

# LEARN ABOUT YOUR PHARMACY PROGRAM

## COVERED MEDICATIONS (FORMULARY)

This guide includes important information about your pharmacy coverage, and lists some of the medications covered under your plan, as well as medications that aren't covered.

# TABLE OF CONTENTS

<b>Pharmacy program overview</b>	<b>1</b>
About this guide	1
Mail service pharmacy	1
Get a personalized view of your plan (MyBlue)	1
<b>How tiers determine what you pay for medications</b>	<b>2</b>
<b>How covered medications are placed into tiers</b>	<b>2</b>
<b>Our tier structures</b>	<b>3</b>
<b>Compounded medications</b>	<b>5</b>
<b>Covered medications list changes</b>	<b>5</b>
<b>Your ID card</b>	<b>5</b>
<b>Over-the-counter medications</b>	<b>6</b>
<b>Over-the-counter naloxone and Narcan® nasal spray</b>	<b>6</b>
<b>Benefit exclusions</b>	<b>7</b>
<b>Quality care dosing</b>	<b>8</b>
<b>Prior authorization</b>	<b>14</b>
<b>Step therapy</b>	<b>19</b>
<b>Specialty pharmacy medications</b>	<b>22</b>
<b>Non-covered medications</b>	<b>28</b>
<b>How to request coverage for non-covered medications</b>	<b>39</b>
Turnaround time	39
Criteria for exception requests	39
<b>Appealing a coverage decision</b>	<b>40</b>
What happens when an appeal is denied	40
<b>Medication index</b>	<b>41</b>
<b>Approval process for new medications</b>	<b>59</b>

# PHARMACY PROGRAM OVERVIEW

Your pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medications list, also known as a formulary, that includes many medications available at affordable out-of-pocket costs.

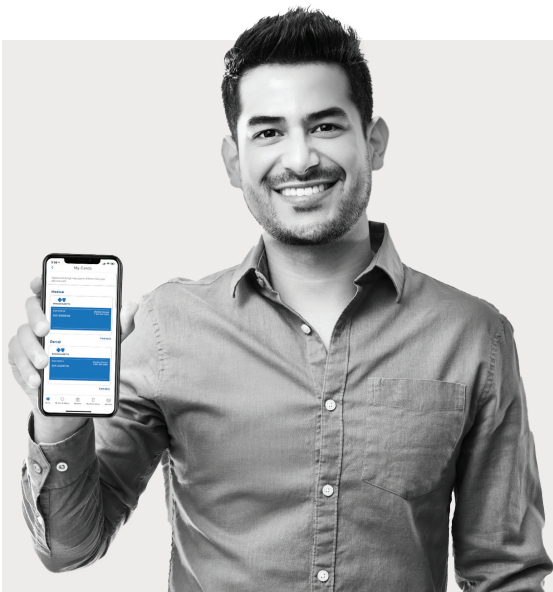
## ABOUT THIS GUIDE

This guide is up to date as of January 1, 2024, and is subject to change. Use it as a reference whenever you need coverage information about your pharmacy program. For the most current and complete information about covered medications, use our **Medication Lookup** tool at [bluecrossma.org/medication](https://bluecrossma.org/medication).

## MAIL SERVICE PHARMACY






You can have your maintenance medications, also known as long-term medications, delivered right to your door when you order them through the mail service pharmacy. Most medications are available at a lower cost, and standard shipping is always included. You even have the option to have your medications automatically refilled and shipped every 90 days.

To get started with the mail service pharmacy, download the MyBlue app or create an account at [bluecrossma.org](https://bluecrossma.org). Once signed in, click **90-Day Mail Service Pharmacy** under **My Medications**. You can also call CVS Customer Care at 1-877-817-0477 (TTY: 711).



## GET A PERSONALIZED VIEW OF YOUR PLAN

MyBlue is your online member account that gives you instant access to your plan benefits from any device. Here's what you can do with MyBlue:

-  View plan coverage and details
-  Find an in-network pharmacy
-  Get 90-day prescriptions
-  Price or refill a medication
-  See if a medication is covered

### GET STARTED TODAY

Download the MyBlue app, or create an account at [bluecrossma.org](https://bluecrossma.org).

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# HOW TIERS DETERMINE WHAT YOU PAY FOR MEDICATIONS

Our list of covered medications is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by your medication's tier and your benefits. The amount you pay may also include your copayment, co-insurance, and deductibles. The pharmacist will tell you what you owe at checkout. To find your out-of-pocket costs in advance, download the MyBlue app, or create an account at [bluecrossma.org](https://bluecrossma.org). Once signed in, click **Price a Medication** under **My Medications**.

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# HOW COVERED MEDICATIONS ARE PLACED INTO TIERS

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

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

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

# OUR TIER STRUCTURES

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

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

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

## 5-TIER

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

## 6-TIER

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

## Learn more about your coverage

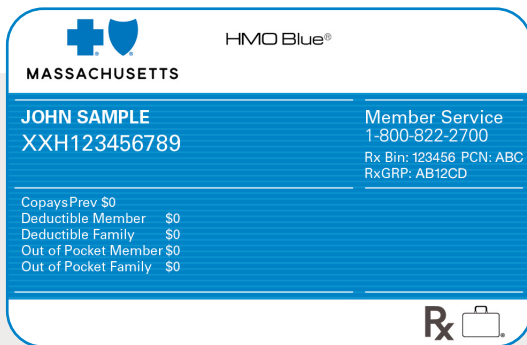
For more information about your pharmacy benefits, sign in to MyBlue at [bluecrossma.org](https://bluecrossma.org).

# COMPOUNDED MEDICATIONS

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

# COVERED MEDICATIONS LIST CHANGES

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



Sample ID card for illustrative purposes only.

## YOUR ID CARD

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



## OVER-THE-COUNTER MEDICATIONS

For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered at no cost to you when they're prescribed by your doctor. This list is up to date as of January 1, 2024, and may change from time to time.

- **Generic aspirin** (81mg)
- **Generic contraceptives** (such as female condoms, sponges, and spermicide)
- **Generic folic acid** is covered for people up to age 50
- **Generic iron** is covered for infants up to 12 months old
- **Generic smoking cessation** (such as nicotine gum, lozenges, and patches) is covered for up to a 168-day supply per calendar year
- **Generic vitamin D** is covered for people ages 65 and older



## OVER-THE-COUNTER NALOXONE AND NARCAN<sup>®</sup> NASAL SPRAY

As of September 1, 2023, the over-the-counter naloxone and Narcan nasal sprays are covered at no cost for most members<sup>2</sup> when purchased at an in-network pharmacy.<sup>3</sup> In life-threatening situations, these products can be used to reverse an overdose from opioids. To learn more, visit [cdc.gov/stopoverdose/naloxone/index.html](https://www.cdc.gov/stopoverdose/naloxone/index.html).

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

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





# BENEFIT EXCLUSIONS

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

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

This list is up to date as of January 1, 2024.  
See your subscriber certificate for additional exclusions.



# QUALITY CARE DOSING

Our quality care dosing program helps to ensure that the quantity and dosage of the medications you receive meet the FDA's regulations, clinical standards, and manufacturer's guidelines. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

## DOSE CONSOLIDATION

Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage.

## RECOMMENDED MONTHLY DOSING LEVEL

Checks to see that your monthly dosage is consistent with the FDA's and manufacturer's monthly dosing recommendations and clinical information.



You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

**Note:** Your doctor may request an exception for medications that are subject to quality care dosing when medically necessary. Some medications on this list may also be subject to step therapy and/or prior authorization requirements, be considered non-covered, or be considered a specialty medication. Check the corresponding pages to determine coverage requirements.

This list of medications in our quality care dosing program is up to date as of January 1, 2024, and may change from time to time.

For the most current list of medications subject to quality care dosing, along with associated dosing limits, use our **Medication Lookup** tool at [bluecrossma.org/medication](https://bluecrossma.org/medication).

# QUALITY CARE DOSING

Abilify Mycite  
 Abstral  
 AcipHex (excluded for 18 years and older)  
 AcipHex Sprinkle (excluded for 18 years and older)  
 Actemra  
 Actiq  
 Actonel  
 ACTOplus Met  
 ACTOplus Met XR  
 Actos  
 Acular  
 Acular LS  
 Acular PF  
 Acyclovir cream  
 Adalimumab-adaz  
 Adalimumab-adbm  
 Adalimumab-fkjp  
 Adderall XR  
 Addyi  
 Adhansia XR  
 Adlarity  
 Adlyxin  
 Admelog  
 Admelog Solostar  
 Advair Diskus  
 Advair HFA  
 Adyphren  
 Adyphren II  
 Adyphren Amp  
 Adyphren Amp II  
 Adzenys XR  
 Aemcolo  
 Aimovig  
 AirDuo DigiHaler  
 AirDuo RespiClick  
 AirSupra

Ajovy  
 Akynzeo  
 Albuterol Sulfate HFA  
 Alendronate Sodium  
 Alinia  
 Almotriptan  
 Alora  
 Alosetron  
 Alex  
 Altoprev  
 Alvesco  
 Ambien  
 Ambien CR  
 Amerge  
 Amitiza  
 Amjevita  
 Amlodipine  
 Amlodipine-Atorvastatin  
 Ampyra  
 Anzemet  
 Apidra  
 Apidra Solostar  
 Aplenzin ER  
 Aprepitant  
 Aptenzio XR  
 Aranesp  
 Arava  
 Arcapta Neohaler  
 Arformoterol  
 Arikayce  
 ArmonAir DigiHaler  
 ArmonAir RespiClick  
 Arnuity Ellipta  
 Arixtra  
 Arymo ER  
 Asmanex HFA  
 Asmanex Twisthaler

Aspirin/Omeprazole (excluded for 18 years and older)  
 Atelvia DR  
 Atomoxetine  
 Atorvastatin  
 Atrovent (nasal spray)  
 Atrovent HFA  
 Auvi-Q  
 Avandia  
 Avonex  
 Axert  
 Azelastine (nasal spray)  
 Azstarys  
 Baqsimi  
 Basaglar  
 Basaglar Tempo  
 Belbuca  
 Belsomra  
 Betaseron  
 Bevespi AeroSphere  
 Bijuva  
 Binosto  
 Boniva tablets  
 Brenzavvy  
 Breo Ellipta  
 Brexafemme  
 Breyna  
 Breztri Aerosphere  
 Brisdelle  
 Bronchitol  
 Brovana  
 Brukinsa  
 Budesonide (nebules)  
 Budesonide/Formoterol  
 Bunavail  
 Buprenorphine  
 Buprenorphine-Naloxone

Buprenorphine film  
 Buprenorphine patch  
 Bupropion SR  
 Bupropion XL  
 Butorphanol NS  
 Butrans  
 Bydureon  
 Bydureon Bcise  
 Byetta  
 Cabergoline  
 Cabometyx  
 Caduet  
 Calcipotriene  
 Calcipotriene/Betamethasone  
 Caplyta  
 Cardura  
 Cardura XL  
 Catapres TTS  
 Celebrex  
 Celecoxib  
 Celexa  
 Centany  
 Cequa  
 Cholbam  
 Cibinqo  
 Ciclodin solution/kit  
 Ciclopirox cream  
 Ciclopirox gel  
 Ciclopirox nail lacquer  
 Ciclopirox shampoo  
 Ciclopirox topical suspension  
 Cimzia  
 Citalopram  
 Climara  
 Climara Pro  
 Clindamycin 1% gel

# QUALITY CARE DOSING

Clindamycin 1% solution  
 Clindamycin 1% lotion  
 Clindamycin 1% foam  
 Clindamycin 2% vaginal  
 Clonidine patch  
 Combivent  
 Combivent Respimat  
 Concerta  
 Conjupri  
 Cotempla XR ODT  
 Contrave ER  
 Copaxone  
 Cosentyx  
 Copiktra  
 Crestor  
 Cromolyn ophthalmic  
 Cyletzo  
 Cyclosporine Ophthalmic  
 Cymbalta  
 Dalfampridine  
 Daurismo  
 Dayvigo  
 Denavir  
 Desvenlafaxine ER  
 Dexlansoprazole (excluded for 18 years and older)  
 Dexilant (excluded for 18 years and older)  
 Dexmethylphenidate ER  
 Dexmethylphenidate XR  
 Dextroamphetamine/ Amphetamine ER  
 Diabetic Testing Strips (all)  
 Dichlorphenamide  
 Diclofenac 3% gel  
 Diclofenac solution  
 Diflorasone cream  
 Diflucan (150 mg only)

Dihydroergotamine (nasal spray)  
 DM 2 Kit  
 Dotti  
 Dovonex  
 Doxazosin  
 Doxepin cream  
 Doxepin tablets  
 Drizalma Sprinkle  
 Duaklir Pressair  
 Dulera  
 Duloxetine DR  
 Duragesic  
 Econazole cream  
 Edluar  
 Effexor XR  
 Eletriptan  
 Emend  
 Emgality  
 Emverm  
 Enbrel  
 Enoxaparin  
 Eplclusa  
 Epinephrine injection  
 Epinephrine Professional kit  
 Epinephrine Professional EMS kit  
 Epi-Pen Auto-Injector  
 Epogen  
 Escitalopram  
 Esomep-EZS (excluded for 18 years and older)  
 Esomeprazole (excluded for 18 years and older)  
 Esomeprazole Strontium (excluded for 18 years and older)  
 Estradiol patch  
 Estrogel

Eszopiclone  
 Evamist  
 Evenity  
 Exkivity  
 Extavia  
 Ezallor Sprinkle  
 Ezetimibe  
 Ezetimibe/Simvastatin  
 Famciclovir  
 Farydak  
 Farxiga  
 Fasenra  
 Fentanyl Citrate  
 Fentanyl oral/mucosal  
 Fentanyl patch  
 Fentora  
 Fetzima  
 Fiasp  
 Filspari  
 Flovent Diskus  
 Flovent HFA  
 Fluconazole (150 mg only)  
 Fluoxetine  
 Fluoxetine DR  
 Fluticasone  
 Fluticasone/Salmeterol  
 Fluticasone/Vilanterol  
 Fluvastatin  
 Fluvastatin XR  
 Fluvoxamine  
 Fluvoxamine CR  
 Focalin XR  
 Fondaparinux  
 Forfivo XL  
 Formoterol  
 Forteo  
 Fosamax

Fosamax Plus D  
 Fotivda  
 Fragmin  
 Frova  
 Frovatriptan  
 Fulphila  
 Fylnetra  
 Gatifloxacin  
 Gavreto  
 Gemtesa  
 Gentamicin cream  
 Gentamicin ointment  
 Glatiramer  
 Glatopa  
 Glucose testing strips (all)  
 Glyxambi  
 Granisetron  
 Granix  
 Grastek  
 Hadlima  
 Halobetasol cream  
 Halobetasol ointment  
 Harvoni  
 Hetlioz  
 Hetlioz LQ  
 Hulio  
 Humalog  
 Humalog Jr.  
 Humulin  
 Humira  
 Humira CF  
 Hydrocodone ER  
 Hydromorphone ER  
 Hyrimoz  
 Hysingla ER  
 Ibandronate  
 Ibrance

# QUALITY CARE DOSING

Ibsrela	Kineret	Lumakras	Natpara
Idacio	Klisyri	Lumryz	NebuPent
Ilumya	Kloxxado	Lunesta	Neulasta
Imitrex	Krintafel	Lybalvi	Neupogen
Impavido	Kynmobi	Lyllana	Nexium (excluded for 18 years and older)
Incruse Ellipta	Lansoprazole (excluded for 18 years and older)	Lyrica CR	Nexletol
Indomethacin 20mg	Lansoprazole ODT (excluded for 18 years and older)	Lysteda	Nexlizet
Ingrezza	Lansoprazole/Amoxicillin/ Clarithromycin	Lyumjev	Nitazoxanide
Inpefa	Lansoprazole/Amoxicillin/ Clarithromycin	Lyumjev Tempo	Nivestym
Insulins (all)	Lantus	Mavyret	Nocdurna
Insuline Aspart	Lantus Solostar	Maxalt	Norvasc
Insulin Glargine	Lazanda	Maxalt-MLT	Novolin
Insulins Lispro	Leflunomide	Meloxicam	Novolog
Intermezzo	Ledipasvir/Sofosbuvir	Meloxicam submicronized	Nucynta ER
Invokamet	Lescol	Menostar	Nuplazid
Invokamet XR	Lescol XL	Methylphenidate CD	Nurtec ODT
Invokana	Levalbuterol HFA	Methylphenidate ER	Nuzyra
Iodoquinol/Hydrocortisone/ Aloe	Levamlodipine	Methylphenidate LA	Nyamyc powder
Ipratropium NS	Levemir	Methylphenidate 72 mg	Nystatin powder
Irenka DR	Lexapro	Migranal	Nystop powder
Itraconazole	Lidocaine 5% cream	Migranow Kit	Nyvepria
Jakafi	Lidocaine 5% ointment	Minivelle	Ocaliva
Jardiance	Lidocaine Patch	Mirtazapine	Odactra
Jaypirca	Lidoderm	Mirtazapine Rapid Dissolve	Odomzo
Joenia	Linzess	Mobic	Olanzapine-Fluoxetine
Jornay PM	Lipitor	Morphine Sulfate ER	Olopatadine Nasal
Jynarque	Litfulo	Mounjaro	Olumiant
Kadian	Livalo	Movantik	Omeprazole (excluded for 18 years and older)
Kalydeco	Livtency	Moxifloxacin	Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)
Kenalog aerosol	Lixdexamfetamine	Moxeza	OmePPI (excluded for 18 years and older)
Kerendia	Lonhala Magnair	MS Contin	Ondansetron
Kerydin	Lotronex	Mupirocin	Ondansetron ODT
Ketoconazole 2%	Lovastatin	Mulpleta	Onmel
Ketorolac ophthalmic	Lovenox	Mydayis	
Keveyis	Lubriprostone	Myfembree	
Kevzara	Lucemyra	Nalmefene	
		Naratriptan	

