



Effective: 7/1/2022

WELCOME MMHG PPO RATE SAVER



GET THE MOST OUT OF YOUR PLAN



VISIT
MYBLUE



FIND A
DOCTOR



LOOK UP A
MEDICATION



CONTACT US



SAVINGS
AND DEALS



DOWNLOAD
THE MYBLUE APP



GET HEALTHY &
STAY HEALTHY



UNDERSTANDING YOUR
PLAN AND BENEFITS

PLAN OPTIONS

Medical

MMHG PPO Rate Saver

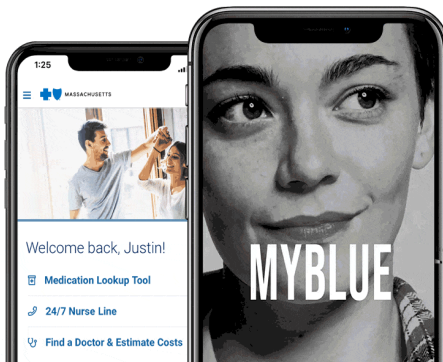
[Summary](#)



[View SBC](#)



HELPFUL RESOURCES



[Quick Start - PPO](#)
[Well Connection](#)
[24/7 Nurse Line](#)
[Weight-Loss \\$150 Reimbursement](#)
[Fitness Reimbursement](#)
[Blue Card Program Brochure](#)
[SBC Glossary Medical Terms](#)
[MyBlue App](#)
[Mail Service Brochure and Form](#)
[Maintenance Medication List](#)
[Medication Look-up Tool Fact Sheet](#)
[\\$9 Generics Program Fact Sheet](#)



[Emergency Room Alternatives](#)
[ahealthyme](#)
[ahealthyme Wellness Workshops](#)
[Smart90](#)
[Smart Shopper Registration Guide](#)
[Commitment To Confidentiality](#)
[Summary of Health Plan Payments Guide](#)
[MyBlue Fact Sheet](#)
[Value-Based Drug List](#)
[\\$9 Generic Medications List](#)
[2022 Pharmacy Formulary](#)



Left Blank Intentionally

BLUE CARE ELECT VALUE PLUS

MMHG PPO Rate Saver

UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan:



COVERAGE AND
BENEFITS



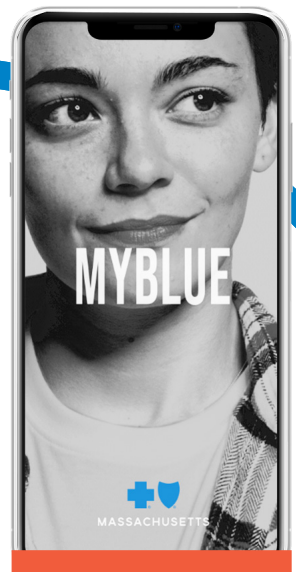
CLAIMS AND
BALANCES



DIGITAL
ID CARD

Sign in

Download the app, or create an account at bluecrossma.org.



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

YOUR CHOICE

When You Choose Preferred Providers

You receive the highest level of benefits under your health care plan when you obtain covered services from preferred providers. These are called your “in-network” benefits. See the charts for your cost share.

Note: If a preferred provider refers you to another provider for covered services (such as a lab or specialist), make sure the provider is a preferred provider in order to receive benefits at the in-network level. If the provider you use is not a preferred provider, you're still covered, but your benefits, in most situations, will be covered at the out-of-network level, even if the preferred provider refers you.

How to Find a Preferred Provider

To find a preferred provider:

- Look up a provider on Find a Doctor at bluecrossma.com/findadoctor. If you need a copy of your directory or help choosing a provider, call the Member Service number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.org

When You Choose Non-Preferred Providers

You can also obtain covered services from non-preferred providers, but your out-of-pocket costs are higher. These are called your “out-of-network” benefits. See the charts for your cost share.

You must pay a plan-year deductible before you can receive coverage for most out-of-network benefits under this plan. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your deductible is **\$250** per member (or **\$500** per family).

Payments for out-of-network benefits are based on the Blue Cross Blue Shield allowed charge as defined in your benefit description. You may be responsible for any difference between the allowed charge and the provider's actual billed charge (this is in addition to your deductible and/or your coinsurance).

Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for deductible, copayments, and coinsurance for covered services. Your out-of-pocket maximum for medical benefits is **\$2,000** per member (or **\$4,000** per family) for in-network and out-of-network services combined. Your out-of-pocket maximum for prescription drug benefits is **\$3,000** per member (or **\$6,000** per family).

Emergency Room Services

In an emergency, such as a suspected heart attack, stroke, or poisoning, you should go directly to the nearest medical facility or call **911** (or the local emergency phone number). You pay a copayment per visit for in-network or out-of-network emergency room services. This copayment is waived if you are admitted to the hospital or for an observation stay. See the chart for your cost share.

Telehealth Services

Telehealth services are covered when the same in-person service would be covered by the health plan and the use of telehealth is appropriate. Your health care provider will work with you to determine if a telehealth visit is medically appropriate for your health care needs or if an in-person visit is required. For a list of telehealth providers, visit the Blue Cross Blue Shield of Massachusetts website at bluecrossma.org, consult Find a Doctor, or call the Member Service number on your ID card.

Utilization Review Requirements

Certain services require **pre-approval/prior authorization** through Blue Cross Blue Shield of Massachusetts for you to have benefit coverage; this includes non-emergency and non-maternity hospitalization and may include certain outpatient services, therapies, procedures, and drugs. You should work with your health care provider to determine if pre-approval is required for any service your provider is suggesting. If your provider, or you, don't get pre-approval when it's required, your benefits will be denied, and you may be fully responsible for payment to the provider of the service. Refer to your benefit description for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval, Concurrent Review and Discharge Planning, and Individual Case Management.

Dependent Benefits


This plan covers dependents until the end of the calendar month in which they turn age 26, regardless of their financial dependency, student status, or employment status. See your benefit description (and riders, if any) for exact coverage details.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Preventive Care		
Well-child care exams, including routine tests, according to age-based schedule as follows: <ul style="list-style-type: none"> 10 visits during the first year of life Three visits during the second year of life (age 1 to age 2) Two visits for age 2 One visit per plan year for age 3 and older 	Nothing	20% coinsurance after deductible
Routine adult physical exams, including related tests (one per plan year)	Nothing	20% coinsurance after deductible
Routine GYN exams, including related lab tests (one per plan year)	Nothing	20% coinsurance after deductible
Routine hearing exams, including routine tests	Nothing	20% coinsurance after deductible
Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)	All charges beyond the maximum	20% coinsurance after deductible and all charges beyond the maximum
Routine vision exams (one every 24 months)	Nothing	20% coinsurance after deductible
Family planning services—office visits	Nothing	20% coinsurance after deductible
Outpatient Care		
Emergency room visits	\$100 per visit (waived if admitted or for observation stay)	\$100 per visit, no deductible (waived if admitted or for observation stay)
Office or health center visits	\$20 per visit	20% coinsurance after deductible
Mental health or substance use treatment	\$20 per visit	20% coinsurance after deductible
Outpatient telehealth services with a covered provider	Same as in-person visit	Same as in-person visit
Chiropractors' office visits	\$20 per visit	20% coinsurance after deductible
Acupuncture visits (up to 12 visits per plan year)	\$20 per visit	\$20 per visit, no deductible
Short-term rehabilitation therapy—physical and occupational (up to 100 visits per plan year*)	\$20 per visit	20% coinsurance after deductible
Speech, hearing, and language disorder treatment—speech therapy	\$20 per visit	20% coinsurance after deductible
Diagnostic X-rays and lab tests	Nothing	20% coinsurance after deductible
CT scans, MRIs, PET scans, and nuclear cardiac imaging tests <ul style="list-style-type: none"> Hospitals Other covered providers 	\$25 per category per service date Nothing	20% coinsurance after deductible 20% coinsurance after deductible
Home health care and hospice services	Nothing	20% coinsurance after deductible
Oxygen and equipment for its administration	Nothing	20% coinsurance after deductible
Durable medical equipment—such as wheelchairs, crutches, hospital beds	20% coinsurance**	40% coinsurance after deductible**
Prosthetic devices	20% coinsurance	40% coinsurance after deductible
Surgery and related anesthesia <ul style="list-style-type: none"> Office or health center services Ambulatory surgical facility, hospital outpatient department, or surgical day care unit 	\$20 per visit*** \$150 per admission	20% coinsurance after deductible 20% coinsurance after deductible
Inpatient Care (including maternity care)		
General or chronic disease hospital care (as many days as medically necessary)	\$250 per admission	20% coinsurance after deductible
Mental hospital or substance use facility care (as many days as medically necessary)	\$250 per admission	20% coinsurance after deductible
Rehabilitation hospital care (up to 60 days per plan year)	Nothing	20% coinsurance after deductible
Skilled nursing facility care (up to 100 days per plan year)	Nothing	20% coinsurance after deductible

* No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.

** In-network cost share waived for one breast pump per birth (20% coinsurance after deductible out-of-network).

*** Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

Covered Services	Your Cost In-Network	Your Cost Out-of-Network
Prescription Drug Benefits*		
At designated retail pharmacies (up to a 30-day formulary supply for each prescription or refill)**	\$10 for Tier 1 \$25 for Tier 2 \$45 for Tier 3	Not covered
Through the designated mail order or designated retail pharmacy (up to a 90-day formulary supply for each prescription or refill)**	\$20 for Tier 1*** \$50 for Tier 2 \$90 for Tier 3	Not covered
<div>* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred brand-name drugs.</div> <div>** Cost share may be waived for certain covered drugs and supplies.</div> <div>*** Certain generic medications are available through the mail order pharmacy at \$9. For more information, go to bluecrossma.org/mail-order-pharmacy.</div>		
Get the Most from Your Plan: Visit us at bluecrossma.org or call 1-800-782-3675 to learn about discounts, savings, resources, and special programs available to you, like those listed below.		
Wellness Participation Program Fitness Reimbursement: a program that rewards participation in qualified fitness programs or equipment (See your benefit description for details.)	\$300 per calendar year per policy	
Weight Loss Reimbursement: a program that rewards participation in a qualified weight loss program (See your benefit description for details.)	\$150 per calendar year per policy	
<div> 24/7 Nurse Line: Speak to a registered nurse, day or night, to get immediate guidance and advice. Call 1-888-247-BLUE (2583). No additional charge.</div>		

QUESTIONS?

For questions about Blue Cross Blue Shield of Massachusetts, call 1-800-782-3675, or visit us online at bluecrossma.org.

Left Blank Intentionally



The **Summary of Benefits and Coverage (SBC)** document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE:** Information about the cost of this plan (called the premium) will be provided separately. This is only a **summary**. For more information about your coverage, or to get a copy of the complete terms of coverage, see [www. .com](http://www.bluecrossma.org). For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at bluecrossma.org/sbcglossary or call 1-800-782-3675 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u>?	\$0 in-network; \$250 member / \$500 family out-of-network.	Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. Emergency room and emergency transportation.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	For medical benefits, \$2,000 member / \$4,000 family; and for <u>prescription drug</u> benefits, \$3,000 member / \$6,000 family.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	<u>Premiums</u> , <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See bluecrossma.com/findadoctor or call the Member Service number on your ID card for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable
	<u>Specialist</u> visit	\$20 / visit; \$20 / chiropractor visit; \$20 / acupuncture visit	20% <u>coinsurance</u> ; 20% <u>coinsurance</u> / chiropractor visit; 20% <u>coinsurance</u> / acupuncture visit	<u>Deductible</u> applies first for out-of-network; limited to 12 acupuncture visits per <u>plan</u> year; a telehealth <u>cost share</u> may be applicable
	<u>Preventive care/screening/immunization</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to age-based schedule and / or frequency; a telehealth <u>cost share</u> may be applicable. You may have to pay for services that aren't preventive. Ask your <u>provider</u> if the services needed are preventive. Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> may be required
	Imaging (CT/PET scans, MRIs)	\$25 for hospitals; No charge for other <u>providers</u>	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>copayment</u> applies per category of test / day; <u>pre-authorization</u> may be required

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at bluecrossma.org/medication	Generic drugs	\$10 / retail supply or \$20 / designated retail or mail order supply	Not covered	Up to 30-day retail (90-day designated retail or mail order) supply; <u>cost share</u> may be waived for certain covered drugs and supplies; <u>pre-authorization</u> required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / designated retail or mail order supply	Not covered	
	Non-preferred brand drugs	\$45 / retail supply or \$90 / designated retail or mail order supply	Not covered	
	<u>Specialty drugs</u>	Applicable <u>cost share</u> (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; <u>pre-authorization</u> required for certain drugs
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
If you need immediate medical attention	<u>Emergency room care</u>	\$100 / visit	\$100 / visit; <u>deductible</u> does not apply	<u>Copayment</u> waived if admitted or for observation stay
	<u>Emergency medical transportation</u>	No charge	No charge	None
	<u>Urgent care</u>	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 / admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
	Physician/surgeon fees	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	Inpatient services	\$250 / admission	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services
If you are pregnant	Office visits	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>cost sharing</u> does not apply for in-network <u>preventive services</u> ; maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound); a telehealth <u>cost share</u> may be applicable
	Childbirth/delivery professional services	No charge	20% <u>coinsurance</u>	
	Childbirth/delivery facility services	\$250 / admission	20% <u>coinsurance</u>	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required
	<u>Rehabilitation services</u>	\$20 / visit for outpatient services; No charge for inpatient services	20% <u>coinsurance</u> for outpatient services; 20% <u>coinsurance</u> for inpatient services	<u>Deductible</u> applies first for out-of-network; limited to 100 outpatient visits per <u>plan</u> year (other than for autism, <u>home health care</u> , and speech therapy); limited to 60 days per <u>plan</u> year for inpatient admissions; a telehealth <u>cost share</u> may be applicable; <u>pre-authorization</u> required for certain services
	<u>Habilitation services</u>	\$20 / visit	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; outpatient rehabilitation therapy coverage limits apply; <u>cost share</u> and coverage limits waived for early intervention services for eligible children; a telehealth <u>cost share</u> may be applicable
	<u>Skilled nursing care</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to 100 days per <u>plan</u> year; <u>pre-authorization</u> required
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; in-network <u>cost share</u> waived for one breast pump per birth (20% <u>coinsurance</u> for out-of-network)
	<u>Hospice services</u>	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; <u>pre-authorization</u> required for certain services

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network (You will pay the least)	Out-of-Network (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	No charge	20% <u>coinsurance</u>	<u>Deductible</u> applies first for out-of-network; limited to one exam every 24 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	No charge for members with a cleft palate / cleft lip condition	20% <u>coinsurance</u> for members with a cleft palate / cleft lip condition	<u>Deductible</u> applies first for out-of-network; limited to members under age 18

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other <u>excluded services</u> .)		
<ul style="list-style-type: none"> Children's glasses Cosmetic surgery 	<ul style="list-style-type: none"> Dental care (Adult) Long-term care 	<ul style="list-style-type: none"> Private-duty nursing
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none"> Acupuncture (12 visits per <u>plan</u> year) Bariatric surgery Chiropractic care Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger) 	<ul style="list-style-type: none"> Infertility treatment Non-emergency care when traveling outside the U.S. Routine eye care - adult (one exam every 24 months) 	<ul style="list-style-type: none"> Routine foot care (only for patients with systemic circulatory disease) Weight loss programs (\$150 per calendar year per policy)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or www.mass.gov/doi. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596. For more information about possibly buying individual coverage through a state exchange, you can contact your state's marketplace, if applicable. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting www.mahealthconnector.org. For more information on your rights to continue your employer coverage, contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information on how to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, call 1-800-782-3675 or contact your plan sponsor. (A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.)

Does this plan provide Minimum Essential Coverage? Yes.

Minimum Essential Coverage generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of Minimum Essential Coverage, you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes.

If your plan doesn't meet the Minimum Value Standards, you may be eligible for a premium tax credit to help you pay for a plan through the Marketplace.

Disclaimer: This document contains only a partial description of the benefits, limitations, exclusions and other provisions of this health care plan. It is not a policy. It is a general overview only. It does not provide all the details of this coverage, including benefits, exclusions and policy limitations. In the event there are discrepancies between this document and the policy, the terms and conditions of the policy will govern.

To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network prenatal care and a hospital delivery)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ Delivery fee <u>copay</u>	\$0
■ Facility fee <u>copay</u>	\$250
■ Diagnostic tests <u>copay</u>	\$0

This **EXAMPLE** event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$300
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$360

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> visit <u>copay</u>	\$20
■ Primary care visit <u>copay</u>	\$20
■ Diagnostic tests <u>copay</u>	\$0

This **EXAMPLE** event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$1,100
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,120

Mia's Simple Fracture

(in-network emergency room visit and follow-up care)

■ The <u>plan's</u> overall <u>deductible</u>	\$0
■ <u>Specialist</u> visit <u>copay</u>	\$20
■ Emergency room <u>copay</u>	\$100
■ Ambulance services <u>copay</u>	\$0

This **EXAMPLE** event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
<u>Deductibles</u>	\$0
<u>Copayments</u>	\$200
<u>Coinsurance</u>	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$200

The plan would be responsible for the other costs of these **EXAMPLE** covered services.

* Registered Marks of the Blue Cross and Blue Shield Association. © 2022 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

001419018 (2/22) JB



This health plan meets Minimum Creditable Coverage Standards for Massachusetts residents that went into effect January 1, 2014, as part of the Massachusetts Health Care Reform Law.

Left Blank Intentionally



BlueCross.
BlueShield.

PREFERRED PROVIDER ORGANIZATION (PPO)

IMPORTANT INFORMATION ABOUT YOUR PLAN

Your health plan lets you get care from providers who participate in a **Blue Cross Blue Shield PPO Network** (preferred), as well as from providers who are out of our network. You'll pay a lower cost for care when you see an in-network provider, and a higher cost when you see an out-of-network provider. For help finding a provider, visit myfindadoctor.bluecrossma.com and sign in to select the following network: PPO or EPO.



PCP



REFERRAL



IN NETWORK



HOW TO ACCESS IMPORTANT RESOURCES

We're committed to your health—that's why we offer additional programs, benefits, and discounts beyond traditional health care coverage. Use these tools and resources to monitor your health and overall wellness.

Get Connected with Message Wire: We can send you important information about your health and wellness, relevant discounts, and plan information directly to your phone. Text **bluecrossma** to **73529**, or call **1-844-779-8813** to join with your Blue Cross member ID number.

Visit ahealthyme®: Learn about your health and set personal goals for a healthy life. You can take a health

assessment, sign up for wellness workshops, access health tools and resources, and more. Sign in to myblue.bluecrossma.com and select **AHealthyMe** from the drop-down menu in the top right corner for more information about ahealthyme.

Take Advantage of Discounts: Use **Blue365®**, a members-only website that offers local health and wellness deals, for discounts on health and fitness products, family events, spa services, and more. Sign in to myblue.bluecrossma.com, and select **My Plan** and then **Discounts & Savings** from the drop-down menu in the top right corner for more information about Blue365.

Sign In

Visit myblue.bluecrossma.com to create an account, or download the app from the App Store® or Google Play™.

HOW TO GET CARE

Routine annual checkups are one of the best ways you and your doctor can stay on top of your health. When selecting a doctor, consider the hospital where that doctor has admitting privileges.

Finding a Provider: You don't have to choose a primary care provider (PCP) to help manage your care, but you should see in-network doctors to pay the lowest cost. You can also see out-of-network doctors, but you'll pay higher out-of-pocket costs.

Seeing a Specialist: You don't need a referral from your PCP to see a specialist. However, you should talk with your doctor about the specialty care you may need.

Understanding Prior Authorization: We require prior authorization (pre-approval) before we cover certain services, procedures, or drugs. Prior authorization ensures that you get the care that is medically necessary for you and covered by your health plan. Your doctor should submit

any requests for prior authorization to us. If you or your doctor don't get prior authorization when it's needed, the care may not be covered and you may be financially responsible. Talk to your doctor to see if prior authorization is needed before you receive any services, procedures, or drugs.

Taking Action in an Emergency: In case of a medical or behavioral health emergency, call **911** or your local emergency number, or go directly to the nearest medical facility. Be sure to notify your PCP, if applicable, within 48 hours to coordinate any follow-up care.

Getting Care Worldwide with BlueCard®: Your Blue Cross member ID card is widely recognized and lets you get urgent and emergency care worldwide. If you're traveling within the U.S. or abroad and need emergency medical care, go to the nearest hospital. Once you get care, call **1-800-810-BLUE (2583)** or **1-804-673-1177** for 24/7 assistance.

HOW TO READ YOUR ID CARD

Your Blue Cross member ID card contains our Member Service telephone number and your member ID number, and sometimes lists the costs you'll pay for certain health services. You should always carry your ID card with you when you visit the doctor or download the MyBlue App to keep a digital copy of your ID card.

Your ID Number points to the member ID number: **JOHN SAMPLE XXP123456789**

Plan Name points to the plan type: **PPO**

Call Us points to the Member Service number: **Member Service 1-800-000-0000**

Copays points to the copay amounts: **Copays: OV 15, BH 15, ER 50**

Number to call with questions about your plan points to the Member Service number: **Member Service 1-800-000-0000**

Legend:
OV: Office visit for primary care provider or specialist
BH: Behavioral health office visit
ER: Emergency room (waived if admitted)

HOW TO CONTACT US

General questions about your health plan coverage?

Member Service: Call the number on the front of your member ID card (TTY: **711**) Monday–Friday, 8:00 a.m.–6:00 p.m. ET. Or sign in to bluecrossma.com and select **Review My Benefits** to check what your plan covers and your costs.

Health questions if you're hurt or sick?

24/7 Nurse Line: 1-888-247-BLUE (2583) Registered nurses are available at no cost.

Questions about your prescription drug coverage?

Mail Order Pharmacy: 1-800-892-5119 Available 24/7

Order a new Blue Cross member ID card?

Lost member ID card? Call **1-800-253-5210** Monday–Friday, 8:00 a.m.–6:00 p.m. ET.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

* Registered Marks of the Blue Cross and Blue Shield Association. ® Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. ® Registered Marks and ™ Trademarks are the property of their respective owners. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

000536083 39-0110 (8/20)

Left Blank Intentionally

Mail Order Pharmacy



The Mail Order Pharmacy Saves You Time and Money

You can get 90-day prescriptions for certain maintenance medications delivered right to your door, and for a fraction of the cost, when you order them through the mail order pharmacy. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes.

Advantages of Using the Mail Order Pharmacy

- You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications
- Medications are shipped to you at no additional cost for standard shipping
- With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose
- Get your prescriptions on time, every time with automatic refills

How to Order Prescriptions

Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door. To order prescriptions, choose one of the following options. In most cases, Express Scripts will contact your doctor directly to arrange 90-day prescriptions, plus refills.

- Visit Express Scripts at [express-scripts.com /starthd](http://express-scripts.com/starthd), and select **Register**
- Download the Express Scripts mobile app and select **Register**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)
- Ask your doctor to e-prescribe a new, 90-day prescription to Express Scripts, or fax it to 1-800-837-0959
- Fill out the order form* and mail it to:
Home Delivery Service
PO Box 66566
St Louis, MO 63166-9967

How to Order Refills

- Log in to Express Scripts at express-scripts.com, select the medications to be filled, then click **Add to Cart**
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376), 24 hours a day

Have Your Prescriptions Refilled Automatically

Worry Free Fills® are available for qualifying maintenance medications. When enrolled, Express Scripts will calculate when you'll need your prescriptions and deliver them on time. They'll contact you before processing each fill to confirm delivery, and the delivery date. Enroll in Worry Free Fills by choosing one of the following methods:

- Visit Express Scripts at express-scripts.com, and select **Automatic Refills**
- When refilling a prescription, answer yes when asked to enroll in Worry Free Fills
- Call Express Scripts at 1-800-892-5119 (TTY: 1-800-305-5376)

Save up to
33%

When you use the
mail order pharmacy.**

*You can download and print a copy of the mail order form at express-scripts.com.

**Compared to three 30-day prescriptions purchased at a retail pharmacy.

Left Blank Intentionally

Blue Cross Blue Shield of Massachusetts Formulary: Value-Based Benefit Medication List

Last Updated: January 1, 2022

The following list includes medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These medications are covered under the value-based pharmacy benefit.

You may be eligible to pay less for the following medications when purchased through the mail order pharmacy managed by Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. If you have an HSA-qualified “Saver” plan,¹ the deductible is waived when you purchase these medications through mail order.²

Learn More About Your Coverage

For more information about these medications, look them up using the **Medication Lookup** tool at bluecrossma.org/medication.

1. Blue Cross Blue Shield of Massachusetts plans that are HSA-qualified include the term “Saver” in the plan name. For example, Blue Care® Elect Saver or HMO Blue New England Saver \$2,000.
2. Some employers may also exempt the copayment or co-insurance. Check your benefit materials for details.

Anti-Asthmatic Medications

Medication Name			
ALBUTEROL INHALATION SOLUTION	FLOVENT / DISKUS	MONTELUKAST	QVAR
AMINOPHYLLINE	FLOVENT HFA	PROAIR HFA	THEOCHRON
BUDESONIDE NEBULIZER SOLUTION	IPRATROPIUM NEBULIZER SOLUTION	PROAIR RESPICLICK	THEOPHYLLINE
CROMOLYN NEBULIZER SOLUTION	IPRATROPIUM-ALBUTEROL	PULMICORT	ZAFIRLUKAST

Anti-Depressant Medications

You're eligible to pay the reduced cost for these medications below through the mail order pharmacy, if you're also taking one of the medications listed in this document to treat asthma or diabetes, **OR**: one of the medications listed in this document to treat high blood pressure **AND** one of the medications listed in this document to treat cholesterol.

Medication Name			
CITALOPRAM	FLUOXETINE	PAROXETINE HCL	SERTRALINE
ESCITALOPRAM	FLUVOXAMINE	PAROXETINE-CR	

Cardiovascular Maintenance Medications

You're eligible to pay the reduced cost for these medications below through the mail order pharmacy, if you're taking one of the medications on this list to treat high blood pressure **AND** one of the medications on this list to treat high cholesterol.

Medication Name (High Blood Pressure)			
AMILORIDE / HCTZ	DILTIAZEM HCL	HYDRALAZINE	NIFEDIPINE CR
AMLODIPINE	DILTIAZEM HCL ER CAP	HYDROCHLOROTHIAZIDE	NIFEDIPINE ER
AMLODIPINE / BENAZEPRIL	DILTIAZEM HCL SR CAP	IRBESARTAN	NIFEDIPINE XL
ATENOLOL	DILTIAZEM HCL TAB	IRBESARTAN / HCTZ	PROPRANOLOL
ATENOLOL / CHLORTHALIDONE	DILTIAZEM HCL XR CAP	LISINOPRIL	RAMIPRIL
BENAZEPRIL	DILTIAZEM HCL XT CAP	LISINOPRIL / HCTZ	SPIRONOLACTONE
BENAZEPRIL / HCTZ	DILTIAZEM XR CAP	LOSARTAN POTASSIUM	TERAZOSIN
BISOPROLOL / HCTZ	DOXAZOSIN	LOSARTAN POTASSIUM / HCTZ	TRIAMTERENE / HCTZ
CAPTOPRIL	ENALAPRIL	METHAZOLAMIDE	VALSARTAN
CARVEDILOL	ENALAPRIL / HCTZ	METOPROLOL	VALSARTAN / HCTZ
CHLORTHALIDONE	EPLERENONE	METOPROLOL SUCCINATE ER	VERAPAMIL
CLONIDINE	FELODIPINE ER	NADOLOL	VERAPAMIL ER
DILTIAZEM CD	FUROSEMIDE	NICARDIPINE	

Medication Name (High Cholesterol)—Generics			
ATORVASTATIN	COLESTIPOL	GEMFIBROZIL	PREVALITE
CHOLESTYRAMINE / LIGHT	FENOFIBRATE	PRAVASTATIN	SIMVASTATIN

Diabetes Medications

Medication Name			
ACARBOSE	GLIPIZIDE / METFORMIN HCL	JANUVIA	SYMLIN
BYDUREON	GLYBURIDE	JARDIANCE	SYNJARDY
BYETTA	GLYBURIDE / METFORMIN HCL	KOMBIGLYZE XR	SYNJARDY XR
CHLORPROPAMIDE	GLYBURIDE-MICRO	LANTUS	TOLAZAMIDE
FARXIGA	GLYXAMBI	METFORMIN	TOLBUTAMIDE
GLIMEPIRIDE	HUMALOG	METFORMIN ER (GENERIC VERSION OF GLUCOPHAGE)	TRULICITY
GLIPIZIDE	HUMULIN	NATEGLINIDE	XIGDUO XR
GLIPIZIDE ER	JANUMET	ONETOUCH TEST STRIPS	
GLIPIZIDE XL	JANUMET XR	ONGLYZA	

Smoking-Cessation Medications

You have access to the following medications at no additional cost through the mail order pharmacy and at retail pharmacies.

Medication Name			
BUPROBAN	COMMIT	NICOTINE ⁴	NICOTROL
BUPROPION HCL ER ³	NICODERM CQ	NICOTINE GUM ⁴	NICOTROL NS
BUPROPION HCL SR ³	NICORELIEF	NICOTINE LOZENGE ⁴	NTS
CHANTIX	NICORETTE	NICOTINE PATCH ⁴	

3. Generics of Zyban only

4. Also includes various store brands

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks are the property of their respective owners. © 2021 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

001114354

55-1493 (11/21)

Left Blank Intentionally

Blue Cross Blue Shield of Massachusetts Formulary: Maintenance Medication List

Last Updated: January 1, 2022

The following list includes maintenance medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These maintenance medications, also known as long-term medications, are included in our Smart90[®], Select Home Delivery, and Exclusive Home Delivery programs.

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

Maintenance Medications Included in the National Preferred Formulary (NPF)

The maintenance medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Pharmacy management program requirements apply to maintenance medications included in the NPF.

Where to Fill Your Maintenance Medications

Members of our pharmacy plans that use the Blue Cross formulary or NPF must fill their maintenance medications at an in-network pharmacy. If your plan includes Smart90, Select Home Delivery, or Exclusive Home Delivery, you may be required to fill your maintenance medication in designated quantities from a participating retail pharmacy or through the mail order pharmacy managed by Express Scripts.

NOTE: Some maintenance medications on this list may be considered non-covered, including new medications under review. Your doctor may request an exception for a non-covered medication when medically necessary.²

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at bluecrossma.org/myblue.

