MASSACHUSETTS

Covered Medications (Formulary)

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

Table of Contents

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 e**xpress-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, Estring is formulated as a 90-day dosage unit and members will be charged three 30-day copayments.

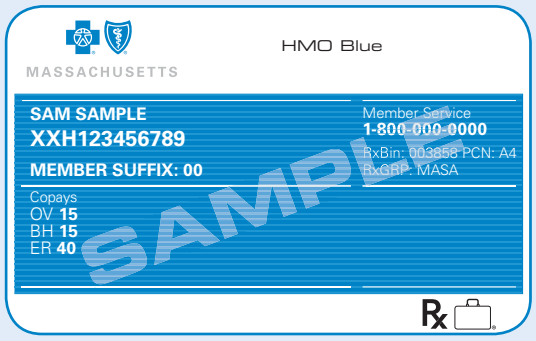
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front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

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

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Quality Care Dosing

Olanzepine-Fluoxetine
Olopatadine Nasal
Olysio (PA) (SP)
OmePPI (PA)
Omeprazole
Omeprazole-Sod. Bicarbonate (PA)
Omontys (PA) (SP)
Ondansetron
Ondansetron ODT
Onezetra Xsail
Onmel
Onsolis
Opana ER (PA)
Oralair (PA)
Oramorph SR (PA)
Orkambi (PA) (SP)
Otezla (PA)
Oxycodone ER (PA)
OxyContin (PA)
Oxymorphone ER (PA)
Pantoprazole
Paroxetine
Paroxetine CR
Patanase
Paxil
Paxil CR
Pediapirox-4
Pegasys (SP) (SPO)
PEG-Intron (SP) (SPO)
Penlac
Pennsaid
Pexeva
Pioglitazone (ST)
Pioglitazone-Glimepiride (ST)
Pioglitazone-Metformin (ST)
Plegridy (SP)
Praluent (PA) (SP)
Pravachol
Pravastatin
Prevacid (PA)
PrevPac
Prilosec (PA)
Pristiq
Pristiq ER
ProAir HFA
ProAir Respiclick
Procrit (PA) (SP) (SPO)
Protonix (PA)
Proventil HFA
Prozac
Prozac Weekly
Pulmicort Flexhaler
Pulmicort Respules
Qualaquin
Quartette
Quasense
Quillichew
Quinine Sulfate
Qutenza (SP)
QVAR
Rabeprazole
Ragwitek (PA)
Rapiflux
Rebif (SP) (SPO)
Relpax
Remeron
Remeron Soltab
Repatha (PA) (SP)
Restasis (PA)
Rexulti
Risedronate
Ritalin LA
Rivelsa
Rizatriptan
Rosuvastatin
Rozerem
Sancuso
Sarafem
Saxenda (PA)
Seasonique
Seebri Neohaler
Selfemra
Serevent Diskus
Sertraline
Setlakin
Silenor
Siliq (SP)
Simcor
Simponi (PA) (SP) (SPO)
Simvastatin
Soliqua (ST)
Sonata
Sovaldi (PA) (SP)
Spiriva
Sporanox
Stiolto Respimat
Strattera (PA17)
Striverdi Respimat
Suboxone
Subsys (PA)
Subutex
Sumatriptan
Sumavel Dosepro
Symbicort (PA)
Symbyax
Synjardy (ST)
Taltz (PA) (SP)
Tanzeum (ST)
Technivie (PA) (SP)
Terazosin
Terbinafine
Terbinex
Tivorbex
Toujeo Solostar
Tranexamic Acid
Tremfya (SP)
Tresiba
Treximet
Trintellix
Triptodur (SP)
Trulance
Trulicity (ST)
Tudorza
Tymlos (PA) (SP) (SPO)
Utibron Neohaler
Valacylovir
Valtrex
Varubi
Venlafaxine ER capsule
Venlafaxine ER tablet
Ventolin HFA
Viberzi
Victoza (ST)
Viekira PAK (PA) (SP)
Viekira XR (PA) (SP)
Vigamox
Viibryd
Vivelle
Vivelle-Dot
Vivitrol (SPO)