# QUALITY CARE DOSING

Onzetra Xsail	Praluent	Rebif	Simvastatin
Opzelura	Pravachol	RediTrex	Skyclarys
Oralair	Pravastatin	Releuko	Skyrizi
Orencia	Pregabalin CR	Relexxii ER	Sofosbuvir/Velpatasvir
Orkambi	Prevacid (excluded for 18 years and older)	Relpax	Soliqua
Orladeyo	PrevPac	Remeron	Solosec
Orserdu	Prilosec (excluded for 18 years and older)	Remeron Soltab	Sonata
Otezla	Pristiq	Repatha	Sotyktu
Oxbryta	Pristiq ER	Restasis	Sovaldi
Oxiconazole Nitrate	ProAir DigiHaler	Retacrit	Spiriva HandiHaler
Oxistat	ProAir HFA	Rexulti	Spiriva RespiMat
Oxycodone ER	ProAir RespiClick	Reyvow	Sporanox
OxyContin	Procrit	Rezurock	Stelara
Oxymorphone ER	Protonix (excluded for 18 years and older)	Rezvoglar	Steglatro
Ozempic	Proventil HFA	Rhopressa	Steglujan
Pantoprazole (excluded for 18 years and older)	Prozac	Rinvoq ER	Stiolto RespiMat
Paroxetine	Prudoxin	Risedronate	Strattera
Paroxetine CR	Pulmicort Flexhaler	Ritalin LA	Stimufend
Patanase	Pulmicort Respules	Rizatriptan	Striverdi RespiMat
Paxil	Qbrexxa	Rizatriptan ODT	Sublocade
Paxil CR	Qelbree	Rocklatan	Suboxone
Paxlovid	Qinlock	Rolvedon	Subsys
Pegasys	Qmiiz ODT	Rosuvastatin	Sumatriptan
PEG-Intron	Qtern	Rosuvastatin/Ezetimibe	Sumatriptan/Naproxen
Penciclovir cream	Qualaquin	Roszet	Sumavel Dosepro
Penlac	Qulipta	Rozerem	Sunosi
Pennsaid	Quillichew	Rybelsus	Symbicort
Pentamidine Isethionate	Quinine Sulfate	Sancuso	Symbyax
Perforomist	Qutenza	Sarafem	Symdeko
Pexeva	QVAR	Saxenda	Symjepi
Pimecrolimus cream	Quivic	Segluromet	Symproic
Pioglitazone	Rabeprazole (excluded for 18 years and older)	Semglee	Synjardy
Pioglitazone-Metformin	Ramelteon	Serevent Diskus	Synjardy XR
Plegridy	Ragwitek	Sertraline	Tagrisso
Pomalyst		Silenor	Taltz
Ponvory		Siliq	Tasimelteon
		Simponi	Tavaborole

# QUALITY CARE DOSING

Tavneos  
 Tazverik  
 Tegsedi  
 Tepmetko  
 Terazosin  
 Terbinafine  
 Teriparatide  
 Tiotropium  
 Tivorbex  
 Tolsura  
 Tosymra  
 Toujeo Solostar  
 Toujeo Max Solostar  
 Tranexamic Acid  
 Trelegy Ellipta  
 Tremfya  
 Tresiba  
 Treximet  
 Triamcinolone spray  
 Trijardy XR  
 Trikafta  
 Trintellix  
 Triptodur  
 Trudhesa  
 Trulance  
 Trulicity  
 Truseltiq  
 Tudorza  
 Tukysa  
 Tymlos  
 Tyrvaya  
 Ubrelvy  
 Udenyca  
 Ukoniq  
 Utibron Neohaler  
 Valacylovir  
 Valtrex

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

Xermelo  
 Xiidra  
 Xifaxan  
 Xigduo XR  
 Xofluza  
 Xopenex HFA  
 Xospata  
 Xtampza ER  
 Xultophy  
 Xuriden  
 Xyosted  
 Yuflyma  
 Yupelri  
 Yusymri  
 Yosprala  
 Zaleplon  
 Zaxio  
 Zavspret  
 Zegerid (excluded for 18 years and older)  
 Zejula  
 Zembrace Symtouch  
 Zepatier  
 Zeposia  
 Zetia  
 Ziextenzo  
 Zimhi  
 Zocor  
 Zofran  
 Zofran ODT  
 Zoladex  
 Zolmitriptan  
 Zolmitriptan nasal  
 Zolmitriptan ODT  
 Zoloft  
 Zolpidem  
 Zolpidem CR

Zolpidem SL  
 Zolpimist  
 Zomig  
 Zomig nasal  
 Zomig ZMT  
 Zonalon  
 Zovirax cream  
 Zubsolv  
 Zuplenz  
 Zydelig  
 Zymaxid  
 Zypitamag



# PRIOR AUTHORIZATION

Before coverage is approved for certain medications, your doctor must first request prior authorization. Using clinical-based medical standards, the prior authorization process ensures that you meet certain medical criteria, and that the medication being prescribed is necessary to treat you.

Our prior authorization program includes step therapy. Refer to the step therapy section in this guide for more information.

**Note:** Some medications on this list may also be subject to step therapy and/or quality care dosing requirements, be considered non-covered, or be considered a specialty medication. Check the corresponding pages to determine coverage requirements.

This list of medications that require prior authorization is up to date as of January 1, 2024, and may change from time to time.

For the most current list of medications that require prior authorization, use our **Medication Lookup** tool at [bluecrossma.org/medication](https://bluecrossma.org/medication).



# PRIOR AUTHORIZATION

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

# PRIOR AUTHORIZATION

Forteo  
 Fulphila  
 Fynetra  
 Galafold  
 Gamifant  
 Gavreto  
 Gel-One  
 Gelsyn-3  
 Genotropin  
 Genvisc  
 Gilyena  
 Gilotrif  
 Givlaari  
 Granix  
 Grastek  
 Hadlima  
 Harvoni  
 Haegarda  
 Hetlioz  
 Hulio  
 Humatrope  
 Humira  
 Hyalgan  
 Hycet  
 Hydrocodone ER  
 Hydrogesic  
 Hydromorphone ER  
 Hydroxyprogesterone  
 Hymovis  
 Hyrimoz  
 Hysingla ER  
 Ibandronate injection/syringe  
 Ibrance  
 Ibudone  
 Idacio  
 Idhifa  
 Ilaris

Ilumya  
 Imcivree  
 Increlex  
 Incruse Ellipta  
 Inflectra  
 Infliximab  
 Infumorph  
 Inrebic  
 Interferons (alpha, gamma)  
 Iressa  
 Isturisa  
 IV Immunoglobulin  
 Jaypirca  
 Joenja  
 Juxtapid  
 Kadian  
 Kalbitor  
 Kalydeco  
 Kanuma  
 Kesimpta  
 Kevzara  
 Kineret  
 Kisqali  
 Kisqali Femara  
 Konvomep (excluded for 18 years and older)  
 Krazati  
 Kynamro  
 Lazanda  
 Ledipasvir/Sofosbuvir  
 Lemtrada  
 Lenvima  
 Leqvio  
 Lidoxib  
 Liqrev  
 Liquadd  
 Litfulo

Livmarli  
 Lorbrena  
 Lorcet  
 Lumakras  
 Lyrica  
 Lyrica CR  
 Lytgobi  
 Magnacet  
 Mavyret  
 Maxidone  
 Makena  
 Margesic-H  
 Mekinist  
 Mektovi  
 Meperitab  
 Methadone  
 Methadose  
 Methamphetamine  
 Miebo  
 Modafinil  
 Monovisc  
 Morphabond ER  
 Morphine Sulfate CR  
 Morphine Sulfate ER  
 MS Contin  
 Myalept  
 Myobloc  
 Nalocet  
 Natrecor  
 Nexium (excluded for 18 years and older)  
 Neulasta  
 Neupogen  
 Nexlitol  
 Nexlizet  
 Ngenla  
 Norco

Norditropin  
 Nucala  
 Nucynta ER  
 Nulibry  
 Nutritional Supplements  
 Nutropin  
 Nuvigil  
 Ocrevus  
 Olumiant  
 Olysio  
 Omeprazole-Sodium Bicarbonate (excluded for 18 years and older)  
 OmePPI (excluded for 18 years and older)  
 Omnitrope  
 Onpattro  
 Onsolis  
 Opana ER  
 Oralair  
 Oramorph SR  
 Orenzia  
 Orkambi  
 Orladeyo  
 Orserdu  
 Orthovisc  
 Otezla  
 Oxbryta  
 Oxecta  
 Oxervate  
 Oxlumo  
 Oxycodone ER  
 Oxycontin  
 Oxymorphone ER  
 Panlor SS  
 Pemazyre  
 Percocet  
 Percodan

# PRIOR AUTHORIZATION

Pimecrolimus	Rezlidhia	Subsys	Trezix
Piqray	Rezurock	Sunosi	Trikafta
Plegridy	Riabni	Supartz	Triluron
Polygesic	Rinvoq ER	Symbicort	Trivisc
Praluent	Rituxan	Symdeko	Truseltiq
Pregabalin CR	Rolvedon	Synalgos-DC	Truxima
Prevacid (excluded for 18 years and older)	Roxybond	Synjoynt	Tylenol with Codeine
Prilosec (excluded for 18 years and older)	Rozlytrek	Synvisc	Tylox
Primlev	Ruconest	Synvisc One	Tymlos
Procentra	Ruxience	Tabrecta	Tyrvaya
Procrit	Rydapt	Tacrolimus (topical)	Tysabri
Prolate	Rystiggo	Tascenso	Tzield
Proleukin	Saizen	Tadalafil (antihypertensive)	Udenyca
Prolia	SaizenPrep	Tadliq	Vanflyta
Protonix (excluded for 18 years and older)	Sajazir	Tafinlar	Verdrocet
Protopic	Saxenda	Tagrisso	Verkazia
Provigil	Scemblix	Takhzyro	Verzenio
Pyrukind	Seglentis	Taltz	Vicodin
Rabeprazole 10mg (excluded for 18 years and older)	Serostim	Tarceva	Vicoprofen
Ragwitek	Sildenafil (antihypertensive)	Tarpeyo DR	Viekira XR
Rebif	Siliq	Tasimelteon	Viekira PAK
Reblozyl	Simponi	Tavneos	Viltepsa
Recorlev	Simponi Aria	Technivie	Visco-3
Releuko	Skyclarys	Tegsedi	Vitrakvi
Regranex	Skyrizi	Tepezza	Vivjoa
Remicade	Skytrofa	Tepmetko	Vizimpro
Renflexis	Sodium Hyaluronate 1% Syringe	Teriparatide	Vonjo
Repatha	Sofosbuvir/Velpatasvir	Tev-Tropin	Vosevi
Respiratory SyncytialVirus IG/Synagis	Sogroya	Tezspire	Voxzogo
Retacrit	Sotyktu	Tibsovo	Vyepti
Restasis	Sovaldi	Topical Retinoic Acid Derivatives and Combinations (e.g. Retin-A)	Vyjuvek
Retevmo	Spevigo	TPN (total parenteral nutrition)(medical benefit only)	Vyleesi
Revatio	Spinraza	Trelegy Ellipta	Vyndamax
	Stagesic	Tremfya	Vyndaqel
	Stelara		Vyondys-53
	Stimufend		Vyvgart
			Wakix



# PRIOR AUTHORIZATION

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



# STEP THERAPY

Step therapy, which is a key part of our prior authorization program, ensures that your doctor provides you with an effective and affordable medication treatment. Before coverage is allowed for certain second-step medications, your doctor must first prescribe a more affordable, yet clinically appropriate first-step medication. Some medications may go through multiple steps before being approved.

**Note:** Some medications on this list may also be subject to quality care dosing requirements, be considered non-covered, or be considered a specialty medication. Check the corresponding pages to determine coverage requirements.

This list of medications in our step therapy program is up to date as of January 1, 2024, and may change from time to time.

For the most current list of medications that require step therapy, use our **Medication Lookup** tool at [bluecrossma.org/medication](https://bluecrossma.org/medication).

# STEP THERAPY

## Anti-Migraine

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

## Cardiovascular Medications

Entresto
Farxiga
Inpefa
Jardiance
Lodoco
Verquvo

## Diabetes Management

ACTOplus MET
ACTOplus MET XR
Actos
Adlyxin
Afrezza
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
Avandaryl
Avandia
Bydureon
Byetta
Duetact
Farxiga
Fortamet
Glucophage
Glucophage XR
Glumetza
Glyxambi
Invokamet
Invokamet XR
Invokana
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kerendia
Kombiglyze XR
Metformin 625mg
Metformin ER (generic for Glumetza)

Metformin Film Coated ER (generic for Fortamet)
Mounjaro
Nesina
Onglyza
Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Riomet
Riomet ER
Rybelsus
Saxagliptin
Saxagliptin/Metformin
Segluromet
Soliqua
Steglatro
Steglujan
Synjardy
Synjardy XR
Tradjenta
Trijardy XR
Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

## Glaucoma

Lumigan
Rescula
Rocklatan
Travatan
Travatan Z
Vyzulta

Xalatan
Xelpros
Zioptan

## Immunomodulators for Skin Conditions

Elidel
Eucrisa
Opzelura
Pimecrolimus
Protopic
Tacrolimus
Vtama

## Menopause Motor Symptoms

Veozah
--------

## Methotrexate Auto-Injectors

Otrexup
Rasuvo

## Multiple Sclerosis

Bafiertam
Copaxone
Ponvory
Tecfidera

## Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Gemtesa
Myrbetriq
Oxytrol



# STEP THERAPY

Toviaz

---

Vesicare

---

## Parkinson's Disease Management

Comtan

---

Inbrija

---

Nourianz

---

Ongentys

---

Tasmar

---

Tolcapone

---

## Prostate Treatment

Avodart

---

Entadfi

---

Jalyn

---

Proscar

---

## Topical Antibiotics

Mupirocin cream

---

## Topical Testosterone

Androgel

---

Axiron

---

Fortesta

---

Natesto Nasal

---

Testim

---

Testone CIK Kit

---

Testosterone CIK Kit

---

Testosterone gel (Fortesta  
Authorized product)

---

Testosterone gel (Testim  
Authorized product)

---

Testosterone gel (Vogelxo  
Authorized product)

---

Vogelxo

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# SPECIALTY PHARMACY MEDICATIONS

In our formulary, some medications are classified as specialty medications. These medications are usually used to treat complex health conditions. We've developed a network of specialty pharmacies that are experienced in dispensing these medications. Members are required to fill most specialty medications through one of the pharmacies listed below. However, if a highly specialized medication isn't available at one of our specialty pharmacies, we'll cover the cost of the medication when it's filled at an in-network pharmacy. For a list of specialty medications, see the following pages.

## SPECIALTY NETWORK PHARMACY CONTACT INFORMATION

### **AcariaHealth™**

1-866-892-1202

Fax: 1-877-541-1503

acariahealth.com

### **Accredo®**

1-877-988-0058

Fax: 1-800-391-9707

accredo.com

### **CVS Specialty™**

1-866-846-3096

Fax: 1-800-323-2445

cvsspecialty.com

## SPECIALTY NETWORK PHARMACY CONTACT INFORMATION FOR FERTILITY MEDICATIONS

### **Encompass Fertility™**

1-855-443-5357

Fax: 1-844-364-9364

encompassfertility.com

### **Freedom Fertility Pharmacy**

1-866-297-9452

Fax: 1-888-660-4283

freedomfertility.com

### **Village Fertility Pharmacy**

1-877-334-1610

Fax: 1-866-935-0719

vfppharmacygroup.com

**Note:** Some medications on this list may also be subject to step therapy, prior authorization, and/or quality care dosing requirements, or be considered non-covered. Check the corresponding pages to determine coverage requirements.

This list of specialty medications is up to date as of January 1, 2024, and may change from time to time.

For the most current specialty medication and specialty pharmacy network information, use our **Medication Lookup** tool at [bluecrossma.org/medication](https://bluecrossma.org/medication).



# SPECIALTY PHARMACY MEDICATIONS

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

Acetadote  
Actemra  
Acthar  
Actimmune  
Adakveo  
Adalimumab-adaz  
Adalimumab-adbm  
Adalimumab-fkjp  
Adbry  
Alferon-N  
Alkeran  
Amjevita  
Apokyn  
Apomorphine  
Aranesp  
Arcalyst  
Asceniv  
Asparlas  
Aveed  
Avonex  
Avsola  
Beleodaq  
Berinert  
Besponsa  
Betaseron  
Bicillin  
BiCNU  
Bivigam  
Bleomycin Sulfate  
Blincyto

Boniva  
Bortezomib  
Botox  
Briumvi  
Brixadi  
Busulfex  
Bynfezia  
Camptosar  
Carboplatin  
Carmustine  
Cerezyme  
Cimzia  
Cinqair  
Cinryze  
Cisplatin  
Cladribine  
Copaxone  
Cortrophin  
Cosentyx  
Cosmegen  
Crysvita  
Cutaquig  
Cuvitru  
Cyclophosphamide  
Cyletzo  
Cytarabine  
Cytogam  
Dacarbazine  
Dactinomycin  
Daunorubicin HCL  
Daxxify  
DDAVP  
Delestrogen  
Depo-Estradiol  
Desferal  
Desmopressin Acetate  
Dexrazoxane

Docetaxel  
Dupixent  
Dysport  
Egrifta  
Eligard  
Ellence  
Enbrel  
Enjaymo  
Enspryng  
Entyvio  
Epirubicin  
Epogen  
Estradiol valerate  
Ethyol  
Etopophos  
Etoposide  
Evenity  
Evomela  
Extavia  
Fasenra  
Faslodex  
Fensolvi  
Firazyr  
Firmagon  
Flebogamma  
Floxuridine  
Fludarabine phosphate  
Fluorouracil  
Fortaz  
Forteo  
Fulphila  
Fulvestrant  
Fuzeon  
Fynetra  
GamaSTAN  
Gammagard  
Gammagard Liquid

Gammaked  
Gammaplex  
Gamunex  
Gattex  
Gemcitabine  
Gemzar  
Genotropin  
Givlaari  
Glatiramer  
Glatopa  
Granix  
Hadlima  
Haegarda  
Hizentra  
Hulio  
Humatrope  
Humira  
Hycamtin  
HyQvia  
Hyrimoz  
Ibandronate injection/syringe  
Icatibant  
Idacio  
Idamycin PFS  
Idarubicin  
Ifex  
Ifosfamide  
Ifosfamide/Mesna  
Ilaris  
Ilumya  
Increlex  
Inflectra  
Infliximab  
Intron A  
Irinotecan  
Istodax

# SPECIALTY PHARMACY MEDICATIONS

Kalbitor  
Kanuma  
Kenalog  
Kesimpta  
Kevzara  
Kynamro  
Lanreotide  
Lemtrada  
Leucovorin Calcium  
Leukine  
Leuprolide Acetate  
Levoleucovorin  
Lumoxiti  
Lupron Depot  
Lupron Depot-Ped  
Marqibo  
Mekinist  
Mepsevii  
Mesna  
Mesnex  
Methotrexate  
Mitomycin  
Mitoxantrone  
Mozobil  
Mylotarg  
Myobloc  
Natpara  
Navelbine  
Neulasta  
Neupogen  
Ngenla  
Nipent  
Nivestym  
Norditropin  
Norditropin Flexpro  
Norditropin Nordiflex

