

MIIA Town of Norwell Plan Effective Date: 7/1/2018



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| Plan details: (click to view documents) | Plan do | cuments | Online Resources               |
|---|---------|---------|--------------------------------|
| Network Blue NE HMO                     | Summary | SBC     | Learn more about plan features |
| Blue Care Elect PPO                     | Summary | SBC     | Learn more about plan features |
|   |         |         |                                |
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|---------------------------------------|----------|
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**SUMMARY OF BENEFITS** 

# **Network Blue<sup>®</sup> New England**

## Town of Norwell HMO







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

## Your Care

#### Your Primary Care Provider (PCP)

When you enroll in this health plan, you must choose a primary care provider. Be sure to choose a PCP who can accept you and your family members and who participates in the network of providers in New England. For children, you may choose a participating network pediatrician as the PCP.

For a list of participating PCPs or OB/GYN physicians, visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com; consult the Provider Directory; or call the Physician Selection Service at 1-800-821-1388.

If you have trouble choosing a doctor, the Physician Selection Service can help. They can give you the doctor's gender, the medical school she or he attended, and whether there are languages other than English spoken in the office.

#### Referrals

Your PCP is the first person you call when you need routine or sick care. If your PCP decides that you need to see a specialist for covered services, your PCP will refer you to an appropriate network specialist, who is likely affiliated with your PCP's hospital or medical group.

You will not need prior authorization or referral to see a HMO Blue New England network provider who specializes in OB/GYN services. Your providers may also work with Blue Cross Blue Shield of Massachusetts regarding referrals and Utilization Review Requirements, including Pre-Admission Review, Concurrent Review and Discharge Planning, Prior Approval for Certain Outpatient Services, and Individual Case Management. For detailed information about Utilization Review, see your benefit description.

#### Your Out-of-Pocket Maximum

Your out-of-pocket maximum is the most that you could pay during a plan year for copayments and coinsurance for covered services. If you are not sure when your plan year begins, contact Blue Cross Blue Shield of Massachusetts. Your out-of-pocket maximum for medical benefits is **\$2,000** per member (or **\$4,000** per family). Your out-of-pocket maximum for prescription drug benefits is **\$3,000** per member (or **\$6,000** per family).

#### **Emergency Room Services**

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

#### **Service Area**

The plan's service area includes all cities and towns in the Commonwealth of Massachusetts, State of Rhode Island, State of Vermont, State of Connecticut, State of New Hampshire, and State of Maine.

#### When Outside the Service Area

If you're traveling outside the service area and you need urgent or emergency care, you should go to the nearest appropriate health care facility. You are covered for the urgent or emergency care visit and one follow-up visit while outside the service area. Any additional follow-up care must be arranged by your PCP. See your benefit description for more information.

#### **Dependent Benefits**

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

## **Your Medical Benefits**

| Covered Services  | Your Cost   |
|---|---|
| Preventive Care   |   |
| Well-child care visits  | Nothing   |
| Routine adult physical exams, including related tests   | Nothing   |
| Routine GYN exams, including related lab tests (one per plan year)  | Nothing   |
| Routine hearing exams, including routine tests  | Nothing   |
| Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)   | All charges beyond the maximum                                  |
| Routine vision exams (one every 12 months)  | Nothing   |
| Family planning services-office visits  | Nothing   |
| Outpatient Care<br>Emergency room visits  | \$100 per visit<br>(waived if admitted or for observation stay) |
| Office visits, when performed by:<br>• Your PCP, OB/GYN physician, network nurse practitioner or nurse midwife<br>• Other network providers | \$20 per visit<br>\$35 per visit                                |
| Chiropractors' office visits  | \$35 per visit  |
| Acupuncture visits (up to 12 visits per plan year)  | \$35 per visit  |
| Mental health or substance abuse treatment  | \$20 per visit  |
| Short-term rehabilitation therapy-physical and occupational (up to 60 visits per plan year*)  | \$35 per visit  |
| Speech, hearing, and language disorder treatment-speech therapy   | \$35 per visit  |
| Diagnostic X-rays and lab tests, excluding CT scans, MRIs, PET scans, and nuclear cardiac imaging tests                                     | Nothing   |
| CT scans, MRIs, PET scans, and cardiac imaging tests <ul> <li>Hospitals</li> <li>Other network providers</li> </ul>                         | \$100 per category per service date**<br>Nothing                |
| Home health care and hospice services   | Nothing   |
| Oxygen and equipment for its administration   | Nothing   |
| Durable medical equipment-such as wheelchairs, crutches, hospital beds  | 20% coinsurance***  |
| Prosthetic devices  | Nothing   |
| Surgery and related anesthesia in an office, when performed by:<br>• Your PCP or OB/GYN physician<br>• Other network providers              | \$20 per visit <sup>†</sup><br>\$35 per visit <sup>†</sup>      |
| Surgery in an ambulatory surgical facility, hospital outpatient department, or surgical day care unit                                       | \$150 per admission   |
| Inpatient Care (including maternity care)<br>General or chronic disease hospital care (as many days as medically necessary)                 | \$250 per admission   |
| Mental hospital or substance abuse facility care (as many days as medically necessary)  | \$250 per admission   |
| Rehabilitation hospital care (up to 60 days per plan year)  | Nothing   |
| Skilled nursing facility care (up to 100 days per plan year)  | Nothing   |
|   |   |

 No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.
 When the copayments for CT scans, MRIs, PET scans, and/or nuclear cardiac imaging tests add up to the total of \$375 per member in a calendar year, you pay nothing for these tests for the remainder of that calendar year.

\*\*\* Cost share waived for one breast pump per birth.

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

| Prescription Drug Benefits*   | Your Cost**  |
|---|--|
| At designated retail pharmacies<br>(up to a 30-day formulary supply for each prescription or refill)              | \$10 for Tier 1<br>\$25 for Tier 2<br>\$45 for Tier 3    |
| Through the designated mail service pharmacy<br>(up to a 90-day formulary supply for each prescription or refill) | \$20 for Tier 1***<br>\$50 for Tier 2<br>\$90 for Tier 3 |

\* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

\*\* Cost share may be waived for certain covered drugs and supplies.

\*\*\* Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to www.bluecrossma.com/mail-service-pharmacy.

#### Get the Most from Your Plan

Visit us at **www.bluecrossma.com** or call **1-800-782-3675** to learn about discounts, savings, resources, and special programs available to you, like those listed below.

| Wellness Participation Program<br>Reimbursement for a membership at a health club or for fitness classes<br>This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities,<br>including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal<br>fitness centers. (See your benefit description for details.) | \$150 per calendar year per policy |
|---|------------------------------------|
| <b>Reimbursement for participation in a qualified weight loss program</b><br>This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue<br>Shield of Massachusetts designated weight loss program. (See your benefit description for details.)  | \$150 per calendar year per policy |
| Blue Care Line*-A 24-hour nurse line to answer your health care questions-call 1-888-247-BLUE (2583)  | No additional charge               |

#### **Questions?**

For questions about Blue Cross Blue Shield of Massachusetts, call **1-800-782-3675**, or visit us online at **www.bluecrossma.com**. Interested in receiving information from us via e-mail? Go to **www.bluecrossma.com/email** to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.

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

| Important Questions   | Answers  | Why This Matters:   |
|---|--|---|
| What is the overall<br><u>deductible</u> ?                                | \$0  | See the Common Medical Events chart below for your costs for services this plan covers.   |
| Are there services<br>covered before you meet<br>your <u>deductible</u> ? | No.  | You will have to meet the <u>deductible</u> before the <u>plan</u> pays for any services.   |
| Are there other<br><u>deductibles</u> for specific<br>services?           | No.  | You don't have to meet <u>deductibles</u> for specific services.  |
| What is the <u>out-of-pocket</u><br><u>limit</u> for this <u>plan</u> ?   | For medical benefits, <b>\$2,000</b><br>member / <b>\$4,000</b> family; and for<br>prescription drug benefits, <b>\$3,000</b><br>member / <b>\$6,000</b> family. | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.   |
| What is not included in the <u>out-of-pocket limit</u> ?                  | Premiums, balance-billing<br>charges, and health care this plan<br>doesn't cover.  | Even though you pay these expenses, they don't count toward the out-of-pocket limit.  |
| Will you pay less if you<br>use a <u>network provider</u> ?               | Yes. See<br><u>www.bluecrossma.com/findadoct</u><br><u>or</u> or call 1-800-821-1388 for a list<br>of network providers.   | This <u>plan</u> uses a <u>provider</u> <u>network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's</u> <u>network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> to see a <u>specialist</u> ?                | Yes.   | This <u>plan</u> will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have a <u>referral</u> before you see the <u>specialist</u> .  |

|  |   | What You  | Will Pay                                     |  |  |
|--|---|---|--|--|--|
| Common<br>Medical Event  | Services You May Need   | In-Network<br>(You will pay the<br>least)                       | Out-of-Network<br>(You will pay the<br>most) | Limitations, Exceptions, & Other<br>Important Information  |  |
|  | Primary care visit to treat an injury or illness  | \$20 / visit  | Not covered                                  | None   |  |
|  | Specialist       visit; \$35         Chiropractor       visit; \$35         Augumentary       visit; \$35         Augumentary       visit; \$35 |   | Not covered                                  | Limited to 12 acupuncture visits per<br>plan year  |  |
| If you visit a health care<br><u>provider's</u> office or clinic   | Preventive care/screening/immunization  | No charge   | Not covered                                  | GYN exam limited to one exam per<br>calendar year. You may have to pay<br>for services that aren't preventive. Ask<br>your provider if the services needed<br>are preventive. Then check what your<br>plan will pay for. |  |
|  | Diagnostic test (x-ray, blood work)   | No charge   | Not covered                                  | None   |  |
| If you have a test   | Imaging (CT/PET scans, MRIs)  | \$100 for hospitals; no<br>charge for other<br>providers        | Not covered                                  | Copayment applies per category of test / day; pre-authorization required for certain services  |  |
|  | Generic drugs   | \$10 / retail supply or<br>\$20 / mail service<br>supply        | Not covered                                  | Up to 30-day retail (90-day mail<br>service) supply; cost share may be<br>waived for certain covered drugs and<br>supplies; pre-authorization required fo  |  |
| If you need drugs to treat<br>your illness or condition<br>More information about<br><u>prescription drug coverage</u><br>is available at<br><u>www.bluecrossma.com/med</u><br><u>ications</u> | Preferred brand drugs   | \$25 / retail supply or<br>\$50 / mail service<br>supply        | Not covered                                  |  |  |
|  | Non-preferred brand drugs   | \$45 / retail supply or<br>\$90 / mail service<br>supply        | Not covered                                  | certain drugs  |  |
|  | Specialty drugs   | Applicable cost share<br>(generic, preferred,<br>non-preferred) | Not covered                                  | When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs   |  |
| If you have outpatient surgery   | Facility fee (e.g., ambulatory surgery center)  | \$150 / admission   | Not covered                                  | Pre-authorization required for certain services  |  |
|  | Physician/surgeon fees  | No charge   | Not covered                                  | Pre-authorization required for certain services  |  |

|  |   | What You                                  | u Will Pay  |  |  |
|--|---|---|---|--|--|
| Common<br>Medical Event  | Services You May Need                     | In-Network<br>(You will pay the<br>least) | Out-of-Network<br>(You will pay the<br>most)              | Limitations, Exceptions, & Other<br>Important Information  |  |
| If you need immediate  | Emergency room care                       | \$100 / visit                             | \$100 / visit   | Copayment waived if admitted or for observation stay   |  |
| If you need immediate<br>medical attention                           | Emergency medical transportation          | No charge                                 | No charge   | None   |  |
|  | Urgent care                               | \$35 / visit                              | \$35 / visit  | Out-of-network coverage limited to out<br>of service area  |  |
| If you have a hearital stay  | Facility fee (e.g., hospital room)        | \$250 / admission                         | Not covered   | Pre-authorization required   |  |
| If you have a hospital stay  | Physician/surgeon fees                    | No charge                                 | Not covered   | Pre-authorization required   |  |
| If you need mental health,<br>behavioral health, or                  | Outpatient services                       | \$20 / visit                              | Not covered   | Pre-authorization required for certain services  |  |
| substance abuse services   | Inpatient services                        | \$250 / admission                         | Not covered   | Pre-authorization required for certain services  |  |
|  | Office visits                             | No charge                                 | Not covered   | Cost sharing does not apply for  |  |
|  | Childbirth/delivery professional services | No charge                                 | Not covered   | preventive services; maternity care  |  |
| If you are pregnant  | Childbirth/delivery facility services     | \$250 / admission                         | Not covered   | may include tests and services<br>described elsewhere in the SBC<br>(i.e. ultrasound)  |  |
|  | Home health care                          | No charge                                 | Not covered   | Pre-authorization required   |  |
| If you need help recovering<br>or have other special health<br>needs | Rehabilitation services                   | \$35 / visit                              | Not covered   | Limited to 60 visits per plan year<br>(other than for autism, home health<br>care, and speech therapy); pre-<br>authorization required for certain<br>services |  |
|  | Habilitation services                     | \$35 / visit                              | Reha<br>apply<br>\$35 / visit Not covered waive<br>for el |  |  |
|  | Skilled nursing care                      | No charge                                 | Not covered   | Limited to 100 days per plan year; pre-<br>authorization required  |  |
|  | Durable medical equipment                 | 20% coinsurance                           | Not covered   | Cost share waived for one breast<br>pump per birth   |  |
|  | Hospice services                          | No charge                                 | Not covered   | Pre-authorization required for certain services  |  |

|  |   | What You   | ı Will Pay                                   | Limitations, Exceptions, & Other<br>Important Information |  |
|--|---|--|--|---|--|
| Common<br>Medical Event                | Services You May Need                     | In-Network<br>(You will pay the<br>least)                                | Out-of-Network<br>(You will pay the<br>most) |   |  |
|  | Children's eye exam<br>Children's glasses | No charge<br>Not covered   | Not covered<br>Not covered                   | Limited to one exam every 12 months<br>None               |  |
| If your child needs dental or eye care | Children's dental check-up                | No charge for<br>members with a cleft<br>palate / cleft lip<br>condition | Not covered                                  | Limited to members under age 18                           |  |

#### **Excluded Services & Other Covered Services:**

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) |  |  |  |  |  |
|--|--|--|--|--|--|
| Children's glasses   | Dental care (Adult)  | • Non-emergency care when traveling outside the U.S.   |  |  |  |
| Cosmetic surgery   | Long-term care   | Private-duty nursing   |  |  |  |
| Other Covered Services (Limitations may apply  | y to these services. This isn't a complete list. Please s  | ee your <u>plan</u> document.)   |  |  |  |
| <ul> <li>Acupuncture (12 visits per plan year)</li> <li>Bariatric surgery</li> <li>Chiropractic care</li> </ul>                                  | <ul> <li>Hearing aids (\$2,000 per ear every 36 months for members age 21 or younger)</li> <li>Infertility treatment</li> <li>Routine eye care - adult (one exam every 12 months)</li> </ul> | <ul> <li>Routine foot care (only for patients with systemic circulatory disease)</li> <li>Weight loss programs (\$150 per calendar year per policy)</li> </ul> |  |  |  |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <a href="https://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a> and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or <a href="https://www.cciio.cms.gov">www.cciio.cms.gov</a>. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance <a href="https://www.mass.gov/doi">Marketplace</a>. For more information about the <a href="https://www.Marketplace">Marketplace</a>, visit <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance <a href="https://www.mass.gov/doi">Marketplace</a>. For more information about the <a href="https://www.Marketplace">Marketplace</a>, visit <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance <a href="https://www.mass.gov/doi">Marketplace</a>, visit <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. For more information on your rights to continue your

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

#### Does this plan provide Minimum Essential Coverage? [Yes]

If you don't have <u>Minimum Essential Coverage</u> for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

#### Does this plan meet the Minimum Value Standards? [Yes]

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

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

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

#### About these Coverage Examples:



The total Peg would pay is

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

| <b>Peg is Having a Baby</b><br>(9 months of in-network prenatal care and<br>delivery)  | l a hospital |   |                            | Jacquie's Simple Fract<br>(in-network emergency room visit and t  |                             |
|--|--------------|---|----------------------------|---|-----------------------------|
| <ul> <li>The plan's overall deductible</li> <li>Delivery fee copay</li> <li>Facility fee copay</li> <li>Diagnostic tests copay</li> <li>\$0</li> </ul>   |              | <ul> <li>The plan's overall deductible</li> <li>Specialist visit copay</li> <li>Primary care visit copay</li> <li>Diagnostic tests copay</li> </ul>   | \$0<br>\$35<br>\$20<br>\$0 | <ul> <li>The plan's overall deductible</li> <li>Specialist visit copay</li> <li>Emergency room copay</li> <li>Ambulance services copay</li> </ul>   | \$0<br>\$35<br>\$100<br>\$0 |
| This EXAMPLE event includes services<br>Specialist office visits (prenatal care)<br>Childbirth/Delivery Professional Services<br>Childbirth/Delivery Facility Services<br>Diagnostic tests (ultrasounds and blood w<br>Specialist visit (anesthesia) | ork)         | This EXAMPLE event includes service<br>Primary care physician office visits (includes device)<br>education)<br>Diagnostic tests (blood work)<br>Prescription drugs<br>Durable medical equipment (glucose medical equipment) | luding disease             | This EXAMPLE event includes servic<br>Emergency room care (including medic<br>Diagnostic test (x-ray)<br>Durable medical equipment (crutches)<br>Rehabilitation services (physical therap | cal supplies)<br>by)        |
| Total Example Cost   | \$12,713     | Total Example Cost  | \$7,389                    | Total Example Cost  | \$1,925                     |
| In this example, Peg would pay:  |              | In this example, Joe would pay:   |                            | In this example, Jacquie would pay:   |                             |
| Cost Sharing   |              | Cost Sharing  |                            | Cost Sharing  |                             |
| Deductibles  | \$0          | Deductibles   | \$0                        | Deductibles   | \$0                         |
| Copayments   | \$266        | Copayments  | \$1,479                    | Copayments  | \$275                       |
| Coinsurance  | \$0          | Coinsurance \$0   |                            | Coinsurance   | \$0                         |
| What isn't covered   |              | What isn't covered  |                            | What isn't covered  |                             |
| Limits or exclusions   | \$60         | Limits or exclusions  | \$55                       | Limits or exclusions  | \$0                         |

The total Joe would pay is

\$326

\$275

The total Jacquie would pay is

\$1,534



## **MCC Compliance**



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



**SUMMARY OF BENEFITS** 

# Blue Care Elect<sup>®</sup> Value Plus

## Town of Norwell PPO



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

## **Your Choice**

#### When You Choose Preferred Providers

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

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

#### How to Find a Preferred Provider

There are a few ways to find a preferred provider:

- Look up a provider in the Provider Directory. If you need a copy of your directory, call Member Service at the number on your ID card.
- Visit the Blue Cross Blue Shield of Massachusetts website at www.bluecrossma.com/findadoctor
- Call the Physician Selection Service at 1-800-821-1388

#### When You Choose Non-Preferred Providers

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

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

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

#### Your Out-of-Pocket Maximum

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

#### **Emergency Room Services**

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

#### **Utilization Review Requirements**

Certain services require pre-approval through Blue Cross Blue Shield of Massachusetts for you to have benefit coverage, this includes non-emergency and non-maternity hospitalization and may include certain outpatient services, therapies, procedures (such as MRIs and CT Scans), and drugs. You should work with your provider to determine if pre-approval is required. If your provider, or you, do not get pre-approval when it is required, your benefits will be reduced or denied, and you may be fully responsible for payment to the service provider. Refer to your benefit description for requirements and the process you should follow for Utilization Review, including Pre-Admission Review, Pre-Service Approval (for certain outpatient services), Concurrent Review and Discharge Planning, and Individual Case Management.

