosterone gel (Testim Authorized product)	Ultram ER	Welchol
Soma	Testosterone gel (Vogelxo Authorized product)	Ultrasal ER	Wellbutrin
Sonata	Testosterone CIK Kit	Ultravate PAC	Wellbutrin SR
Soolantra	Tev-Tropin	Ultravate X	Wellbutrin XL
Sovaldi	Therapevo	Unistrip 1 diabetic testing supplies	Whytederm Surgipak
Spectracef	Tiazac	Up & Up diabetic testing supplies	Whytederm Trilasil Pack
Sporanox	Tindamax	Uramaxin	Wound Debride 4% Lidocaine
Spritam	Tirosint	Urea kit	WPR Plus Kit
Sprix	Tivorbex	Utibron NeoHaler	Xadago
Steglatro	TobraDex ST	Vacustim Silver Kit	Xalix
Steglujan	Tofranil	Valium	Xanax
Striant	Tolak	Vanos	Xanax XR
Subsys	Torionova SUIK	Vascepa	X-Clair
Suclear	Torionova II SUIK	Vaseretic	Xartemis XR
Sular	Toviaz	Vasotec	Xerese
Sumadan	Tradjenta	Vectical	Xifaxan
Sumavel Dosepro	Tranxene T-Tab	Velphoro	Xigduo
Sumaxin	Tranzarel	Veltassa	Xigduo XR
Sumaxin CP	Trelegy Ellipta	Veltin	Xilapak
Sumaxin TS	Tresiba	Ventolin HFA	Ximino ER
Supartz	Tretin-X	Verasens diabetic testing supplies	Xolegel
Suprep	Treximet	Veregen	Xopenex HFA
Sure Result Tak Pack	Trezix	Vexasyn	Xopenex nebulas
Sustol	Tribenzor	Viberzi	Xrylident
Symproic	Tricor	Victoza	Xrylix
Synalar Combo-Pack	Triglide	Viekira XR	Xtampza ER
Synalar TS	Trilipix	Viekira PAK	Xultophy
Synvexia TC	Trilipix DR	Vigamox	Yosprala
Synvisc	Triloan SUIK	Viibryd	Zanaflex
Synvisc-One	Triloan II SUIK	Vimovo	Zantac
Taltz	Trintellix	Virasal	Zegerid (excluded for 18 years and older)
Tanzeum	Tri-Norinyl	Visco-3	Zelapar
Targadox	Tri-Sila Topical	Vivlodex	Zembrace Symtouch
Taytulla	Trivisc	Vogelxo	Zepatier
Technivie		Voltaren	Zestril
Tekturna			Zetia

Non-Covered Medication

Zeyocaine
Ziana
Zinbryta
Zipsor
Zithromax
Zmax
Zocor
Zofran
Zofran ODT
Zohydro ER
Zoloft
Zolpimist
Zomacton
Zomig
Zomig ZMT
Zontivity
Zorvolex
Zovirax
ZTLido
Zuplenz
Zurampic
Zyflo
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Zymaxid
Zypitamag
Zypram
Zyprexa
Zyprexa IM
Zyprexa Relprevv
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New Medication Approval Process

Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to 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 are approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. As with other medications that aren't covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier.

Nondiscrimination Notice

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.

Translation Resources Proficiency of Language Assistance Services

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

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

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

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

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

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

Arabic/العربية:

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: ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅជុំនៃករណីសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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 ભાષાીય 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 بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

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

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

