

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, 2025, 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, sign in to MyBlue 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 HEALTH PLAN WITH MYBLUE

MyBlue is your personalized online member account that makes understanding and using your health plan simple. You can use MyBlue to:



Find, understand,
and use your benefits



Review your
claims details



Look up, price, and
refill medications



Save money with
90-day prescriptions



Find an in-network
pharmacy

Sign in or create your MyBlue 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, sign in to MyBlue 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

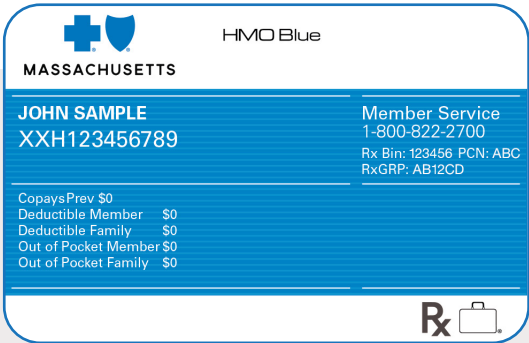
For more information about your pharmacy benefits, sign in to MyBlue at bluecrossma.org.

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, 2025, 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 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

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/stop-overdose/caring/naloxone.html](https://www.cdc.gov/stop-overdose/caring/naloxone.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, 2025.
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, 2025, 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
 Abrilada
 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-aacf
 Adalimumab-aaty
 Adalimumab-adaz
 Adalimumab-adbm
 Adalimumab-atto
 Adalimumab-fkjp
 Adalimumab-ryvk
 Adderall XR
 Addyi
 Adhansia XR
 Adlarity
 Adlyxin
 Admelog
 Admelog Solostar
 Advair Diskus
 Advair HFA
 Adzenys XR
 Aemcolo
 Aimovig
 AirDuo DigiHaler
 AirDuo RespiClick
 AirSupra
 Ajovy
 Akynzeo
 Albuterol Sulfate HFA
 Alendronate Sodium

Alinia
 Almotriptan
 Alora
 Alosetron
 Altoprev
 Alvaiz
 Alvesco
 Amerge
 Amitiza
 Amjevita
 Amlodipine-Atorvastatin
 Amphetamine/
 Dextroamphetamine
 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

Azelastine (nasal spray)
 Azstarys
 Baqsimi
 Basaglar
 Basaglar Tempo
 Belbuca
 Belsomra
 Betaseron
 Bevespi AeroSphere
 Bexagliflozin
 Bijuva
 Bimzels
 Binosto
 Boniva tablets
 Brenzavvy
 Breo Ellipta
 Brexafemme
 Breyna
 Breztri Aerosphere
 Brisdelle
 Bronchitol
 Brovana
 Brukinsa
 Budesonide (nebules)
 Budesonide/Formoterol
 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
 Centany
 Cequa
 Cholbam
 Cibinqo
 Ciclodin solution/kit
 Ciclopirox cream
 Ciclopirox gel
 Ciclopirox nail lacquer
 Ciclopirox shampoo
 Ciclopirox topical suspension
 Cimzia
 Climara
 Climara Pro
 Clindamycin 1% gel
 Clindamycin 1% solution
 Clindamycin 1% lotion
 Clindamycin 1% foam
 Clindamycin 2% vaginal
 Clonidine patch
 Combivent
 Combivent Respimat
 Concerta
 Conjupri
 Cotempla XR ODT
 Contrave ER
 Copaxone
 Cosentyx
 Copiktra
 Coxanto
 Crestor
 Cromolyn ophthalmic
 Cyclosporine ophthalmic
 Cyltezo
 Cymbalta
 Dalfampridine
 Dapagliflozin
 Dapagliflozin/Metformin

QUALITY CARE DOSING

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)
Dovonex
Doxazosin
Doxepin cream
Doxepin tablets
Drizalma Sprinkle
Duaklir Pressair
Dulera
Duloxetine DR
Ebglyss
Econazole cream
Effexor XR
Eletriptan
Emend
Emgality
Emverm
Enbrel
Enoxaparin
Entyvio
Eohilia
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 gel
Estradiol patch
Estrogel
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
Fynetra
Gatifloxacin
Gavreto
Gemtesa
Gentimicin cream
Gentimicin 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

Ibsrela
Idacio
Ilumya
Imitrex
Impavido
Incruse Ellipta
Indomethacin 20mg
Ingrezza
Inpefa
Insulins (all)
Insuline Aspart
Insulin Glargine
Insulins Lispro
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
Lagevrio

QUALITY CARE DOSING

Lansoprazole (excluded for 18 years and older)
 Lansoprazole ODT (excluded for 18 years and older)
 Lansoprazole/Amoxicillin/Clarithromycin
 Lantus
 Lantus Solostar
 Lazanda
 Lazcluze
 Leflunomide
 Ledipasvir/Sofosbuvir
 Lescol
 Lescol XL
 Levalbuterol HFA
 Levamlodipine
 Levemir
 Lexapro
 Lidocaine 5% cream
 Lidocaine 5% ointment
 Lidocaine Patch
 Lidocan
 Lidoderm
 Linzess
 Lipitor
 Litfulo
 Livalo
 Livedelzi
 Livtencity
 Lixdexamfetamine
 Lofexidine
 Lonhala Magnair
 Lotronex
 Lovastatin
 Lovenox
 Lubriprostone
 Lucemyra
 Lumakras
 Lumryz
 Lybalvi
 Lyllana
 Lyrica CR
 Lysteda

Lyumjev
 Lyumjev Tempo
 Mavyret
 Maxalt
 Maxalt-MLT
 Meloxicam
 Meloxicam submicronized
 Menostar
 Metadate CD
 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
 Naloxone
 Naratriptan
 Natpara
 NebuPent
 Neffy
 Neulasta
 Neupogen
 Nexium (excluded for 18 years and older)
 Nexletol
 Nexlizet
 Nitazoxanide
 Nivestym

Nocdurna
 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)
 Omvoh
 Ondansetron
 Ondansetron ODT
 Onmel
 Onzetra Xsail
 Opfolda
 Opvee
 Opzelura
 Oralair
 Orenzia
 Orkambi
 Orladeyo
 Ormalvi
 Orserdu
 Otezla
 Oxazoprin
 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
 Pitavastatin
 Plegriid
 Pomalyst
 Ponvory
 Praluent
 Pravachol
 Pravastatin
 Pregabalin CR
 Prevacid (excluded for 18 years and older)
 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