Vivlodex
Voltaren gel
Vosevi (PA) (SP)
Vytorin
Vyvanse
Wellbutrin SR
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)
AcipHex (QCD)
Actemra (SP)
Acthar (SP)
Actiq (QCD)
Adcirca (SP)
Addyi
Advair HFA (QCD)
Air Duo (QCD)
Alecensa (SP)
Amevive (MBO)
Amodafanil
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)
Ampyra (QCD) (SP)
Aralast (MBO)
Aralast NP (MBO)
Aranesp (QCD) (SP) (SPO)
Arymo ER (QCD)
Atomoxetine (QCD)
Avinza (QCD)
Belbuca (QCD)
Belviq (QCD)
Belviq XR (QCD)
Binosto
Boniva syringe (SP)
Botox/Botulinum Toxin (SP)
Buprenex
Buprenorphine patch (QCD)
Butrans (QCD)
Ceredase (MBO)
Cerezyme (SP)
Cimzia (SP) (SPO)
Cinqair (SP)
Cinryze (MBO)
Contrave (QCD)
Cotellic (SP)
Cosentyx (SP) (SPO)
Daklinza (QCD) (SP)
Desoxyn (PA17)
Dexilant (QCD)
Dexedrine (PA17)
Dextroamphetamines (PA17)
Dificid
Diskets
Dulera (QCD)
Dolophine
Dupixent (SP)
Duragesic (QCD)
Dysport (SP)
Egrifta (SP)
Elidel
Embeda (QCD)
Enbrel (QCD) (SP) (SPO)
Enteral formula
Entyvio (SP)
Epclusa (QCD) (SP)
Epogen (QCD) (SP) (SPO)
Erbitux (MBO)
Esomeprazole (QCD)
Esomeprazole Strontium (QCD)
Euflexxa (SPO)
Evekeo
Exalgo (QCD)
Eylea (MBO)
Factor VIII, VIIIa, IX, XIII (MBO)
Farydak (SP)
Fentanyl patch (QCD)
Fentanyl oral/mucosal (QCD)
Fentora (QCD)
Fluticasone/Salmeterol (QCD)
Forteo (QCD) (SP) (SPO)
Gammagard (SP)
Gel-One (SPO)
Gelsyn-3 (SPO)
Genotropin (SP) (SPO)
Geref
Grastek (QCD)
Harvoni (QCD) (SP)
Hetlioz (QCD)
Humatrope (SP) (SPO)
Humira (QCD) (SP) (SPO)
Hyalgan (SPO)
Hydromorphone ER (QCD)
Hydroxyprogesterone (SP)
Hymovis (SPO)
Hysingla ER (QCD)
Ibandronate injection/ syringe (SP)
Ibrance (QCD) (SP)
Idhifa (SP)
Ilaris (SP) (SPO)
Increlex (SP) (SPO)
Incruse Ellipta (QCD)
Inflectra (SP)
Interferons (alpha, gamma)
Iplex
IV Immunoglobulin (MBO)
Juxtapid
Kadian (QCD)
Kalydeco (QCD) (SP)
Kevzara (SP)
Kineret (SP) (SPO)
Kisqali (SP)
Kisqali Femara (SP)
Kynamro (SP)
Lazanda (QCD)
Lenvima (SP)
Leukine (SP)
Liquadd (PA17)
Lucentis (MBO)
Lynparza
Lyrica
Macugen (MBO)
Mavyret (QCD) (SP)
Makena (SP)
Mekinist
Methadone
Methadose
Methamphetamine (PA17)
Modafinil
Monovisc (SPO)
Morphabond ER (QCD)
Morphine Sulfate CR (QCD)
Morphine Sulfate ER (QCD)
MS Contin (QCD)
Myalept (SP)
Myobloc (SP)
Nexium (QCD)
Norditropin (SP) (SPO)
Nucala (SP)
Nucynta ER (QCD)
Nutritional Supplements
Nutropin (SP) (SPO)
Nuvigil (PA17)
Olysio (QCD) (SP)
OmePPI (QCD)
Omeprazole-Sod. Bicarbonate (QCD)
Omnitrope (SP) (SPO)
Omontys (SP) (SPO)
Onsolis (QCD)
Opana ER (QCD)
Opdivo (SP)
Oralair (QCD)
Oramorph SR (QCD)