1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

2. If approved, you'd pay the highest-tier cost.

Maintenance Medications

Drug Class	Medication Name	
5-Lipoxygenase Inhibitors	ZILEUTON	ZYFLO CR
ACE Inhibitor-Calcium Channel Blocker Combination	AMLODIPINE BESYLATE-BENAZEPRIL	TRANDOLAPRIL-VERAPAMIL
	PRESTALIA	
ACE Inhibitor-Thiazide or Thiazide-Like Diuretic	BENAZEPRIL-HYDROCHLOROTHIAZIDE	FOSINOPRIL-HYDROCHLOROTHIAZIDE
	CAPTOPRIL-HYDROCHLOROTHIAZIDE	LISINOPRIL-HYDROCHLOROTHIAZIDE
	ENALAPRIL MALEATE-HYDROCHLOROTHIAZIDE	QUINAPRIL-HYDROCHLOROTHIAZIDE
Agents to Treat Hypoglycemia (Hyperglycemics)	BAQSIMI	PROGLYCEM
	DIAZOXIDE	ZEGALOGUE
	GVOKE	
Alpha-Adrenergic Blocking Agents	DOXAZOSIN MESYLATE	TERAZOSIN
	PAZOSIN	
Alpha/Beta-Adrenergic Blocking Agents	CARVEDILOL	LABETALOL
	CARVEDILOL ER	
Alzheimer's Therapy, NMDA Receptor Antagonists	MEMANTINE	NAMENDA
	MEMANTINE ER	NAMENDA XR
Analgesic/Antipyretics, Salicylates	DIFLUNISAL	
Angiotensin Receptor Antag-Calcium Channel Blocker-Thiazide	AMLODIPINE-VALSARTAN-HCTZ	OLMESARTAN-AMLODIPINE-HCTZ
	EXFORGE HCT	TRIBENZOR
Angiotensin Receptor Antag-Neprilysin Inhibitor Combination (ARNI)	ENTRESTO	
Angiotensin Receptor Antag-Thiazide Diuretic Combination	CANDESARTAN-HYDROCHLOROTHIAZIDE	MICARDIS HCT
	EDARBYCLOR	OLMESARTAN-HYDROCHLOROTHIAZIDE
	IRBESARTAN-HYDROCHLOROTHIAZIDE	TELMISARTAN-HYDROCHLOROTHIAZIDE
	LOSARTAN-HYDROCHLOROTHIAZIDE	VALSARTAN-HYDROCHLOROTHIAZIDE
Angiotensin Receptor Blocker-Calcium Channel Blocker	AMLODIPINE-OLMESARTAN	TELMISARTAN-AMLODIPINE
	AMLODIPINE-VALSARTAN	TWYNSTA
Angiotensin II Receptor Blocker-Beta Blocker Combination	BYVALSON	
Antianginal, Anti-Ischemic Agents, Non-Hemodynamic	RANEXA	RANOLAZINE ER
Anti-Anxiety Drugs	BUSPIRONE	
Antiarrhythmics	AMIODARONE	NORPACE
	DISOPYRAMIDE PHOSPHATE	NORPACE CR
	FLECAINIDE ACETATE	PACERONE
	MEXILETINE	PROPAFENONE
	MULTAQ	PROPAFENONE ER

Drug Class	Medication Name	
Antiarrhythmics (Cont.)	QUINIDINE GLUCONATE	RYTHMOL SR
	QUINIDINE SULFATE	
Anti-Arthritic and Chelating Agents	CUPRIMINE	D-PENAMINE
	DEPEN	
Anticholinergics, Orally Inhaled Long Acting	INCRUSE ELLIPTA	SPIRIVA RESPIMAT
	LONHALA MAGNAIR REFILL	TUDORZA PRESSAIR
	LONHALA MAGNAIR STARTER	YUPELRI
	SPIRIVA	
Anticholinergics, Orally Inhaled Short Acting	ATROVENT HFA	IPRATROPIUM BROMIDE
Anticonvulsants	DIACOMIT	
Antidiuretic and Vasopressor Hormones	DDAVP	VASOPRESSIN-0.9% NACL
	DESMOPRESSIN ACETATE	VASOPRESSIN-D5W
	NOC DURNA	VASOPRESSIN-NS
	NOCTIVA	VASOSTRICT
	STIMATE	
Antihyperglycemic, Alpha-Glucosidase Inhibitors	ACARBOSE	MIGLITOL
	GLYSET	PRECOSE
Antihyperglycemic, Amylin Analog	SYMLINPEN 60	SYMLINPEN 120
Antihyperglycemic, Biguanide Type	DM2	METFORMIN
	FORTAMET	METFORMIN ER
	GLUCOPHAGE	METFORMIN ER FILM TAB
	GLUCOPHAGE XR	RIOMET
	GLUMETZA	
Antihyperglycemic, DPP-4 Enzyme Inhibitor-Thiazolidinedione	ALOGLIPTIN-PIOGLITAZONE	OSENI
Antihyperglycemic, Incretin Mimetic (GLP-1 Receptor Agonist)	ADLYXIN	RYBELSUS
	BYDUREON	TRULICITY
	BYDUREON BCISE	VICTOZA
	BYETTA	XULTOPHY 100-3.6
	OZEMPIC	
Antihyperglycemic–Sod/Gluc Cotransport-2 (SGLT2) Inhibitors	FARXIGA	JARDIANCE
	INVOKANA	STEGLATRO
Antihyperglycemic–Dopamine Receptor Agonists	CYCLOSET	

Drug Class	Medication Name	
Antihyperglycemic, DPP-4 Inhibitors	ALOGLIPTIN	ONGLYZA
	JANUVIA	TRADJENTA
	NESINA	
Antihyperglycemic, DPP-4 Inhibitor-Biguanide Combination	ALOGLIPTIN-METFORMIN	JENTADUETO XR
	JANUMET	KAZANO
	JANUMET XR	KOMBIGLYZE XR
	JENTADUETO	
Antihyperglycemic, Insulin-Release Stimulant Type	CHLORPROPAMIDE	GLYBURIDE
	GLIMEPIRIDE	GLYBURIDE MICRONIZED
	GLIPIZIDE	GLYNASE
	GLIPIZIDE ER	NATEGLINIDE
	GLIPIZIDE XL	REPAGLINIDE
	GLUCOTROL	TOLAZAMIDE
	GLUCOTROL XL	TOLBUTAMIDE
Antihyperglycemic, Insulin-Release Stimulant-Biguanide	GLIPIZIDE-METFORMIN	REPAGLINIDE-METFORMIN HCL
	GLYBURIDE-METFORMIN HCL	
Antihyperglycemic, SGLT-2 and DPP-4 Inhibitor Combination	GLYXAMBI	STEGLUJAN
	QTERN	
Antihyperglycemic, Thiazolidinedione (PPARG Agonist)	ACTOS	PIOGLITAZONE
	AVANDIA	
Antihyperglycemic, Thiazolidinedione and Biguanide	ACTOPLUS MET	PIOGLITAZONE-METFORMIN
	ACTOPLUS MET XR	
Antihyperglycemic, Thiazolidinedione-Sulfonylurea	DUETACT	PIOGLITAZONE-GLIMEPIRIDE
Antihyperglycemic-SGLT2 Inhibitor-Biguanide Combination	INVOKAMET	SYNJARDY
	INVOKAMET XR	SYNJARDY XR
	SEGLUROMET	XIGDUO XR
Antihyperlipidemic	NEXLETOL	NEXLIZET
Antihyperlipidemic HMG COA Reductase Inhibitor-Cholesterol Inhibitor	EZETIMIBE-SIMVASTATIN	ROSUVASTATIN-EZETIMIBE
Antihyperlipidemic HMG COA Reductase Inhibitors	ALTOPREV	LIVALO
	ATORVASTATIN CALCIUM	LOVASTATIN
	EZALLOR SPRINKLE	PRAVASTATIN SODIUM
	FLOLIPID	ROSUVASTATIN CALCIUM
	FLUVASTATIN ER	SIMVASTATIN
	FLUVASTATIN SODIUM	ZYPITAMAG

Drug Class	Medication Name	
Antihyperlipidemic HMG COA Reductase Inhibitor-Niacin	ADVICOR	SIMCOR
Antihyperlipidemic HMG COA Ri-Calcium Channel Blocker	AMLODIPINE-ATORVASTATIN	CADUET
Antihypertensives, ACE Inhibitors	BENAZEPRIL	MOEXIPRIL
	CAPTOPRIL	PERINDOPRIL ERBUMINE
	ENALAPRIL MALEATE	QUINAPRIL
	EPANED	RAMIPRIL
	FOSINOPRIL SODIUM	TRANDOLAPRIL
	LISINOPRIL	
Antihypertensives, Angiotensin Receptor Antagonists	CANDESARTAN CILEXETIL	LOSARTAN POTASSIUM
	EDARBI	OLMESARTAN MEDOXOMIL
	EPROSARTAN MESYLATE	TELMISARTAN
	IRBESARTAN	VALSARTAN
Antihypertensives, Sympatholytic	CATAPRES-TTS	METHYLDOPA
	CLONIDINE	METHYLDOPA-HYDROCHLOROTHIAZIDE
	GUANFACINE	
Antihypertensives, Vasodilators	HYDRALAZINE HCL	MINOXIDIL
Antileprotics	DAPSONE	
Antimalarial Drugs	HYDROXYCHLOROQUINE SULFATE	PRIMAQUINE
	PLAQUENIL	
Antiparkinson Drugs	AMANTADINE HCL	PRAMIPEXOLE DIHYDROCHLORIDE
	AZILECT	PRAMIPEXOLE ER
	CARBIDOPA-LEVODOPA	RASAGILINE MESYLATE
	CARBIDOPA-LEVODOPA ER	ROPINIROLE HCL
	CARBIDOPA-LEVODOPA-ENTACAPONE	RYTARY
	COMTAN	SELEGILINE HCL
	ENTACAPONE	SINEMET
	GOCOVRI ER	STALEVO
	INBRIJA	TASMAR
	NEUPRO	TOLCAPONE
	NOURIANZ	XADAGO
	ONGENTYS	ZELAPAR
	OSMOLEX ER	
Antithyroid Preparations	METHIMAZOLE	TAPAZOLE
	PROPYLTHIOURACIL	

Drug Class	Medication Name	
Anti-Ulcer Preparations	CARAFATE	MISOPROSTOL
	CYTOTEC	SUCRALFATE
Benign Prostatic Hypertrophy/ Micturition Agents	ALFUZOSIN ER	RAPAFLO
	AVODART	SILODOSIN
	DUTASTERIDE	TAMSULOSIN
	FINASTERIDE	UROXATRAL
Beta-Adrenergic Agents	ALBUTEROL SULFATE SYRUP	METAPROTERENOL SULFATE
	ALBUTEROL SULFATE TABLETS	TERBUTALINE SULFATE
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting	STRIVERDI RESPIMAT	
Beta-Adrenergic Agents, Orally Inhaled, Long Acting	ARFORMOTEROL TARTRATE	PERFOROMIST
	BROVANA	SEREVENT DISKUS
	FORMOTEROL FUMARATE	
Beta-Adrenergic and Anticholinergic Combo, Inhaled	ANORO ELLIPTA	STIOLTO RESPIMAT
	BEVESPI AEROSPHERE	UTIBRON NEOHALER
	DUAKLIR PRESSAIR	
Beta-Adrenergic and Glucocorticoid Combo, Inhaled	ADVAIR DISKUS	DULERA
	ADVAIR HFA	FLUTICASONE-SALMETEROL
	AIRDUO	SYMBICORT
	BREO ELLIPTA	WIXELLA INHUB
	BUDESONIDE-FORMOTEROL FUMARATE	
Beta-Adrenergic Blocking Agents	ACEBUTOLOL	NADOLOL
	ATENOLOL	NEBIVOLOL
	BETAPACE	PINDOLOL
	BETAPACE AF	PROPRANOLOL
	BETAXOLOL	PROPRANOLOL ER
	BISOPROLOL FUMARATE	SORINE
	BYSTOLIC	SOTALOL
	INNOPRAN XL	SOTALOL AF
	KAPSPARGO SPRINKLE	SOTYLIZE
	METOPROLOL SUCCINATE	TIMOLOL MALEATE
	METOPROLOL TARTRATE	TOPROL XL
Beta-Adrenergic-Anticholinergic- Glucocorticoid, Inhaled	BREZTRI AEROSPHERE	TRELEGY ELLIPTA

Drug Class	Medication Name	
Beta-Blockers and Thiazide, Thiazide-Like Diuretics	ATENOLOL/CHLORTHALIDONE	NADOLOL/BENDROFLUMETHIAZIDE
	BISOPROLOL FUMARATE-HCTZ	PROPRANOLOL HCL-HCTZ
	DUTOPROL	TENORETIC
	METOPROLOL SUCCINATE-HCTZ ER	ZIAC
	METOPROLOL-HYDROCHLOROTHIAZIDE	
Bile Salts	ACTIGALL	URSO FORTE
	URSO	URSODIOL
Bile Salt Sequestrants	CHOLESTYRAMINE	COLESTID
	CHOLESTYRAMINE LIGHT	COLESTIPOL HCL
	COLESEVELAM HCL	
Blood Sugar Diagnostics	ACCU-CHEK AVIVA PLUS	FREESTYLE INSULINX TEST STRIPS
	ACCU-CHEK COMPACT	FREESTYLE LITE TEST STRIPS
	ACCU-CHEK COMPACT PLUS	FREESTYLE PRECISION NEO
	ACCU-CHEK GUIDE TEST STRIP	FREESTYLE TEST STRIPS
	ACCU-CHEK SMARTVIEW	GOJJI TEST STRIP
	ACCUTREND GLUCOSE	HARMONY GLUCOSE TEST STRIP
	ADVOCATE TEST STRIP	IGLUCOSE TEST STRIP
	ASCENSIA BREEZE 2	INFINITY VOICE TEST STRIP
	ASSURE PLATINUM	LIBERTY TEST STRIP
	CARETOUCH TEST STRIP	MICRODOT XTRA
	CLEVER CHOICE TALK	ONE TOUCH ULTRA BLUE TEST STRIPS
	CONTOUR	ONE TOUCH ULTRA TEST STRIPS
	CONTOUR NEXT EZ	ONE TOUCH VERIO TEST STRIPS
	EASY TOUCH TEST STRIP	OPTIUM
	EASY TRACK II TEST STRIP	OPTIUM EZ
	EMBRACE	PRECISION PCX
	EMBRACE EVO	PRECISION PCX PLUS
	EMBRACE PRO	PRECISION POINT OF CARE
	EMBRACE TALK TEST STRIP	PRECISION Q-I-D
	EVENCARE TEST STRIP	PRECISION XTRA
	FORA 6 CONNECT GLUCOSE STRIP	PREMIER TEST STRIP
	FORA GTCL GLUCOSE TEST STRIP	UNISTRIP1
	FORA V10-V12-D10-D20	VERASENS TEST STRIP
	FREESTYLE INSULINX	VIVAGUARD INO TEST STRIP

Drug Class	Medication Name	
Bone Resorption Inhibitors	ALENDRONATE SODIUM	FORTICAL
	ATELVIA	IBANDRONATE SODIUM
	BINOSTO	RISEDRONATE SODIUM
	ETIDRONATE DISODIUM	RISEDRONATE SODIUM DR
Bone Resorption Inhibitor and Vitamin D Combinations	FOSAMAX PLUS D	
BPH 5-Alpha-Reductase Inhib-Alpha1-Adrenocep Antagonist	DUTASTERIDE-TAMSULOSIN	JALYN
Calcium Channel Blocking Agents	AMLODIPINE BESYLATE	NICARDIPINE HCL
	CALAN	NIFEDICAL XL
	CALAN SR	NIFEDIPINE
	CARTIA XT	NIFEDIPINE ER
	DILTIAZEM 12HR ER	NISOLDIPINE
	DILTIAZEM 24HR ER	TAZTIA XT
	DILTIAZEM 24HR ER (CD)	TIADYLT ER
	DILTIAZEM 24HR ER (LA)	TIAZAC
	DILTIAZEM 24HR ER (XR)	VERAPAMIL ER
	DILTIAZEM HCL	VERAPAMIL ER PM
	DILT-XR	VERAPAMIL HCL
	FELODIPINE ER	VERELAN
	ISRADIPINE	VERELAN PM
	MATZIM LA	
Carbonic Anhydrase Inhibitors	ACETAZOLAMIDE	METHAZOLAMIDE
Cholinesterase Inhibitors	ARICEPT	MESTINON
	DONEPEZIL	PYRIDOSTIGMINE BROMIDE
	DONEPEZIL ODT	PYRIDOSTIGMINE BROMIDE ER
	EXELON	RAZADYNE
	GALANTAMINE	RAZADYNE ER
	GALANTAMINE ER	RIVASTIGMINE
Chronic Inflammatory Colon DX, 5-Aminosalicylate Drug Treatment	APRISO	MESALAMINE
	ASACOL HD	MESALAMINE DR
	AZULFIDINE	PENTASA
	DELZICOL	SULFASALAZINE
	DIPENTUM	SULFASALAZINE DR
	LIALDA	SULFAZINE
Contraceptives, Intravaginal, Systemic	ANNOVERA	

Drug Class	Medication Name	
Contraceptives, Oral	BALCOLTRA	MINASTRIN 24 FE
	BEYAZ	MIRCETTE
	BREVICON	NATAZIA
	CYCLESSA	NORETHINDRONE/ETHINYL ESTRADIOL/ FERROUS FUMARATE
	DESOGEN	NORINYL
	DROSPIRENONE/ETHINYL ESTRADIOL/ LEVOMEFOLATE	NOR-Q-D
	ESTROSTEP FE	ORTHO-NOVUM
	FAYOSIM	QUARTETTE
	FEMCON FE	RIVELSA
	LEVONORGESTREL/ETHINYL ESTRADIOL/ ETHINYL ESTRADIOL	SAFYRAL
	LO LOESTRIN FE	SEASONIQUE
	LOESTRIN	SLYND
	LOESTRIN FE	TAYTULLA
	LOSEASONIQUE	TYBLUME
	MELODETTA 24 FE	TYDEMY
	MIBELAS 24 FE	YASMIN
	MICROGESTIN 24 FE	YAZ
Contraceptives, Transdermal	TWIRLA	
Decarboxylase Inhibitors	CARBIDOPA	LODOSYN
Digitalis Glycosides	DIGITEK	DIGOXIN
	DIGOX	LANOXIN
Erectile Dysfunction Drugs	STENDRA	
Estrogenic Agents	ACTIVELLA	ESTRADIOL/NORETHINDRONE ACETATE
	ALORA	ESTROGEL
	AMABELZ	ESTROPIPATE
	CLIMARA	FEMHRT
	CLIMARA PRO	FYAVOLV
	COMBIPATCH	JINTELI
	DIVIGEL	LYLLANA
	DOTTI	MENEST
	ELESTRIN	MENOSTAR
	ESTRACE	MIMVEY
	ESTRADIOL	MINIVELLE

Drug Class	Medication Name	
Estrogenic Agents (Cont.)	NORETHINDRONE/ETHINYL ESTRADIOL	PREMPHASE
	PREFEST	PREMPRO
	PREMARIN	VIVELLE-DOT
Estrogen-Progestin with Antimineralocorticoid Combinations	ANGELIQ	
Fibromyalgia Agents, Serotonin–Norepinephrine Reuptake Inhibitors	SAVELLA	
Fluoride Preparations	CLINPRO 5000	PREVIDENT PLUS
	DENTA 5000 PLUS	SF
	DENTAGEL	SF 5000 PLUS
	FLUORIDEX	SODIUM FLUORIDE
	PREVIDENT	SODIUM FLUORIDE 5000 PLUS
	PREVIDENT 5000 ENAMEL PROTECT	SODIUM FLUORIDE ENAMEL PROTECT
	PREVIDENT 5000 ORTHO DEFENSE	SODIUM FLUORIDE SENSITIVE
	PREVIDENT 5000 SENSITIVE	
Glucocorticoids	ALKINDI SPRINKLE	HYDROCORTISONE
	BETALAN SUIK	MEDROLOAN SUIK
	CORTEF	MEDROLOAN II SUIK
	DEXONTO	TRILOAN SUIK
	DMT SUIK	TRILOAN II SUIK
	EMFLAZA	ZILRETTA
Glucocorticoids, Orally Inhaled	ALVESCO	FLOVENT DISKUS
	ARMONAIR	FLOVENT HFA
	ARNUITY ELLIPTA	PULMICORT
	ASMANEX	PULMICORT FLEXHALER
	ASMANEX HFA	QVAR
	BUDESONIDE	QVAR REDHALER
Gold Salts	RIDAURA	
Heart Rate Reducing, Selective Current Inhibitors	CORLANOR	
Hemorrhologic Agents	PENTOXIFYLLINE	
Histamine H2-Receptor Inhibitors	CIMETIDINE	PEPCID
	FAMOTIDINE	RANITIDINE HCL
	NIZATIDINE	ZANTAC RX
Hyperparathyroid TX Agents–Vitamin D Analog-Type	DOXERCALCIFEROL	HECTOROL

Drug Class	Medication Name	
Hyperparathyroid TX Agents– Vitamin D Analog-Type (Cont.)	PARICALCITOL	ZEMPLAR
	RAYALDEE	
Hyperuricemia TX–Xanthine Oxidase Inhibitors	ALLOPURINOL	ULORIC
	FEBUXOSTAT	ZYLOPRIM
Insulins	ADMELOG	INSULIN LISPRO
	ADMELOG SOLOSTAR	LANTUS
	AFREZZA	LANTUS SOLOSTAR
	APIDRA	LEVEMIR
	APIDRA SOLOSTAR	LEVEMIR FLEXTOUCH
	BASAGLAR KWIKPEN U-100	LYUMJEV
	FIASP	MYXREDLIN
	FIASP FLEXTOUCH	NOVOLIN 70-30
	HUMALOG	NOVOLIN 70-30 FLEXPEN
	HUMALOG JUNIOR KWIKPEN	NOVOLIN N
	HUMALOG MIX 50-50	NOVOLIN R
	HUMALOG MIX 75-25	NOVOLOG
	HUMULIN 70-30	NOVOLOG FLEXPEN
	HUMULIN 70/30 KWIKPEN	NOVOLOG MIX 70-30
	HUMULIN N	SEMGLEE
	HUMULIN N KWIKPEN	TOUJEO MAX SOLOSTAR
	HUMULIN R	TOUJEO SOLOSTAR
	HUMULIN R U-500 KWIKPEN	TRESIBA FLEXTOUCH U-100
	INSULIN ASPART	TRESIBA FLEXTOUCH U-200
	INSULIN GLARGINE	
Iodine-Containing Agents	POTASSIUM IODIDE	SSKI
Laxatives and Cathartics	KRISTALOSE	LACTULOSE
Leukotriene Receptor Antagonists	ACCOLATE	SINGULAIR
	MONTELUKAST SODIUM	ZAFIRLUKAST
Lipotropics	ANTARA	GEMFIBROZIL
	EZETIMIBE	ICOSAPENT ETHYL
	FENOFIBRATE	LIPOFEN
	FENOFIBRIC ACID	NIACIN ER
	FENOGLIDE	NIASPAN
	FIBRICOR	OMEGA-3 ACID ETHYL ESTERS

Drug Class	Medication Name	
Loop Diuretics	BUMETANIDE	FUROSEMIDE
	EDECRIN	LASIX
	ETHACRYNIC ACID	TORSEMIDE
MAOIs, Non-Selective, Irreversible Antidepressants	MARPLAN	PHENELZINE SULFATE
	NARDIL	TRANLYCYPROMINE SULFATE
	PARNATE	
Mast Cell Stabilizers, Orally Inhaled	CROMOLYN SODIUM	
Menopausal Symptoms Suppressant–SSRIs	BRISDELLE	PAROXETINE MESYLATE
Metabolic Deficiency Agents	CARNITOR	LEVOCARNITINE
	CARNITOR SF	
Mineralocorticoids	FLUDROCORTISONE ACETATE	
Miotics and Other Intraocular Pressure Reducers	ALPHAGAN P	LEVOBUNOLOL
	APRACLONIDINE	LUMIGAN
	BETAXOLOL	PILOCARPINE
	BIMATOPROST	RHOPRESSA
	BRIMONIDINE TARTRATE	ROCKLATAN
	BRINZOLAMIDE	SIMBRINZA
	CARTEOLOL	TIMOLOL MALEATE
	COMBIGAN	TIMOPTIC-XE
	COSOPT	TRAVATAN Z
	COSOPT PF	TRAVOPROST
	DORZOLAMIDE	TRUSOPT
	DORZOLAMIDE-TIMOLOL	VYZULTA
	IOPIDINE	XALATAN
	ISOPTO CARPINE	XELPROS
	ISTALOL	ZIOPTAN
	LATANOPROST	
Monoamine Oxidase (MAO) Inhibitor Antidepressants	EMSAM	
Multivitamin Preparations	CONCEPT DHA	FOLIVANE-OB
	CONCEPT OB	NEEVODHA
	ELITE-OB	NESTABS ONE
	ENBRACE HR	OB COMPLETE

Drug Class	Medication Name	
Multivitamin Preparations (Cont.)	OBSTETRIX ONE	PUREFE OB PLUS
	PNV-DHA	TARON PRENATAL
	PNV-OMEGA	TARON-C DHA
	PRENATAL-U	VIRT-C DHA
	PRENATE	VIRT-PN DHA
	PRENATE AM	VIRT-PN PLUS
	PRENATE DHA	ZATEAN-PN DHA
	PRENATE ESSENTIAL	ZATEAN-PN PLUS
Mydriatics	ATROPINE SULFATE	ISOPTO ATROPINE
	ATROPINE SULFATE-NS	LIDOCAINE-PHENYLEPHRINE-BSS
	CYCLOGYL	LIDOCAINE-PHENYLEPHRINE-WATER
	CYCLOMYDRIL	MYDRIACYL
	CYCLOPENTOLATE	MYDRIATIC 3 (TROP-CYCLOPENT-PE)
	EPINEPHRINE-LIDOCAINE HCL-BSS	TROPICAMIDE
	HOMATROPINE	TROPICAMIDE-CYCLOPENTOLATE-PE
Needles/Needleless Devices	B-D ECLIPSE	FLOW-EZE
	B-D INSULIN PEN NEEDLE UF MINI	HYPODERMIC NEEDLE
	B-D INTEGRA NEEDLE	INTEGRA PRECISIONGLIDE NEEDLE
	B-D NEEDLES	LIFESHIELD BLUNT CANNULA
	B-D PRECISIONGLIDE NEEDLE	MONOJECT BLOOD COLLECTION
	B-D SAFETYGLIDE	NOKOR ADMIX NEEDLE
	BLUNT NEEDLE	NOKOR NEEDLE
	EASY TOUCH FLIPLOCK NEEDLE	PEN-NEEDLE
	EASY TOUCH HYPODERMIC NEEDLE	PHASEAL PROTECTOR
	EASYPPOINT NEEDLE	POLY HUB NEEDLE
	ECLIPSE NEEDLE	PRECISIONGLIDE
	EXEL HUBER NEEDLE	TERUMO SURGUARD
	EXEL HYPODERMIC NEEDLE	TRANSFER NEEDLE
	EXEL MULTI DRAWING NEEDLE	YALE NEEDLE
	FILTER NEEDLE	
Norepinephrine and Dopamine Reuptake Inhibitors (NDRIs)	APLENZIN	BUPROPION SR
	BUPROPION	BUPROPION XL
	BUPROPION ER	FORFIVO XL

Drug Class	Medication Name	
NSAID and Histamine H2 Receptor Antagonist Combination	DUEXIS	
NSAID, Cox Inhibitor-Type and Proton Pump Inhibitor	VIMOVO	
NSAID, Cox Non-Spec. Inhibitor and Prostaglandin Analog	DICLOFENAC/MISOPROTAL	
NSAIDs, Cyclooxygenase Inhibitor-Type Analgesics	DICLOFENAC SODIUM	MELOXICAM
	EC-NAPROSYN	MOBIC
	ETODOLAC	NABUMETONE
	ETODOLAC ER	NAPROXEN
	FELDENE	NAPROXEN SODIUM
	FENOPROFEN CALCIUM	NAPROXEN SODIUM ER
	FENORTHO	OXAPROZIN
	FLURBIPROFEN	PIROXICAM
	IBU	PROFENO
	IBUPROFEN	TIVORBEX
	KETOPROFEN	TOLMETIN SODIUM
	LODINE	VIVLODEX
	MECLOFENAMATE SODIUM	ZORVOLEX
NSAIDs, Cyclooxygenase-2 (COX-2) Selective Inhibitor	CELEBREX	CELECOXIB
Ophthalmic Antibiotics	NEOMYCIN/BACITRACIN/POLYMYXIN	NEO-POLYCIN
Ophthalmic Anti-Inflammatory Immunomodulator-Type	CEQUA	RESTASIS MULTIDOSE
	CYCLOSPORINE IN KLARITY	XIIDRA
	RESTASIS	
Overactive Bladder Agents, Beta-3 Adrenergic Receptor Agonist	MYRBETRIQ	
Parasympathetic Agents	CEVIMELINE HCL	EVOXAC
Pediatric Vitamin Preparations	ESCAVITE D	MULTIVITAMINS
	ESCAVITE LQ	POLY-VI-FLOR FS
	FLORIVA	QUFLORA
	FLORIVA PLUS	QUFLORA FE
	MULTIVITAMIN WITH FLUORIDE	TEXAVITE LQ
Pituitary Suppressive Agents	CABERGOLINE	

Drug Class	Medication Name	
Platelet Aggregation Inhibitors	ASPIRIN-DIPYRIDAMOLE ER	LOW DOSE ASPIRIN
	BRILINTA	PERSANTINE
	CHILDREN'S ASPIRIN	PLAVIX
	CILOSTAZOL	PLETAL
	CLOPIDOGREL	PRASUGREL HCL
	DIPYRIDAMOLE	YOSPRALA
	DURLAZA	ZONTIVITY
	EFFIENT	
Platelet Reducing Agents	AGRYLIN	ANAGRELIDE HYDROCHLORIDE
Potassium Replacement	EFFER-K	KLOR-CON-EF
	K-TAB	POTASSIUM CHLORIDE
	KLOR-CON	POTASSIUM CITRATE ER
	KLOR-CON M	
Potassium Sparing Diuretics	ALDACTONE	EPLERENONE
	AMILORIDE	INSPIRA
	CAROSPIR	KERENDIA
	DYRENIUM	SPIRONOLACTONE
Potassium Sparing Diuretics in Combination	AMILORIDE HCL/HCTZ	TRIAMTERENE/HCTZ
	SPIRONOLACTONE/HCTZ	
Progestational Agents	AYGESTIN	PROGESTERONE
	MEDROXYPROGESTERONE ACETATE	PROMETRIUM
	NORETHINDRONE ACETATE	PROVERA
Pulmonary Anti-Hypertension	AMBRISENTAN	BOSENTAN
Renin Inhibitor, Direct	ALISKIREN	TEKTURNA
Renin Inhibitor, Direct and Thiazide Diuretic Combination	TEKTURNA HCT	
Selective Serotonin Reuptake Inhibitor (SSRIs)	CITALOPRAM HBR	PAROXETINE ER
	ESCITALOPRAM OXALATE	PAROXETINE HCL
	FLUOXETINE DR	SARAFEM
	FLUOXETINE HCL	SERTRALINE HCL
	FLUVOXAMINE MALEATE	
Serotonin-2 Antagonist/Reuptake Inhibitors (SARIs)	NEFAZODONE HCL	

Drug Class	Medication Name	
Serotonin-Norepinephrine Reuptake-Inhibitor (SNRIs)	DESVENLAFAXINE ER	FETZIMA
	DESVENLAFAXINE FUMARATE ER	PRISTIQ
	DESVENLAFAXINE SUCCINATE ER	VENLAFAXINE HCL
	DRIZALMA SPRINKLE	VENLAFAXINE HCL ER
	DULOXETINE HCL	
Skeletal Muscle Relaxants	BACLOFEN	DANTROLENE SODIUM
	DANTRIUM	
Smoking Deterrent Agents (Ganglionic Stimulants, Others)	NICODERM CQ	
Soluble Guanylate Cyclase (SGC) Stimulator	VERQUVO	
SSRI and 5HT1A Partial Agonist Antidepressants	VIIBRYD	
Syringes and Accessories	ADVOCATE SYRINGES	MAGELLAN INSULIN SAFETY SYRINGE
	B-D INSULIN SYRINGE	MAGELLAN INSULIN SYRINGE
	B-D SAFETYGLIDE	MAXICOMFORT
	B-D SAFETYGLIDE SYRINGE	MAXICOMFORT INSULIN SYRINGE
	CARETOUCH INSULIN SYRINGE	MINIMED RESERVOIR
	COMFORT EZ	MONOJECT
	DROPLET INSULIN SYRINGE	MONOJECT INSULIN SYRINGE
	EASY COMFORT INSULIN SYRINGE	MONOJECT MAGELLAN SYRINGE
	EASY GLIDE INSULIN SYRINGE	PARADIGM
	EASY TOUCH	PRO COMFORT INSULIN SYRINGE
	EASY TOUCH FLIPLOCK INSULIN	PRODIGY INSULIN SYRINGE
	EASY TOUCH INSULIN SAFETY	SAFESNAP INSULIN SYRINGE
	EASY TOUCH LUER LOCK INSULIN	SURE COMFORT
	EASY TOUCH SHEATHLOCK INSULIN	SURE COMFORT INSULIN SYRINGE
	EASY TOUCH UNI-SLIP	SURE-JECT INSULIN SYRINGE
	FREESTYLE PRECISION	TECHLITE INSULIN SYRINGE
	HEALTHWISE INSULIN SYRINGE	TERUMO INSULIN SYRINGE
	INSULIN CARTRIDGE	THINPRO INSULIN SYRINGE
	INSULIN SYRINGE	TOPCARE ULTRA COMFORT
	LITE TOUCH	TRUE COMFORT INSULIN SYRINGE
	LUER-LOK SYRINGE	TRUE COMFORT PRO INSULIN SYRINGE

Drug Class	Medication Name	
Syringes and Accessories (Cont.)	TRUEPLUS INSULIN SYRINGE	ULTRA FLO INSULIN SYRINGE
	ULTICARE	ULTRACARE INSULIN SYRINGE
	ULTICARE INSULIN SYRINGE	ULTRA-THIN II
	ULTIGUARD SAFEPAK-INSULIN SYRINGE	VANISHPOINT
	ULTILET INSULIN SYRINGE	VANISHPOINT SYRINGE
	ULTRA COMFORT	
Thiazide and Related Diuretics	CHLOROTHIAZIDE	METHYCLOTHIAZIDE
	CHLORTHALIDONE	METOLAZONE
	DIURIL	MICROZIDE
	HYDROCHLOROTHIAZIDE	THALITONE
	INDAPAMIDE	
Thrombin Inhibitors, Selective, Direct, Reversible	PRADAXA	
Thyroid Hormones	ARMOUR THYROID	SYNTHROID
	CYTOMEL	THYQUIDITY
	EUTHYROX	THYROLAR
	LEVO-T	TIROSINT
	LEVOTHYROXINE SODIUM	UNITHROID
	LEVOXYL	WESTHROID
	LIOETHYRONINE SODIUM	WP THYROID
	NP THYROID	
Topical Anti-Inflammatory, NSAIDs	CAPSFENAC PAK	DICLOTREX
	CAPSINAC	DICLOVIX M
	DERMACINRX LEXITRAL	DICLOZOR
	DICLO GEL	DIMENTHO
	DICLO GEL/XRYLIX SHEET	DITHOL
	DICLOFENAC SODIUM	FROTEK
	DICLOFEX DC	INFLAMMA-K
	DICLOFONO	KAPZIN DC
	DICLOHEAL-60	LEXIXRYL
	DICLOPAK	NUDICLO
	DICLOPR	PENNSAICIN
	DICLOTRAL	PENNSAID

Drug Class	Medication Name	
Topical Anti-Inflammatory, NSAIDs (Cont.)	ROAOXIA	XELITRAL
	VAROPHEN	XRYLIX
	VENNGEL ONE	ZICLOPRO
Uricosuric Agents	PROBENECID	ZURAMPIC
	PROBENECID W/COLCHICINE	
Uricosuric and Xanthine Oxidase Inhibitor Combination	DUZALLO	
Urinary PH Modifiers	POTASSIUM CITRATE ER	UROCIT-K
Urinary Tract Antispasmodic, M(3) Selective Antagonist	DARIFENACIN ER	VESICARE
	SOLIFENACIN SUCCINATE	
Urinary Tract Antispasmodic/ Anti-Incontinence Agent	FLAVOXATE	TOLTERODINE TARTRATE
	GELNIQUE	TOLTERODINE TARTRATE ER
	OXYBUTYNIN CHLORIDE	TOVIAZ
	OXYBUTYNIN CHLORIDE ER	TROSPIMUM CHLORIDE
	OXYTROL	
Vaginal Estrogen Preparations	ESTRACE	PREMARIN
	ESTRADIOL	VAGIFEM
	ESTRING	YUVAFEM
	FEMRING	
Vasodilators, Combination	BIDIL	
Vasodilators, Coronary	DILATRATE-SR	NITRO-BID
	ISORDIL	NITROGLYCERIN
	ISOSORBIDE DINITRATE	NITRO-TIME
	ISOSORBIDE MONONITRATE	
Vasodilators, Peripheral	ERGOLOID MESYLATES	ISOXSUPRINE HCL
Vitamin B Preparations	POTABA	VB7 MAX
Vitamin B12 Preparations	NASCOBAL	
Vitamin D Preparations	CALCITRIOL	ROCALTROL
Xanthines	ELIXOPHYLLIN	THEOCHRON
	THEO-24	THEOPHYLLINE ANHYDROUS

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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



Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks and TM Trademarks are the property of their respective owners. © 2021 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

001112963

55-0811 (12/21)

Left Blank Intentionally



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts Formulary: \$9 Generic Medication List

Last Updated: January 1, 2022

Valid Until: July 1, 2022

The following list includes generic medications covered by plans with the Blue Cross Blue Shield of Massachusetts Formulary. Members can get these medications in 90-day supplies for \$9¹ when they order them through the mail order pharmacy available through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

Normal prescription guidelines apply, which in some cases result in prescription supplies for less than 90 days. If your copayment for a 90-day supply through the mail order pharmacy is less than \$9, you'll pay the lesser amount. The \$9-or-less price is based only on a 90-day supply of each generic medication.² The price of the medication may differ if the quantity purchased is different.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.³ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

\$9 Generic Medications Included in the National Preferred Formulary (NPF)

The generic medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts. Pharmacy management program requirements apply to generic medications included in the NPF.