#### **Dependent Benefits**

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

## **Your Medical Benefits**

| Covered Services   | Your Cost In-Network   | Your Cost Out-of-Network  |
|--|--|---|
| <ul> <li>Preventive Care</li> <li>Well-child care exams, including related tests, according to age-based schedule as follows:</li> <li>10 visits during the first year of life</li> <li>Three visits during the second year of life (age 1 to age 2)</li> <li>Two visits for age 2</li> <li>One visit per plan year age 3 and older</li> </ul> | Nothing  | 20% coinsurance after deductible  |
| Routine adult physical exams, including related tests<br>(one per plan year)   | Nothing  | 20% coinsurance after deductible  |
| Routine GYN exams, including related lab tests<br>(one per plan year)  | Nothing  | 20% coinsurance after deductible  |
| Routine hearing exams, including routine tests   | Nothing  | 20% coinsurance after deductible  |
| Hearing aids (up to \$2,000 per ear every 36 months for a member age 21 or younger)  | All charges beyond the maximum                                     | 20% coinsurance after deductible<br>and all charges beyond the maximum            |
| Routine vision exams (one every 24 months)   | Nothing  | 20% coinsurance after deductible  |
| Family planning services-office visits   | Nothing  | 20% coinsurance after deductible  |
| Outpatient Care<br>Emergency room visits   | \$100 per visit<br>(waived if admitted or for<br>observation stay) | \$100 per visit, no deductible<br>(waived if admitted or for<br>observation stay) |
| Clinic visits; physicians' and podiatrists' office visits  | \$20 per visit   | 20% coinsurance after deductible  |
| Chiropractors' office visits   | \$20 per visit   | 20% coinsurance after deductible  |
| Acupuncture visits (up to 12 visits per plan year)   | \$20 per visit   | \$20 per visit, no deductible   |
| Mental health or substance abuse treatment   | \$20 per visit   | 20% coinsurance after deductible  |
| Short-term rehabilitation therapy-physical and occupational (up to 100 visits per plan year*)  | \$20 per visit   | 20% coinsurance after deductible  |
| Speech, hearing, and language disorder treatment-<br>speech therapy  | \$20 per visit   | 20% coinsurance after deductible  |
| Diagnostic X-rays and lab tests, excluding MRIs, CT scans,<br>PET scans, and nuclear cardiac imaging tests   | Nothing  | 20% coinsurance after deductible  |
| MRIs, CT scans, PET scans, and nuclear cardiac imaging tests<br>• Hospitals<br>• Other covered providers   | \$25 per category per service date<br>Nothing                      | 20% coinsurance after deductible<br>20% coinsurance after deductible              |
| Home health care and hospice services  | Nothing  | 20% coinsurance after deductible  |
| Oxygen and equipment for its administration  | Nothing  | 20% coinsurance after deductible  |
| Durable medical equipment-such as wheelchairs, crutches, hospital beds   | 20% coinsurance**  | 40% coinsurance after deductible**  |
| Prosthetic devices   | 20% coinsurance  | 40% coinsurance after deductible  |
| Surgery and related anesthesia<br>• Office and health center services<br>• Hospital and other day surgical facility services   | \$20 per visit***<br>\$150 per admission                           | 20% coinsurance after deductible<br>20% coinsurance after deductible              |
| Inpatient Care (including maternity care)<br>General or chronic disease hospital care<br>(as many days as medically necessary)   | \$250 per admission  | 20% coinsurance after deductible  |
| Mental hospital or substance abuse facility care<br>(as many days as medically necessary)  | \$250 per admission  | 20% coinsurance after deductible  |
| Rehabilitation hospital care (up to 60 days per plan year)   | Nothing  | 20% coinsurance after deductible  |
| Skilled nursing facility care (up to 100 days per plan year)   | Nothing  | 20% coinsurance after deductible  |

No visit limit applies when short-term rehabilitation therapy is furnished as part of covered home health care or for the treatment of autism spectrum disorders.
 In-network cost share waived for one breast pump per birth (20% coinsurance after deductible out-of-network).
 Copayment waived for restorative dental services and orthodontic treatment or prosthetic management therapy for members under age 18 to treat conditions of cleft lip and cleft palate.

| Prescription Drug Benefits*   | Your Cost In-Network**                                   | Your Cost Out-of-Network |
|---|--|--------------------------|
| At designated retail pharmacies<br>(up to a 30-day formulary supply for each prescription or refill)              | \$10 for Tier 1<br>\$25 for Tier 2<br>\$45 for Tier 3    | Not covered              |
| Through the designated mail service pharmacy<br>(up to a 90-day formulary supply for each prescription or refill) | \$20 for Tier 1***<br>\$50 for Tier 2<br>\$90 for Tier 3 | Not covered              |

\* Generally, Tier 1 refers to generic drugs; Tier 2 refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

\*\* Cost share may be waived for certain covered drugs and supplies.

\*\*\* Certain generic medications are available through the mail service pharmacy at \$9. For more information, go to www.bluecrossma.com/mail-service-pharmacy.

#### Get the Most from Your Plan

Visit us at **www.bluecrossma.com** or call **1-800-782-3675** to learn about discounts, savings, resources, and special programs available to you, like those listed below.

| Wellness Participation Program<br>Reimbursement for a membership at a health club or for fitness classes<br>This fitness program applies for fees paid to: privately-owned or privately-sponsored health clubs or fitness facilities,<br>including individual health clubs and fitness centers; YMCAs; YWCAs; Jewish Community Centers; and municipal<br>fitness centers. (See your benefit description for details.) | \$150 per calendar year per policy |
|---|------------------------------------|
| <b>Reimbursement for participation in a qualified weight loss program</b><br>This weight loss program applies for fees paid to: a qualified hospital-based weight loss program or a Blue Cross Blue<br>Shield of Massachusetts designated weight loss program. (See your benefit description for details.)  | \$150 per calendar year per policy |
| Blue Care Line®-A 24-hour nurse line to answer your health care questions-call 1-888-247-BLUE (2583)  | No additional charge               |

#### **Questions?**

For questions about Blue Cross Blue Shield of Massachusetts, call **1-800-782-3675**, or visit us online at **www.bluecrossma.com**. Interested in receiving information from us via e-mail? Go to **www.bluecrossma.com/email** to sign up.

Limitations and Exclusions. These pages summarize the benefits of your health care plan. Your benefit description and riders define the full terms and conditions in greater detail. Should any questions arise concerning benefits, the benefit description and riders will govern. Some of the services not covered are: cosmetic surgery; custodial care; most dental care; and any services covered by workers' compensation. For a complete list of limitations and exclusions, refer to your benefit description and riders. Note: Blue Cross and Blue Shield of Massachusetts, Inc. administers claims payment only and does not assume financial risk for claims.



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

| Important Questions   | Answers  | Why This Matters:   |
|---|--|---|
| What is the overall<br><u>deductible</u> ?                                | <b>\$0</b> in-network; <b>\$250</b> member / <b>\$500</b> family out-of-network.   | Generally, you must pay all of the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .   |
| Are there services<br>covered before you meet<br>your <u>deductible</u> ? | Yes. Emergency room and emergency transportation.  | This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at <u>https://www.healthcare.gov/coverage/preventive-care-benefits/</u> .   |
| Are there other<br><u>deductibles</u> for specific<br>services?           | No.  | You don't have to meet <u>deductibles</u> for specific services.  |
| What is the <u>out-of-pocket</u><br><u>limit</u> for this <u>plan</u> ?   | For medical benefits, <b>\$2,000</b><br>member / <b>\$4,000</b> family; and for<br>prescription drug benefits, <b>\$3,000</b><br>member / <b>\$6,000</b> family. | The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.   |
| What is not included in the <u>out-of-pocket limit</u> ?                  | Premiums, balance-billing charges, and health care this plan doesn't cover.  | Even though you pay these expenses, they don't count toward the out-of-pocket limit.  |
| Will you pay less if you<br>use a <u>network provider</u> ?               | Yes. See<br>www.bluecrossma.com/findadoct<br>or or call 1-800-821-1388 for a list<br>of network providers.   | This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays ( <u>balance billing</u> ). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services. |
| Do you need a <u>referral</u> to see a <u>specialist</u> ?                | No.  | You can see the <u>specialist</u> you choose without a <u>referral</u> .  |

#### A

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

|  |  | What You  | ı Will Pay   |   |  |
|--|--|---|--|---|--|
| Common<br>Medical Event  | Services You May Need                            | In-Network<br>(You will pay the<br>least)                               | Out-of-Network<br>(You will pay the<br>most)   | Limitations, Exceptions, & Other<br>Important Information   |  |
|  | Primary care visit to treat an injury or illness | \$20 / visit  | 20% coinsurance  | Deductible applies first for out-of-<br>network   |  |
| If you visit a health care   | <u>Specialist</u> visit                          | \$20 / visit; \$20 /<br>chiropractor visit; \$20<br>/ acupuncture visit | 20% coinsurance;<br>20% coinsurance /<br>chiropractor visit; \$20<br>/ acupuncture visit | Deductible applies first for out-of-<br>network except for acupuncture visits;<br>limited to 12 acupuncture visits per<br>plan year   |  |
| provider's office or clinic  | Preventive care/screening/immunization           | No charge   | 20% coinsurance  | Deductible applies first for out-of-<br>network; limited to age-based<br>schedule and / or frequency. You may<br>have to pay for services that aren't<br>preventive. Ask your provider if the<br>services needed are preventive. Then<br>check what your plan will pay for. |  |
|  | Diagnostic test (x-ray, blood work)              | No charge   | 20% coinsurance  | Deductible applies first for out-of-<br>network   |  |
| If you have a test   | Imaging (CT/PET scans, MRIs)                     | \$25 for hospitals; no<br>charge for other<br>providers                 | 20% coinsurance  | Deductible applies first for out-of-<br>network; copayment applies per<br>category of test / day; pre-<br>authorization may be required   |  |
| lf   | Generic drugs                                    | \$10 / retail supply or<br>\$20 / mail service<br>supply                | Not covered  | Up to 30-day retail (90-day mail  |  |
| If you need drugs to treat<br>your illness or condition<br>More information about    | Preferred brand drugs                            | \$25 / retail supply or<br>\$50 / mail service<br>supply                | Not covered  | service) supply; cost share may be<br>waived for certain covered drugs and<br>supplies; pre-authorization required for  |  |
| prescription drug coverage<br>is available at<br>www.bluecrossma.com/med<br>ications | Non-preferred brand drugs                        | \$45 / retail supply or<br>\$90 / mail service<br>supply                | Not covered  | certain drugs   |  |
|  | Specialty drugs                                  | Applicable cost share<br>(generic, preferred,<br>non-preferred)         | Not covered  | When obtained from a designated<br>specialty pharmacy; pre-authorization<br>required for certain drugs  |  |

|   |  | What You                                  | ı Will Pay                                   |   |  |
|---|--|---|--|---|--|
| Common<br>Medical Event                             | Services You May Need                          | In-Network<br>(You will pay the<br>least) | Out-of-Network<br>(You will pay the<br>most) | Limitations, Exceptions, & Other<br>Important Information   |  |
| If you have outpatient                              | Facility fee (e.g., ambulatory surgery center) | \$150 / admission                         | 20% coinsurance                              | Deductible applies first for out-of-<br>network   |  |
| surgery   | Physician/surgeon fees                         | No charge                                 | 20% coinsurance                              | Deductible applies first for out-of-<br>network   |  |
| Karana di karana di ka                              | Emergency room care                            | \$100 / visit                             | \$100 / visit                                | Copayment waived if admitted or for<br>observation stay   |  |
| If you need immediate<br>medical attention          | Emergency medical transportation               | No charge                                 | No charge                                    | None  |  |
|   | <u>Urgent care</u>                             | \$20 / visit                              | 20% coinsurance                              | Deductible applies first for out-of-<br>network   |  |
| If you have a beautiful atoy                        | Facility fee (e.g., hospital room)             | \$250 / admission                         | 20% coinsurance                              | Deductible applies first for out-of-<br>network; pre-authorization required   |  |
| If you have a hospital stay                         | Physician/surgeon fees                         | No charge                                 | 20% coinsurance                              | Deductible applies first for out-of-<br>network; pre-authorization required   |  |
| If you need mental health,<br>behavioral health, or | Outpatient services                            | \$20 / visit                              | 20% coinsurance                              | Deductible applies first for out-of-<br>network; pre-authorization required for<br>certain services   |  |
| substance abuse services                            | Inpatient services                             | \$250 / admission                         | 20% coinsurance                              | Deductible applies first for out-of-<br>network; pre-authorization required for<br>certain services   |  |
|   | Office visits                                  | No charge                                 | 20% coinsurance                              | Deductible applies first for out-of-  |  |
|   | Childbirth/delivery professional services      | No charge                                 | 20% coinsurance                              | network; cost sharing does not apply  |  |
| If you are pregnant                                 | Childbirth/delivery facility services          | \$250 / admission                         | 20% coinsurance                              | for in-network preventive services;<br>maternity care may include tests and<br>services described elsewhere in the<br>SBC (i.e. ultrasound) |  |

|  |                            | What You   | u Will Pay   |  |  |
|--|----------------------------|--|--|--|--|
| Common<br>Medical Event  | Services You May Need      | In-Network<br>(You will pay the<br>least)                                | Out-of-Network<br>(You will pay the<br>most)                                   | Limitations, Exceptions, & Other<br>Important Information  |  |
|  | Home health care           | No charge  | 20% coinsurance  | Deductible applies first for out-of-<br>network; pre-authorization required  |  |
|  | Rehabilitation services    | \$20 / visit   | 20% coinsurance  | Deductible applies first for out-of-<br>network; limited to 100 visits per plan<br>year (other than for autism, home<br>health care, and speech therapy)   |  |
| If you need help recovering<br>or have other special health<br>needs | Habilitation services      | \$20 / visit   | 20% coinsurance  | Deductible applies first for out-of-<br>network; rehabilitation therapy<br>coverage limits apply; cost share and<br>coverage limits waived for early<br>intervention services for eligible<br>children |  |
| neeus  | Skilled nursing care       | No charge  | 20% coinsurance  | Deductible applies first for out-of-<br>network; limited to 100 days per plan<br>year; pre-authorization required  |  |
|  | Durable medical equipment  | 20% coinsurance  | 40% coinsurance  | Deductible applies first for out-of-<br>network; in-network cost share waived<br>for one breast pump per birth (20%<br>coinsurance for out-of-network)   |  |
|  | Hospice services           | No charge  | 20% coinsurance  | Deductible applies first for out-of-<br>network; pre-authorization required for<br>certain services  |  |
|  | Children's eye exam        | No charge  | 20% coinsurance  | Deductible applies first for out-of-<br>network; limited to one exam every 24<br>months  |  |
| If your child needs dental or  | Children's glasses         | Not covered  | Not covered  | None   |  |
| eye care   | Children's dental check-up | No charge for<br>members with a cleft<br>palate / cleft lip<br>condition | 20% coinsurance for<br>members with a cleft<br>palate / cleft lip<br>condition | Limited to members under age 18;<br>deductible applies first for out-of-<br>network  |  |

#### **Excluded Services & Other Covered Services:**

| Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.) |        |  |       |  |
|--|--------|--|-------|--|
| Children's glasses   | ٠      | Dental care (Adult)  | ٠     | Private-duty nursing   |
| Cosmetic surgery   | ٠      | Long-term care   |       |  |
| Other Covered Services (Limitations may apply  | to the | se services. This isn't a complete list. Please s                              | ee yo | ur <u>plan</u> document.)  |
| <ul> <li>Acupuncture (12 visits per plan year)</li> <li>Bariatric surgery</li> <li>Chiropractic care</li> </ul>                                  | •      | Infertility treatment<br>Non-emergency care when traveling outside the<br>U.S. | •     | Routine foot care (only for patients with systemic circulatory disease)<br>Weight loss programs (\$150 per calendar year per |
| <ul> <li>Hearing aids (\$2,000 per ear every 36 months<br/>for members age 21 or younger)</li> </ul>   | ٠      | Routine eye care - adult (one exam every 24 months)                            | _     | policy)  |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <a href="https://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a> and the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or <a href="https://www.cciio.cms.gov">www.cciio.cms.gov</a>. Your state insurance department might also be able to help. If you are a Massachusetts resident, you can contact the Massachusetts Division of Insurance at 1-877-563-4467 or <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance <a href="https://www.mass.gov/doi">Marketplace</a>. For more information about the <a href="https://www.HealthCare.gov">Marketplace</a>, visit <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance <a href="https://www.mass.gov/doi">Marketplace</a>. For more information about the <a href="https://www.Marketplace">Marketplace</a>, visit <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance <a href="https://www.mass.gov/doi">marketplace</a>, visit <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. Other coverage options may be available. If you are a Massachusetts resident, contact the Massachusetts Health Connector by visiting <a href="https://www.mass.gov/doi">www.mass.gov/doi</a>. For more information on your rights to continue yo

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

#### Does this plan provide Minimum Essential Coverage? [Yes]

If you don't have <u>Minimum Essential Coverage</u> for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

#### Does this plan meet the Minimum Value Standards? [Yes]

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

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

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

#### About these Coverage Examples:



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

| Peg is Having a Baby<br>(9 months of in-network prenatal care a<br>delivery)  |                                     |  |                            | Jacquie's Simple Fractu<br>(in-network emergency room visit and fo   |                                 |  |
|---|-------------------------------------|--|----------------------------|--|---------------------------------|--|
| <ul> <li>The plan's overall deductible</li> <li>Delivery fee copay</li> <li>Facility fee copay</li> <li>Diagnostic tests copay</li> </ul>   | \$0<br>\$0<br>\$250<br>\$0          | <ul> <li>The plan's overall deductible</li> <li>Specialist visit copay</li> <li>Primary care visit copay</li> <li>Diagnostic tests copay</li> </ul>  | \$0<br>\$20<br>\$20<br>\$0 | <ul> <li>The plan's overall deductible</li> <li>Specialist visit copay</li> <li>Emergency room copay</li> <li>Ambulance services copay</li> </ul>  | \$0<br>\$20<br>\$100<br>\$0     |  |
| This EXAMPLE event includes service<br>Specialist office visits (prenatal care)   |                                     | <b>This EXAMPLE event includes services like:</b><br>Primary care physician office visits <i>(including disease education)</i><br>Diagnostic tests <i>(blood work)</i><br>Prescription drugs<br>Durable medical equipment <i>(glucose meter)</i> |                            | <b>This EXAMPLE event includes services like:</b><br>Emergency room care <i>(including medical supplies)</i><br>Diagnostic test <i>(x-ray)</i><br>Durable medical equipment <i>(crutches)</i><br>Rehabilitation services <i>(physical therapy)</i> |                                 |  |
| Childbirth/Delivery Professional Service<br>Childbirth/Delivery Facility Services<br>Diagnostic tests ( <i>ultrasounds and blood</i><br>Specialist visit ( <i>anesthesia</i> )  |                                     | Diagnostic tests (blood work)<br>Prescription drugs  | eter)                      | Durable medical equipment (crutches)   | y)                              |  |
| Childbirth/Delivery Facility Services<br>Diagnostic tests (ultrasounds and blood  |                                     | Diagnostic tests (blood work)<br>Prescription drugs  | eter)<br>\$7,389           | Durable medical equipment (crutches)   | y)<br>\$1,925                   |  |
| Childbirth/Delivery Facility Services<br>Diagnostic tests ( <i>ultrasounds and blood</i><br>Specialist visit ( <i>anesthesia</i> )<br><b>Total Example Cost</b>   | d work)                             | Diagnostic tests <i>(blood work)</i><br>Prescription drugs<br>Durable medical equipment <i>(glucose m</i><br><b>Total Example Cost</b>   | ,                          | Durable medical equipment (crutches)<br>Rehabilitation services (physical therapy<br>Total Example Cost  |                                 |  |
| Childbirth/Delivery Facility Services<br>Diagnostic tests (ultrasounds and blood<br>Specialist visit (anesthesia)   | d work)                             | Diagnostic tests <i>(blood work)</i><br>Prescription drugs<br>Durable medical equipment <i>(glucose m</i>  | ,                          | Durable medical equipment (crutches)<br>Rehabilitation services (physical therapy  |                                 |  |
| Childbirth/Delivery Facility Services<br>Diagnostic tests ( <i>ultrasounds and blood</i><br>Specialist visit ( <i>anesthesia</i> )<br>Total Example Cost<br>In this example, Peg would pay:   | d work)                             | Diagnostic tests <i>(blood work)</i><br>Prescription drugs<br>Durable medical equipment <i>(glucose m</i><br><b>Total Example Cost</b><br>In this example, Joe would pay:  | ,                          | Durable medical equipment (crutches)<br>Rehabilitation services (physical therapy<br>Total Example Cost<br>In this example, Jacquie would pay:   |                                 |  |
| Childbirth/Delivery Facility Services<br>Diagnostic tests (ultrasounds and blood<br>Specialist visit (anesthesia)<br>Total Example Cost<br>In this example, Peg would pay:<br>Cost Sharing  | d work)<br>\$12,713                 | Diagnostic tests (blood work)<br>Prescription drugs<br>Durable medical equipment (glucose m<br>Total Example Cost<br>In this example, Joe would pay:<br>Cost Sharing   | \$7,389                    | Durable medical equipment ( <i>crutches</i> )<br>Rehabilitation services ( <i>physical therapy</i><br>Total Example Cost<br>In this example, Jacquie would pay:<br>Cost Sharing  | \$1,925                         |  |
| Childbirth/Delivery Facility Services<br>Diagnostic tests ( <i>ultrasounds and blood</i><br>Specialist visit ( <i>anesthesia</i> )<br>Total Example Cost<br>In this example, Peg would pay:<br>Cost Sharing<br>Deductibles                              | d work) \$12,713 \$0                | Diagnostic tests (blood work)<br>Prescription drugs<br>Durable medical equipment (glucose m<br>Total Example Cost<br>In this example, Joe would pay:<br>Cost Sharing<br>Deductibles  | \$7,389                    | Durable medical equipment (crutches)<br>Rehabilitation services (physical therapy<br>Total Example Cost<br>In this example, Jacquie would pay:<br>Cost Sharing<br>Deductibles  | \$ <b>1,925</b>                 |  |
| Childbirth/Delivery Facility Services<br>Diagnostic tests ( <i>ultrasounds and blood</i><br>Specialist visit ( <i>anesthesia</i> )<br>Total Example Cost<br>In this example, Peg would pay:<br>Cost Sharing<br>Deductibles<br>Copayments                | d work)<br>\$12,713<br>\$0<br>\$266 | Diagnostic tests (blood work)<br>Prescription drugs<br>Durable medical equipment (glucose m<br>Total Example Cost<br>In this example, Joe would pay:<br>Cost Sharing<br>Deductibles<br>Copayments  | \$7,389<br>\$0<br>\$1,449  | Durable medical equipment (crutches)         Rehabilitation services (physical therapy         Total Example Cost         In this example, Jacquie would pay:         Cost Sharing         Deductibles         Copayments                          | \$ <b>1,925</b><br>\$0<br>\$200 |  |
| Childbirth/Delivery Facility Services<br>Diagnostic tests ( <i>ultrasounds and blood</i><br>Specialist visit ( <i>anesthesia</i> )<br>Total Example Cost<br>In this example, Peg would pay:<br>Cost Sharing<br>Deductibles<br>Copayments<br>Coinsurance | d work)<br>\$12,713<br>\$0<br>\$266 | Diagnostic tests (blood work)<br>Prescription drugs<br>Durable medical equipment (glucose m<br>Total Example Cost<br>In this example, Joe would pay:<br>Cost Sharing<br>Deductibles<br>Copayments<br>Coinsurance                                 | \$7,389<br>\$0<br>\$1,449  | Durable medical equipment (crutches)         Rehabilitation services (physical therapy         Total Example Cost         In this example, Jacquie would pay:         Cost Sharing         Deductibles         Copayments         Coinsurance      | \$ <b>1,925</b><br>\$0<br>\$200 |  |



## **MCC Compliance**



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



Your Mail Service Pharmacy Benefit



As a member of Blue Cross Blue Shield of Massachusetts, you can buy certain medications at the Express Scripts mail service pharmacy.

It's a great way to save by purchasing prescriptions on a long-term basis.