QUALITY CARE DOSING

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
Rezdiffra
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
Simlandi
Simponi
Simvastatin
Skyclarys
Skyrizi
Sofosbuvir/Velpatasvir
Soliqua
Solosec
Sotyktu
Sovaldi
Spiriva HandiHaler
Spiriva RespiMat
Sporanox
Stelara
Steglatro
Steglujan
Stiolto Respimat
Strattera
Stimufend
Striverdi Respimat
Sublocade
Suboxone
Subsys
Sumatriptan
Sumatriptan/Naproxen
Sunosi
Symbicort
Symbyax
Symdeko

Symjepi
Symproic
Synjardy
Synjardy XR
Tagrisso
Taltz
Tasimelteon
Tavaborole
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
Tyenne
Tymlos
Tyrvaya
Ubrelvy
Udenyca

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

QUALITY CARE DOSING

Xenleta	Zubsolv
Xermelo	Zuplenz
Xiidra	Zurzuvae
Xifaxan	Zydelig
Xigduo XR	Zymaxid
Xofluza	Zymfentra
Xolremdi	Zypitamag
Xopenex HFA	
Xospata	
Xtampza ER	
Xultophy	
Xuriden	
Xyosted	
Yosprala	
Yuflyma	
Yupelri	
Yusymri	
Zarxio	
Zavspret	
Zegerid (excluded for 18 years and older)	
Zejula	
Zembrace Symtouch	
Zepatier	
Zepbound	
Zeposia	
Zetia	
Ziextenzo	
Zimhi	
Zocor	
Zofran	
Zofran ODT	
Zoladex	
Zolmitriptan	
Zolmitriptan nasal	
Zolmitriptan ODT	
Zoloft	
Zolpimist	
Zomig	
Zomig nasal	
Zomig ZMT	
Zonalon	
Zovirax cream	



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, 2025, 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	Aubagio	Cortrophin	Erlotinib
AcipHex (excluded for 18 years and older)	Augtyro	Cosentyx	Esomeprazole (excluded for 18 years and older)
Actemra	Avinza	Cotellic	Esomeprazole Strontium (excluded for 18 years and older)
Acthar	Avonex	Cyclosporine ophthalmic	Esomep-EZS (excluded for 18 years and older)
Actimmune	Avsola	Cyltezo	Euflexxa
Actiq	Ayvakit	Daklinza	Evekeo
Adakveo	Bafiertam	Dalfampridine	Evenity
Adalimumab-aacf	Balversa	Daxxify	Evkeeza
Adalimumab-aaty	Belbuca	Demerol	Evrysdi
Adalimumab-adaz	Benzhydrocodone/APAP	Desoxyn	Exalgo
Adalimumab-adbm	Berinert	Dexilant (excluded for 18 years and older)	Exkivity
Adalimumab-atto	Betaseron	Dexedrine	Exondys 51
Adalimumab-fkjp	Bexarotene gel	Dexlansoprazole (excluded for 18 years and older)	Extavia
Adalimumab-ryvk	Bimzelx	Dextroamphetamines	Eysuvis
Adbry	Boniva syringe	Dilaudid	Fabhalta
Addyi	Botox/Botulinum Toxin	Diskets	Factor VIII, VIIIa, IX, XIII (medical benefit only)
Adlyxin	Braftovi	Dolophine	Farydak
Advair Diskus	Breo Ellipta	Doptolet	Fasenra
Advair HFA	Breztri	Dujolvi	Fentanyl Citrate
Air Duo	Briumvi	Dulera	Fentanyl patch
Aimovig	Buprenorphine film	Dupixent	Fentanyl oral/mucosal
Ajovy	Buprenorphine patch	Duragesic	Fentora
Alecensa	Butrans	Duvyzat	Filspari
Alfenta	Bydureon	Doramorph	Filsuvez
Alunbrig	Byetta	Durolane	Firazyr
Alyglo	Bylvay	Dvorah	Firdapse
Amjevita	Camzyos	Dysport	First Lansoprazole (excluded for 18 years and older)
Amondys 45	Capital and Codeine	Egrifta	First Omeprazole (excluded for 18 years and older)
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Capxib	Elidel	Fluticasone/Salmeterol
Ampyra	Celebrex	Elyxyb	Fluticasone/Vilanterol
Apadaz	Celecoxib	Embeda	Forteo
Aralast	Cequa	Emgality	Fruzaqla
Armodafinil	Cerezyme	Empaveli	Fulphila
Aranesp	Cibinqo	Enbrel	Fynetra
Arikayce	Cimzia	Enjaymo	Galafold
Arymo ER	Cinqair	Enspryng	Gamifant
Aspirin/Omeprazole (excluded for 18 years and older)	Cinryze	Enteral formula	Gavreto
Astramorph/PF	Cocet/Plus	Entyvio	
	Co-gesic	Eohilia	
	Contrave	Epclusa	
	Copaxone	Epogen	
	Copiktra		

PRIOR AUTHORIZATION

Gel-One
 Gelsyn-3
 Genotropin
 Genvisc
 Gilenya
 Gilotrif
 Givlaari
 Granix
 Grastek
 Hadlima
 Harvoni
 Haegarda
 Hetlioz
 Hulio
 Humatrope
 Humira
 Hyalgan
 Hycet
 Hydrocodone ER
 Hydrogesic
 Hydromorphone ER
 Hydroxyprogesterone
 Hymovis
 Hyrimoz
 Hysingla ER
 Ibandronate injection/syringe
 Ibrance
 Ibudone
 Idacio
 Idhifa
 Ilaris
 Ilumya
 Imcivree
 Increlex
 Incruse Ellipta
 Inflectra
 Infliximab
 Infumorph
 Inrebic
 Interferons (alpha, gamma)
 Iressa
 Isturisa

IV Immunoglobulin
 Jaypirca
 Joenja
 Juxtapid
 Kadian
 Kalbitor
 Kalydeco
 Kanuma
 Kesimpta
 Kevzara
 Kineret
 Kisqali
 Kisqali Femara
 Konvomep (excluded for 18 years and older)
 Krazati
 Kynamro
 Lacrisert
 Lazanda
 Ledipasvir/Sofosbuvir
 Lemtrada
 Lenvima
 Leqvio
 Lidoxib
 Liquadd
 Litfulo
 Livmarli
 Lodoco
 Lorbrena
 Lorcet
 Lumakras
 Lyrica
 Lyrica CR
 Lytgobi
 Magnacet
 Mavenclad
 Mavyret
 Mayzent
 Maxidone
 Makena
 Margesic-H
 Mekinist
 Mektovi