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at bluecrossma.org.

1. Medications and pricing are subject to change without notice, so you should always confirm your cost prior to filling a prescription. A processing fee may apply. In applicable states, sales tax may be added to the cost of your prescriptions. Cost of standard shipping is included as part of your prescription plan. The coverage and prices of certain medications are also subject to the specific terms of your plan. Changes are made available to your Plan Sponsor.

2. Pre-packaged medications are only available for \$9 in the package sizes specified.

3. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Antibiotics/Antifungals/ Antivirals	ACYCLOVIR	200 MG	CAPSULE	180
	AMOXICILLIN	500 MG	TABLET	180
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	200 MG–28.5 MG	CHEW TABLET	60
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	400 MG–57 MG	CHEW TABLET	60
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	250 MG–125 MG	TABLET	30
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	500 MG–125 MG	TABLET	60
	AMOXICILLIN TR/POTASSIUM CLAVULANATE	875 MG–125 MG	TABLET	60
	AMOXICILLIN TRIHYDRATE	250 MG	CAPSULE	180
	AMOXICILLIN TRIHYDRATE	500 MG	CAPSULE	180
	AMOXICILLIN TRIHYDRATE	125 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	300
	AMOXICILLIN TRIHYDRATE	200 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	300
	AMOXICILLIN TRIHYDRATE	250 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	240
	AMOXICILLIN TRIHYDRATE	250 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	300
	AMOXICILLIN TRIHYDRATE	250 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	450
	AMOXICILLIN TRIHYDRATE	400 MG/5 ML	SUSPENSION, RECONSTITUTED, ORAL	300
	CEPHALEXIN MONOHYDRATE	250 MG	CAPSULE	90
	CEPHALEXIN MONOHYDRATE	500 MG	CAPSULE	180
	CIPROFLOXACIN HCL	250 MG	TABLET	90
	CIPROFLOXACIN HCL	500 MG	TABLET	180
	FLUCONAZOLE	150 MG	TABLET	3
	METRONIDAZOLE	250 MG	TABLET	270
	METRONIDAZOLE	500 MG	TABLET	42
	PENICILLIN V POTASSIUM	250 MG/5 ML	SUSPENSION, RECONSTITUTED	400
	PENICILLIN V POTASSIUM	250 MG/5 ML	SUSPENSION, RECONSTITUTED	900
	PENICILLIN V POTASSIUM	250 MG	TABLET	180

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Antibiotics/Antifungals/ Antivirals (Cont.)	PENICILLIN V POTASSIUM	500 MG	TABLET	180
	SULFAMETHOXAZOLE/TRIMETHOPRIM	400 MG–80 MG	TABLET	90
	SULFAMETHOXAZOLE/TRIMETHOPRIM	800 MG–160 MG	TABLET	180
	TERBINAFINE	250 MG	TABLET	90
Antiseizure Medications	ZONISAMIDE	25 MG	CAPSULE	180
Arthritis/Pain	DICLOFENAC SODIUM	50 MG	TABLET DR	180
	DICLOFENAC SODIUM	75 MG	TABLET DR	180
	IBUPROFEN	400 MG	TABLET	270
	IBUPROFEN	600 MG	TABLET	270
	IBUPROFEN	800 MG	TABLET	270
	INDOMETHACIN	25 MG	CAPSULE	270
	MELOXICAM	7.5 MG	TABLET	90
	MELOXICAM	15 MG	TABLET	90
	NAPROXEN	250 MG	TABLET	180
	NAPROXEN	375 MG	TABLET	180
	NAPROXEN	500 MG	TABLET	180
	NAPROXEN SODIUM	220 MG	TABLET	72
	NAPROXEN SODIUM	275 MG	TABLET	180
Asthma/Respiratory	ALBUTEROL SULFATE	0.83 MG/ML	SOLUTION	225
Behavioral Health	BENZTROPINE MESYLATE	0.5 MG	TABLET	180
	BENZTROPINE MESYLATE	2 MG	TABLET	180
	BUSPIRONE HCL	5 MG	TABLET	180
	BUSPIRONE HCL	10 MG	TABLET	180
	BUSPIRONE HCL	15 MG	TABLET	180
	CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	180
	CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	180
	CITALOPRAM HYDROBROMIDE	10 MG	TABLET	90
	CITALOPRAM HYDROBROMIDE	20 MG	TABLET	90
	CITALOPRAM HYDROBROMIDE	40 MG	TABLET	90
	CLONIDINE HCL	0.3 MG	TABLET	90
	DONEPEZIL HCL	5 MG	TABLET	90
	DONEPEZIL HCL	10 MG	TABLET	90
	DONEPEZIL HCL	5 MG	TABLET ODT	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Behavioral Health (Cont.)	DONEPEZIL HCL	10 MG	TABLET ODT	90
	DOXEPIN HCL	10 MG	CAPSULE	90
	DOXEPIN HCL	25 MG	CAPSULE	90
	FLUOXETINE HCL	10 MG	CAPSULE	90
	FLUOXETINE HCL	20 MG	CAPSULE	90
	FLUOXETINE HCL	40 MG	CAPSULE	90
	HYDROXYZINE PAMOATE	25 MG	CAPSULE	180
	IMIPRAMINE HCL	10 MG	TABLET	90
	IMIPRAMINE HCL	25 MG	TABLET	90
	IMIPRAMINE HCL	50 MG	TABLET	90
	LITHIUM CARBONATE	150 MG	CAPSULE	90
	LITHIUM CARBONATE	300 MG	CAPSULE	180
	LITHIUM CARBONATE	600 MG	CAPSULE	180
	LITHIUM CARBONATE	300 MG	TABLET SA	180
	MIRTAZAPINE	15 MG	TABLET	90
	MIRTAZAPINE	30 MG	TABLET	90
	MIRTAZAPINE	45 MG	TABLET	90
	NORTRIPTYLINE HCL	10 MG	CAPSULE	90
	NORTRIPTYLINE HCL	25 MG	CAPSULE	90
	PAROXETINE HCL	10 MG	TABLET	90
	PAROXETINE HCL	20 MG	TABLET	90
	PAROXETINE HCL	30 MG	TABLET	90
	PAROXETINE HCL	40 MG	TABLET	90
	SERTRALINE HCL	25 MG	TABLET	90
	TRAZODONE HCL	50 MG	TABLET	90
	TRAZODONE HCL	100 MG	TABLET	90
	TRAZODONE HCL	150 MG	TABLET	90
	TRIHEXYPHENIDYL HCL	2 MG	TABLET	180
	TRIHEXYPHENIDYL HCL	5 MG	TABLET	180
Blood Pressure/Heart Health	AMILORIDE-HYDROCHLOROTHIAZIDE	5 MG-50 MG	TABLET	90
	AMIODARONE HCL	200 MG	TABLET	90
	ATENOLOL	25 MG	TABLET	90
	ATENOLOL	50 MG	TABLET	90
	ATENOLOL	100 MG	TABLET	90
	BENAZEPRIL HCL	5 MG	TABLET	90
	BENAZEPRIL HCL	10 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	BENAZEPRIL HCL	20 MG	TABLET	90
	BENAZEPRIL HCL	40 MG	TABLET	90
	BISOPROL-HYDROCHLOROTHIAZIDE	2.5 MG–6.25 MG	TABLET	90
	BISOPROL-HYDROCHLOROTHIAZIDE	5 MG–6.25 MG	TABLET	90
	BISOPROL-HYDROCHLOROTHIAZIDE	10 MG–6.25 MG	TABLET	90
	BISOPROLOL FUMARATE	5 MG	TABLET	90
	BISOPROLOL FUMARATE	10 MG	TABLET	90
	CARVEDILOL	3.125 MG	TABLET	180
	CARVEDILOL	6.25 MG	TABLET	180
	CARVEDILOL	12.5 MG	TABLET	180
	CARVEDILOL	25 MG	TABLET	180
	CLONIDINE HCL	0.1 MG	TABLET	90
	CLONIDINE HCL	0.2 MG	TABLET	90
	DILTIAZEM HCL	120 MG	CAPSULE SR	90
	DILTIAZEM HCL	30 MG	TABLET	180
	DILTIAZEM HCL	60 MG	TABLET	180
	DOXAZOSIN MESYLATE	1 MG	TABLET	90
	DOXAZOSIN MESYLATE	2 MG	TABLET	90
	DOXAZOSIN MESYLATE	4 MG	TABLET	90
	DOXAZOSIN MESYLATE	8 MG	TABLET	90
	ENALAPRIL MALEATE	2.5 MG	TABLET	90
	ENALAPRIL MALEATE	5 MG	TABLET	90
	ENALAPRIL MALEATE	10 MG	TABLET	90
	ENALAPRIL MALEATE	20 MG	TABLET	90
	ENALAPRIL-HYDROCHLOROTHIAZIDE	5 MG–12.5 MG	TABLET	90
	ENALAPRIL-HYDROCHLOROTHIAZIDE	10 MG–25 MG	TABLET	90
	FELODIPINE	2.5 MG	TABLET SR	90
	FELODIPINE	5 MG	TABLET SR	90
	FELODIPINE	10 MG	TABLET SR	90
	FUROSEMIDE	20 MG	TABLET	90
	FUROSEMIDE	40 MG	TABLET	90
	FUROSEMIDE	80 MG	TABLET	90
	HYDRALAZINE HCL	10 MG	TABLET	270
	HYDRALAZINE HCL	25 MG	TABLET	270

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	HYDRALAZINE HCL	50 MG	TABLET	270
	HYDRALAZINE HCL	100 MG	TABLET	270
	HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	90
	HYDROCHLOROTHIAZIDE	25 MG	TABLET	90
	HYDROCHLOROTHIAZIDE	50 MG	TABLET	90
	INDAPAMIDE	1.25 MG	TABLET	90
	INDAPAMIDE	2.5 MG	TABLET	90
	ISOSORBIDE MONONITRATE	30 MG	TABLET SR 24H	90
	ISOSORBIDE MONONITRATE	60 MG	TABLET SR 24H	90
	LABETALOL HCL	100 MG	TABLET	180
	LABETALOL HCL	200 MG	TABLET	180
	LABETALOL HCL	300 MG	TABLET	180
	LISINOPRIL	2.5 MG	TABLET	90
	LISINOPRIL	5 MG	TABLET	90
	LISINOPRIL	10 MG	TABLET	90
	LISINOPRIL	20 MG	TABLET	90
	LISINOPRIL	30 MG	TABLET	90
	LISINOPRIL	40 MG	TABLET	90
	LISINOPRIL-HYDROCHLOROTHIAZIDE	10 MG–12.5 MG	TABLET	90
	LISINOPRIL-HYDROCHLOROTHIAZIDE	20 MG–12.5 MG	TABLET	90
	LISINOPRIL-HYDROCHLOROTHIAZIDE	20 MG–25 MG	TABLET	90
	METHYLDOPA	250 MG	TABLET	180
	METOPROLOL TARTRATE	50 MG	TABLET	180
	METOPROLOL TARTRATE	100 MG	TABLET	180
	MINOXIDIL	2.5 MG	TABLET	180
	MINOXIDIL	10 MG	TABLET	90
	PRAZOSIN HCL	1 MG	CAPSULE	90
	PROPRANOLOL HCL	10 MG	TABLET	180
	PROPRANOLOL HCL	20 MG	TABLET	180
	PROPRANOLOL HCL	40 MG	TABLET	180
	PROPRANOLOL HCL	60 MG	TABLET	180
	PROPRANOLOL HCL	80 MG	TABLET	180
	QUINAPRIL HCL	5 MG	TABLET	90
	QUINAPRIL HCL	10 MG	TABLET	90
	QUINAPRIL HCL	20 MG	TABLET	90
	QUINAPRIL HCL	40 MG	TABLET	90
	QUINAPRIL-HYDROCHLOROTHIAZIDE	10 MG–12.5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	QUINAPRIL-HYDROCHLOROTHIAZIDE	20 MG–12.5 MG	TABLET	90
	QUINAPRIL-HYDROCHLOROTHIAZIDE	20 MG–25 MG	TABLET	90
	RAMIPRIL	1.25 MG	CAPSULE	90
	RAMIPRIL	2.5 MG	CAPSULE	90
	RAMIPRIL	5 MG	CAPSULE	90
	RAMIPRIL	10 MG	CAPSULE	90
	SOTALOL HCL	80 MG	TABLET	180
	SOTALOL HCL	240 MG	TABLET	180
	SPIRONOLACTONE	25 MG	TABLET	90
	TERAZOSIN HCL	1 MG	CAPSULE	90
	TERAZOSIN HCL	2 MG	CAPSULE	90
	TERAZOSIN HCL	5 MG	CAPSULE	90
	TERAZOSIN HCL	10 MG	CAPSULE	90
	TORSEMIDE	5 MG	TABLET	90
	TORSEMIDE	10 MG	TABLET	90
	TORSEMIDE	20 MG	TABLET	90
	TORSEMIDE	100 MG	TABLET	90
	TRANDOLAPRIL	1 MG	TABLET	90
	TRANDOLAPRIL	2 MG	TABLET	90
	TRANDOLAPRIL	4 MG	TABLET	90
	TRIAMTERENE-HYDROCHLOROTHIAZIDE	37.5 MG–25 MG	CAPSULE	90
	TRIAMTERENE-HYDROCHLOROTHIAZIDE	37.5 MG–25 MG	TABLET	90
	TRIAMTERENE-HYDROCHLOROTHIAZIDE	75 MG–50 MG	TABLET	90
	VERAPAMIL HCL	80 MG	TABLET	270
	VERAPAMIL HCL	120 MG	TABLET	90
	VERAPAMIL HCL	120 MG	TABLET SA	90
	VERAPAMIL HCL	180 MG	TABLET SA	90
	VERAPAMIL HCL	240 MG	TABLET SA	90
	WARFARIN SODIUM	1 MG	TABLET	90
	WARFARIN SODIUM	2 MG	TABLET	90
	WARFARIN SODIUM	2.5 MG	TABLET	90
	WARFARIN SODIUM	3 MG	TABLET	90
	WARFARIN SODIUM	4 MG	TABLET	90
	WARFARIN SODIUM	5 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Blood Pressure/Heart Health (Cont.)	WARFARIN SODIUM	6 MG	TABLET	90
	WARFARIN SODIUM	7.5 MG	TABLET	90
	WARFARIN SODIUM	10 MG	TABLET	90
Cold and Allergy Therapy	BENZONATATE	100 MG	CAPSULE	270
	CYPROHEPTADINE HCL	4 MG	TABLET	90
	DEXTROMETHORPHAN HBR/ PROMETHAZINE HCL	15 MG– 6.25 MG/5 ML	SYRUP	360
	PROMETHAZINE HCL	6.25 MG/5 ML	SYRUP	360
	PROMETHAZINE HCL	12.5 MG	TABLET	90
	PROMETHAZINE HCL	25 MG	TABLET	90
	PROMETHAZINE HCL	50 MG	TABLET	270
Diabetes	GLIMEPIRIDE	1 MG	TABLET	90
	GLIMEPIRIDE	2 MG	TABLET	90
	GLIMEPIRIDE	4 MG	TABLET	180
	GLIPIZIDE	5 MG	TABLET	180
	GLIPIZIDE	10 MG	TABLET	180
	GLIPIZIDE	5 MG	TABLET OSM 24HR	90
	GLYBURIDE	1.25 MG	TABLET	90
	GLYBURIDE	2.5 MG	TABLET	90
	GLYBURIDE	5 MG	TABLET	180
	GLYBURIDE/METFORMIN HCL	5 MG–500 MG	TABLET	360
	METFORMIN HCL	500 MG	TABLET	180
	METFORMIN HCL	850 MG	TABLET	180
	METFORMIN HCL	1000 MG	TABLET	180
	METFORMIN HCL	500 MG	TABLET SR 24H	180
	METOPROLOL TARTRATE	25 MG	TABLET	180
Eye Health	BACITRACIN-POLYMYXIN B SULFATE	500–10KU/G	OINTMENT	10.5
	ERYTHROMYCIN BASE	5 MG/G	OINTMENT	10.5
	GENTAMICIN SULFATE	0.3%	DROPS	15
	NEOMYCIN POLYMYXIN B SULFATE DEXAMETHASONE	3.5–10 K–0.1	OINTMENT	10.5
	POLYMYXIN B SULFATE/TMP	10 K U–0.1%	DROPS	30
GI Drugs	HYOSCYAMINE SULFATE	0.125 MG	TABLET	270
	METOCLOPRAMIDE HCL	5 MG	TABLET	360
	METOCLOPRAMIDE HCL	10 MG	TABLET	360

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Heartburn/Ulcer	FAMOTIDINE	40 MG	TABLET	90
	RANITIDINE HCL	300 MG	TABLET	90
High Cholesterol	LOVASTATIN	10 MG	TABLET	90
	LOVASTATIN	20 MG	TABLET	90
	LOVASTATIN	40 MG	TABLET	90
	PRAVASTATIN SODIUM	10 MG	TABLET	90
	PRAVASTATIN SODIUM	20 MG	TABLET	90
	PRAVASTATIN SODIUM	40 MG	TABLET	90
Muscle Relaxants	BACLOFEN	10 MG	TABLET	270
	CYCLOBENZAPRINE HCL	5 MG	TABLET	90
	CYCLOBENZAPRINE HCL	10 MG	TABLET	90
	ORPHENADRINE CITRATE	100 MG	TABLET SA	180
	TIZANIDINE HCL	2 MG	TABLET	270
	TIZANIDINE HCL	4 MG	TABLET	270
Parkinson's Disease	BENZTROPINE MESYLATE	1 MG	TABLET	180
Skin Conditions	HYDROCORTISONE	2.5%	CREAM	90
	TRIAMCINOLONE ACETONIDE	0.5%	CREAM	180
Thyroid Therapy	LEVOTHYROXINE SODIUM	25 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	50 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	75 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	88 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	100 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	112 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	125 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	137 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	150 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	175 MCG	TABLET	90
	LEVOTHYROXINE SODIUM	200 MCG	TABLET	90
	METHIMAZOLE	5 MG	TABLET	90
	METHIMAZOLE	10 MG	TABLET	90
Vitamins and Electrolytes	FOLIC ACID	1 MG	TABLET	90
	POTASSIUM CHLORIDE	10 MEQ	TABLET SR	90
Women's Health	ESTRADIOL	0.5 MG	TABLET	90
	ESTRADIOL	1 MG	TABLET	90
	ESTRADIOL	2 MG	TABLET	90

Drug Class	Medication Name	Strength	Form	\$9 Quantity
Women's Health (Cont.)	LEVONORGESTREL-ETHINYL ESTRADIOL	0.15 MG–0.03 MG	TABLET	84
	MEDROXYPROGESTERONE ACETATE	2.5 MG	TABLET	90
	MEDROXYPROGESTERONE ACETATE	5 MG	TABLET	90
	MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	90
	NORGESTIMATE-ETHINYL ESTRADIOL	7 DAYS X 3 28	TABLET	84
Other Medications	ALENDRONATE SODIUM	5 MG	TABLET	90
	ALENDRONATE SODIUM	10 MG	TABLET	90
	ALENDRONATE SODIUM	35 MG	TABLET	12
	ALENDRONATE SODIUM	70 MG	TABLET	12
	ALLOPURINOL	100 MG	TABLET	90
	ALLOPURINOL	300 MG	TABLET	90
	CHLORHEXIDINE GLUCONATE	0.12%	MOUTHWASH	1,419
	DEXAMETHASONE	0.5 MG	TABLET	90
	DEXAMETHASONE	0.75 MG	TABLET	90
	FLUDROCORTISONE ACETATE	0.1 MG	TABLET	90
	ISONIAZID	300 MG	TABLET	90
	LIDOCAINE HCL	20 MG/ML	SOLUTION	300
	MEGESTROL ACETATE	20 MG	TABLET	90
	METHYLPREDNISOLONE	4 MG	TABLET DS PK	63
	OXYBUTYNIN CHLORIDE	5 MG	TABLET	180
	PREDNISONE	1 MG	TABLET	360
	PREDNISONE	2.5 MG	TABLET	90
	PREDNISONE	5 MG	TABLET	90
	PREDNISONE	10 MG	TABLET	90
	PREDNISONE	20 MG	TABLET	90

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Left Blank Intentionally

GET TO KNOW THE MEDICATION LOOKUP TOOL

With a simple search, you can see which medications your plan covers.

Our **Medication Lookup** tool lets you easily learn more about your coverage for prescription medications, including those with additional requirements like Prior Authorization. Search anytime, anywhere at bluecrossma.org or using the MyBlue app.



KEY FEATURES

Using the tool, you can:



SEARCH FOR ANY MEDICATION

See if it's covered
by your plan



GET DETAILED INFORMATION

Including the medication's
strength, tier, and how it's
dispensed



VIEW ADDITIONAL COVERAGE REQUIREMENTS

Such as Prior Authorization,
Step Therapy, and Quality
Care Dosing



SEE COVERED ALTERNATIVES

For non-covered
medications

Start Searching

For more information about your prescription coverage, sign in to MyBlue at bluecrossma.org or open the MyBlue app, and go to **Medication Lookup Tool** under **My Medications**. If you're not a member, you can get more information by visiting bluecrossma.org/medication.

GETTING COVERAGE INFORMATION, SIMPLIFIED

We're making it easier than ever for everyone to learn more about our medication coverage.

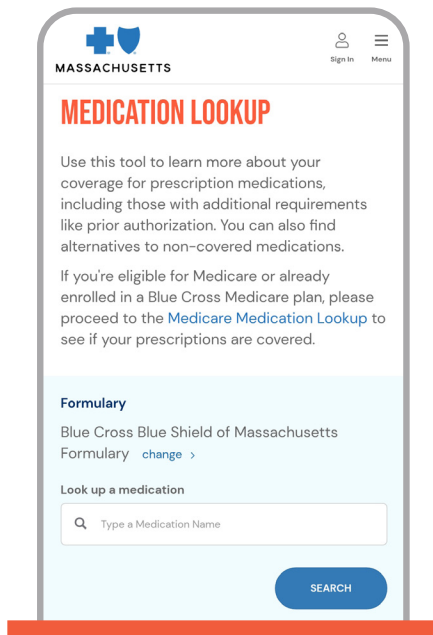
PERSONALIZED SEARCH

When you're signed in to your MyBlue account, your plan's formulary and tier structure will be automatically displayed in the tool. That way, you'll know you're getting the most accurate search results for your plan.

ANYONE CAN USE IT

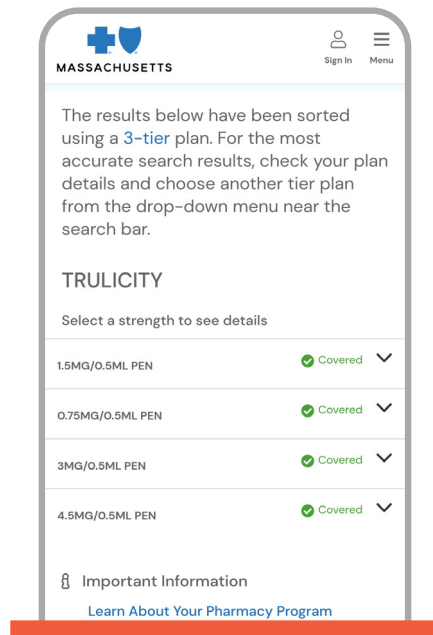
The **Medication Lookup** tool is available to everyone, even if you aren't a member yet. You can easily find out if your medication is covered, or see covered alternatives, before you enroll.

HOW TO USE THE TOOL

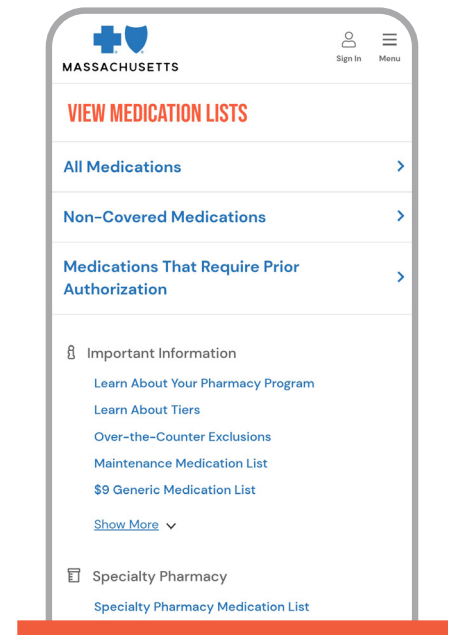


Sign in to MyBlue and go to the **Medication Lookup Tool** under **My Medications**.

If you're not a member, go to **bluecrossma.org/medication** and choose the formulary you want to search. When not signed in, the tool will default to a 3-tier plan.



Select a medication to see if it's covered and get even more information, including strength and additional coverage requirements. Plus, if it's not covered, you can see covered alternatives.



Access important resources, like medication lists and Specialty Pharmacy Contact Information lists, in the **Important Information** and **Specialty Pharmacy** sections. If you're signed in to MyBlue, this list will be customized to match your benefits.

Learn More

To learn more about your pharmacy benefits, including which tier structure your plan uses, sign in to your MyBlue account at **bluecrossma.org** or check your plan materials for details.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Left Blank Intentionally

Learn About Your Pharmacy Program

Effective January 1, 2022

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

Table of Contents

Pharmacy Program Overview	1
About This Guide	1
Mail Order Pharmacy	1
How Tiers Determine What You Pay for Medications	2
How Covered Medications Are Placed in Tiers	2
Compounded Medications	4
Covered Medications List Changes	4
Your ID Card	4
Over-the-Counter Medications	5
Benefit Exclusions	6
Quality Care Dosing	7
Prior Authorization	12
Step Therapy	16
Specialty Pharmacy Medications	19
Non-Covered Medications	24
How to Request Coverage for Non-Covered Medications	32
Turnaround Time	32
Criteria for Exception Requests	32
Appealing a Coverage Decision	33
What Happens When an Appeal Is Denied	33
Medication Resource List Index	34
New Medication Approval Process	47

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 that are available at affordable out-of-pocket costs.

About This Guide

This guide is up to date as of January 1, 2022, 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 Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. With Mail Order Pharmacy, most maintenance medications (also known as long-term medications) can be automatically refilled and shipped every 90 days at a lower cost. No more running out of medicine or last-minute trips to the pharmacy.

To get started with the Mail Order Pharmacy, sign in to MyBlue, then select **90-Day Mail Order Pharmacy** in the drop-down menu under **My Medications**. You can also call Express Scripts at 1-800-892-5119.

Unlock the Power of Your Plan

MyBlue is your key to more features and savings. Sign in to your account at bluecrossma.org or open the MyBlue app to review claims, track medications, look up plan information, and get easy access to these online resources:

Medication Lookup Tool

Use this tool to search, quickly and easily, for prescription medications, and find out how they're covered. To start, go to **Medication Lookup Tool** under **My Medications**.

Express Scripts

Go to **Express Scripts®** under **My Medications** to get detailed information about your pharmacy coverage, including the cost of medications. You can also search for a local pharmacy, or sign up for the Mail Order Pharmacy and have your prescriptions shipped directly to you.

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 the tier your medication is in and your benefits. The amount you pay may also include your copayment, co-insurance, and deductibles. The pharmacist will tell you how much you owe. To find your out-of-pocket costs for specific prescriptions, sign in to **MyBlue**, then select **Express Scripts®** under **My Medications** on your MyBlue home page.

How Covered Medications Are Placed in Tiers

Medications are placed in 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 below. Check your plan materials to see which tier structure your plan uses, and learn more about how medications are covered.*

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 and 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.

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

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 medications cost more than preferred brands, so you'll pay more if you use them instead of any generics or preferred-brand 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 medications cost more than preferred-brands, so you'll pay more if you use them instead of any generics or preferred-brands specialty medications.

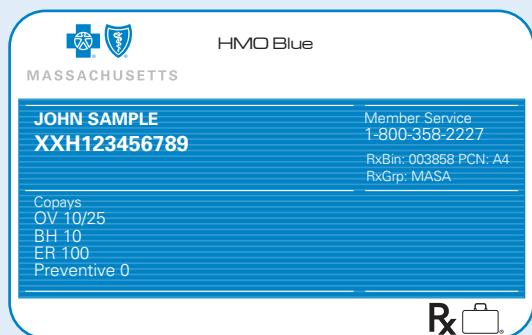
For more information about your pharmacy benefit, sign in to your MyBlue account at bluecrossma.org.

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 doctor. 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 your 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, 2022, and may change from time to time.

- **Generic Aspirin (81mg)**
- **Generic Contraceptives** (such as female condoms, sponges, and spermicide) are covered
- **Generic Folic Acid** is covered for people up to age 50
- **Generic Iron** is covered for infants up to 12 months old
- **Generic Smoking Cessation** (such as nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** is covered for people aged 65 and older

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 booklet
- 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, 2022. 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 Food and Drug Administration (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. 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, 2022, 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	Ambien CR	Belsomra	Cholbam
Abstral	Amethia	Betaseron	Ciclodin solution/kit
AcipHex (excluded for 18 years and older)	Amethia Lo	Bevespi AeroSphere	Ciclopirox cream
AcipHex Sprinkle (excluded for 18 years and older)	Amerge	Bevyxxa	Ciclopirox gel
Actemra	Amitiza	Bijuva	Ciclopirox nail lacquer
Actiq	Amlodipine	Binosto	Ciclopirox shampoo
Actonel	Amlodipine-Atorvastatin	Boniva tablets	Ciclopirox topical suspension
ACTOplus Met	Ampyra	Breo Ellipta	Cimzia
ACTOplus Met XR	Anzemet	Brextri Aerosphere	Citalopram
Actos	Apidra	Brexafemme	Climara
Acular	Apidra Solostar	Brisdelle	Climara Pro
Acular LS	Aplenzin ER	Bronchitol	Clindamycin 1% gel
Acular PF	Aprepitant	Brovana	Clindamycin 1% solution
Acyclovir cream	Aptenzio XR	Brukina	Clindamycin 1% lotion
Adderall XR	Aranesp	Budeprion SR	Clindamycin 1% foam
Adhansia XR	Arava	Budeprion XL	Clindamycin 2% vaginal
Adlyxin	Arcapta Neohaler	Budesonide (nebules)	Clonidine patch
Admelog	Arformoterol	Budesonide/Formoterol	Combivent
Admelog Solostar	Arikayce	Bunavail	Combivent Respimat
Advair Diskus	ArmonAir DigiHaler	Buprenorphine	Concerta
Advair HFA	ArmonAir RespiClick	Buprenorphine-Naloxone	Conjupri
Adyphren	Arnuity Ellipta	Buprenorphine film	Cotempla XR ODT
Adyphren II	Arixtra	Buprenorphine patch	Contrave ER
Adyphren Amp	Arymo ER	Bupropion SR	Copaxone
Adyphren Amp II	Ashlyna	Bupropion XL	Cosentyx
Adzenys XR	Asmanex HFA	Butorphanol NS	Crestor
Aemcolo	Asmanex Twisthaler	Butrans	Cromolyn ophthalmic
Aerospan	Aspirin/Omeprazole (excluded for 18 years and older)	Bydureon	Cymbalta
Aimovig	Astepro	Bydureon Bcise	Daklinza
AirDuo DigiHaler	Atelvia DR	Byetta	Dalfampridine
AirDuo RespiClick	Atomoxetine	Cabergoline	Daurismo
Ajovy	Atorvastatin	Cabometyx	Daysee
Akynzeo	Atrovent (nasal spray)	Caduet	Dayvigo
Albuterol Sulfate HFA	Atrovent HFA	Calcipotriene	Denavir
Alendronate Sodium	Auvi-Q	Calcipotriene/Betamethasone	Desvenlafaxine ER
Alinia	Avandia	Calypta	Dexilant (excluded for 18 years and older)
Almotriptan	Avinza	Camrese	Dexmethylphenidate ER
Alora	Avonex	Camrese Lo	Dexmethylphenidate XR
Alosetron	Axert	Cardura	Dextroamphetamine/Amphetamine ER
Alrex	Azelastine (nasal spray)	Cardura XL	Diabetic Testing Strips (all)
Alsuma	Azstarys	Catapres TTS	Diclofenac 3% gel
Altoprev	Baqsimi	Celebrex	Diclofenac solution
Alvesco	Basaglar	Celecoxib	Diflorasone cream
Ambien	Belbuca	Celexa	Diflucan (150 mg only)
		Cesamet	

Quality Care Dosing

Dihydroergotamine (nasal spray)	Extavia	Glyxambi	Kerendia
DM 2 Kit	Ezallor Sprinkle	Granisetron	Kerydin
Doptelet	Ezetimibe	Granix	Ketoconazole 2%
Dotti	Ezetimibe/Simvastatin	Grastek	Ketorolac ophthalmic
Dovonex	Famciclovir	Halobetasol cream	Keveyis
Doxazosin	Farydak	Halobetasol ointment	Kevzara
Doxepin cream	Farxiga	Harvoni	Khedeza
Doxepin tablets	Fasenra	Hetlioz	Kineret
Drizalma Sprinkle	Fayosim	Humalog	Klisyri
Duaklir Pressair	Fentanyl Citrate	Humalog Jr.	Kloxxado
Dulera	Fentanyl oral/mucosal	Humulin	Krintafel
Duloxetine DR	Fentanyl patch	Humira	Kynmobi
Duragesic	Fentora	Humira CF	Lamisil
Econazole cream	Fetzima	Hydrocodone ER	Lansoprazole (excluded for 18 years and older)
Edluar	Fiasp	Hydromorphone ER	Lansoprazole ODT (excluded for 18 years and older)
Effexor XR	Flovent Diskus	Hysingla ER	Lansoprazole/Amoxicillin/Clarithromycin
Eletriptan	Flovent HFA	Ibandronate	Lantus
Embeda	Fluconazole (150 mg only)	Ibrance	Lazanda
Emend	Fluoxetine	Ilumya	Leflunomide
Emgality	Fluoxetine DR	Imitrex	Ledipasvir/Sofosbuvir
Emverm	Fluticasone/Salmeterol	Impavido	Lescol
Enbrel	Fluvastatin	Incruse Ellipta	Lescol XL
Enoxaparin	Fluvastatin XR	Indomethacin 20mg	Levalbuterol HFA
Epclusa	Fluvoxamine	Infergen	Levemir
Epinephrine injection	Fluvoxamine CR	Ingrezza	Levonorgestrel/Ethinyl Estradiol
Epinephrine Professional kit	Focalin XR	Insulins (all)	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol
Epinephrine Professional EMS kit	Fondaparinux	Insulins Lispro	Lexapro
Epi-Pen Auto-Injector	Forfivo XL	Intermezzo	Lidocaine 5% cream
Epogen	Formoterol	Introvale	Lidocaine 5% ointment
Escitalopram	Forteo	Invokamet	Lidocaine Patch
Esomep-EZS (excluded for 18 years and older)	Fosamax	Invokamet XR	Lidoderm
Esomeprazole (excluded for 18 years and older)	Fosamax Plus D	Invokana	Linze
Esomeprazole Strontium (excluded for 18 years and older)	Fotivda	Iodoquinol/Hydrocortisone/Aloe	Lipitor
Estradiol patch	Fragmin	Ipratropium NS	Livalo
EstroGel	Frova	Irenka DR	Lonhala Magnair
Eszopiclone	Frovatriptan	Itraconazole	LoSeasonique
Evamist	Fulphila	Jakafi	Lotronex
Evenity	Gatifloxacin	Jardiance	Lovastatin
Evzio	Gavreto	Jolessa	Lovenox
Exalgo	Gemtesa	Jornay PM	Lubiprotone
Exkivity	Gentamicin cream	Jynarque	Lucemyra
	Gentamicin ointment	Kadian	
	Glatiramer	Kalydeco	
	Glatopa	Kenalog aerosol	
	Glucose testing strips (all)		