#### Check Out These Benefits!

**Savings:** The biggest advantage of the mail service pharmacy is that for most long-term maintenance medications you can order up to a 90-day supply. Often times, using mail service results in the lowest possible out-of-pocket costs to you as a member.

**Convenience:** Your medications will be delivered to your home, postage paid, within 14 days of mailing your new prescription.

**Confidentiality:** If you have questions, you can call Express Scripts toll-free, 24 hours a day. Registered pharmacists are available to answer your questions about your prescriptions confidentially. Call **1-800-892-5119**.

**Special-Needs Services Available:** For the convenience of our hearing-impaired members, Express Scripts is TTY-ready, and has installed a separate toll-free number for you to use with your TTY equipment. The number is **1-800-305-5376**.

For our vision-impaired members, upon special request with your order, Express Scripts can provide Braille labels for your medication.

And for our non-English-speaking members, Express Scripts can provide translation services when you call the toll-free line.

Refer to your benefit literature for specific coverage information.

#### Three Easy Steps To Use Mail Service

For long-term prescriptions, use our mail service pharmacy to save.

- Ask your doctor to prescribe medications for up to a 90-day supply, plus refills when applicable. (If you're already taking medication on a long-term basis, ask your doctor for a new prescription.)
- Complete the attached Mail Order Form for each member submitting a prescription. Be sure to answer all of the questions.
- Seal the form, prescriptions, and the appropriate copayment in the pocket in this brochure (do not send cash). Then simply mail it in. Be sure to write your ID number exactly as it appears on your ID card.

Your order will be quickly processed and sent to you by mail or UPS. Allow 14 days for delivery from the date you mail the order. To prevent delays, do not fill medications that are needed quickly or short-term medications (e.g. antibiotics) via mail service.

#### **Confidential Subscriber/Patient Profile**

Please write your ID number, name, and address on the attached form. Then complete the Patient Profile for you and each of your dependents submitting prescriptions, indicating any drug allergies, and health conditions. Express Scripts will use this information to check any potential drug interactions when you have prescriptions filled. If there are no drug allergies, please check "None" in the box provided.

#### Instructions

#### **New Prescriptions:**

- Have your doctor/provider write the prescription for up to a 90-day supply
- To prevent any delays, make sure that an approved formulary exception (if applicable) for any medications that are non-covered or require prior authorization is on file before you place your order
- Complete all information requested on the attached Mail Order Form
- Select your preference for Safety Caps in the appropriate box
- Ensure that the patient's full name, age, ID number, and address appear on each prescription
- Find out the appropriate copayment necessary for the medication prescribed
- Place prescriptions and copayments in return envelope and mail

#### **Refills:**

- Call 1-800-892-5119 or visit www.express-scripts.com to refill your order, or
- · Place refill slips and copayments in the return envelope and mail it

Make all checks or money orders payable to "Express Scripts". Do not send cash. If paying by credit card, complete the information under "Credit Card Information."

#### What Do I Do in Emergency Situations?

When you need medication immediately, simply have your prescription filled at a local pharmacy. If you need medication immediately, but will be taking it on an ongoing basis, you can ask your doctor to write two prescriptions:

- You can fill the first prescription at a local participating pharmacy;
- Send the second prescription (up to a 90-day supply), along with your copayment, to Express Scripts immediately.

#### **About Your Prescription**

Blue Cross Blue Shield of Massachusetts maintains a list of covered prescription drugs. If you have any questions about whether or not your medications are covered, or subject to Quality Care Dosing, Step Therapy, or Prior Authorization, please visit www.bluecrossma.com/pharmacy or call Blue Cross Blue Shield of Massachusetts Member Service at the number on the front of your ID card.

#### **Mail Service Questions**

Call Express Scripts customer service 24 hours a day, 7 days a week. Pharmacy consultation is also available around-the-clock. Toll-free number: 1-800-892-5119 (TTY: 1-800-305-5376)

#### Answers to Your Questions

#### How Do I Determine What Copayment Amount? I Should Include With My Order?

Check your benefit literature, and if you still have specific questions, call the Blue Cross Blue Shield of Massachusetts Member Service phone number listed on the front of your ID card.

#### Why Did My Order Contain Generic Drugs? When My Prescription Requested a Brand-Name Version?

When authorized by your doctor and permitted by applicable law, Express Scripts will dispense a generic drug. This usually saves you money, so whenever possible, ask your doctor to prescribe generic drugs.

#### Why Isn't My Drug Available Through the ESI Mail Service?

Certain medications that require immediate administration or are used for short periods of time are inappropriate for mail service. In addition, for certain medications classified as specialty drugs, Blue Cross Blue Shield of Massachusetts has established a relationship with a preferred specialty pharmacy. They offer additional services that are not offered by our mail service pharmacy.

#### How Do I Order Refills?

Simply call the toll-free number, **1-800-892-5119**, and order your refills over the phone. You can also visit the Express Scripts website to refill your order (www.express-scripts.com). Once you have ordered through mail service, you will receive a refill slip with your prescription.

Enclose the slip and the appropriate copayment amount in the order envelope (which is provided).

#### Please Note:

Certain controlled substances and several other prescribed medications may be subject to other dispensing limitations and to the professional judgment of the pharmacist. If you have any questions regarding your medication, please call Express Scripts customer service at **1-800-892-5119**.

It's the patient's responsibility to report to Express Scripts any changes in drug allergies, health conditions, chronic diseases, and drug sensitivities.

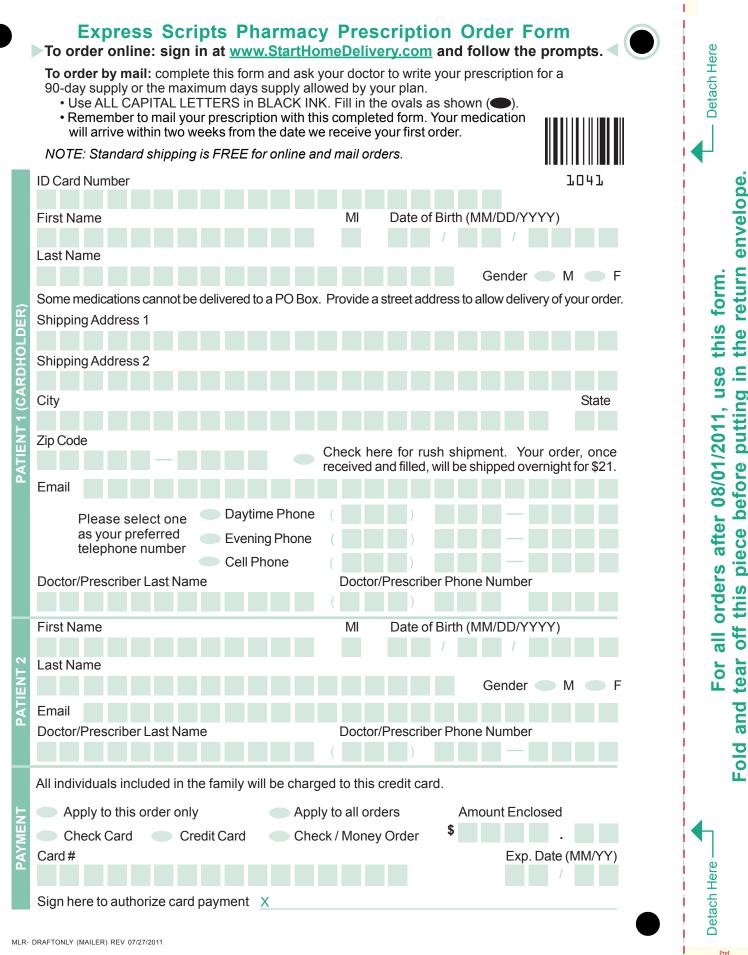
Prescription information about members and dependents is used by Express Scripts to administer your prescription program. As part of the administration, Express Scripts reports that information to Blue Cross Blue Shield of Massachusetts. Express Scripts also uses the information and prescription data gathered from claims submitted nationwide for reporting and analysis, without identifying individual patients in accordance with applicable laws.





Express Scripts, an independent company, administers your prescription benefit and its services are being provided on behalf of Blue Cross Blue Shield of Massachusetts. ® Registered Marks of the Blue Cross and Blue Shield Association.

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| Patient 1 (Cardholder)                              | L042  | Patient 2  |
|---|---|--|
| Fatient T (Cardiolder)                              | 2016  |  |
| Name:   | Date of Birth is required for patient identification.   | Name:I want non-child resistant caps               |
| when available.<br>Date of Birth (MM/DD/YYYY)       | Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.   | when available.<br>Date of Birth (MM/DD/YYYY)      |
| List other Allergies here:                          | No Known Allergies           Acetaminophen/Tylenol®           Amoxicillin           Aspirin           Cephalosporin (i.e., Keflex®, Cephalexin)           Codeine           Erythromycin, Biaxin®, Zithromax®           NSAIDs (i.e., Ibuprofen, Naproxen)           Oxycodone (i.e., OxyContin®, Percocet®)           Penicillin           Sulfa           Tetracycline (i.e., Doxycycline, Minocycline) | List other Allergies here:                         |
| List other Health<br>Conditions here:               | No Known Health Conditions<br>Arthritis (715.9)<br>Asthma (493.9)<br>Chronic Bronchitis or Emphysema (496)<br>Depression (311)<br>Diabetes Type I (250.01)<br>Diabetes Type II (250.00)<br>Epilepsy/Seizures (345.9)<br>GERD (530.81)<br>Glaucoma (365.9)<br>High Cholesterol (272.9)<br>Hormone Replacement Therapy (627.9)<br>Hypertension (401.9)<br>Thyroid: Low (244.9)                              | List other Health<br>Conditions here:              |
| List other OTC that you take<br>on a regular basis: | No Over-the-Counter Medications<br>Acetaminophen/Tylenol®<br>Advil®/Aleve®/Motrin®<br>Aspirin/Excedrin®   | List other OTC that you tak<br>on a regular basis: |
| List Medical Devices here:                          | No Medical Devices<br>Medical Devices (i.e., Glucose Testing<br>Device, Insulin Pump, Nebulizer) and<br>specify brand name and model.   | List Medical Devices here:                         |
| List other Prescription<br>Medications here:        | No Other Prescriptions<br>Prescription Medications not filled<br>through Express Scripts Pharmacy.  | List other Prescription<br>Medications here:       |

FDA approved generic medications will be dispensed when allowed by your doctor, subject to the terms outlined in your plan. I certify that all the information on this form is correct. I permit Express Scripts Inc. to release all information on this form concerning prescription orders to my plan sponsor, administrator or health plan for the purpose of payment, treatment or health care operations.

Signature Required X

More than two family members on your plan? On a separate sheet of paper, write the family member(s) name, date of birth, allergies and health conditions along with the name and phone number of their doctor/prescriber.

Please Note: Your order may be filled at any one of our Express Scripts Pharmacies located nationwide.

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Thank you for using our mail service prescription drug program.

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Please note

Please note that all prescriptions requiring a formulary exception will not be processed without prior approval. To prevent any delays, make sure that an approved formulary exception (if applicable) is on file before you Complete all applicable informationInclude your ID number on the mail order form

• Enclose the original prescription, mail order form, and

• Make checks or money orders payable to "Express

Did You Remember To...

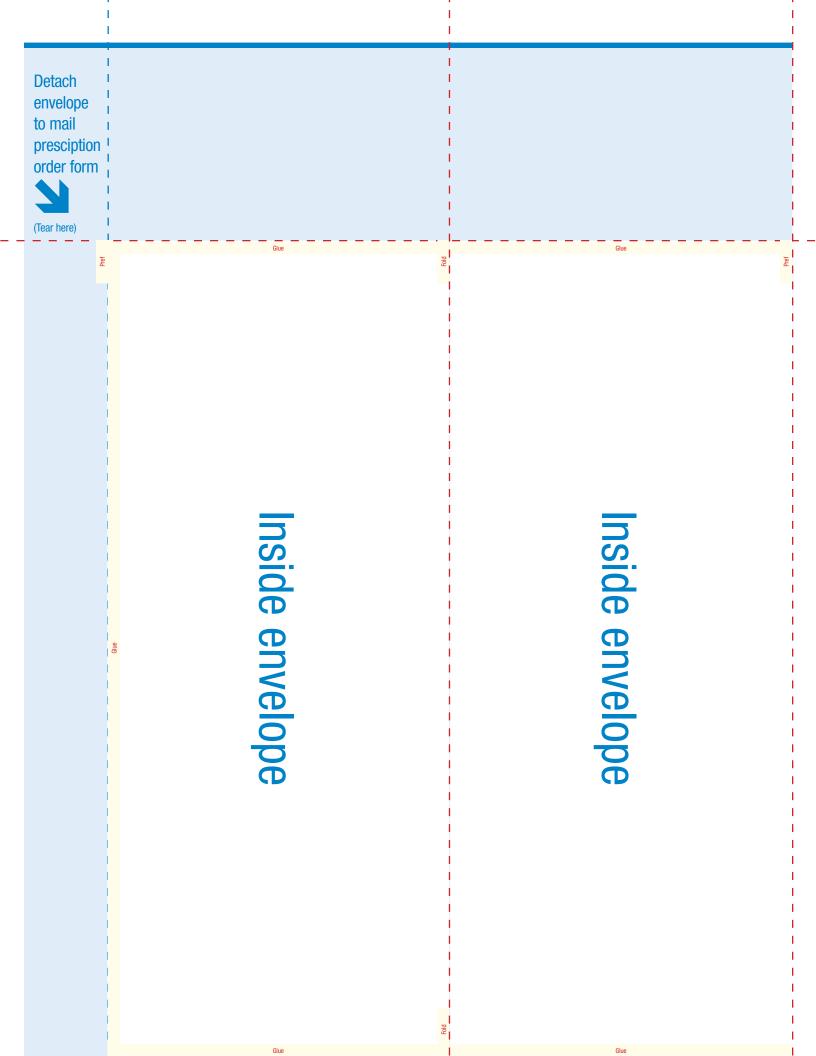
appropriate copayment

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Detach envelope to mail presciption order form (Tear here)

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For health plans that include the value-based pharmacy benefit, the following medications are eligible at a reduced cost when purchased through our Mail Service Pharmacy. In addition, if you have a Saver plan, the deductible for these medications is waived when purchased through the Mail Service Pharmacy. Please refer to your benefit materials for more information on your plan's limitations and exclusions. This list is effective as of January 1, 2017, and may be updated as necessary. Find the latest information on specific medications by visiting **bluecrossma.com/pharmacy**.

#### Medications Commonly Used in the Treatment of Asthma

| Albuterol Inhalation Solution | Flovent/Diskus                 | Montelukast       | Qvar         |
|-------------------------------|--------------------------------|-------------------|--------------|
| Aminophylline                 | Flovent HFA                    | ProAir/HFA        | Theochron    |
| Budesonide nebulizer solution | Ipratropium nebulizer solution | ProAir RespiClick | Theophylline |
| Cromolyn nebulizer solution   | Ipratropium-albuterol          | Pulmicort         | Zafirlukast  |

#### Medications Commonly Used in the Treatment of Diabetes

| Acarbose       | Glipizide/Metformin HCL | Lantus                | Tolazamide  |
|----------------|-------------------------|-----------------------|-------------|
| Chlorpropamide | Glyburide               | Metformin             | Tolbutamide |
| Glimepiride    | Glyburide/Metformin HCL | Metformin ER          |             |
| Glipizide      | Glyburide-Micro         | Nateglinide           |             |
| Glipizide ER   | Humalog                 | One Touch Test Strips |             |
| Glipizide XL   | Humulin                 | Symlin                |             |

#### Medications Commonly Used in the Treatment of Coronary Artery Disease or Cardiovascular Disease Risk Factors

#### (High Blood Pressure and High Cholesterol)

You pay less for the following medications when purchased through the Mail Service Pharmacy. However, you qualify ONLY if you're taking a medication to treat high cholesterol.

| High Blood Pressure     |                   |                      |                     |
|-------------------------|-------------------|----------------------|---------------------|
| Amiloride/HCTZ          | Bisoprolol/HCTZ   | Diltiazem HCL        | Enalapril           |
| Amlodipine              | Captopril         | Diltiazem HCL ER Cap | Enalapril/HCTZ      |
| Amlodipine/Benazepril   | Carvedilol        | Diltiazem HCL SR Cap | Eplerenone          |
| Atenolol                | Chlorthalidone    | Diltiazem HCL XR Cap | Felodipine ER       |
| Atenolol/Chlorthalidone | Clonidine         | Diltiazem HCL XT Cap | Furosemide          |
| Benazepril              | Diltiazem CD      | Diltiazem XR Cap     | Hydralazine         |
| Benazepril/HCTZ         | Diltiazem HCI Tab | Doxazosin            | Hydrochlorothiazide |

#### Medications Commonly Used in the Treatment of Coronary Artery Disease or Cardiovascular Disease Risk Factors (continued)

| High Blood Pressure (continued) |                         |                |                  |
|---------------------------------|-------------------------|----------------|------------------|
| Irbesartan                      | Methazolamide           | Nifedipine ER  | Triamterene/HCTZ |
| Irbesartan/HCTZ                 | Metoprolol              | Nifedipine XL  | Verapamil        |
| Lisinopril                      | Metoprolol succinate ER | Propranolol    | Verapamil ER     |
| Lisinopril/HCTZ                 | Nadolol                 | Ramipril       | Valsartan        |
| Losartan Potassium              | Nicardipine             | Spironolactone | Valsartan/HCTZ   |
| Losartan Potassium/HCTZ         | Nifedipine CR           | Terazosin      |                  |

| High Cholesterol     |             |             |             |
|----------------------|-------------|-------------|-------------|
| Atorvastatin         | Colestipol  | Gemfibrozil | Prevalite   |
| Cholestyramine/Light | Fenofibrate | Pravastatin | Simvastatin |

#### Medications Commonly Used in the Treatment of Depression

If you're taking one of the above medications to treat asthma, diabetes, or both a medication to treat high blood pressure and cholesterol, then you'll will also pay less for the following medications to treat depression when obtained from the Mail Service Pharmacy.

| Citalopram   | Fluoxetine  | Paroxetine-CR  | Sertraline |
|--------------|-------------|----------------|------------|
| Escitalopram | Fluvoxamine | Paroxetine HCL |            |

#### Medications Commonly Used When Quitting Tobacco

You pay nothing for the following medications. They're available at retail pharmacies in addition to the Mail Service Pharmacy.

| Buproban                      | Commit      | Nicotine <sup>2</sup>         | Nicotrol    |
|-------------------------------|-------------|-------------------------------|-------------|
| Bupropion HCL ER <sup>1</sup> | Nicoderm CQ | Nicotine Gum <sup>2</sup>     | Nicotrol NS |
| Bupropion HCL SR <sup>1</sup> | Nicorelief  | Nicotine Lozenge <sup>2</sup> | NTS         |
| Chantix                       | Nicorette   | Nicotine Patch <sup>2</sup>   |             |

1. Generics of Zyban only.

2. Also includes various store brands.

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# 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:

- Over-the-Counter Medications
- Quality Care Dosing Medications
- Prior Authorization Medications
- Specialty Pharmacy Medications
- Step Therapy Medications

### **Table of Contents**

| Pharmacy Program Overview       | 1  |
|---------------------------------|----|
| About This Guide                | 1  |
| Mail Service Pharmacy           | 1  |
| Online Resources                | 1  |
| What You Pay For Medications    | 2  |
| Compounded Medications          | 2  |
| Covered Medication List Changes | 2  |
| Your ID Card                    | 2  |
| Over-the-Counter Medications    | 3  |
| Quality Care Dosing             | 4  |
| Prior Authorization             | 9  |
| Specialty Pharmacy Medications  | 12 |
| Step Therapy                    | 16 |
| Non-Covered Medications         | 18 |
| Medication Resource List Index  | 26 |
| New Medication Approval Process | 36 |

### **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. 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**. Your individual coverage may vary. 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. In a 4-tier structure Usually, you'll pay the least for Tier 1 medications and the most for Tier 4 medications.

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 9:00 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, have Quality Care Dosing guidelines, or require an exception.

### **Covered Medications List Changes**

Our covered medications list may change from time to time. These changes may include changing medications to a non-covered status, 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 at least 30 days 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.

### **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 are prescribed by your doctor. This list is up-to-date as of January 1, 2018, and may change from time to time.

