

Learn About Your Pharmacy Program

Effective January 1, 2018

This guide provides an overview of the program, and lists some of the medications covered under your plan, including:

- Preventive Medications
- Quality Care Dosing Medications
- Prior Authorization Medications
- Specialty Pharmacy Medications
- Step Therapy Medications

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Pharmacy Program Overview

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

About This Guide

This guide is up-to-date as of January 1, 2018, and is subject to change. Use it as a reference whenever you need coverage information about our pharmacy program. For the most current and complete information about covered medications, visit our website at bluecrossma.com/medications.

Mail Service Pharmacy

You can have certain prescriptions delivered right to your door when you order online through Express Scripts®, our pharmacy manager, at express-scripts.com. Depending on your specific coverage, you'll also be able to purchase a 90-day supply of some maintenance medications, such as those used to treat high blood pressure, for less money than you'd pay at a retail pharmacy.

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

Online Resources

Medication Lookup

Search for covered medications, quickly and easily, at bluecrossma.com/medications. The medication information represents the standard Blue Cross Blue Shield of Massachusetts pharmacy coverage; TL 170 H&WF coverage may vary. In general, drugs listed by Blue Cross Blue Shield of Massachusetts as "non-covered" will fall in Tier 3 for TL 170 H&WF members unless otherwise excluded under the plan benefits. Changes to our current medications usually take place on January 1st and July 1st.

MyBlue

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

Express Scripts

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

Pharmacy Program Overview

What You Pay for Medications

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

In a 3-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 3 medications.

If you or your doctor requests that a branded prescription be dispensed when there is an equivalent generic product available, you'll pay the brand copayment plus the difference in the cost between the brand and generic medication (the difference in the cost between the brand and generic medication is also referred to as an "ancillary fee").

The request for a branded medication to be dispensed when there is a generic equivalent available is frequently called a "Dispense as Written" medication order. Ancillary fees will be waived for brand versions of select narrow therapeutic window generic medications for treatment of seizures (Carbamazepine and Phenytoin), heart rhythm disorders (Digoxin, Flecainide, and Quinidine), blood thinners (Warfarin), asthma (Theophylline), transplant immunosuppressants (Cyclosporine, Sirolimus, and Tacrolimus), manic depression (Lithium), and thyroid supplementation (Levothyroxine Sodium).

Some medications are formulated or packaged to deliver greater than a 30-day supply in a single dosage/dispensing unit. For some of these medications, members will be charged more than one 30-day copayment per fill depending on the medication and dosage/dispensing unit. For example, Estrin is formulated as a 90-day dosage unit and members will be charged three 30-day copayments.

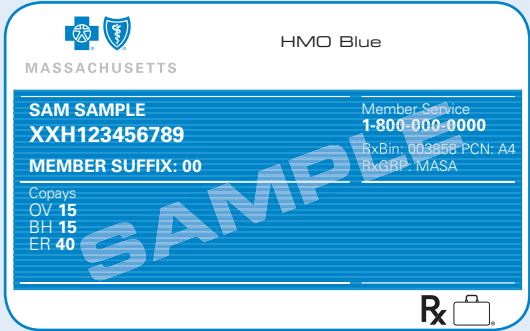
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

Compounded Medications

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

Covered Medications List Changes

Our covered medications list may change from time to time. These changes may include changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a retail specialty pharmacy. We notify any impacted members of these changes via direct mailing in advance of the change.



Your ID Card

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

Preventive Medications

The following list includes prescription and over-the-counter medications that are covered at no cost to you when they are prescribed by your doctor. This list is up-to-date as of January 1, 2018, and may change from time to time.

- **Breast cancer preventive medications** (tamoxifen and raloxifene) are covered age 35 and older without a prior diagnosis of breast cancer
- **Bowel preparations** (generic medications or brand without a generic equivalent and including over-the-counter evacuants when they are prescribed by your doctor) are covered for males and females age 50 to 75 prior to colorectal screening exams
- **Erythromycin eye ointment** is covered for infants up to 12 months old
- **Fluoride supplements** are covered for children age 6 months to 5 years
- **Generic Aspirin** (81mg)
- **Generic Folic Acid** (includes prescription and over-the-counter) is covered for people up to age 54
- **Generic Iron** is covered for infants up to 12 months old
- **Generic Smoking Cessation** (e.g., nicotine gum, lozenges, and patches), or brand medications without a generic equivalent, is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** (up to 800 IU per day) is covered for people ages 65 and older
- **Generic contraceptives**, or brand medications without a generic equivalent, (e.g., includes prescription contraceptives and over-the-counter products such as female condoms, sponges, and spermicide) are covered up to age 54
- **Various vaccines** are covered, age requirements vary by vaccine type

Quality Care Dosing

Our Quality Care Dosing program helps to ensure the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines of the medications you receive. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

Dose Consolidation

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

Recommended Monthly Dosing Level

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

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

Note: Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary.