Nplate  
Nucala  
Nutropin AQ Nuspin  
Nyvepria  
Ocrevus  
Octagam  
Octreotide  
Omnitrope  
Onpattro  
Orencia  
Otrexup  
Oxaliplatin  
Palynziq  
Pamidronate disodium  
Panzyga  
Paraplatin  
Pegasys  
Pegasys Proclick  
Peg-Intron  
Photofrin  
Plegridy  
Plerixafor  
Portrazza  
Privigen  
Procrit  
Prolia  
Radicava  
Rebif  
Reblozyl  
RediTrex  
Releuko  
Remicade  
Renflexis  
Retacrit  
Revatio  
Riabni  
Rimso-50

Rituxan  
Rolvedon  
Romidepsin  
Ruconest  
Ruxience  
Rystiggo  
Saizen  
SaizenPrep  
Sajazir  
Sandostatin  
Sandostatin-LAR  
Serostim  
Signafor  
Signafor LAR  
Siliq  
Simponi  
Simponi Aria  
Skyrizi  
Skytrofa  
Sogroya  
Somatuline  
Somavert  
Spevigo  
Spinraza  
Stelara  
Stimufend  
Sublocade  
Sylvant  
Synagis  
Synarel  
Takhzyro  
Taltz  
Tazicef  
Tegsedi  
Temodar  
Teniposide  
Tepadina

Tepezza  
Teriparatide  
Testosterone Enanthate  
Tezspire  
Thiotepa  
Thyrogen  
Toposar  
Topotecan  
Totect  
Trelstar  
Trelstar Depot  
Trelstar LA  
Tremfya  
Truxima  
Tymlos  
Tysabri  
Udenyca  
Valrubicin  
Valstar  
Velcade  
Ventavis  
Vimizim  
Vinblastine  
Vincasar PFS  
Vincristine  
Vinorelbine  
Vivitrol  
Voxzogo  
Vyepiti  
Vyvgart  
Vyvgart Hytrulo  
Vyxeos  
Xembify  
Xenpозyme  
Xeomin  
Xgeva  
Xolair

# SPECIALTY PHARMACY MEDICATIONS

Yondelis  
 Yuflyma  
 Yusmyri  
 Zaltrap  
 Zanosar  
 Zarxio  
 Ziextenzo  
 Zilretta  
 Zoladex  
 Zomacton  
 Zorbtive

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

Amondys 45  
 Arikayce  
 Benlysta Autoinject/syringe  
 Besremi  
 Bleo 15  
 Cablivi  
 Ceftazadime  
 Deferoxamine Mesylate  
 Empaveli  
 Evkeeza  
 Exondys  
 Fintepla  
 Gamifant  
 Kineret  
 Leqvio  
 Libtayo  
 Neulasta Onpro  
 Nulibry  
 Oxlumo  
 Revcovi

Ryplazim  
 Saphnelo  
 Sildenafil antihypertensive  
 Strensiq  
 Synribo  
 Triptodur  
 Tzielid  
 Unituxin  
 Uptravi  
 Veopoz  
 Viltepso  
 Vyleesi  
 Xiaflex

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

Abiraterone  
 Adcirca  
 Adempas  
 Afinitor  
 Afinitor Disperz  
 Akeega  
 Alecensa  
 Alkeran  
 Alyq  
 Ambrisentan  
 Ampyra  
 Aubagio  
 Austedo XR  
 Bafiertam  
 Bethkis  
 Bosentan  
 Bosulif  
 Braftovi  
 Bronchitol

Bylvay  
 Cabometyx  
 Calquence  
 Carglumic Acid  
 Camzyos  
 Capecitabine  
 Carbaglu  
 Cayston  
 Cerdelga  
 Cibirngo  
 Cometriq  
 Cotellic  
 Cyclophosphamide  
 Cystagon  
 Dalfampridine  
 Daraprim  
 Daurismo  
 Deferasirox  
 Dichlorphenamide  
 Dimethyl Fumarate  
 Dojolvi  
 Doptelet  
 Droxidopa  
 Duopa  
 Emflaza  
 Epclusa  
 Erivedge  
 Erleada  
 Erlotinib  
 Esbriet  
 Etoposide  
 Everolimus  
 Evrysdi  
 Exjade  
 Farydak  
 Filspari  
 Fingolimod

Galafold  
 Gavreto  
 Gilenya  
 Gilotrif  
 Gleevec  
 Harvoni  
 Hetlioz  
 Hetlioz LQ  
 Hycamtin  
 Ibrance  
 Iclusig  
 Idhifa  
 Imatinib  
 Inbrija  
 Ingrezza  
 Inlyta  
 Inqovi  
 Inrebic  
 Iressa  
 Jadenu  
 Jakafi  
 Jatenzo  
 Javygtor  
 Jaypirca  
 Juxtapid  
 Jynarque  
 Kalydeco  
 Kisqali  
 Kisqali Femara  
 Kitabis PAK  
 Koselugo  
 Kuvan  
 Kyzatrex  
 Lapatinib  
 Ledipasvir/Sofosbuvir  
 Lenalidomide  
 Lenvima

# SPECIALTY PHARMACY MEDICATIONS

Letairis  
 Liqrev  
 Litfulo  
 Lonsurf  
 Lorbreana  
 Lumakras  
 Lumryz  
 Lynparza  
 Lytgobi  
 Mavenclad  
 Mavyret  
 Mayzent  
 Mekinist  
 Mektovi  
 Mesnex  
 Miglustat  
 Mulpleta  
 Mycapssa DR  
 Myleran  
 Nerlynx  
 Nexavar  
 Ninlaro  
 Nitisinone  
 Nityr  
 Northera  
 Nourianz  
 Nubeqa  
 Nuplazid  
 Ocaliva  
 Odomzo  
 Ofev  
 Olpruva  
 Olumiant  
 Onureg  
 Opsumit  
 Orenitram  
 Orkambi

Otezla  
 Otezla Starter Pack  
 Oxbryta  
 Palforzia  
 Pheburane  
 Pirfenidone  
 Piqray  
 Pomalyst  
 Ponvory  
 Procysbi  
 Promacta  
 Pulmozyme  
 Pyrimethamine  
 Radicava ORS  
 Ravicti  
 Relyvrio  
 Retevmo  
 Revatio  
 Revlimid  
 Ribavirin  
 Rilutek  
 Riluzole  
 Rinvoq ER  
 Rozlytrek  
 Rubraca  
 Rydapt  
 Sabril  
 Samsca  
 Sapropterin  
 Scemblix  
 Sildenafil antihypertensive  
 Sofosbuvir/Velpatasvir  
 Sohonos  
 Sorafenib  
 Sotyktu  
 Sovaldi  
 Sprycel

Stivarga  
 Sunitinib  
 Sutent  
 Symdeko  
 Tabrecta  
 Tadalafil antihypertensive  
 Tadliq  
 Tafinlar  
 Tagrisso  
 Talzenna  
 Tarceva  
 Tassigna  
 Tasimelteon  
 Tecfidera  
 Temodar  
 Temozolamide  
 Teriflunomide  
 Tetrabenazine  
 Thalomid  
 Tiopronin  
 Tlando  
 TOBI ampules  
 TOBI-Podhaler  
 Tobramycin ampules  
 Tolvaptan  
 Tracleer  
 Trikafta  
 Tykerb  
 Tyvaso  
 Upravi  
 Veltassa  
 Veozah  
 Verzenio  
 Viekira PAK  
 Viekira XR  
 Vigabatrin  
 Vijoice

Vitrakvi  
 Vizimpro  
 Vosevi  
 Votrient  
 Vumerity DR  
 Vyndamax  
 Vyndaqel  
 Wakix  
 Xalkori  
 Xeljanz  
 Xeljanz XR  
 Xeloda  
 Xenazine  
 Xtandi  
 Yonsa  
 Zavesca  
 Zejula  
 Zelboraf  
 Zepatier  
 Zeposia  
 Zolinza  
 Zydelig  
 Zykadia  
 Zytiga

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

Akeega  
 Alunbrig  
 Austedo  
 Ayvakit  
 Balversa  
 Brukinsa  
 Chenodal  
 Cholbam  
 Copiktra

# SPECIALTY PHARMACY MEDICATIONS

Daybue  
DDAVP  
Diacomit  
Exkivity  
Exservan  
Firdapse  
Fotivda  
Gocovri ER  
Imbruvica  
Isturisa  
Joenja  
Keveyis  
Korlym  
Krazati  
Livmarli  
Liventcity  
Lumryz  
Lupkynis  
Ojjaara  
Orfadin  
Orserdu  
Pemazyre  
Pyrukind  
Qinlock  
Recorlev  
Rezlidhia  
Rezurock  
Ruzurgi  
Skyclarlys  
Sodium Oxybates  
Sucraid  
Tavalisse  
Tavneos  
Tazverik  
Tepmetko  
Thiola  
Tiglutik

Truseltiq  
Tukysa  
Turalio  
Ukoniq  
Vanflyta  
Venclexta  
Veozah  
Vigadrone  
Vistogard  
Vonjo  
Vowst  
Welireg  
Xermelo  
Xospata  
Xpovio  
Xuriden  
Xyrem  
Xywav

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

Cystaran  
Mugard  
Oxervate  
Panretin  
Qutenza  
Rebyota  
Valchlor  
Vyjuvek

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

Cystadrops

Synarel

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

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



## NON-COVERED MEDICATIONS

Your pharmacy program provides coverage for more than 4,000 prescription medications. This section lists medications that aren't covered under your benefits. Most medications on our non-covered list have covered alternatives that have proven to be equally safe and effective for treating the same medical conditions. If a non-covered medication is approved, it will be covered at the highest tier.

Check with your doctor about appropriate alternatives if you currently take any of these medications. Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

**Note:** Some medications on this list may also be subject to prior authorization, quality care dosing and/or step therapy requirements, or be considered a specialty medication. Check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up to date as of January 1, 2024, and may change from time to time.

For the most current list of non-covered medications, and to see covered alternatives, use our **Medication Lookup** tool at [bluecrossma.org/medication](https://bluecrossma.org/medication).

# NON-COVERED MEDICATIONS

7T Gummy ES  
 Abilify  
 Abilify Mycite  
 Absorica  
 Absorica LD  
 Abstral  
 Acanya  
 Accolate  
 Accucaine  
 Accu-Chek Diabetic Testing Supplies  
 Accula Covid Kit  
 Accupril  
 Accuretic  
 Accutrend Diabetic Testing Supplies  
 Aciphex (excluded for 18 years and older)  
 Actemra  
 Acticlate  
 Actigall  
 Actiq  
 Active Injection D  
 Activella  
 Active-Pac  
 Actonel  
 ActoPlus Met  
 Acular  
 Acular LS  
 Acuvail  
 Aczone  
 Adazin  
 Adderall  
 Addyi  
 Adhansia XR  
 Adlarity  
 Adlyxin  
 Admelog

Advance Diabetic Testing Supplies  
 Advanced Allergy Collection Kit  
 Advocate Diabetic Testing Supplies  
 Adyphren  
 Adyphren II  
 Adzenys XR  
 Aemcolo DR  
 Aerochmaber Kit  
 Agametric Diabetic Testing Supplies  
 Agoneaze  
 Airduo Digihaler  
 Airduo Resplick  
 AirSupra  
 Aklied  
 Akynzeo  
 Albuterol HFA (Ventolin Authorized Product)  
 Alcortin-A  
 Alinia  
 Alkindi  
 Allzital  
 Alodox  
 Alogliptin  
 Alogliptin/Metformin  
 Alogliptin/Pioglitazone  
 Aloquin  
 Alora  
 Alphagan P  
 Alrex  
 Altabax  
 Altace  
 Altoprev  
 Alvesco  
 Ambien

Ambien CR  
 Amphetamine ER Suspension  
 Amrix  
 Amzeeq  
 Anafranil  
 Ana-Lex  
 Angeliq  
 Anodyne LPT  
 Antara  
 Anusol HC suppository  
 Anzemet  
 Apadaz  
 Apidra  
 Aplenzin  
 Apriso  
 Aprizio Pak  
 Aprizio Pak II  
 Aptensio XR  
 Aqua Glycolic HC  
 Arakoda  
 Aranesp  
 Arava  
 Arcapta  
 Arimidex  
 Arixtra  
 Armonair Digihaler  
 Aromasin  
 Arthrotec  
 Arymo ER  
 Arze-Ject-A Kit  
 Asacol HD  
 Ascensia Test Strips  
 Asmanex HFA  
 Asmanex Twisthaler  
 Aspirin/Omeprazole (excluded for 18 years and older)

Assure Diabetic Testing Supplies  
 Atabex EC 29-1MG  
 Atabex OB 29-1MG  
 Atacand  
 Atacand HCT  
 Atelvia  
 Ativan  
 Atopaderm  
 Atopavo  
 Atopiclair  
 Atorvaliq  
 Atorvastatin/Ezetimibe  
 Atralin  
 Atropen  
 Augmentin XR  
 Auryxia  
 Autocode Diabetic Testing Supplies  
 Auvelity  
 Auvi-Q  
 Avalide  
 Avapro  
 Avelox  
 Avidoxy  
 Avidoxy DK  
 Avita  
 Azasite  
 Azeschew  
 Azesco  
 Azopt  
 Azor  
 Azstarys  
 B12 Kit  
 Bafiertam  
 Bal-Care DHA  
 Balcoltra  
 Basadrox

# NON-COVERED MEDICATIONS

B-D Testing Strips	BSP 0820	Cetraxal	Collanex
BD Veritor Covid KIT	Budesonide/Formoterol (Symbicort Authorized Product)	Chenodal	Combigan
Belsomra	Bunavail	Chlorzoxazone 250mg	Completenate Chew
Benicar	Bydureon	Chlorzoxazone 375mg	Completenate DHA
Benicar HCT	Bydureon Bcise	Chlorzoxazone 750mg	Co-Natal FA 29-1MG
Benzaclin	Byetta	Chorionic Gonadotropin	Concept DHA
Benzaclin Kit	Bystolic	Cialis	Concept OB
Benzhydrocodone/Acetaminophen	Caduet	Cimzia	Conjupri
Benzonatate 150mg	Calcipotriene Foam (Sorilux Authorized Product)	Ciprofloxacin Oral Suspension	Contour Diabetic Testing Supplies
Beser	Calcipotriene/Betamethsone Suspension	Citranatal	Convenience Pak
Besivance	Cambia Powder	Citranatal 90 DHA	Conzip
Betaloan Suik	Caphosol	Citranatal Assure	Cool Diabetic Testing Supplies
Betimol	Caplyta	Cutranatal B-Calm	Copaxone
Betoptic S	Capsfenac	Citranatal Harmony	Coreg
Bevespi Aerosphere	Carac	Citanatal Bloom	Coreg CR
Bg-Star Diabetic Testing Supplies	Carbinoxamine 6mg	Citranatal DHA	Corlanor
Biifenac Kit	Carbinoxamine Oral Solution	Citranatal Rx	Cortisone 25mg
Bijuva	Cardene	Cleardetect Covid Kit	Cosentyx
Binosto	Cardizem CD	Cleocin T	Cosopt PF
Bionect	Cardizem LA	Clever Check Diabetic Testing Supplies	Contempla XR ODT
Bioscanner Diabetic Testing Supplies	Cardura XL	Clever Choice Diabetic Testing Supplies	Covid At Home Test Kit
Biotene Dry Spray	Careone Diabetic Testing Supplies	Clindcin ETZ Kit	Covid-19 Rap Kit
Blulink Diabetic Testing Supplies	Caresens Diabetic Testing Supplies	Clindacin PAC	Cozaar
Boniva	Carestart Covid Kit	Clindagel	Crestor
Brenzavvy	Caretouch Diabetic Testing Supplies	Clindavix	CVS Advanced Diabetic testing supplies
Breo Ellipta	Cataflam	Clinitest Covid Kit	CVS Antigen Test Kit
Brevicon	Celexa	Clobetavix	CVS Covid 19 Kit
Brexifemme	Cem-Urea	Clobex	CVS Dry Mouth
Brilinta	Centany	Clodan Kit	Cyclobenzaprine 7.5mg
Brimonidine 1%	Centany AT	Clonidine ER	Cyclopak Kit
Brisdelle	Cequa	C-Nate DHA 28-1-200	Cyletzo
Bromsite	Ceramax	Cobas Covid-2 Kit	Cymbalta
Brovana		Colazal	Daliresp
Brylhalo		Colchicine Capsules	Dapsone 7.5%
		Colcrys	Daypro



# NON-COVERED MEDICATIONS

Daytrana  
 Dayvigo  
 D-Care 100X  
 D-Care Diabetic Testing Supplies  
 DDAVP  
 Deluo  
 Delzicol  
 Delzicol XR  
 Depakote  
 Depakote ER  
 Depakote Sprinkle  
 Depo-Sub Q Provera 104  
 Dermacin  
 Silazone Pharmapak  
 Dermacin Cinolone-1 CPI  
 DermacinRx Chlorhexacin  
 DermacinRx Empricaine  
 DermacinRx PHN  
 DermacinRx Prenatrix  
 DermacinRx Prenatryl  
 DermacinRx Pretrate  
 DermacinRx Prizopak  
 DermacinRx Silapk  
 DermacinRx Surgical Pharmapak  
 DermacinRx Therazole Pak  
 DermacinRx ZRM  
 Dermalid  
 Derma-Smoothe/FS Body Oil  
 Derma-Smoothe/FS Scalp Oil  
 Dermawerx SDS  
 Dermawerx Surgical Plus Pack  
 Dermotic  
 Desvenlafaxine ER  
 Detrol

Detrol LA  
 Dexedrine  
 Dexilant (Kapidex) (excluded for 18 years and older)  
 Dexlansoprazole  
 Dhivy  
 Diathrive Diabetic Testing Supplies  
 Diatrue Diabetic Testing Supplies  
 Diatrue Covid Kit  
 Diclo Gel  
 Diclofenac 2% solution  
 Diclofenac 25mg capsules  
 Diclofenac Epolamine  
 Diclofenac Potassium 25mg  
 Diclofenac Potassium 35mg  
 Diclofenac Potassium 50mg powder pack  
 Diclofenac Submicronized  
 Dicloheal-60  
 Diclona  
 Diclona Plus  
 Diclona + Pad  
 Diclopak  
 Diclopr Combo Pack  
 Diclostrem Pak  
 Diclotrex II  
 Diclovix  
 Diclovix M  
 Diclo-Xrylix Sheet Kit  
 Diclozor  
 Differin  
 Dilaudid  
 Diovan HCT  
 Dithol Combo Pack  
 Ditropan XL  
 Divigel