- Generic Aspirin (81mg)
- 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 (e.g., nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- Generic Vitamin D is covered for people ages 65 and older
- Generic contraceptives (e.g., female condoms, sponges, and spermicide) are covered

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.

| Abstral * (PA)       | Amlodipine-Atorvastatin   |
|----------------------|---------------------------|
| AcipHex * (PA)       | Ampyra (PA) (SP)          |
| Actiq * (PA)         | Anoro Ellipta             |
| Actonel (ST)         | Anzemet *                 |
| ACTOplus Met (ST)    | Aplenzin ER *             |
| ACTOplus Met XR (ST) | Aptenzio XR *             |
| Actos (ST)           | Aranesp * (PA) (SP) (SPO) |
| Acular PF            | Arava *                   |
| Acular *             | Arcapta Neohaler *        |
| Acular LS *          | Arnuity Ellipta           |
| Adderall XR          | Arixtra *                 |
| Adlyxin * (ST)       | Arymo ER * (PA)           |
| Advair Diskus (PA)   | Armonair RespiClick *     |
| Advair HFA (PA)      | Ashlyna                   |
| Advicor              | Asmanex Twisthaler *      |
| Adyphren *           | Astelin                   |
| Adzenys XR *         | Astepro *                 |
| Aerobid *            | Atelvia DR * (ST)         |
| Aerobid-M *          | Atomoxetine (PA)          |
| Aerospan *           | Atorvastatin              |
| Air Duo * (PA)       | Atrovent (nasal spray)    |
| Akynzeo *            | Atrovent HFA              |
| Alendronate Sodium   | Auvi-Q *                  |
| Alora *              | Avandamet (ST)            |
| Alosetron            | Avandia (ST)              |
| Alrex *              | Avinza *                  |
| Alsuma *             | Avonex (SP) (SPO)         |
| Altoprev *           | Axert *                   |
| Alupent inhaler      | Azelastine (nasal spray)  |
| Alvesco *            | Azmacort *                |
| Ambien *             | Basaglar *                |
| Ambien CR *          | Belbuca (PA)              |
| Amethia              | Belsomra *                |
| Amethis Lo           | Belviq (PA)               |
| Amerge               | Belviq XR (PA)            |
| Amitiza              | Betaseron (SP) (SPO)      |
| Amlodipine           | Bevespi AeroSphere *      |
|                      |                           |

Boniva tablets \* (ST) Breo Ellipta \* Concerta Brisdelle \* **Budeprion SR Budeprion XL Budesonide** (nebules) Bunavail Crestor \* **Buprenorphine** Buprenorphine-Naloxone **Buprenex** Cymbalta Buprenorphine patch (PA) **Bupropion SR** Daysee **Bupropion XL Butorphanol NS** Butrans (PA) Bydureon (ST) Byetta (ST) Cabergoline Caduet \* Camrese Camrese Lo Cardura \* Cardura XL \* DM 2 Kit \* Catapres TTS Doxazosin Celebrex (ST) Celecoxib (ST) Duloxetine Celexa \* Cesamet \* Cholbam Edluar \* Ciclodin solution/kit Ciclopirox nail lacquer Eletriptan Citalopram Embeda \* Climara Emend Climara Pro

Binosto \* (PA)

P) (SPO)

Combivent **Combivent Respimat** Cotempla XR ODT \* Contrave (PA) Copaxone (SP) (SPO) Cosentyx (PA) Crolom ophthalmic Cromolyn ophthalmic Daklinza \* (PA) (SP) Desvenlafaxine ER \* Dexilant \* (PA) Dexmethylphenidate ER Dexmethylphenidate XR Dextroamphetamine/ Amphetamine ER Diclofenac gel **Diclofenac solution** Diflucan (150 mg only) Dihydroergotamine (nasal spray) Dulera (PA) Duloxetine DR Duragesic \* (PA) Effexor XR \* Emverm \*\* Enbrel (PA) (SP) (SPO) Enoxaparin

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (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

Clonidine patch

CNL 8 nail kit \*

| Epclusa (PA) (SP)           | Focalin XR *           |
|-----------------------------|------------------------|
| Epinephrine injection       | Fondaparinux           |
| Epi-Pen Auto-Injector       | Foradil                |
| Epogen * (PA) (SP) (SPO)    | Forfivo XL *           |
| Escitalopram                | Forteo (PA) (SP) (SPC  |
| Esomeprazole (PA)           | Fosamax * (ST)         |
| Esomeprazole Strontium *    | Fosamax Plus D (ST)    |
| <u>(PA)</u>                 | Fragmin *              |
| Estraderm                   | Frova *                |
| Estradiol patch             | Frovatriptan           |
| Estrasorb *                 | Gatifloxacin           |
| Estrogel *                  | Glatiramer (SP) (SPO)  |
| Eszopiclone                 | Glatopa (SP) (SPO)     |
| Evamist *                   | Glucose testing strips |
| Evzio                       | Glyxambi *             |
| Exalgo *                    | Granisetron            |
| Extavia (SP) (SPO)          | Granisol               |
| Ezetimibe                   | Granix                 |
| Exetimibe/Simvastatin       | Grastek (PA)           |
| Famciclovir                 | Harvoni (PA) (SP)      |
| Famvir *                    | Hetlioz (PA)           |
| Farydak (PA)                | Humira (PA) (SP) (SP)  |
| Farxiga * (ST)              | Hydromorphone ER (     |
| Fayosim                     | Hysingla ER * (PA)     |
| Fentanyl oral/mucosal (PA)  | Hytrin *               |
| Fentanyl patch (PA)         | Ibandronate            |
| Fentora * (PA)              | Ibrance (PA) (SP)      |
| Fetzima *                   | Imitrex                |
| Flovent/HFA                 | Impavido               |
| Fluconazole (150 mg only)   | Incruse Ellipta (PA)   |
| Fluoxetine                  | Infergen (PA) (SP) (SF |
| Fluoxetine DR               | Insulins (all)         |
| Fluticasone/Salmeterol (PA) | Intermezzo *           |
| Fluvastatin XR              | Introvale              |
| Fluvastatin                 | Invokamet (ST)         |
| Fluvoxamine                 | Invokamet XR (ST)      |
| Fluvoxamine CR              | Invokana (ST)          |
|                             | . ,                    |

|                   | Ipratropium NS  | Lunesta      |
|-------------------|---|--------------|
| IX                | Irenka DR *   | Luvox C      |
|                   | Itraconazole  | Lysteda      |
|                   | Jardiance (ST)  | Mavyret      |
| (SP) (SPO)        | Jolessa   | Maxair       |
| ST)               | Kadian * (PA)   | Maxalt '     |
| us D (ST)         | Kalydeco (PA) (SP)                                    | Maxalt-      |
|                   | Kerydin *   | Meloxic      |
|                   | Ketorolac ophthalmic                                  | Menost       |
|                   | Keveyis   | Metada       |
|                   | Kevzara (PA) (SP)                                     | Methylp      |
| SP) (SPO)         | Khedezla *  | Methylp      |
| ) (SPO)           | Kytril *  | Methylp      |
| ting strips (all) | Lamisil *   | Mevaco       |
|                   | Lansoprazole  | Migrana      |
|                   | Lansoprazole/Amoxicillin/                             | Migrand      |
|                   | Clarithromycin  | Minivell     |
|                   | Lazanda * (PA)  | Mirtaza      |
|                   | Leflunomide   | Mirtaza      |
| (SP)              | Lescol *  | Mobic *      |
| ×                 | Lescol XL *   | . Morpha     |
| (SP) (SPO)        | Levalbuterol HFA *                                    | Morphir      |
| ione ER (PA)      | Levonorgestrel/                                       | Movant       |
| * (PA)            | Ethinyl Estradiol                                     | Moxeza       |
| × ,               | Levonorgestrel/Ethinyl<br>Estradiol/Ethinyl Estradiol | MS Cor       |
|                   | Lexapro   | Mydayis      |
| (SP)              | Lidociane 5% cream                                    | -<br>Naptara |
|                   | Lidocaine Patch                                       | Naratrip     |
|                   | Lidoderm  | Narcan       |
| ta (PA)           | Linzess   | -<br>NebuPe  |
| ) (SP) (SPO)      | Lipitor *   | Neulast      |
|                   | Liptruzet *   | Neupog       |
| ¢.                | Livalo *  | Nexium       |
|                   | LoSeasonique *  | Norvaso      |
| ST)               | Lotronex  | Nucynta      |
| (R (ST)           | Lovastatin  | Nuplazi      |
| Г)                | Lovenox *   | Ocaliva      |
|                   |   |              |

а CR\* a \* et \*\* (PA) (SP) Autohaler \* -MLT \* cam tar \* ate CD phenidate CD phenidate ER phenidate LA or \* al ow Kit \* le pine pine Rapid Dissolve abond ER \* (PA) ine Sulfate ER (PA) tik a \* ntin (PA) is \* а ptan ent ta (SP) gen (SP) n \* (PA) ю\* ta ER \* (PA) id \*\*

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions \*\* new to market drug; non-covered while under review quantity

limits apply to members with approved formulary exceptions (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

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(SPO) pharmacy benefit only

| Odomzo                        | Ple   |
|-------------------------------|-------|
| Olanzepine-Fluoxetine         | Pra   |
| Olopatadine Nasal             | Pra   |
| Olysio * (PA) (SP)            | Pra   |
| Omeprazole                    | Pre   |
| Omeprazole-Sod.               | Pre   |
| Bicarbonate * (PA)            | Prile |
| OmePPI (PA)                   | Pris  |
| Omontys (PA) (SP)             | Pris  |
| Ondansetron                   | Pro   |
| Ondansetron ODT               | Pro   |
| Onmel *                       | Pro   |
| Onsolis * (PA)                | Pro   |
| Onezetra Xsail *              | Pro   |
| Opana ER * (PA)               | Pro   |
| Oralair (PA)                  | Pro   |
| Oramorph SR * (PA)            | Puli  |
| Orkambi (PA) (SP)             | Puli  |
| Otezla (PA)                   | Qua   |
| Oxycodone ER (PA)             | Qua   |
| OxyContin (PA)                | Qua   |
| Oxymorphone ER (PA)           | Qui   |
| Pantoprazole                  | Qui   |
| Paroxetine                    | Qut   |
| Paroxetine CR                 | QV    |
| Patanase *                    | Rab   |
| Paxil *                       | Rag   |
| Paxil CR *                    | Rap   |
| Pediapirox-4                  | Reb   |
| Pegasys (SP) (SPO)            | Rel   |
| PEG-Intron (SP) (SPO)         | Rer   |
| Penlac *                      | Rer   |
| Pennsaid *                    | Rep   |
| Pexeva *                      | Res   |
| Pioglitazone (ST)             | Rex   |
| Pioglitazone-Glimepiride (ST) | Rise  |
| Pioglitazone-Metformin (ST)   | Rita  |

gridy \* (SP) aluent (PA) (SP) wachol \* vastatin evacid \* (PA) vPac \* losec \* (PA) stiq \* stiq ER \* Air HFA Air Respiclick ocrit (PA) (SP) (SPO) otonix \* (PA) oventil HFA \* zac \* zac Weekly \* Imicort Flexhaler Imicort Respules alaquin artette \* asense illichew \* inine Sulfate tenza (SP) ΆR beprazole gwitek (PA) paflux bif (SP) (SPO) pax \* meron \* meron Soltab \* patha \* (PA) (SP) stasis (PA) xulti \* edronate Ritalin LA \*

| Rivelsa                 | Terazosin               |
|-------------------------|-------------------------|
| Rizatriptan             | Terbinafine             |
| Rozerem                 | Terbinex *              |
| Rosuvastatin            | Tivorbex *              |
| Sancuso *               | Toujeo Solostar         |
| Sarafem *               | Tranexamic Acid         |
| Saxenda (PA)            | Tremfya ** (SP)         |
| Seasonique *            | Tresiba *               |
| Seebri Neohaler *       | Treximet *              |
| Selferma                | Trintellix *            |
| Serevent Diskus         | Triptodur (SP)          |
| Sertraline              | Trulance *              |
| Setlakin                | Trulicity (ST)          |
| Silenor *               | Tudorza                 |
| Siliq ** (SP)           | Tymlos (PA) (SP) (SPO)  |
| Simcor *                | Utibron Neohaler *      |
| Simponi (PA) (SP) (SPO) | Valacylovir             |
| Simvastatin             | Valtrex                 |
| Soliqua * (ST)          | Varubi                  |
| Sonata                  | Venlafaxine ER capsule  |
| Sovaldi * (PA) (SP)     | Venlafaxine ER tablet   |
| Spiriva                 | Ventolin HFA *          |
| Sporanox *              | Viberzi *               |
| Stiolto Respimat        | Victoza (ST)            |
| Strattera (PA17)        | Viekira PAK * (PA) (SP) |
| Striverdi Respimat      | Viekira XR * (PA) (SP)  |
| Suboxone                | Vigamox *               |
| Subsys * (PA)           | Viibryd *               |
| Subutex                 | Vivelle                 |
| Sumatriptan             | Vivelle-Dot             |
| Sumavel Dosepro *       | Vivitrol (SPO)          |
| Symbicort (PA)          | Vivlodex *              |
| Symbyax                 | Voltaren gel            |
| Synjardy (ST)           | Vosevi (PA) (SP)        |
| Taltz * (PA) (SP)       | Vytorin *               |
| Tanzeum * (ST)          | Vyvanse *               |
| Technivie * (PA) (SP)   | Wellbutrin SR *         |
|                         |                         |

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\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (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

| Wellbutrin XL *      | Zymar *   |
|----------------------|-----------|
| Xartemis XR * (PA)   | Zymaxid * |
| Xeljanz (PA) (SP)    |           |
| Xeljanz XR (PA) (SP) |           |
| Xermelo              |           |
| Xiidra (PA)          |           |
| Xifaxan              |           |
| Xigduo * (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)    |           |
| Zynbryta **          |           |

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limits apply to members with approved formulary exceptions

(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 òlder

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy benefit (SPO) pharmacy benefit only

### **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 ( |
|---|------------|
| AcipHex * (QCD)                           | Cosenty    |
| Actemra (SP)                              | Daklinza   |
| Acthar (SP)                               | Desoxyn    |
| Actiq * (QCD)                             | Dexilant   |
| Adcirca (SP)                              | Dexedrin   |
| Addyi *                                   | Dextroar   |
| Advair HFA (QCD)                          | Dificid *  |
| Air Duo * (QCD)                           | Diskets    |
| Alecensa (SP)                             | Dulera (C  |
| Amevive (MBO)                             | Dolophir   |
| Amodafanil                                | Dupixen    |
| Amphetamines (e.g                         | Durages    |
| Amphetamine,<br>Methamphetamine, Liquadd, | Dysport    |
| Procentra)                                | Egrifta (S |
| Ampyra (QCD) (SP)                         | Elidel     |
| Aralast (MBO)                             | Embeda     |
| Aralast NP (MBO)                          | Enbrel (C  |
| Aranesp * (QCD) (SP) (SPO)                | Enteral f  |
| Arymo ER * (QCD)                          | Entyvio *  |
| Atomoxetine (QCD)                         | Epclusa    |
| Avinza * (QCD)                            | Epogen     |
| Belbuca * (QCD)                           | Erbitux (  |
| Belviq (QCD)                              | Esomepi    |
| Belviq XR (QCD)                           | Esomep     |
| Binosto *                                 | (QCD)      |
| Boniva syringe * (SP)                     | Euflexxa   |
| Botox/Botulinum Toxin (SP)                | Evekeo *   |
| Buprenex                                  | Exalgo *   |
| Buprenorphine patch (QCD)                 | Eylea (M   |
| Butrans (QCD)                             | Factor V   |
| Ceredase (MBO)                            | Farydak    |
| Cerezyme (SP)                             | Fentanyl   |
| Cimzia (SP) (SPO)                         | Fentanyl   |
| Cinqair (SP)                              | Fentora    |
| Cinryze (MBO)                             | Fluticaso  |
| Contrave (QCD)                            | Forteo (C  |
|   |            |

(SP) x (SP) (SPO) \* (QCD) (SP) ו (PA17) \* (QCD) ne (PA17) mphetamines (PA17) QCD) ne t (SP) sic \* (QCD) (SP) SP) \* (QCD) QCD) (SP) (SPO) ormula \* (SP) (QCD) (SP) \* (QCD) (SP) (SPO) (MBO) razole (QCD) razole Strontium \* (SPO) (QCD) IBO) 'III, VIIIa, IX, XIII (MBO) (SP) patch (QCD) oral/mucosal (QCD) \* (QCD) one/Salmeterol (QCD) QCD) (SP) (SPO)

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 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) **I**plex IV Immunoglobulin (MBO) Juxtapid (SP) 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) Omeprazole-Sod. Bicarbonate \* (QCD) OmePPI (QCD) Omnitrope (SP) (SPO) Omontys (SP) (SPO) Onsolis \* (QCD) Opana ER \* (QCD) Opdivo (SP) Oralair (QCD) Oramorph SR \* (QCD) Orencia \* (SP)

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\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only

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(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 speciality pharmacy benefit (SPO) pharmacy benefit only

(SFO) pharmacy benefit on (ST) step therapy required

## **Prior Authorization**

| Orkambi (SD)                        | Sildonofil (9           |
|-------------------------------------|-------------------------|
| Orkambi (SP)                        | Sildenafil (S           |
| Orthovisc * (SPO)                   | Simponi (Q              |
| Otezla (QCD) (SP)                   | Simponi Ar              |
| Oxycodone ER (QCD)                  | Sovaldi * (C            |
| Oxycontin (QCD)                     | Spinraza (S             |
| Oxymorphone ER (QCD)                | Stelara (SP             |
| Praluent (QCD) (SP)                 | Strattera (P            |
| Preservative-Free<br>Morphine (MBO) | Subsys * (C             |
| Prevacid * (QCD)                    | Supartz * (S            |
| Prilosec * (QCD)                    | Symbicort               |
|                                     | Synvisc * (S            |
| Procentra (PA17)                    | Synvisc On              |
| Procrit (QCD) (SP) (SPO)            | Tacrolimus              |
| Prolastin (MBO)                     | Tafinlar (SP            |
| Prolastin C (MBO)                   | Taltz * (QCI            |
| Proleukin (SP)                      | Technivie *             |
| Prolia (SP) (SPO)                   | Tev-Tropin              |
| Protonix * (QCD)                    | Topical Ret             |
| Protopic                            | Derivatives             |
| Protropin (SPO)                     | (PA30)                  |
| Provigil (PA17)                     | TPN (total p<br>(MBO)   |
| Ragwitek (QCD)                      | Tymlos (QC              |
| Raptiva                             | Tysabri (ME             |
| Reclast (MBO)                       | Venclexta (             |
| Regranex                            | Vectibix (M             |
| Remicade (SP)                       | Victrelis (SF           |
| Renflexis (SP)                      | Viekira XR <sup>3</sup> |
| Repatha * (QCD) (SP)                | Viekira PAK             |
| Respiratory SyncytialVirus IG/      | Vosevi (QC              |
| Synagis (SP)                        | Xalkori (SP)            |
| Restasis (QCD)                      |                         |
| Revatio * (SP)                      | Xartemis XI             |
| Rituxan (SP)                        | Xeljanz (QC             |
| Rydapt (SP)                         | Xeljanz XR              |
| Saizen * (SP) (SPO)                 | Xeomin (SF              |
| SaizenPrep * (SP) (SPO)             | Xgeva (SP)              |
| Saxenda (QCD)                       | Xiaflex (MB             |
| Serostim (SP) (SPO)                 | Xiidra (QCE             |
|                                     |                         |

SP) QCD) (SP) (SPO) ria (SP) QCD) (SP) SP) P) (SPO) PA17) (QCD) QCD) SPO) (QCD) SPO) ne \* (SPO) (topical) D) (SP) (QCD) (SP) \* (SP) (SPO) tinoic Acid (e.g. Retin-A) parenteral nutrition) CD) (SP) (SPO) BO) SP) BO) P) \* (QCD) (SP) < \* (QCD) (SP) D) (SP) (R \* (QCD) CD) (SP) (QCD) (SP) ) (SPO) 3O) <u>Xiidra (</u>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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(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy benefit

(SPO) pharmacy benefit only

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

Accredo Health Group, Inc./CuraScript 1-877-988-0058 accredo.com

AllCare Plus 1-855-880-1091 allcarepluspharmacy.com

CVS Caremark, Inc. 1-866-846-3096 caremark.com

Onco360, Oncology Pharmacy Solutions 1-877-662-6633 onco360.com

AllianceRx Walgreens Prime 1-800-649-2872 / Fax: 866-935-0719 alliancerxwp.com

### 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

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

AllianceRx Walgreens Prime 1-800-424-9002 alliancerxwp.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**.