This list of medications in our Quality Care Dosing program is up-to-date as of January 1, 2018, and may change from time to time.

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

Quality Care Dosing

Abstral (PA)	Amlodipine-Atorvastatin	Boniva tablets (ST)	Combivent Respimat
AcipHex (PA)	Ampyra (PA) (SP)	Breo Ellipta	Concerta
Actiq (PA)	Anzemet	Brisdelle	Contrave
Actonel (ST)	Aplenzin ER	Budeprion SR	Copaxone (PA)
ACTOplus Met (ST)	Aptenzio XR	Budeprion XL	Cosentyx (SP) (SPO)
ACTOplus Met XR (ST)	Aranesp (PA) (SP) (SPO)	Budesonide (nebules)	Cotempla XR ODT (PA)
Actos (ST)	Arava	Bunavail	Crestor
Acular	Arcapta Neohaler	Buprenex	Crolom ophthalmic
Acular LS	Arixtra	Buprenorphine	Cromolyn ophthalmic
Acular PF	Armonair RespiClick	Buprenorphine patch (PA)	Cymbalta
Adderall XR	Arnuity Ellipta	Buprenorphine-Naloxone	Daklinza (PA) (SP)
Adlyxin (ST)	Arymo ER	Bupropion SR	Daysee
Advair Diskus (PA)	Ashlyna	Bupropion XL	Desvenlafaxine ER
Advair HFA (PA)	Asmanex Twisthaler	Butorphanol NS	Dexilant (PA)
Advicor	Astelin	Butrans (PA)	Dexmethylphenidate ER
Adyphren	Astepro	Bydureon (ST)	Dexmethylphenidate XR
Adzenys XR	Atelvia DR (ST)	Byetta (ST)	Dextroamphetamine/ Amphetamine ER
Aerobid	Atomoxetine (PA)	Cabergoline	Diclofenac gel
Aerobid-M	Atorvastatin	Caduet	Diclofenac solution
Aerospan	Atrovent (nasal spray)	Camrese	Diflucan (150 mg only)
Air Duo (PA)	Atrovent HFA	Camrese Lo	Dihydroergotamine (nasal spray)
Akynzeo	Auvi-Q	Cardura	DM 2 Kit
Alendronate Sodium	Avandamet (ST)	Cardura XL	Doxazosin
Alora	Avandia (ST)	Catapres TTS	Dulera (PA)
Alosetron	Avinza	Celebrex (ST)	Duloxetine
Alrex	Avonex (SP) (SPO)	Celecoxib (ST)	Duloxetine DR
Alsuma	Axert	Celexa	Duragesic (PA)
Altoprev	Azelastine (nasal spray)	Cesamet	Edluar
Alupent inhaler	Azmacort	Cholbam	Effexor XR
Alvesco	Basaglar	Ciclodin solution/kit	Eletriptan
Ambien	Belbuca (PA)	Ciclopirox nail lacquer	Embeda
Ambien CR	Belsomra	Citalopram	Emend
Amerge	Belviq (PA)	Climara	Emverm
Amethia	Belviq XR (PA)	Climara Pro	Enbrel (PA) (SP) (SPO)
Amethia Lo	Betaseron (SP) (SPO)	Clonidine patch	Enoxaparin
Amitiza	Bevespi AeroSphere	CNL 8 nail kit	Epclusa (PA) (SP)
Amlodipine	Binosto (PA)	Combivent	

(MBO) medical benefit only
 (PA) prior authorization required
 (PA17) prior authorization required for members who are 17 years of age or older
 (PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply
 (SP) medication is part of the specialty pharmacy benefit
 (SPO) pharmacy benefit only
 (ST) step therapy required