DM2 kit  
 DMT Suik  
 Dolotranz  
 Doubledex  
 Doxycycline Hyclate 50mg tablets  
 Doxycycline Hyclate 75mg tablets  
 Doxycycline Hyclate 150mg tablets  
 Doxycycline IR-DR  
 Drizalma Sprinkle  
 Dry Mouth Solution  
 Duaklir Pressair  
 Duavee  
 Duet DHA 400 25-1-400  
 Duet DHA Balanced  
 Duexis  
 Duobrii  
 Duocare Diabetic Testing Supplies  
 Duragesic  
 Durezol  
 Durlaza  
 Durolane  
 Easy Plus Diabetic Testing Supplies  
 Easy Step Diabetic Testing Supplies  
 Easy Talk Diabetic Testing Supplies  
 Easy Touch Diabetic Testing Supplies  
 Easy Trak Diabetic Testing Supplies  
 Easygluco Diabetic Testing Supplies  
 Easymax Diabetic Testing Supplies

Easyplus Diabetic Testing Supplies  
 Easypro Diabetic Testing Supplies  
 EC-Naprosyn  
 Econasil  
 Edarbi  
 Edarbyclor  
 Edluar  
 Effexor XR  
 Elemar  
 Element Diabetic Testing Supplies  
 Elepsia XR  
 Elestrin  
 Eleton  
 Ellume Covid Kit  
 Ellzia  
 Embrace Diabetic Testing Supplies  
 Empraciane  
 Empraciane II  
 Emsam  
 Enablex  
 Enbrace HR  
 Enlite Glucose Pump  
 Enoxiluv  
 Epaned  
 Epiduo  
 Epiduo Forte  
 Epinephrine Professional Kit  
 Epinephrine Snap-V  
 Episil  
 Episnap Convenience Kit  
 Epogen  
 EQ Diabetic Testing Supplies  
 Equetro  
 Ertaczo

# NON-COVERED MEDICATIONS

Esomeprazole  
 Esomeprazole Stronum  
 (excluded for 18 years  
 and older)  
 Esomeprazole-EZS Kit  
 (excluded for 18 years  
 and older)  
 Estrace  
 Estrogel  
 Eucrisa  
 Euflexxa  
 Evamist  
 Evekeo  
 Evencare Diabetic  
 Testing Supplies  
 Eversense Glucose Pump  
 Evoclin  
 Evolution Diabetic  
 Testing Supplies  
 Exactech Diabetic  
 Testing Supplies  
 Exforge  
 Exforge HCT  
 Exjade  
 Exservan  
 Extina  
 EZ Smart Diabetic  
 Testing Supplies  
 Ezallor Sprinkle  
 Fabior  
 Factive  
 Fanapt  
 Femring  
 Fenofibrate 150mg  
 Fenofibrate 50mg  
 Fenoglide  
 Fenoprofen capsules  
 Fenovar  
 Fentanyl Citrate

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

Fortesta  
 Fortiscare Diabetic  
 Testing Supplies  
 Fosamax  
 Fragmin  
 Freestyle Diabetic  
 Testing Supplies  
 Frova  
 Ganirelix  
 GE 110 Diabetic  
 Testing Supplies  
 Gelclair  
 Gelnique  
 Gel-One  
 Gelsyn-3  
 Genotropin  
 Genstrip Diabetic  
 Testing Supplies  
 Genultimate Diabetic  
 Testing Supplies  
 Genvisc  
 Geodon  
 GHT Diabetic  
 Testing Supplies  
 Gimoti  
 Gleevec  
 Gloperba  
 Gluco Perfect Diabetic  
 Testing Supplies  
 Glucocard Diabetic  
 Testing Supplies  
 Glucocom Diabetic  
 Testing Supplies  
 Glucometer Diabetic  
 Testing Supplies  
 Gluconavii Diabetic  
 Testing Supplies  
 Glumetza  
 Gmate Diabetic  
 Testing Supplies

Gnp Diabetic  
 Testing Supplies  
 Gocovri ER  
 Gojji Diabetic  
 Testing Supplies  
 Golytely  
 Guardian Glucose Pump  
 Halobetasol Foam  
 Harmony Diabetic  
 Testing Supplies  
 Healthpro Diabetic  
 Testing Supplies  
 Helidac Therapy Pak  
 Hemady  
 Horizant  
 HPR  
 HPR Plus  
 HPR Plus Hydrogel  
 Humana True Metrix Diabetic  
 Testing Supplies  
 HW Embrace Diabetic  
 Testing Supplies  
 Hyalgan  
 Hylaguard  
 Hylatopic  
 Hylatopic Plus  
 Hylatopic Plus-Aurstat  
 Hymovis  
 Hyrimoz  
 Hysingla ER  
 Hyzaar  
 Ibsrela  
 Ibupak  
 Ibuprofen/Famotidine  
 Idacio  
 Iglucose Diabetic  
 Testing Supplies  
 Ilevro  
 Ilumya

# NON-COVERED MEDICATIONS

Imitrex Kit Refill  
 Imitrex Pen Injector  
 Imitrex Vial  
 Imvexxy  
 In Touch Diabetic Testing Supplies  
 Inavix  
 Indacaid Covid Kit  
 Inderal LA  
 Inderal XL  
 Indocin suspension  
 Indomethacin 20Mg (Branded Product)  
 Infinity Diabetic Testing Supplies  
 Inflamm-K  
 Innopran XL  
 Insulin Aspart  
 Insulin Glargine  
 Insulin Lispro  
 Insulin Lispro Jr.  
 Insulin Lispro Mix 75-25  
 Intermezzo  
 Intuniv  
 Invega  
 Inveltys  
 Invokamet  
 Invokamet XR  
 Invokana  
 Istalol  
 Iyuzah  
 Jadenu  
 Jenliva  
 Jentadueto  
 Jentadueto XR  
 Journay PM  
 Jublia  
 Kadian

Kapvay  
 Kapzin DC  
 Kaspargo Sprinkle  
 Katerzia  
 Kazano  
 Keppra  
 Keppra XR  
 Keralyt Scalp 6% Kit  
 Kerydin  
 Ketoprofen 25mg  
 Ketoprofen ER 200mg  
 Ketorolac Nasal Spray (Branded Product)  
 Kineret  
 Kitabis Pak  
 Klonopin  
 Kombiglyze  
 Konvomep (excluded for 18 years and older)  
 Koshr Prenate 30-IMG  
 Krintafel  
 Kristalose  
 KRO premium Diabetic supplies  
 Kroger Diabetic Testing Supplies  
 Kuvan  
 Lactulose Pak  
 Lamictal  
 Lamictal ODT  
 Lamictal XR  
 Lancet Diabetic Testing Supplies  
 Latuda  
 Lazanda  
 Ledipasvir/Sofosbuvir  
 Lemtrada  
 Lescol

Lescol XL  
 Levalbuterol HFA  
 Levamlodipine  
 Levemir  
 Levitra  
 Levothyroxine capsules  
 Lexapro  
 Lexette  
 Lextol  
 Liberty Diabetic Testing Supplies  
 Licart  
 Lido BDK  
 Lidocaine/Hydrocortisone  
 Lidocaine/Hydrocortisone Kit  
 Lidocaine/Prilocaine Kit  
 Lidocort  
 Lidoderm  
 Lidolog  
 Lidomark  
 Lidopac  
 Lidopril  
 Lidopril XR  
 Lido-Prilo Caine Pack  
 Lidosol-50  
 Lidotor  
 Lidotrex  
 Lidovix  
 Lidovix L  
 Lipofen  
 Livixil Pak  
 Lokelma  
 Lopressor  
 Loprox Kit  
 Loreev XR  
 Lorzone  
 Loseasonique

Lotemax  
 Lotemax SM  
 Lotensin  
 Lotensin HCT  
 Lotrel  
 Loutrex  
 Lovaza (Omacor)  
 Lovenox  
 Lubiprostone  
 Lucira Covid Kit  
 Luliconazole  
 Lunesta  
 Luzu  
 Lybalvi  
 Lymepak  
 Lyra Covid Kit  
 Lyrica  
 Lyrica CR  
 Lysteda  
 Lyumjev  
 Lyumjev Tempo  
 Marvona Suik  
 Mas Care-Pak  
 Mavyret  
 Maxalt  
 Maxalt-Mlt  
 Maxidex  
 Mb Hydrogel  
 Medrolan II Suik  
 Medroloan Suik  
 Megace ES  
 Meijer Diabetic Testing Supplies  
 Meloxicam Submicronized  
 Menostar  
 Mentho-Caine Kit  
 Metformin 625mg

# NON-COVERED MEDICATIONS

Metformin ER (Fortamet Authorized product)

Metformin ER (Glumetza Authorized product)

Methylphenidate 45mg

Methylphenidate 63mg

Micardis

Micardis HCT

Mico ZN

Microdot Diabetic Testing Supplies

Microvix LP

Migranow

Minastrin Fe

Minocin

Minocycline ER (Branded product)

Minocycline Tablets

Minolira ER

Mirapex

Mirapex ER

M-Natal Plus

Mobic

Moi-Stir

Monodox

Monovisc

Morgidox Kit

Motegrity

Mouth Kote

Moviprep

Moxatag

Moxeza

Moxicane

Mulpleta

Multi-Mac

My Gluco Health Diabetic Testing Supplies

Mydayis

Myfembree

Mynatal

Mynatal Advance

Mynate 90 Plus

Nalfon

Namzaric

Naprelan

Naprelan CR Dose Card

Naprosyn

Naprotin

Naproxen CR

Naproxen/Esomeprazole

Nascobal

Natachew

Natal PNV

Natalvite 75-IMG

Natazia

Natesto Nasal

Neeco DHA 27-1-13

Neocera

Neonatal Complete

Neonatal DHA

Neonatal FE

Neonatal Plus 27-1MG

Neonatal Plus

Neosalus

Neosalus CP

Neo-Synalar Kit

Nesina

Nestabs DHA

Nestabs One

Nestabs

Neuac Kit

Neupogen

Neupro

Neurontin

Neutek Diabetic Testing Supplies

Nevanac

Nexiclon XR

Nexium (excluded for 18 years and older)

Niva-Plus

No Coding Diabetic Testing Supplies

Nocdurna

Noctiva

Nopioid-LMC

Nopioid-TC

Norditropin

Norgesic

Norgesic Forte

Noritate

Northera

Norvasc

Nova Max Diabetic Testing Supplies

Novacort

Novolin

Novolog

Noxipak

Nucaraclinpak

Nucararxpak

Nucort

Nucynta

Nucynta ER

Nudermrxpack

Nudiclo Solupak

Nudiclo Tabpak

Nulytely

Nusurgepak Surgical Prep

Nutraseb

Nutria Rx

Nuvakaan

Nuvakaan II

NuvaRing

Nuversa

Nuvigil

OB Complete DHA

Ob Complete One

OB Complete Petite

OB Complete

OB Complete Premier

Obstetrix EC

Obstetrix DHA

Obstetrix One 38-1-225

O-Cal Prenatal

Olumiant

Omeclamox

Omeprazole/Bicarbonate (excluded for 18 years and older)

Omnitrope

On Call Diabetic Testing Supplies

One Drop Diabetic Testing Supplies

One Vite 1MG Plus

Onexton

Onglyza

Onzetra Xsail

Optium Diabetic Testing Supplies

Optiumez Diabetic Testing Supplies

OptumRx Diabetic Testing Supplies

Oracea

Oral Releif

Orapred ODT

Oravig

Orencia

Orfadin

# NON-COVERED MEDICATIONS

Oriahnn	Physicians USE EZ M-Pred Kit	Prenaissance	Prilovix
Orilissa	Pilot Covid Kit	Prenaissance Plus	Prilovixil
Orphendrine/Aspirin/ Caffeine	Plaquenil	Prenara Prenatal	Primacare
Orthovisc	Plerixafor	Prenatal 19 Chw 29-IMG	Primidone 125MG caps
Oseni	PNV 20-1	Prenatal 27-IMG	Prinivil
Osmolex ER	PNV Tabs 29-IMG	Prenatal Essential	Pristiq
Osmoprep	PNV-DHA Docusate	Prenatal Plus	Prozopak II
Osphena	PNV-Omega	Prenatal Vit Low Iron	Prizotral
Oxaydo	Pocketchem Diabetic Testing Supplies	Prenatal+Fe Tab 29-IMG	Prizotral II
Oxybutynin 2.5MG	Pod-Care 100C	Prenatal-U 106.5-1	ProVoice Diabetic Testing Supplies
Oxybutynin Solution	Pod-Care 100CG	Prenate Essential	ProAir Digihaler
Oxycodone ER	Pod-Care 100K	Prenate AM IMG	ProAir HFA
OxyContin	Pod-Care 100KG	Prenate DHA	ProAir RespiClick
Oxytrol	Pogo Diabetic Testing Supplies	Prenate Mini	Procort
Paingo KFT	Ponvory	Prenate Pixie	Procrit
Pamelor	PR Cream Kit	Prenate Cap Enhance	Procrit
Pancreaze	PR Natal 400 Pak	Prenate Cap Restore	Prodigy Diabetic Testing Supplies
Patanase	PR Natal 400 Pak EC	Prenate Chew 0.6-0.4	Profinac
Paxil	PR Natal 430 Pak	Prenate Elite	Prolensa
Paxil CR	PR Natal 430 Pak EC	Prenatrix	Promiseb
P-Care	Pradaxa	Prenatryl	Protonix (excluded for 18 years and older)
P-Care K	Pravachol	Prenatvite Complete	Proventil HFA
P-Care M	Precision Diabetic Testing Supplies	Prenatvite Plus	Proventil Inhaler
P-Care MG	Pred Mild	Prenatvite Rx	Provida OB
P-Care X	Prednisolone 5mg	Preplus 27-IMG	Provigil
Penlac	Prefest	Presera	Prozac
Pennaiclin	Pregen DHA	Prestalia	PTS Panel Diabetic Testing Supplies
Pennaiclin	Pregenna	Prestige Diabetic Testing Supplies	Pylera
Pentican	Pregnyl	Pretab 29-IMG	Qbrelis
Pepcid	PremesisRx	Prevacid (excluded for 18 years and older)	Qbrexza
Percocet	Premium Diabetic Testing Supplies	Prilo Patch II Kit	Qelbree
Perseris	Prena 1 True	Prilo Patch Kit	Qmiiz ODT
Pertzye	Prena1	Priloheal Plus 30	Qtern
Pexeva	Prena Pearl	Prilolid	Quartette
Pharmacist Choice Diabetic Testing Supplies		Prilosec (excluded for 18 years and older)	
Physicians EX USE B12 Kit			

# NON-COVERED MEDICATIONS

Quicktek Diabetic Testing Supplies  
 Quickview Covid Kit  
 Quillichew ER  
 Quillivant XR  
 Quinixil  
 Quinja  
 Quintet Diabetic Testing Supplies  
 Qulipta  
 Quviviq  
 RA Dry Mouth  
 Rabeprazole 10mg  
 Rapaflo  
 Rayaldee  
 Rayos  
 Readysharp Betamethasone  
 Readysharp Bupivacaine  
 Readysharp Dexamethasone  
 Readysharp Ketorolac  
 Readysharp Lidocaine  
 Readysharp Methylprednisolone  
 Readysharp Triamcinolone  
 Realheal-1  
 Recothrom  
 Redichew Rx  
 Reditrex  
 Refuah Plus Diabetic Testing Supplies  
 RegeneCare  
 Relador PAK  
 Relador PAK Plus  
 Relafen DS  
 Rellexii ER  
 Relion Diabetic Testing Supplies  
 Relnate DHA  
 Relpax

Remeron  
 Remeron Soltab  
 Repatha  
 Requip XL  
 Restoril  
 Retin-A Cream  
 Retin-A Micro  
 Revatio  
 Reveal Diabetic Testing Supplies  
 Rexulti  
 Reyvow  
 Rezvoglar  
 Rhopressa  
 Rightest Diabetic Testing Supplies  
 Ritalin  
 Ritalin LA  
 R-Natal OB 20-1-320  
 Rocklatan  
 Rosadan  
 Rosuvastatin/Ezetimibe  
 Roszet  
 Roxybond  
 Rytary ER  
 Ryvent  
 Saizen  
 Saizenprep  
 Salex Cream Kit  
 Salicylic Acid 6% Kit  
 Salicylic Acid/Ceramide Kit  
 Salvax Duo  
 Salvax Duo Plus  
 SanadermRx Skin Repair  
 Sancuso  
 Saphris  
 Sarafem  
 Savaysa

Savella  
 Scalacort  
 Seasonique  
 Secuado  
 Seglentis  
 Segluromet  
 Select OB Chew  
 Select-OB+ DHA  
 Semglee  
 Se-Natal 19  
 Se-Natal 19 Chew  
 Sernivo  
 Seroquel  
 Seroquel XR  
 Sertraline Capsules  
 Seysara  
 Sila III  
 Silenor  
 Siliq  
 Silvrstat  
 Simbrinza  
 Simponi  
 Sinemet 25/100  
 Singulair  
 Sitavig  
 Sklice  
 Skyaderm-LP  
 Smart Sense Diabetic Testing Supplies  
 SmarTest Diabetic Testing Supplies  
 Soanz  
 Sodium Hyaluronate  
 Sodium Oxybates  
 Sofia Covid Kit  
 Sofosbuvir/Velpatasvir  
 Sof-Tact Diabetic Testing Supplies

Solaravix  
 Soliqua  
 Solodyn  
 Solosec  
 Soltamox  
 Solupak  
 Solus Diabetic Testing Supplies  
 Soma  
 Soolantra  
 Sorilux  
 Sovaldi  
 Sporanox  
 Spritam  
 Sprix  
 Stalevo  
 Staxyn  
 Steglatro  
 Steglujan  
 Stendra  
 Stratterra  
 Suboxone  
 Subsys  
 Suflav  
 Sular  
 Sumadan  
 Sumaxin  
 Sumaxin CP  
 Sumaxin TS  
 Sunosi  
 Supartz  
 Supreme Diabetic Testing Supplies  
 Suprep  
 Sure edge Diabetic Testing Supplies  
 Sure Result Tac Pak

# NON-COVERED MEDICATIONS

SureChek Diabetic Testing Supplies  
 Sure-Test Diabetic Testing Supplies  
 Sustol  
 Symbicort  
 Sympazan  
 Symproic  
 Synalar Combo-Pack  
 Synalar TS  
 Synojoynt  
 Synvexia TC  
 Synvisc  
 Synvisc-One  
 Taclonex Suspension  
 Targadox  
 Tarka  
 Taron-C DHA  
 Taron-Prex  
 Tascenso  
 Tavaborole  
 Taytulla  
 Tazorac  
 Tecfidera  
 Tekturna  
 Tekturna HCT  
 Telcare Diabetic Testing Supplies  
 Tenormin  
 Teriparatide  
 Tersis  
 Test N'Go Diabetic Testing Supplies  
 Testim  
 Testone CIK  
 Testosterone (Testim Authorized Product)  
 Testosterone (Vogelxo Authorized Product)