#### Injectable Medications

| Modications                |                  |
|----------------------------|------------------|
| Abraxane                   | Cuvitru (PA)     |
| Actemra (PA)               | Cyclophosphami   |
| Acthar (PA)                | Cyramza          |
| Actimmune (PA) (SPO)       | Cytarabine       |
| Adriamycin PFS             | Cytogam (PA)     |
| Adrucil                    | Cytoxan          |
| Alferon N (PA)             | Dacarbazine      |
| Alkeran                    | Dactinomycin     |
| Apokyn                     | Darzalex         |
| Aranesp * (PA) (QCD) (SPO) | Daunorubicin HC  |
| Arcalyst Injection (SPO)   | DaunoXome        |
| Aredia                     | DDAVP *          |
| Arzerra                    | Depocyt          |
| Aveed                      | Desmopressin A   |
| Avonex (QCD) (SPO)         | Dexrazoxane      |
| Beleodag                   | Docefrez         |
| Betaseron (QCD) (SPO)      | Docetaxel        |
| BiCNu                      | Doxil            |
| Bivigam (PA)               | Doxorubicin HCI  |
| Bleomycin Sulfate          | DTIC-Dome        |
| Blincyto                   | Dupixent (PA)    |
| Boniva Injection * (PA)    | Dysport (PA)     |
| Botox (PA)                 | Egrifta (PA)     |
| Busulfex                   | Eligard          |
| Calcium Folinate           | Ellence          |
| Camptosar                  | Eloxatin         |
| Carboplatin                | Elspar           |
| Carimune (PA)              | Empliciti        |
| Cerubidine                 | Enbrel (PA) (QCD |
| Cerezyme (PA)              | Entyvio * (PA)   |
| Cimzia * (PA) (SPO)        | Epirubicin       |
| Cinqair (PA)               | Epogen * (PA) (Q |
| Cisplatin                  | Ethyol           |
| Cladribine                 | Etopophos        |
| Copaxone (QCD) (SPO)       | Etoposide        |
|                            |                  |

Cosentyx (PA) (SPO) Extavia \* (QCD) (SPO) Faslodex Cosmegen Firazyr Firmagon ide Floxuridine Fludara Fluorouracil FUDR 21 Fusilev I.V. Fuzeon (SPO) cetate GamaSTAN (PA) Gammaked (PA) Gammaplex (PA) Gamunex (PA) Gattex Gazyva Gemcitabine Gemzar Granix Herceptin Hizentra (PA) ) (SPO) Hycamtin CD) (SPO) HyQvia (PA) syringe (PA) Idamycin PFS

lfex Ifosfamide Ifosfamide/Mesna Flebogamma (PA) Ilaris (PA) (SPO) Imfinzi Increlex (PA) (SPO) Fludarabine phosphate Inflectra (PA) Intron A (PA) (SPO) Forteo (PA) (QCD) (SPO) Irinotecan Istodax Kenalog Kevzara (PA) Gammagard (PA) Keytruda Gammagard Liquid (PA) Kineret (PA) (SPO) Kynamro Lemtrada \* (SPO) Levoleucovorin Leucovorin Calcium Leukine (PA) Leuprolide Acetate (SPO) Leustatin Lipodox Genotropin \* (PA) (SPO) Lipodox-50 Glatiramer (QCD) (SPO) Lupaneta Pack Lupron Depot Glatopa (QCD) (SPO) Lupron Depot-Ped Makena (PA) Marqibo Humatrope (PA) (SPO) Mesna Humira (PA) (QCD) (SPO) Mesnex Methotrexate Hydroxyprogesterone (PA) Mircera Mitomycin Ibandronate injection/ Mitoxantrone Mozobil Mustargen

Idarubicin

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (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

| Myalept (PA)                          | Pri       |
|---------------------------------------|-----------|
| Mylotarg                              | Pro       |
| Myobloc (PA)                          | Pro       |
| Naptara                               | Pro       |
| Navelbine                             | Ra        |
| Neosar                                | Re        |
| Neulasta (QCD)                        | Re        |
| Neumega                               | Re        |
| Neupogen (QCD)                        | Re        |
| Nipent                                | Re        |
| Norditropin * (PA) (SPO)              | Rit       |
| Norditropin Flexpro * (PA)<br>(SPO)   | Ru<br>Sai |
| Norditropin Nordiflex * (PA)<br>(SPO) | Sa<br>Sa  |
| Novantrone                            | Sa<br>Sa  |
| Nplate                                | Se        |
| Nucala (PA)                           | · Sig     |
| Nutropin (PA) (SPO)                   | · Sig     |
| Nutropin AQ (PA) (SPO)                | Sili      |
| Nutropin AQ Nuspin (PA)<br>(SPO)      | Sin       |
| Octagam (PA)                          | Sin       |
| Octreotide injection (SPO)            | Sin       |
| Omnitrope * (PA) (SPO)                | So        |
| Oncaspar                              | So        |
| Opdivo (PA)                           | Sp<br>Sp  |
| Orencia * (PA)                        | Ste       |
| Otrexup *                             | Syl       |
| Oxaliplatin                           | Syl       |
| Paclitaxel                            | Syl       |
| Pamidronate                           | Sy        |
| Pamidronate disodium                  | Tal       |
| Pegasys (QCD) (SPO)                   | Tar       |
| Peg-Intron (QCD) (SPO)                |           |
| Photofrin                             | Tax       |
| Plegridy * (QCD)                      |           |
| Praluent (PA) (QCD)                   | Ter       |

| Privi | gen (PA)              |
|-------|-----------------------|
| Proc  | rit (PA) (QCD) (SPO)  |
|       | eukin (PA)            |
| Proli | a (PA) (SPO)          |
| Radi  | cava                  |
| Rebi  | f (QCD) (SPO)         |
| Rem   | licade (PA)           |
| Renf  | flexis (PA)           |
| Repa  | atha * (PA) (QCD)     |
|       | atio * (PA)           |
| Ritux | kan (PA)              |
| Ruce  | onest                 |
| Saiz  | en * (PA) (SPO)       |
| Saiz  | enPrep * (PA) (SPO)   |
|       | dostatin (SPO)        |
| Sand  | dostatin-LAR          |
| Sero  | ostim (PA) (SPO)      |
| Sign  | afor                  |
| Sign  | afor LAR              |
| Siliq | ** (QCD)              |
| Simp  | ooni (PA) (QCD) (SPO) |
| Simp  | ooni Aria * (PA)      |
| Simu  | ulect                 |
| Som   | atuline               |
| Som   | avert (SPO)           |
| Spin  | raza (PA)             |
| Stela | ara (PA) (SPO)        |
| Syla  | tron (PA)             |
| Sylva | ant                   |
| Syna  | agis (PA)             |
| Synr  | ibo                   |
| Taltz | : * (PA) (QCD)        |
| Tara  | bine                  |
| Taxo  |                       |
| Taxo  | tere                  |
| Tece  | entriq                |
| Tenip | poside                |
|       |                       |

| Tev-Tropin * (PA) (SPO)AlcensaTheraCysAlkeranThiotepaAlunbrigThyrogenAmpyra (PA) (QCD)ToposarAubagioTotectBethkisTrelstarBosulifTrelstar LACabometyxTrelstar DepotCarbagluTriptodur (QCD)CaystonTymlos (PA) (QCD) (SPO)CerdelgaUnituxinCometriqValstarCopegus (SPO)VelcadeCotellicVinzimCystagonVincasar PFSDaklinza * (PA) (QCD)VinorelbineDuopaVivitrolEpclusa (PA) (QCD)ValstarExpectedVincrelbineDuopaVintorelbineDuopaVivitrolEpclusa (PA) (QCD)ValarapExjadeZanosarFarydak (PA)ZanosarGilenya (QCD)Zinbryta * (QCD)GilotrifZincardGileevecZoladexHarvoni (PA) (QCD)Zordacton * (PA) (SPO)Hetlioz (PA)Corbive (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)Hetlioz (PA)LicusigLicusigIdhifa (PA)Licusig   | Tepadina                | Afinitor              |
|---|-------------------------|-----------------------|
| TheraCysAlkeranThiotepaAlunbrigThyrogenAmpyra (PA) (QCD)ToposarAubagioTotectBethkisTrelstarBosulifTrelstar LACabometyxTrelstar DepotCapecitabineTremfya ** (QCD)CarbagluTriptodur (QCD)CaystonTymlos (PA) (QCD) (SPO)CerdelgaUnituxinCometriqValstarCopegus (SPO)VelcadeCotellicVimizimCystagonVincRIStineDaraprimVincrolbineDuopaVivitrolEpclusa (PA) (QCD)VumonErivedgeXeomin (PA)EsbrietXgeva (PA) (SPO)ErivedgeXolair (PA)EloposideZanosarFarydak (PA)ZanosarGilenya (QCD)Zinbryta * (QCD)Gilenya (QCD)Zinbryta * (QCD)Gilenya (QCD)Zoracton * (PA) (SPO)Hetioz (PA)Zorbive (PA) (SPO)Hetioz (PA)Zorbive (PA) (SPO)Hetioz (PA)Zonacton * (PA) (SPO)Hetioz (PA)Zonacton * (PA) (SPO)Hetioz (PA)Adcirca (PA)IclusigAdcirca (PA)IclusigAdcirca (PA)IclusigAdcirca (PA)Iclusig  | Tev-Tropin * (PA) (SPO) | Alcensa               |
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| Triptodur (QCD)CaystonTymlos (PA) (QCD) (SPO)CerdelgaUnituxinCometriqValstarCopegus (SPO)VelcadeCotellicVimizimCystagonVinBLAStineCytoxanVincasar PFSDaklinza * (PA) (QCD)VincrllstineDuopaVinorelbineDuopaVivitrolEpclusa (PA) (QCD)VumonErivedgeXgeva (PA) (SPO)ErivedgeXansarFarydak (PA)ZaltrapExjadeZanosarGilenya (QCD)Zinbryta * (QCD)GilotrifZincardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)ZincardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)ZincardGleevecZoladexHarvoni (PA) (QCD)Adcirca (PA)Ibrance (PA)IclusigIclusigIduitia (PA)Iclusig   | Trelstar Depot          | Capecitabine          |
| Tymlos (PA) (QCD) (SPO)CerdelgaUnituxinCometriqValstarCopegus (SPO)VelcadeCotellicVimizimCystagonVinBLAStineCytoxanVincasar PFSDaklinza * (PA) (QCD)VincRIStineDaraprimVinorelbineDuopaVivitrolEpclusa (PA) (QCD)VumonErivedgeXeomin (PA)EsbrietXgeva (PA) (SPO)ErivedgeZaltrapExjadeZanosarFarydak (PA)Zinbryta * (QCD)Gilenya (QCD)Zinbryta * (QCD)GilerifZonacton * (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)Hetlioz (PA)LiclusigIclusigIdenticationsIclusigAdcirca (PA)IclusigIdentica (PA)IclusigIdentica (PA)Iclusig  | Tremfya ** (QCD)        | Carbaglu              |
| UnituxinCometriqValstarCopegus (SPO)VelcadeCotellicVimizimCystagonVinBLAStineCytoxanVincRIStineDaklinza * (PA) (QCD)VinorelbineDuopaVivitrolEpclusa (PA) (QCD)VumonErivedgeXaeomin (PA)EsbrietXgeva (PA) (SPO)ErivedgeZaltrapExjadeZanosarFarydak (PA)Zinbryta * (QCD)Gilenya (QCD)Zinbryta * (QCD)Harvoni (PA) (QCD)Zonacton * (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinDiopaLiusigIbrance (PA)LiusigIdbifa (PA)Liusig   | Triptodur (QCD)         | Cayston               |
| ValstarCopegus (SPO)VelcadeCotellicVimizimCystagonVinBLAStineCytoxanVincasar PFSDaklinza * (PA) (QCD)VinCRIStineDaraprimVinorelbineDuopaVivitrolEpclusa (PA) (QCD)VumonErivedgeXeomin (PA)EsbrietXgeva (PA) (SPO)ErivedgeZaltrapExjadeZanosarFarydak (PA)Zinbryta * (QCD)Gilenya (QCD)Zinbryta * (QCD)Hetlioz (PA)Zorative (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinDral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)Iclusig   | Tymlos (PA) (QCD) (SPO) | Cerdelga              |
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| VinBLAStineCytoxanVincasar PFSDaklinza * (PA) (QCD)VinCRIStineDaraprimVinorelbineDuopaVivitrolEpclusa (PA) (QCD)VumonErivedgeXeomin (PA)EsbrietXgeva (PA) (SPO)EtoposideZaltrapExjadeZanosarFarydak (PA)Zinbryta * (QCD)Gilenya (QCD)ZinecardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)ZinecardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)Iclusig  | Velcade                 | Cotellic              |
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| VivitrolEpclusa (PA) (QCD)VumonErivedgeXeomin (PA)EsbrietXgeva (PA) (SPO)ErivedgeXolair (PA)EtoposideZaltrapExjadeZanosarFarydak (PA)ZarxioGilenya (QCD)Zinbryta * (QCD)GilotrifZinecardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)Oral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)Iclusig  | VinCRIStine             | Daraprim              |
| VumonErivedgeXeomin (PA)EsbrietXgeva (PA) (SPO)ErivedgeXolair (PA)EtoposideZaltrapExjadeZanosarFarydak (PA)ZarxioGilenya (QCD)Zinbryta * (QCD)GilotrifZincardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)Oral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)Iclusig   | Vinorelbine             | Duopa                 |
| Xeomin (PA)EsbrietXgeva (PA) (SPO)ErivedgeXolair (PA)EtoposideZaltrapExjadeZanosarFarydak (PA)ZarxioGilenya (QCD)Zinbryta * (QCD)GilotrifZinecardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)Oral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)Idbifa (PA)   | Vivitrol                | Epclusa (PA) (QCD)    |
| Xgeva (PA) (SPO)ErivedgeXolair (PA)EtoposideZaltrapExjadeZanosarFarydak (PA)ZarxioGilenya (QCD)Zinbryta * (QCD)GilotrifZinecardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)Iclusig  | Vumon                   | Erivedge              |
| Xolair (PA)EtoposideZaltrapExjadeZanosarFarydak (PA)ZarxioGilenya (QCD)Zinbryta * (QCD)GilotrifZinecardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)Oral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)Idbifa (PA)   | Xeomin (PA)             | Esbriet               |
| ZaltrapExjadeZanosarFarydak (PA)ZarxioGilenya (QCD)Zinbryta * (QCD)GilotrifZinccardGleevecZoladexHarvoni (PA) (QCD)Zorbtive (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)   | Xgeva (PA) (SPO)        | Erivedge              |
| ZanosarFarydak (PA)ZarxioGilenya (QCD)Zinbryta * (QCD)GilotrifZinecardGleevecZoladexHarvoni (PA) (QCD)Zomacton * (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)  | Xolair (PA)             | Etoposide             |
| ZarxioGilenya (QCD)Zinbryta * (QCD)GilotrifZinecardGleevecZoladexHarvoni (PA) (QCD)Zomacton * (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)   | Zaltrap                 | Exjade                |
| Zinbryta * (QCD)GilotrifZinecardGleevecZoladexHarvoni (PA) (QCD)Zomacton * (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)  | Zanosar                 | Farydak (PA)          |
| ZinecardGleevecZoladexHarvoni (PA) (QCD)Zomacton * (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)  | Zarxio                  | Gilenya (QCD)         |
| ZoladexHarvoni (PA) (QCD)Zomacton * (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)   | Zinbryta * (QCD)        | Gilotrif              |
| Zomacton * (PA) (SPO)Hetlioz (PA)Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)Idbifa (PA)   | Zinecard                | Gleevec               |
| Zorbtive (PA) (SPO)HycamtinOral MedicationsIbrance (PA)Adcirca (PA)IclusigIdbifa (PA)Idbifa (PA)  |                         | Harvoni (PA) (QCD)    |
| Oral Medications     Ibrance (PA)       Adcirca (PA)     Iclusig  | Zomacton * (PA) (SPO)   | Hetlioz (PA)          |
| Adcirca (PA)  | Zorbtive (PA) (SPO)     |                       |
| Auctica (FA)  | Oral Medications        |                       |
| Idbifa (PA)   | Adcirca (PA)            |                       |
|   |                         | Idhifa (PA)           |

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (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

| Imatinib                 | Procysbi       |
|--------------------------|----------------|
| Imbruvica                | Promacta       |
| Inlyta                   | Pulmozyme      |
| Iressa                   | Ravicti        |
| Jadenu                   | Rebetol (SP    |
| Jakafi                   | Revatio * (PA  |
| Juxtapid (PA)            | Revlimid       |
| Kalydeco (PA) (QCD)      | Ribapak (SP    |
| Kisqali (PA)             | Ribasphere     |
| Kisqali Femara (PA)      | Ribatab        |
| Kitabis PAK *            | Ribavirin (SF  |
| Korlym                   | Rilutek        |
| Kuvan                    | Riluzole       |
| Lenvima (PA)             | Rubraca        |
| Letairis                 | Rydapt (PA)    |
| Lonsurf                  | Sabril         |
| Mavyret ** (PA) (QCD)    | Samsca         |
| Mekinist                 | Sildenafil (P/ |
| Mesnex                   | Sovaldi * (PA  |
| Moderiba                 | Sprycel        |
| Nerlynx                  | Stivarga       |
| Nexavar                  | Sucraid        |
| Ninlaro                  | Sutent         |
| Northera *               | Tafinlar (PA)  |
| Nuplazid                 | Tagrisso       |
| Odomzo                   | Tarceva        |
| Ofev                     | Tasigna        |
| Oforta                   | Tecfidera      |
| Olysio * (PA) (QCD)      | Technivie * (  |
| Opsumit                  | Temodar        |
| Orenitram                | Temozoloan     |
| Orfadin (SPO)            | Tetrabenazir   |
| Orkambi (PA) (QCD)       | Thalomid       |
| Otezla (PA) (QCD)        | TOBI ampul     |
| Otezla Starter Pack (PA) | TOBI-Podha     |
| (QCD)                    | Tobramycin     |
| Pomalyst                 | Tracleer       |
|                          |                |

| Procysbi               | Tykerb                   |
|------------------------|--------------------------|
| Promacta               | Tyvaso                   |
| Pulmozyme (SPO)        | Uptravi                  |
| Ravicti                | Veltassa *               |
| Rebetol (SPO)          | Venclexta (PA)           |
| Revatio * (PA)         | Viekira PAK * (PA) (QCD) |
| Revlimid               | Viekira XR * (PA) (QCD)  |
| Ribapak (SPO)          | Vigabatrin               |
| Ribasphere (SPO)       | Vosevi (PA) (QCD)        |
| Ribatab                | Votrient                 |
| Ribavirin (SPO)        | Xalkori (PA)             |
| Rilutek                | Xeljanz (PA) (QCD)       |
| Riluzole               | Xeljanz XR (PA) (QCD)    |
| Rubraca                | Xeloda                   |
| Rydapt (PA)            | Xenazine                 |
| Sabril                 | Xtandi                   |
| Samsca                 | Xyrem                    |
| Sildenafil (PA)        | Zavesca                  |
| Sovaldi * (PA) (QCD)   | Zelboraf (PA)            |
| Sprycel                | Zepatier * (PA) (QCD)    |
| Stivarga               | Zolinza                  |
| Sucraid                | Zydelig (PA) (QCD)       |
| Sutent                 | Zykadia (PA)             |
| Tafinlar (PA)          | Zytiga                   |
| Tagrisso               | Topical                  |
| Tarceva                | Cystaran                 |
| Tasigna                | Panretin (SPO)           |
| Tecfidera              | Qutenza (QCD)            |
| Technivie * (PA) (QCD) | Valchlor                 |
| Temodar                | Zecuity *                |
| Temozoloamide          | Fertility Medications    |
| Tetrabenazine          |                          |
| Thalomid               | Bravelle * (SPO)         |
| TOBI ampules (SPO)     | Cetrotide (SPO)          |
| TOBI-Podhaler (SPO)    | Clomid                   |
| Tobramycin ampules     | Clomiphene               |
| Tracleer               | Endometrin               |

| Тукего                   |
|--------------------------|
| 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                 |
|                          |

| Follistim AQ * (SPO)                        |
|---|
| Ganirelix * (SPO)                           |
| Gonal F/Gonal F RFF (SPO)                   |
| Gonal F Rff Rediject (SPO)                  |
| Human Chorionic<br>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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(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

## **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

| <b>U</b>                   |
|----------------------------|
| 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-<br>Glimepiride (QCD) |
| Pioglitazone-Metformin (QCD)       |
| Prandin *                          |
| Prandimet *                        |
| Soliqua * (QCD)                    |
| Synjardy                           |
| Tanzeum * (QCD)                    |
| Tradjenta *                        |
| Trulicity (QCD)                    |
| Victoza (QCD)                      |
| Xigduo * (QCD)                     |
| Xultophy * (QCD)                   |
| Glaucoma                           |

#### Glaucoma

| Lumigan                               |
|---------------------------------------|
| Rescula *                             |
| Travatan                              |
| Travatan Z                            |
| Xalatan                               |
| Osteoporosis<br>Treatment (Oral)      |
| Actonel (QCD)                         |
| Atelvia DR * (QCD)                    |
| Binosto * (QCD)                       |
| Boniva tablets * (QCD)                |
| Fosamax * (QCD)                       |
| Fosamax Plus D (QCD)                  |
| Pain Relievers<br>(Cox II Inhibitors) |

#### (Cox II Inhibitors)

| Capxib *           |
|--------------------|
| Celebrex (QCD)     |
| Celecoxib (QCD)    |
| Lidoxib *          |
| Prostate Treatment |
| Avodart            |

#### \* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions \*\* new to market drug; non-covered while under review quantity

\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only

(PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

#### Jalyn

#### Proscar \* Parkinson's Disease Treatment

#### Mirapex

| Virapex 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 \*

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the speciality pharmacy benefit (SPO) pharmacy benefit only

(SPO) pharmacy benefit of (ST) step therapy required

Your pharmacy program provides coverage for over 4,000 prescription medications. Most medications on our non-covered list have equally safe, effective, covered alternatives 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.