Quality Care Dosing

Epinephrine injection	Fondaparinux	Irenka DR	Luvox CR
Epi-Pen Auto-Injector	Foradil	Itraconazole	Lysteda
Epogen (PA) (SP) (SPO)	Forfivo XL	Jardiance (ST)	Mavyret (PA) (SP)
Escitalopram	Forteo (PA) (SP) (SPO)	Jolessa	Maxair Autohaler
Esomeprazole (PA)	Fosamax (ST)	Kadian (PA)	Maxalt
Esomeprazole Strontium (PA)	Fosamax Plus D (ST)	Kalydeco (PA) (SP)	Maxalt-MLT
Estraderm	Fragmin	Kerydin	Meloxicam
Estradiol patch	Frova	Ketorolac ophthalmic	Menostar
Estrasorb	Frovatriptan	Keveyis	Metadate CD
Estrogel	Gatifloxacin	Kevzara (PA) (SP)	Methylphenidate CD
Eszopiclone	Glatiramer (SP) (SPO)	Khedezla	Methylphenidate ER
Evamist	Glatopa (SP) (SPO)	Kytril	Methylphenidate LA
Evzio	Glucose testing strips (all)	Lamisil	Mevacor
Exalgo	Glyxambi	Lansoprazole	Migranal
Exetimibe/Simvastatin (SP) (SPO)	Granisetron	Lansoprazole/Amoxicillin/ Clarithromycin	Migranow Kit
Extavia (SP) (SPO)	Granisol	Lazanda (PA)	Minivelle
Ezetimibe	Granix	Leflunomide	Mirtazapine
Famciclovir	Grastek (PA)	Lescol	Mirtazapine Rapid Dissolve
Famvir	Harvoni (PA) (SP)	Lescol XL	Mobic
Farxiga (ST)	Hetlioz (PA)	Levalbuterol HFA	Morphabond ER (PA)
Farydak (ST)	Humira (PA) (SP) (SPO)	Levonorgestrel/ Ethinyl Estradiol	Morphine Sulfate ER (PA)
Fayosim	Hydromorphone ER (PA)	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Movantik
Fentanyl oral/mucosal (PA)	Hysingla ER (PA)	Lexapro	Moxeza
Fentanyl patch (PA)	Hytrin	Lidocaine Patch	MS Contin (PA)
Fentora (PA)	Ibandronate	Lidocaine 5% cream	Mydayis
Fetzima	Ibrance (PA) (SP)	Lidoderm	Naptara
Flovent/HFA	Imitrex	Linze	Naratriptan
Fluconazole (150 mg only)	Impavido	Lipitor	Narcan
Fluoxetine	Incruse Ellipta (PA)	Liptruzet	NebuPent
Fluoxetine DR	Infergen (PA) (SP) (SPO)	Livalo	Neulasta (SP)
Fluticasone/Salmeterol (PA)	Intermezzo	LoSeasonique	Neupogen (SP)
Fluvastatin	Introvale	Lotronex	Nexium (PA)
Fluvastatin XR	Invokamet (ST)	Lovastatin	Norvasc
Fluvoxamine	Invokamet XR (ST)	Lovenox	Nucynta ER (PA)
Fluvoxamine CR	Invokana (ST)	Lunesta	Nuplazid
Focalin XR	Ipratropium NS		Ocaliva
			Odomzo