Quality Care Dosing

Lumakras	Nocdurna	Pantoprazole (excluded for 18 years and older)	Quartette
Lunesta	Norvasc	Paroxetine	Quasense
Lybalvi	Novolin	Paroxetine CR	Qulipta
Lyllana	Novolog	Patanase	Quillichew
Lyrica CR	Nucynta ER	Paxil	Quinine Sulfate
Lysteda	Nuplazid	Paxil CR	Qutenza
Lyumjev	Nurtec ODT	Pegasys	QVAR
Mavyret	Nyamyc powder	PEG-Intron	Rabeprazole (excluded for 18 years and older)
Maxalt	Nystatin powder	Penlac	Ramelteon
Maxalt-MLT	Nystop powder	Pennsaid	Ragwitek
Meloxicam	Nyvepria	Perforomist	Rebif
Meloxicam submicronized	Ocaliva	Pexeva	RediTrex
Menostar	Odomzo	Pimecrolimus cream	Relaxxii ER
Methylphenidate CD	Olanzapine-Fluoxetine	Plegridy	Relpax
Methylphenidate ER	Olopatadine Nasal	Pomalyst	Remeron
Methylphenidate LA	Olumiant	Ponvory	Remeron Soltab
Methylphenidate 72 mg	Olysio	Praluent	Repatha
Migranal	Omeprazole (excluded for 18 years and older)	Pravachol	Restasis
Migranow Kit	Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)	Pravastatin	Retacrit
Minivelle	OmePPI (excluded for 18 years and older)	Pregabalin CR	Rexulti
Mirtazapine	Omontys	Prevacid (excluded for 18 years and older)	Reyvow
Mirtazapine Rapid Dissolve	Ondansetron	PrevPac	Rezurock
Mobic	Ondansetron ODT	Prilosec (excluded for 18 years and older)	Rhopressa
Morphabond ER	Onmel	Pristiq	Rinvoq ER
Morphine Sulfate ER	Onsolis	Pristiq ER	Risedronate
Movantik	Onzetra Xsail	ProAir DigiHaler	Ritalin LA
Moxifloxacin	Opana ER	ProAir HFA	Rivelsa
Moxeza	Opzelura	ProAir RespiClick	Rizatriptan
MS Contin	Oralair	Procrit	Rizatriptan ODT
Mupirocin	Oramorph SR	Protonix (excluded for 18 years and older)	Rocklatan
Mulpleta	Orencia	Proventil HFA	Rosuvastatin
Mydayis	Orkambi	Prozac	Rosuvastatin/Ezetimibe
Myfembree	Orladeyo	Prozac Weekly	Roszet
Naloxone	Otezla	Prudoxin	Rozerem
Naratriptan	Oxbryta	Pulmicort Flexhaler	Rybelsus
Narcan	Oxiconazole Nitrate	Pulmicort Respules	Sancuso
NebuPent	Oxistat	Qbrexxa	Sarafem
Neulasta	Oxycodone ER	Qelbree	Saxenda
Neupogen	OxyContin	Qinlock	Seasonique
Nexium (excluded for 18 years and older)	Oxymorphone ER	Qmiiz ODT	Secuado
Nexletol	Ozempic	Qtern	Seebri Neohaler
Nexlizet		Qualaquin	Segluromet
Nitazoxanide			Semglee
Nivestym			Serevent Diskus

Quality Care Dosing

Sertraline	Tolsura	Vosevi	Zolmitriptan ODT
Setlakin	Tosymra	Vumerity DR	Zoloft
Silenor	Toujeo Solostar	Vyleesi	Zolpidem
Siliq	Toujeo Max Solostar	Vyndaqel	Zolpidem CR
Simponi	Tranexamic Acid	Vyndamax	Zolpidem SL
Simvastatin	Trelegy Ellipta	Vytorin	Zolpimist
Skyrizi	Tremfya	Vyvanse	Zomig
Sofosbuvir/Velpatasvir	Tresiba	Wakix	Zomig nasal
Soliqua	Treximet	Wegovy	Zomig ZMT
Solosec	Triamcinolone spray	Wellbutrin SR	Zonalon
Sonata	Trijardy XR	Wellbutrin XL	Zovirax cream
Sovaldi	Trikafta	Wixela Inhub	Zubsolv
Spiriva HandiHaler	Trintellix	Xartemis XR	Zuplenz
Spiriva RespiMat	Triptodur	Xeljanz	Zydelig
Sporanox	Trudhesa	Xeljanz XR	Zymaxid
Stelara	Trulance	Xenleta	Zypitamag
Steglatro	Trulicity	Xermelo	
Steglujan	Truseltiq	Xiidra	
Stiolto Respimat	Tudorza	Xifaxan	
Strattera	Tukysa	Xigduo	
Striverdi Respimat	Tymlos	Xigduo XR	
Suboxone	Ubrelvy	Xopenex HFA	
Subsys	Undenyca	Xospata	
Sumatriptan	Ukoniq	Xtampza ER	
Sumavel Dosepro	Utibron Neohaler	Xultophy	
Symbicort	Valacyclovir	Xuriden	
Symbyax	Valtrex	Yupelri	
Symdeko	Varubi	Yosprala	
Symjepi	Venlafaxine ER capsule	Zaleplon	
Symproic	Venlafaxine ER tablet	Zarxio	
Synjardy	Ventolin HFA	Zegerid (excluded for 18 years and older)	
Synjardy XR	Verquvo	Zembrace Symtouch	
Tagrisso	Verzenio	Zepatier	
Talicia DR	Viberzi	Zeposia	
Taltz	Victoza	Zetia	
Tanzeum	Viekira PAK	Ziextenzo	
Tavaborole	Viekira XR	Zinbryta	
Tazverik	Vigamox	Zocor	
Technivie	Viiibryd	Zofran	
Tegsedi	Vitrakvi	Zofran ODT	
Tepmetko	Vivelle	Zohydro ER	
Teriparatide	Vivelle-Dot	Zoladex	
Terazosin	Vivitrol	Zolmitriptan	
Terbinafine	Vivlodex	Zolmitriptan nasal	
Tivorbex	Voltaren 1%		

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.

Our Prior Authorization program includes Step Therapy. Please refer to the Step Therapy section in this booklet 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. 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, 2022, 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	Budesonide/Formoterol	Entyvio	Humatrope
AcipHex (excluded for 18 years and older)	Buprenorphine film	Epclusa	Humira
Actemra	Buprenorphine patch	Epogen	Hyalgan
Acthar	Butrans	Erlotinib	Hycet
Actimmune	Bylvy	Esomeprazole (excluded for 18 years and older)	Hydrocodone ER
Actiq	Capital and Codeine	Esomeprazole Strontium (excluded for 18 years and older)	Hydrogesic
Adakveo	Cequa	Esomep-EZS (excluded for 18 years and older)	Hydromorphone ER
Adcirca	Cerezyme		Hydroxyprogesterone
Addyi	Cimzia		Hymovis
Advair Diskus	Cinqair		Hysingla ER
Advair HFA	Cinryze		Ibandronate injection/syringe
Air Duo	Cocet/Plus	Euflexxa	Ibrance
Aimovig	Co-gesic	Evekeo	Ibudone
Ajovy	Copkitra	Evenity	Idhifa
Alecensa	Contrave	Evkeeza	Ilaris
Alfenta	Cotellic	Exalgo	Ilumya
Alunbrig	Cosentyx	Exondys 51	Imcivree
Alyq	Daklinza	Eysuvis	Increlex
Amondys 45	Dalfampridine	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Incruse Ellipta
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Demerol	Farydak	Inflectra
Ampyra	Desoxyn	Fasenra	Infumorph
Apadaz	Dexilant (excluded for 18 years and older)	Fentanyl Citrate	Inrebic
Aralast	Dexedrine	Fentanyl patch	Interferons (alpha, gamma)
Armodafinil	Dextroamphetamines	Fentanyl oral/mucosal	Iressa
Aranesp	Difacid	Fentora	Isturisa
Arikayce	Dilaudid	Firazyr	IV Immunoglobulin
Arymo ER	Diskets	Firdapse	Juxtapid
Aspirin/Omeprazole (excluded for 18 years and older)	Dolophine	Fluticasone/Salmeterol	Kadian
Astramorph/PF	Dujolvi	Forteo	Kalbitor
Avinza	Dulera	Fulphila	Kalydeco
Avsola	Dupixent	Galafold	Kanuma
Ayvakit	Duragesic	Gamifant	Kevzara
Balversa	Doramorph	Gavreto	Kineret
Belbuca	Durolane	Gel-One	Kisqali
Benzhydrocodone/APAP	Dvorah	Gelsyn-3	Kisqali Femara
Berinert	Dysport	Genotropin	Kynamro
Boniva syringe	Egrifta	Genvisc	Lazanda
Botox/Botulinum Toxin	Elidel	Gilotrif	Ledipasvir/Sofosbuvir
Braftovi	Embeda	Givlaari	Lemtrada
Breo Ellipta	Emgality	Granix	Lenvima
Breztri	Empaveli	Grastek	Liquadd
	Enbrel	Harvoni	Lorbrina
	Enspryng	Haegarda	Lorcet
	Enteral formula	Hetlioz	Lumakras
			Lynparza

Prior Authorization

Lyrica	Onsolis	Respiratory Syncytial Virus IG/Synagis	Tagrisso
Lyrica CR	Opana ER	Retacrit	Taltz
Magnacet	Oralair	Restasis	Talzenna
Mavyret	Oramorph SR	Retevmo	Technivie
Maxidone	Orencia	Revatio	Tegsedi
Makena	Orkambi	Rezurock	Tepezza
Margesic-H	Orladeyo	Riabni	Tepmetko
Mekinist	Orthovisc	Rinvoq ER	Teriparatide
Mektovi	Otezla	Rituxan	Tev-Tropin
Meperitab	Oxbryta	Roxybond	Tibsovo
Methadone	Oxecta	Rozlytrek	Topical Retinoic Acid Derivatives and Combinations (e.g. Retin-A)
Methadose	Oxervate	Ruconest	TPN (total parenteral nutrition) (medical benefit only)
Methamphetamine	Oxlumo	Ruxience	Trelegy Ellipta
Modafinil	Oxycodone ER	Rydapt	Tremfya
Monovisc	Oxycontin	Saizen	Trezix
Morphabond ER	Oxymorphone ER	SaizenPrep	Trikafta
Morphine Sulfate CR	Panlor SS	Sajazir	Triluron
Morphine Sulfate ER	Pemazyre	Saxenda	Trivisc
MS Contin	Percocet	Serostim	Truseltiq
Myalept	Percodan	Sildenafil (antihypertensive)	Truxima
Myobloc	Pimecrolimus	Siliq	Tylenol with Codeine
Nalocet	Piqray	Simponi	Tylox
Natrecor	Polygesic	Simponi Aria	Tymlos
Nexium (excluded for 18 years and older)	Praluent	Skyrizi	Tysabri
Neulasta	Pregabalin	Sodium Hyaluronate 1% Syringe	Udenyca
Neupogen	Pregabalin CR	Sofosbuvir/Velpatasvir	Verdrocet
Nexlitol	Prevacid (excluded for 18 years and older)	Sovaldi	Verzenio
Nexlizet	Prilosec (excluded for 18 years and older)	Spinraza	Vicodin
Norco	Primlev	Stagesic	Vicoprofen
Norditropin	Procentra	Stelara	Viekira XR
Nucala	Procrit	Subsys	Viekira PAK
Nucynta ER	Prolate	Sunosi	Viltepso
Nulibry	Proleukin	Supartz	Visco-3
Nutritional Supplements	Prolia	Symbicort	Vitrakvi
Nutropin	Protonix (excluded for 18 years and older)	Symdeko	Vizimpro
Nuvigil	Protopic	Synalgos-DC	Vosevi
Olumiant	Provigil	Synvisc	Vyepti
Olysio	Ragwitek	Synvisc One	Vyleesi
Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)	Reblozyl	Tabrecta	Vyndamax
OmePPI (excluded for 18 years and older)	Regranex	Tacrolimus (topical)	Vyndaqel
Omnitrope	Remicade	Tadalafil (antihypertensive)	Vyondys-53
Onpattro	Renflexis	Tafinlar	Wakix
	Repatha	Takhyzo	Wegovy
		Tarceva	

Prior Authorization

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

Step Therapy

Step Therapy is a key part of our Prior Authorization program, allowing us to help your doctor provide you with an appropriate and affordable medication 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 Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Please 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, 2022, and may change from time to time.

For the most current list of medications that require Step Therapy, use our **Medication Lookup** tool at bluecrossma.org/medication.

Step Therapy

Anti-Migraine

Almotriptan
Amerge
Axert
Dihydroergotamine
Eletriptan
Frova
Frovatriptan
Imitrex
Maxalt
Maxalt-MLT
Migranal
Nurtec
Onzetra Xsail
Replax
Sumatriptan/Naproxen
Tosymra
Treximet
Trudhesa
Ubrelvy
Zembrace Symtouch
Zolmitriptan
Zolmitriptan nasal
Zomig
Zomig Nasal
Zomig ZMT

Cardiovascular

Entresto
Farxiga
Jardiance
Verquvo

Diabetes Management

Adlyxin
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
ACTOplus Met
ACTOplus Met XR
Actos
Afrezza
Avandaryl
Avandia

Bydureon
Byetta
Duetact
Farxiga
Fortamet
Glucophage
Glucophage XR
Glumetza
Glyxambi
Invokana
Invokamet
Invokamet XR
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kerendia
Kombiglyze XR
Metformin Film Coated ER (generic for Glumetza)
Metformin ER (generic for Fortamet)
Nesina
Onglyza
Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Riomet
Riomet ER
Rybelsus
Segluromet
Soliqua
Steglatro
Steglujan
Synjardy
Synjardy XR
Tanzeum
Tradjenta
Trijardy XR

Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

Glaucoma

Lumigan
Rescula
Rocklatan
Travatan
Travatan Z
Xalatan
Xelpros
Vyzulta
Zioptan

Methotrexate Auto-Injectors

Otrexup
Rasuvo

Multiple Sclerosis

Avonex
Bafiertam
Betaseron
Copaxone
Extavia
Gilenya
Kesimpta
Mavenclad
Mayzent
Plegridy
Ponvory
Rebif
Tecfidera
Vumerity DR
Zeposia

Osteoporosis Treatment (Oral)

Actonel
Atelvia DR
Binosto
Boniva tablets
Fosamax

Fosamax Plus D

Overactive Bladder Treatment

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

Pain Relievers (Cox II Inhibitors)

Capxib
Celebrex
Celecoxib
Lidoxib

Parkinson's Disease Management

Inbrija
Nourianz
Ongentys

Prostate Treatment

Avodart
Jalyn
Proscar

Topical Antibiotics

Mupirocin cream

Topical Testosterone

Androgel
Axiron
Fortesta
Natesto Nasal
Testim
Testosterone gel (Fortesta Authorized product)
Testosterone gel (Testim Authorized product)
Testosterone gel (Vogelxo Authorized product)

Step Therapy

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

AcariaHealth™

1-866-892-1202

Fax: 1-877-541-1503

acariahealth.com

Accredo®

1-877-988-0058

Fax: 1-800-391-9707

accredo.com

CVS Specialty™

1-866-846-3096

Fax: 1-800-323-2445

cvsspecialty.com

Specialty Network Pharmacy Contact Information for Fertility Medications

Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

Metro Drugs

1-888-258-0106

Fax: 1-201-253-1101

metrodrugs.com/fertility

Village Fertility Pharmacy

1-877-334-1610

Fax: 1-866-935-0719

vfppharmacygroup.com

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

This list of Specialty Medications is up to date as of January 1, 2022, and may change from time to time. For the most current specialty medication and specialty pharmacy network information, use our Medication Lookup tool at bluecrossma.org/medication.

Specialty Pharmacy Medications

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

Actemra
Acthar
Actimmune
Adakveo
Adriamycin
Adrucil
Alferon-N
Alkeran
Apokyn
Aranesp
Arcalyst
Asceniv
Aveed
Avonex
Avsola
Beleodaq
Berinert
Besponsa
Betaseron
BiCNU
Bivigam
Bleomycin Sulfate
Blincyto
Boniva
Bortezomib
Botox
Busulfex
Bynfezia
Calcium Folate
Camptosar
Carboplatin
Carimune
Carmustine
Cerezyme
Cimzia
Cinqair
Cinryze
Cisplatin
Cladribine
Copaxone

Cosentyx
Cosmegen
Crysvita
Cuvitru
Cyclophosphamide
Cytarabine
Cytogam
Dacarbazine
Dactinomycin
Daunorubicin HCL
DDAVP
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Dupixent
Dysport
Egrifta
Eligard
Ellence
Enbrel
Enspryng
Entyvio
Epirubicin
Epogen
Ethylol
Etopophos
Etoposide
Evenity
Extavia
Fasenra
Faslodex
Fensolvi
Firazyr
Firmagon
Flebogamma
Floxuridine
Fludarabine phosphate
Fluorouracil
Forteo
Fulphila
Fulvestrant
Fuzeon
GamaSTAN
Gammagard

Gammagard Liquid
Gammaked
Gammaplex
Gamunex
Gattex
Gemcitabine
Gemzar
Genotropin
Givlaari
Glatiramer
Glatopa
Granix
Haegarda
Hizentra
Humatrope
Humira
Hycamtin
Hydroxyprogesterone
HyQvia
Ibandronate injection/syringe
Icatibant
Idamycin PFS
Idarubicin
Ifex
Ifosfamide
Ifosfamide/Mesna
Ilaris
Ilumya
Increlex
Inflectra
Intron A
Irinotecan
Istodax
Kalbitor
Kenalog
Kesimpta
Kevzara
Kynamro
Lartruvo
Lemtrada
Leucovorin Calcium
Leukine
Leuprolide Acetate
Levoleucovorin
Lumoxiti

Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena
Mepsevii
Mesna
Mesnex
Methotrexate
Mitomycin
Mitoxantrone
Mozobil
Mustargen
Mylotarg
Myobloc
Naptara
Navelbine
Neulasta
Neupogen
Nexviazyme
Nipent
Nivestym
Norditropin
Norditropin Flexpro
Norditropin Nordiflex
Nplate
Nucala
Nutropin AQ Nuspin
Nyvepria
Ocrevus
Octagam
Octreotide injection
Omnitrope
Oncaspar
Orencia
Otrexup
Oxaliplatin
Paclitaxel
Palynziq
Pamidronate
Pamidronate disodium
Panzyga
Pegasys
Pegasys Proclick
Peg-Intron
Photofrin

Specialty Pharmacy Medications

Plegridy
Privigen
Procrit
Prolia
Radicava
Rebif
RediTrex
Remicade
Renflexis
Retacrit
Revatio
Riabni
Rituxan
Ruconest
Ruxience
Saizen
SaizenPrep
Sandostatin
Sandostatin-LAR
Serostim
Signafor
Signafor LAR
Siliq
Simponi
Simponi Aria
Skyrizi
Somatuline
Somavert
Spinraza
Stelara
Sublocade
Sylatron
Sylvant
Synagis
Takhzyro
Taltz
Taxotere
Tegsedi
Temodar
Teniposide
Tepadina
Tepezza
Teriparatide
Tev-Tropin
TheraCys

Thiotepa
Thyrogen
Toposar
Totect
Trelstar
Trelstar Depot
Trelstar LA
Tremfya
Truxima
Tymlos
Tysabri
Udenyca
Valrubicin
Valstar
Velcade
Vimizim
Vinblastine
Vincristine
Vinorelbine
Vivitrol
Xembify
Xeomin
Xgeva
Xolair
Zaltrap
Zanosar
Zarxio
Ziextenzo
Zilretta
Zinecard
Zoladex
Zomacton
Zorbtive

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

Acetadote
Amondys 45
Arikayce
Benlysta Autoinject/syringe
Bicillin
Bleo 15
Cablivi

Ceftazadime
Cutaquig
Cuvposa
Delestrogen
Depo-Estradiol
Desferal
Desferoxamine
Empaveli
Evkeeza
Evomela
Exondys
Fintepla
Fortaz
Gamifant
Imcivree
Kanuma
Kineret
Libtayo
Marqibo
Nabi-HB
Neulasta Onpro
Nulibry
Onpattro
Oxlumo
Portrazza
Revcovi
Rimso-50
Rocephin
Romidepsin
Sajazir
Saphnelo
Sandimmune
Sildenafil antihypertensive
Strensiq
Synribo
Tazicef
Testosterone Enanthate
Triptodur
Unituxin
Uptravi
Viltepso
Vyepti
Vyleesi
Vyondys-53
Vyxeos

Xiaflex
Yondelis
Oral Medications Required to Be Filled at an In-Network Specialty Pharmacy
Abiraterone
Adcirca
Adempas
Afinitor
Afinitor Disperz
Alecensa
Alkeran
Alunbrig
Alyq
Ambrisentan
Ampyra
Aubagio
Bafiertam
Bethkis
Bosentan
Bosulif
Bronchitol
Bylvay
Cabometyx
Capecitabine
Carbaglu
Cayston
Cerdelga
Copegus
Cotellic
Cyclophosphamide
Cystagon
Daklinza
Dalfampridine
Daurismo
Deferasirox
Dimethyl Fumarate
Dojolvi
Doptelet
Droxidopa
Duopa
Epclusa
Erivedge
Erleada

Specialty Pharmacy Medications

Erlotinib
Esbriet
Etoposide
Everolimus
Evrysdi
Exjade
Farydak
Galafold
Gilenya
Gilotrif
Gleevec
Harvoni
Hetlioz
Hetlioz LQ
Hycamtin
Ibrance
Idhifa
Imatinib
Inlyta
Inqovi
Inrebic
Iressa
Jadenu
Jakafi
Juxtapid
Kalydeco
Kisqali
Kisqali Femara
Kitabis PAK
Kuvan
Lapatinib
Ledipasvir/Sofosbuvir
Lenvima
Letairis
Lonsurf
Lorbrena
Lumakras
Mavenclad
Mavyret
Mayzent
Mekinist
Mesnex
Miglustat
Moderiba
Mulpleta

Mycapssa DR
Nerlynx
Nexavar
Ninlaro
Northera
Nourianz
Nubeqa
Nuplazid
Ocaliva
Odomzo
Ofev
Olumiant
Olysio
Onureg
Opsumit
Orenitram
Orkambi
Otezla
Otezla Starter Pack
Oxbryta
Palforzia
Piqray
Pomalyst
Ponvory
Procysbi
Promacta
Pulmozyme
Pyrimethamine
Ravicti
Rebetol
Retevmo
Revatio
Revlimid
Ribasphere
Ribasphere Ribapak
Ribavirin
Rilutek
Riluzole
Rinvoq ER
Rozlytrek
Rubraca
Rydapt
Sabril
Samsca
Sapropterin

Sildenafil antihypertensive
Sofosbuvir/Velpatasvir
Sovaldi
Sprycel
Stivarga
Sunitinib
Sutent
Symdeko
Tabrecta
Tadalafil antihypertensive
Tafinlar
Tagrisso
Talzenna
Tarceva
Tasigna
Tecfidera
Technivie
Temodar
Temozolamide
Tetrabenazine
Thalomid
TOBI ampules
TOBI-Podhaler
Tobramycin ampules
Tolvaptan
Tracleer
Trikafta
Tykerb
Tyvaso
Uptravi
Veltassa
Verzenio
Viekira PAK
Viekira XR
Vigabatrin
Vitrakvi
Vizimpro
Vosevi
Votrient
Vumerity DR
Vyndamax
Vyndaqel
Wakix
Xalkori
Xeljanz

Xeljanz XR
Xeloda
Xenazine
Xtandi
Xyrem
Zavesca
Zelboraf
Zepatier
Zeposia
Zolinza
Zykadia
Zytiga

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

8-Mop
Austedo
Ayvakit
Balversa
Boniva 150mg
Calquence
Chenodal
Cholbam
Cometriq
Copiktra
Daraprim
DDAVP
Diacomit
Emflaza
Exkivity
Exservan
Firdapse
Fotivda
Gavreto
Gocovri ER
Iclusig
Imbruvica
Inbrija
Ingrezza
Isturisa
Jynarque
Keveyis
Korlym
Koselugo

Specialty Pharmacy Medications

Livmarli
Lupkynis
Nityr
Orfadin
Orgovyx
Pemazyre
Qinlock
Rezurock
Ruzurgi
Sucraid
Tavalisse
Tepmetko
Thiola
Tiglutik
Truseltiq
Tukysa
Turalio
Ukoniq
Venclexta
Vigadrone
Vistogard
Welireg
Xermelo
Xospata
Xpovio
Xuriden
Xywav
Yonsa
Zejula
Zokinvy
Zydelig

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

Mugard
Oxervate
Panretin
Valchlor

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

Cystadrops

Cystaran
Qutenza
Synarel

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

Bravelle
Cetrotide
Clomid
Clomiphene
Crinone
Endometrin
Follistim AQ
Ganirelix
Gonal-F/Gonal-F RFF
Gonal-F RFF Redi-Ject
Human Chorionic
Gonadotropin (hCG)
Hydroxyprogesterone
Leuprolide
Lupron Depot
Lupron Depot-Ped
Luveris
Makena
Menopur
Novarel
Ovidrel
Pregnyl
Serophene

Non-Covered Medications

Your pharmacy program provides coverage for more than 4,000 prescription medications. This section lists medications that aren't covered under your benefits. Most medications on our non-covered list have covered alternatives that have been 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. Please check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up to date as of January 1, 2022, 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

Abilify	Albuterol HFA (Ventolin Authorized Product)	Arformoterol	Balcoltra
Abilify Discmelt	Alcortin-A	Arimidex	Basadrox
Abilify Mycite	Alveicyn Antipruritic SG gel	Arixtra	B-D Testing Strips
Absorica	Alveicyn Plus Kit	ArmonAir DigiHaler	Belsomra
Absorica LD	Alinia	ArmonAir RespiClick	Benicar
Abstral	Alkindi	Aromasin	Benicar HCT
Acanya	Alodox	Arthrotec	Benzaclin
Accolate	Alogliptin	Arymo ER	Benzaclin Kit
Accuaine	Alogliptin/Metformin	Arze-Ject-A Kit	Benzhydrocodone/ Acetaminophen
Accu-Chek Diabetic Testing Supplies	Alogliptin/Pioglitazone	Asacol HD	Benzonatate 150mg
Accupril	Alloquin	Asmanex HFA	Beser
Accutretic	Alora	Asmanex Twisthaler	Besivance
Aciphex (excluded for 18 years and older)	Alphagan P	Aspirin/Omeprazole (excluded for 18 years and older)	Betaloan Suik
Acticlate	Alrex	Assure Diabetic Testing Supplies	Betimol
Actigall	Alsuma	Astepro	Betoptic S
Actiq	Altabax	Atacand	Bevespi Aerosphere
Active Injection D	Altace	Atacand HCT	Bg-Star Diabetic Testing Supplies
Activella	Altoprev	Atelvia	Bijuva
Active-Pac	Alvesco	Ativan	Binosto
ActoPlus Met	Alzital	Atopaderm	Bionect
ActoPlus Met XR	Ambien	Atopavo	Boniva
Acular	Ambien CR	Atopiclair	Bravelle
Acular LS	Amrix	Atralin	Breo Ellipta
Acuvail	Amzeeq	Atrapo Dermal Spray	Brevicon
Aczone	Anafranil	Atrapro CP	Brexafemme
Adalat CC	Ana-Lex	Atrapro Hydrogel	Brilinta
Adazin	Angeliq	Atropen	Brisdelle
Adderall	Anodyne LPT	Augmentin XR	Bromsite
Addyi	Antara	Auryxia	Brovana
Adhansia XR	Anusol HC suppository	Auvi-Q	BSP 0820
Adlyxin	Anzemet	Avalide	Brylhalil
Admelog	Apadaz	Avapro	Budesonide/Formoterol (Symbicort Authorized Product)
Advanced Allergy Collection Kit	Apidra	Avelox	Bunavail
Advocate Diabetic Testing Supplies	Aplenzin	Avidoxy	Bystolic
Adyphren	Apriso	Avidoxy DK	Byvalson
Adzenys XR	Aprizio Pak	Avita	Caduet
Aemcolo DR	Aprizio Pak II	Axert	Calcipotriene Foam (Sorilux Authorized Product)
Aerospan	Aptensio XR	Azasite	Calcitriol Topical
Agoneaze	Aqua Glycolic HC	Azeschew	Cambia Powder
AirDuo DigiHaler	Arakoda	Azesco	Caphosol
AirDuo RespiClick	Aranesp	Azopt	Caplyta
Akynzeo	Arava	Azor	
	Arazlo	Azstarys	
	Arcapta Neohaler		

Non-Covered Medications

Capsfenac	Consensi	DermacinRx Prizopak	Ditropan XL
Capxib	Contour Diabetic Testing Supplies	DermacinRx Silapk	Divigel
Carac	Conzip	DermacinRx Surgical Pharmpak	DM2 kit
Cardene	Cool Diabetic Testing Supplies	DermacinRx Therazole Pak	DMT Suik
Cardizem CD	Copaxone	DermacinRx ZRM	Dolotranz
Cardizem LA	Coreg	Dermalid	Doryx DR 80mg
Cardura XL	Coreg CR	Dermasorb-AF	Doubledex
Careone Diabetic Testing Supplies	Corlanor	Dermasorb-HC	Doxycycline DR 80mg
Caresens Diabetic Testing Supplies	Cosentyx	Dermasorb-TA	Doxycycline DR 200mg
Caretouch Diabetic Testing Supplies	Cosopt PF	Dermasorb-XM	Doxycycline Hyclate 50mg tablets
Cataflam	Cosopt XR ODT	Dermawerx SDS	Drizalma Sprinkle
Cedax	Cozaar	Dermawerx Surgical Plus Pack	Duac
Celexa	Crestor	Dermazone	Duac CS
Cem-Urea	CVS Advanced Diabetic testing supplies	Dermazyl	Duaklir Pressair
Centany	Cyclobenzaprine 7.5mg	Dermotic	Duavee
Centany AT	Cyclopak Kit	Desowen Kit	Duexis
Cequa	Cymbalta	Desvenlafaxine ER	Duobrii
Ceracade Skin Barrier	Daklinza	Detrol	Duragesic
Ceramax	Daliresp	Detrol LA	Durezol
Cesamet	Dapsone 7.5%	Dexedrine	Durlaza
Cetraxal	Daxbia	Dexilant (Kapidex) (excluded for 18 years and older)	Durolane
Chenodal	Daypro	Diclo Gel	Duzallo
Chorionic Gonadotropin	Daytrana	Diclofenac Epolamine	Dyloject
Cialis	D-Care 100X	Diclofenac Potassium 25mg	Easy Step Diabetic Testing Supplies
Cipro XR	DDAVP	Diclofenac Submicronized	Easy Talk Diabetic Testing Supplies
Clenia Plus	Deluo	Diclofono	Easy Touch Diabetic Testing Supplies
Clenpiq	Delzicol	Dicloheal-60	Easy Trak Diabetic Testing Supplies
Cleocin T	Delzicol XR	Diclopak	Easymax Diabetic Testing Supplies
Clever Choice Diabetic Testing Supplies	Depakote	Diclopr Combo Pack	EC-Naprosyn
Clindcin ETZ Kit	Depakote ER	Diclotral	Econasil
Clindacin PAC	Depakote Sprinkle	Dicloxtrex	Edarbi
Clindagel	Depo-Sub Q Provera 104	Dicloxiv	Edarbyclor
Clindavix	Derma-Smoothe/FS Body Oil	Dicloxiv M	Edluar
Clobetavix	Derma-Smoothe/FS Scalp Oil	Diclo-Xrylix Sheet Kit	Effexor
Clobex	Dermacin	Diclozor	Effexor XR
Clodan Kit	Silazone Pharmapak	Differin	Elepsia XR
Colazal	Dermacin Cinolone-1 CPI	Dificid	Elestrin
Colchicine Capsules	DermacinRx Clorhexacin	Dilaudid	Eletone
Colcrys	DermacinRx Empricaine	Dimenthio	Ellzia
Colyte	DermacinRx PHN	Diovan	Embeda
Combigan	DermacinRx Prenatrix	Diovan HCT	
Conjupri	DermacinRx Prenatryl	Dipentum	
	DermacinRx Pretrate	Dithol Combo Pack	