Meperitab
 Methadone
 Methadose
 Methamphetamine
 Miebo
 Modafinil
 Monovisc
 Morphabond ER
 Morphine Sulfate CR
 Morphine Sulfate ER
 Mounjaro
 MS Contin
 Myalept
 Myobloc
 Nalocet
 Natrecor
 Nexium (excluded for 18 years and older)
 Neulasta
 Neupogen
 Nexlitol
 Nexlizet
 Ngenla
 Norco
 Norditropin
 Nucala
 Nucynta ER
 Nulibry
 Nurtec
 Nutritional Supplements
 Nutropin
 Nuvigil
 Ocrevus
 Ogsiveo
 Ojjaara
 Ojemda
 Olumiant
 Olysio
 Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)
 OmePPI (excluded for 18 years and older)
 Omnitrope

Omvoh
 Onpattro
 Onsolis
 Opana ER
 Oralair
 Oramorph SR
 Orenicia
 Orkambi
 Orladeyo
 Orserdu
 Orthovisc
 Otezla
 Oxbryta
 Oxecta
 Oxervate
 Oxlumo
 Oxycodone ER
 Oxycontin
 Oxymorphone ER
 Ozempic
 Panlor SS
 Pemazyre
 Percocet
 Percodan
 Piasky
 Pimecrolimus
 Piqray
 Plegridy
 Polygesic
 Ponvory
 Praluent
 Pregabalin CR
 Prevacid (excluded for 18 years and older)
 Prilosec (excluded for 18 years and older)
 Primlev
 Procentra
 Procrit
 Prolate
 Proleukin
 Prolia

PRIOR AUTHORIZATION

Protonix (excluded for 18 years and older)
 Protopic
 Provigil
 Pyrukind
 Qulipta
 Rabeprazole 10mg (excluded for 18 years and older)
 Ragwitek
 Rebif
 Reblozyl
 Recorlev
 Releuko
 Regranex
 Remicade
 Renflexis
 Repatha
 Respiratory SyncytialVirus IG/Synagis
 Retacrit
 Restasis
 Retevmo
 Rezdiffra
 Rezlidhia
 Rezurock
 Riabni
 Rinvoq ER
 Rituxan
 Rivfloza
 Rolvedon
 Roxybond
 Rozlytrek
 Ruconest
 Ruxience
 Rybelsus
 Rydapt
 Rystiggo
 Saizen
 SaizenPrep
 Sajazir
 Saxenda
 Scemblix
 Seglensis

Serostim
 Siliq
 Simlandi
 Simponi
 Simponi Aria
 Skyclarys
 Skyrizi
 Skytrofa
 Sodium Hyaluronate 1% Syringe
 Sofosbuvir/Velpatasvir
 Sogroya
 Sohonos
 Soliqua
 Sotyktu
 Sovaldi
 Spevigo
 Spinraza
 Stagesic
 Stelara
 Stimufend
 Subsys
 Sunosi
 Supartz
 Symbicort
 Symdeko
 Synalgos-DC
 Synojoynt
 Synvisc
 Synvisc One
 Tabrecta
 Tacrolimus (topical)
 Tascenso
 Tafenlar
 Tagrisso
 Takhzyro
 Taltz
 Tarceva
 Tarpeyo DR
 Tasimelteon
 Tavneos
 Tecfidera
 Technivie

Tegsedi
 Tepezza
 Tepmetko
 Teriparatide
 Tev-Tropin
 Tezspire
 Tibsovo
 Tofidence
 Topical Retinoic Acid Derivatives and Combinations (e.g. Retin-A)
 TPN (total parenteral nutrition)(medical benefit only)
 Trelegy Ellipta
 Tremfya
 Trezix
 Trikafta
 Triluron
 Trivisc
 Trulicity
 Truqap
 Truseltiq
 Truxima
 Tyenne
 Tylenol with Codeine
 Tylox
 Tymlos
 Tyrvaya
 Tysabri
 Tzield
 Ubrelvy
 Udenyca
 Vanflyta
 Veopoz
 Verdrocet
 Verkazia
 Verzenio
 Vevye
 Viberzi
 Vicodin
 Vicoprofen
 Victoza
 Viekira XR

Viekira PAK
 Vijuvek
 Viltepso
 Visco-3
 Vitrakvi
 Vivjoa
 Vizimpro
 Vonjo
 Voquenza
 Vosevi
 Voxzogo
 Vumerity
 Vyepti
 Vyjuvek
 Vyleesi
 Vyndamax
 Vyndaqel
 Vyondys-53
 Vyvgart
 Wainua
 Wakix
 Wegovy
 Winrevir
 Wixela Inhub
 Xalkori
 Xartemis XR
 Xeljanz
 Xeljanz XR
 Xenpozyme
 Xeomin
 Xgeva
 Xiaflex
 Xiidra
 Xodol
 Xolair
 Xolremdi
 Xospata
 Xtampza ER
 Xultophy
 Yosprala
 Yuflyma
 Yusymri



PRIOR AUTHORIZATION

Zamicet	
Zavspret	
Zarxio	
Zegerid (excluded for 18 years and older)	
Zelboraf	
Zenzedi	
Zepatier	
Zepbound	
Zeposia	
Zerlor	
Ziextenzo	
Zilbrysc	
Zohydro ER	
Zokinvy	
Zolvit	
Zomacton	
Zorbtive	
Zoryve	
Zydelig	
Zydone	
Zykadia	
Zymfentra	



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, 2025, 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
Onzetra Xsail
Relpax
Sumatriptan/Naproxen
Tosymra
Treximet
Trudhesa
Ubrelvy
Zembrace Symtouch
Zolmitriptan
Zolmitriptan Nasal
Zomig
Zomig Nasal
Zomig ZMT

Cardiovascular Medications

Dapagliflozin
Entresto
Farxiga
Inpefa
Jardiance
Verquvo

Diabetes Management

ACTOplus MET
ACTOplus MET XR
Actos
Afrezza
Alogliptin

Alogliptin/Metformin
Alogliptin/Pioglitazone
Avandaryl
Avandia
Brenzavvy
Dapagliflozin
Dapagliflozin/Metformin
Duetact
Farxiga
Fortamet
Glucophage
Glucophage XR
Glumetza
Glynase
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)
Nesina
Onglyza
Oseni
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Precose
Qtern
Riomet
Riomet ER

Saxagliptin
Saxagliptin/Metformin
Segluromet
Sitagliptan
Sitagliptan/Metformin
Steglatro
Steglujan
Synjardy
Synjardy XR
Tradjenta
Trijardy XR
Xigduo
Xigduo XR
Zituvimet
Zituvio