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Olanzapine-Fluoxetine	Praluent (PA) (SP)	Rizatriptan	Terbinafine
Olopatadine Nasal	Pravachol	Rosuvastatin	Terbinex
Olysio (PA) (SP)	Pravastatin	Rozerem	Tivorbex
OmePPI (PA)	Prevacid (PA)	Sancuso	Toujeo Solostar
Omeprazole	PrevPac	Sarafem	Tranexamic Acid
Omeprazole-Sod. Bicarbonate (PA)	Prilosec (PA)	Saxenda (PA)	Tremfya (SP)
Omontys (PA) (SP)	Pristiq	Seasonique	Tresiba
Ondansetron	Pristiq ER	Seebri Neohaler	Treximet
Ondansetron ODT	ProAir HFA	Selfemra	Trintellix
Onezeta Xsail	ProAir Respiclick	Serevent Diskus	Triptodur (SP)
Onmel	Procrit (PA) (SP) (SPO)	Sertraline	Trulance
Onsolis	Protonix (PA)	Setlakin	Trulicity (ST)
Opana ER (PA)	Proventil HFA	Silenor	Tudorza
Oralair (PA)	Prozac	Siliq (SP)	Tymlos (PA) (SP) (SPO)
Oramorph SR (PA)	Prozac Weekly	Simcor	Utibron Neohaler
Orkambi (PA) (SP)	Pulmicort Flexhaler	Simponi (PA) (SP) (SPO)	Valacylovir
Otezla (PA)	Pulmicort Respules	Simvastatin	Valtrex
Oxycodone ER (PA)	Quaaliquin	Soliqua (ST)	Varubi
OxyContin (PA)	Quartette	Sonata	Venlafaxine ER capsule
Oxymorphone ER (PA)	Quasense	Sovaldi (PA) (SP)	Venlafaxine ER tablet
Pantoprazole	Quillichew	Spiriva	Ventolin HFA
Paroxetine	Quinine Sulfate	Sporanox	Viberzi
Paroxetine CR	Qutenza (SP)	Stiolto Respimat	Victoza (ST)
Patanase	QVAR	Strattera (PA17)	Viekira PAK (PA) (SP)
Paxil	Rabeprazole	Striverdi Respimat	Viekira XR (PA) (SP)
Paxil CR	Ragwitek (PA)	Suboxone	Vigamox
Pediaprox-4	Rapiflux	Subsys (PA)	Viibryd
Pegasys (SP) (SPO)	Rebif (SP) (SPO)	Subutex	Vivelle
PEG-Intron (SP) (SPO)	Relpax	Sumatriptan	Vivelle-Dot
Penlac	Remeron	Sumavel Dosepro	Vivitrol (SPO)
Pennsaid	Remeron Soltab	Symbicort (PA)	Vivlodex
Pexeva	Repatha (PA) (SP)	Symbyax	Voltaren gel
Pioglitazone (ST)	Restasis (PA)	Synjardy (ST)	Vosevi (PA) (SP)
Pioglitazone-Glimepiride (ST)	Rexulti	Taltz (PA) (SP)	Vytorin
Pioglitazone-Metformin (ST)	Risedronate	Tanzeum (ST)	Vyvanse
Plegridy (SP)	Ritalin LA	Technivie (PA) (SP)	Wellbutrin SR
	Rivelsa	Terazosin	Wellbutrin XL

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Quality Care Dosing

Xartemis XR (PA)
Xeljanz (PA) (SP)
Xeljanz XR (PA) (SP)
Xermelo
Xifaxan (PA)
Xigduo (ST)
Xiidra (ST)
Xopenex HFA
Xtampza ER (PA)
Xultophy (ST)
Xuriden
Yosprala (PA)
Zaleplon
Zarxio
Zegerid (PA)
Zembrace Symtouch
Zepatier (PA) (SP)
Zetia
Zinbryta (SP)
Zocor
Zofran
Zofran ODT
Zohydro ER (PA)
Zolmitriptan
Zolmitriptan ODT
Zoloft
Zolpidem
Zolpidem CR
Zolpidem SL
Zolpimist
Zomig
Zomig ZMT
Zubsolv
Zuplenz
Zydelig (PA) (SP)
Zymar
Zymaxid

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Prior Authorization

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

Another part of our prior authorization program is step therapy. Please refer to the Step Therapy section in this brochure for more information.

This list of medications that require prior authorization is up-to-date as of January 1, 2018, and may change from time to time.