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Prior Authorization

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

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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
allcareplus pharmacy.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 Folinate
- 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)
- Cytoxan
- 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)
- Ethyol
- 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

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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
Cytoxan
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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Specialty Pharmacy Medications

Imbruvica
Inlyta
Iressa
Jadenu
Jakafi
Juxtapid (PA)
Kalydeco (PA) (QCD)
Kisqali (PA)
Kisqali Femara (PA)
Kitabis PAK
Korlym
Kuvan
Lenvima (PA)
Letairis
Lonsurf
Mavyret (PA) (QCD)
Mekinist
Mesnex
Moderiba
Nerlynx
Nexavar
Ninlaro
Northera
Nuplazid
Odomzo
Ofev
Oforta
Olysio (PA) (QCD)
Opsumit
Orenitram
Orfadin (SPO)
Orkambi (PA) (QCD)
Otezla (PA) (QCD)
Otezla Starter Pack (PA) (QCD)
Pomalyst
Procysbi
Promacta
Pulmozyme (SPO)
Ravicti
Rebetol (SPO)
Revatio (PA)
Revlimid
Ribapak (SPO)
Ribasphere (SPO)
Ribatab
Ribavirin (SPO)
Rilutek
Riluzole
Rubraca
Rydapt (PA)
Sabril
Samsca
Sildenafil (PA)
Sovaldi (PA) (QCD)
Sprycel
Stivarga
Sucraid
Sutent
Tafinlar (PA)
Tagrisso
Tarceva
Tasigna
Tecfidera
Technivie (PA) (QCD)
Temodar
Temozoloamide
Tetrabenazine
Thalomid
TOBI ampules (SPO)
TOBI-Podhaler (SPO)
Tobramycin ampules
Tracleer
Tykerb
Tyvaso
Uptravi
Veltassa
Venclexta (PA)
Viekira PAK (PA) (QCD)
Viekira XR (PA) (QCD)
Vigabatrin
Vosevi (PA) (QCD)
Votrient
Xalkori (PA)
Xeljanz (PA) (QCD)
Xeljanz XR (PA) (QCD)
Xeloda
Xenazine
Xtandi
Xyrem
Zavesca
Zelboraf (PA)
Zepatier (PA) (QCD)
Zolinza
Zydelig (PA) (QCD)
Zykadia (PA)
Zytiga

Topical

Cystaran
Panretin (SPO)
Qutenza (QCD)
Valchlor
Zecuity

Fertility Medications

Bravelle (SPO)
Cetrotide (SPO)
Clomid
Clomiphene
Endometrin
Follistim AQ (SPO)
Ganirelix (SPO)
Gonal F/Gonal F RFF (SPO)
Gonal F Rff Rediject (SPO)
Human Chorionic Gonadotropin (HCG) (SPO)
Leuprolide (SPO)
Lupron Depot
Lupron Depot-Ped
Luveris (SPO)
Makena (PA)
Menopur (SPO)
Novarel
Ovidrel (SPO)
Pregnyl (SPO)
Repronex (SPO)
Serophene

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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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Medication Resource List Index

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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 **civilrightscoordinator@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 Idantitifkasyon 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/عربية:

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

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

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

Persian/پارسیان:

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

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

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

MASSACHUSETTS

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