Non-Covered Medications

Embrace Diabetic Testing Supplies	Fazaclo	Fusilev I.V.	Hydrocortisone-Lidocaine
Empraciane II	Femring	Gabacaine	Hylaguard
Emsam	Fenofibrate 50mg	Gabapal	Hylatopic
Enablex	Fenofibrate 150mg	Ganirelix	Hylatopic Plus
Entresto	Fenoglide	GE 110 Diabetic Testing Supplies	Hylatopic Plus-Aurstat
Epaned	Fentanyl Citrate	Gelclair	Hymovis
Epiceram	Fentora	Gelnique	Hysingla ER
Epiduo	Fetzima	Gel-One	Hyzaar
Epiduo Forte	Fexmid	Gelsyn-3	Ibupak
Epinephrine Autoinject (Amneal Authorized Product For Adrenaclick)	Fiasp	Gelx	Ibuprofen/Famotidine
Epinephrine Snap-V	Fibricor	Genotropin	Iglucose Diabetic Testing Supplies
Episil	Fifty50 Diabetic Testing Supplies	Genstrip Diabetic Testing Supplies	Ilevro
Episnap Convenience Kit	Finacea Plus	Geodon	Imitrex Kit Refill
Epogen	Fiorinal	Gialax	Imitrex Pen Injector
EQ Diabetic Testing Supplies	Fiorinal /Codeine #3	Giazo	Imitrex Vial
Equetro	Flagyl	Gimoti	Impeklo
Ertaczo	Flagyl ER	Gleevec	Imvexxy
Esomeprazole Stronum (excluded for 18 years and older)	Flagyl I.V.	Gloperba	Inavix
Esomeprazole-EZS Kit (excluded for 18 years and older)	Flagyl I.V. RTU Vialflex	Glucocard Diabetic Testing Supplies	Inderal LA
Estrace	Flarex	Glucometer Diabetic Testing Supplies	Inderal XL
Estrogel	Flector	Glucophage	Indomethacin 20Mg (Branded Product)
Eucrisa	Flexipak	Glucophage XR	Inflamma-K
Euflexxa	Flolipid	Glumetza	Inflatherm
Evamist	Fluopar	Gmate Diabetic Testing Supplies	Innopran XL
Evekeo	Fluoroplex	Gnp Diabetic Testing Supplies	Insulin Aspart
Evencare Diabetic Tetsing Supplies	Fluovix	Gocovri ER	Insulin Glargine
Evoclin	Fluovix Plus	Golytely	Insulin Lispro
Exactech Diabetic Testing Supplies	Fluoxetine Tablets	Halobetasol Foam	Insulin Lispro Jr.
Exalgo	FML Forte	Harmony Diabetic Testing Supplies	Insulin Lispro Mix 75-25
Exforge	FML Liquifilm	Healthpro Diabetic Testing Supplies	Intermezzo
Exforge HCT	FML S.O.P.	Helidac Therapy Pak	Intuniv
Exservan	Focalin	Hemady	Invega
Extavia	Focalin XR	Horizant	Inveltys
Extina	Follistim	HPR	Invokana
EZ Use Joint Tunnel-Trigger	Fora Diabetic Testing Supplies	HPR Plus	Invokamet
Ezallor Sprinkle	Forfivo XL	HPR Plus Hydrogel	Invokamet XR
Fabior	Fortamet	Humana True Metrix Diabetic Testing Supplies	Irenka DR
Factive	Fortesta	Hyalgan	Istalol
Fanapt	Fortiscare Diabetic Testing Supplies	Hydrocodone ER (persion Pharmaceuticals)	Jentaduetto
	Fosamax		Jentaduetto XR
	Fragmin		Journey PM
	Freestyle Diabetic Testing Supplies		Jublia
	Frova		Kadian
			Kapvay

Non-Covered Medications

Kapzin DC	Lidocort	Mac Patch	Moxeza
Kaspargo Sprinkle	Lidoderm	Marvona Suik	Mulpleta
Katerzia	Lidomark	Mas Care-Pak	Mydayis
Kazano	Lidopac	Mavyret	Myfembree
Keppra	Lidopril	Maxalt	Nalfon
Keppra XR	Lido-Prilo Caine Pack	Maxalt-Mlt	Namzaric
Keralyt Scalp 6% Kit	Lidotin	Maxaquin	Naprelan
Kerydin	Lidotrans 5 Pak	Maxidex	Naprelan CR Dose Card
Ketoprofen 25mg	Lidotrex	Maxipime	Naprosyn
Ketorolac Nasal Spray (Branded Product)	Lidovix	Mb Hydrogel	Naproxen/Esomeprazole
Khedeza	Lidoxib	Medolor Kit	Nascobal
Kitabis Pak	Lipitor	Medrolan II Suik	Natazia
Klonopin	Lipofen	Medroloan Suik	Natesto Nasal
Krintafel	Lipritin	Megace ES	Neocera Advanced
Kiristalose	Lipritin II	Menostar	Neosalus
KRO premium Diabetic supplies	Liprozonepak	Mentho-Caine Kit	Neosalus CP
Kuvan	Livalo	Mesalamine DR	Neo-Synalar Kit
Lamictal	Livixil Pak	Metformin ER (Fortamet Authroized product)	Nesina
Lamictal ODT	Livostin	Metformin ER (Glumetza Authroized product)	Neuac Kit
Lamictal XR	LMR Plus Kit	Methylphenidate ER (Aptensio XR Authorized product)	Neumaxin
Lamisil	Lodine	Micardis	Neupogen
Lamisil Granules	Lodine XL	Micardis HCT	Neupro
Lancet Diabetic Testing Supplies	Lokelma	Microdot Diabetic Testing Supplies	Neurcaine
Latuda	Lonhala Magnair	Migranow	Neurontin
Lazanda	Lopressor	Microvin LP	Nevanac
Ledipasvir/Sofosbuvir	Loprox Kit	Minastrin Fe	Nexiclon XR
Lemtrada	Loreev XR	Minocin	Nexium (excluded for 18 years and older)
Lescol	Lorzone	Minocin Combo Pack	Niravam
Lescol XL	Loseasonique	Minocycline Tablets	Nitro-Dur
Leva Set	Lotemax	Minocycline ER (Branded product)	Nocdurna
Levalbuterol HFA	Lotemax SM	Minolira ER	Noctiva
Levaquin	Lotensin	Mirapex	Nopiod-LMC
Levemir	Lotensin HCT	Mirapex ER	Nopiod-TC
Levicyn Antipruritic SG	Lotrel	Mobic	Norditropin
Levitra	Loutrex	Monodox	Norgesic Forte
Levothyroxine capsules	Lovaza (Omacor)	Monovisc	Northera
Lexapro	Lovenox	Morgidox Kit	Norvasc
Lexette	Lubiprostone	Morphabond ER	Nova Max Diabetic Testing Supplies
Lexixryl	Luliconazole	Motegrity	Novacort
Liberty Diabetic Testing Supplies	Lunesta	Moviprep	Novolin
Licart	Luzu	Moxatag	Novolog
Lidocidex I	Lyumjev		Noxipak
	Lyrica		Nucaraclinpak
	Lyrica CR		Nucararxpak
	Lysteda		

Non-Covered Medications

Nucort	Paingo KFT	Precision Diabetic Testing Supplies	Pylera
Nucynta	Pamelor	Pred Mild	Qbrelis
Nucynta ER	Pancreaze	Prefest	Qbrexza
Nudermrxpack	Panixine	Pregnyl	Qdolo
Nudiclo Solupak	Patanase	Premium Diabetic Testing Supplies	Qmiiz ODT
Nudiclo Tabpak	Paxil	Prepopik	Qtern
Nulytely	Paxil CR	Presera	Quartette
Nusurgepak Surgical Prep	P-Care	Prestalia	Quillichew ER
Nutraseb	P-Care K	Prestige Diabetic Testing Supplies	Quillivant XR
Nutria Rx	P-Care M	Prevacid (excluded for 18 years and older)	Quinixil
NuvaRing	P-Care MG	Prevpac	Quinja
Nuvakaan	P-Care X	Prikaan	Quinosone Combo Pack
Nuvakaan II	PCE	Prilo Patch Kit	Radiaplex Rx
Nuessa	PCE Dispertab	Prilo Patch II Kit	Radigel
Nuvigil	Pedizol	Prilolid	Rapaflo
Ocudox Kit	Penetrex	Prilosec (excluded for 18 years and older)	Raxar
Olux	Penlac	Prilovix	Rayaldee
Olysio	Pennsaicin	Prilovixil	Rayos
Omeclamox	Pennsaid	Prinivil	Readysharp Betamethasone
Omnitrope	Pentican	Pristiq	Readysharp Bupivacaine
Onexton	Pepcid	Prozopak II	Readysharp Dexamethasone
Onmel	Percocet	Prizotral	Readysharp Ketorolac
Onsolis	Pergonal	Prizotral II	Readysharp Lidocaine
Onzetra Xsail	Perseris	ProAir DigiHaler	Readysharp Methylprednisolone
Opana	Pertzeye	ProAir HFA	Readysharp Triamcinolone
Opana ER	Pexeva	ProAir RespiClick	Realheal-1
Optium Diabetic Testing Supplies	Pharmacist Choice Diabetic Testing Supplies	Procentra	Recothrom
Oracea	Physicians EX USE B12 Kit	Procrit	Reditrex
Oramorph SR	Physicians USE EZ M-Pred Kit	Prodigy Diabetic Testing Supplies	Regenecare
Orapred ODT	Picato	Prolensa	Relador PAK
Oravig	Plaquenil	Promiseb	Relador PAK Plus
Oriahnn	Plixda	Protonix (excluded for 18 years and older)	Relafen DS
Orilissa	PNV 20-1	Proventil HFA	Relexxii ER
Orphendrine/Aspirin/Caffeine	Pod-Care 100C	Proventil Inhaler	Relion Diabetic Testing Supplies
Orthovisc	Pod-Care 100CG	Provigil	Relpax
Oseni	Pod-Care 100K	Pro-Voice Diabetic Testing Supplies	Remeron
Osmolex ER	Pod-Care 100KG	Prozac	Remeron Soltab
Osmoprep	Pogo Diabetic Testing Supplies	Prozac Weekly	Repatha
Osphena	Pradaxa		Requip
Oxaydo	Pram-HCA		Requip XL
Oxycodone ER	Pramosone E		Rescula
OxyContin	Pravachol		Restoril
Oxytrol	PR-Cream		Retin-A Cream
Ozempic			Retin-A Micro

Non-Covered Medications

Revatio	Simvastatin Suspension (Folipid Authorized Product)	Sumaxin CP	Tindamax
Rexulti	Sinemet 25/100	Sumaxin TS	Tirosint
Rhopressa	Singulair	Supartz	Tivorbex
Rightest Diabetic Testing Supplies	Sitavig	Suprep	Tobradex
Risperdal M-Tab	Skyaderm-LP	Sure Result Tac Pak	Tobradex ST
Ritalin	Sklice	Sustol	Tofranil
Ritalin LA	Smart Sense Diabetic Testing Supplies	Suviscort	Tolak
Ritalin SR	SmartRx Gabakit	Sympazan	Tolsura
Rocklatan	SmartRx Gaba-V	Symproic	Topamax
Rosadan	Sodium Hyaluronate	Synalar Combo-Pack	Toronova II Suik
Rosuvastatin/Ezetimibe	Sofosbuvir/Velpatasvir	Synalar TS	Toronova Suik
Roszet	Sof-Tact Diabetic Testing Supplies	Synvexia TC	Tovet Kit
Roxybond	Solaice	Synvisc	Toviaz
Rytary ER	Solaravix	Synvisc-One	Tradjenta
Rythmol	Solaraze	Talcia DR	Tramadol 100Mg Tablets (Branded Product)
Ryvent	Soliqua	Tanzeum	Tramadol ER Capsules
Saizen	Solodyn	Targadox	Tranxene -T
Salicylic Acid 6% Kit	Solosec	Tarka	Tresiba
Salicylic Acid/Ceramide Kit	Soltamox	Tasoprol	Tretin-X
Salkera	Solupak	Tavaborole	Treximet
Salvax Duo	Solus Diabetic Testing Supplies	Taytulla	Trezix
Salvax Duo Plus	Soma	Tazorac	Triadime-80
SanadermRx Skin Repair	Sonata	Tecfidera	Triamcinolone 0.05%
Sancuso	Soolantra	Technivie	Trianex
Saphris	Sovaldi	Teczem	Tribenzor
Sarafem	Spectracef	Tekturna	Tricor
Savaysa	Sporanox	Tekturna HCT	Triglide
Savella	Spritam	Tenormin	Triheal-80
Scalacort	Sprix	Tequin	Trileptal
Seasonique	Stalevo	Teriparatide	Trilipix
Sebuderm	Staxyn	Tersi	Trilipx DR
Secuado	Steglatro	Test N'Go Diabetic Testing Supplies	Triloan II Suik
Seebri Neohaler	Steglujan	Testim	Triloan Suik
Segluromet	Stendra	Testone CIK	TriloCiclo Kit
Sernivo	Striant	Testosterone (Testim Authorized Product)	Triluron
Seroquel	Suboxone	Testosterone (Vogelxo Authorized Product)	Trinaz
Seroquel XR	Subsys	Testosterone CIK Kit	Tri-Norinyl
Seysara	Suclear	Testosterone Gel (Fortesta Authorized Product)	Trintellix (Formerly Brintellix)
Sila III	Sular	Tevis-Tropin	Tritocin
Silalite Pak	Sumadan	Tiazac	Tri-Sila Topical
Silazone-II	Sumavel Dosepro	Timoptic	Trivisc
Silenor	Sumaxin	Timoptic Ocudose	Trivix
Silvrstat			Trixylytral
Simbrinza			Trudhesa

Non-Covered Medications

True Metrix Diabetic Testing Supplies	Viibryd	Xultophy	Zyflo
Truetest Diabetic Testing Supplies	Vimovo	Xyosted	Zyflo CR
Truetrack Diabetic Testing Supplies	Virasal	Xywav	Zylet
Trulance	Visco-3	Yosprala DR	Zymaxid
Twynsta	Vivaguard Ino Diabetic Testing Supplies	Yupelri	Zypitamag
Ultracet	Vivlodex	Zagam	Zypram
Ultram	Vogelxo	Zanaflex	Zyprexa
Ultram ER	Voltaren	Zantac	Zyprexa Intramuscular
Ultrasal ER	Voltaren-XR	Zegerid (excluded for 18 years and older)	Zyprexa Relprevv
Ultravate PAC	Vopac MDS	Zelapar	Zyprexa Zydis
Ultravate X	Vraylar	Zelnorm	
Unistrip Diabetic Testing Supplies	Vumerity DR	Zembrace Symtouch	
Up & Up Diabetic Testing Supplies	Vusion	Zepatier	
Uramaxin	Vytorin	Zestril	
Urea Kit	Vyvanse	Zetia	
Utibron Neohaler	Vyzulta	Zeyocaine	
Vacustim Silver Kit	Wavesense Diabetic Testing Supplies	Ziana	
Valium	Welchol	Zilacaine	
Vanos	Wellbutrin	Zilxi	
Varophen Kit	Wellbutrin SR	Zinbryta	
Vascepa	Wellbutrin XL	Zioptan	
Vaseretic	Whytederm Surgipak	Zipsor	
Vasotec	Whytederm Trilasil Pak	Zithromax	
Vectical	Winlevi	Zmax	
Velphoro	Wound Debride 4% Lidocaine	Zocor	
Veltassa	WPR Plus	Zofran	
Veltin	Wynzora	Zofran ODT	
Venlafaxine ER Tablets	Xadago	Zohydro ER	
Ventolin	Xalix	Zoloft	
Ventolin HFA	Xanax	Zolpak	
Verasens Diabetic Testing Supplies	Xanax XR	Zolpimist	
Veregen	Xartemis XR	Zomacton	
Vesicare	X-Clair	Zomig	
Vexa	Xelpros	Zomig ZMT	
Vexasyn Wound Gel	Xepi	Zonegran	
Viagra	Xerese	Zontivity	
Viberzi	Xifaxan	Zorvolex	
Victoza	Xilapak	Zovirax	
Viekira	Ximino ER	Ztlido	
Viekira PAK	Xolegel	Zubsolv	
Vigamox	Xopenex HFA	Zuplenz	
	Xopenex Nebules	Zurampic	
	Xryliderm	Zyban	
	Xrylix	Zyclara	

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 following methods, 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

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.*
- You have documented adverse effects to two covered medications, which are significant enough to stop taking the medication.
- There is 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 costs for the medication.

*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

Email

grievances@bcbsma.com

Phone and fax are recommended for faster service.

Mail

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

What Happens When an Appeal Is Denied

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

To read your full appeal and grievance rights, please 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

Medication Resource List Index

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

Medication Resource List Index

8

8-Mop 22

A

ACTOplus Met 8, 17
 ACTOplus Met XR 8, 17
 Abilify 25
 Abilify Discmelt 25
 Abilify Mycite 8, 25
 Abiraterone 21
 Absorica 25
 Absorica LD 25
 Abstral 8, 13, 25
 Acanya 25
 Accolate 25
 Accu-Chek Diabetic Testing Supplies 25
 Accucaine 25
 Accupril 25
 Accuretic 25
 Acetadote 21
 AcipHex 8, 13
 AcipHex Sprinkle 8
 Aciphex 25
 Actemra 8, 13, 20
 Acthar 13, 20
 Acticlate 25
 Actigall 25
 Actimmune 13, 20
 Actiq 8, 13, 25
 Active Injection D 25
 Active-Pac 25
 Activella 25
 ActoPlus Met 25
 ActoPlus Met XR 25
 Actonel 8, 17
 Actos 8, 17
 Acular 8, 25
 Acular LS 8, 25
 Acular PF 8
 Acuvail 25
 Acyclovir cream 8
 Aczone 25
 Adakveo 13, 20
 Adalat CC 25
 Adazin 25
 Adcirca 13, 21
 Adderall 25

Adderall XR 8
 Addyi 13, 25
 Adempas 21
 Adhansia XR 8, 25
 Adlyxin 8, 17, 25
 Admelog 8, 25
 Admelog Solostar 8
 Adriamycin 20
 Adrucil 20
 Advair Diskus 8, 13
 Advair HFA 8, 13
 Advanced Allergy Collection Kit 25
 Advocate Diabetic Testing Supplies 25
 Adyphren 8, 25
 Adyphren Amp 8
 Adyphren Amp II 8
 Adyphren II 8
 Adzenys XR 8, 25
 Aemcolo 8
 Aemcolo DR 25
 Aerospan 8, 25
 Afinitor 21
 Afinitor Disperz 21
 Afrezza 17
 Agoneaze 25
 Aimovig 8, 13
 Air Duo 13
 AirDuo DigiHaler 8, 25
 AirDuo RespiClick 8, 25
 Ajovy 8, 13
 Akynzeo 8, 25
 Albuterol HFA (Ventolin Authorized Product) 25
 Albuterol Sulfate HFA 8
 Alcantin-A 25
 Alecensa 13, 21
 Alendronate Sodium 8
 Aleve Plus Kit 25
 Alfenta 13
 Alferon-N 20
 Alinia 8, 25
 Alkeran 20, 21
 Alkindi 25
 Almotriptan 8, 17
 Alodox 25
 Alogliptin 17, 25
 Alogliptin/Metformin 17, 25

Alogliptin/Pioglitazone 17, 25
 Aloquin 25
 Alora 8, 25
 Alosetron 8
 Alphagan P 25
 Alrex 8, 25
 Alsuma 8, 25
 Altabax 25
 Altace 25
 Altoprev 8, 25
 Alunbrig 13, 21
 Alveicyn Antipruritic SG gel 25
 Alvesco 8, 25
 Alyq 13, 21
 Alzital 25
 Ambien 8, 25
 Ambien CR 8, 25
 Ambrisentan 21
 Amerge 8, 17
 Amethia 8
 Amethia Lo 8
 Amitiza 8
 Amlodipine 8
 Amlodipine-Atorvastatin 8
 Amondys 45 13, 21
 Amphetamines 13
 Ampyra 8, 13, 21
 Amrix 25
 Amzeeq 25
 Ana-Lex 25
 Anafranil 25
 Androgel 17
 Angeliq 25
 Anodyne LPT 25
 Antara 25
 Anusol HC suppository 25
 Anzemet 8, 25
 Apadaz 13, 25
 Apidra 8, 25
 Apidra Solostar 8
 Aplenin 25
 Aplenin ER 8
 Apokyn 20
 Aprepitant 8
 Apriso 25
 Aprizio Pak 25
 Aprizio Pak II 25
 Aptensio XR 25

Aptenzio XR 8
 Aqua Glycolic HC 25
 Arakoda 25
 Aralast 13
 Aranesp 8, 13, 20, 25
 Arava 8, 25
 Arazlo 25
 Arcalyst 20
 Arcapta Neohaler 8, 25
 Arformoterol 8, 25
 Arikayce 8, 13, 21
 Arimidex 25
 Arixtra 8, 25
 Armodafinil 13
 ArmonAir DigiHaler 8, 25
 ArmonAir RespiClick 8, 25
 Arnuity Ellipta 8
 Aromasin 25
 Arthrotec 25
 Arymo ER 8, 13, 25
 Arze-Ject-A Kit 25
 Asacol HD 25
 Asceniv 20
 Ascensia Test Strips 25
 Ashlyna 8
 Asmanex HFA 8, 25
 Asmanex Twisthaler 8, 25
 Aspirin/Omeprazole 8, 13, 25
 Assure Diabetic Testing Supplies 25
 Astepro 8, 25
 Astramorph/PF 13
 Atacand 25
 Atacand HCT 25
 Atelvia 25
 Atelvia DR 8, 17
 Ativan 25
 Atomoxetine 8
 Atopaderm 25
 Atopavo 25
 Atopiclair 25
 Atorvastatin 8
 Atralin 25
 Atrapo Dermal Spray 25
 Atrapro CP 25
 Atrapro Hydrogel 25
 Atropen 25
 Atrovent 8
 Atrovent HFA 8

Medication Resource List Index

Aubagio	21	Benzonatate 150mg	25	Budesonide	8	Carbaglu	21
Augmentin XR	25	Berinert	13, 20	Budesonide/Formoterol	8, 13	Carboplatin	20
Auryxia	25	Beser	25	Budesonide/Formoterol (Symbicort Authorized Product)	25	Cardene	26
Austedo	22	Besivance	25	Bunavail	8, 25	Cardizem CD	26
Auvi-Q	8, 25	Besponsa	20	Buprenorphine	8	Cardizem LA	26
Avalide	25	Betaloan Suik	25	Buprenorphine film	8, 13	Cardura	8
Avandaryl	17	Betaseron	8, 17, 20	Buprenorphine patch	8, 13	Cardura XL	8, 26
Avandia	8, 17	Bethkis	21	Buprenorphine-Naloxone	8	Careone Diabetic Testing Supplies	26
Avapro	25	Betimol	25	Bupropion SR	8	Caresens Diabetic Testing Supplies	26
Aveed	20	Betoptic S	25	Bupropion XL	8	Caretouch Diabetic Testing Supplies	26
Avelox	25	Bevespi AeroSphere	8	Busulfex	20	Carimune	20
Avidoxy	25	Bevespi Aerosphere	25	Butorphanol NS	8	Carmustine	20
Avidoxy DK	25	Bevyxxa	8	Butrans	8, 13	Cataflam	26
Avinza	8, 13	Bg-Star Diabetic Testing Supplies	25	Bydureon	8, 17	Catapres TTS	8
Avita	25	BiCNU	20	Bydureon Bcise	8	Cayston	21
Avodart	17	Bicillin	21	Byetta	8, 17	Cedax	26
Avonex	8, 17, 20	Bijuva	8, 25	Bylvay	13, 21	Ceftazadime	21
Avsola	13, 20	Binosto	8, 17, 25	Bynfezia	20	Celebrex	8, 17
Axert	8, 17, 25	Bionect	25	Bystolic	25	Celecoxib	8, 17
Axiron	17	Bivigam	20	Byvalson	25	Celexa	8, 26
Ayvakit	13, 22	Bleo 15	21			Cem-Urea	26
Azasite	25	Bleomycin Sulfate	20	C		Centany	26
Azelastine	8	Blincyto	20	CVS Advanced Diabetic testing supplies	26	Centany AT	26
Azeschew	25	Boniva	20, 25	Cabergoline	8	Cequa	13, 26
Azesco	25	Boniva 150mg	22	Cablivi	21	Ceracade Skin Barrier	26
Azopt	25	Boniva syringe	13	Cabometyx	8, 21	Ceramax	26
Azor	25	Boniva tablets	8, 17	Caduet	8, 25	Cerdelga	21
Azstarys	8, 25	Bortezomib	20	Calcipotriene	8	Cerezyme	13, 20
B		Bosentan	21	Calcipotriene Foam (Sorilux Authorized Product)	25	Cesamet	8, 26
B-D Testing Strips	25	Bosulif	21	Calcipotriene/Betamethasone	8	Cetraxal	26
BSP 0820	25	Botox	20	Calcitriol Topical	25	Cetrotide	23
Bafiertam	17, 21	Botox/Botulinum Toxin	13	Calcium Folate	20	Chenodal	22, 26
Balcoltra	25	Braftovi	13	Calquence	22	Cholbam	8, 22
Balversa	13, 22	Bravelle	23, 25	Calypta	8	Chorionic Gonadotropin	26
Baqsimi	8	Breo Ellipta	8, 13, 25	Cambia Powder	25	Cialis	26
Basadrox	25	Brevicon	25	Camptosar	20	Ciclodin solution/kit	8
Basaglar	8	Brexafemme	8, 25	Camrese	8	Ciclopirox cream	8
Belbuca	8, 13	Breztri	13	Camrese Lo	8	Ciclopirox gel	8
Beleodaq	20	Breztri Aerosphere	8	Capecitabine	21	Ciclopirox nail lacquer	8
Belsomra	8, 25	Brilinta	25	Caphosol	25	Ciclopirox shampoo	8
Benicar	25	Brisdelle	8, 25	Capital and Codeine	13	Ciclopirox topical suspension	8
Benicar HCT	25	Bromsite	25	Caplyta	25	Cimzia	8, 13, 20
Benlysta Autoinject/syringe	21	Bronchitol	8, 21	Capsfenac	26	Cinqair	13, 20
Benzaclin	25	Brovana	8, 25	Capxib	17, 26	Cinryze	13, 20
Benzaclin Kit	25	Brukinsa	8	Carac	26	Cipro XR	26
Benzhydrocodone/APAP	13	Brylhalo	25				
Benzhydrocodone/Acetaminophen	25	Budeprion SR	8				
		Budeprion XL	8				

Medication Resource List Index

Cisplatin	20	Copkitra	13	Deluo	26	Dexilant (Kapidex)	26
Citalopram	8	Coreg	26	Delzicol	26	Dexmethylphenidate ER	8
Cladribine	20	Coreg CR	26	Delzicol XR	26	Dexmethylphenidate XR	8
Clenia Plus	26	Corlanor	26	Demerol	13	Dextrazoxane	20
Clenpiq	26	Cosentyx	8, 13, 20, 26	Denavir	8	Dextroamphetamine/ Amphetamine ER	8
Cleocin T	26	Cosmegen	20	Depakote	26	Dextroamphetamines	13
Clever Choice Diabetic Testing Supplies	26	Cosopt PF	26	Depakote ER	26	Diabetic Testing Strips (all)	8
Climara	8	Cotellic	13, 21	Depakote Sprinkle	26	Diacomit	22
Climara Pro	8	Cotempla XR ODT	8	Depo-Estradiol	21	Diclo Gel	26
Clindacin PAC	26	Cozaar	26	Depo-Sub Q Provera 104	26	Diclo-Xrylix Sheet Kit	26
Clindagel	26	Crestor	8, 26	Derma-Smoothe/FS Body Oil	26	Diclofenac 3% gel	8
Clindamycin 1% foam	8	Crinone	23	Derma-Smoothe/FS Scalp Oil	26	Diclofenac Epolamine	26
Clindamycin 1% gel	8	Cromolyn ophthalmic	8	Dermacin Cinolone-1 CPI	26	Diclofenac Potassium 25mg	26
Clindamycin 1% lotion	8	Crysvita	20	Dermacin Silazone Pharmapak	26	Diclofenac Submicronized	26
Clindamycin 1% solution	8	Cutaquig	21	DermacinRx Clorhexacin	26	Diclofenac solution	8
Clindamycin 2% vaginal	8	Cuvitru	20	DermacinRx Empricaine	26	Diclofono	26
Clindavix	26	Cuvposa	21	DermacinRx PHN	26	Dicloheal-60	26
Clindcin ETZ Kit	26	Cyclobenzaprine 7.5mg	26	DermacinRx Prenatrix	26	Diclopak	26
Clobetavix	26	Cyclopak Kit	26	DermacinRx Prenatryl	26	Diclopr Combo Pack	26
Clobex	26	Cyclophosphamide	20, 21	DermacinRx Pretrate	26	Diclotral	26
Clodan Kit	26	Cymbalta	8, 26	DermacinRx Prizopak	26	Diclofren	26
Clomid	23	Cystadrops	23	DermacinRx Silapack	26	Diclofenac	26
Clomiphene	23	Cystagon	21	DermacinRx Surgical Pharmapak	26	Diclofenac M	26
Clonidine patch	8	Cystaran	23	DermacinRx Therazole Pak	26	Diclozor	26
Co-gesic	13	Cytarabine	20	DermacinRx ZRM	26	Differin	26
Cocet/Plus	13	Cytogam	20	Dermasorb-AF	26	Difidid	13, 26
Colazal	26	D		Dermasorb-HC	26	Diflorasone cream	8
Colchicine Capsules	26	D-Care 100X	26	Dermasorb-TA	26	Diflucan	8
Colcrys	26	DDAVP	20, 22, 26	Dermasorb-XM	26	Dihydroergotamine	9, 17
Colyte	26	DM 2 Kit	9	Dermawerx SDS	26	Dilaudid	13, 26
Combigan	26	DM2 kit	26	Dermawerx Surgical Plus Pack	26	Dimetho	26
Combivent	8	DMT Suik	26	Dermazone	26	Dimethyl Fumarate	21
Combivent Respimat	8	Dacarbazine	20	Dermazyl	26	Diovan	26
Cometriq	22	Dactinomycin	20	Dermotic	26	Diovan HCT	26
Concerta	8	Daklinza	8, 13, 21, 26	Desferal	21	Dipentum	26
Conjupri	8, 26	Dalfampridine	8, 13, 21	Desferoxamine	21	Diskets	13
Consensi	26	Daliresp	26	Desmopressin Acetate	20	Dithol Combo Pack	26
Cotempla XR ODT	26	Dapsone 7.5%	26	Desowen Kit	26	Ditropan XL	17, 26
Contour Diabetic Testing Supplies	26	Daraprim	22	Desoxyn	13	Divigel	26
Contrave	13	Daunorubicin HCL	20	Desvenlafaxine ER	8, 26	Docefrez	20
Contrave ER	8	Daurismo	8, 21	Detrol	17, 26	Docetaxel	20
Conzip	26	Daxbia	26	Detrol LA	17, 26	Dojolvi	21
Cool Diabetic Testing Supplies	26	Daypro	26	Dexedrine	13, 26	Dolophine	13
Copaxone	8, 17, 20, 26	Daysee	8	Dexilant	8, 13	Dolotranz	26
Copegus	21	Daytrana	26			Doptelet	9, 21
Copiktra	22	Dayvigo	8			Doramorph	13
		Deferasirox	21			Doryx DR 80mg	26
		Delestrogen	21				

Medication Resource List Index

Dotti	9
Doubledex	26
Dovonex	9
Doxazosin	9
Doxepin cream	9
Doxepin tablets	9
Doxycycline DR 200mg	26
Doxycycline DR 80mg	26
Doxycycline Hyclate 50mg tablets	26
Drizalma Sprinkle	9, 26
Droxidopa	21
Duac	26
Duac CS	26
Duaklir Pressair	9, 26
Duavee	26
Duetact	17
Duexis	26
Dujolvi	13
Dulera	9, 13
Duloxetine DR	9
Duobrii	26
Duopa	21
Dupixent	13, 20
Duragesic	9, 13, 26
Durezol	26
Durlaza	26
Durolane	13, 26
Duzallo	26
Dvorah	13
Dyloject	26
Dysport	13, 20

E

EC-Naprosyn	26
EQ Diabetic Testing Supplies	27
EZ Use Joint Tunnel-Trigger	27
Easy Step Diabetic Testing Supplies	26
Easy Talk Diabetic Testing Supplies	26
Easy Touch Diabetic Testing Supplies	26
Easy Trak Diabetic Testing Supplies	26
Easymax Diabetic Testing Supplies	26
Econasil	26
Econazole cream	9

Edarbi	26
Edarbyclor	26
Edluar	9, 26
Effexor	26
Effexor XR	9, 26
Egrifta	13, 20
Elepsia XR	26
Elestrin	26
Eletone	26
Eletriptan	9, 17
Elidel	13
Eligard	20
Ellence	20
ELLzia	26
Embeda	9, 13, 26
Embrace Diabetic Testing Supplies	27
Emend	9
Emflaza	22
Emgality	9, 13
Empaveli	13, 21
Empraciane II	27
Emsam	27
Emverm	9
Enablex	17, 27
Enbrel	9, 13, 20
Endometrin	23
Enoxaparin	9
Enspryng	13, 20
Enteral formula	13
Entresto	17, 27
Entyvio	13, 20
Epaned	27
Epclusa	9, 13, 21
Epi-Pen Auto-Injector	9
Epiceram	27
Epiduo	27
Epiduo Forte	27
Epinephrine Autoinject (Amneal Authorized Product For Adrenaclick)	27
Epinephrine Professional EMS kit	9
Epinephrine Professional kit	9
Epinephrine Snap-V	27
Epinephrine injection	9
Epirubicin	20
Episil	27
Episnap Convenience Kit	27

Epogen	9, 13, 20, 27
Equetro	27
Erivedge	21
Erleada	21
Erlotinib	13, 22
Ertaczo	27
Esbriet	22
Escitalopram	9
Esomep-EZS	9, 13
Esomeprazole	9, 13
Esomeprazole Strontium	9, 13
Esomeprazole Stronum	27
Esomeprazole-EZS Kit	27
Estrace	27
Estradiol patch	9
Estrogel	9, 27
Eszopiclone	9
Ethylol	20
Etopophos	20
Etoposide	20, 22
Eucrisa	27
Euflexxa	13, 27
Evamist	9, 27
Evekeo	13, 27
Evencare Diabetic Testing Supplies	27
Evenity	9, 13, 20
Everolimus	22
Evkeeza	13, 21
Evoclin	27
Evomela	21
Evrysdi	13, 22
Evzio	9
Exactech Diabetic Testing Supplies	27
Exalgo	9, 13, 27
Exforge	27
Exforge HCT	27
Exjade	22
Exkivity	9, 22
Exondys	21
Exondys 51	13
Exservan	22, 27
Extavia	9, 17, 20, 27
Extina	27
Eysuvis	13
Ezallor Sprinkle	9, 27
Ezetimibe	9
Ezetimibe/Simvastatin	9