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

Prior Authorization

Abstral (QCD)	Cotellic (SP)	Gammagard (SP)	Liquadd (PA17)
AcipHex (QCD)	Cosentyx (SP) (SPO)	Gel-One (SPO)	Lucentis (MBO)
Actemra (SP)	Daklinza (QCD) (SP)	Gelsyn-3 (SPO)	Lynparza
Acthar (SP)	Desoxyn (PA17)	Genotropin (SP) (SPO)	Lyrica
Actiq (QCD)	Dexilant (QCD)	Geref	Macugen (MBO)
Adcirca (SP)	Dexedrine (PA17)	Grastek (QCD)	Mavyret (QCD) (SP)
Addyi	Dextroamphetamines (PA17)	Harvoni (QCD) (SP)	Makena (SP)
Advair HFA (QCD)	Dificid	Hetlioz (QCD)	Mekinist
Air Duo (QCD)	Diskets	Humatrope (SP) (SPO)	Methadone
Alecensa (SP)	Dulera (QCD)	Humira (QCD) (SP) (SPO)	Methadose
Amevive (MBO)	Dolophine	Hyalgan (SPO)	Methamphetamine (PA17)
Amodafanil	Dupixent (SP)	Hydromorphone ER (QCD)	Modafinil
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Duragesic (QCD)	Hydroxyprogesterone (SP)	Monovisc (SPO)
Ampyra (QCD) (SP)	Dysport (SP)	Hymovis (SPO)	Morphabond ER (QCD)
Aralast (MBO)	Egrifta (SP)	Hysingla ER (QCD)	Morphine Sulfate CR (QCD)
Aralast NP (MBO)	Elidel	Ibandronate injection/ syringe (SP)	Morphine Sulfate ER (QCD)
Aranesp (QCD) (SP) (SPO)	Embeda (QCD)	Ibrance (QCD) (SP)	MS Contin (QCD)
Arymo ER (QCD)	Enbrel (QCD) (SP) (SPO)	Idhifa (SP)	Myalept (SP)
Atomoxetine (QCD)	Enteral formula	Ilaris (SP) (SPO)	Myobloc (SP)
Avinza (QCD)	Entyvio (SP)	Increlex (SP) (SPO)	Nexium (QCD)
Belbuca (QCD)	Epclusa (QCD) (SP)	Incruse Ellipta (QCD)	Norditropin (SP) (SPO)
Belviq (QCD)	Epogen (QCD) (SP) (SPO)	Inflectra (SP)	Nucala (SP)
Belviq XR (QCD)	Erbitux (MBO)	Interferons (alpha, gamma)	Nucynta ER (QCD)
Binosto	Esomeprazole (QCD)	Iplex	Nutritional Supplements
Boniva syringe (SP)	Esomeprazole	IV Immunoglobulin (MBO)	Nutropin (SP) (SPO)
Botox/Botulinum Toxin (SP)	Strontium (QCD)	Juxtapid	Nuvigil (PA17)
Buprenex	Euflexxa (SPO)	Kadian (QCD)	Olysio (QCD) (SP)
Buprenorphine patch (QCD)	Evekeo	Kalydeco (QCD) (SP)	OmePPI (QCD)
Butrans (QCD)	Exalgo (QCD)	Kevzara (SP)	Omeprazole-Sod. Bicarbonate (QCD)
Ceredase (MBO)	Eylea (MBO)	Kineret (SP) (SPO)	Omnitrope (SP) (SPO)
Cerezyme (SP)	Factor VIII, VIIIa, IX, XIII (MBO)	Kisqali (SP)	Omontys (SP) (SPO)
Cimzia (SP) (SPO)	Farydak (SP)	Kisqali Femara (SP)	Onsolis (QCD)
Cinqair (SP)	Fentanyl patch (QCD)	Kynamro (SP)	Opana ER (QCD)
Cinryze (MBO)	Fentanyl oral/mucosal (QCD)	Lazanda (QCD)	Opdivo (SP)
Contrave (QCD)	Fentora (QCD)	Lenvima (SP)	Oralair (QCD)
	Fluticasone/Salmeterol (QCD)	Leukine (SP)	Oramorph SR (QCD)
	Forteo (QCD) (SP) (SPO)		