Glaucoma

Lumigan
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

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Gemtesa
Myrbetriq
Oxytrol
Toviaz
Vesicare

Parkinson's Disease Management

Comtan
Inbrija
Nourianz
Ongentys
Tasmar
Tolcapone

Topical Antibiotics

Mupirocin cream

Topical Testosterone

Androgel
Natesto Nasal
Testim
Testone CIK Kit
Testosterone CIK Kit
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

Accredo®

1-877-988-0058

Fax: 1-800-391-9707

accredo.com

Walgreens Specialty Pharmacy

1-888-347-3416

Fax: 1-877-231-8302

walgreensspecialtyrx.com

CVS Specialty™

1-866-846-3096

Fax: 1-800-323-2445

cvsspecialty.com

SPECIALTY NETWORK PHARMACY CONTACT INFORMATION FOR FERTILITY MEDICATIONS

CVS Specialty

1-866-846-3096

Fax: 1-800-323-2445

cvsspecialty.com

Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

Village Fertility Pharmacy

1-877-334-1610

Fax: 1-877-334-1602

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, 2025, 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

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

Bravelle
Cetrotide
Clomid
Clomiphene
Crinone
Endometrin
Follistim AQ
Fyremadel
Ganirelix
Gonal-F/Gonal-F RFF
Gonal-F RFF Redi-Ject
Human Chorionic Gonadotropin [hCG]
Leuprolide Acetate
Lupron Depot
Lupron Depot Ped
Luveris
Menopur
Novarel
Ovidrel
Pregnyl
Serophene

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

Abrilada
Actemra
Acthar
Actimmune
Adakveo
Adalimumab-aacf
Adalimumab-aaty
Adalimumab-adaz
Adalimumab-adbm

Adalimumab-fkjp
Adalimumab-ryvk
Adbry
Alferon N
Alkeran
Alyglo
Amjevita
Apokyn
Apomorphine
Aranesp
Asceniv
Aveed
Avonex
Avsola
Beleodaq
Berinert
Besponsa
Betaseron
Bicillin
BiCNU
Bimzelx
Bivigam
Bleomycin Sulfate
Blincyto
Boniva
Bortezomib
Botox
Briumvi
Brixadi
Busulfex
Bynfezia
Camptosar
Carboplatin
Carmustine
Ceftazidime
Cerezyme
Cimzia
Cinqair
Cinryze
Cisplatin
Cladribine
Copaxone

Cortrophin
Cosentyx
Cosmegen
Crysvita
Cutaquig
Cuvitru
Cyclophosphamide
Cyltezo
Cytarabine
Cytogam
Dacarbazine
Dactinomycin
Daunorubicin HCL
Daxxify
DDAVP
Deferoxamine Mesylate
Desferal
Desmopressin Acetate
Dexrazoxane
Docetaxel
Dupixent
Dysport
Edaravone
Egrifta
Eligard
Ellence
Enbrel
Enjaymo
Enspryng
Entyvio
Epirubicin
Epogen
Ethylol
Etopophos
Etoposide
Evenity
Evomela
Extavia
Fasenra
Faslodex
Fensolvi
Firazyr

Firmagon
Flebogamma
Floxuridine
Fludarabine Phosphate
Fluorouracil
Forteo
Fulphila
Fulvestrant
Fuzeon
Fynetra
GamaSTAN
Gammagard
Gammagard Liquid
Gammaked
Gammaplex
Gamunex
Gattex
Gemcitabine
Genotropin
Givlaari
Glatiramer
Glatopa
Granix
Hadlima
Haegarda
Hizentra
Hulio
Humatrope
Humira
Hycamtin
HyQvia
Hyrimoz
Ibandronate
Icatibant
Idacio
Idamycin PFS
Idarubicin
Ifex
Ifosfamide
Ifosfamide/Mesna
Ilaris
Ilumya

SPECIALTY PHARMACY MEDICATIONS

Increlex
Inflectra
Infliximab
Intron A
Irinotecan
Istodax
Kalbitor
Kanuma
Kemoplat
Kesimpta
Kevzara
Lanreotide
Lemtrada
Leqvio
Leucovorin Calcium
Leukine
Leuprolide Acetate
Levoleucovorin
Lumoxiti
Lupron Depot
Lupron Depot-Ped
Makena
Melphalan
Mepsevii
Mesna
Mesnex
Methotrexate
Mitomycin
Mitoxantrone
Mozobil
Mutamycin
Mylotarg
Myobloc
Natpara
Navelbine
Nemluvio
Neulasta
Neulasta Onpro
Neupogen
Ngenla
Nipent
Nivestym

Norditropin
Norditropin FlexPro
Norditropin RediFlex
Nplate
Nucala
Nutropin AQ Nuspin
Nyvepria
Ocrevus
Octagam
Octreotide
Omnitrope
Omvoh
Onpattro
Orencia
Otrexup
Oxaliplatin
Palynziq
Pamidronate Disodium
Panzyga
Paraplatin
Pegasys
Pegasys Proclick
Peg-Intron
Photofrin
Piasky
Plegridy
Plerixafor
Portrazza
Privigen
Procrit
Prolia
Radicava
Rebif Rebidose
Reblozyl
Reditrex
Releuko
Remicade
Renflexis
Retacrit
Revatio
Riabni
Rituxan

Rivfloza
Rolvedon
Ruconest
Ruxience
Rystiggo
Saizen
SaizenPrep
Sajazir
Sandostatin
Sandostatin LAR
Saphnelo
Serostim
Sildenafil antihypertensive
Siliq
Simlandi
Simponi
Simponi Aria
Skyrizi
Skytrofa
Sogroya
Somatuline
Somavert
Spevigo
Spinraza
Stelara
Stimufend
Sublocade
Sylvant
Synagis
Takhzyro
Taltz
Tegsedi
Temodar
Teniposide
Tepadina
Tepezza
Teriparatide
Tezspire
Thiotepa
Thyrogen
Tofidence
Toposar

Topotecan
Totect
Trelstar
Trelstar Depot
Trelstar LA
Tremfya
Truxima
Tyenne
Tymlos
Tysabri
Udenyca
Uptravi
Valrubicin
Valstar
Velcade
Ventavis
Vimizim
Vinblastine
Vincasar PFS
Vincristine
Vinorelbine
Vivitrol
Voxzogo
Vyepti
Vyvgart
Vyxeos
Winrevair
Xembify
Xenpozyme
Xeomin
Xgeva
Xiaflex
Xolair
Yondelis
Yuflyma
Yusimry
Zaltrap
Zanosar
Zarxio
Ziextenzo
Zoladex
Zomacton