F

FML Forte	27
FML Liquifilm	27
FML S.O.P.	27
Fabior	27
Factive	27
Factor VIII, VIIIa, IX, XIII	13
Famciclovir	9
Fanapt	27
Farxiga	9, 17
Farydak	9, 13, 22
Fasenra	9, 13, 20
Faslodex	20
Fayosim	9
Fazaclo	27
Femring	27
Fenofibrate 150mg	27
Fenofibrate 50mg	27
Fenoglide	27
Fensolvi	20
Fentanyl Citrate	9, 13, 27
Fentanyl oral/mucosal	9, 13
Fentanyl patch	9, 13
Fentora	9, 13, 27
Fetzima	9, 27
Fexmid	27
Fiasp	9, 27
Fibricor	27
Fifty50 Diabetic Testing Supplies	27
Finacea Plus	27
Fintepla	21
Fiorinal	27
Fiorinal /Codeine #3	27
Firazyr	13, 20
Firdapse	13, 22
Firmagon	20
Flagyl	27
Flagyl ER	27
Flagyl I.V.	27
Flagyl I.V. RTU Vialflex	27
Flarex	27
Flebogamma	20
Flector	27
Flexipak	27
Flolipid	27
Flovent Diskus	9
Flovent HFA	9

Medication Resource List Index

Floxuridine	20	GamaSTAN	20	Golytely	27	Hylatopic Plus	27
Fluconazole	9	Gamifant	13, 21	Gonal-F RFF Redi-Ject	23	Hylatopic Plus-Aurstat	27
Fludarabine phosphate	20	Gammagard	20	Gonal-F/Gonal-F RFF	23	Hymovis	13, 27
Fluopar	27	Gammagard Liquid	20	Granisetron	9	Hysingla ER	9, 13, 27
Fluoroplex	27	Gammaked	20	Granix	9, 13, 20	Hyzaar	27
Fluorouracil	20	Gammaplex	20	Grastek	9, 13		
Fluovix	27	Gamunex	20				
Fluovix Plus	27	Ganirelix	23, 27	H			
Fluoxetine	9	Gatifloxacin	9	HPR	27	IV Immunoglobulin	13
Fluoxetine DR	9	Gattex	20	HPR Plus	27	Ibandronate	9
Fluoxetine Tablets	27	Gavreto	9, 13, 22	HPR Plus Hydrogel	27	Ibandronate injection/syringe	13, 20
Fluticasone/Salmeterol	9, 13	Gel-One	13, 27	Haegarda	13, 20	Ibrance	9, 13, 22
Fluvastatin	9	Gelclair	27	Halobetasol Foam	27	Ibudone	13
Fluvastatin XR	9	Gelnique	17, 27	Halobetasol cream	9	Ibupak	27
Fluvoxamine	9	Gelsyn-3	13, 27	Halobetasol ointment	9	Ibuprofen/Famotidine	27
Fluvoxamine CR	9	Gelx	27	Harmony Diabetic Testing Supplies	27	Icatibant	20
Focalin	27	Gemcitabine	20	Harvoni	9, 13, 22	Iclusig	22
Focalin XR	9, 27	Gemtesa	9, 17	Healthpro Diabetic Testing Supplies	27	Idamycin PFS	20
Follistim	27	Gemzar	20	Helidac Therapy Pak	27	Idarubicin	20
Follistim AQ	23	Genotropin	13, 20, 27	Hemady	27	Idhifa	13, 22
Fondaparinux	9	Genstrip Diabetic Testing Supplies	27	Hetlioz	9, 13, 22	Ifex	20
Fora Diabetic Testing Supplies	27	Gentimicin cream	9	Hetlioz LQ	22	Ifosfamide	20
Forfivo XL	9, 27	Gentimicin ointment	9	Hizentra	20	Ifosfamide/Mesna	20
Formoterol	9	Genvisc	13	Horizant	27	Iglucose Diabetic Testing Supplies	27
Fortamet	17, 27	Geodon	27	Humalog	9	Ilaris	13, 20
Fortaz	21	Gialax	27	Humalog Jr.	9	Ilevro	27
Forteo	9, 13, 20	Giazio	27	Human Chorionic Gonadotropin (hCG)	23	Ilumya	9, 13, 20
Fortesta	17, 27	Gilenya	17, 22	Humana True Metrix Diabetic Testing Supplies	27	Imatinib	22
Fortiscare Diabetic Testing Supplies	27	Gilotrif	13, 22	Humatrope	13, 20	Imbruvica	22
Fosamax	9, 17, 27	Gimoti	27	Humira	9, 13, 20	Imcivree	13, 21
Fosamax Plus D	9, 17	Givlaari	13, 20	Humira CF	9	Imitrex	9, 17
Fotivda	9, 22	Glatiramer	9, 20	Humulin	9	Imitrex Kit Refill	27
Fragmin	9, 27	Glatopa	9, 20	HyQvia	20	Imitrex Pen Injector	27
Freestyle Diabetic Testing Supplies	27	Gleevec	22, 27	Hyalgan	13, 27	Imitrex Vial	27
Frova	9, 17, 27	Gloperba	27	Hycamtin	20, 22	Impavido	9
Frovatriptan	9, 17	Glucocard Diabetic Testing Supplies	27	Hycet	13	Impeklo	27
Fulphila	9, 13, 20	Glucometer Diabetic Testing Supplies	27	Hydrocodone ER	9, 13	Imvexxy	27
Fulvestrant	20	Glucophage	17, 27	Hydrocodone ER (persion Pharmaceuticals)	27	Inavix	27
Fusilev I.V.	27	Glucophage XR	17, 27	Hydrocortisone-Lidocaine	27	Inbrija	17, 22
Fuzeon	20	Glucose testing strips (all)	9	Hydrogesic	13	Increlex	13, 20
		Glumetza	17, 27	Hydromorphone ER	9, 13	Incruse Ellipta	9, 13
		Glyxambi	9, 17	Hydroxyprogesterone	13, 20, 23	Inderal LA	27
G		Gmate Diabetic Testing Supplies	27	Hylaguard	27	Inderal XL	27
GE 110 Diabetic Testing Supplies	27	Gnp Diabetic Testing Supplies	27	Hylatopic	27	Indomethacin 20Mg (Branded Product)	27
Gabacaine	27	Gocovri ER	22, 27			Indomethacin 20mg	9
Gabapal	27					Infergen	9
Galafold	13, 22					Inflamma-K	27

Medication Resource List Index

Inflatherm	27
Inflectra	13, 20
Infumorph	13
Ingrezza	9, 22
Inlyta	22
Innopran XL	27
Inqovi	22
Inrebic	13, 22
Insulin Aspart	27
Insulin Glargine	27
Insulin Lispro	27
Insulin Lispro Jr.	27
Insulin Lispro Mix 75-25	27
Insulins (all)	9
Insulins Lispro	9
Interferons (alpha, gamma)	13
Intermezzo	9, 27
Intron A	20
Introvale	9
Intuniv	27
Invega	27
Inveltys	27
Invokamet	9, 17, 27
Invokamet XR	9, 17, 27
Invokana	9, 17, 27
Iodoquinol/Hydrocortisone/Al- oe	9
Ipratropium NS	9
Irenka DR	9, 27
Iressa	13, 22
Irinotecan	20
Istalol	27
Istodax	20
Isturisa	13, 22
Itraconazole	9

J

Jadenu	22
Jakafi	9, 22
Jalyn	17
Janumet	17
Janumet XR	17
Januvia	17
Jardiance	9, 17
Jentadueto	17, 27
Jentadueto XR	17, 27
Jolessa	9
Jornay PM	9
Journay PM	27

Jublia	27
Juxtapid	13, 22
Jynarque	9, 22

K

KRO premium Diabetic supplies	28
Kadian	9, 13, 27
Kalbitor	13, 20
Kalydeco	9, 13, 22
Kanuma	13, 21
Kapvay	27
Kapzin DC	28
Kaspargo Sprinkle	28
Katerzia	28
Kazano	17, 28
Kenalog	20
Kenalog aerosol	9
Keppra	28
Keppra XR	28
Keralyt Scalp 6% Kit	28
Kerendia	9, 17
Kerydin	9, 28
Kesimpta	17, 20
Ketoconazole 2%	9
Ketoprofen 25mg	28
Ketorolac Nasal Spray (Branded Product)	28
Ketorolac ophthalmic	9
Keveyis	9, 22
Kevzara	9, 13, 20
Khedeza	9, 28
Kineret	9, 13, 21
Kiristalose	28
Kisqali	13, 22
Kisqali Femara	13, 22
Kitabis PAK	22
Kitabis Pak	28
Klisyri	9
Klonopin	28
Kloxxado	9
Kombiglyze XR	17
Korlym	22
Koselugo	22
Krintafel	9, 28
Kuvan	22, 28
Kynamro	13, 20
Kynmobi	9

L

LMR Plus Kit	28
Lamictal	28
Lamictal ODT	28
Lamictal XR	28
Lamisil	9, 28
Lamisil Granules	28
Lancet Diabetic Testing Supplies	28
Lansoprazole	9
Lansoprazole ODT	9
Lansoprazole/Amoxicillin/Cla- rithromycin	9
Lantus	9
Lapatinib	22
Lartruvo	20
Latuda	28
Lazanda	9, 13, 28
Ledipasvir/Sofosbuvir	9, 13, 22, 28
Leflunomide	9
Lemtrada	13, 20, 28
Lenvima	13, 22
Lescol	9, 28
Lescol XL	9, 28
Letairis	22
Leucovorin Calcium	20
Leukine	20
Leuprolide	23
Leuprolide Acetate	20
Leva Set	28
Levalbuterol HFA	9, 28
Levaquin	28
Levemir	9, 28
Levicyc Antipruritic SG	28
Levitra	28
Levoleucovorin	20
Levonorgestrel/Ethinyl Estradiol	9
Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	9
Levothyroxine capsules	28
Lexapro	9, 28
Lexette	28
Lexixryl	28
Liberty Diabetic Testing Supplies	28
Libtayo	21
Licart	28

Lido-Prilo Caine Pack	28
Lidocaine 5% ointment	9
Lidocaine Patch	9
Lidocaine 5% cream	9
Lidocidex I	28
Lidocort	28
Lidoderm	9, 28
Lidomark	28
Lidopac	28
Lidopril	28
Lidotin	28
Lidotrans 5 Pak	28
Lidotrex	28
Lidovix	28
Lidoxib	17, 28
Linzeess	9
Lipitor	9, 28
Lipofen	28
Lipritin	28
Lipritin II	28
Liprozonepak	28
Liquadd	13
Livalo	9, 28
Livixil Pak	28
Livmarli	23
Livostin	28
LoSeasonique	9
Lodine	28
Lodine XL	28
Lokelma	28
Lonhala Magnair	9, 28
Lonsurf	22
Lopressor	28
Loprox Kit	28
Lorbrena	13, 22
Lorcet	13
Loreev XR	28
Lorzone	28
Loseasonique	28
Lotemax	28
Lotemax SM	28
Lotensin	28
Lotensin HCT	28
Lotrel	28
Lotronex	9
Loutrex	28
Lovastatin	9
Lovaza (Omacor)	28

Medication Resource List Index

Lovenox	9, 28	Meloxicam	10	Mitoxantrone	20	Neo-Synalar Kit	28
Lubiprostone	28	Meloxicam submicronized	10	Mobic	10, 28	Neocera Advanced	28
Lubriprotone	9	Menopur	23	Modafinil	14	Neosalus	28
Lucemyra	9	Menostar	10, 28	Moderiba	22	Neosalus CP	28
Luliconazole	28	Mentho-Caine Kit	28	Monodox	28	Nerlynx	22
Lumakras	10, 13, 22	Meperitab	14	Monovisc	14, 28	Nesina	17, 28
Lumigan	17	Mepsevii	20	Morgidox Kit	28	Neuac Kit	28
Lumoxiti	20	Mesalamine DR	28	Morphabond ER	10, 14, 28	Neulasta	10, 14, 20
Lunesta	10, 28	Mesna	20	Morphine Sulfate CR	14	Neulasta Onpro	21
Lupaneta Pack	20	Mesnex	20, 22	Morphine Sulfate ER	10, 14	Neumaxin	28
Lupkynis	23	Metformin ER (Fortamet Authorized product)	28	Motegrity	28	Neupogen	10, 14, 20, 28
Lupron Depot	20, 23	Metformin ER (Glumetza Authorized product)	28	Movantik	10	Neupro	28
Luveris	23	Metformin ER (generic for Fortamet)	17	Moviprep	28	Neurcaine	28
Luzu	28	Metformin Film Coated ER (generic for Glumetza)	17	Moxatag	28	Neurontin	28
Lybalvi	10	Methadone	14	Moxeza	10, 28	Nevanac	28
Lyllana	10	Methadose	14	Moxifloxacin	10	Nexavar	22
Lynparza	13	Methamphetamine	14	Mozobil	20	Nexiclon XR	28
Lyrica	14, 28	Methotrexate	20	Mugard	23	Nexium	10, 14, 28
Lyrica CR	10, 14, 28	Methylphenidate 72 mg	10	Mulpleta	10, 22, 28	Nexletol	10
Lysteda	10, 28	Methylphenidate CD	10	Mupirocin	10	Nexlitol	14
Lyumjev	10, 28	Methylphenidate ER	10	Mupirocin cream	17	Nexlizet	10, 14
M		Methylphenidate ER (Aptensio XR Authorized product)	28	Mustargen	20	Nexviazyme	20
MS Contin	10, 14	Methylphenidate LA	10	Myalept	14	Ninlaro	22
Mac Patch	28	Micardis	28	Mycapssa DR	22	Nipent	20
Magnacet	14	Micardis HCT	28	Mydayis	10, 28	Niravam	28
Makena	14, 20, 23	Microdot Diabetic Testing Supplies	28	Myfembree	10, 28	Nitazoxanide	10
Margesic-H	14	Microvix LP	28	Mylotarg	20	Nitro-Dur	28
Marqibo	21	Miglustat	22	Myobloc	14, 20	Nityr	23
Marvona Suik	28	Migranal	10, 17	Myrbetriq	17	Nivestym	10, 20
Mas Care-Pak	28	Migranow	28	N		Nocdurna	10, 28
Mavenclad	17, 22	Migranow Kit	10	Nabi-HB	21	Noctiva	28
Mavyret	10, 14, 22, 28	Minastrin Fe	28	Nalfon	28	Nopiod-LMC	28
Maxalt	10, 17, 28	Minivelle	10	Nalocet	14	Nopiod-TC	28
Maxalt-MLT	10, 17	Minocin	28	Naloxone	10	Norco	14
Maxalt-Mlt	28	Minocin Combo Pack	28	Namzaric	28	Norditropin	14, 20, 28
Maxaquin	28	Minocycline ER (Branded product)	28	Naprelan	28	Norditropin Flexpro	20
Maxidex	28	Minocycline Tablets	28	Naprelan CR Dose Card	28	Norditropin Nordiflex	20
Maxidone	14	Minolira ER	28	Naprosyn	28	Norgesic Forte	28
Maxipime	28	Mirapex	28	Naproxen/Esomeprazole	28	Northera	22, 28
Mayzent	17, 22	Mirapex ER	28	Naptara	20	Norvasc	10, 28
Mb Hydrogel	28	Mirtazapine	10	Naratriptan	10	Nourianz	17, 22
Medolor Kit	28	Mirtazapine Rapid Dissolve	10	Narcan	10	Nova Max Diabetic Testing Supplies	28
Medrolan II Suik	28	Mitomycin	20	Nascobal	28	Novacort	28
Medroloan Suik	28			Natazia	28	Novarel	23
Megace ES	28			Natesto Nasal	17, 28	Novolin	10, 28
Mekinist	14, 22			Natreacor	14	Novolog	10, 28
Mektovi	14			Navelbine	20	Noxipak	28
				NebuPent	10	Nplate	20

Medication Resource List Index

Nubeqa	22	Omnitrope	14, 20, 29	Oxistat	10	Percocet	14, 29
Nucala	14, 20	Omontys	10	Oxlumo	14, 21	Percodan	14
Nucaraclinpak	28	Oncaspar	20	OxyContin	10, 29	Perforomist	10
Nucararxpak	28	Ondansetron	10	Oxycodone ER	10, 14, 29	Pergonal	29
Nucort	29	Ondansetron ODT	10	Oxycontin	14	Perseris	29
Nucynta	29	Onexton	29	Oxymorphone ER	10, 14	Pertzye	29
Nucynta ER	10, 14, 29	Ongentys	17	Oxytrol	17, 29	Pexeva	10, 29
Nudermxrpak	29	Onglyza	17	Ozempic	10, 17, 29	Pharmacist Choice Diabetic Testing Supplies	29
Nudiclo Solupak	29	Onmel	10, 29	P		Photofrin	20
Nudiclo Tabbak	29	Onpattro	14, 21			Physicians EX USE B12 Kit	29
Nulibry	14, 21	Onsolis	10, 14, 29	P-Care	29	Physicians USE EZ M-Pred Kit	29
Nulytely	29	Onureg	22	P-Care K	29	Picato	29
Nuplazid	10, 22	Onzetra Xsail	10, 17, 29	P-Care M	29	Pimecrolimus	14
Nurtec	17	Opana	29	P-Care MG	29	Pimecrolimus cream	10
Nurtec ODT	10	Opana ER	10, 14, 29	P-Care X	29	Pioglitazone	17
Nusurgepak Surgical Prep	29	Opsumit	22	PCE	29	Pioglitazone-Glimepiride	17
Nutraseb	29	Optium Diabetic Testing Supplies	29	PCE Dispertab	29	Pioglitazone-Metformin	17
Nutria Rx	29	Opzelura	10	PEG-Intron	10	Piqray	14, 22
Nutritional Supplements	14	Oracea	29	PNV 20-1	29	Plaquenil	29
Nutropin	14	Oralair	10, 14	PR-Cream	29	Plegridy	10, 17, 21
Nutropin AQ Nuspin	20	Oramorph SR	10, 14, 29	Paclitaxel	20	Plixda	29
NuvaRing	29	Orapred ODT	29	Paingo KFT	29	Pod-Care 100C	29
Nuvakaan	29	Oravig	29	Palforzia	22	Pod-Care 100CG	29
Nuvakaan II	29	Orencia	10, 14, 20	Palynziq	20	Pod-Care 100K	29
Nuessa	29	Orenitram	22	Pamelor	29	Pod-Care 100KG	29
Nuvigil	14, 29	Orfadin	23	Pamidronate	20	Pogo Diabetic Testing Supplies	29
Nyamyc powder	10	Orgovyx	23	Pamidronate disodium	20	Polygesic	14
Nystatin powder	10	Oriahnn	29	Pancreaze	29	Pomalyst	10, 22
Nystop powder	10	Orilissa	29	Panixine	29	Ponvory	10, 17, 22
Nyvepria	10, 20	Orkambi	10, 14, 22	Panlor SS	14	Portrazza	21
O		Orladeyo	10, 14	Panretin	23	Pradaxa	29
		Orphendrine/Aspirin/Caffeine	29	Pantoprazole	10	Praluent	10, 14
Ocaliva	10, 22	Orthovisc	14, 29	Panzyga	20	Pram-HCA	29
Ocrevus	20	Oseni	17, 29	Paroxetine	10	Pramosone E	29
Octagam	20	Osmolex ER	29	Paroxetine CR	10	Prandin	17
Octreotide injection	20	Osmoprep	29	Patanase	10, 29	Pravachol	10, 29
Ocudox Kit	29	Osphena	29	Paxil	10, 29	Pravastatin	10
Odomzo	10, 22	Otezla	10, 14, 22	Paxil CR	10, 29	Precision Diabetic Testing Supplies	29
Ofev	22	Otezla Starter Pack	22	Pedizol	29	Pred Mild	29
Olanzapine-Fluoxetine	10	Otrexup	17, 20	Peg-Intron	20	Prefest	29
Olopatadine Nasal	10	Ovidrel	23	Pegasys	10, 20	Pregabalin	14
Olumiant	10, 14, 22	Oxalipatin	20	Pegasys Proclick	20	Pregabalin CR	10, 14
Olux	29	Oxaydo	29	Pemazyre	14, 23	Pregnyl	23, 29
Olysio	10, 14, 22, 29	Oxbryta	10, 14, 22	Penetrex	29	Premium Diabetic Testing Supplies	29
OmePPI	10, 14	Oxecta	14	Penlac	10, 29	Prepopik	29
Omeclamox	29	Oxervate	14, 23	Pennaicin	29		
Omeprazole	10	Oxiconazole Nitrate	10	Pennsaid	10, 29		
Omeprazole-Sodium Bicarbonate	10, 14			Pentican	29		
				Pepcid	29		

Medication Resource List Index

Presera	29	Pulmicort Respules	10	Readysharp Triamcinolone	29	Rimso-50	21
Prestalia	29	Pulmozyme	22	Realheal-1	29	Rinvoq ER	10, 14, 22
Prestige Diabetic Testing Supplies	29	Pylera	29	Rebetol	22	Riomet	17
PrevPac	10	Pyrimethamine	22	Rebif	10, 17, 21	Riomet ER	17
Prevacid	10, 14, 29	Q		Reblozyl	14	Risedronate	10
Prevpac	29	QVAR	10	Recothrom	29	Risperdal M-Tab	30
Prikaan	29	Qbrelis	29	RediTrex	10, 21	Ritalin	30
Prilo Patch II Kit	29	Qbrexxa	10	Reditrex	29	Ritalin LA	10, 30
Prilo Patch Kit	29	Qbrexxa	29	Regenecare	29	Ritalin SR	30
Prilolid	29	Qdolo	29	Regranex	14	Rituxan	14, 21
Prilosec	10, 14, 29	Qelbree	10	Relador PAK	29	Rivelsa	10
Prilovix	29	Qinlock	10, 23	Relador PAK Plus	29	Rizatriptan	10
Prilovixil	29	Qmiiz ODT	10, 29	Relafen DS	29	Rizatriptan ODT	10
Primlev	14	Qtern	10, 17, 29	Relexxii ER	10, 29	Rocephin	21
Prinivil	29	Qualaquin	10	Relion Diabetic Testing Supplies	29	Rocklatan	10, 17, 30
Pristiq	10, 29	Quartette	10, 29	Relpax	10, 29	Romidepsin	21
Pristiq ER	10	Quasense	10	Remeron	10, 29	Rosadan	30
Privigen	21	Quillichew	10	Remeron Soltab	10, 29	Rosuvastatin	10
Prizotral	29	Quillichew ER	29	Remicade	14, 21	Rosuvastatin/Ezetimibe	10, 30
Prizotral II	29	Quillivant XR	29	Renflexis	14, 21	Roszet	10, 30
Pro-Voice Diabetic Testing Supplies	29	Quinine Sulfate	10	Repatha	10, 14, 29	Roxybond	14, 30
ProAir DigiHaler	10, 29	Quinixil	29	Replax	17	Rozerem	10
ProAir HFA	10, 29	Quinja	29	Requip	29	Rozlytrek	14, 22
ProAir RespiClick	10, 29	Quinosone Combo Pack	29	Requip XL	29	Rubraca	22
Procentra	14, 29	Qulipta	10	Rescula	17, 29	Ruconest	14, 21
Procort	29	Qutenza	10, 23	Respiratory SyncytialVirus IG/Synagis	14	Ruxience	14, 21
Procrit	10, 14, 21, 29	R		Restasis	10, 14	Ruzurgi	23
Procysbi	22	Rabeprazole	10	Restoril	29	Rybelsus	10, 17
Prodigy Diabetic Testing Supplies	29	Radiaplex Rx	29	Retacrit	10, 14, 21	Rydapt	14, 22
Prolate	14	Radicava	21	Retevmo	14, 22	Rytary ER	30
Prolensa	29	Radigel	29	Retin-A Cream	29	Rythmol	30
Proleukin	14	Ragwitek	10, 14	Retin-A Micro	29	Ryvent	30
Prolia	14, 21	Ramelteon	10	Revatio	14, 21, 22, 30	S	
Promacta	22	Rapaflo	29	Revcovi	21	Sabril	22
Promiseb	29	Rasuvo	17	Revlimid	22	Saizen	14, 21, 30
Proscar	17	Ravicti	22	Rexulti	10, 30	SaizenPrep	14, 21
Protonix	10, 14, 29	Raxar	29	Reyvow	10	Sajazir	14, 21
Protopic	14	Rayaldee	29	Rezurock	10, 14, 23	Salicylic Acid 6% Kit	30
Proventil HFA	10, 29	Rayos	29	Rhopressa	10, 30	Salicylic Acid/Ceramide Kit	30
Proventil Inhaler	29	Readysharp Betamethasone	29	Riabni	14, 21	Salkera	30
Provigil	14, 29	Readysharp Bupivacaine	29	Ribasphere	22	Salvax Duo	30
Prozac	10, 29	Readysharp Dexamethasone	29	Ribasphere Ribapak	22	Salvax Duo Plus	30
Prozac Weekly	10, 29	Readysharp Ketorolac	29	Ribavirin	22	Samsca	22
Prozopak II	29	Readysharp Lidocaine	29	Rightest Diabetic Testing Supplies	30	SanadermRx Skin Repair	30
Prudoxin	10	Readysharp Methylprednisolone	29	Rilutek	22	Sancuso	10, 30
Pulmicort Flexhaler	10			Riluzole	22	Sandimmune	21
						Sandostatin	21
						Sandostatin-LAR	21

Medication Resource List Index

Saphnelo	21	SmartRx Gaba-V	30	Suclear	30	Takhzyro	14, 21
Saphris	30	SmartRx Gabakit	30	Sucraid	23	Talcia DR	30
Sapropterin	22	Sodium Hyaluronate	30	Sular	30	Talicia DR	11
Sarafem	10, 30	Sodium Hyaluronate 1% Syringe	14	Sumadan	30	Taltz	11, 14, 21
Savaysa	30	Sof-Tact Diabetic Testing Supplies	30	Sumatriptan	11	Talzenna	14, 22
Savella	30	Sofosbuvir/Velpatasvir 11, 14, 22, 30		Sumatriptan/Naproxen	17	Tanzeum	11, 17, 30
Saxenda	10, 14	Solaice	30	Sumavel Dosepro	11, 30	Tarceva	14, 22
Scalacort	30	Solaravix	30	Sumaxin	30	Targadox	30
Seasonique	10, 30	Solaraze	30	Sumaxin CP	30	Tarka	30
Sebuderm	30	Soliqua	11, 17, 30	Sumaxin TS	30	Tasigna	22
Secuado	10, 30	Solodyn	30	Sunitinib	22	Tasoprol	30
Seebri Neohaler	10, 30	Solosec	11, 30	Sunoside	14	Tavaborole	11, 30
Seglurimet	10, 17, 30	Soltamox	30	Supartz	14, 30	Tavalisse	23
Semglee	10	Solupak	30	Suprep	30	Taxotere	21
Serevent Diskus	10	Solus Diabetic Testing Supplies	30	Sure Result Tac Pak	30	Taytulla	30
Sernivo	30	Soma	30	Sustol	30	Tazicef	21
Serophene	23	Somatuline	21	Sutent	22	Tazorac	30
Seroquel	30	Somavert	21	Suvicort	30	Tazverik	11
Seroquel XR	30	Sonata	11, 30	Sylatron	21	Tecfidera	17, 22, 30
Serostim	14, 21	Soolantra	30	Sylvant	21	Technivie	11, 14, 22, 30
Sertraline	11	Sovaldi	11, 14, 22, 30	Symbicort	11, 14	Teczem	30
Setlakin	11	Spectracef	30	Symbyax	11	Tegsedi	11, 14, 21
Seysara	30	Spinraza	14, 21	Symdeko	11, 14, 22	Tekturna	30
Signafor	21	Spiriva HandiHaler	11	Symjepi	11	Tekturna HCT	30
Signafor LAR	21	Spiriva RespiMat	11	Sympazan	30	Temodar	21, 22
Sila III	30	Sporanox	11, 30	Symproic	11, 30	Temozolamide	22
Silalite Pak	30	Spritam	30	Synagis	21	Teniposide	21
Silazone-II	30	Sprix	30	Synalar Combo-Pack	30	Tenormin	30
Sildenafil (antihypertensive)	14	Sprycel	22	Synalar TS	30	Tepadina	21
Sildenafil antihypertensive	21, 22	Stagesic	14	Synalgos-DC	14	Tepezza	14, 21
Silenor	11, 30	Stalevo	30	Synarel	23	Tepmetko	11, 14, 23
Siliq	11, 14, 21	Staxyn	30	Synjardy	11, 17	Tequin	30
Silvrstat	30	Steglatro	11, 17, 30	Synjardy XR	11, 17	Terazosin	11
Simbrinza	30	Steglujan	11, 17, 30	Synribo	21	Terbinafine	11
Simponi	11, 14, 21	Stelara	11, 14, 21	Synvexia TC	30	Teriparatide	11, 14, 21, 30
Simponi Aria	14, 21	Stendra	30	Synvisc	14, 30	Tersi	30
Simvastatin	11	Stiolto Respimat	11	Synvisc One	14	Test N'Go Diabetic Testing Supplies	30
Simvastatin Suspension (Flolipid Authorized Product)	30	Stivarga	22	Synvisc-One	30	Testim	17, 30
Sinemet 25/100	30	Strattera	11			Testone CIK	30
Singulair	30	Strensiq	21	T		Testone CIK Kit	18
Sitavig	30	Striant	30	TOBI ampules	22	Testosterone (Testim Authorized Product)	30
Sklice	30	Striverdi Respimat	11	TOBI-Podhaler	22	Testosterone (Vogelxo Authorized Product)	30
Skyaderm-LP	30	Sublocade	21	TPN	14	Testosterone CIK Kit	18, 30
Skyrizi	11, 14, 21	Suboxone	11, 30	Tabrecta	14, 22	Testosterone Enanthate	21
Smart Sense Diabetic Testing Supplies	30	Subsys	11, 14, 30	Tacrolimus (topical)	14	Testosterone Gel (Fortesta Authorized Product)	30
				Tadalafil (antihypertensive)	14		
				Tadalafil antihypertensive	22		
				Tafinlar	14, 22		
				Tagrisso	11, 14, 22		

Medication Resource List Index

Testosterone gel (Fortesta Authorized product)	17	Trelegy Ellipta	11, 14	Tukysa	11, 23	Veltin	31
Testosterone gel (Testim Authorized product)	17	Trelstar	21	Turalio	23	Venclexta	23
Testosterone gel (Vogelxo Authorized product)	17	Trelstar Depot	21	Twynsta	31	Venlafaxine ER Tablets	31
Tetrabenazine	22	Trelstar LA	21	Tykerb	22	Venlafaxine ER capsule	11
Tev-Tropin	14, 21, 30	Tremfya	11, 14, 21	Tylenol with Codeine	14	Venlafaxine ER tablet	11
Thalomid	22	Tresiba	11, 30	Tylox	14	Ventolin	31
TheraCys	21	Tretin-X	30	Tymlos	11, 14, 21	Ventolin HFA	11, 31
Thiola	23	Treximet	11, 17, 30	Tysabri	14, 21	Verasens Diabetic Testing Supplies	31
Thiotepa	21	Trezix	14, 30	Tyvaso	22	Verdrocet	14
Thyrogen	21	Tri-Norinyl	30	U			
Tiazac	30	Tri-Sila Topical	30	Ubrelvy	11, 17	Veregen	31
Tibsovo	14	Triadime-80	30	Udenyca	14, 21	Verquvo	11, 17
Tiglutik	23	Triamcinolone 0.05%	30	Ukoniq	11, 23	Verzenio	11, 14, 22
Timoptic	30	Triamcinolone spray	11	Ultracet	31	Vesicare	17, 31
Timoptic Ocudose	30	Trianex	30	Ultram	31	Vexa	31
Tindamax	30	Tribenzor	30	Ultram ER	31	Vexasyn Wound Gel	31
Tirosint	30	Tricor	30	Ultrasal ER	31	Viagra	31
Tivorbex	11, 30	Triglide	30	Ultravate PAC	31	Viberzi	11, 31
Tobradex	30	Triheal-80	30	Ultravate X	31	Vicodin	14
Tobradex ST	30	Trijardy XR	11, 17	Undenyca	11	Vicoprofen	14
Tobramycin ampules	22	Trikafta	11, 14, 22	Unistrip Diabetic Testing Supplies	31	Victoza	11, 17, 31
Tofranil	30	Trileptal	30	Unituxin	21	Viekira	31
Tolak	30	Trilipix	30	Up & Up Diabetic Testing Supplies	31	Viekira PAK	11, 14, 22, 31
Tolsura	11, 30	Trilipx DR	30	Uptravi	21, 22	Viekira XR	11, 14, 22
Tolvaptan	22	TriloCiclo Kit	30	Uramaxin	31	Vigabatrin	22
Topamax	30	Triloan II Suik	30	Urea Kit	31	Vigadrone	23
Topical Retinoic Acid Derivatives and Combinations	14	Triloan Suik	30	Utibron Neohaler	11, 31	Vigamox	11, 31
Toposar	21	Triluron	14, 30	V			
Toronova II Suik	30	Trinaz	30	Vacustim Silver Kit	31	Viiibryd	11, 31
Toronova Suik	30	Trintellix	11	Valacyclovir	11	Viltepso	14, 21
Tosymra	11, 17	Trintellix (Formerly Brintellix)	30	Valchlor	23	Vimizim	21
Totect	21	Triptodur	11, 21	Valium	31	Vimovo	31
Toujeo Max Solostar	11	Tritocin	30	Valrubicin	21	Vinblastine	21
Toujeo Solostar	11	Trivisc	14, 30	Valstar	21	Vincristine	21
Tovet Kit	30	Trivix	30	Valtrex	11	Vinorelbine	21
Toviaz	17, 30	Trixylitral	30	Vanos	31	Virasal	31
Tracleer	22	Trudhesa	11, 17, 30	Varophen Kit	31	Visco-3	14, 31
Tradjenta	17, 30	True Metrix Diabetic Testing Supplies	31	Varubi	11	Vistogard	23
Tramadol 100Mg Tablets (Branded Product)	30	Truetest Diabetic Testing Supplies	31	Vascepa	31	Vitrakvi	11, 14, 22
Tramadol ER Capsules	30	Truetrack Diabetic Testing Supplies	31	Vaseretic	31	Vivaguard Ino Diabetic Testing Supplies	31
Tranexamic Acid	11	Trulance	11, 31	Vasotec	31	Vivelle	11
Tranxene -T	30	Trulicity	11, 17	Vectical	31	Vivelle-Dot	11
Travatan	17	Truseltiq	11, 14, 23	Velcade	21	Vivitrol	11, 21
Travatan Z	17	Truxima	14, 21	Velphoro	31	Vivlodex	11, 31
		Tudorza	11	Veltassa	22, 31	Vizimpro	14, 22
						Vogelxo	18, 31
						Voltaren	31
						Voltaren 1%	11
						Voltaren-XR	31

Medication Resource List Index

Vopac MDS	31
Vosevi	11, 14, 22
Votrient	22
Vraylar	31
Vumerity DR	11, 17, 22, 31
Vusion	31
Vyepti	14, 21
Vyleesi	11, 14, 21
Vyndamax	11, 14, 22
Vyndaqel	11, 14, 22
Vyondys-53	14, 21
Vytorin	11, 31
Vyvanse	11, 31
Vyxeos	21
Vyzulta	17, 31

W

WPR Plus	31
Wakix	11, 14, 22
Wavesense Diabetic Testing Supplies	31
Wegovy	11, 14
Welchol	31
Welireg	23
Wellbutrin	31
Wellbutrin SR	11, 31
Wellbutrin XL	11, 31
WhyteDerm Surgipak	31
WhyteDerm Trilasil Pak	31
Winlevi	31
Wixela Inhub	11, 15
Wound Debride 4% Lidocaine	31
Wynzora	31

X

X-Clair	31
Xadago	31
Xalatan	17
Xalix	31
Xalkori	15, 22
Xanax	31
Xanax XR	31
Xartemis XR	11, 15, 31
Xeljanz	11, 15, 22
Xeljanz XR	11, 15, 22
Xeloda	22
Xelpros	17, 31
Xembify	21

Xenazine	22
Xenleta	11
Xeomin	15, 21
Xepi	31
Xerese	31
Xermelo	11, 23
Xgeva	15, 21
Xiaflex	15, 21
Xifaxan	11, 31
Xigduo	11, 17
Xigduo XR	11, 17
Xiidra	11, 15
Xilapak	31
Ximino ER	31
Xodol	15
Xolair	15, 21
Xolegel	31
Xopenex HFA	11, 31
Xopenex Nebules	31
Xospata	11, 15, 23
Xpovio	23
Xryliderm	31
Xrylix	31
Xtampza ER	11, 15
Xtandi	22
Xultophy	11, 17, 31
Xuriden	11, 23
Xyosted	31
Xyrem	22
Xywav	23, 31

Y

Yondelis	21
Yonsa	23
Yosprala	11, 15
Yosprala DR	31
Yupelri	11, 31

Z

Zagam	31
Zaleplon	11
Zaltrap	21
Zamicet	15
Zanaflex	31
Zanosar	21
Zantac	31
Zarxio	11, 15, 21
Zavesca	22
Zegerid	11, 15, 31

Zejula	23
Zelapar	31
Zelboraf	15, 22
Zelnorm	31
Zembrace	
Symtouch	11, 17, 31
Zenzedi	15
Zepatier	11, 15, 22, 31
Zeposia	11, 15, 17, 22
Zerlor	15
Zestril	31
Zetia	11, 31
Zeyocaine	31
Ziana	31
Ziextenzo	11, 21
Zilacaine	31
Zilretta	21
Zilxi	31
Zinbryta	11, 31
Zinecard	21
Zioptan	17, 31
Zipsor	31
Zithromax	31
Zmax	31
Zocor	11, 31
Zofran	11, 31
Zofran ODT	11, 31
Zohydro ER	11, 15, 31
Zokinvy	15, 23
Zoladex	11, 21
Zolinza	22
Zolmitriptan	11, 17
Zolmitriptan ODT	11
Zolmitriptan nasal	11, 17
Zoloff	11, 31
Zolpak	31
Zolpidem	11
Zolpidem CR	11
Zolpidem SL	11
Zolpimist	11, 31
Zolvit	15
Zomacton	15, 21, 31
Zomig	11, 17, 31
Zomig Nasal	17
Zomig ZMT	11, 17, 31
Zomig nasal	11
Zonalon	11
Zonegran	31
Zontivity	31

Zorbtive	15, 21
Zorvolex	31
Zovirax	31
Zovirax cream	11
Ztlido	31
Zubsolv	11, 31
Zuplenz	11, 31
Zurampic	31
Zyban	31
Zyclara	31
Zydelig	11, 15, 23
Zydane	15
Zyflo	31
Zyflo CR	31
Zykadia	15, 22
Zylet	31
Zymaxid	11, 31
Zypitamag	11, 31
Zypram	31
Zyprexa	31
Zyprexa Intramuscular	31
Zyprexa Relprevv	31
Zyprexa Zydis	31
Zytiga	22

New Medication Approval Process

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. 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.