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Prior Authorization

Orencia (SP)	Serostim (SP) (SPO)	Xiidra (QCD)
Orkambi (SP)	Sildenafil (SP)	Xolair (SP)
Orthovisc (SPO)	Simponi (QCD) (SP) (SPO)	Xtampza ER (QCD)
Otezla (QCD) (SP)	Simponi Aria (SP)	Yosprala (QCD)
Oxycodone ER (QCD)	Sovaldi (QCD) (SP)	Zegerid (QCD)
Oxycontin (QCD)	Spinraza (SP)	Zelboraf (SP)
Oxymorphone ER (QCD)	Stelara (SP) (SPO)	Zenzedi (PA17)
Praluent (QCD) (SP)	Strattera (PA17) (QCD)	Zepatier (QCD) (SP)
Preservative-Free Morphine (MBO)	Subsys (QCD)	Zohydro ER (QCD)
Prevacid (QCD)	Supartz (SPO)	Zomactin (SP) (SPO)
Prilosec (QCD)	Symbicort (QCD)	Zometa (MBO)
Procentra (PA17)	Synvisc (SPO)	Zorbtive (SPO)
Procrit (QCD) (SP) (SPO)	Synvisc One (SPO)	Zydelig (QCD) (SP)
Prolastin (MBO)	Tacrolimus (topical)	Zykadia (SP)
Prolastin C (MBO)	Tafinlar (SP)	
Proleukin (SP)	Taltz (QCD) (SP)	
Prolia (SP) (SPO)	Technivie (QCD) (SP)	
Protonix (QCD)	Tev-Tropin (SP) (SPO)	
Protopic	Topical Retinoic Acid Derivatives (e.g. Retin-A) (PA30)	
Protropin (SPO)	TPN (total parenteral nutrition) (MBO)	
Provigil (PA17)	Tymlos (QCD) (SP) (SPO)	
Ragwitek (QCD)	Tysabri (MBO)	
Raptiva	Venclexta (SP)	
Reclast (MBO)	Vectibix (MBO)	
Regranex	Victrelis (SP)	
Remicade (SP)	Viekira XR (QCD) (SP)	
Renflexis (SP)	Viekira PAK (QCD) (SP)	
Repatha (QCD) (SP)	Vosevi (QCD) (SP)	
Respiratory SyncytialVirus IG/ Synagis (SP)	Xalkori (SP)	
Restasis (QCD)	Xartemis XR (QCD)	
Revatio (SP)	Xeljanz (QCD) (SP)	
Rituxan (SP)	Xeljanz XR (QCD) (SP)	
Rydapt (SP)	Xeomin (SP)	
Saizen (SP) (SPO)	Xgeva (SP) (SPO)	
SaizenPrep (SP) (SPO)	Xiaflex (MBO)	
Saxenda (QCD)		

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 (ST) step therapy required

Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. The following is a list of medications that can only be purchased from one of the pharmacies in this network in order for coverage to be available.

Network Pharmacy Information

AcariaHealth

1-866-892-1202

acariahealth.com

Monday through Friday 8:00 a.m. to 8:00 p.m.,
Saturdays 8:00 a.m. to 3:00 p.m. and Sundays
8:00 a.m. to 12:00 p.m. ET.

Accredo Health Group, Inc.

1-877-988-0058

accredo.com

Monday through Friday 8:00 a.m. to 8:00 p.m.
and Saturdays 8:00 a.m. to 5:00 p.m. ET.

AllCare Plus

1-855-880-1091

allcarepluspharmacy.com

Monday through Friday 7:30 a.m. to 8:00 p.m.
and Saturdays 8:00 a.m. to 2:00 p.m. ET.

AllianceRx Walgreens Prime

1-800-649-2872 / Fax: 866-935-0719

alliancerxwp.com

Monday through Friday 8:00 a.m. to 8:00 p.m.
and Saturdays 8:00 a.m. to 5:00 p.m. ET.

Please note a pharmacist is available 24/7.

CVS Caremark, Inc.

1-866-846-3096

caremark.com

Monday through Friday 8:00 a.m. to 8:00 p.m.
and Saturdays 9:00 a.m. to 4:00 p.m. ET.

Onco360, Oncology Pharmacy Solutions

1-877-662-6633

onco360.com

Monday through Friday 8:00 a.m. to 8:00 p.m. ET.

Network Pharmacy Information for Medications Most Commonly Used for Fertility

AcariaHealth Fertility

1-877-928-5125 / Fax: 866-927-9870

acariahealth.com/index.php/explore/infertility

AllianceRx Walgreens Prime

1-800-424-9002

alliancerxwp.com

BrioVaRx

1-800-850-9122

briovarx.com

Freedom Fertility Pharmacy

1-866-297-9452

freedomfertility.com

Metro Drugs

1-888-258-0106

metrodrugs.com

Village Fertility Pharmacy

1-877-334-1610

villagefertilitypharmacy.com

This list is up-to-date as of January 1, 2018, and may change from time to time.