SPECIALTY PHARMACY MEDICATIONS

Zorbtive
Zymfentra

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

Acetadote
Amondys 45
Arcalyst
Arikayce
Asparlas
Besremi
Cabliivi
Docivyx
Empaveli
Evkeeza
Exondys
Fintepla
Fortaz
Gamifant
Kineret
Lentocilin
Libtayo
Marqibo
Nulibry
Oxlumo
Revcovi
Rimso-50
Romidepsin
Ryplazim
Rytelo
Signifor
Signifor LAR
Strensiq
Synribo
Tazicef
Triptodur
Tzield
Unituxin
Viltepso
Vyleesi

Wainua
Yorvipath
Zilbrysq
Zilretta

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

Abiraterone
Adcirca
Adempas
Afinitor
Afinitor Disperz
Alecensa
Alkeran
Alvaiz
Alyq
Ambrisentan
Ampyra
Aubagio
Augtyro
Austedo
Bafiertam
Balversa
Bethkis
Bosentan
Bosulif
Braftovi
Bronchitol
Bylvay
Cabometyx
Camzyos
Capecitabine
Carbaglu
Carglumic Acid
Cayston
Cerdelga
Cibinqo
Cometriq
Copiktra
Cotellic

Cyclophosphamide
Cystagon
Dalfampridine
Dasatinib
Daurismo
DDAVP
Deferasirox
Dichlorphenamide
Dimethyl Fumarate
Dojolvi
Doptelet
Droxidopa
Duopa
Emflaza
Epclusa
Erivedge
Erleada
Erlotinib
Esbriet
Etoposide
Everolimus
Evrysdi
Exjade
Farydak
Filspari
Fingolimod
Galafold
Gefitinib
Gilenya
Gilotrif
Gleevec
Gocovri ER
Harvoni
Hetlioz
Hetlioz LQ
Hycamtin
Ibrance
Idhifa
Imatinib
Inbrija
Ingrezza
Inlyta

Inqovi
Inrebic
Iqirvo
Iressa
Jadenu
Jakafi
Javygtor
Jaypirca
Juxtapid
Jynarque
Kalydeco
Kisqali
Kisqali Femara
Kitabis Pak nebules
Kuvan
Lapatinib
Ledipasvir/Sofosbuvir
Lenalidomide
Lenvima
Letairis
Liqrev
Litfulo
Lonsurf
Lorbrena
Lumakras
Lumryz
Lynparza
Lytgobi
Mavenclad
Mavyret
Mayzent
Mekinist
Mektovi
Mesnex
Mifepristone
Miglustat
Mulpleta
Myleran
Nerlynx
Nexavar
Ninlaro
Nitisinone

SPECIALTY PHARMACY MEDICATIONS

Nityr
Northera
Nourianz
Nubeqa
Nuplazid
Ocaliva
Odomzo
Ofev
Ohtuvayreo
Olumiant
Onureg
Opfolda
Opsumit
Opsynvi
Orenitram
Orkambi
Otezla
Otezla starter pack
Oxbryta
Palforzia
Pazopanib
Pheburane
Piqray
Pirfenidone
Pomalyst
Ponvory
Procysbi
Promacta
Pulmozyme
Pyrimethamine
Radicava ORS
Ravicti
Relyvrio
Retevmo
Revatio
Revlimid
Rezdiffra
Ribavirin
Rilutek
Riluzole
Rinvoq ER
Rinvoq LQ

Rozlytrek
Rubraca
Rydapt
Sabril
Samsca
Sapropterin
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
Temozolomide
Teriflunomide
Tetrabenazine
Thalomid
Tiopronin
Tobi ampules
Tobi Podhaler
Tobramycin nebules
Tolvaptan
Torpenz
Tracleer
Trikafta
Tykerb
Tyvaso

Uptravi
Velsipity
Veltassa
Verzenio
Viekira Pak
Viekira XR
Vigabatrin
Vioice
Vitrakvi
Vizimpro
Vosevi
Votrient
Vumerity DR
Vyndamax
Vyndaqel
Wakix
Xalkori
Xeljanz
Xeljanz XR
Xeloda
Xenazine
Xospata
Xtandi
Yonsa
Zavesca
Zejula
Zelboraf
Zepatier
Zeposia
Zolinza
Zurzuvae
Zydelig
Zykadia
Zytiga

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

Agamree
Akeega
Alunbrig
Ayvakit

Brukinsa
Calquence
Chenodal
Cholbam
Daraprim
Daybue
Deflazacort
Diacomit
Duvyzat
Exkivity
Exservan
Extencilline
Fabhalta
Firdapse
Fotivda
Fruzaqla
Gavreto
Iclusig
Imbruvica
Isturisa
Iwifin
Joenja
Keveyis
Korlym
Koselugo
Krazati
Kyzatrex
Lazcluze
Livdelzi
Livmarli
Livtencity
Lupkynis
Mycapssa
Ogsiveo
Ojemda
Ojjaara
Olpruva
Orfadin
Ormalvi
Orserdu
Pemazyre
Pyrukynd

SPECIALTY PHARMACY MEDICATIONS

Qinlock
Recorlev
Rezlidhia
Rezurock
Ruzurgi
Scemblix
Skyclarys
Sodium Oxybate
Sucraid
Tavalisse
Tavneos
Tazverik
Teglutik
Tepmetko
Thiola
Tiglutik
Truqap
Truseltiq
Tukysa
Turalio
Ukoniq
Vanflyta
Venclexta
Vigadrone
Vigafyde
Vigpoder
Vistogard
Vonjo
Voranigo
Vowst
Voydeya
Welireg
Xermelo
Xolremdi
Xpovio
Xuriden
Xyrem
Xywav
Yargesa