Left Blank Intentionally



THE CARE YOU NEED. WHENEVER AND WHEREVER.

Because guidance and advice should happen round the clock.
Learn more about your medical care options to save you time
and money at bluecrossma.org.

You have more ways than ever to get expert medical opinions and advice.
Right when you need them.



24/7 NURSE
LINE



VIDEO DOCTOR
VISIT



DOCTOR'S
OFFICE



LIMITED SERVICE
CLINICS



URGENT
CARE

Learn More

Visit bluecrossma.org to review your medical care options.



24/7 NURSE LINE

When you're uncertain if your symptoms are serious or if an injury needs immediate care, get a nurse's advice 24/7, even on holidays. And get answers at no additional cost to you. Speak to a registered nurse. Call 1-888-247-BLUE (2583).

Best for: advice on when to seek care or questions about your symptoms, or whether they might be serious.

Cost:

Time:

Severity:



VIDEO DOCTOR VISIT

See a licensed doctor online in real time, without leaving home. Doctors on call on your device visit [wellconnection.com](https://www.wellconnection.com).

Best for: colds, minor cuts, cough, wheezing, sore throat, headache or migraine, mild allergies, fever, skin rash, anxiety, depression.

Cost:

Time:

Severity:



DOCTOR'S OFFICE

Go to your doctor's office for scheduled checkups and for urgent health concerns that occur during office hours. Use Find a Doctor & Estimate Costs at bluecrossma.org.

Best for: asthma, minor burns, nausea, urination problems, back pain, minor injuries, suspected flu, sinus infection, behavioral health, conjunctivitis or other eye irritation.

Cost:

Time:

Severity:



LIMITED SERVICE CLINICS

Go to a nearby clinic located within your local pharmacy for simple medical concerns.

Best for: Cold and flu, bronchitis, sinus and respiratory infections, sore throat, diarrhea, gout, strep throat, urinary tract infections, pinkeye, hypertension, migraines, pneumonia.

Cost:

Time:

Severity:



URGENT CARE

Go to a nearby urgent care center when you need immediate, in-person help for a non-life-threatening problem and you can't see your doctor.

Best for: joint/muscle pain or injuries, nausea or diarrhea, respiratory issues, bites, cuts, concussion screening, stitches, asthma attack, X-rays, and suspected strep throat or bronchitis.

Cost:

Time:

Severity:

Always go to the nearest emergency room, or call 911 when you're facing a life-threatening situation or think you could put your health in danger by delaying care.

The information in this document doesn't replace the advice of a health care provider. You should speak to your provider about any specific health concerns.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Left Blank Intentionally



MASSACHUSETTS

DOCTORS ON CALL, ON YOUR DEVICE.

Get convenient access to telehealth care by using Well Connection. Sign in to MyBlue, or create an account, then click Well Connection Video Visit under My Care.



REAL DOCTORS. REAL EXPERIENCE. REALLY FAST.



GET MEDICAL CARE 24/7

Speak face to face with a doctor, in the privacy of your home.¹



THERAPY THAT COMES TO YOU

Talk to a licensed therapist or psychiatrist—on your terms. It's convenient and confidential.



HIGHLY EXPERIENCED, HIGHLY RATED

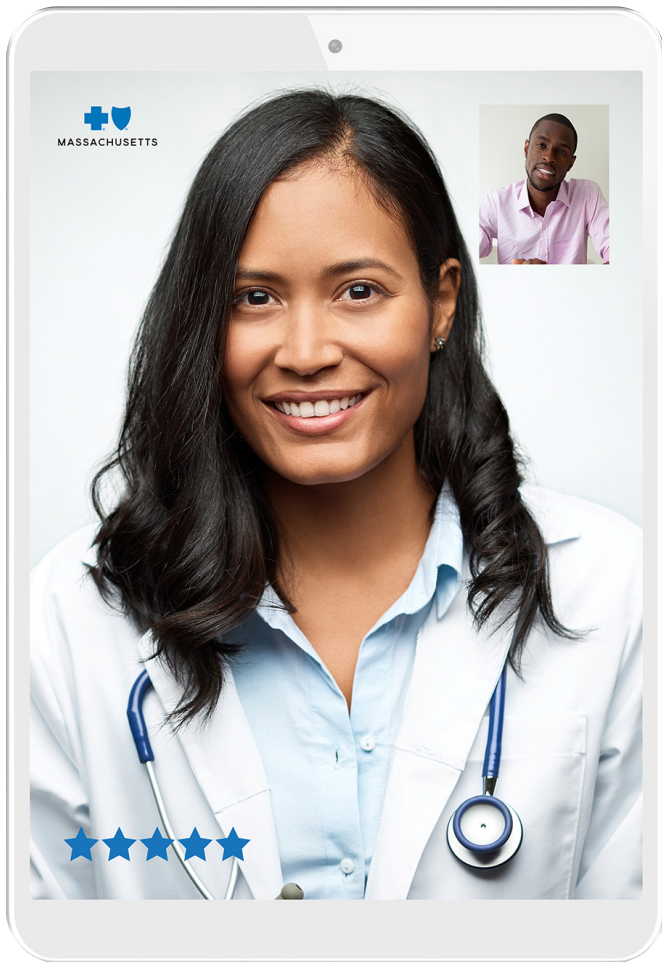
Qualified providers. Rated 4.8/5 stars and averaging 15 years of experience.²

Sign In

Download the MyBlue App from the App Store[®] or Google Play[™], or go to **bluecrossma.org**.

1. Medical services are available 24/7. Mental health visits must be made by appointment. If your local doctor in the Blue Cross Blue Shield of Massachusetts network offers covered services using live video visits through a service other than Well Connection, you're still covered. This service is only available in the United States.

2. Source: American Well. Amwell Telehealth Report, February 2018. Patient Satisfaction Survey Data compiled December 2017-February 2018. Data, compiled December 2017-February 2018. Data reverified, August 2020.



IS A VIDEO DOCTOR VISIT RIGHT FOR ME?

You can do a lot over your tablet, laptop, or smartphone. Here's how members are using this service.

"I'm not feeling well."

Get care for:

- Cold and flu symptoms
- Fever
- Runny nose, sinus pain
- Sore throat
- Pink eye
- Skin rash

"I need emotional support."

Talk to a therapist about:

- Depression and anxiety
- Substance use disorder
- Loss of a loved one
- Relationship issues
- Emotional trauma
- Stress

You can also schedule a visit with a psychiatrist for medication management services.

"My loved one is under the weather."

If they're on your plan:

- Get quick, expert family care
- Save time in your busy family schedule



WELL CONNECTION IS HIGHLY RATED: 4.8 out of 5 Doctor and Provider rating from our members³

Licensed doctors and providers in the Well Connection network have an average of 15 years of experience. They can look up your medical history, diagnose and treat your symptoms, and prescribe medication,⁴ if necessary.

3. Source: American Well. AmWell TeleHealth Report, February 2018. Patient Satisfaction Survey Data, compiled December 2017–February 2018. Data reverified, August 2020.

4. Prescription availability is defined by doctor judgment.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Left Blank Intentionally



MASSACHUSETTS

PHARMACY PROGRAM

SAVE TIME AND MONEY WITH \$9 GENERIC MEDICATIONS

You can pay just \$9 for certain generic medications when you order a 90-day supply through our mail order pharmacy.

Express Scripts®, an independent company that administers your pharmacy benefit on behalf of Blue Cross Blue Shield of Massachusetts, will deliver your prescriptions straight to your door at no additional cost. With fewer refills and no trips to the pharmacy, you'll be less likely to miss a dose, making it the most convenient and inexpensive way to get your medications.

Program Highlights

- Get a 90-day supply for \$9
- Delivered to your door at no additional cost for standard shipping
- Fewer refills

See the Full List of \$9 Generic Medications

1. Visit MyBlue at bluecrossma.com/pharmacy
2. Go to the **Mail Order Pharmacy** page
3. Click **View a list of \$9 medications**

29%

COST SAVINGS
FOR EMPLOYEES,
WHEN COMPARED
TO RETAIL
PHARMACIES¹

TWO EASY WAYS TO GET HOME DELIVERY



Visit express-scripts.com/starthd



Call 1-800-892-5119

1. Average percentage savings figure based on analysis of actual January–March 2012 claims for clients with a retail pharmacy and mail pharmacy benefit, excluding Medicare clients and clients participating in mandatory mail programs. Savings may vary based on your plan design.

Questions?

If you have questions, call Member Service at the number on the front of your ID card.



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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

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

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

Left Blank Intentionally

EVERYTHING YOU NEED TO LIVE A HEALTHIER LIFE

ahealthyme
Everything to live a healthier life



If you want to know more about your health and how to make it better, ahealthyme[®] is a great place to start. With just a few clicks, we'll show you just what you need to live a healthier life. From a health assessment to wellness workshops and interactive tools, ahealthyme is your personal online resource.

WITH AHEALTHYME, MANAGING YOUR HEALTH CAN BE AS EASY AS 1, 2, 3:

1 Start with your health assessment

Taking your health assessment is easy and rewarding. Simply answer questions about eight areas of your health. When done, we'll give you a detailed look at your health today and recommend tools and programs that will help improve it, based on your answers.

2 Take a wellness workshop

Our self-paced wellness workshops are a fun way to be smart about your health. You'll gain insight on health topics that relate to you and get closer to your wellness goal.

Learn about:

- Healthy eating
- Physical fitness
- Quitting smoking
- Much more
- Stress management

3 Stay motivated and stick to your goals

Maintaining good eating and exercise habits can help keep you on track. With ahealthyme, you can record and track your activities on any computer or smartphone and see how you're doing in real time.

Get Started Now

Go to ahealthyme.com/login and sign up to begin your journey to healthier living.



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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Left Blank Intentionally

NURSES RIGHT NOW. NO IFS, ANDS, OR BUTS.

Call our 24/7 Nurse Line 1-888-247-BLUE (2583).

Speak to a registered nurse, when you need to, day or night. Because guidance and advice should happen round the clock.



YES, YOUR PLAN COVERS IT!

Nurses are ready around the clock to answer your questions. Call our Nurse Line 24/7 to determine if you need immediate care.



GET CONNECTED DIRECTLY TO A NURSE

Immediate advice, no waiting for a callback.



365 DAYS A YEAR

Including holidays. For access that's ready when you are.



THERE'S NO ADDITIONAL COST

Because your health comes first.



EMAIL* A NURSE 24/7, TOO

Create an account to email a nurse for general questions or advice, day or night.

*We partner with Carenet Health™, an independent health care engagement company, to administer this service. You'll need to create a Carenet Health account or sign in to their secure website. When creating your account, you'll need to enter your nine-digit Blue Cross member ID number. Please don't include the letter prefix.

Questions?

Visit myblue.bluecrossma.com and select **Find a Doctor & Estimate Costs** to find a provider near you. Download the MyBlue App from the App Store® or Google Play™.



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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Left Blank Intentionally



MASSACHUSETTS

WELLNESS WORKSHOPS

Looking for Support
to Reach Your
Wellness Goals?

ahealthyme
Everything to live a healthier life



Our interactive, self-paced wellness workshops are designed to help you understand and make healthy choices. These workshops are easy to use and they're available on our secure ahealthyme website. We hope you'll take advantage of them!

HOW DO I SIGN UP FOR A WELLNESS WORKSHOP?

- 1 Sign in to ahealthyme.com/login, then go to **Wellness Workshops** in the top navigation bar and select **Sign Up for a Workshop** from the drop-down list.
- 2 Select the wellness workshop title you'd like to enroll in under **Add**, and then click **Sign Up**.*
- 3 To begin, click the workshop title when it appears active.

*If **Sign Up** is grayed out, that means you're active in another workshop, and you should click **Add to Queue**. The queued workshop will become active after you complete the active workshop.

Get Started Now

Go to ahealthyme.com/login and sign up to follow the path to healthier living.

WHAT YOU'LL LEARN

Our wellness workshops encourage, inspire, and teach you how to better manage your health. Topics include:

- Breathe Easy—Tobacco Cessation Wellness Workshop
- Fight the Flu—Wellness Workshop
- Finding the Right Balance—Weight Management Wellness Workshop
- Fit for Life—Physical Activity Wellness Workshop
- Smart Choices—Healthy Eating Wellness Workshop
- Take a Break—Stress Management Wellness Workshop
- Mindful Living—Mind and Body Connection Workshop
- Rest and Recharge—Sleep Wellness Workshop
- Smart Spending and Saving—Financial Wellness Workshop
- Healthy Mouth, Happy Smile—Dental Wellness Workshop
- Prediabetes Prevention—Wellness Workshop
- Advance Care Planning—Wellness Workshop

HOW IT WORKS

Every week, you'll be assigned articles, videos, trackers, and other tools to help you create and follow a plan to get healthier. You can complete all the tasks at once, or over the course of several days—whichever works best with your schedule. Reminder emails will help to keep you on track toward meeting your goals.

TRACKING PROGRESS

You can view your workshop To-Do list on the home page of the secure [ahealthyme](https://ahealthyme.com/login) website (**ahealthyme.com/login**). Once a task you complete a task, it appears under **Completed** at the bottom of your To-Do list.



TAKE A STEP TOWARD BETTER HEALTH

Sign up for a wellness workshop!

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

* Registered Marks of the Blue Cross and Blue Shield Association. * Registered Marks of Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

** Registered Marks and TM Trademarks are the property of their respective owners. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

000456712

55-1229 (5/20)

Left Blank Intentionally



MASSACHUSETTS

WEIGHT-LOSS REIMBURSEMENT

Your reward for healthy behavior:

Receive up to \$150 annually when you participate in a qualified weight-loss program.¹



Qualified for Weight-Loss Reimbursement

Participation fees for:

- Hospital-based programs and Weight Watchers[®] in-person
- Weight Watchers online and other non-hospital programs (in-person or online) that combine healthy eating, exercise, and coaching sessions with certified health professionals such as nutritionists, registered dietitians, or exercise physiologists.



Not Qualified for Weight-Loss Reimbursement

- One-time initiation or termination fees
- Food, supplements, books, scales, or exercise equipment
- Individual nutrition counseling sessions, doctor/nurse visits, lab tests, or other services that are covered benefits under your medical plan

GET REIMBURSED IN THREE EASY STEPS

1

Choose

Start by picking a qualified weight-loss program.

2

Complete

Once you pay for the program, fill out the attached form, or sign in to MyBlue to submit online at member.bluecrossma.com/login.

3

Mail

Send the completed form to the address listed.

Be sure to check with your doctor before starting any weight-loss program.

1. To verify this reimbursement is offered for your plan, or for more information, sign in to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. Most plans offer the reimbursement shown, but refer to your plan information for specific details.

Questions?

Contact Member Service by calling the phone number on your member ID card.

WEIGHT-LOSS REIMBURSEMENT REQUEST

Please Print All Information Clearly: To verify this reimbursement is offered within your plan, or for more information, please sign in to MyBlue at bluecrossma.com/myblue or call the Member Service number on your ID card. All weight-loss reimbursement requests must be submitted by March 31 of the following year.

Complete this form and mail it to: Blue Cross Blue Shield of Massachusetts, Local Claims Department, PO Box 986030, Boston, MA 02298

Subscriber Information (Policyholder)

Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address – Number and Street	City	State	Zip Code
Employer's Name			

Claim Information

Member Last Name	First Name	Middle Initial	Gender (color in the entire box) <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth ____/____/____
------------------	------------	----------------	---	---------------------------------

Claim is for (choose one and color in the entire box):

- ☐ Subscriber (policyholder)
- ☐ Spouse (of policyholder)
- ☐ Ex-Spouse
- ☐ Dependent (up to age 26)
- ☐ Other (specify):

Name, Address, and Phone Number of Qualified Weight-Loss Program

Total dollars requested: \$ _____

Monthly program participation fee: \$ _____

Calendar Year: ____/____/____

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified weight-loss program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature:

Date: ____/____/____

Important Information:

- Weight-loss reimbursement can be granted for any single member or combination of members enrolled under the same Blue Cross Blue Shield of Massachusetts health plan. Blue Cross will make a reimbursement decision within 30 days of receiving a completed request.
- Reimbursement requests must be submitted by March 31 of the following year.
- Keep copies of proof of payment in case we request it from you. Proof of payment includes:
 - Receipts (cash/check/credit/electronic) for participation fees clearly documenting your name, the weight-loss program name, and individual amounts charged with date paid.
 - Your weight-loss program membership or participation agreement clearly documenting your name and date of enrollment/participation.
- Your reimbursement may be considered taxable income, so consult a tax advisor.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Left Blank Intentionally

INTRODUCING SMART90[®]

Convenience. Savings. Smart.

Getting 90-Day Supplies of Certain Maintenance Medications Saves You Time and Money.

With Smart90, you can get 90-day supplies of certain maintenance medications from a CVS Pharmacy[™] location or by mail order when you order them through Express Scripts[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Maintenance medications, also known as long-term medications, are prescribed to treat chronic or ongoing conditions, such as high blood pressure or diabetes. To view a list of medications that are eligible for the Smart90 program, please visit myblue.bluecrossma.com/90daymeds.

Advantages of Using Smart90

Smart90 saves you time and money. You'll pay less for a 90-day supply than you would for three 30-day supplies of your maintenance medications. You'll also be less likely to miss a dose since you won't have to refill as often.

Where to Get Your 90-Day Prescriptions

You have the choice to pick up your 90-day supply at any of the 9,800 CVS Pharmacy retail locations nationwide, or have it delivered to you when ordered through Express Scripts. Either way, you pay the same amount.

Smart90 Pharmacies:

- Express Scripts
- CVS Pharmacy



*Includes CVS within a Target[®] location

SMART90 SAVINGS EXAMPLE^{**}

Type of Prescription	What You Pay		
30-Day Prescription	Tier 1 Medication Copay ¹ \$15	Tier 2 Medication Copay ² \$30	Tier 3 Medication Copay \$50
90-Day Smart90 Prescription	Tier 1 Medication Copay ¹ \$30	Tier 2 Medication Copay ² \$60	Tier 3 Medication Copay \$150

^{**}Example is for illustrative purposes only. Check your benefit materials for details about your pharmacy coverage.

^{1,2}Most maintenance medications fall under tiers 1 and 2 on a three-tier plan.

Questions?

If you have questions, call Member Service at the number on the front of your ID card.

HOW TO FILL YOUR PRESCRIPTIONS WITH SMART90

Using Express Scripts

Orders are usually processed within 48 hours. Delivery takes about eight day for refills, or 10 to 14 days for new prescriptions. You can check your order status anytime by signing in to **express-scripts.com** and clicking on **Order Status**.

To place your order:



Sign in or register at **express-scripts.com/90day**, or call Express Scripts at **1-800-892-5119**.



Express Scripts will contact your doctor to get your 90-day prescription, and then deliver it right to your door.



Using a CVS Pharmacy

Simply talk to your doctor, or bring your prescription to a CVS pharmacist and ask about getting a 90-day prescription.

To find a CVS:



1. Go to **CVS.com**
2. Click **Store Locator**
3. Search for a pharmacy near you

How to Switch from Mail Order to a CVS Pharmacy

If you're already receiving your 90-day prescriptions through mail order using Express Scripts, but want to switch to CVS Pharmacy, go to your local CVS and tell the pharmacist. Remember to cancel your auto-refills from Express Scripts.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).
ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

Left Blank Intentionally

FITNESS REIMBURSEMENT

Get rewarded for your healthy habits!

Save up to

\$300



Qualified for Reimbursement:

A full service health club with cardiovascular and strength-training equipment like treadmills, bikes, weight machines, and free weights

A fitness studio with instructor-led group classes such as yoga, Pilates, Zumba®, kickboxing, indoor cycling/spinning, and other exercise programs

Online fitness memberships, subscriptions, programs, or classes

Cardiovascular and strength-training equipment for fitness that is purchased for use in the home, such as stationary bikes, weights, exercise bands, treadmills, fitness machines



Not Qualified for Reimbursement:

One-time initiation or termination fees

Fees paid for gymnastics, tennis, pool-only facilities, martial arts schools, instructional dance studios, country clubs or social clubs, sports teams or leagues

Personal trainer sessions

Fitness clothing

Get Started

To submit your reimbursement, sign in to MyBlue at bluecrossma.org.

Your reimbursement is waiting!

FITNESS REIMBURSEMENT REQUEST

Please print all information clearly. To verify that this reimbursement is offered within your plan, or for more information, you can sign in to MyBlue at bluecrossma.org or call the Member Service number on your ID card.

All fitness reimbursement requests must be submitted by March 31 of the following year.

Subscriber Information (Policyholder)			
Identification Number on Subscriber ID Card (including first 3 characters)	Subscriber's Last Name	First Name	Middle Initial
Address – Number and Street	City	State	ZIP Code
Employer's Name			

Claim Information			
Member's Last Name	First Name	Middle Initial	Date of Birth ____/____/____
Claim is for (choose one and color in the entire box): <input type="checkbox"/> Subscriber (policyholder) <input type="checkbox"/> Spouse (of policyholder) <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Dependent (up to age 26) <input type="checkbox"/> Other (specify): _____	Name, Address, and Phone Number of Qualified Fitness Expense 		
	Total Dollars requested for Qualified Fitness Expense: \$ _____ Calendar year that fees were paid: _____		

Blue Cross Blue Shield of Massachusetts will make a reimbursement decision within 30 calendar days of receiving a completed request form. Reimbursement is sent to the member's address on file with Blue Cross. Reimbursement may be considered taxable income, so you should consult your tax advisor.

Certification and Authorization (This form must be signed and dated below.)

I certify that the information provided in support of this submission is complete and correct, and that I have not previously submitted for these services. I enrolled in the qualified program with the full intention of using such program. I understand that Blue Cross Blue Shield of Massachusetts may require proof of payment for a reimbursement decision. I authorize the release of any information about my qualified fitness program to Blue Cross Blue Shield of Massachusetts.

Subscriber's or Member's Signature: _____ Date: ____/____/____

Complete this form and mail it to:

Blue Cross Blue Shield of Massachusetts,
Local Claims Department,
PO Box 986030, Boston, MA 02298

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

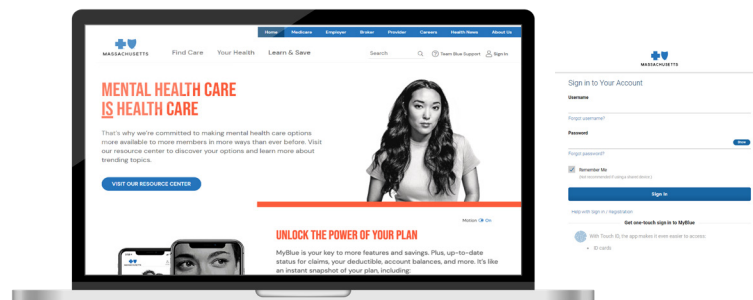
Left Blank Intentionally

GETTING STARTED WITH SMARTSHOPPER[®]

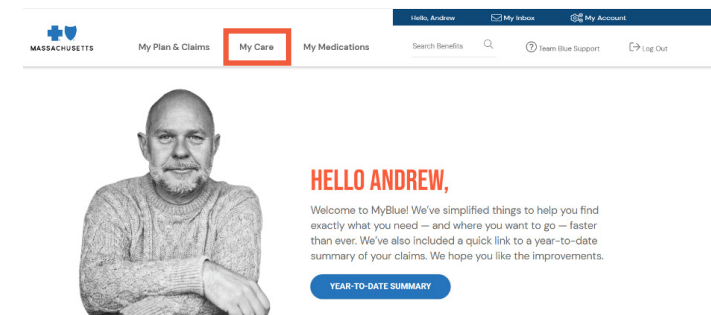
Earning up to \$250 is as easy as 1-2-3.

You can compare competitively priced care, and earn up to \$250 in cash rewards after each eligible procedure when you use SmartShopper from Sapphire Digital[®], an independent company. Getting started is easy. Just follow these three steps:

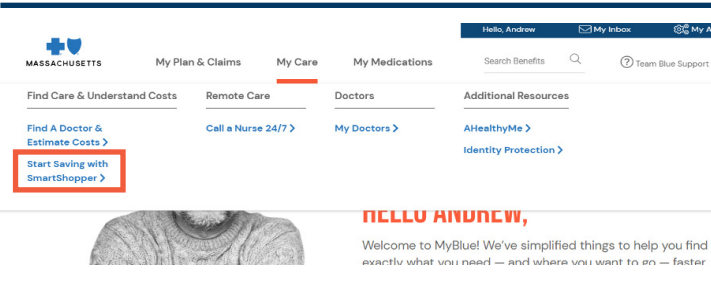
1 Sign in to **MyBlue** or create an account
Visit bluecrossma.org to sign in, or click **Create Account** to register for a new one.



2 Go to **My Care**



3 Click **Start Saving with SmartShopper**



Questions?

If you have any questions, call Team Blue at the Member Service number on the front of your ID card.



The dollar amount you receive may be considered taxable income. Consult your tax advisor. SmartShopper is managed by Sapphire Digital, an independent company. Members with coverage under Medicaid or Medicare (including as secondary payer) are not eligible to receive incentive rewards under the SmartShopper Program. For HMO Blue New England plans, only network providers located in Massachusetts, Rhode Island, New Hampshire, and Vermont may qualify for rewards under the SmartShopper program. For HMO Blue plans, only network providers located in Massachusetts may qualify for rewards. Some plans and services may require a referral from your doctor. Be sure to check your benefits or call Member Service at the number on the back of your ID card.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Left Blank Intentionally

Worldwide Coverage

For Foreign and Domestic Travelers



Get quality health care no matter where you are in the world.

Whether you're traveling within the United States or abroad, BlueCard[®] and Blue Cross Blue Shield Global[®] Core make sure you have access to top doctors and hospitals and concierge-level service.



Take this reference card with you when you travel.

When you need care, you'll be prepared.

TEAR HERE

Urgent Care

1. Call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find nearby doctors and hospitals anywhere in the world that participate in the Blue Cross Blue Shield network.
2. Show your member ID card when you get care.
3. If you're admitted, or if you have questions about your coverage, call Member Service at the number on the front of your ID card.

Your Passport to Good Health

Always carry your Blue Cross Blue Shield of Massachusetts ID card.

FOLD HERE

Emergency Care

For emergency services, call the local emergency number or go to the nearest hospital immediately.

Call **1-800-810-BLUE (2583)**


for a list of participating doctors and hospitals, or to obtain an international claim form.

Getting Care in the United States

More than 85 percent of all doctors and hospitals in the United States participate in the BlueCard program. If you need care outside your plan's service area, call **1-800-810-BLUE (2583)**, or visit **bcbs.com** to find a doctor near you. Be sure to show your ID card before you receive service.

When you get service:

- There's no paperwork
- Participating doctors and hospitals submit claims for you
- All you pay is the copayment, co-insurance, or deductible
- If you receive care from a non-participating doctor or hospital, you may need to pay for the services up front and submit a claim for reimbursement

BlueCard PPO Members Only: If you see this symbol, , on your ID card, you're a BlueCard PPO member. To save the most money when getting service, use a participating BlueCard PPO doctor or hospital.

In Case of Emergency

For emergency services, call the local emergency number or go to the nearest hospital immediately.

Getting Care Outside the United States

The Blue Cross Blue Shield Global® Core network gives you access to doctors and hospitals around the world. If you need care, call the Service Center at **1-800-810-BLUE (2583)**, or call collect at **1-804-673-1177**, 24 hours a day, 7 days a week. An assistance coordinator, along with a medical professional, will arrange a doctor's appointment or hospitalization if necessary. You can also visit **bcbsglobalcore.com**.

TEAR HERE



An Association of Independent Blue Cross and Blue Shield Plans

FOLD HERE

Primary Care Provider's Name:

Doctor's Phone:

Doctor's Hospital Affiliation:

Your Blue Cross Blue Shield Member ID:

Member Service Phone Number (from your ID card):

For Inpatient Services:

- Call the Service Center at **1-800-810-BLUE (2583)**, or Member Service at the number on your ID card, for precertification or preauthorization
- In most cases, all you pay is the copayment, co-insurance, or deductible
- The hospital should submit the claim on your behalf

For Outpatient Services:

- Show your ID card
- Pay the doctor or hospital
- Fill out a Blue Cross Blue Shield Global® Core International Claim form for reimbursement (Call **1-800-810-BLUE (2583)** or visit **bcbsglobalcore.com** for the form)
- You're only responsible for copayments, co-insurance, or deductible when seeing in-network doctors and hospitals
- You'll pay more when seeing out-of-network doctors and hospitals

Doctors and Hospitals

In most cases, participating doctors and hospitals will file the claim for you. If they need information about eligibility or your coverage, have them call **1-800-676-BLUE (2583)**.

Your Member Responsibilities

As a Blue Cross Blue Shield of Massachusetts member, you're still responsible for any copayments, co-insurance, deductible, or non-covered services. For out-of-country services, Blue Cross Blue Shield of Massachusetts payments will be based on the provider's charge.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: **711**).

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

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

Left Blank Intentionally



MASSACHUSETTS

OUR COMMITMENT TO CONFIDENTIALITY (NOTICE OF PRIVACY PRACTICES) AND WOMEN'S HEALTH AND CANCER RIGHTS ACT (WHCRA) NOTICE

This notice describes how medical and dental information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Our Commitment: We respect your right to privacy. We will not disclose personally identifiable information about you without your permission, unless the disclosure is necessary to provide our services to you or is otherwise in accordance with the law.

Collection of Information

We collect only the information about you that we need to operate our business. We collect information from other parties, such as your health care providers and employers. Examples of the information we collect are (i) medical and dental information from health care providers when they submit claims for services and (ii) personal information such as name, address, and date of birth, which is most often supplied by you or your employer when you enroll in a plan.