**Please note:** Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

This list of non-covered medications 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 are not covered and their covered alternatives, please visit our website, **bluecrossma.com/medications** and proceed to the **Medications That Are Not Covered** section.

| Abilify                                   | Adzeny   |
|---|----------|
| Abilify DiscMelt                          | Aerobio  |
| Abilify Maintenna                         | Aerobio  |
| Absorica                                  | Aerosp   |
| Abstral (PA) (QCD)                        | Agonea   |
| Acanya                                    | Air Duc  |
| Accolate                                  | Airet    |
| Accu-Chek diabetic testing supplies (QCD) | Akynze   |
| Accucaine                                 | Alcortin |
| AccuNeb                                   | Alevee   |
|   | Alivycir |
| Accupril                                  | Alivycir |
| Accuretic                                 | Alodox   |
| Accutane                                  | Aloglip  |
| Aceon                                     | Aloglip  |
| AcipHex (PA) (QCD)                        | Aloglip  |
| Acticlate                                 | Aloquir  |
| Actigall                                  | Alora (  |
| Actiq (PA) (QCD)                          | Alrex (0 |
| Active Injection D                        | Alsuma   |
| Active-PAC                                | Altabax  |
| Activella                                 | Altace   |
| Acular (QCD)                              | Altopre  |
| Acular LS (QCD)                           | Aluvea   |
| Acuvail                                   | Alvesco  |
| Aczone                                    | Ambier   |
| Adalat CC                                 | Ambier   |
| Adazin                                    | Amrix    |
| Adderall                                  | Amturr   |
| Addyi (PA)                                | Ana-Le   |
| Adlyxin (QCD) (ST)                        | Anafrai  |
| Adoxa CK                                  | Analpra  |
| Adoxa TT                                  | Analpra  |
| Advanced Allergy                          | Angelic  |
| Collection Kit                            | Angelic  |
| Advocate Redi-Code diabetic               | Antara   |
| testing supplies (QCD)                    | Anusol   |
| Adyphren                                  | Anuson   |

| Adzenys XR (QCD)             |
|------------------------------|
| Aerobid (QCD)                |
| Aerobid-M (QCD)              |
| Aerospan (QCD)               |
| Agoneaze                     |
| Air Duo (PA) (QCD)           |
| Airet                        |
| Akynzeo (QCD)                |
| Alcortin-A                   |
| Aleveer                      |
| Alivycin Plus Kit            |
| Alivycin Antipruritic SG gel |
| Alodox                       |
| Alogliptin (ST)              |
| Alogliptin/Metformin (ST)    |
| Alogliptin/Pioglitazone (ST) |
| Aloquin                      |
| Alora (QCD)                  |
| Alrex (QCD)                  |
| Alsuma (QCD)                 |
| Altabax                      |
| Altace                       |
| Altoprev (QCD)               |
| Aluvea                       |
| Alvesco (QCD)                |
| Ambien (QCD)                 |
| Ambien CR (QCD)              |
| Amrix                        |
| Amturnide                    |
| Ana-Lex                      |
| Anafranil                    |
| Analpram Advanced            |
| Analpram-E kit               |
| Angeliq                      |
| Anodyne LPT                  |
| Antara                       |
| Anusol HC Suppository        |

Anzemet (QCD) Avelox Apidra Avidoxy Aplenzin ER (QCD) Appformin-D Aptensio XR (QCD) Avita Aqua Glycolic HC Aranesp (PA) (QCD) (SP) Axid (SPO) Azasite Arava (QCD) Arcapta Neohaler (QCD) Azor Arixtra (QCD) Arymo ER (PA) (QCD) Armonair RespiClick (QCD) Arze-Ject-A kit Asacol HD Benicar Ascensia diabetic testing supplies (QCD) Asmanex Twisthaler (QCD) Assure diabetic testing supplies (QCD) Astepro (QCD) Astero Atacand Atacand HCT Atelvia DR (QCD) (ST) Ativan **Bionect** Atopiclair Atralin Atrapro Dermal Spray Atrapro CP Atrapro Hydrogel Brevicon Atropen Brilinta Augmentin XR Aurstat Bromday Auryxia Bromsite Auvi-Q (QCD) Brovana Avalide

Avidoxy DK Avinza (PA) (QCD) Axert (QCD) Azmacort (QCD) B-D diabetic testing supplies (QCD) Basaglar (QCD) Belsomra (QCD) Benicar HCT BenzaClin gel BenzaClin kit BenzaClin pump Besivance Betaloan SUIK kit Bevespi AeroSphere (QCD) BG-Star diabetic testing supplies (QCD) Binosto (QCD) (ST) Boniva syringe (PA) (SP) Boniva tablets (QCD) (ST) Bravelle (SP) Breo Ellipta (QCD) Brisdelle (QCD) **Bystolic** Byvalson

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(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

Avapro

Demulen

| Caduet (QCD)                 | Clindacin PA                |
|------------------------------|-----------------------------|
| Calcitriol Topical           | Clindagel                   |
| Cambia                       | Clindamax                   |
| Caphosol                     | Clindareach                 |
| Capoten                      | Clindets                    |
| Capxib (ST)                  | Clobeta + P                 |
| Careone diabetic testing     | Clobex                      |
| supplies (QCD)               | Clodan Kit                  |
| Caresens N diabetic testing  | CNL 8 nail k                |
| supplies (QCD)               | Colazal                     |
| Cardene                      | CoLyte                      |
| Cardene SR                   | Combigan                    |
| Cardizem CD                  | Combunox                    |
| Cardizem LA                  | Contour Nex                 |
| Cardura XL (QCD)             | supplies (QC                |
| Cataflam                     | Conzip                      |
|                              | Cool diabeti                |
| Ceclor CD                    | supplies (QC                |
| Cedax                        | Coreg                       |
| Celexa (QCD)                 | Coreg CR                    |
| Cem-Urea                     | Corlanor                    |
| Cenestin                     | Cosopt PF                   |
| Centany                      | Cotempla X                  |
| Centany AT                   | Cozaar                      |
| Ceracade Skin Barrier        | Crestor (QC                 |
| Ceramax                      | CVS Advance                 |
| Cesamet (QCD)                | testing supp<br>Cymbalta (C |
| Cetraxel                     | D-Care 100                  |
| Chenodal                     | Daklinza (PA                |
| Chibroxin Ocumeter           |                             |
| Cimzia (PA) (SP) (SPO)       | Daliresp                    |
| Cipro-XR                     | Darvocet N-                 |
| Cleanse and Treat            | Daxbia                      |
| Cleervue-M                   | Daypro                      |
| Cleocin T                    | Daytrana                    |
| Clever Choice Voice diabetic | DDAVP                       |
| testing supplies (QCD)       | Delzicol                    |
| Clindacin ETZ Kit            | Delzicol DR                 |

| Clindacin PAC                 |
|-------------------------------|
| Clindagel                     |
| Clindamax                     |
| Clindareach                   |
| Clindets                      |
| Clobeta + Plus                |
| Clobex                        |
| Clodan Kit                    |
| CNL 8 nail kit (QCD)          |
| Colazal                       |
| CoLyte                        |
| Combigan                      |
| Combunox                      |
| Contour Next diabetic testing |
| supplies (QCD)                |
| Conzip                        |
| Cool diabetic testing         |
| supplies (QCD)                |
| Coreg                         |
| Coreg CR                      |
| Corlanor                      |
| Cosopt PF                     |
| Cotempla XR ODT (QCD)         |
| Cozaar                        |
| Crestor (QCD)                 |
| CVS Advanced diabetic         |
| testing supplies (QCD)        |
| Cymbalta (QCD)                |
| D-Care 100X                   |
| Daklinza (PA) (QCD) (SP)      |
| Daliresp                      |
| Darvocet N-100                |
| Daxbia                        |
| Daypro                        |
| Daytrana                      |
| DDAVP                         |
| Delzicol                      |
| Delzicol DB                   |

| Depo-Sub Q Provera 104          | Dilaudid             |
|---------------------------------|----------------------|
| Derma-Smoothe/FS                | Diovan               |
| Dermacin RX Cinolone-1 CPI      | Diovan H             |
| Dermacin Rx Chlorhexacin        | Dipentu              |
| Dermacin Rx Empraciane          | Disperm              |
| Dermacin RX Prizopak            | Ditropar             |
| Dermacin RX PHN                 | Ditropar             |
| Dermacin RX Silpak              | Divigel              |
| Dermacin Silazone Pharmpak      | DM2 Kit              |
| Dermacin RX                     | DMT Su               |
| Surgical Pharmpak               | Dolotrar             |
| Dermacin Rx Therazole Pak       | Doubled              |
| Dermacin RX ZRM                 | Duac                 |
| Dermapak Plus Kit               | Duac CS              |
| Dermasilk RX SDS                | Duavee               |
| Dermasorb-AF                    | Duexis               |
| Dermasorb-HC                    | Durages              |
| Dermasorb-TA                    | Durezol              |
| Dermasorb-XM                    | Duzallo              |
| Dermawerx SDS                   | Dyloject             |
| Dermawerx Surgical<br>Plus Pack | Dynabad              |
| Dermazone                       | Dynacin              |
| Dermazyl                        | Dynaciro             |
| DermOtic                        | Dynaciro             |
| Desogen                         | Dytan                |
| Desonil + Plus                  | Easy Ma<br>supplies  |
| DesOwen kit                     | Easy Ste             |
| Desvenlafaxine ER (QCD)         | supplies             |
| Detrol (ST)                     | Easy Tal             |
| Detrol LA (ST)                  | supplies             |
| Dexedrine (PA)                  | Easy Tou             |
| Dexilant (PA) (QCD)             | supplies             |
| Diclo-Xrylix Sheet Kit          | Easy-Tra<br>supplies |
|                                 |                      |

Dilacor XR НСТ m lox n (ST) n XL (ST) ıik ٦Z dex sic (PA) (QCD) c CR ax diabetic testing s (QCD) ep diabetic testing s (QCD) lk diabetic testing s (QCD) uch diabetic testing s (QCD) ak diabetic testing supplies (QCD) Edarbi Edarbyclor

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(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

Diclotral

Diclozor

Dificid (PA)

| Edluar (QCD)                                | Exalgo (PA) (QCD)                         |
|---|---|
| Effexor                                     | Exforge                                   |
| Effexor XR (QCD)                            | Exforge HCT                               |
| Elenza                                      | Extavia (SP)                              |
| Elestrin                                    | Extina                                    |
| Eletone                                     | Factive                                   |
| Elizia                                      | Falessa kit                               |
| Embeda (QCD)                                | Famvir (QCD)                              |
| Embrace diabetic testing                    | Fanapt                                    |
| supplies (QCD)                              | - Farxiga (ST)                            |
| Emsam                                       | FazaClo                                   |
| Enablex (ST)                                | _ Femring                                 |
| Enjuvia                                     | - Femtrace                                |
| Entresto                                    | - Fenoglide                               |
| Entyvio (PA) (SP)                           | Fentora (PA) (QCD)                        |
| Epaned                                      | Fertinex (SP)                             |
| EpiCeram                                    | Fetzima (QCD)                             |
| Epiduo                                      | Fexmid                                    |
| Epiduo Forte                                | Fibracor                                  |
| Epinephrine Snap-V                          | Fifty50 diabetic testing                  |
| Episil                                      | supplies (QCD)                            |
| Episnap Convenience Kit                     | Finacea Plus                              |
| Epogen (PA) (SP) (SPO)                      | Fioricet                                  |
| Epy Kit                                     | Fiorinal                                  |
| Equetro                                     | Fiorinal with Codeine                     |
| Ertaczo                                     | Flagyl                                    |
| Esomeprazole Strontium                      | Flagyl ER                                 |
| (QCD) (ST)                                  | - Flagyl IV                               |
| Estrace                                     | - Flector                                 |
| Estrasorb (QCD)                             | - Flolipid                                |
| Estrogel (QCD)                              | - Flumist                                 |
| Eucrisa                                     | - Fluoroplex                              |
| Euflexxa (PA) (SPO)                         | - FML Forte                               |
| Evamist (QCD)                               | - Focalin                                 |
| Evekeo (PA)                                 | - Focalin XR (QCD)                        |
| Evoclin                                     | - Follistim AQ (SP)                       |
| ExacTech diabetic testing<br>supplies (QCD) | Fora V12 diabetic testi<br>supplies (QCD) |
|   |   |

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Forfivo XL (QCD) Healthpro diabetic testing supplies (QCD) Fortamet (ST) Helidac Fortesta (ST) Horizant Fosamax (QCD) (ST) HPR Fragmin (QCD) HPR Plus Freestyle diabetic testing HPR Plus Hydrogel Kit supplies (QCD) Frova (QCD) Humana True Metrix diabetic testing supplies (QCD) Ganirelix (SP) (SPO) Hyalgan (PA) (SPO) Garamide Hydrocortisone-Lidocaine kit Gel-One (PA) (SPO) Hylase Gelclair Hylatopic Gelnique (ST) Hylatopic Plus Gelsyn-3 (PA) (SPO) Hylatopic Plus-Aurstat GelX Hylira Genotropin (PA) (SP) (SPO) Hymovis (PA) (SPO) Geodon Hysingla ER (PA) (QCD) Genestrip diabetic testing Hytrin (QCD) supplies (QCD) GE 100 diabetic testing Hyzaar supplies (QCD) IB-Stat Gialax IC400 kit Giazo IC800 kit Glucocard diabetic testing llevro supplies (QCD) Imuran Glucometer diabetic testing Inderal LA supplies (QCD) Inderal XL Glucophage Inflamma K Glucophage XR Innohep Glumetza InnoPran XL Glyxambi (QCD) (ST) Intermezzo (QCD) Gmate diabetic testing supplies (QCD) Intuniv GNP diabetic testing Invega supplies (QCD) Iquix Gocovri Irenka DR (QCD) GoLytely Istalol Halonate Jentadueto (ST) Halotin Jentadueto XR (ST)

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the speciality pharmacy benefit (SPO) pharmacy benefit only

(SFO) pharmacy benefit off (ST) step therapy required

21

| Jublia                       | Lidotrex   |
|------------------------------|------------|
| Kadian (PA) (QCD)            | Lidovex    |
| Kapvay                       | Lidovir    |
| Kazano (ST)                  | Lidoxib (  |
| Keppra XR                    | Lipitor (C |
| Keralyt kit                  | Lipofen    |
| Kerydin (QCD)                | Liprozon   |
| Ketocon + Plus               | Liptruzet  |
| Khedezla (QCD)               | Livalo (Q  |
| Kitabis PAK (SP)             | Livixil PA |
| Klonopin                     | Lodine     |
| Kro Premium diabetic testing | Lodine X   |
| supplies (QCD)               | Lofibra    |
| Kytril (QCD)                 | Lopresso   |
| Lamictal ODT                 | Loprox K   |
| Lamisil (QCD)                | Lorabid    |
| Lamisil Granules (QCD)       | Lorenza    |
| Latuda                       | LoSeaso    |
| Lazanda (PA) (QCD)           | Lotensin   |
| Lemtrada (SP) (SPO)          | Lotensin   |
| Lescol (QCD)                 | Loutrex    |
| Lescol XL (QCD)              | Lovaza     |
| Leva Set                     | Lovenox    |
| Levalbuterol HFA (QCD)       | Lunesta    |
| Levaquin                     | Luvox Cl   |
| Levemir (QCD)                | Luzu       |
| Levlen                       | Lysteda    |
| Lexapro (QCD)                | Lytensop   |
| Lexxel                       | MAC Pat    |
| Liberty diabetic testing     | Marvona    |
| supplies (QCD)               | Mavik      |
| Lido-Prilo Caine Pak         | Maxair A   |
| Lidociane HC Kit             | Maxalt (C  |
| Lidocodex I                  | Maxalt-M   |
| Lidodextrapine               | Maxipim    |
| Lidopac                      | MB Hydr    |
| Lidopril                     | Medolor    |
| Lidotrans 5 Pac              |            |

| Lidotrex               |
|------------------------|
| Lidovex                |
| Lidovir                |
| Lidoxib (ST)           |
| Lipitor (QCD)          |
| Lipofen                |
| Liprozone Pak          |
| Liptruzet (QCD)        |
| Livalo (QCD)           |
| Livixil PAK            |
| Lodine                 |
| Lodine XL              |
| Lofibra                |
| Lopressor              |
| Loprox Kit             |
| Lorabid                |
| Lorenza                |
| LoSeasonique (QCD)     |
| Lotensin               |
| Lotensin HCT           |
| Loutrex                |
| Lovaza                 |
| Lovenox (QCD)          |
| Lunesta (QCD)          |
| Luvox CR (QCD)         |
| Luzu                   |
| Lysteda (QCD)          |
| Lytensopril            |
| MAC Patch              |
| Marvona SUIK           |
| Mavik                  |
| Maxair Autohaler (QCD) |
| Maxalt (QCD)           |
| Maxalt-MLT (QCD)       |
| Maxipime               |
| MB Hydrogel            |
| Medolor Kit            |

| Medroloan SUIK           | Naprelan CR                 |
|--------------------------|-----------------------------|
| Medroloan II SUIK        | Napropak Cool Kit           |
| Medrox Patch             | Naprosyn                    |
| Megace ES                | Naprosyn EC                 |
| Menostar (QCD)           | Nascobal                    |
| Mentho-Caine Kit         | Natazia                     |
| Mesalamine HD            | Natesto Nasal (ST)          |
| Metaglip                 | Neo-Synalar Kit             |
| Metformin ER (ST)        | Neosalus                    |
| Metformin Film Coated    | Neosalus CP                 |
| ER (ST)                  | Nesina (ST)                 |
| Metozolv ODT             | Neuac Kit                   |
| Metrogel kit             | Neumaxin                    |
| Mevacor (QCD)            | Neupro                      |
| Micardis                 | Neurontin                   |
| Micardis HCT             | Nevanac                     |
| Microdot diabetic        | Nexiclon XR                 |
| testing supplies         | Nexium (PA) (QCD)           |
| Migranow                 | Niravam                     |
| Minastrin Fe Chewable    | Norditropin (PA) (SP) (SPO) |
| Minocin                  | Norinyl                     |
| Minocin Combo Pack       | Noroxin                     |
| Mirapex ER (ST)          | Nor-Q-D                     |
| Mobic (QCD)              | Northera (SP)               |
| Momexin                  | Norvasc (QCD)               |
| Monodox                  | Novacort                    |
| Monopril                 | Nova Max diabetic testing   |
| Monopril HCT             | supplies (QCD)              |
| Monovisc (PA) (SPO)      | Novolin Insulin products    |
| Morgidox Kit             | Novolog Insulin products    |
| Morphabond ER (PA) (QCD) | Noxipak                     |
| MoviPrep                 | NuCort                      |
| Moxatag                  | Nucynta                     |
| Moxeza (QCD)             | Nucynta ER (PA) (QCD)       |
| Mydayis (QCD)            | Nudiclo SoluPak             |
| Myoxin                   | Nudiclo TabPak              |
| Namzaric                 | NuLytely                    |
| NI I                     |                             |

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(ST) step therapy required

Naprelan

| Nusurgepak Surgical Prep  | Oxytrol (ST)             |
|---------------------------|--------------------------|
| Nutraseb                  | P-Care                   |
| NutriaRx Pak              | P-Care K                 |
| NutriDox                  | P-Care M                 |
| Nuvessa                   | P-Care MG                |
| Nuvigil (PA)              | P-Care X                 |
| Nyata Kit                 | Pain Relief Patch        |
| Ocudox kit                | Paingo KFT               |
| Oleptro ER                | Pamelor                  |
| Olux                      | Pamine FQ                |
| Olysio (PA) (QCD) (SP)    | Pancreaze                |
| Omnicef                   | Paptase                  |
| Omnitrope (PA) (SP) (SPO) | Patanase (QCD)           |
| Onexton                   | Paxil (QCD)              |
| Onmel (QCD)               | Paxil CR (QCD)           |
| Onsolis (PA) (QCD)        | PCE                      |
| Onzetra Xsail (QCD)       | PCE Dispertab            |
| Opana                     | Pediaderm AF             |
| Opana ER (PA) (QCD)       | Pediaderm HC             |
| Optase                    | Pediaderm TA             |
| Optium diabetic testing   | PediPak                  |
| supplies (QCD)            | Penlac (QCD)             |
| Oracea                    | Pennsaid (QCD)           |
| Oramorph SR (PA) (QCD)    | Pepcid                   |
| Orapred ODT               | Percocet                 |
| Oravig                    | Pertzye                  |
| Orencia (PA) (SP)         | . Pexeva (QCD)           |
| Oroxin                    | Pharmacist Choice diabet |
| Ortho-Prefest             | testing supplies (QCD)   |
| Orthovisc (PA) (SPO)      | Picato                   |
| Oseni (ST)                | Plaquenil                |
| Osmoprep                  | Plegridy (QCD) (SP)      |
| Osphena                   | POD Care 100K            |
| Otrexup (SP)              | POD Care 100KG           |
| Ovcon                     | PR-Cream                 |
| Oxaydo                    | Pram-HCA                 |
| Oxecta                    | Pramcort                 |
|                           |                          |

Pramosone E Prozac Weekly (QCD) PrandiMet (ST) Purinethol Pravachol (QCD) Pylera Precision QID diabetic Qbrelis supplies (QCD) Quartette (QCD) Precision X-Tra diabetic **Quillichew ER** supllies (QCD) Quillivant XR Premium diabetic testing Quinja supplies (QCD) Quixin Prepopik RadiaPlex Rx Presera Radigel Prestalia Raniclor Prestige diabetic testing supplies (QCD) Rapaflo Prevacid (PA) (QCD) Rasuvio Prevacid NapraPAC Rayaldee PrevPac Rayos Prilolid Readysharp Betamethasone Prilosec (PA) (QCD) Readysharp Bupivicaine Prinivil Readysharp Dexamethasone Prinzide Readysharp Ketorolac Pristiq (QCD) Readysharp Lidocaine Pristiq ER (QCD) Readysharp Methylprednisolone Procentra (PA) Readysharp Triamcinolone Procort Reciphexamine Prodigy diabetic testing Recothrom supplies (QCD) Regenecare Prolensa **Relador Pak** Promiseb Relador Pak Plus **Promiseb Light** Relafen Proquin XR Relion diabetic testing Protonix (PA) (QCD) supplies (QCD) Proventil HFA (QCD) Relpax (QCD) Proventil inhaler (QCD) Relyyks Proventil Relyyt Proventil Repetab Remeron (QCD) Provenza Remeron Soltab (QCD) Prozac (QCD) Renovo

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| Repatha (PA) (QCD) (SP)     | Seasonique (QC                     |
|-----------------------------|------------------------------------|
| Requip (ST)                 | Sebuderm                           |
| Requip XL (ST)              | Seebri Neohaler                    |
| Rescula (ST)                | Senophylline                       |
| Restoril                    | Sernivo                            |
| Retin-A Micro (PA30)        | Seroquel                           |
| Revatio (PA) (SP)           | Seroquel XR                        |
| Rexulti (QCD)               | Silazone-II                        |
| Rinnovi                     | Silenor (QCD)                      |
| Risperdal M-Tab             | Silvera                            |
| Ritalin                     | Silvrstat                          |
| Ritalin LA (QCD)            | Simbrinza                          |
| Ritalin SR                  | Simcor (QCD)                       |
| Rosadan                     | Sinelee                            |
| Rosanil                     | Sinemet                            |
| Rybix ODT                   | Singulair                          |
| Rynatan                     | Sitavig                            |
| Rytary ER                   | Skelid                             |
| Rythmol                     | Sklice                             |
| Ryzolt                      | Smart Sense dia                    |
| Saizen (PA) (SP) (SPO)      | supplies (QCD)                     |
| SaizenPrep (PA) (SP) (SPO)  | SmartRx Gaba-\                     |
| Salicylic Acid 6% Kit       | SmartRx GabaK                      |
| Salicylic Acid-Ceramide kit | Sof-Tact diabetic                  |
| Salkera                     | supplies (QCD)<br>Solaice          |
| Salvax                      | Solaraze                           |
| Salvax Duo                  |                                    |
| Salvax Duo Plus             | Soliqua (QCD) (S                   |
| SanadermRx Skin Repair      | Solodyn                            |
| Sanctura (ST)               | Soltamox                           |
| Sanctura XR (ST)            | Solupak<br>Solupa V2 diabati       |
| Sancuso (QCD)               | Solus V2 diabeti<br>supplies (QCD) |
| Saphris                     | Soma                               |
| Sarafem (QCD)               | Sonata (QCD)                       |
| Savaysa                     | Soolantra                          |
| Scalacort                   | Sovaldi (PA) (QC                   |
| Scar                        | Spectracef                         |
|                             |                                    |

| ique (QCD)                     | Sporanox (QCD)             |
|--------------------------------|----------------------------|
| erm                            | Spritam                    |
| Neohaler (QCD)                 | Sprix                      |
| ylline                         | Stavzor                    |
|                                | Striant                    |
| el                             | Subsys (PA) (QCD)          |
| el XR                          | Suclear                    |
| e-ll                           | Sular                      |
| (QCD)                          | Sumadan                    |
|                                | Sumavel Dosepro (QCD)      |
| t                              | Sumaxin                    |
| IZA                            | Sumaxin CP                 |
| (QCD)                          | Sumaxin TS                 |
|                                | Supartz (PA) (SPO)         |
| t                              | Suprep                     |
| ir                             | Sure Result Tak Pack       |
|                                | Sustol                     |
|                                | Synalar Combo-Pack         |
|                                | Synalar TS                 |
| Sense diabetic testing         | Synvexia TC                |
| s (QCD)                        | Synvisc (PA) (SPO)         |
| x Gaba-V                       | Synvisc-One (PA) (SPO)     |
| x GabaKit                      | Tagamet                    |
| t diabetic                     | Taltz (PA) (QCD) (SP)      |
| s (QCD)                        | Tanzeum (QCD) (ST)         |
|                                | Targadox                   |
|                                | Taytulla                   |
| (QCD) (ST)                     | Technivie (PA) (QCD) (SP)  |
| 1                              | Tekamlo                    |
| OX                             | Tekturna                   |
| K                              | Tekturna HCT               |
| '2 diabetic testing<br>s (QCD) | Tenormin                   |
|                                | Tequin                     |
| (QCD)                          | Terbinex (QCD)             |
| tra                            | Tersi                      |
| (PA) (QCD) (SP)                | Test N'Go diabetic testing |
| acef                           | supplies (QCD)             |
|                                |                            |