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

Cystaran
MuGard
Oxervate
Panretin
Qutenza
Rebyota
Synarel
Valchlor
Vyjuvek

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

Cystadrops
Filsuvez



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, 2025, 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	Advanced Allergy Collection Kit	Amzeeq	Atopavo
Abilify	Advocate Diabetic Testing Supplies	Anafranil	Atopiclair
Abilify Mycite	Adyphren	Ana-Lex	Atorvaliq
Abravo	Adyphren II	Angeliq	Atorvastatin/Ezetimibe
Abrilada	Adzenys XR	Anodyne LPT	Atralin
Absorica	Aemcolo DR	Antara	Atropen
Absorica LD	Aerochmaber Kit	Anusol HC suppository	Augmentin XR
Abstral	Affinitor	Anzemet	Auryxia
Acanya	Agametric Diabetic Testing Supplies	Apadaz	Autocode Diabetic Testing Supplies
Accolate	Agoneaze	Apidra	Auvelity
Accucline	Aimovig	Aplenzin	Auvi-Q
Accu-Chek Diabetic Testing Supplies	Airduo Digihaler	Apriso	Avalide
Accula Covid Kit	Airduo Respiclick	Aprizio Pak	Avapro
Accupril	AirSupra	Aprizio Pak II	Aveed
Accuretic	Aklief	Aptensio XR	Avelox
Accutrend Diabetic Testing Supplies	Akynzeo	Aqua Glycolic HC	Avidoxy
Aciphex (excluded for 18 years and older)	Albuterol HFA (Ventolin Authorized Product)	Arakoda	Avidoxy DK
Actemra	Alcortin-A	Aranesp	Avita
Acticlate	Alinia	Arava	Avodart
Actigall	Alkindi	Arcapta	Azasite
Actiq	Allzital	Arimidex	Azeschew
Active Injection D	Allopurinol 200MG	Arixtra	Azesco
Activella	Alodox	Armonair Digihaler	Azopt
Active-Pac	Alogliptin	Aromasin	Azor
Actonel	Alogliptin/Metformin	Arthrotec	Azstarys
ActoPlus Met	Alogliptin/Pioglitazone	Arymo ER	B12 Kit
Acular	Aloquin	Arze-Ject-A Kit	Baclofen 15mg
Acular LS	Alora	Asacol HD	Bafiertam
Acuvail	Alphagan P	Ascensia Test Strips	Bal-Care DHA
Aczone	Alrex	Asmanex HFA	Balcoltra
Adazin	Altanax	Asmanex Twisthaler	Basadrox
Adbry	Altace	Aspirin/Omeprazole (excluded for 18 years and older)	Basaglar
Adcirca	Altoprev	Assure Diabetic Testing Supplies	B-D Testing Strips
Adderall	Alvesco	Atabex EC 29-IMG	BD Veritor Covid KIT
Addyi	Ambien	Atabex OB 29-IMG	Belsomra
Adhansia XR	Ambien CR	Atacand	Benicar
Adlarity	Amcinonide	Atacand HCT	Benicar HCT
Adlyxin	Amjevita	Atelvia	Benzaclin
Admelog	Amphetamine ER Suspension	Ativan	Benzaclin Kit
Advance Diabetic Testing Supplies	Amrix	Atopaderm	Benzhydrocodone/Acetaminophen
			Benzonatate 150mg

NON-COVERED MEDICATIONS

Beser
Besivance
Betaloan Suik
Betimol
Betoptic S
Bevespi Aerosphere
Bexagliflozin
Bg-Star Diabetic Testing Supplies
Biifenac Kit
Bijuva
Bimzelx
Binosto
Bionect
Bioscanner Diabetic Testing Supplies
Biotene Dry Spray
Blulink Diabetic Testing Supplies
Boniva
Breo Ellipta
Brevicon
Brexifemme
Brilinta
Brimonidine 1%
Brisdelle
Bromsite
Brovana
Brylhal
BSP O820
Bunavail
Bydureon
Bydureon Bcise
Byetta
Bystolic
Cabtreo
Caduet
Calcipotriene Foam (Sorilux Authorized Product)
Calcipotriene/Betamethsone Suspension
Cambia Powder
Caphosol
Caplyta

Capsfenac
Carac
Carbaglu
Carbinoxamine 6mg
Carbinoxamine Oral Solution
Cardene
Cardizem CD
Cardizem LA
Cardura XL
Careone Diabetic Testing Supplies
Caresens 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
Cinbinqo
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
Clobeatsol ophthalmic
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
Cordavis Hyrimoz
Coreg
Coreg CR
Corlanor
Cortisone 25mg
Cosentyx
Cosopt PF
Contempla XR ODT
Covid At Home Test Kit
Covid-19 Rap Kit

Coxanto
Cozaar
Crestor
Cuvitru
CVS Advanced Diabetic testing supplies
CVS Antigen Test Kit
CVS Covid 19 Kit
CVS Dry Mouth
Cyclobenzaprine 7.5mg
Cyclopak Kit
Cyltezo
Cymbalta
Daliresp
Dapagliflozin
Dapagliflozin/Metformin
Dapsone 7.5%
Daypro
Daytrana
Dayvigo
Daxxify
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

NON-COVERED MEDICATIONS

DermacinRx
Surgical Pharmpak
DermacinRx Therazole Pak
DermacinRx ZRM
Dermalid
Derma-Smoothe/FS Body Oil
Derma-Smoothe/FS Scalp Oil
Dermasol Plus
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
Diclostrem Pak
Diclotrex II
Diclovix

Diclovix M
Diclo-Xrylix Sheet Kit
Diclozor
Differin
Dilaudid
Diovan HCT
Dithol Combo Pack
Ditropan XL
Divigel
DM2 kit
DMT Suik
Dolotranz
Doubledex
Doxycycline Hyclate 40mg tablets
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
Entadfi
Epaned
Epi-Pen
Epi-Pen Jr.
Epiduo
Epiduo Forte
Epinephrine Professional Kit
Epinephrine Snap-V
Episil
Episnap Convenience Kit
Epogen

EQ Diabetic Testing Supplies
Equetro
Ertaczo
Esbriet
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
Extavia
Extina
EZ Smart Diabetic Testing Supplies
Ezallor Sprinkle
Fabior
Factive
Fanapt
Femlyv
Femring
Fenofibrate 40MG
Fenofibrate 50MG
Fenofibrate 120MG
Fenofibrate 150MG
Fenoglide
Fenoprofen capsules

NON-COVERED MEDICATIONS

Fenovar
Fentanyl Citrate
Fentora
Ferriprox
Fetzima
Fexmid
Fiasp
Fibricor
Fifty50 Diabetic Testing Supplies
Fiorinal
Firazyr
First Lansoprazole
First Omeprazole
First Pantoprazole
Flagyl
Flagyl ER
Flarex
Flector
Flexipak
Flolipid
Flovent Diskus
Flovent HFA
Fluopar
Fluoroplex
Fluovix
Fluovix Plus
Fluoxetine Tablets
Fluticasone/Vilanterol
FML Forte
FML Liquifilm
FML S.O.P.
Focalin
Focalin XR
Folivane OB
Follistim
Fora Diabetic Testing Supplies
Foracare Diabetic Testing Supplies
Forfivo XL
Fortamet
Fortesta