Testosterone Gel (Fortesta Authorized Product)  
 Thrivite RX 29-IMG  
 Tiazac  
 Timoptic  
 Timoptic Ocudose  
 Tindamax  
 Tirosint  
 Tivorbex  
 Tobradex  
 Tobradex ST  
 Tofranil  
 Tolak  
 Tolsura  
 Topamax  
 Topidex  
 Toronova II Suik  
 Toronova Suik  
 Toviaz  
 Tradjenta  
 Tramadol 100Mg Tablets (Branded Product)  
 Tramadol ER Capsules  
 Tranxene -T  
 Tresiba  
 Tretinoin 8% Gel  
 Treximet  
 Trezix  
 Triadime-80  
 Triamcinolone 0.05%  
 Trianex  
 Triasil  
 Tribenzor  
 Tricare Prenatal  
 Tricor  
 Triglide  
 Triheal-80  
 Trileptal

Trilipix  
 Trilipx DR  
 Triloan II Suik  
 Triloan Suik  
 TriloCiclo Kit  
 Triluron  
 Trinatal Rx 1  
 Trinaz  
 Tri-Norinyl  
 Trintellix (Formerly Brintellix)  
 Tristart DHA  
 Tristart One 35-1-215  
 Tristart Free  
 Tri-Tabs DHA  
 Tritocin  
 Triveen-Duo DHA  
 Trivisc  
 Trivix  
 Trudhesa  
 True Focus Diabetic Testing Supplies  
 True Metrix Diabetic Testing Supplies  
 Truetest Diabetic Testing Supplies  
 Truetrack Diabetic Testing Supplies  
 Trulance  
 Tudorza  
 Twynco  
 Twynsta  
 Tyrvaya  
 Ultima Diabetic Testing Supplies  
 Ultracet  
 Ultram  
 Ultram ER  
 Ultrasal ER

Ultratrak Diabetic Testing Supplies  
 Unistrip Diabetic Testing Supplies  
 Up & Up Diabetic Testing Supplies  
 Uramaxin  
 Uroxatral  
 Utibron Neohaler  
 Valium  
 Valladerm-90  
 Vanos  
 Varophen Kit  
 Vascepa  
 Vaseretic  
 Vasotec  
 Vecamyl  
 Vectical  
 Velphoro  
 Veltassa  
 Veltin  
 Venlafaxine ER Tablets  
 Ventolin  
 Ventolin HFA  
 Verapamil 100mg caps  
 Verasens Diabetic Testing Supplies  
 Veregen  
 Vesicare  
 Vexatrol Kit  
 Viagra  
 Viberzi  
 Victory Diabetic Testing Supplies  
 Viekira  
 Viekira PAK  
 Vigamox  
 Viibryd

# NON-COVERED MEDICATIONS

Vimovo  
Vinate DHA 27-113  
Vinate II  
Vinate One  
Virasal  
Virt-C DHA  
Virt-Nate DHA  
Virt-Pn DHA  
Virt-Pn Plus  
Visco-3  
Vitafof Gummies  
Vitafof Fe+  
Vitafof Ultra  
Vitafof-Nano  
Vitafof-OB +DHA  
Vitafof-OB 65-IMG  
Vitafof-One  
VitamedMD One Rx  
Vitapearl  
Vithathely  
Vitrue  
Viva DHA  
Vivaguard Ino Diabetic Testing Supplies  
Vivlodex  
Vocal Point Diabetic Testing Supplies  
Vogelxo  
Vol-Plus  
Vol-Tab Rx  
VP-PNV-DHA  
Vraylar  
Vusion  
Vyepi  
Vytarin  
Vyvanse  
Vyzulta  
Wakix

Wavesense Diabetic Testing Supplies  
Welchol  
Wellbutrin SR  
Wellbutrin XL  
Wescap-C DHA  
Wescap-PN DHA  
Wesnate DHA  
Westab Plus 27-IMG  
Westgel DHA  
Whytederm Surgipak  
Whytederm Trilasil Pak  
Winlevi  
WPR Plus  
Wynzora  
Xadago  
Xalix  
Xanax  
Xanax XR  
Xelpros  
Xelstrym  
Xepi  
Xerac AC  
Xerese  
Xilapak  
Ximino ER  
Xolegel  
Xopenex HFA  
Xopenex Nebules  
Xpert Xpress Covid Kit  
Xryladerm  
Xrylix  
Xrylix II  
Xultophy  
Xyosted  
Xywav  
Yosprala DR

Yuflyma  
Yupelri  
Zalvit 13-IMG  
Zanaflex  
Zatean-PN DHA  
Zatean-PN Plus  
Zegerid (excluded for 18 years and older)  
Zelapar  
Zelnorm  
Zembrace Symtouch  
Zepatier  
Zestril  
Zetia  
Ziana  
Ziclocin  
Zilacaine  
Ziloval  
Zilxi  
Zinbryta  
Zioptan  
Ziphex 13-IMG  
Zipsor  
Zithromax  
Zocor  
Zofran  
Zohydro ER  
Zolofl  
Zolpak  
Zolpimist  
Zomacton  
Zomig  
Zomig ZMT  
Zonegran  
Zontivity  
Zorvolex  
Zovirax

Ztlido  
Zubsolv  
Zuplenz  
Zyclara  
Zyflo  
Zyflo CR  
Zylet  
Zymaxid  
Zypitamag  
Zypram  
Zyprexa  
Zyprexa Intramuscular  
Zyprexa Relprevv  
Zyprexa Zydis



# HOW TO REQUEST COVERAGE FOR NON-COVERED MEDICATIONS

To request coverage for non-covered medications, your doctor will need to contact our Pharmacy Operations department using one of the methods below, and provide the Massachusetts Standard Form for Medication for Prior Authorization Requests, along with any additional supporting documentation:



## PHONE

1-800-366-7778



## FAX

1-800-583-6289

Phone and fax are recommended for faster service.



## MAIL

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043-4359

## TURNAROUND TIME

Standard requests are reviewed within 48 hours of receipt. In certain life-threatening situations, your doctor may request an expedited review, which we'll respond to within 24 hours of receipt.

## CRITERIA FOR EXCEPTION REQUESTS

We may authorize coverage based on one of the following criteria:

- You have documented treatment failures with two covered medications.<sup>4</sup>
- You have documented adverse effects to two covered medications, which are significant enough to stop taking the medications.
- There's another specified clinical basis.


**Note: If a non-covered medication is approved, it will be covered at the highest tier, and you'll pay the highest out-of-pocket cost for the medication.**

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

# APPEALING A COVERAGE DECISION

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

 **PHONE**  
1-800-472-2689

 **FAX**  
1-617-246-3616  
Phone and fax are recommended for faster service.

 **EMAIL**  
grievances@bcbsma.com

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

## WHAT HAPPENS WHEN AN APPEAL IS DENIED

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

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

### FOR MORE INFORMATION

1

Visit  
[bluecrossma.org](http://bluecrossma.org).

2

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

3

Click  
**Appeals & Grievances**.



# MEDICATION INDEX

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

# MEDICATION INDEX

## 7

7T Gummy ES 29

## A

ACTOplus MET 20

ACTOplus MET XR 20

ACTOplus Met 9

ACTOplus Met XR 9

Abilify 29

Abilify Mycite 9, 29

Abiraterone 25

Absorica 29

Absorica LD 29

Abstral 9, 15, 29

Acanya 29

Accolate 29

Accu-Chek Diabetic Testing Supplies 29

Accucaine 29

Accula Covid Kit 29

Accupril 29

Accuretic 29

Accutrend Diabetic Testing Supplies 29

Acetadote 23

AcipHex 9, 15

AcipHex Sprinkle 9

Aciphex 29

Actemra 9, 15, 23, 29

Acthar 15, 23

Acticlate 29

Actigall 29

Actimmune 15, 23

Actiq 9, 15, 29

Active Injection D 29

Active-Pac 29

Activella 29

ActoPlus Met 29

Actonel 9, 29

Actos 9, 20

Acular 9, 29

Acular LS 9, 29

Acular PF 9

Acuvail 29

Acyclovir cream 9

Aczone 29

Adakveo 15, 23

Adalimumab-adaz 9, 15, 23

Adalimumab-adbm 9, 15, 23

Adalimumab-fkjp 9, 15, 23

Adazin 29

Adbry 15, 23

Adcirca 15, 25

Adderall 29

Adderall XR 9

Addyi 9, 15, 29

Adempas 25

Adhansia XR 9, 29

Adlarity 9, 29

Adlyxin 9, 20, 29

Admelog 9, 29

Admelog Solostar 9

Advair Diskus 9, 15

Advair HFA 9, 15

Advance Diabetic Testing Supplies 29

Advanced Allergy Collection Kit 29

Advocate Diabetic Testing Supplies 29

Adyphren 9, 29

Adyphren Amp 9

Adyphren Amp II 9

Adyphren II 9, 29

Adzenys XR 9, 29

Aemcolo 9

Aemcolo DR 29

Aerochmaber Kit 29

Afinitor 25

Afinitor Disperz 25

Afrezza 20

Agametric Diabetic Testing Supplies 29

Agoneaze 29

Aimovig 9, 15

Air Duo 15

AirDuo DigiHaler 9

AirDuo RespiClick 9

AirSupra 9, 29

Airduo DigiHaler 29

Airduo Respiclick 29

Ajovy 9, 15

Akeega 25, 26

Aklief 29

Akynzeo 9, 29

Albuterol HFA (Ventolin Authorized Product) 29

Albuterol Sulfate HFA 9

Alcortin-A 29

Alecensa 15, 25

Alendronate Sodium 9

Alfenta 15

Alferon-N 23

Alinia 9, 29

Alkeran 23, 25

Alkindi 29

Allzital 29

Almotriptan 9, 20

Alodox 29

Alogliptin 20, 29

Alogliptin/Metformin 20, 29

Alogliptin/Pioglitazone 20, 29

Aloquin 29

Alora 9, 29

Alosetron 9

Alphagan P 29

Alrex 9, 29

Altanax 29

Altace 29

Altoprev 9, 29

Alunbrig 15, 26

Alvesco 9, 29

Alyq 15, 25

Ambien 9, 29

Ambien CR 9, 29

Ambrisentan 25

Amerge 9, 20

Amitiza 9

Amjevita 9, 15, 23

Amlodipine 9

Amlodipine-Atorvastatin 9

Amondys 45 15, 25

Amphetamine ER Suspension 29

Amphetamines 15

Ampyra 9, 15, 25

Amrix 29

Amzeeq 29

Ana-Lex 29

Anafranil 29

Androgel 21

Angeliq 29

Anodyne LPT 29

Antara 29

Anusol HC suppository 29

Anzemet 9, 29

Apadaz 15, 29

Apidra 9, 29

Apidra Solostar 9

Aplenzin 29

Aplenzin ER 9

Apokyn 23

Apomorphine 23

Aprepitant 9

Apriso 29

Aprizio Pak 29

Aprizio Pak II 29

Aptensio XR 29

Aptenzio XR 9

Aqua Glycolic HC 29

Arakoda 29

# MEDICATION INDEX

Aralast	15
Aranesp	9, 15, 23, 29
Arava	9, 29
Arcalyst	23
Arcapta	29
Arcapta Neohaler	9
Arformoterol	9
Arikayce	9, 15, 25
Arimidex	29
Arixtra	9, 29
Armodafinil	15
ArmonAir DigiHaler	9
ArmonAir RespiClick	9
Armonair Digihaler	29
Arnuity Ellipta	9
Aromasin	29
Arthrotec	29
Arymo ER	9, 15, 29
Arze-Ject-A Kit	29
Asacol HD	29
Asceniv	23
Ascensia Test Strips	29
Asmanex HFA	9, 29
Asmanex Twisthaler	9, 29
Asparlas	23
Aspirin/Omeprazole	9, 15, 29
Assure Diabetic Testing Supplies	29
Astramorph/PF	15
Atabex EC 29-IMG	29
Atabex OB 29-IMG	29
Atacand	29
Atacand HCT	29
Atelvia	29
Atelvia DR	9
Ativan	29
Atomoxetine	9
Atopaderm	29
Atopavo	29
Atopiclair	29
Atorvaliq	29
Atorvastatin	9
Atorvastatin/Ezetimibe	29
Atralin	29
Atropen	29
Atrovent	9
Atrovent HFA	9
Aubagio	25
Augmentin XR	29
Auryxia	29
Austedo	26
Austedo XR	25
Autocode Diabetic Testing Supplies	29
Auvelity	29
Auvi-Q	9, 29
Avalide	29
Avandaryl	20
Avandia	9, 20
Avapro	29
Aveed	23
Avelox	29
Avidoxy	29
Avidoxy DK	29
Avinza	15
Avita	29
Avodart	21
Avonex	9, 15, 23
Avsola	15, 23
Axert	9, 20
Axiron	21
Ayvakit	15, 26
Azasite	29
Azelastine	9
Azeschew	29
Azesco	29
Azopt	29
Azor	29
Azstarys	9, 29
<b>B</b>	
B-D Testing Strips	30
B12 Kit	29
BD Veritor Covid KIT	30
BSP O820	30
Bafiertam	20, 25, 29
Bal-Care DHA	29
Balcoltra	29
Balversa	15, 26
Baqsimi	9
Basadrox	29
Basaglar	9
Basaglar Tempo	9
Belbuca	9, 15
Beleodaq	23
Belsomra	9, 30
Benicar	30
Benicar HCT	30
Benlysta Autoinject/syringe	25
Benzaclin	30
Benzaclin Kit	30
Benzhydrocodone/APAP	15
Benzhydrocodone/Acetaminophen	30
Benzonatate 150mg	30
Berinert	15, 23
Beser	30
Besivance	30
Besponsa	23
Besremi	25
Betalan Suik	30
Betaseron	9, 15, 23
Bethkis	25
Betimol	30
Betoptic S	30
Bevespi AeroSphere	9
Bevespi Aerosphere	30
Bexarotene gel	15
Bg-Star Diabetic Testing Supplies	30
BICNu	23
Bicillin	23
Biifenac Kit	30
Bijuva	9, 30
Binosto	9, 30
Bionect	30
Bioscanner Diabetic Testing Supplies	30
Biotene Dry Spray	30
Bivigam	23
Bleo 15	25
Bleomycin Sulfate	23
Blinicyto	23
Blulink Diabetic Testing Supplies	30
Boniva	23, 30
Boniva syringe	15
Boniva tablets	9
Bortezomib	23
Bosentan	25
Bosulif	25
Botox	23
Botox/Botulinum Toxin	15
Braftovi	15, 25
Bravelle	27
Brenzavvy	9, 30
Breo Ellipta	9, 15, 30
Brevicon	30
Brexafemme	9
Brexifemme	30
Breyna	9, 15
Breztri	15
Breztri Aerosphere	9
Brilinta	30
Brimonidine 1%	30
Brisdelle	9, 30
Briumvi	15, 23
Brixadi	23
Bromsite	30

# MEDICATION INDEX

Bronchitol	9, 25	Calcipotriene/Betamethasone	9	Cem-Urea	30	Cleardetect Covid Kit	30
Brovana	9, 30	Calcipotriene/Betamethasone Suspension	30	Centany	9, 30	Cleocin T	30
Brukinsa	9, 26	Calquence	25	Centany AT	30	Clever Check Diabetic Testing Supplies	30
Brylhalo	30	Cambia Powder	30	Cequa	9, 15, 30	Clever Choice Diabetic Testing Supplies	30
Budesonide	9	Camptosar	23	Ceramax	30	Climara	9
Budesonide/Formoterol	9, 15	Camzyos	15, 25	Cerdelga	25	Climara Pro	9
Budesonide/Formoterol (Symbicort Authorized Product)	30	Capecitabine	25	Cerezyme	15, 23	Clindacin PAC	30
Bunavail	9, 30	Caphosol	30	Cetraxal	30	Clindagel	30
Buprenorphine	9	Capital and Codeine	15	Cetrorelix	27	Clindamycin 1% foam	10
Buprenorphine film	9, 15	Caplyta	9, 30	Cetrotide	27	Clindamycin 1% gel	9
Buprenorphine patch	9, 15	Capsfenac	30	Chenodal	26, 30	Clindamycin 1% lotion	10
Buprenorphine-Naloxone	9	Capxib	15	Chlorzoxazone 250mg	30	Clindamycin 1% solution	10
Bupropion SR	9	Carac	30	Chlorzoxazone 375mg	30	Clindamycin 1% solution	10
Bupropion XL	9	Carbaglu	25	Chlorzoxazone 750mg	30	Clindamycin 2% vaginal	10
Busulfex	23	Carbinoxamine 6mg	30	Cholbam	9, 26	Clindavix	30
Butorphanol NS	9	Carbinoxamine Oral Solution	30	Chorionic Gonadotropin	30	Clindcin ETZ Kit	30
Butrans	9, 15	Carboplatin	23	Cialis	30	Clinitest Covid Kit	30
Bydureon	9, 20, 30	Cardene	30	Cibinqo	9, 15, 25	Clobetavix	30
Bydureon Bcise	9, 30	Cardizem CD	30	Ciclodin solution/kit	9	Clobex	30
Byetta	9, 20, 30	Cardizem LA	30	Ciclopirox cream	9	Clodan Kit	30
Bylvay	15, 25	Cardura	9	Ciclopirox gel	9	Clomid	27
Bynfezia	23	Cardura XL	9, 30	Ciclopirox nail lacquer	9	Clomiphene	27
Bystolic	30	Careone Diabetic Testing Supplies	30	Ciclopirox shampoo	9	Clonidine ER	30
<b>C</b>		Caresens Diabetic Testing Supplies	30	Ciclopirox topical suspension	9	Clonidine patch	10
C-Nate DHA 28-1-200	30	Carestart Covid Kit	30	Cimzia	9, 15, 23, 30	Co-Natal FA 29-1MG	30
CVS Advanced Diabetic testing supplies	30	Caretouch Diabetic Testing Supplies	30	Cinqair	15, 23	Co-gesic	15
CVS Antigen Test Kit	30	Cardizem CD	30	Cinryze	15, 23	Cobas Covid-2 Kit	30
CVS Covid 19 Kit	30	Cardura	9	Ciprofloxacin Oral Suspension	30	Cocet/Plus	15
CVS Dry Mouth	30	Cardura XL	9, 30	Cisplatin	23	Colazal	30
Cabergoline	9	Carglumic Acid	25	Citalopram	9	Colchicine Capsules	30
Cablivi	25	Carmustine	23	Citanatal Bloom	30	Colcrys	30
Cabometyx	9, 25	Cataflam	30	Citranatal	30	Collanex	30
Caduet	9, 30	Catapres TTS	9	Citranatal 90 DHA	30	Combigan	30
Calcipotriene	9	Cayston	25	Citranatal Assure	30	Combivent	10
Calcipotriene Foam (Sorilux Authorized Product)	30	Ceftazadime	25	Citranatal DHA	30	Combivent RespiMat	10
		Celebrex	9, 15	Citranatal DHA	30	Cometriq	25
		Celecoxib	9, 15	Citranatal Harmony	30	Completenate Chew	30
		Celexa	9, 30	Citranatal Rx	30	Completenate DHA	30
				Cladribine	23	Comtan	21