Testim (ST) Testone Kit Testosterone gel (Fortesta Authorized product) (ST) Testosterone gel (Testim Authorized product) (ST) Testosterone gel (Vogelxo Authorized product) (ST) Testosterone CIK Kit (ST) Tetrix Teveten (ST) Teveten HCT (ST) Tev-Tropin (PA) (SP) (SPO) Therapentin Theraproxen Tiamate Tiazac Tindamax Tirosint Tivorbex (QCD) TL-Triseb **TobraDex ST** Tofranil Tolak Tornalate Toronova SUIK Toronova II SUIK Toviaz (ST) Tradjenta (ST) Tranxene T-Tab Tranzarel Tresiba (QCD) Tretin-X (PA) Treximet (QCD) Trezix Tribenzor Tricor Triglide

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| Tri-Levlen                          | Vantin                      |
|-------------------------------------|-----------------------------|
| Trilipix                            | Vascepa                     |
| Trilipix DR                         | Vaseretic                   |
| Triloan SUIK                        | Vasolex                     |
| Triloan II SUIK                     | Vasotec                     |
| Trinalin                            | Vectical                    |
| Trintellix (QCD)                    | Vectrin                     |
| Tri-Norinyl                         | Velma                       |
| TriOxin                             | Velphoro                    |
| Tri-Sila Topical                    | Veltassa (SP)               |
| Tritec                              | Veltin (PA30)               |
| Tropazone                           | Ventolin HFA (QCD)          |
| True Metrix diabetic                | Veregen                     |
| supplies (QCD)                      | Vexa                        |
| TrueTest diabetic<br>supplies (QCD) | Vexol                       |
| TrueTrack diabetic                  | Viberzi (QCD)               |
| supplies (QCD)                      | Viekira XR (PA) (QCD) (SP)  |
| Trulance (QCD)                      | Viekira PAK (PA) (QCD) (SP) |
| Twynsta                             | Vigamox (QCD)               |
| Ultracet                            | Viibryd (QCD)               |
| Ultram                              | Vimovo                      |
| Ultram ER                           | Virasal                     |
| Ultrasal ER                         | Vivlodex                    |
| Ultravate PAC                       | Vogelxo (ST)                |
| Ultravate X                         | Voltaren                    |
| Ultressa                            | Voltaren XR                 |
| Unistrip 1 diabetic testing         | Vopac MDS                   |
| supples (QCD)                       | Vraylar                     |
| Up & Up diabetic testing            | Vusion                      |
| supplies (QCD)                      | Vytorin (QCD)               |
| Uramaxin                            | Vyvanse (QCD)               |
| Urea kit<br>Utibron NeoHaler (QCD)  | Wavesense diabetic testing  |
| Vacustim Silver Kit                 | supplies (QCD)              |
| Valium                              | Welchol                     |
| Valturna                            | Wellbutrin                  |
| Vanos                               | Wellbutrin SR (QCD)         |
| varios                              | Wellbutrin XL (QCD)         |

Whytederm Surgipak Whytederm Trilasil Pack Wound Debride 4% Lidocaine Xanax Xanax XR X-Clair Xartemis XR (PA) (QCD) Xenaderm Xerese Xibrom Xifaxan Xigduo (QCD) (ST) Xilapak Xolegel Xolox Xopenex HFA (QCD) Xopenex nebules **Xryliderm Xrylix** Xtampza ER (PA) (QCD) Xultophy (QCD) (ST) **Xyralid** Yosprala (PA) (QCD) Z-Pram Zanabin Antipruritic Gel Zanaflex Zantac Zebeta Zecuity (SP) Zegerid (PA) (QCD) Zelapar Zembrace Symtouch (QCD) Zenieva Zepatier (PA) (QCD) (SP) Zeruvia Zestril

Zetyocaine Ziana Zinbryta (QCD) (SP) Zinotic Zinotic ES Zipsor Zithromax Zmax Zocor (QCD) Zofran (QCD) Zofran ODT (QCD) Zohydro ER (PA) (QCD) Zoloft (QCD) Zolpimist (QCD) Zomacton (PA) (SPO) Zomig (QCD) Zomig ZMT (QCD) Zontivity Zorvolex Zovirax Zuplenz (QCD) Zurampic Zyflo Zyflo CR Zymar (QCD) Zymaxid Zypram Zyprexa Zyprexa IM Zyprexa Relprevv Zyprexa Zydis Zytopic

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Zetia (QCD)

#### Α

| ACTOplus Met       | 5, 17     |
|--------------------|-----------|
| ACTOplus Met XR    | 5, 17     |
| Abilify            | 19        |
| Abilify DiscMelt   | 19        |
| Abilify Maintenna  | 19        |
| Abraxane           | 13        |
| Absorica           | 19        |
| Abstral            | 5, 10, 19 |
| Acanya             | 19        |
| Accolate           | 19        |
| Accu-Chek diabetic |           |
| supplies           | <u> </u>  |
| AccuNeb            | 19        |
| Accucaine          | 19        |
| Accupril           | 19        |
| Accuretic          | 19        |
| Accutane           | 19        |
| Aceon              | 19        |
| AcipHex            | 5, 10, 19 |
| Actemra            | 10, 13    |
| Acthar             | 10, 13    |
| Acticlate          | 10, 10    |
| Actigall           | 19        |
|                    | 13        |
| Actimmune          |           |
| Actiq              | 5, 10, 19 |
| Active Injection D | 19        |
| Active-PAC         | 19        |
| Activella          | 19        |
| Actonel            | 5, 17     |
| Actos              | 5, 17     |
| Acular             | 5, 19     |
| Acular LS          | 5, 19     |
| Acular PF          | 5         |
| Acuvail            | 19        |
| Aczone             | 19        |
| Adalat CC          | 19        |
| Adazin             | 19        |
| Adcirca            | 10, 14    |
| Adderall           | 19        |
| Adderall XR        | 5         |
| Addyi              | 10, 19    |
| Adempas            | 14        |
| Adlyxin            | 5, 17, 19 |
| Adoxa CK           | 19        |
| Adoxa TT           | 19        |
| Adriamycin PFS     | 13        |
|                    | 13        |
| Adrucil            | 13        |

| Advair Diskus                  | 5                  |
|--------------------------------|--------------------|
| Advair HFA                     | 5, 10              |
| Advanced Allergy Collec<br>Kit |                    |
| Advicor                        | 5                  |
| Advocate Redi-Code dia         |                    |
| testing supplies               | 19                 |
| Adyphren                       | 5, 19              |
| Adzenys XR                     | 5, 19              |
| Aerobid                        | 5, 19              |
| Aerobid-M                      | 5, 19              |
| Aerospan                       | 5, 19              |
| Afinitor                       | 14                 |
| Agoneaze                       | 19                 |
| -                              | 10, 19             |
| Airet                          | 19                 |
| Akynzeo                        | 5, 19              |
| Alcensa                        | 14                 |
| Alcortin-A                     | 19                 |
| Alecensa                       | 10                 |
| Alendronate Sodium             | 5                  |
| Aleveer                        | 19                 |
| Alferon N                      | 13                 |
| Alivycin Antipruritic SG g     |                    |
| Alivycin Plus Kit              | 19                 |
|                                | 13, 14             |
| Alodox                         | 19                 |
|                                | 17, 19             |
|                                | 17, 19             |
|                                | 17, 19             |
| Aloquin                        | 19                 |
| Alora                          | 5, 19              |
| Alosetron                      | 5, 15              |
| Alrex                          | 5, 19              |
| Alsuma                         | 5, 19              |
|                                | <u>5, 19</u><br>19 |
| Altabax                        |                    |
| Altace                         | 19                 |
| Altoprev                       | 5, 19<br>14        |
| Alunbrig                       |                    |
| Alupent inhaler                | 5                  |
| Aluvea                         | 19                 |
| Alvesco                        | 5, 19              |
| Ambien                         | 5, 19              |
| Ambien CR                      | 5, 19              |
| Amerge                         | 5                  |
| Amethia                        | 5                  |
| Amethis Lo                     | 5<br>5<br>10       |
| Amevive                        | 10<br>5            |
| Amitiza                        | 5                  |

| Amlodipine                               | 5              |
|--|----------------|
| Amlodipine-Atorvastatin                  | 5<br>10        |
| Amodafanil                               |                |
| Amphetamines                             | 10             |
| Ampyra 5, 10,                            |                |
| Amrix                                    | 19             |
| Amturnide                                | 19             |
| Ana-Lex                                  | 19             |
| Anafranil                                | 19             |
| Analpram Advanced                        | 19             |
| Analpram-E kit                           | 19             |
| Angeliq                                  | 19             |
| Anodyne LPT                              | 19             |
| Anoro Ellipta                            | 5              |
| Antara                                   | 19             |
| Anusol HC Suppository                    | 19             |
| Anzemet 5,                               |                |
| Apidra                                   | 19             |
| Aplenzin ER 5,                           |                |
| Apokyn                                   | 13             |
| Appformin-D                              | 19             |
| Aptensio XR                              | 19             |
| Aptenzio XR                              | 5              |
| Aqua Glycolic HC                         | 19             |
| Aralast                                  | 10             |
| Aralast NP                               | 10             |
| Aranesp 5, 10, 13,                       |                |
| Arava 5,                                 |                |
|  | 13             |
| Arcalyst Injection<br>Arcapta Neohaler 5 |                |
| Aredia                                   | 13             |
|  |                |
| Arixtra 5,                               | _              |
| Armonair RespiClick 5,                   |                |
| Arnuity Ellipta                          | 5              |
| Arymo ER 5, 10,                          |                |
| Arze-Ject-A kit                          | 19             |
| Arzerra                                  | 13             |
| Asacol HD                                | 19             |
| Ascensia diabetic testing                | 10             |
| supplies<br>Ashlyna                      | <u>19</u><br>5 |
|  |                |
| Asmanex Twisthaler 5,                    | 19             |
| Assure diabetic testing supplies         | 19             |
| Astelin                                  | 5              |
| Astepro 5,                               |                |
| Astero 3,                                | 19             |
| Atacand                                  | 19             |
| Atacand HCT                              | 19             |
|  | 19             |
|  |                |

| 5, | 17, 19 |
|----|--------|
|    | 19     |
|    | 5, 10  |
|    | 19     |
|    | 5      |
|    | 19     |
|    | 19     |
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| 5, | 10, 19 |
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|    | 5      |
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|    |        |
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|    | 19     |
|    |        |

| - | supplies                          | 19    |
|---|-----------------------------------|-------|
| E | BG-Star diabetic testing supplies | 19    |
| E | Basaglar                          | 5, 19 |
| E | Belbuca                           | 5, 10 |
| E | Beleodaq                          | 13    |
| E | Belsomra                          | 5, 19 |
| E | Belviq                            | 5, 10 |
| E | Belviq XR                         | 5, 10 |
|   |                                   |       |

| Benicar                                      |     | 19               | С  |
|--|-----|------------------|----|
| Benicar HCT                                  |     | 19               | CN |
| BenzaClin gel                                |     | 19               |    |
| BenzaClin kit                                |     | 19               | te |
| BenzaClin pump                               |     | 19               | Ca |
| Besivance                                    |     | 19               | Ca |
| Betaloan SUIK kit                            |     | 19               | Ca |
| Betaseron                                    | 5,  | 13               | Ca |
| Bethkis                                      |     | 14               | Ca |
| Bevespi AeroSphere                           | 5,  | 19               | Ca |
| BiCNu  |     | 13               | Ca |
| Binosto 5, 10,                               | 17, | 19               | Ca |
| Bionect                                      |     | 19               | Ca |
| Bivigam                                      |     | 13               | Ca |
| Bleomycin Sulfate                            |     | 13               | Ca |
| Blincyto                                     |     | 13               | Ca |
| Boniva Injection                             |     | 13               | Ca |
| Boniva syringe                               |     | 19               | Ca |
| Boniva tablets 5,                            |     | 19               | Ca |
| Bosulif                                      |     | 14               | Ca |
| Botox  |     | 13               | Ca |
| Botox/Botulinum Toxin                        |     | 10               | Ca |
| Bravelle                                     |     | 19               | Ca |
| Breo Ellipta                                 | 5,  | 19               | Ca |
| Brevicon                                     |     | 19               | Ca |
| Brilinta                                     |     | 19               | Ca |
| Brisdelle                                    |     | 19               | SL |
| Bromday                                      |     | 19               | Ca |
| Bromsite                                     |     | 19               | รเ |
| Brovana                                      |     | 19               | Ca |
| Budeprion SR                                 |     |                  | Ca |
| Budeprion XL                                 |     | 5                | Ca |
| Budesonide                                   |     | 5<br>5<br>5<br>5 | Ca |
| Bunavail                                     |     | 5                | Ce |
| Buprenex                                     | 5,  |                  | Ce |
| Buprenorphine                                | Э,  | 5                | Ce |
|  | 5,  |                  | Ce |
| Buprenorphine patch<br>Buprenorphine-Naloxon |     |                  | Ce |
|  | e   | 5                | Ce |
| Bupropion SR                                 |     | 5<br>5           | Ce |
| Bupropion XL                                 |     |                  | Ce |
| Busulfex                                     |     | 13               | Ce |
| Butorphanol NS                               |     | 5                | Ce |
| Butrans                                      | -   | 10               | Ce |
| Bydureon                                     | 5,  | 17               | Ce |
| Byetta                                       | 5,  | 17               | Ce |
| Bystolic                                     |     | 19               | Ce |
| Byvalson                                     |     | 19               |    |

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| C  |  |
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| CNL 8 nail kit   | 5, 20  |
| CVS Advanced diabetic  |  |
| testing supplies   | 20   |
| Cabergoline  | 5  |
| Cabometyx  | 14   |
| Caduet   | 5, 20  |
| Calcitriol Topical   | 20   |
| Calcium Folinate   | 13   |
| Cambia   | 20   |
|  |  |
| Camptosar  | 13<br>5  |
| Camrese  |  |
| Camrese Lo   | 5  |
| Capecitabine   | 14   |
| Caphosol   | 20   |
| Capoten  | 20   |
| Capxib   | 17, 20   |
| Carbaglu   | 14   |
| Carboplatin  | 13   |
| Cardene  | 20   |
| Cardene SR   | 20   |
| Cardizem CD  | 20   |
|  | 20   |
| Cardizem LA  |  |
| Cardura  | 5<br>5, 20   |
| Cardura XL   | 5 20   |
|  |  |
| Careone diabetic testing supplies  | 20   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test   | 20<br>ting   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies   | 20<br>ting<br>20   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test   | 20<br>ting<br>20<br>13   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies   | 20<br>ting<br>20   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune   | 20<br>ting<br>20<br>13   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam   | 20<br>ting<br>20<br>13<br>20   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS   | 20<br>ting<br>20<br>13<br>20<br>5  |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor  | 20<br>ting<br>20<br>13<br>20<br>5<br>14<br>20  |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD   | 20<br>20<br>13<br>20<br>5<br>14<br>20<br>20  |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Cedax  | 20<br>ting<br>20<br>13<br>20<br>5<br>14<br>20<br>20<br>20  |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Cedax<br>Celebrex  | 20<br>ting<br>20<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>20<br>5, 17   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celecoxib  | 20<br>ting<br>20<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>20<br>5, 17<br>5, 17  |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celecoxib<br>Celexa   | 20<br>ting<br>20<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>20<br>5, 17<br>5, 17<br>5, 20   |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celecoxib<br>Celexa<br>Cem-Urea   | 20<br>20<br>20<br>5<br>14<br>20<br>20<br>20<br>5, 17<br>5, 17<br>5, 20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20                 |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celebrex<br>Celecoxib<br>Celexa<br>Cem-Urea<br>Cenestin  | 20<br>ing<br>20<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>5, 17<br>5, 17<br>5, 20<br>20<br>20<br>20  |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celebrex<br>Celecoxib<br>Celexa<br>Cenestin<br>Centany   | 20<br>ting<br>20<br>5<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>5, 17<br>5, 17<br>5, 20<br>20<br>20<br>20<br>20                            |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celecoxib<br>Celecoxib<br>Celexa<br>Cen-Urea<br>Centany<br>Centany AT   | 20<br>ting<br>20<br>5<br>5<br>14<br>20<br>20<br>20<br>5, 17<br>5, 17<br>5, 20<br>20<br>20<br>20<br>20<br>20<br>20                            |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor CD<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celebrex<br>Celecoxib<br>Celexa<br>Cenestin<br>Centany<br>Centany AT<br>Ceracade Skin Barrier  | 20<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>20<br>5, 17<br>5, 20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20                    |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celecoxib<br>Celecoxib<br>Celexa<br>Cen-Urea<br>Centany<br>Centany AT   | 20<br>ting<br>20<br>5<br>5<br>14<br>20<br>20<br>20<br>5, 17<br>5, 17<br>5, 20<br>20<br>20<br>20<br>20<br>20<br>20                            |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor CD<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celebrex<br>Celecoxib<br>Celexa<br>Cenestin<br>Centany<br>Centany AT<br>Ceracade Skin Barrier  | 20<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>20<br>5, 17<br>5, 20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20                    |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celebrex<br>Celecoxib<br>Celexa<br>Cen-Urea<br>Cenestin<br>Centany<br>Centany AT<br>Ceracade Skin Barrier<br>Ceramax  | 20<br>ing<br>20<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>5, 17<br>5, 20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20 |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor<br>Ceclor CD<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celebrex<br>Celebrex<br>Celecoxib<br>Celexa<br>Cem-Urea<br>Cenestin<br>Centany<br>Centany AT<br>Ceracade Skin Barrier<br>Ceramax<br>Cerdelga<br>Ceredase | 20<br>ing<br>20<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>5, 17<br>5, 20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20             |
| Careone diabetic testing<br>supplies<br>Caresens N diabetic test<br>supplies<br>Carimune<br>Cataflam<br>Catapres TTS<br>Cayston<br>Ceclor CD<br>Ceclor CD<br>Ceclor CD<br>Cedax<br>Celebrex<br>Celebrex<br>Celecoxib<br>Celexa<br>Cenestin<br>Centany<br>Centany AT<br>Ceracade Skin Barrier<br>Ceramax<br>Cerdelga<br>Ceredase                      | 20<br>ting<br>20<br>5<br>13<br>20<br>5<br>14<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20<br>20                   |

| _                                 |  |
|-----------------------------------|--|
| Cesamet                           | 5, 20                                  |
| Cetraxel                          | 20                                     |
| Cetrotide                         | 15                                     |
| Chenodal                          | 20                                     |
| Chibroxin Ocumeter                | 20                                     |
| Cholbam                           | 5                                      |
| Ciclodin solution/kit             | 5                                      |
| Ciclopirox nail lacquer           | 5                                      |
| Cimzia 10,                        | 13, 20                                 |
| Cinqair                           | 20<br>20<br>5<br>5<br>13, 20<br>10, 13 |
| Cinryze                           | 10                                     |
| Cipro-XR                          | 20                                     |
| Cisplatin                         | 13                                     |
| Citalopram                        | 5                                      |
| Cladribine                        | 13                                     |
| Cleanse and Treat                 | 20                                     |
| Cleervue-M                        | 20                                     |
| Cleocin T                         | 20                                     |
| Clever Choice Voice dial          |  |
| testing supplies                  | 20                                     |
| Climara                           | 20<br>5<br>5<br>20                     |
| Climara Pro                       | 5                                      |
| Clindacin ETZ Kit                 | 20                                     |
| Clindacin PAC                     | 20                                     |
| Clindagel                         | 20                                     |
| Clindamax                         | 20                                     |
| Clindareach                       | 20                                     |
| Clindets                          | 20                                     |
| Clobeta + Plus                    | 20                                     |
| Clobex                            | 20                                     |
| Clodan Kit                        | 20                                     |
| Clomid                            | 15                                     |
| Clomiphene                        | 15                                     |
| Clonidine patch                   | 5                                      |
|                                   | 5<br>20                                |
| CoLyte                            |  |
| Colazal                           | 20                                     |
| Combigan                          | 20                                     |
| Combivent                         | 5                                      |
| Combivent Respimat                | 5                                      |
| Combunox                          | 20                                     |
| Cometriq                          |  |
| Concerta                          | 5                                      |
| Contour Next diabetic te supplies | esting<br>20                           |
| Contrave                          | 5, 10                                  |
| Conzip                            | 20                                     |
| Cool diabetic testing             |  |
| supplies                          | 20                                     |
| Copaxone                          | 5, 13                                  |
|                                   |  |