Fortiscare Diabetic Testing Supplies
Fosamax
Fragmin
Freestyle Diabetic Testing Supplies
Frova
Flyntra
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
Glimepiride 3MG
Glipizide 2.5MG
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

Goggi 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
Hulio
Humalog Insulins
Humana True Metrix Diabetic Testing Supplies
Humulin Insulins (Except for Humulin R U500)
HW Embrace Diabetic Testing Supplies
Hyalgan
Hydroxychloroquine 100MG
Hydroxychloroquine 300MG
Hydroxychloroquine 400MG
Hylaguard
Hylatopic
Hylatopic Plus
Hylatopic Plus-Aurstat
Hymovis
Hypocin
Hyrimoz
Hysingla ER
Hyzaar
Ibsrela
Ibupak
Ibuprofen/Famotidine
Iglucose Diabetic Testing Supplies
Ihealth Diabetic Testing Supplies
Ilevro
Ilumya

Imitrex Kit Refill
Imitrex Pen Injector
Imitrex Vial
Imvexxy
In Touch Diabetic Testing Supplies
Inavix
Indacaid Covid Kit
Idacio
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
Isotretinoin 25MG
Isotretinoin 35MG
Istalol
Iyuzah
Jadenu
Jalyn
Jenliva
Jentadueto
Jentadueto XR
Journay PM
Jublia
Jylamvo
Kadian

NON-COVERED MEDICATIONS

Kapvay	Lexette	Luliconazole	Minocin
Kapzin DC	Lextol	Lunesta	Minocycline ER (Branded product)
Kaspargo Sprinkle	Liberty Diabetic Testing Supplies	Luzu	Minocycline Tablets
Katerzia	Librax	Lybalvi	Minolira ER
Kazano	Licart	Lymepak	Mirapex
Keppra	Lido BDK	Lyra Covid Kit	Mirapex ER
Keppra XR	Lidocaine/Hydrocortisone	Lyricea CR	M-Natal Plus
Keralyt Scalp 6% Kit	Lidocaine/Hydrocortisone Kit	Lysteda	Mobic
Kerydin	Lidocaine/Prilocaine Kit	Lyumjev	Moi-Stir
Ketoprofen 25mg	Lidocort	Lyumjev Tempo	Mometacure
Ketoprofen ER 200mg	Lidoderm	Marvona Suik	Monodox
Ketorolac Nasal Spray (Branded Product)	Lidolog	Mas Care-Pak	Monovisc
Kineret	Lidomark	Mavyret	Morgidox Kit
Kitabis Pak	Lidopac	Maxalt	Motegrity
Klonopin	Lidopril	Maxalt-MLT	Mouth Kote
Kombiglyze	Lidopril XR	Maxidex	Moviprep
Konvomep	Lido-Prilo Caine Pack	MB Hydrogel	Moxatag
Koshr Prenate 30-IMG	Lidosol-50	Medrolan II Suik	Moxeza
Krintafel	Lidotor	Medroloan Suik	Moxicane
Kristalose	Lidotral	Megace ES	Mulpleta
KRO premium Diabetic supplies	Lidotrex	Meijer Diabetic Testing Supplies	Multi-Mac
Kroger Diabetic Testing Supplies	Lidovix	Meloxicam Submicronized	My Gluco Health Diabetic Testing Supplies
Kuvan	Lidovix L	Menostar	Mydayis
Lactulose Pak	Lipofen	Mentho-Caine Kit	Myrbetriq
Lamictal	Liqrev	Metadate CD	Mynatal
Lamictal ODT	Livixil Pak	Metformin 625mg	Mynatal Advance
Lamictal XR	Lokelma	Metformin ER (Fortamet Authroized product)	Mynate 90 Plus
Lancet Diabetic Testing Supplies	Lopressor	Metformin ER (Glumetza Authroized product)	Myobloc
Latuda	Loprox Kit	Methylphenidate 45mg	Nalfon
Lazanda	Loreev XR	Methylphenidate 63mg	Namzaric
Lemtrada	Lorzone	Micardis	Naprelan
Lescol	Loseasonique	Micardis HCT	Naprelan CR Dose Card
Lescol XL	Lotemax	Mico ZN	Naprosyn
Letairis	Lotemax SM	Microdot Diabetic Testing Supplies	Naproten
Levalbuterol HFA	Lotensin	Microvix LP	Naproxen CR
Levamlodipine	Lotensin HCT	Micuraderm	Naproxen/Esomeprazole
Levemir	Lotrel	Migranal	Nascobal
Levitra	Loutrex	Migranow	Natachew
Levothyroxine capsules	Lovaza (Omacor)	Minastrin Fe	Natal PNV
Lexapro	Lovenox		Natalvite 75-IMG
	Lubiprostone		Natazia
	Lucira Covid Kit		

NON-COVERED MEDICATIONS

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
 Neulasta
 Neulasta On-Pro
 Neupogen
 Neupro
 Neurontin
 Neurozyl
 Neutek Diabetic Testing Supplies
 Nevanac
 Nexiclon XR
 Nexium (excluded for 18 years and older)
 Ngenla
 Niva-Plus
 Nivestym
 No Coding Diabetic Testing Supplies
 Nocdurna
 Noctiva
 Nopiod-LMC
 Nopiod-TC
 Norditropin
 Norgesic
 Norgesic Forte
 Noritate
 Northera
 Norvasc

Nova Max Diabetic Testing Supplies
 Novacort
 Novolin
 Novolog
 Noxipak
 Nucaraclinpak
 Nucararxpak
 Nucort
 Nucynta
 Nucynta ER
 Nudermxpack
 Nudiclo Solupak
 Nudiclo Tabpak
 Nulytely
 Nusurgepak Surgical Prep
 Nutraseb
 Nutria Rx
 Nutropin AQ
 Nuvakaan
 Nuvakaan II
 NuvaRing
 Nuversa
 Nuvigil
 Nyvepria
 OB Complete DHA
 Ob Complete One
 OB Complete Petite
 OB Complete
 OB Complete Premier
 Obstetrix DHA
 Obstetrix One 38-1-225
 O-Cal Prenatal
 Olumiant
 Omeclamox
 Omeprazole/Bicarbonate
 Omnitrope
 Omvoh
 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 Relief
 Orapred ODT
 Oravig
 Orencia
 Orfadin
 Oriahnn
 Ormalvi
 Orphendrine/Aspirin/Caffeine
 Orthovisc
 Oseni
 Osmolex ER
 Osmoprep
 Osphena
 Oxaydo
 Oxazoprin 300mg
 Oxybutynin 2.5MG
 Oxybutynin Solution
 Oxycodone 15mg (RoxyBond brand product)
 Oxycodone ER
 OxyContin
 Oxytrol
 Paingo KFT
 Pamelor
 Pancreaze
 Patanase
 Paxil
 Paxil CR
 P-Care
 P-Care K
 P-Care M
 P-Care MG
 P-Care X