# MEDICATION INDEX

Concept DHA	30
Concept OB	30
Concerta	10
Conjupri	10, 30
Contempla XR ODT	30
Contour Diabetic Testing Supplies	30
Contrave	15
Contrave ER	10
Convenience Pak	30
Conzip	30
Cool Diabetic Testing Supplies	30
Copaxone	10, 20, 23, 30
Copiktra	10, 26
Copkitra	15
Coreg	30
Coreg CR	30
Corlanor	30
Cortisone 25mg	30
Cortrophin	15, 23
Cosentyx	10, 15, 23, 30
Cosmegen	23
Cosopt PF	30
Cotellic	15, 25
Cotempla XR ODT	10
Covid At Home Test Kit	30
Covid-19 Rap Kit	30
Cozaar	30
Crestor	10, 30
Crinone	27
Cromolyn ophthalmic	10
Crysvita	23
Cutaquig	23
Cutranatal B-Calm	30
Cuvitru	23
Cyclobenzaprine 7.5mg	30
Cyclopak Kit	30
Cyclophosphamide	23, 25
Cyclosporine Ophthalmic	10, 15
Cyletzo	10, 15, 23, 30
Cymbalta	10, 30
Cystadrops	27
Cystagon	25
Cystaran	27
Cytarabine	23
Cytogam	23
<b>D</b>	
D-Care 100X	31
D-Care Diabetic Testing Supplies	31
DDAVP	23, 27, 31
DM 2 Kit	10
DM2 kit	31
DMT Suik	31
Dacarbazine	23
Dactinomycin	23
Daklinza	15
Dalfampridine	10, 15, 25
Daliresp	30
Dapsone 7.5%	30
Daraprim	25
Daunorubicin HCL	23
Daurismo	10, 25
Daxxify	15, 23
Daybue	27
Daypro	30
Daytrana	31
Dayvigo	10, 31
Deferasirox	25
Deferoxamine Mesylate	25
Delestrogen	23
Deluo	31
Delzicol	31
Delzicol XR	31
Demerol	15
Denavir	10
Depakote	31
Depakote ER	31
Depakote Sprinkle	31
Depo-Estradiol	23
Depo-Sub Q Provera 104	31
Derma-Smoothe/FS Body Oil	31
Derma-Smoothe/FS Scalp Oil	31
Dermacin Cinolone-1 CPI	31
Dermacin Silazone Pharmapak	31
DermacinRx Chlorhexacin	31
DermacinRx Empricaine	31
DermacinRx PHN	31
DermacinRx Prenatrix	31
DermacinRx Prenatryl	31
DermacinRx Pretrate	31
DermacinRx Prizopak	31
DermacinRx Silapk	31
DermacinRx Surgical Pharmapak	31
DermacinRx Therazole Pak	31
DermacinRx ZRM	31
Dermalid	31
Dermawerx SDS	31
Dermawerx Surgical Plus Pack	31
Dermotic	31
Desferal	23
Desmopressin Acetate	23
Desoxyn	15
Desvenlafaxine ER	10, 31
Detrol	20, 31
Detrol LA	20, 31
Dexedrine	15, 31
Dexilant	10, 15
Dexilant (Kapidex)	31
Dexlansoprazole	10, 15, 31
Dexmethylphenidate ER	10
Dexmethylphenidate XR	10
Dexrazoxane	23
Dextroamphetamine/Amphetamine ER	10
Dextroamphetamines	15
Dhivy	31
Diabetic Testing Strips (all)	10
Diacomit	27
Diathrive Diabetic Testing Supplies	31
Diatrue Diabetic Testing Supplies	31
Diatrust Covid Kit	31
Dichlorphenamide	10, 25
Diclo Gel	31
Diclo-Xrylix Sheet Kit	31
Diclofenac 2% solution	31
Diclofenac 25mg capsules	31
Diclofenac 3% gel	10
Diclofenac Epolamine	31
Diclofenac Potassium 25mg	31
Diclofenac Potassium 35mg	31
Diclofenac Potassium 50mg powder pack	31
Diclofenac Submicronized	31
Diclofenac solution	10
Dicloheal-60	31
Diclona	31
Diclona + Pad	31
Diclona Plus	31
Diclopak	31
Diclopr Combo Pack	31
Diclostream Pak	31
Diclotrex II	31
Diclovix	31
Diclovix M	31
Diclozor	31
Differin	31
Diflorasone cream	10
Diflucan	10
Dihydroergotamine	10, 20

# MEDICATION INDEX

Dilaudid	15, 31	Duocare Diabetic Testing Supplies	31	Element Diabetic Testing Supplies	31	Epiduo Forte	31
Dimethyl Fumarate	25	Duopa	25	Elepsia XR	31	Epinephrine Professional EMS kit	10
Diovan HCT	31	Dupixent	15, 23	Elestrin	31	Epinephrine Professional Kit	31
Diskets	15	Duragesic	10, 15, 31	Eletone	31	Epinephrine Professional kit	10
Dithol Combo Pack	31	Durezol	31	Eletriptan	10, 20	Epinephrine Snap-V	31
Ditropan XL	20, 31	Durlaza	31	Elidel	15, 20	Epinephrine injection	10
Divigel	31	Durolane	15, 31	Eligard	23	Epirubicin	23
Docetaxel	23	Dvorah	15	Ellence	23	Episil	31
Dojolvi	25	Dysport	15, 23	Ellume Covid Kit	31	Episnap Convenience Kit	31
Dolophine	15	<b>E</b>		Ellzia	31	Epogen	10, 15, 23, 31
Dolotranz	31	EC-Naprosyn	31	Elyxyb	15	Equetro	31
Doptelet	25	EQ Diabetic Testing Supplies	31	Embeda	15	Erivedge	25
Doptolet	15	EZ Smart Diabetic Testing Supplies	32	Embrace Diabetic Testing Supplies	31	Erleada	25
Doramorph	15	Easy Plus Diabetic Testing Supplies	31	Emend	10	Erlotinib	15, 25
Dotti	10	Easy Step Diabetic Testing Supplies	31	Emflaza	25	Ertaczo	31
Doubledex	31	Easy Talk Diabetic Testing Supplies	31	Emgality	10, 15	Esbriet	25
Dovonex	10	Easy Touch Diabetic Testing Supplies	31	Empaveli	15, 25	Escitalopram	10
Doxazosin	10	Easy Trak Diabetic Testing Supplies	31	Empraciane	31	Esomep-EZS	10, 15
Doxepin cream	10	Easygluco Diabetic Testing Supplies	31	Empraciane II	31	Esomeprazole	10, 15, 32
Doxepin tablets	10	Easymax Diabetic Testing Supplies	31	Emsam	31	Esomeprazole Strontium	10, 15
Doxycycline Hyclate 150mg tablets	31	Easyplus Diabetic Testing Supplies	31	Emverm	10	Esomeprazole Stronum	32
Doxycycline Hyclate 50mg tablets	31	Easypro Diabetic Testing Supplies	31	Enablex	20, 31	Esomeprazole-EZS Kit	32
Doxycycline Hyclate 75mg tablets	31	Econasil	31	Enbrace HR	31	Estrace	32
Doxycycline IR-DR	31	Econazole cream	10	Enbrel	10, 15, 23	Estradiol patch	10
Drizalma Sprinkle	10, 31	Edarbi	31	Endometrin	27	Estradiol valerate	23
Droxidopa	25	Edarbyclor	31	Enjaymo	15, 23	Estrogel	10, 32
Dry Mouth Solution	31	Edluar	10, 31	Enlite Glucose Pump	31	Eszopiclone	10
Duaklir Pressair	10, 31	Effexor XR	10, 31	Enoxaparin	10	Ethylol	23
Duavee	31	Egrifta	15, 23	Enoxiluv	31	Etopophos	23
Duet DHA 400 25-1-400	31	Elemar	31	Enspryng	15, 23	Etoposide	23, 25
Duet DHA Balanced	31			Entadfi	21	Eucrisa	20, 32
Duetact	20			Enteral formula	15	Euflexxa	15, 32
Duexis	31			Entresto	20	Evamist	10, 32
Dujolvi	15			Entyvio	15, 23	Evekeo	15, 32
Dulera	10, 15			Epaned	31	Evencare Diabetic Testing Supplies	32
Duloxetine DR	10			Epclusa	10, 15, 25	Evenity	10, 15, 23
Duobrii	31			Epi-Pen Auto-Injector	10		
				Epiduo	31		



# MEDICATION INDEX

Everolimus	25
Eversense Glucose Pump	32
Evkeeza	15, 25
Evoclin	32
Evolution Diabetic Testing Supplies	32
Evomela	23
Evrysdi	15, 25
Exactech Diabetic Testing Supplies	32
Exalgo	15
Exforge	32
Exforge HCT	32
Exjade	25, 32
Exkivity	10, 15, 27
Exondys	25
Exondys 51	15
Exservan	27, 32
Extavia	10, 15, 23
Extina	32
Eysuvis	15
Ezallor Sprinkle	10, 32
Ezetimibe	10
Ezetimibe/Simvastatin	10
<b>F</b>	
FML Forte	32
FML Liquifilm	32
FML S.O.P.	32
Fabior	32
Factive	32
Factor VIII, VIIIa, IX, XIII	15
Famciclovir	10
Fanapt	32
Farxiga	10, 20
Farydak	10, 15, 25
Fasenra	10, 15, 23
Faslodex	23
Femring	32
Fenofibrate 150mg	32
Fenofibrate 50mg	32
Fenoglide	32
Fenoprofen capsules	32
Fenovar	32
Fensolvi	23
Fentanyl Citrate	10, 15, 32
Fentanyl oral/mucosal	10, 15
Fentanyl patch	10, 15
Fentora	10, 15, 32
Ferriprox	32
Fetzima	10, 32
Fexmid	32
Fiasp	10, 32
Fibricor	32
Fifty50 Diabetic Testing Supplies	32
Filspari	10, 15, 25
Fingolimod	25
Fintepla	25
Fiorinal	32
Firazyr	15, 23
Firdapse	15, 27
Firmagon	23
First Lansoprazole	15, 32
First Omeprazole	15, 32
Flagyl	32
Flagyl ER	32
Flarex	32
Flebogamma	23
Flector	32
Flexipak	32
Flolipid	32
Flovent Diskus	10, 32
Flovent HFA	10, 32
Floxuridine	23
Fluconazole	10
Fludarabine phosphate	23
Fluopar	32
Fluoroplex	32
Fluorouracil	23
Fluovix	32
Fluovix Plus	32
Fluoxetine	10
Fluoxetine DR	10
Fluoxetine Tablets	32
Fluticasone	10
Fluticasone/Salmeterol	10, 15
Fluticasone/Vilanterol	10, 15, 32
Fluvastatin	10
Fluvastatin XR	10
Fluvoxamine	10
Fluvoxamine CR	10
Focalin	32
Focalin XR	10, 32
Folivane OB	32
Follistim	32
Follistim AQ	27
Fondaparinux	10
Fora Diabetic Testing Supplies	32
Foracare Diabetic Testing Supplies	32
Forfivo XL	10, 32
Formoterol	10
Fortamet	20, 32
Fortaz	23
Forteo	10, 16, 23
Fortesta	21, 32
Fortiscare Diabetic Testing Supplies	32
Fosamax	10, 32
Fosamax Plus D	10
Fotivda	10, 27
Fragmin	10, 32
Freestyle Diabetic Testing Supplies	32
Frova	10, 20, 32
Frovatriptan	10, 20
Fulphila	10, 16, 23
Fulvestrant	23
Fuzeon	23
Fynetra	10, 16, 23
Fyremadel	27
<b>G</b>	
GE 110 Diabetic Testing Supplies	32
GHT Diabetic Testing Supplies	32
Galafold	16, 25
GamaSTAN	23
Gamifant	16, 25
Gammagard	23
Gammagard Liquid	23
Gammaked	23
Gammaplex	23
Gamunex	23
Ganirelix	27, 32
Gatifloxacin	10
Gattex	23
Gavreto	10, 16, 25
Gel-One	16, 32
Gelclair	32
Gelnique	20, 32
Gelsyn-3	16, 32
Gemcitabine	23
Gemtesa	10, 20
Gemzar	23
Genotropin	16, 23, 32
Genstrip Diabetic Testing Supplies	32
Gentimicin cream	10
Gentimicin ointment	10
Genultimate Diabetic Testing Supplies	32
Genvisc	16, 32
Geodon	32
Gilenya	25
Gilotrif	16, 25
Gilyena	16
Gimoti	32
Givlaari	16, 23

# MEDICATION INDEX

Glatiramer	10, 23
Glatopa	10, 23
Gleevec	25, 32
Gloperba	32
Gluco Perfect Diabetic Testing Supplies	32
Glucocard Diabetic Testing Supplies	32
Glucocom Diabetic Testing Supplies	32
Glucometer Diabetic Testing Supplies	32
Gluconavii Diabetic Testing Supplies	32
Glucophage	20
Glucophage XR	20
Glucose testing strips (all)	10
Glumetza	20, 32
Glyxambi	10, 20
Gmate Diabetic Testing Supplies	32
Gnp Diabetic Testing Supplies	32
Gocovri ER	27, 32
Goji Diabetic Testing Supplies	32
Golytely	32
Gonal-F RFF Redi-Ject	27
Gonal-F/Gonal-F RFF	27
Granisetron	10
Granix	10, 16, 23
Grastek	10, 16
Guardian Glucose Pump	32
<b>H</b>	
HPR	32
HPR Plus	32
HPR Plus Hydrogel	32
HW Embrace Diabetic Testing Supplies	32
Hadlima	10, 16, 23
Haegarda	16, 23
Halobetasol Foam	32

Halobetasol cream	10
Halobetasol ointment	10
Harmony Diabetic Testing Supplies	32
Harvoni	10, 16, 25
Healthpro Diabetic Testing Supplies	32
Helidac Therapy Pak	32
Hemady	32
Hetlioz	10, 16, 25
Hetlioz LQ	10, 25
Hizentra	23
Horizant	32
Hulio	10, 16, 23
Humalog	10
Humalog Jr.	10
Human Chorionic Gonadotropin (hCG)	27
Humana True Metrix Diabetic Testing Supplies	32
Humatrope	16, 23
Humira	10, 16, 23
Humira CF	10
Humulin	10
HyQvia	23
Hyalgan	16, 32
Hycamtin	23, 25
Hycet	16
Hydrocodone ER	10, 16
Hydrogesic	16
Hydromorphone ER	10, 16
Hydroxyprogesterone	16
Hylaguard	32
Hylatopic	32
Hylatopic Plus	32
Hylatopic Plus-Aurstat	32
Hymovis	16, 32
Hyrmoz	10, 16, 23, 32
Hysingla ER	10, 16, 32
Hyzaar	32

<b>I</b>	
IV Immunoglobulin	16
Ibandronate	10
Ibandronate injection/syringe	16, 23
Ibrance	10, 16, 25
Ibsrela	11, 32
Ibudone	16
Ibupak	32
Ibuprofen/Famotidine	32
Icatibant	23
Iclusig	25
Idacio	11, 16, 23, 32
Idamycin PFS	23
Idarubicin	23
Idhifa	16, 25
Ifex	23
Ifosfamide	23
Ifosfamide/Mesna	23
Iglucose Diabetic Testing Supplies	32
Ilaris	16, 23
Ilevro	32
Ilumya	11, 16, 23, 32
Imatinib	25
Imbruvica	27
Imcivree	16
Imitrex	11, 20
Imitrex Kit Refill	33
Imitrex Pen Injector	33
Imitrex Vial	33
Impavido	11
Imvexxy	33
In Touch Diabetic Testing Supplies	33
Inavix	33
Inbrija	21, 25
Increlex	16, 23
Incruse Ellipta	11, 16
Indacaid Covid Kit	33

Inderal LA	33
Inderal XL	33
Indocin suspension	33
Indomethacin 20Mg (Branded Product)	33
Indomethacin 20mg	11
Infinity Diabetic Testing Supplies	33
Inflamma-K	33
Inflectra	16, 23
Infliximab	16, 23
Infumorph	16
Ingrezza	11, 25
Inlyta	25
Innopran XL	33
Inpefa	11, 20
Inqovi	25
Inrebic	16, 25
Insulin Aspart	33
Insulin Glargine	11, 33
Insulin Lispro	33
Insulin Lispro Jr.	33
Insulin Lispro Mix 75-25	33
Insuline Aspart	11
Insulins (all)	11
Insulins Lispro	11
Interferons (alpha, gamma)	16
Intermezzo	11, 33
Intron A	23
Intuniv	33
Invega	33
Inveltys	33
Invokamet	11, 20, 33
Invokamet XR	11, 20, 33
Invokana	11, 20, 33
Iodoquinol/Hydrocortisone/-Aloe	11
Ipratropium NS	11
Irenka DR	11
Iressa	16, 25
Irinotecan	23

# MEDICATION INDEX

Istalol	33
Istodax	23
Isturisa	16, 27
Itraconazole	11
Iyuzah	33

## J

Jadenu	25, 33
Jakafi	11, 25
Jalyn	21
Janumet	20
Janumet XR	20
Januvia	20
Jardiance	11, 20
Jatenzo	25
Javygtor	25
Jaypirca	11, 16, 25
Jenliva	33
Jentaduetto	20, 33
Jentaduetto XR	20, 33
Joenia	11, 16, 27
Jornay PM	11
Journay PM	33
Jublia	33
Juxtapid	16, 25
Jynarque	11, 25

## K

KRO premium Diabetic supplies	33
Kadian	11, 16, 33
Kalbitor	16, 24
Kalydeco	11, 16, 25
Kanuma	16, 24
Kapvay	33
Kapzin DC	33
Kaspargo Sprinkle	33
Katerzia	33
Kazano	20, 33
Kenalog	24

Kenalog aerosol	11
Keppra	33
Keppra XR	33
Keralyt Scalp 6% Kit	33
Kerendia	11, 20
Kerydin	11, 33
Kesimpta	16, 24
Ketoconazole 2%	11
Ketoprofen 25mg	33
Ketoprofen ER 200mg	33
Ketorolac Nasal Spray (Branded Product)	33
Ketorolac ophthalmic	11
Keveyis	11, 27
Kevzara	11, 16, 24
Kineret	11, 16, 25, 33
Kisqali	16, 25
Kisqali Femara	16, 25
Kitabis PAK	25
Kitabis Pak	33
Klisyri	11
Klonopin	33
Kloxxado	11
Kombiglyze	33
Kombiglyze XR	20
Konvomep	16, 33
Korlym	27
Koselugo	25
Koshr Prenate 30-1MG	33
Krazati	16, 27
Krintafel	11, 33
Kristalose	33
Kroger Diabetic Testing Supplies	33
Kuvan	25, 33
Kynamro	16, 24
Kynmobi	11
Kyzatrex	25
<b>L</b>	
Lactulose Pak	33