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

Specialty Pharmacy Medications

Injectable Medications

Abraxane
Actemra (PA)
Acthar (PA)
Actimmune (PA) (SPO)
Adriamycin PFS
Adrucil
Alferon N (PA)
Alkeran
Apokyn
Aranesp (PA) (QCD) (SPO)
Arcalyst Injection (SPO)
Aredia
Arzerra
Aveed
Avonex (QCD) (SPO)
Beleodaq
Betaseron (QCD) (SPO)
BiCNU
Bivigam (PA)
Bleomycin Sulfate
Blincyto
Boniva Injection (PA)
Botox (PA)
Busulfex
Calcium Folate
Camptosar
Carboplatin
Carimune (PA)
Cerubidine
Cerezyme (PA)
Cimzia (PA) (SPO)
Cinqair (PA)
Cisplatin
Cladribine
Copaxone (QCD) (SPO)

Cosentyx (PA) (SPO)
Cosmegen
Cuvitru (PA)
Cyclophosphamide
Cyramza
Cytarabine
Cytogam (PA)
Cytosan
Dacarbazine
Dactinomycin
Darzalex
Daunorubicin HCL
DaunoXome
DDAVP
Depocyt
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Doxil
Doxorubicin HCl
DTIC-Dome
Dupixent (PA)
Dysport (PA)
Egrifta (PA)
Eligard
Ellence
Eloxatin
Elspar
Empliciti
Enbrel (PA) (QCD) (SPO)
Entyvio (PA)
Epirubicin
Epogen (PA) (QCD) (SPO)
Ethylol
Etopophos
Etoposide

Extavia (QCD) (SPO)
Faslodex
Firazyr
Firmagon
Flebogamma (PA)
Floxuridine
Fludara
Fludarabine phosphate
Fluorouracil
Forteo (PA) (QCD) (SPO)
FUDR
Fusilev I.V.
Fuzeon (SPO)
Gammagard (PA)
Gammagard Liquid (PA)
GamaSTAN (PA)
Gammaked (PA)
Gammaplex (PA)
Gamunex (PA)
Gattex
Gazyva
Gemcitabine
Gemzar
Genotropin (PA) (SPO)
Glatiramer (QCD) (SPO)
Glatopa (QCD) (SPO)
Granix
Herceptin
Hizentra (PA)
Humatrope (PA) (SPO)
Humira (PA) (QCD) (SPO)
Hycamtin
Hydroxyprogesterone (PA)
HyQvia (PA)
Ibandronate injection/syringe (PA)
Idamycin PFS

Idarubicin
Ifex
Ifosfamide
Ifosfamide/Mesna
Ilaris (PA) (SPO)
Imfinzi
Increlex (PA) (SPO)
Inflectra (PA)
Intron A (PA) (SPO)
Irinotecan
Istodax
Kenalog
Kevzara (PA)
Keytruda
Kineret (PA) (SPO)
Kynamro
Lemtrada (SPO)
Levoleucovorin
Leucovorin Calcium
Leukine (PA)
Leuprolide Acetate (SPO)
Leustatin
Lipodox
Lipodox-50
Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena (PA)
Marqibo
Mesna
Mesnex
Methotrexate
Mircera
Mitomycin
Mitoxantrone
Mozobil
Mustargen

(MBO) medical benefit only
 (PA) prior authorization required
 (PA17) prior authorization required for members who are 17 years of age or older
 (PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply
 (SP) medication is part of the specialty pharmacy benefit
 (SPO) pharmacy benefit only
 (ST) step therapy required

Specialty Pharmacy Medications

Myalept (PA)
Mylotarg
Myobloc (PA)
Naptara
Navelbine
Neosar
Neulasta (QCD)
Neumega
Neupogen (QCD)
Nipent
Norditropin (PA) (SPO)
Norditropin Flexpro (PA) (SPO)
Norditropin Nordiflex (PA) (SPO)
Novantrone
Nplate
Nucala (PA)
Nutropin (PA) (SPO)
Nutropin AQ (PA) (SPO)
Nutropin AQ Nuspin (PA) (SPO)
Octagam (PA)
Octreotide injection (SPO)
Omnitrope (PA) (SPO)
Oncaspar
Opdivo (PA)
Orencia (PA)
Otrexup
Oxaliplatin
Paclitaxel
Pamidronate
Pamidronate disodium
Pegasys (QCD) (SPO)
Peg-Intron (QCD) (SPO)
Photofrin
Plegridy (QCD)
Praluent (PA) (QCD)
Privigen (PA)

Procrit (PA) (QCD) (SPO)
Proleukin (PA)
Prolia (PA) (SPO)
Radicava
Rebif (QCD) (SPO)
Remicade (PA)
Renflexis (PA)
Repatha (PA) (QCD)
Revatio (PA)
Rituxan (PA)
Ruconest
Saizen (PA) (SPO)
SaizenPrep (PA) (SPO)
Sandostatin (SPO)
Sandostatin-LAR
Serostim (PA) (SPO)
Signafor
Signafor LAR
Siliq (QCD)
Simponi (PA) (QCD) (SPO)
Simponi Aria (PA)
Simulect
Somatuline
Somavert (SPO)
Spinraza (PA)
Stelara (PA) (SPO)
Sylatron (PA)
Sylvant
Synagis (PA)
Synribo
Taltz (PA) (QCD)
Tarabine
Taxol
Taxotere
Tecentriq
Teniposide
Tepadina