Penlac
 Pennsaicin
 Pennsaid
 Pentican
 Pepcid
 Percocet
 Perseris
 Pertzye
 Pexeva
 Pharmacist Choice Diabetic Testing Supplies
 Physicians EX USE B12 Kit
 Physicians USE EZ M-Pred Kit
 Pilot Covid Kit
 Plaquenil
 Plerixafor
 PNV 20-1
 PNV Tabs 29-IMG
 PNV-DHA Docusate
 PNV-Omega
 Pocketchem Diabetic Testing Supplies
 Pod-Care 100C
 Pod-Care 100CG
 Pod-Care 100K
 Pod-Care 100KG
 Pogo Diabetic Testing Supplies
 Ponvory
 PR Cream Kit
 PR Natal 400 Pak
 PR Natal 400 Pak EC
 PR Natal 430 Pak
 PR Natal 430 Pak EC
 Pradaxa
 Praluent
 Pravachol
 Precision Diabetic Testing Supplies
 Pred Mild
 Prednisolone 5mg
 Prefest
 Pregon DHA
 Pregenna

NON-COVERED MEDICATIONS

Pregnyl
PremesisRx
Premium Diabetic Testing Supplies
Prena 1 True
Prenal
Prena Pearl
Prenaissance
Prenaissance Plus
Prenara Prenatal
Prenatal 19 Chw 29-1MG
Prenatal 27-1MG
Prenatal Essential
Prenatal Plus
Prenatal Vit Low Iron
Prenatal+Fe Tab 29-1MG
Prenatal-U 106.5-1
Prenate Essential
Prenate AM 1MG
Prenate DHA
Prenate Mini
Prenate Pixie
Prenate Cap Enhance
Prenate Cap Restore
Prenate Chew 0.6-0.4
Prenate Elite
Prenatol-M
Prenatrix
Prenatryl
Prenatvite Complete
Prenatvite Plus
Prenatvite Rx
Preplus 27-1MG
Presera
Prestalia
Prestige Diabetic Testing Supplies
Pretab 29-1MG
Prevacid (excluded for 18 years and older)
Prilo Patch II Kit
Prilo Patch Kit
Priloheal Plus 30

Prilolid
Prilosec (excluded for 18 years and older)
Prilovix
Prilovixil
Primacare
Primidone 125MG caps
Prinivil
Pristiq
Prozopak II
Prizotral
Prizotral II
ProVoice Diabetic Testing Supplies
ProAir Digihaler
ProAir HFA
ProAir RespiClick
Procort
Procrit
Prodigy Diabetic Testing Supplies
Profinac
Proglycem
Prolensa
Prometrium
Promiseb
Proscar
Protonix (excluded for 18 years and older)
Proventil HFA
Proventil Inhaler
Provida OB
Provigil
Prozac
PTS Panel Diabetic Testing Supplies
Pylera
Qbrelis
Qbrexza
Qelbree
Qmiiz ODT
Qtern
Quartette

Quicktek Diabetic Testing Supplies
Quickview Covid Kit
Quillichew ER
Quillivant XR
Quinixil
Quinja
Quintet Diabetic Testing Supplies
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
Reinate DHA
Relpax
Releuko
Reltone
Remeron
Remeron Soltab
Requip XL
Restoril
Retin-A Cream

Retin-A Gel
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
Rolvedon
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
Salynta
Samsca
SanadermRx Skin Repair
Sancuso
Saphris
Sarafem
Savaysa
Savella
Scalacort
Seasonique
Secuado
Seglenti
Segluromet
Select OB Chew

NON-COVERED MEDICATIONS

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
Sitagliptan
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Ursodiol 200MG
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Vascepa
Vaseretic
Vasotec
Vecamyl
Vectical
Velphoro
Veltassa
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Verapamil 100mg caps
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Vesicare
Vevye
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Vitafol Fe+
Vitafol Ultra
Vitafol-Nano
Vitafol-OB +DHA
Vitafol-OB 65-IMG
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VitamedMD One Rx
Vitapearl
Vitathely
Vitatrue
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Wakix
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Wellbutrin SR
Wellbutrin XL
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Wescap-PN DHA
Wesnate DHA
Westab Plus 27-IMG
Westgel DHA
Whytederm Surgipak
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Winlevi
WPR Plus
Wynzora
Xadago
Xalix
Xanax
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Xelpros
Xelstrym
Xeomin
Xepi
Xerac AC
Xerese
Xilapak
Ximino ER
Xolegel
Xopenex HFA
Xopenex Nebules
Xpert Xpress Covid Kit
Xryliderm
Xrylix
Xrylix II
Xultophy
Xyosted
Xyrem
Xywav
Yosprala DR

Yuflyma
Yupelri
Yusimry
Zalvit 13-IMG
Zanaflex
Zatean-PN DHA
Zatean-PN Plus
Zegerid (excluded for 18 years and older)
Zelapar
Zelnorm
Zembrace Symtouch
Zenazine
Zepatier
Zepbound Vials
Zestril
Zetia
Ziana
Ziclocin
Ziextenzo
Zilacaine
Ziloval
Zilxi
Zinbryta
Zioptan
Ziphex 13-IMG
Zipsor
Zithromax
Zituvio
Zocor
Zofran
Zohydro ER
Zolof
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Zypitamag	
Zypram	
Zyprexa	
Zyprexa Intramuscular	
Zyprexa Relprevv	
Zyprexa Zydys	

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
101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

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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APPROVAL PROCESS FOR NEW MEDICATIONS

Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors with various specialty backgrounds, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee's expertise and advice help us give our members prescription drug options that meet their medical needs and achieve desired treatment goals. Approved medications are added to our list as they're approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. If it's medically necessary, your doctor can request an exception for coverage. If approved, the medication will be covered at the highest tier.

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

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats)
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, 101 Huntington Avenue, Suite 1300, Boston, MA 02199-7611; 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 مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណ សម្គាល់សមាជិក (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 કોલ કરો (TTY: **711**).

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

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

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

Persian/پارسیان:

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 ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໃຫລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

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



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