USE AND DISCLOSURE OF INFORMATION

We are required by law to protect the confidentiality of information about you and to notify you in case of a breach affecting your information. We may use and disclose information about you without your written authorization for the following purposes, to the extent otherwise permitted or required by law:

You or Your Representatives—to you or your “personal representative” upon request or to help you (or your personal representative) understand treatment options, benefits, or the rights available to you. Your “personal representative” is a person who has legal authority to make health-related decisions on your behalf, such as a person with a health-care power of attorney. Your request must be in writing. Please complete the Documentation of Legal Representative Status for Members form available on our website. You also may designate a family member or friend to receive information and interact with us on your behalf. Your designation and any subsequent revocation must be in writing. Please complete the Member's Designation of an Authorized Representative form available on our website. You may also call Member Service for a copy of these forms.

- **Treatment**—to help health care providers manage or coordinate your health care and related services. For example, we may use and disclose information about you to inform providers of medications you take or to remind you of appointments.
- **Payment**—to obtain payment for your coverage, pay claims for your health benefits, or help another health plan or health care provider in its payment activities. For example, we may use or disclose information about you to make coverage determinations, administer claims, or coordinate benefits with other coverage you may have.
- **Health Care Operations**—to perform other activities necessary for the operation of our business, including customer service, disease management, and determining how to improve the quality of care. For example, we may use or disclose information about you to respond to your call to customer service, arrange for medical review of your claims, or conduct quality assessment and improvement activities.

- **Legal Compliance**—to comply with applicable law. For example, we may be required to use or disclose information about you to respond to regulatory authorities responsible for oversight of government benefit programs or our business operations; to parties or courts in the course of judicial or administrative proceedings; or pursuant to workers' compensation laws.
- **Government Agencies**—under limited circumstances established by law, to public health authorities, coroners or medical examiners, law enforcement, or other government officials
- **Research**—for health-related research studies that meet legal standards for protection of the individuals involved in the studies and their personal information. We may also create a database of our members' information that does not include individual identifiers and use the database for research or other purposes, provided that the information cannot be traced back to specific members.
- **To Your Employer** (or other plan sponsor), if applicable, for administration of its health plan. This applies only if you receive coverage through an employer-sponsored plan (or plan sponsored by your union or other entity). For example, we may disclose information about you to your employer (or other plan sponsor) to confirm

enrollment in the plan or (if the employer or other plan sponsor is self-insured) for claim review and audits. We will disclose your information only to designated individuals. That, along with legal prohibitions on use of your personal information for discriminatory purposes, helps protect your information from unauthorized use.

To carry out these purposes, we share information with entities that perform functions for us subject to contracts that limit use and disclosure for intended purposes. We use physical, electronic, and procedural safeguards to protect your privacy. Even when allowed, we limit uses and disclosures of your information to the minimum amount reasonably necessary for the intended task.

The Health Insurance Portability and Accountability Act (HIPAA) generally does not override other laws that give people greater privacy protections. As a result, we must comply with any state or federal privacy laws that require us to provide you with more privacy protections. For example, federal law provides special protections for substance use disorder information; Massachusetts state law restricts the disclosure of HIV and AIDS related information. In addition, we will not use (and are prohibited from using) your genetic information for underwriting purposes.

OTHER DISCLOSURES REQUIRE YOUR WRITTEN AUTHORIZATION

Except as provided in this notice, we will not use or disclose information about you without your written authorization. For example, we must have your written authorization to use or disclose your information for marketing purposes or (in most cases) to use or disclose psychotherapy notes. Although we would need written authorization to sell information about you, we do not sell members' information.

You may revoke your authorization at any time. Your authorization must be in writing. Your revocation will not affect any action that we have already taken in reliance on your authorization. If you would like us to disclose information about you to a third party, please complete the Permission for One-Time Disclosure of Information form available on our website or call Member Service for a copy of the form.

YOUR PRIVACY RIGHTS

You have the following rights with respect to information about you. You may exercise any of these rights by calling the Member Service number listed on your member ID card or contacting us at the address listed at the end of this notice. The forms listed below are also available on our website.

- **You have the right to receive information about privacy protections.** Your member-education materials include a notice of your rights, and you may request a paper copy of this notice at any time.
- **You have the right to inspect and get copies of information that we use to make decisions about you.** This is your designated record set. Your request must be in writing. We may charge a reasonable fee for copying and mailing you this information. Please complete the Request for Access to Copies of Protected Health Information in Designated Record Set form to request copies of your information.
- **You have the right to receive an accounting of certain disclosures that we make of information about you.** Your request must be in writing. Please complete the Members Request for an Accounting of Disclosures form. Our response will exclude any disclosures made in support of treatment, payment, and health care operations or that you authorized (among others). An example of a disclosure that would be reported to you is our disclosure of your information in response to a court order.
- **You have the right to ask us to correct or amend information you believe to be incorrect.** Your request to correct or amend information must be in writing. Please complete the Members Request to Amend Protected Health Information form. If we deny your request, you may ask us to make your request part of your records.

- **You have the right to ask that we restrict or refuse the disclosure of information about you and that we direct communications to you by alternative means or to alternative locations.** While we may not always be able to agree to your request, we will make reasonable efforts to accommodate requests. Unless you've notified us to request a different mailing address, Summary of Health Plan Payments statements for the subscriber, and all members listed on the subscriber's plan, are generally delivered to the subscriber's address. Under certain circumstances, you can request to not receive statements for a particular service, or to have statements delivered through an alternate method or to an alternate address, when required by state law. If you have concerns about protecting the privacy of your medical information in your

statements, you can have these statements delivered to an address other than the plan subscriber's address, or have them delivered only via electronic means. For help understanding your delivery options, please call Member Service at the number listed on your member ID card. Your request and any subsequent revocation must be in writing.

If you believe your privacy rights have been violated, you have the right to complain to us using the grievance process outlined in your benefit materials, or to the Secretary of the U.S. Department of Health and Human Services, without fear of retaliation.

ABOUT THIS NOTICE

The original effective date of this notice was April 14, 2003. The effective date of the most recent revision is indicated in the footer of this notice. We are required by law to provide you with this notice of our legal duties and privacy practices and to abide by the notice for as long as it is in effect. We reserve the right to change this notice. Any changes will apply to all information that we maintain, regardless of when it was created or received. If we make a material change to this notice, we will post the revised notice on our website and notify you of the change and how to obtain the revised notice in our next regular mailing to you. If you have any questions, please call the Member Service number listed on your member ID card, or write us at:

Blue Cross Blue Shield of Massachusetts
Privacy Officer
101 Huntington Ave.
Suite 1300
Boston, MA 02199-7611

WHCRA NOTICE

Did you know that your medical plan provides benefits for many mastectomy-related services? This is the case even if you were not covered by Blue Cross Blue Shield of Massachusetts at the time of the mastectomy. It's required by the Women's Health and Cancer Rights Act of 1998. If you are covered for a mastectomy and elect breast reconstruction in connection with a mastectomy, then benefits are also provided for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage will be provided as determined in consultation with you and your attending doctor. The costs that you pay for these services are the same as those you pay for other services in the same category. To learn more, please call the Member Service number on your member ID card.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

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**).

® Registered Marks of the Blue Cross and Blue Shield Association. © 2021 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

Left Blank Intentionally

Glossary of Health Coverage and Medical Terms

- This glossary defines many commonly used terms, but isn't a full list. These glossary terms and definitions are intended to be educational and may be different from the terms and definitions in your [plan](#) or [health insurance policy](#). Some of these terms also might not have exactly the same meaning when used in your policy or [plan](#), and in any case, the policy or [plan](#) governs. (See your Summary of Benefits and Coverage for information on how to get a copy of your policy or [plan](#) document.)
- [Underlined](#) text indicates a term defined in this Glossary.
- See page 6 for an example showing how [deductibles](#), [coinsurance](#) and [out-of-pocket limits](#) work together in a real life situation.

Allowed Amount

This is the maximum payment the [plan](#) will pay for a covered health care service. May also be called "eligible expense", "payment allowance", or "negotiated rate".

Appeal

A request that your health insurer or [plan](#) review a decision that denies a benefit or payment (either in whole or in part).

Balance Billing

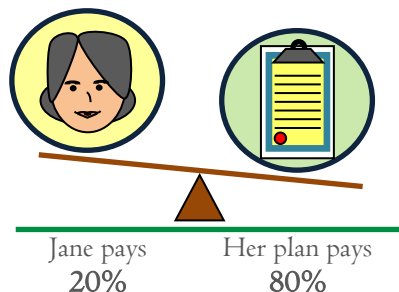
When a [provider](#) bills you for the balance remaining on the bill that your [plan](#) doesn't cover. This amount is the difference between the actual billed amount and the [allowed amount](#). For example, if the provider's charge is \$200 and the allowed amount is \$110, the provider may bill you for the remaining \$90. This happens most often when you see an [out-of-network provider](#) ([non-preferred provider](#)). A [network provider](#) ([preferred provider](#)) may not bill you for covered services.

Claim

A request for a benefit (including reimbursement of a health care expense) made by you or your health care [provider](#) to your health insurer or [plan](#) for items or services you think are covered.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the [allowed amount](#) for the service. You generally pay coinsurance *plus* (See page 6 for a detailed example.) any [deductibles](#) you owe. (For example, if the [health insurance](#) or [plan's](#) allowed amount for an office visit is \$100 and you've met your [deductible](#), your coinsurance payment of 20% would be \$20. The health insurance or [plan](#) pays the rest of the allowed amount.)



Complications of Pregnancy

Conditions due to pregnancy, labor, and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a non-emergency caesarean section generally aren't complications of pregnancy.

Copayment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Cost Sharing

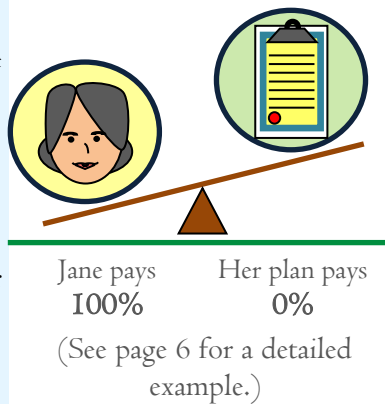
Your share of costs for services that a [plan](#) covers that you must pay out of your own pocket (sometimes called "out-of-pocket costs"). Some examples of cost sharing are [copayments](#), [deductibles](#), and [coinsurance](#). Family cost sharing is the share of cost for [deductibles](#) and [out-of-pocket](#) costs you and your spouse and/or child(ren) must pay out of your own pocket. Other costs, including your [premiums](#), penalties you may have to pay, or the cost of care a [plan](#) doesn't cover usually aren't considered cost sharing.

Cost-sharing Reductions

Discounts that reduce the amount you pay for certain services covered by an individual [plan](#) you buy through the [Marketplace](#). You may get a discount if your income is below a certain level, and you choose a Silver level health plan or if you're a member of a federally-recognized tribe, which includes being a shareholder in an Alaska Native Claims Settlement Act corporation.

Deductible

An amount you could owe during a coverage period (usually one year) for covered health care services before your [plan](#) begins to pay. An overall deductible applies to all or almost all covered items and services. A [plan](#) with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A [plan](#) may also have only separate deductibles. (For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible.)



Diagnostic Test

Tests to figure out what your health problem is. For example, an x-ray can be a diagnostic test to see if you have a broken bone.

Durable Medical Equipment (DME)

Equipment and supplies ordered by a health care [provider](#) for everyday or extended use. DME may include: oxygen equipment, wheelchairs, and crutches.

Emergency Medical Condition

An illness, injury, symptom (including severe pain), or condition severe enough to risk serious danger to your health if you didn't get medical attention right away. If you didn't get immediate medical attention you could reasonably expect one of the following: 1) Your health would be put in serious danger; or 2) You would have serious problems with your bodily functions; or 3) You would have serious damage to any part or organ of your body.

Emergency Medical Transportation

Ambulance services for an [emergency medical condition](#). Types of emergency medical transportation may include transportation by air, land, or sea. Your [plan](#) may not cover all types of emergency medical transportation, or may pay less for certain types.

Emergency Room Care / Emergency Services

Services to check for an [emergency medical condition](#) and treat you to keep an [emergency medical condition](#) from getting worse. These services may be provided in a licensed hospital's emergency room or other place that provides care for [emergency medical conditions](#).

Excluded Services

Health care services that your [plan](#) doesn't pay for or cover.

Formulary

A list of drugs your [plan](#) covers. A formulary may include how much your share of the cost is for each drug. Your [plan](#) may put drugs in different [cost sharing](#) levels or tiers. For example, a formulary may include generic drug and brand name drug tiers and different [cost sharing](#) amounts will apply to each tier.

Grievance

A complaint that you communicate to your health insurer or [plan](#).

Habilitation Services

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology, and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

Health Insurance

A contract that requires a health insurer to pay some or all of your health care costs in exchange for a [premium](#). A health insurance contract may also be called a "policy" or "[plan](#)".

Home Health Care

Health care services and supplies you get in your home under your doctor's orders. Services may be provided by nurses, therapists, social workers, or other licensed health care [providers](#). Home health care usually doesn't include help with non-medical tasks, such as cooking, cleaning, or driving.

Hospice Services

Services to provide comfort and support for persons in the last stages of a terminal illness and their families.

Hospitalization

Care in a hospital that requires admission as an inpatient and usually requires an overnight stay. Some [plans](#) may consider an overnight stay for observation as outpatient care instead of inpatient care.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

Individual Responsibility Requirement

Sometimes called the “individual mandate”, the duty you may have to be enrolled in health coverage that provides [minimum essential coverage](#). If you don’t have [minimum essential coverage](#), you may have to pay a penalty when you file your federal income tax return unless you qualify for a health coverage exemption.

In-network Coinsurance

Your share (for example, 20%) of the [allowed amount](#) for covered healthcare services. Your share is usually lower for in-[network](#) covered services.

In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to [providers](#) who contract with your [health insurance](#) or [plan](#). In-network copayments usually are less than [out-of-network copayments](#).

Marketplace

A marketplace for [health insurance](#) where individuals, families and small businesses can learn about their [plan](#) options; compare plans based on costs, benefits and other important features; apply for and receive financial help with [premiums](#) and [cost sharing](#) based on income; and choose a [plan](#) and enroll in coverage. Also known as an “Exchange”. The Marketplace is run by the state in some states and by the federal government in others. In some states, the Marketplace also helps eligible consumers enroll in other programs, including Medicaid and the Children’s Health Insurance Program (CHIP). Available online, by phone, and in-person.

Maximum Out-of-pocket Limit

Yearly amount the federal government sets as the most each individual or family can be required to pay in [cost sharing](#) during the [plan](#) year for covered, in-[network](#) services. Applies to most types of health [plans](#) and insurance. This amount may be higher than the [out-of-pocket limits](#) stated for your [plan](#).

Medically Necessary

Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms, including habilitation, and that meet accepted standards of medicine.

Minimum Essential Coverage

Health coverage that will meet the [individual responsibility requirement](#). Minimum essential coverage generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage.

Minimum Value Standard

A basic standard to measure the percent of permitted costs the [plan](#) covers. If you’re offered an employer [plan](#) that pays for at least 60% of the total allowed costs of benefits, the [plan](#) offers minimum value and you may not qualify for [premium tax credits](#) and [cost sharing reductions](#) to buy a [plan](#) from the [Marketplace](#).

Network

The facilities, [providers](#) and suppliers your health insurer or [plan](#) has contracted with to provide health care services.

Network Provider (Preferred Provider)

A [provider](#) who has a contract with your [health insurer](#) or [plan](#) who has agreed to provide services to members of a [plan](#). You will pay less if you see a [provider](#) in the [network](#). Also called “preferred provider” or “participating provider.”

Orthotics and Prosthetics

Leg, arm, back and neck braces, artificial legs, arms, and eyes, and external breast prostheses after a mastectomy. These services include: adjustment, repairs, and replacements required because of breakage, wear, loss, or a change in the patient’s physical condition.

Out-of-network Coinsurance

Your share (for example, 40%) of the [allowed amount](#) for covered health care services to [providers](#) who don’t contract with your [health insurance](#) or [plan](#). Out-of-network coinsurance usually costs you more than [in-network coinsurance](#).

Out-of-network Copayment

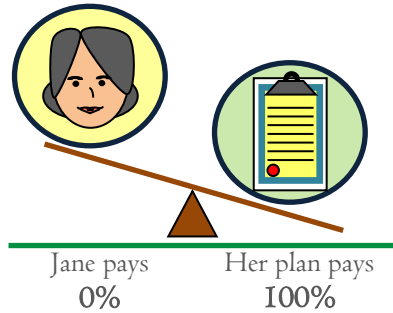
A fixed amount (for example, \$30) you pay for covered health care services from [providers](#) who do **not** contract with your [health insurance](#) or [plan](#). Out-of-network copayments usually are more than [in-network copayments](#).

Out-of-network Provider (Non-Preferred Provider)

A [provider](#) who doesn't have a contract with your [plan](#) to provide services. If your [plan](#) covers out-of-network services, you'll usually pay more to see an out-of-network provider than a [preferred provider](#). Your policy will explain what those costs may be. May also be called "non-preferred" or "non-participating" instead of "out-of-network provider".

Out-of-pocket Limit

The most you *could* pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit the [plan](#) will usually pay 100% of the [allowed amount](#). This limit helps you plan for health care costs. This limit never includes your [premium](#), [balance-billed](#) charges or health care your [plan](#) doesn't cover. Some [plans](#) don't count all of your [copayments](#), [deductibles](#), [coinsurance](#) payments, out-of-network payments, or other expenses toward this limit.



Physician Services

Health care services a licensed medical physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), provides or coordinates.

Plan

Health coverage issued to you directly (individual plan) or through an employer, union or other group sponsor (employer group plan) that provides coverage for certain health care costs. Also called "health insurance plan", "policy", "health insurance policy" or "[health insurance](#)".

Preauthorization

A decision by your health insurer or [plan](#) that a health care service, treatment plan, [prescription drug](#) or [durable medical equipment \(DME\)](#) is [medically necessary](#). Sometimes called prior authorization, prior approval or precertification. Your [health insurance](#) or [plan](#) may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your [health insurance](#) or [plan](#) will cover the cost.

Premium

The amount that must be paid for your [health insurance](#) or [plan](#). You and/or your employer usually pay it monthly, quarterly, or yearly.

Premium Tax Credits

Financial help that lowers your taxes to help you and your family pay for private [health insurance](#). You can get this help if you get [health insurance](#) through the [Marketplace](#) and your income is below a certain level. Advance payments of the tax credit can be used right away to lower your monthly [premium](#) costs.

Prescription Drug Coverage

Coverage under a [plan](#) that helps pay for [prescription drugs](#). If the plan's [formulary](#) uses "tiers" (levels), prescription drugs are grouped together by type or cost. The amount you'll pay in [cost sharing](#) will be different for each "tier" of covered [prescription drugs](#).

Prescription Drugs

Drugs and medications that by law require a prescription.

Preventive Care (Preventive Service)

Routine health care, including [screenings](#), check-ups, and patient counseling, to prevent or discover illness, disease, or other health problems.

Primary Care Physician

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), who provides or coordinates a range of health care services for you.

Primary Care Provider

A physician, including an M.D. (Medical Doctor) or D.O. (Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law and the terms of the [plan](#), who provides, coordinates, or helps you access a range of health care services.

Provider

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The [plan](#) may require the provider to be licensed, certified, or accredited as required by state law.

Reconstructive Surgery

Surgery and follow-up treatment needed to correct or improve a part of the body because of birth defects, accidents, injuries, or medical conditions.

Referral

A written order from your [primary care provider](#) for you to see a [specialist](#) or get certain health care services. In many health maintenance organizations (HMOs), you need to get a referral before you can get health care services from anyone except your [primary care provider](#). If you don't get a referral first, the [plan](#) may not pay for the services.

Rehabilitation Services

Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy, speech-language pathology, and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

Screening

A type of [preventive care](#) that includes tests or exams to detect the presence of something, usually performed when you have no symptoms, signs, or prevailing medical history of a disease or condition.

Skilled Nursing Care

Services performed or supervised by licensed nurses in your home or in a nursing home. Skilled nursing care is **not** the same as “skilled care services”, which are services performed by therapists or technicians (rather than licensed nurses) in your home or in a nursing home.

Specialist

A [provider](#) focusing on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Specialty Drug

A type of [prescription drug](#) that, in general, requires special handling or ongoing monitoring and assessment by a health care professional, or is relatively difficult to dispense. Generally, specialty drugs are the most expensive drugs on a [formulary](#).

UCR (Usual, Customary and Reasonable)

The amount paid for a medical service in a geographic area based on what [providers](#) in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the [allowed amount](#).

Urgent Care

Care for an illness, injury, or condition serious enough that a reasonable person would seek care right away, but not so severe as to require [emergency room care](#).

How You and Your Insurer Share Costs - Example

Jane's Plan Deductible: \$1,500

Coinsurance: 20%

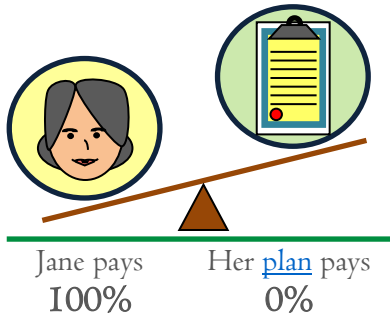
Out-of-Pocket Limit: \$5,000

January 1st

Beginning of Coverage Period

December 31st

End of Coverage Period



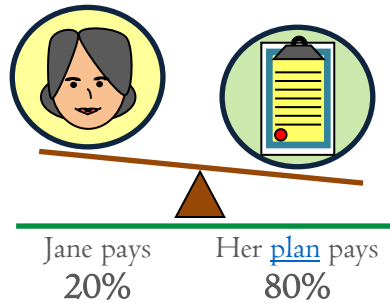
Jane hasn't reached her \$1,500 deductible yet

Her [plan](#) doesn't pay any of the costs.

Office visit costs: \$125

Jane pays: \$125

Her plan pays: \$0



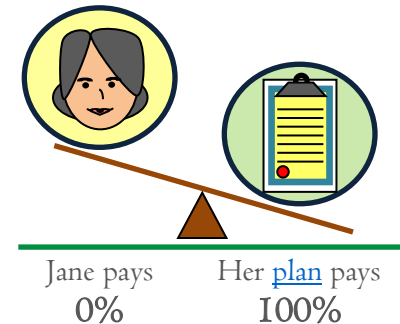
Jane reaches her \$1,500 deductible, coinsurance begins

Jane has seen a doctor several times and paid \$1,500 in total, reaching her deductible. So her [plan](#) pays some of the costs for her next visit.

Office visit costs: \$125

Jane pays: 20% of \$125 = \$25

Her plan pays: 80% of \$125 = \$100



Jane reaches her \$5,000 out-of-pocket limit

Jane has seen the doctor often and paid \$5,000 in total. Her [plan](#) pays the full cost of her covered health care services for the rest of the year.

Office visit costs: \$125

Jane pays: \$0

Her plan pays: \$125

Left Blank Intentionally

A Guide to Your Summary of Health Plan Payments¹

The Summary of Health Plan Payments shows you how we process claims for medical services you've received. This statement is not a bill.

How the Payment Process Works

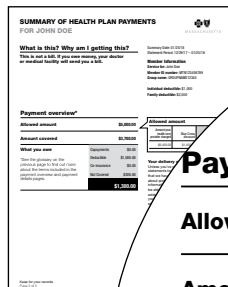
When you visit a health care provider, you pay a copayment.²



The provider submits a bill for services to Blue Cross. This is called a claim.



You'll get a Summary of Health Plan Payments if there's a balance remaining after we process the claim and pay our share of the costs. Your provider will send you a bill if you owe any money.



Payment overview*

Allowed amount \$5,000.00

Amount covered \$3,700.00

Amount covered by Blue Cross

*See the glossary on the previous page to find out more about the terms included in the payment overview and payment details pages.

Amount you owe (if any)

Copayments	\$0.00
Deductible	\$1,000.00
Co-insurance	\$0.00
Not Covered	\$300.00
Total	\$1,300.00

This is not a bill.

Copayments

Your copayments (also known as a copay) are the fixed dollar amount you pay each time you see a provider² or fill a prescription. Look for your copay amount on your member ID card.

Deductible

If your plan has a deductible, this is the amount of money you pay out-of-pocket for health care services, such as blood tests and x-rays, before Blue Cross starts to pay for them.

Co-insurance

If your plan has co-insurance, you're responsible for paying a predetermined percentage of your medical expenses once your deductible has been met.

Tip: See the glossary on page 2 of your statement for the meaning of any unfamiliar terms.

The provider sends you a bill.
(if you owe money)



You pay your provider.



Financial accounts can help cover costs.

If your plan has a Health Reimbursement Arrangement, Health Savings Account, or Flexible Spending Account, you can use it to pay medical expenses, such as your deductible and copayments. You can also use these accounts to pay for eyeglasses and dental services.

1. Medex members receive statements called Explanation of Benefits.

2. Except for certain plans, preventive services are fully covered. Some plans may require co-insurance.



Payment Overview Page

- A** The payment overview shows the amount charged to Blue Cross, the amount we covered, and what you owe (if anything).
- B** Up here, you'll find your account information, including your plan's deductible. A deductible is the amount you pay for medical services before your insurance begins to pay.
- C** This section shows how the allowed amount was calculated.
- D** Your delivery options describes how these statements are delivered and how you can update your preferences.

Your Summary of Health Plan Payments

Payment Details Page

HEALTH PLAN PAYMENT DETAILS

F

G

Breakdown of what you owe

E

		Amount charged											
Service date	Service type	Amount your health care provider charged	Blue Cross discount	Allowed amount	Other insurance	Amount covered	What you owe	Copayments	Deductible	Co-insurance	Not covered (see notes)	What you owe	See notes
Dr. Josephine Smith, ABC Hospital Patient Name: John Doe Claim #: 11111111111111 (In-Network)													
1/15/18	Routine Services	\$400.00	-\$180.00	\$220.00	\$0.00	-\$220.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
1/15/18	X-ray	\$180.35	-\$60.35	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$120.00	\$0.00	\$0.00	\$120.00	
1/15/18	Lab	\$350.00	-\$120.00	\$230.00	\$0.00	\$0.00	\$230.00	\$0.00	\$230.00	\$0.00	\$0.00	\$230.00	
1/15/18	Room & board	\$5,000.00	-\$980.00	\$4,020.00	\$0.00	-\$3,370.00	\$650.00	\$0.00	\$650.00	\$0.00	\$0.00	\$650.00	
Subtotal		\$5,930.35	-\$1,340.35	\$4,590.00	\$0.00	-\$3,590.00	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	
Dr. Jake Giovanni, ABC Hospital Patient Name: John Doe Claim #: 22222222222222 (In-Network)													
1/15/18	Lab	\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	A
Subtotal		\$300.00	\$0.00	\$300.00	\$0.00	\$0.00	\$300.00	\$0.00	\$0.00	\$0.00	\$300.00	\$300.00	
Grand total		\$6,230.35	-\$1,340.35	\$4,890.00	\$0.00	-\$3,590.00	\$1,300.00	\$0.00	\$1,000.00	\$0.00	\$300.00	\$1,300.00	

H

This provider will bill you this amount.

Deductible

Allowed amount as of 11/1/16*

\$0

\$1,000

Individual: Met (\$1,000 of \$1,000)

\$0

\$2,000

Family: \$1,000 of \$2,000

Out-of-pocket maximum

Amount applied as of 11/1/16*

\$0

\$5,000

Individual: \$1,000 of \$5,000

\$0

\$10,000

Family: \$1,000 of \$10,000

HAVE QUESTIONS?

Call the number on your ID card.

Or log in to your account at bluecrossma.com/myblue.

For TTY, call 711

* Includes charges from this coverage period only.

Log in to your account at www.bluecrossma.com/myblue for your plan effective date.

- E

Your recent claims, including dates of service, names of providers, the amounts charged, and payment details.
- F

The amount you owe for each service.
- G

How we determined what you owe, including copayments, deductible, and co-insurance.
- H

Additional information on how we processed your claims.
- I

The final amount you'll owe your provider for services after we cover our share of the cost. If you have additional insurance, this doesn't apply to you.
- J

A detailed breakdown of your deductible and out-of-pocket maximum, including the amounts you've previously applied towards these.

View your plan information and recent claims at bluecrossma.com/myblue.

Questions?
Call us at the number on your ID card or log in to your account at bluecrossma.com/myblue, click **Contact Us**, then enter your question using the secure inquiry form in the Member Service section.

Left Blank Intentionally

GETTING MORE. NOW THERE'S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

MyBlue is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.



UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan, including:



COVERAGE
AND BENEFITS



CLAIMS AND
BALANCES



FITNESS AND WEIGHT-LOSS
REIMBURSEMENT



MEDICATION
LOOKUP

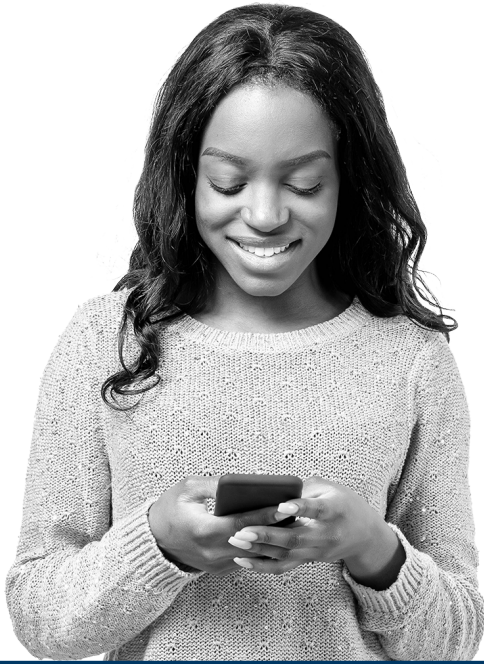
Sign In

Download the app, or create an account at bluecrossma.com.

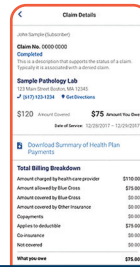
STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

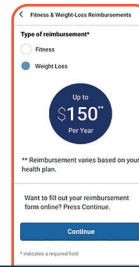
YOUR PLAN IN YOUR HAND



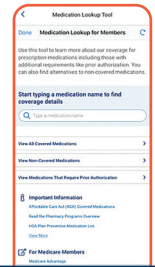
Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



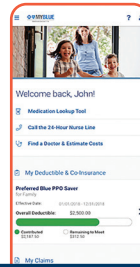
Track claims and benefits
Keep up to date on benefits and coverage.



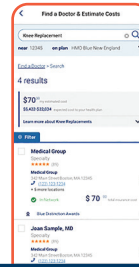
Fitness and weight-loss reimbursement
The online forms are here, along with other savings and offers.



Your medications at a glance
Their names, costs, and prescriptions at your fingertips.



Check deductible balances
End the guesswork and know for sure every time.



Find a Doctor
Or a specialist, dentist, or facility. On your phone and on the fly.



Need your cards
Access your ID cards without opening your wallet.



GET THE MYBLUE APP

You can download the MyBlue App from the App Store® or Google Play™.



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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks and TM Trademarks are the property of their respective owners. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

000308005 55-1353 (5/20)

Left Blank Intentionally

GETTING MORE. NOW THERE'S A PLAN.

Your plan has more benefits than you probably realize. Tap into all of them, all in one place.

MyBlue is your key to more features and savings. Plus, up-to-date status for claims, your deductible, account balances, and more. It's like a free upgrade for the plan you already have.



UNLOCK THE POWER OF YOUR PLAN

MyBlue gives you an instant snapshot of your plan, including:



COVERAGE
AND BENEFITS



CLAIMS AND
BALANCES



FITNESS AND WEIGHT-LOSS
REIMBURSEMENT



MEDICATION
LOOKUP

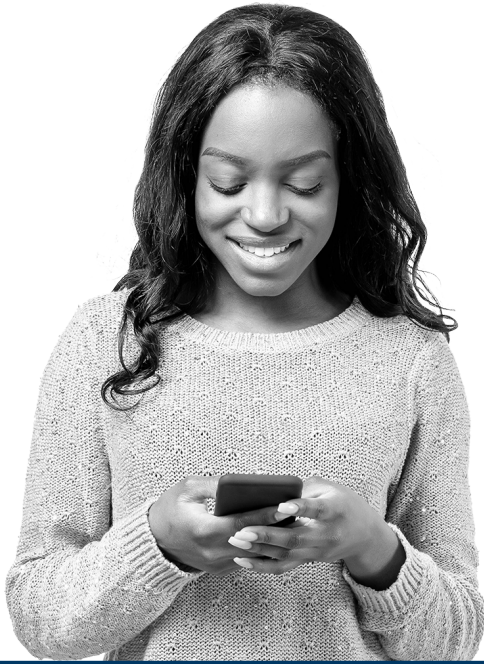
Sign In

Download the app, or create an account at bluecrossma.com.

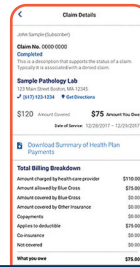
STAY ON TOP OF YOUR COVERAGE

It's never been easier, faster, or more convenient.

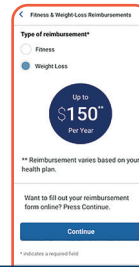
YOUR PLAN IN YOUR HAND



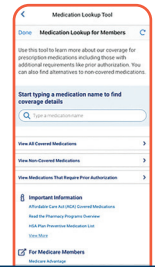
Once you sign in or create a MyBlue App account, you can see all of your benefits, all in one place. Track your claims, medications, account balances, and more from your device. And, you can easily keep track of reimbursements and savings.



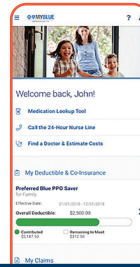
Track claims and benefits
Keep up to date on benefits and coverage.



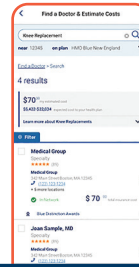
Fitness and weight-loss reimbursement
The online forms are here, along with other savings and offers.



Your medications at a glance
Their names, costs, and prescriptions at your fingertips.



Check deductible balances
End the guesswork and know for sure every time.



Find a Doctor
Or a specialist, dentist, or facility. On your phone and on the fly.



Need your cards
Access your ID cards without opening your wallet.



GET THE MYBLUE APP

You can download the MyBlue App from the App Store® or Google Play™.



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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks and TM Trademarks are the property of their respective owners. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

000308005 55-1353 (5/20)

Left Blank Intentionally

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**.

Left Blank Intentionally

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 النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: **711**)។

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

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

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

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

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

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

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

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

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

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

Persian/پارسیان:

توج: 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. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowolgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'dée' nóomba biká'ígíjij' béesh bee hodíílnih (TTY: 711).