Tev-Tropin (PA) (SPO)
TheraCys
Thiotepa
Thyrogen
Toposar
Totect
Trelstar
Trelstar LA
Trelstar Depot
Tremfya (QCD)
Triptodur (QCD)
Tymlos (PA) (QCD) (SPO)
Unituxin
Valstar
Velcade
Vimizim
VinBLASTine
Vincasar PFS
VinCRISTine
Vinorelbine
Vivitrol
Vumon
Xeomin (PA)
Xgeva (PA) (SPO)
Xolair (PA)
Zaltrap
Zanosar
Zarxio
Zinbryta (QCD)
Zinecard
Zoladex
Zomacton (PA) (SPO)
Zorbtive (PA) (SPO)
Oral Medications
Adcirca (PA)
Adempas
Afinitor

Alcensa
Alkeran
Alunbrig
Ampyra (PA) (QCD)
Aubagio
Bethkis
Bosulif
Cabometyx
Capecitabine
Carbaglu
Cayston
Cerdelga
Cometriq
Copegus (SPO)
Cotellic
Cystagon
Cytosan
Daklinza (PA) (QCD)
Daraprim
Duopa
Epclusa (PA) (QCD)
Erivedge
Esbriet
Erivedge
Etoposide
Exjade
Farydak (PA)
Gilenya (QCD)
Gilotrif
Gleevec
Harvoni (PA) (QCD)
Hetlioz (PA)
Hycamtin
Ibrance (PA)
Iclusig
Idhifa (PA)
Imatinib

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Step Therapy

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

This list is up-to-date as of January 1, 2018, and may change from time to time.

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

Step Therapy

Diabetes Management

Adlyxin (QCD)
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
ACTOplus Met (QCD)
ACTOplus Met XR (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Byetta (QCD)
Bydureon (QCD)
Duetact
Farxiga (QCD)
Fortamet
Glucophage
Glucophage XR
Glumetza
Glyxambi (QCD)
Invokana (QCD)
Invokamet (QCD)
Invokamet XR (QCD)
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kombiglyze XR
Metformin Film Coated ER
Metformin ER
Nesina
Onglyza
Oseni

Pioglitazone (QCD)
Pioglitazone-Glimepiride (QCD)
Pioglitazone-Metformin (QCD)
Prandin
Prandimet
Soliqua (QCD)
Synjardy
Tanzeum (QCD)
Tradjenta
Trulicity (QCD)
Victoza (QCD)
Xigduo (QCD)
Xultophy (QCD)

Glaucoma

Lumigan
Rescula
Travatan
Travatan Z
Xalatan

Osteoporosis Treatment (Oral)

Actonel (QCD)
Atelvia DR (QCD)
Binosto (QCD)
Boniva tablets (QCD)
Fosamax (QCD)
Fosamax Plus D (QCD)

Pain Relievers (Cox II Inhibitors)

Capxib
Celebrex (QCD)
Celecoxib (QCD)
Lidoxib

Prostate Treatment

Avodart

Jalyn
Proscar

Parkinson's Disease Treatment

Mirapex
Mirapex ER
Requip
Requip XL

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan
Ditropan XL
Enablex
Gelnique
Oxytrol
Myrbetriq
Sanctura
Sanctura XR
Toviaz
Vesicare

Topical Testosterone

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

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Nondiscrimination Notice

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

Blue Cross Blue Shield of Massachusetts provides:

Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- If you need these services, call Member Service at the number on your ID card.

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

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

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

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

Translation Resources Proficiency of Language Assistance Services

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

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

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

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

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

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

Arabic/العربية:

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

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (TTY: 711)។

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

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

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

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

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

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

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

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

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

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

Persian/پارسیان:

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

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

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOǫ́ǫ́: Diné k'ehjí yánílt'i'go saad bee yát'i' éi t'áájíík'e bee níká'a'doowolgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déés' nóomba biká'ígííjí' béesh bee hodíílnih (TTY: 711).