Lamictal	33
Lamictal ODT	33
Lamictal XR	33
Lancet Diabetic Testing Supplies	33
Lanreotide	24
Lansoprazole	11
Lansoprazole ODT	11
Lansoprazole/Amoxicillin/Clarithromycin	11
Lantus	11
Lantus Solostar	11
Lapatinib	25
Latuda	33
Lazanda	11, 16, 33
Ledipasvir/Sofosbuvir	11, 16, 25, 33
Leflunomide	11
Lemtrada	16, 24, 33
Lenalidomide	25
Lenvima	16, 25
Leqvio	16, 25
Lescol	11, 33
Lescol XL	11, 33
Letairis	26
Leucovorin Calcium	24
Leukine	24
Leuprolide	27
Leuprolide Acetate	24
Levalbuterol HFA	11, 33
Levamlodipine	11, 33
Levemir	11, 33
Levitra	33
Levoleucovorin	24
Levothyroxine capsules	33
Lexapro	11, 33
Lexette	33
Lextol	33
Liberty Diabetic Testing Supplies	33
Libtayo	25

Licart	33
Lido BDK	33
Lido-Prilo Caine Pack	33
Lidocaine 5% ointment	11
Lidocaine Patch	11
Lidocaine/Hydrocortisone	33
Lidocaine/Hydrocortisone Kit	33
Lidocaine/Prilocaine Kit	33
Lidocaine 5% cream	11
Lidocort	33
Lidoderm	11, 33
Lidolog	33
Lidomark	33
Lidopac	33
Lidopril	33
Lidopril XR	33
Lidosol-50	33
Lidotor	33
Lidotrex	33
Lidovix	33
Lidovix L	33
Lidoxib	16
Linzeess	11
Lipitor	11
Lipofen	33
Liqrev	16, 26
Liquadd	16
Litfulo	11, 16, 26
Livalo	11
Livixil Pak	33
Livmarli	16, 27
Livtencity	11, 27
Lixdexamfetamine	11
Lodoco	20
Lokelma	33
Lonhala Magnair	11
Lonsurf	26
Lopressor	33
Loprox Kit	33

# MEDICATION INDEX

Lorbrena	16, 26
Lorcet	16
Loreev XR	33
Lorzone	33
Loseasonique	33
Lotemax	33
Lotemax SM	33
Lotensin	33
Lotensin HCT	33
Lotrel	33
Lotronex	11
Loutrex	33
Lovastatin	11
Lovaza (Omacor)	33
Lovenox	11, 33
Lubiprostone	33
Lubriprostone	11
Lucemyra	11
Lucira Covid Kit	33
Luliconazole	33
Lumakras	11, 16, 26
Lumigan	20
Lumoxiti	24
Lumryz	11, 26, 27
Lunesta	11, 33
Lupkynis	27
Lupron Depot	24, 27
Lupron Depot-Ped	24, 27
Luveris	27
Luzu	33
Lybalvi	11, 33
Lyllana	11
Lymepak	33
Lynparza	26
Lyra Covid Kit	33
Lyrica	16, 33
Lyrica CR	11, 16, 33
Lysteda	11, 33
Lytgobi	16, 26
Lyumjev	11, 33

Lyumjev Tempo	11, 33
---------------	--------

## M

M-Natal Plus	34
MS Contin	11, 16
Magnacet	16
Makena	16
Margesic-H	16
Marqibo	24
Marvona Suik	33
Mas Care-Pak	33
Mavenclad	26
Mavyret	11, 16, 26, 33
Maxalt	11, 20, 33
Maxalt-MLT	11, 20
Maxalt-Mlt	33
Maxidex	33
Maxidone	16
Mayzent	26
Mb Hydrogel	33
Medrolan II Suik	33
Medroloan Suik	33
Megace ES	33
Meijer Diabetic Testing Supplies	33
Mekinist	16, 24, 26
Mektovi	16, 26
Meloxicam	11
Meloxicam Submicronized	33
Meloxicam submicronized	11
Menopur	27
Menostar	11, 33
Mentho-Caine Kit	33
Meperitab	16
Mepsevii	24
Mesna	24
Mesnex	24, 26
Metformin 625mg	20, 33
Metformin ER (Fortamet Authroized product)	34

Metformin ER (Glumetza Authroized product)	34
Metformin ER (generic for Glumetza)	20
Metformin Film Coated ER (generic for Fortamet)	20
Methadone	16
Methadose	16
Methamphetamine	16
Methotrexate	24
Methylphenidate 45mg	34
Methylphenidate 63mg	34
Methylphenidate 72 mg	11
Methylphenidate CD	11
Methylphenidate ER	11
Methylphenidate LA	11
Micardis	34
Micardis HCT	34
Mico ZN	34
Microdot Diabetic Testing Supplies	34
Microvix LP	34
Miebo	16
Miglustat	26
Migranal	11, 20
Migranow	34
Migranow Kit	11
Minastrin Fe	34
Minivelle	11
Minocin	34
Minocycline ER (Branded product)	34
Minocycline Tablets	34
Minolira ER	34
Mirapex	34
Mirapex ER	34
Mirtazapine	11
Mirtazapine Rapid Dissolve	11
Mitomycin	24
Mitoxantrone	24
Mobic	11, 34

Modafinil	16
Moi-Stir	34
Monodox	34
Monovisc	16, 34
Morgidox Kit	34
Morphabond ER	16
Morphine Sulfate CR	16
Morphine Sulfate ER	11, 16
Motegrity	34
Mounjaro	11, 20
Mouth Kote	34
Movantik	11
Moviprep	34
Moxatag	34
Moxeza	11, 34
Moxicane	34
Moxifloxacin	11
Mozobil	24
Mugard	27
Mulpleta	11, 26, 34
Multi-Mac	34
Mupirocin	11
Mupirocin cream	21
My Gluco Health Diabetic Testing Supplies	34
Myalept	16
Mycapssa DR	26
Mydayis	11, 34
Myfembree	11, 34
Myleran	26
Mylotarg	24
Mynatal	34
Mynatal Advance	34
Mynate 90 Plus	34
Myobloc	16, 24
Myrbetriq	20

## N

Nalfon	34
Nalmefene	11

# MEDICATION INDEX

Nalocet	16	Neutek Diabetic Testing Supplies	34	Nubeqa	26	Obstetrix EC	34
Namzatic	34	Nevanac	34	Nucala	16, 24	Obstetrix One 38-1-225	34
Naprelan	34	Nexavar	26	Nucaraclinpak	34	Ocaliva	11, 26
Naprelan CR Dose Card	34	Nexiclon XR	34	Nucararxpak	34	Ocrevus	16, 24
Naprosyn	34	Nexium	11, 16, 34	Nucort	34	Octagam	24
Naprotin	34	Nexletol	11	Nucynta	34	Octreotide	24
Naproxen CR	34	Nexlitol	16	Nucynta ER	11, 16, 34	Odactra	11
Naproxen/Esomeprazole	34	Nexlizet	11, 16	Nudermrxpak	34	Odomzo	11, 26
Naratriptan	11	Ngenla	16, 24	Nudiclo Solupak	34	Ofev	26
Nascobal	34	Ninlaro	26	Nudiclo Tabpak	34	Ojjaara	27
Natachew	34	Nipent	24	Nulibry	16, 25	Olanzapine-Fluoxetine	11
Natal PNV	34	Nitazoxanide	11	Nulytely	34	Olopatadine Nasal	11
Natalvite 75-IMG	34	Nitisinone	26	Nuplazid	11, 26	Olpruva	26
Natazia	34	Nityr	26	Nurtec	20	Olumiant	11, 16, 26, 34
Natesto Nasal	21, 34	Niva-Plus	34	Nurtec ODT	11	Olysio	16
Natpara	11, 24	Nivestym	11, 24	Nusurgepak Surgical Prep	34	OmePPI	11, 16
Natreacor	16	No Coding Diabetic Testing Supplies	34	Nutraseb	34	Omeclamox	34
Navelbine	24	Nocdurna	11, 34	Nutria Rx	34	Omeprazole	11
NebuPent	11	Noctiva	34	Nutritional Supplements	16	Omeprazole-Sodium Bicarbonate	11, 16
Neeco DHA 27-1-13	34	Nopioid-LMC	34	Nutropin	16	Omeprazole/Bicarbonate	34
Neo-Synalar Kit	34	Nopioid-TC	34	Nutropin AQ Nuspin	24	Omnitrope	16, 24, 34
Neocera	34	Norco	16	NuvaRing	34	On Call Diabetic Testing Supplies	34
Neonatal Complete	34	Norditropin	16, 24, 34	Nuvakaan	34	Ondansetron	11
Neonatal DHA	34	Norditropin Flexpro	24	Nuvakaan II	34	Ondansetron ODT	11
Neonatal FE	34	Norditropin Nordiflex	24	Nuversa	34	One Drop Diabetic Testing Supplies	34
Neonatal Plus	34	Norgesic	34	Nuvigil	16, 34	One Vite 1MG Plus	34
Neonatal Plus 27-1MG	34	Norgesic Forte	34	Nuzyra	11	Onexton	34
Neosalus	34	Noritate	34	Nyamyc powder	11	Ongentys	21
Neosalus CP	34	Northera	26, 34	Nystatin powder	11	Onglyza	20, 34
Nerlynx	26	Norvasc	11, 34	Nystop powder	11	Onmel	11
Nesina	20, 34	Nourianz	21, 26	Nyvepria	11, 24	Onpattro	16, 24
Nestabs	34	Nova Max Diabetic Testing Supplies	34	O		Onsolis	16
Nestabs DHA	34	Novacort	34	O-Cal Prenatal	34	Onureg	26
Nestabs One	34	Novarel	27	OB Complete	34	Onzetra Xsail	12, 20, 34
Neuac Kit	34	Novolin	11, 34	OB Complete DHA	34	Opana ER	16
Neulasta	11, 16, 24	Novolog	11, 34	OB Complete Petite	34	Opsumit	26
Neulasta Onpro	25	Noxipak	34	OB Complete Premier	34	Optium Diabetic Testing Supplies	34
Neupogen	11, 16, 24, 34	Nplate	24	Ob Complete One	34		
Neupro	34			Obstetrix DHA	34		
Neurontin	34						

# MEDICATION INDEX

Optumez Diabetic Testing Supplies	34
OptumRx Diabetic Testing Supplies	34
Opzelura	12, 20
Oracea	34
Oral Releif	34
Oralair	12, 16
Oramorph SR	16
Orapred ODT	34
Oravig	34
Orencia	12, 16, 24, 34
Orenitram	26
Orfadin	27, 34
Oriahnn	35
Orilissa	35
Orkambi	12, 16, 26
Orladeyo	12, 16
Orphendrine/Aspirin/Caffeine	35
Orserdu	12, 16, 27
Orthovisc	16, 35
Oseni	20, 35
Osmolex ER	35
Osmoprep	35
Osphena	35
Otezla	12, 16, 26
Otezla Starter Pack	26
Otrexup	20, 24
Ovidrel	27
Oxaliplatin	24
Oxaydo	35
Oxbryta	12, 16, 26
Oxecta	16
Oxervate	16, 27
Oxiconazole Nitrate	12
Oxistat	12
Oxlumo	16, 25
OxyContin	12, 35
Oxybutynin 2.5MG	35
Oxybutynin Solution	35
Oxycodone ER	12, 16, 35
Oxycontin	16
Oxymorphone ER	12, 16
Oxytrol	20, 35
Ozempic	12, 20
<b>P</b>	
P-Care	35
P-Care K	35
P-Care M	35
P-Care MG	35
P-Care X	35
PEG-Intron	12
PNV 20-1	35
PNV Tabs 29-IMG	35
PNV-DHA Docusate	35
PNV-Omega	35
PR Cream Kit	35
PR Natal 400 Pak	35
PR Natal 400 Pak EC	35
PR Natal 430 Pak	35
PR Natal 430 Pak EC	35
PTS Panel Diabetic Testing Supplies	35
Paingo KFT	35
Palforzia	26
Palynziq	24
Pamelor	35
Pamidronate disodium	24
Pancreaze	35
Panlor SS	16
Panretin	27
Pantoprazole	12
Panzyga	24
Paraplatin	24
Paroxetine	12
Paroxetine CR	12
Patanase	12, 35
Paxil	12, 35
Paxil CR	12, 35
Paxlovid	12
Peg-Intron	24
Pegasys	12, 24
Pegasys Proclick	24
Pemazyre	16, 27
Penciclovir cream	12
Penlac	12, 35
Pennaicin	35
Pennsaid	12, 35
Pentamidine Isethionate	12
Pentican	35
Pepcid	35
Percocet	16, 35
Percodan	16
Perforomist	12
Perseris	35
Pertzye	35
Pexeva	12, 35
Pharmacist Choice Diabetic Testing Supplies	35
Pheburane	26
Photofrin	24
Physicians EX USE B12 Kit	35
Physicians USE EZ M-Pred Kit	35
Pilot Covid Kit	35
Pimecrolimus	17, 20
Pimecrolimus cream	12
Pioglitazone	12, 20
Pioglitazone-Glimepiride	20
Pioglitazone-Metformin	12, 20
Piqray	17, 26
Pirfenidone	26
Plaquenil	35
Plegridy	12, 17, 24
Plerixafor	24, 35
Pocketchem Diabetic Testing Supplies	35
Pod-Care 100C	35
Pod-Care 100CG	35
Pod-Care 100K	35
Pod-Care 100KG	35
Pogo Diabetic Testing Supplies	35
Polygesic	17
Pomalyst	12, 26
Ponvory	12, 20, 26, 35
Portrazza	24
Pradaxa	35
Praluent	12, 17
Prandin	20
Pravachol	12, 35
Pravastatin	12
Precision Diabetic Testing Supplies	35
Pred Mild	35
Prednisolone 5mg	35
Prefest	35
Pregabalin CR	12, 17
Pregen DHA	35
Pregenna	35
Pregnyl	27, 35
PremesisRx	35
Premium Diabetic Testing Supplies	35
Prena 1 True	35
Prena Pearl	35
Prenal	35
Prenaissance	35
Prenaissance Plus	35
Prenara Prenatal	35
Prenatal 19 Chw 29-IMG	35
Prenatal 27-IMG	35
Prenatal Essential	35
Prenatal Vit Low Iron	35
Prenatal+Fe Tab 29-IMG	35
Prenatal-U 106.5-1	35
Prenatal Plus	35
Prenate AM 1MG	35
Prenate DHA	35
Prenate Essential	35

# MEDICATION INDEX

Prenate Mini	35
Prenate Pixie	35
Prenate Chew 0.6–0.4	35
Prenate Elite	35
Prenate Cap Enhance	35
Prenate Cap Restore	35
Prenatrix	35
Prenatryl	35
Prenatvite Complete	35
Prenatvite Plus	35
Prenatvite Rx	35
Preplus 27–1MG	35
Presera	35
Prestalia	35
Prestige Diabetic Testing Supplies	35
Pretab 29–1MG	35
PrevPac	12
Prevacid	12, 17, 35
Prilo Patch II Kit	35
Prilo Patch Kit	35
Priloheal Plus 30	35
Prilolid	35
Prilosec	12, 17, 35
Prilovix	35
Prilovixil	35
Primacare	35
Primidone 125MG caps	35
Primlev	17
Prinivil	35
Pristiq	12, 35
Pristiq ER	12
Privigen	24
Prizotral	35
Prizotral II	35
ProAir DigiHaler	12
ProAir DigiHaler	35
ProAir HFA	12, 35
ProAir RespiClick	12, 35
ProVoice Diabetic Testing Supplies	35
Procentra	17
Procort	35
Procrit	12, 17, 24, 35
Procysbi	26
Prodigy Diabetic Testing Supplies	35
Profinac	35
Prolate	17
Prolensa	35
Proleukin	17
Prolia	17, 24
Promacta	26
Promiseb	35
Proscar	21
Protonix	12, 17, 35
Protopic	17, 20
Proventil HFA	12, 35
Proventil Inhaler	35
Provida OB	35
Provigil	17, 35
Prozac	12, 35
Prozopak II	35
Prudoxin	12
Pulmicort Flexhaler	12
Pulmicort Respules	12
Pulmozyme	26
Pylera	35
Pyrimethamine	26
Pyrukind	17, 27
<b>Q</b>	
QVAR	12
Qbrexlis	35
Qbrexxa	12
Qbrezza	35
Qelbree	12, 35
Qinlock	12, 27
Qmiiz ODT	12, 35
Qtern	12, 20, 35
Quaquin	12
Quartette	35
Quicktek Diabetic Testing Supplies	36
Quickview Covid Kit	36
Quillichew	12
Quillichew ER	36
Quillivant XR	36
Quinine Sulfate	12
Quinixil	36
Quinja	36
Quintet Diabetic Testing Supplies	36
Qulipta	12, 36
Qutenza	12, 27
Quvivac	12
Quviviq	36
<b>R</b>	
R–Natal OB 20–1–320	36
RA Dry Mouth	36
Rabeprazole	12
Rabeprazole 10mg	17, 36
Radicava	24
Radicava ORS	26
Ragwitek	12, 17
Ramelteon	12
Rapaflo	36
Rasuvo	20
Ravicti	26
Rayaldee	36
Rayos	36
Readysharp Betamethasone	36
Readysharp Bupivacaine	36
Readysharp Dexamethasone	36
Readysharp Ketorolac	36
Readysharp Lidocaine	36
Readysharp Methylprednisolone	36
Readysharp Triamcinolone	36
Realheal-1	36
Rebif	12, 17, 24
Reblozyl	17, 24
Rebyota	27
Recorlev	17, 27
Recothrom	36
RediTrex	12, 24
Redichew Rx	36
Reditrex	36
Refuah Plus Diabetic Testing Supplies	36
Regenecare	36
Regranex	17
Relador PAK	36
Relador PAK Plus	36
Relafen DS	36
Releuko	12, 17, 24
Relexii ER	12, 36
Relion Diabetic Testing Supplies	36
Relnate DHA	36
Relpax	12, 20, 36
Relyvrio	26
Remeron	12, 36
Remeron Soltab	12, 36
Remicade	17, 24
Renflexis	17, 24
Repatha	12, 17, 36
Requip XL	36
Rescula	20
Respiratory SyncytialVirus IG/Synagis	17
Restasis	12, 17
Restoril	36
Retacrit	12, 17, 24
Retevmo	17, 26
Retin–A Cream	36
Retin–A Micro	36
Revatio	17, 24, 26, 36

# MEDICATION INDEX

Revcovi	25
Reveal Diabetic Testing Supplies	36
Revlimid	26
Rexulti	12, 36
Reyvow	12, 36
Rezlidhia	17, 27
Rezurock	12, 17, 27
Rezvoglar	12, 36
Rhopressa	12, 36
Riabni	17, 24
Ribavirin	26
Righest Diabetic Testing Supplies	36
Rilutek	26
Riluzole	26
Rimso-50	24
Rinvoq ER	12, 17, 26
Riomet	20
Riomet ER	20
Risedronate	12
Ritalin	36
Ritalin LA	12, 36
Rituxan	17, 24
Rizatriptan	12
Rizatriptan ODT	12
Rocklatan	12, 20, 36
Rolvedon	12, 17, 24
Romidepsin	24
Rosadan	36
Rosuvastatin	12
Rosuvastatin/Ezetimibe	12, 36
Roszet	12, 36
Roxybond	17, 36
Rozerem	12
Rozlytrek	17, 26
Rubraca	26
Ruconest	17, 24
Ruxience	17, 24
Ruzurgi	27
Rybelsus	12, 20
Rydapt	17, 26
Ryplazim	25
Rystiggo	17, 24
Rytary ER	36
Ryvent	36
<b>S</b>	
Sabril	26
Saizen	17, 24, 36
SaizenPrep	17, 24
Saizenprep	36
Sajazir	17, 24
Salex Cream Kit	36
Salicylic Acid 6% Kit	36
Salicylic Acid/Ceramide Kit	36
Salvax Duo	36
Salvax Duo Plus	36
Samsca	26
SanadermRx Skin Repair	36
Sancuso	12, 36
Sandostatin	24
Sandostatin-LAR	24
Saphnelo	25
Saphris	36
Sapropterin	26
Sarafem	12, 36
Savaysa	36
Savella	36
Saxagliptin	20
Saxagliptin/Metformin	20
Saxenda	12, 17
Scalacort	36
Scemblix	17, 26
Se-Natal 19	36
Se-Natal 19 Chew	36
Seasonique	36
Secuado	36
Seglentis	17, 36
Segluromet	12, 20, 36
Select OB Chew	36
Select-OB+ DHA	36
Semglee	12, 36
Serevent Diskus	12
Sernivo	36
Serophene	27
Seroquel	36
Seroquel XR	36
Serostim	17, 24
Sertraline	12
Sertraline Capsules	36
Seysara	36
Signafor	24
Signafor LAR	24
Sila III	36
Sildenafil (antihypertensive)	17
Sildenafil antihypertensive	25, 26
Silenor	12, 36
Siliq	12, 17, 24, 36
Silvrstat	36
Simbrinza	36
Simponi	12, 17, 24, 36
Simponi Aria	17, 24
Simvastatin	12
Sinemet 25/100	36
Singulair	36
Sitavig	36
Sklice	36
Skyaderm-LP	36
Skyclarys	12, 17, 27
Skyrizi	12, 17, 24
Skytrofa	17, 24
SmarTest Diabetic Testing Supplies	36
Smart Sense Diabetic Testing Supplies	36
Soaanz	36
Sodium Hyaluronate	36
Sodium Hyaluronate 1% Syringe	17
Sodium Oxybates	27, 36
Sof-Tact Diabetic Testing Supplies	36
Sofia Covid Kit	36
Sofosbuvir/Velpatasvir	12, 17, 26, 36
Sogroya	17, 24
Sohonos	26
Solaravix	36
Soliqua	12, 20, 36
Solodyn	36
Solosec	12, 36
Soltamox	36
Solupak	36
Solus Diabetic Testing Supplies	36
Soma	36
Somatuline	24
Somavert	24
Sonata	12
Soolantra	36
Sorafenib	26
Sorilux	36
Sotyktu	12, 17, 26
Sovaldi	12, 17, 26, 36
Spevigo	17, 24
Spinraza	17, 24
Spiriva HandiHaler	12
Spiriva Respimat	12
Sporanox	12, 36
Spritam	36
Sprix	36
Sprycel	26
Stagesic	17
Stalevo	36
Staxyn	36
Steglatro	12, 20, 36
Steglujan	12, 20, 36
Stelara	12, 17, 24



# MEDICATION INDEX

Stendra	36
Stimufend	12, 17, 24
Stiolto Respimat	12
Stivarga	26
Strattera	12, 36
Strensiq	25
Striverdi Respimat	12
Sublocade	12, 24
Suboxone	12, 36
Subsys	12, 17, 36
Sucraid	27
Suflav	36
Sular	36
Sumadan	36
Sumatriptan	12
Sumatriptan/Naproxen	12, 20
Sumavel Dosepro	12
Sumaxin	36
Sumaxin CP	36
Sumaxin TS	36
Sunitinib	26
Sunosi	12, 17, 36
Supartz	17, 36
Supreme Diabetic Testing Supplies	36
Suprep	36
Sure Result Tac Pak	36
Sure edge Diabetic Testing Supplies	36
Sure-Test Diabetic Testing Supplies	37
SureChek Diabetic Testing Supplies	37
Sustol	37
Sutent	26
Sylvant	24
Symbicort	12, 17, 37
Symbyax	12
Symdeko	12, 17, 26
Symjepi	12
Sympazan	37
Symproic	12, 37
Synagis	24
Synalar Combo-Pack	37
Synalar TS	37
Synalgos-DC	17
Synarel	24, 27
Synjardy	12, 20
Synjardy XR	12, 20
Synogynt	17, 37
Synribo	25
Synvexia TC	37
Synvisc	17, 37
Synvisc One	17
Synvisc-One	37
<b>T</b>	
TOBI ampules	26
TOBI-Podhaler	26
TPN	17
Tabrecta	17, 26
Taclonex Suspension	37
Tacrolimus	20
Tacrolimus (topical)	17
Tadalafil (antihypertensive)	17
Tadalafil antihypertensive	26
Tadliq	17, 26
Tafinlar	17, 26
Tagrisso	12, 17, 26
Takhzyro	17, 24
Taltz	12, 17, 24
Talzenna	26
Tarceva	17, 26
Targadox	37
Tarka	37
Taron-C DHA	37
Taron-Prex	37
Tarpeyo DR	17
Tascenso	17, 37
Tasigna	26
Tasimelteon	12, 17, 26
Tasmar	21
Tavaborole	12, 37
Tavalisse	27
Tavneos	13, 17, 27
Taytulla	37
Tazicef	24
Tazorac	37
Tazverik	13, 27
Tecfidera	20, 26, 37
Technivie	17
Tegsedi	13, 17, 24
Tekturna	37
Tekturna HCT	37
Telcare Diabetic Testing Supplies	37
Temodar	24, 26
Temozolamide	26
Teniposide	24
Tenormin	37
Tepadina	24
Tepezza	17, 24
Tepmetko	13, 17, 27
Terazosin	13
Terbinafine	13
Teriflunomide	26
Teriparatide	13, 17, 24, 37
Tersi	37
Test N'Go Diabetic Testing Supplies	37
Testim	21, 37
Testone CIK	37
Testone CIK Kit	21
Testosterone (Testim Authorized Product)	37
Testosterone (Vogelxo Authorized Product)	37
Testosterone CIK Kit	21
Testosterone Enanthate	24
Testosterone Gel (Fortesta Authorized Product)	37
Testosterone gel (Fortesta Authorized product)	21
Testosterone gel (Testim Authorized product)	21
Testosterone gel (Vogelxo Authorized product)	21
Tetrabenazine	26
Tev-Tropin	17
Tezspire	17, 24
Thalomid	26
Thiola	27
Thiotepa	24
Thrivite RX 29-IMG	37
Thyrogen	24
Tiazac	37
Tibsovo	17
Tiglutik	27
Timoptic	37
Timoptic Ocudose	37
Tindamax	37
Tiopronin	26
Tiotropium	13
Tirosint	37
Tivorbex	13, 37
Tlando	26
Tobradex	37
Tobradex ST	37
Tobramycin ampules	26
Tofranil	37
Tolak	37
Tolcapone	21
Tolsura	13, 37
Tolvaptan	26
Topamax	37
Topical Retinoic Acid Derivatives and Combinations	17
Topidex	37
Toposar	24
Topotecan	24
Toronova II Suik	37

# MEDICATION INDEX

Toronova Suik	37	Trilipx DR	37	Tysabri	17, 24	Vaseretic	37
Tosymra	13, 20	TriloCiclo Kit	37	Tyvaso	26	Vasotec	37
Totect	24	Triloan II Suik	37	Tzield	17, 25	Vecamyl	37
Toujeo Max Solostar	13	Triloan Suik	37	<b>U</b>		Vectical	37
Toujeo Solostar	13	Triluron	17, 37	Ubrelvy	13, 20	Velcade	24
Toviaz	21, 37	Trinatal Rx 1	37	Udenyca	17, 24	Velphoro	37
Tracleer	26	Trinaz	37	Ukoniq	13, 27	Veltassa	26, 37
Tradjenta	20, 37	Trintellix	13	Ultima Diabetic Testing Supplies	37	Veltin	37
Tramadol 100Mg Tablets (Branded Product)	37	Trintellix (Formerly Brintellix)	37	Ultracet	37	Venclexta	27
Tramadol ER Capsules	37	Triptodur	13, 25	Ultram	37	Venlafaxine ER Tablets	37
Tranexamic Acid	13	Tristart DHA	37	Ultram ER	37	Venlafaxine ER capsule	13
Tranxene -T	37	Tristart Free	37	Ultram ER	37	Venlafaxine ER tablet	13
Travatan	20	Tristart One 35-1-215	37	Ultrasal ER	37	Ventavis	24
Travatan Z	20	Tritocin	37	Ultratrak Diabetic Testing Supplies	37	Ventolin	37
Trelegy Ellipta	13, 17	Triveen-Duo DHA	37	Undenyca	13	Ventolin HFA	13, 37
Trelstar	24	Trivisc	17, 37	Unistrip Diabetic Testing Supplies	37	Veopoz	25
Trelstar Depot	24	Trivix	37	Unituxin	25	Veozah	13, 20, 26, 27
Trelstar LA	24	Trudhesa	13, 20, 37	Up & Up Diabetic Testing Supplies	37	Verapamil 100mg caps	37
Tremfya	13, 17, 24	True Focus Diabetic Testing Supplies	37	Upravi	25, 26	Verasens Diabetic Testing Supplies	37
Tresiba	13, 37	True Metrix Diabetic Testing Supplies	37	Uramaxin	37	Verdrocet	17
Tretinoin 8% Gel	37	Truetest Diabetic Testing Supplies	37	Uroxatral	37	Veregen	37
Treximet	13, 20, 37	Truetrack Diabetic Testing Supplies	37	Utibron Neohaler	13, 37	Verkazia	17
Trezix	17, 37	Trulance	13, 37	<b>V</b>		Verquvo	13, 20
Tri-Norinyl	37	Trulicity	13, 20	VP-PNV-DHA	38	Verzenio	13, 17, 26
Tri-Tabs DHA	37	Truseltiq	13, 17, 27	Valacyclovir	13	Vesicare	21, 37
Triadime-80	37	Truxima	17, 24	Valchlor	27	Vexatrol Kit	37
Triamcinolone 0.05%	37	Tudorza	13, 37	Valium	37	Viagra	37
Triamcinolone spray	13	Tukyasa	13, 27	Valladerm-90	37	Viberzi	13, 37
Trianex	37	Turalio	27	Valrubicin	24	Vicodin	17
Triasil	37	Twynseo	37	Valstar	24	Vicoprofen	17
Tribenzor	37	Twynsta	37	Valtrex	13	Victory Diabetic Testing Supplies	37
Tricare Prenatal	37	Tykerb	26	Vanflyta	17, 27	Victoza	13, 20
Tricor	37	Tylenol with Codeine	17	Vanos	37	Viekira	37
Triglide	37	Tylox	17	Varophen Kit	37	Viekira PAK	13, 17, 26, 37
Triheal-80	37	Tymlos	13, 17, 24	Varubi	13	Viekira XR	13, 17, 26
Trijardy XR	13, 20	Tyrvaya	13, 17, 37	Vascepa	37	Vigabatrin	26
Trikafta	13, 17, 26					Vigadrone	27
Trileptal	37					Vigamox	13, 37
Trilipix	37						

# MEDICATION INDEX

Viibryd	13, 37	Vizimpro	17, 26	Wescap-PN DHA	38	Ximino ER	38
Vijoice	26	Vocal Point Diabetic Testing Supplies	38	Wesnate DHA	38	Xodol	18
Vilazodone	13	Vogelxo	21, 38	Westab Plus 27-IMG	38	Xofluza	13
Viltepso	17, 25	Vol-Plus	38	Westgel DHA	38	Xolair	18, 24
Vimizim	24	Vol-Tab Rx	38	Whytederm Surgipak	38	Xolegel	38
Vimovo	38	Vonjo	17, 27	Whytederm Trilasil Pak	38	Xopenex HFA	13, 38
Vinate DHA 27-1.13	38	Voquenza Dual Pak	13	Winlevi	38	Xopenex Nebules	38
Vinate II	38	Voquenza Triple Pak	13	Wixela Inhub	13, 18	Xospata	13, 18, 27
Vinate One	38	Vosevi	13, 17, 26	Wynzora	38	Xpert Xpress Covid Kit	38
Vinblastine	24	Votrient	26			Xpovio	27
Vincasar PFS	24	Vowst	27	<b>X</b>		Xryliderm	38
Vincristine	24	Voxzogo	17, 24	Xaciato	13	Xrylix	38
Vinorelbine	24	Vraylar	38	Xadago	38	Xrylix II	38
Virasal	38	Vtama	20	Xalatan	20	Xtampza ER	13, 18
Virt-C DHA	38	Vumerity DR	13, 26	Xalix	38	Xtandi	26
Virt-Nate DHA	38	Vusion	38	Xalkori	18, 26	Xultophy	13, 20, 38
Virt-Pn DHA	38	Vyepti	17, 24, 38	Xanax	38	Xuriden	13, 27
Virt-Pn Plus	38	Vyjuvek	17, 27	Xanax XR	38	Xyosted	13, 38
Visco-3	17, 38	Vyleesi	13, 17, 25	Xartemis XR	18	Xyrem	27
Vistogard	27	Vyndamax	13, 17, 26	Xeljanz	13, 18, 26	Xywav	27, 38
Vitafol Fe+	38	Vyndaqel	13, 17, 26	Xeljanz XR	13, 18, 26		
Vitafol Gummies	38	Vyondys-53	17	Xeloda	26	<b>Y</b>	
Vitafol Ultra	38	Vytorin	13, 38	Xelpros	20, 38	Yondelis	25
Vitafol-Nano	38	Vyvanse	13, 38	Xelstrym	38	Yonsa	26
Vitafol-OB +DHA	38	Vyvgart	17, 24	Xembify	24	Yosprala	13, 18
Vitafol-OB 65-IMG	38	Vyvgart Hytrulo	24	Xenazine	26	Yosprala DR	38
Vitafol-One	38	Vyxeos	24	Xenleta	13	Yuflyma	13, 18, 25, 38
VitamedMD One Rx	38	Vyzulta	20, 38	Xenpozyme	18, 24	Yupelri	13, 38
Vitapearl	38			Xeomin	18, 24	Yusmyri	25
Vitathely	38	<b>W</b>		Xepi	38	Yusymri	13, 18
Vitatrue	38	WPR Plus	38	Xerac AC	38		
Vitrakvi	13, 17, 26	Wakix	13, 17, 26, 38	Xerese	38	<b>Z</b>	
Viva DHA	38	Wavesense Diabetic Testing Supplies	38	Xermelo	13, 27	Zaleplon	13
Vivaguard Ino Diabetic Testing Supplies	38	Wegovy	13, 18	Xgeva	18, 24	Zaltrap	25
Vivelle	13	Welchol	38	Xiaflex	18, 25	Zalvit 13-IMG	38
Vivelle-Dot	13	Welireg	27	Xifaxan	13	Zamicet	18
Vivitrol	13, 24	Wellbutrin SR	13, 38	Xigduo	20	Zanaflex	38
Vivjoa	17	Wellbutrin XL	13, 38	Xigduo XR	13, 20	Zanosar	25
Vivlodex	13, 38	Wescap-C DHA	38	Xiidra	13, 18	Zarxio	13, 18, 25
				Xilapak	38	Zatean-PN DHA	38

# MEDICATION INDEX

Zatean-PN Plus	38	Zoloft	13, 38
Zavesca	26	Zolpak	38
Zavspret	13, 18	Zolpidem	13
Zegerid	13, 18, 38	Zolpidem CR	13
Zejula	13, 26	Zolpidem SL	13
Zelapar	38	Zolpimist	13, 38
Zelboraf	18, 26	Zolvit	18
Zelnorm	38	Zomacton	18, 25, 38
Zembrace		Zomig	13, 20, 38
Symtouch	13, 20, 38	Zomig Nasal	20
Zenzedi	18	Zomig ZMT	13, 20, 38
Zepatier	13, 18, 26, 38	Zomig nasal	13
Zeposia	13, 18, 26	Zonalon	13
Zerlor	18	Zonegran	38
Zestril	38	Zontivity	38
Zetia	13, 38	Zorbtive	18, 25
Ziana	38	Zorvolex	38
Ziclocin	38	Zovirax	38
Ziextenzo	13, 18, 25	Zovirax cream	13
Zilacaine	38	Ztlido	38
Ziloval	38	Zubsolv	13, 38
Zilretta	25	Zuplenz	13, 38
Zilxi	38	Zyclara	38
Zimhi	13	Zydelig	13, 18, 26
Zinbryta	38	Zydone	18
Zioptan	20, 38	Zyflo	38
Ziphex 13-IMG	38	Zyflo CR	38
Zipsor	38	Zykadia	18, 26
Zithromax	38	Zylet	38
Zocor	13, 38	Zymaxid	13, 38
Zofran	13, 38	Zypitamag	13, 38
Zofran ODT	13	Zypram	38
Zohydro ER	18, 38	Zyprexa	38
Zokinvy	18	Zyprexa Intramuscular	38
Zoladex	13, 25	Zyprexa Relprevv	38
Zolinza	26	Zyprexa Zydis	38
Zolmitriptan	13, 20	Zytiga	26
Zolmitriptan Nasal	20		
Zolmitriptan ODT	13		
Zolmitriptan nasal	13		



## APPROVAL PROCESS FOR NEW MEDICATIONS

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

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



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

## BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

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

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

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689** (TTY: **711**); fax at **1-617-246-3616**; or email at **civilrightscordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **hhs.gov**.

# PROFICIENCY OF LANGUAGE ASSISTANCE SERVICES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Persian/پارسیان:**  
 توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

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

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



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