| Copegus             | 14                 |
|---------------------|--------------------|
| Coreg               | 20                 |
| Coreg CR            | 20                 |
| Corlanor            | 20                 |
| Cosentyx            | 5, 10, 13          |
| Cosmegen            | 13                 |
| Cosopt PF           | 20                 |
| Cotellic            | 10, 14             |
| Cotempla XR ODT     | 5, 20              |
| Cozaar              | 20                 |
| Crestor             | 5, 20              |
| Crolom ophthalmic   |                    |
| Cromolyn ophthalmic | 5<br>5<br>13<br>13 |
| Cuvitru             | 13                 |
| Cyclophosphamide    | 13                 |
| Cymbalta            | 5, 20              |
| Cyramza             | 13                 |
| Cystagon            | 14                 |
| Cystaran            | 15                 |
| Cytarabine          | 13                 |
| Cytogam             | 13                 |
| Cytoxan             | 13, 14             |
| D                   |                    |
| D-Care 100X         | 20                 |
| DDAVP               | 13.20              |

| 20    |
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| 3, 20 |
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| Derma-Smoothe/FS                | 20      |
|---------------------------------|---------|
| Dermacin RX Cinolone-1<br>CPI   | 20      |
| Dermacin RX PHN                 | 20      |
| Dermacin RX Prizopak            | 20      |
| Dermacin RX Silpak              | 20      |
| Dermacin RX Surgical            |         |
| Pharmpak                        | 20      |
| Dermacin RX ZRM                 | 20      |
| Dermacin Rx Chlorhexacin        | 20      |
| Dermacin Rx Empraciane          | 20      |
| Dermacin Rx Therazole<br>Pak    | 20      |
| Dermacin Silazone               |         |
| Pharmpak                        | 20      |
| Dermapak Plus Kit               | 20      |
| Dermasilk RX SDS                | 20      |
| Dermasorb-AF                    | 20      |
| Dermasorb-HC                    | 20      |
| Dermasorb-TA                    | 20      |
| Dermasorb-XM                    | 20      |
| Dermawerx SDS                   | 20      |
| Dermawerx Surgical Plus<br>Pack | 20      |
| Dermazone                       | 20      |
| Dermazyl                        | 20      |
| DesOwen kit                     | 20      |
| Desmopressin Acetate            | 13      |
| Desogen                         | 20      |
| Desonil + Plus                  | 20      |
| Desoxyn                         | 10      |
|                                 | 20      |
| Detrol 17,                      |         |
| Detrol LA 17,                   | _       |
|                                 | 20      |
| Dexilant 5, 10,                 |         |
| Dexmethylphenidate ER           | 5       |
| Dexmethylphenidate XR           | 5       |
| Dexrazoxane                     | 13      |
| Dextroamphetamine/              |         |
| Amphetamine ER                  | 5       |
| Dextroamphetamines              | 10      |
| Diclo-Xrylix Sheet Kit          | 20      |
| Diclofenac gel                  | 20<br>5 |
| Diclofenac solution             | 5       |
| Diclotral                       | 20      |
| Diclozor                        |         |
|                                 | 20      |
| Dificid 10,                     |         |
| Dificid 10,<br>Diflucan         |         |
|                                 |         |

| Dilacor XR                             | 20           |
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| Dilaudid                               | 20           |
| Diovan                                 | 20           |
| Diovan HCT                             | 20           |
| Dipentum                               | 20           |
| Diskets                                | 10           |
| Dispermox                              | 20           |
| Ditropan 17,                           | _            |
| Ditropan XL 17,                        |              |
| Divigel                                | 20           |
| Docefrez                               | 13           |
| Docetaxel                              | 13           |
| Dolophine                              | 10           |
| Dolotranz                              | 20           |
| Doubledex                              | 20           |
| Doxazosin                              | 5            |
| Doxil                                  | 13           |
| Doxorubicin HCI                        | 13           |
| Duac                                   | 20           |
| Duac CS                                | 20           |
| Duavee                                 | 20           |
| Duetact                                | 17           |
| Duexis                                 | 20           |
| Dulera 5,                              | 10           |
| Duloxetine                             | 5<br>5<br>14 |
| Duloxetine DR                          | 5            |
| Duopa                                  | 14           |
|  | 13           |
| Duragesic 5, 10,                       |              |
| Durezol                                | 20           |
| Duzallo                                | 20           |
| Dyloject                               | 20           |
| Dynabac                                | 20           |
| Dynacin                                | 20           |
| Dynacirc                               | 20           |
| Dynacirc CR                            | 20           |
| Dysport 10,                            | 13           |
| Dytan                                  | 20           |
| E                                      |              |
| —                                      |              |
| Easy Max diabetic testing              | 20           |
| supplies<br>Easy Step diabetic testing | 20           |
| supplies                               | 20           |
| Easy Talk diabetic testing             |              |
| supplies                               | 20           |
| Easy Touch diabetic testing            |              |
| supplies                               | 20           |
| Easy-Trak diabetic testing supplies    | 20           |
| Supplies                               | 20           |

|                          | ~ ~  |
|--------------------------|------|
| Edarbi                   | 20   |
| Edarbyclor               | 20   |
| Edluar 5                 |      |
| Effexor                  | 21   |
| Effexor XR 5             |      |
| Egrifta 10               | , 13 |
| Elenza                   | 21   |
| Elestrin                 | 21   |
| Eletone                  | 21   |
| Eletriptan               | 5    |
| Elidel                   | 10   |
| Eligard                  | 13   |
| Elizia                   | 21   |
| Ellence                  | 13   |
| Eloxatin                 | 13   |
| Elspar                   | 13   |
| Embeda 5, 10             | , 21 |
| Embrace diabetic testing |      |
| supplies                 | 21   |
| Emend                    | 5    |
| Empliciti                | 13   |
| Emsam                    | 21   |
| Emverm                   | 5    |
| Enablex 17               | , 21 |
| Enbrel 5, 10             | , 13 |
| Endometrin               | 15   |
| Enjuvia                  | 21   |
| Enoxaparin               | 5    |
| Enteral formula          | 10   |
| Entresto                 | 21   |
| Entyvio 10, 13           | , 21 |
| Epaned                   | 21   |
| Epclusa 6, 10            |      |
| Epi-Pen Auto-Injector    | 6    |
| EpiCeram                 | 21   |
| Epiduo                   | 21   |
| Epiduo Forte             | 21   |
| Epinephrine Snap-V       | 21   |
| Epinephrine injection    | 6    |
|                          | 13   |
| Epirubicin<br>Epicil     | 21   |
| Episil                   |      |
| Episnap Convenience Kit  | 21   |
| Epogen 6, 10, 13         |      |
| Epy Kit                  | 21   |
| Equetro                  | 21   |
| Erbitux                  | 10   |
| Erivedge                 | 14   |
| Ertaczo                  | 21   |
| Esbriet                  | 14   |
|                          |      |

| Escitalopram                 |     | 6  |
|------------------------------|-----|----|
| Esomeprazole                 | 6,  | 10 |
| Esomeprazole                 |     |    |
|                              | 10, |    |
| Estrace                      |     | 21 |
| Estraderm                    |     | 6  |
| Estradiol patch              |     | 6  |
| Estrasorb                    |     | 21 |
| Estrogel                     | 6,  | 21 |
| Eszopiclone                  |     | 6  |
| Ethyol                       |     | 13 |
| Etopophos                    |     | 13 |
| Etoposide                    | 13, |    |
| Eucrisa                      |     | 21 |
| Euflexxa                     | 10, |    |
| Evamist                      | 6,  | 21 |
| Evekeo                       | 10, | 21 |
| Evoclin                      |     | 21 |
| Evzio                        |     | 6  |
| ExacTech diabetic testir     | ng  |    |
| supplies                     |     | 21 |
|                              | 10, | 21 |
| Exetimibe/Simvastatin        |     | 6  |
| Exforge                      |     | 21 |
| Exforge HCT                  |     | 21 |
| Exjade                       |     | 14 |
| Extavia 6,                   | 13, | 21 |
| Extina                       |     | 21 |
| Eylea                        |     | 10 |
| Ezetimibe                    |     | 6  |
| F                            |     |    |
| FML Forte                    |     | 21 |
| FUDR                         |     | 13 |
| Factive                      |     | 21 |
| Factor VIII, VIIIa, IX, XIII |     | 10 |
| Falessa kit                  |     | 21 |
| Famciclovir                  |     | 6  |
| Famvir                       | 6,  | 21 |
| Fanapt                       |     | 21 |
|                              | 17, | 21 |
|                              | 10, | 14 |
| Faslodex                     | ,   | 13 |
| Fayosim                      |     | 6  |
| FazaClo                      |     | 21 |
| Femring                      |     | 21 |
| Femtrace                     |     | 21 |
| Fenoglide                    |     | 21 |
| Fentanyl oral/mucosal        | 6,  | 10 |
|                              | - / |    |

| Fentanyl patch            | 6, 10  |
|---------------------------|--------|
|                           | 10, 21 |
| Fertinex                  | 21     |
| Fetzima                   | 6, 21  |
| Fexmid                    | 21     |
| Fibracor                  | 21     |
| Fifty50 diabetic testing  |        |
| supplies                  | 21     |
| Finacea Plus              | 21     |
| Fioricet                  | 21     |
| Fiorinal                  | 21     |
| Fiorinal with Codeine     | 21     |
| Firazyr                   | 13     |
| Firmagon                  | 13     |
| Flagyl                    | 21     |
| Flagyl ER                 | 21     |
| Flagyl IV                 | 21     |
| Flebogamma                | 13     |
| Flector                   | 21     |
| Flolipid                  | 21     |
| Flovent/HFA               | 6      |
| Floxuridine               | 13     |
| Fluconazole               | 6      |
| Fludara                   | 13     |
| Fludarabine phosphate     | 13     |
| Flumist                   | 21     |
| Fluoroplex                | 21     |
| Fluorouracil              | 13     |
| Fluoxetine                | 6      |
| Fluoxetine DR             | 6      |
| Fluticasone/Salmeterol    | 6, 10  |
| Fluvastatin               | 6      |
| Fluvastatin XR            | 6      |
| Fluvoxamine               | 6      |
| Fluvoxamine CR            | 6      |
| Focalin                   | 21     |
| Focalin XR                | 6, 21  |
| Follistim AQ              | 15, 21 |
| Fondaparinux              | 6      |
| Fora V12 diabetic testing | g      |
| supplies                  | 21     |
| Foradil                   | 6      |
| Forfivo XL                | 6, 21  |
| Fortamet                  | 17, 21 |
| Forteo 6,                 | 10, 13 |
| Fortesta                  | 17, 21 |
| Fosamax 6,                | 17, 21 |
| Fosamax Plus D            | 6, 17  |
| Fragmin                   | 6, 21  |

| Freestyle diabetic testing supplies | g    | 21 |
|-------------------------------------|------|----|
| Frova                               | 6,   |    |
| Frovatriptan                        | 0,   | 6  |
| Fusilev I.V.                        |      | 13 |
| Fuzeon                              |      | 13 |
|                                     |      | 10 |
| G                                   |      |    |
| GE 100 diabetic testing             |      | 01 |
| supplies                            |      | 21 |
| GNP diabetic testing supplies       |      | 21 |
| GamaSTAN                            |      | 13 |
| Gammagard                           |      | 13 |
| Gammagard Liquid                    |      | 13 |
| Gammaked                            |      | 13 |
| Gammaplex                           |      | 13 |
| Gamunex                             |      | 13 |
| Ganirelix                           | 15,  |    |
| Garamide                            | 15,  | 21 |
| Gatifloxacin                        |      | 6  |
| Gattex                              |      | 13 |
| Gazyva                              |      | 13 |
| Gel-One                             | 10,  |    |
| GelX                                | 10,  | 21 |
| Gelclair                            |      | 21 |
| Gelnique                            | 17,  |    |
| Gelsyn-3                            | 10,  |    |
| Gemcitabine                         | 10,  | 13 |
| Gemzar                              |      | 13 |
| Genestrip diabetic testir           |      | 10 |
| supplies                            | iy   | 21 |
|                                     | 13,  | 21 |
| Geodon                              |      | 21 |
| Geref                               |      | 10 |
| Gialax                              |      | 21 |
| Giazo                               |      | 21 |
| Gilenya                             |      | 14 |
| Gilotrif                            |      | 14 |
| Glatiramer                          | 6,   | 13 |
| Glatopa                             | 6,   | 13 |
| Gleevec                             |      | 14 |
| Glucocard diabetic testi            | ng   |    |
| supplies                            | Ŭ    | 21 |
| Glucometer diabetic tes             | ting | 01 |
| supplies                            | 47   | 21 |
| Glucophage                          | 17,  |    |
| Glucophage XR                       | 17,  | -  |
| Glucose testing strips              | 4-   | 6  |
| Glumetza                            | 17,  | 21 |
| Glyxambi 6,                         | 17,  | 21 |
|                                     |      |    |

| Oversta dishatis tasting   |  |
|--|--|
| Gmate diabetic testing supplies  | 21   |
| GoLytely   | 21   |
| Gocovri  | 21   |
| Gonal F Rff Rediject   | 15   |
| Gonal F/Gonal F RFF  | 15   |
| Granisetron  | 6  |
| Granisol   | 6  |
| Granix   | 6, 13  |
| Grastek  | 6, 10  |
| H  | 0, 10  |
| HPR  | 21   |
| HPR Plus   | 21   |
| HPR Plus Hydrogel Kit  | 21   |
| Halonate   | 21   |
| Halotin  | 21   |
| Harvoni 6,   | 10, 14   |
| Healthpro diabetic testin  | ng<br>21   |
| supplies<br>Helidac  | 21   |
| Herceptin  | 13   |
|  |  |
| Hizentra   | 10, 14<br>13   |
| Horizant   | 21   |
| Human Chorionic  | 21   |
|  |  |
|  | 15   |
| Gonadotropin (HCG)<br>Humana True Metrix dia   |  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies   | betic<br>21  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope  | betic<br>21<br>10, 13  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope  | betic<br>21<br>10, 13<br>10, 13  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia   | betic<br>21<br>10, 13<br>10, 13<br>13  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,   | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin  | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai  | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit   | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21  |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER   | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone  | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase  | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic   | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic<br>Hylatopic Plus   | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat   | betic<br>21<br>10, 13<br>10, 13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>21<br>21<br>21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylira   | betic<br>21<br>10, 13<br>10, 13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>21<br>21<br>21<br>21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylira<br>Hymovis  | betic<br>21<br>10, 13<br>10, 13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>21<br>10, 21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylira<br>Hymovis<br>Hysingla ER 6,  | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>21<br>10, 21<br>10, 21<br>10, 21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylara<br>Hysingla ER 6,<br>Hytrin | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>21<br>10, 21<br>10, 21<br>10, 21<br>10, 21<br>10, 21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylira<br>Hymovis<br>Hysingla ER 6,<br>Hytrin<br>Hyzaar  | betic<br>21<br>10, 13<br>10, 13<br>13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>21<br>10, 21<br>10, 21<br>10, 21   |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylara<br>Hysingla ER 6,<br>Hytrin<br>Hyzaar                           | betic<br>21<br>10, 13<br>10, 13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>10, 21<br>10, 21<br>10, 21<br>10, 21<br>10, 21<br>21<br>21<br>21<br>21<br>21<br>21<br>21<br>21<br>21 |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylase<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylira<br>Hymovis<br>Hysingla ER 6,<br>Hytrin<br>Hyzaar<br>I<br>IB-Stat  | betic<br>21<br>10, 13<br>10, 13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>10, 21<br>10, 21<br>10, 21<br>10, 21<br>21<br>21<br>21<br>21<br>21<br>21<br>21<br>21<br>21           |
| Gonadotropin (HCG)<br>Humana True Metrix dia<br>testing supplies<br>Humatrope<br>Humira 6,<br>HyQvia<br>Hyalgan<br>Hycamtin<br>Hydrocortisone-Lidocai<br>kit<br>Hydromorphone ER<br>Hydroxyprogesterone<br>Hylatopic<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus-Aurstat<br>Hylatopic Plus<br>Hylatopic Plus-Aurstat<br>Hylara<br>Hysingla ER 6,<br>Hytrin<br>Hyzaar                           | betic<br>21<br>10, 13<br>10, 13<br>10, 21<br>13, 14<br>ne<br>21<br>6, 10<br>10, 13<br>21<br>21<br>21<br>21<br>10, 21<br>10, 21<br>10, 21<br>10, 21<br>10, 21<br>21<br>21<br>21<br>21<br>21<br>21<br>21<br>21<br>21 |

| IC800 kit                | 21     |
|--------------------------|--------|
| IV Immunoglobulin        | 10     |
| Ibandronate              | 6      |
| Ibandronate              |        |
|                          | 10, 13 |
|                          | 10, 14 |
| Iclusig                  | 14     |
| Idamycin PFS             | 13     |
| Idarubicin               | 13     |
| Idhifa                   | 10, 14 |
| lfex                     | 13     |
| lfosfamide               | 13     |
| lfosfamide/Mesna         | 13     |
|                          | 10, 13 |
| llevro                   | 21     |
| Imatinib                 | 15     |
| Imbruvica                | 15     |
| Imfinzi                  | 13     |
| Imitrex                  | 6      |
| Impavido                 | 6      |
| Imuran                   | 21     |
|                          | 10, 13 |
| Incruse Ellipta          | 6, 10  |
| Inderal LA               | 21     |
|                          |        |
| Inderal XL               | 21     |
| Infergen                 | 6      |
| Inflamma K               | 21     |
|                          | 10, 13 |
| Inlyta                   | 15     |
| InnoPran XL              | 21     |
| Innohep                  | 21     |
| Insulins                 | 6      |
| Interferons (alpha, gamm |        |
| Intermezzo               | 6, 21  |
| Intron A                 | 13     |
| Introvale                | 6      |
| Intuniv                  | 21     |
| Invega                   | 21     |
| Invokamet                | 6, 17  |
| Invokamet XR             | 6, 17  |
| Invokana                 | 6, 17  |
| Iplex                    | 10     |
| Ipratropium NS           | 6      |
| lquix                    | 21     |
| Irenka DR                | 6, 21  |
| Iressa                   | 15     |
| Irinotecan               | 13     |
| Istalol                  | 21     |
| Istodax                  | 13     |
|                          |        |

| Itraconazole                        | 6             |
|-------------------------------------|---------------|
| J                                   |               |
| Jadenu                              | 15            |
| Jakafi                              | 15<br>15      |
| Jalyn                               | 17            |
| Janumet                             | 17            |
| Janumet XR                          | 17            |
| Januvia                             | 17            |
| Jardiance                           | 6, 17         |
| Jentadueto                          | 17, 21        |
| Jentadueto XR                       | 17, 21        |
| Jolessa                             | <u>,</u><br>6 |
| Jublia                              | 22            |
| Juxtapid                            | 10, 15        |
| K                                   |               |
| Kadian 6,                           | 10, 22        |
| Kalydeco 6,                         | 10, 15        |
| Kapvay                              | 22            |
| Kazano                              | 17, 22        |
| Kenalog                             | 13            |
| Keppra XR                           | 22            |
| Keralyt kit                         | 22            |
| Kerydin                             | 6, 22         |
| Ketocon + Plus                      | 22            |
| Ketorolac ophthalmic                | 6             |
| Keveyis                             | 6             |
|                                     | 10, 13        |
| Keytruda                            | 13            |
| Khedezla                            | 6, 22         |
| Kineret                             | 10, 13        |
| Kisqali                             | 10, 15        |
| Kisqali Femara                      | 10, 15        |
| Kitabis PAK                         | 15, 22        |
| Klonopin                            | 22            |
| Kombiglyze XR                       | 22<br>17      |
| Korlym                              | 15            |
| Kro Premium diabetic te             |               |
| supplies                            | 22            |
| Kuvan                               | 15            |
| Kynamro                             | 10, 13        |
| Kytril                              | 6, 22         |
| L                                   |               |
| Lamictal ODT                        | 22            |
| Lamisil                             | 6, 22         |
| Lamisil Granules                    | 22            |
| Lansoprazole                        | 6             |
| Lansoprazole/Amoxicilli rithromycin | n/Cla-<br>6   |

| Latuda                   |       | 22 |
|--------------------------|-------|----|
| Lazanda 6                | , 10, | 22 |
| Leflunomide              |       | 6  |
| Lemtrada                 | 13,   | 22 |
| Lenvima                  | 10,   | 15 |
| Lescol                   | 6,    | 22 |
| Lescol XL                |       | 22 |
| Letairis                 |       | 15 |
| Leucovorin Calcium       |       | 13 |
| Leukine                  | 10,   | 13 |
| Leuprolide               |       | 15 |
| Leuprolide Acetate       |       | 13 |
| Leustatin                |       | 13 |
| Leva Set                 |       | 22 |
| Levalbuterol HFA         | 6,    | 22 |
| Levaquin                 | -,    | 22 |
| Levemir                  |       | 22 |
| Levlen                   |       | 22 |
| Levoleucovorin           |       | 13 |
| Levonorgestrel/Ethinyl   |       | 10 |
| Estradiol                |       | 6  |
| Levonorgestrel/Ethinyl   |       |    |
| Estradiol/Ethinyl Estra  |       | 6  |
| Lexapro                  | 6,    | 22 |
| Lexxel                   |       | 22 |
| Liberty diabetic testing |       | ~~ |
| supplies                 |       | 22 |
| Lido-Prilo Caine Pak     |       | 22 |
| Lidocaine Patch          |       | 6  |
| Lidociane 5% cream       |       | 6  |
| Lidociane HC Kit         |       | 22 |
| Lidocodex I              |       | 22 |
| Lidoderm                 |       | 6  |
| Lidodextrapine           |       | 22 |
| Lidopac                  |       | 22 |
| Lidopril                 |       | 22 |
| Lidotrans 5 Pac          |       | 22 |
| Lidotrex                 |       | 22 |
| Lidovex                  |       | 22 |
| Lidovir                  |       | 22 |
| Lidoxib                  | 17,   | 22 |
| Linzess                  |       | 6  |
| Lipitor                  | 6,    | 22 |
| Lipodox                  |       | 13 |
| Lipodox-50               |       | 13 |
| Lipofen                  |       | 22 |
| Liprozone Pak            |       | 22 |
| Liptruzet                | 6,    | 22 |
| Liquadd                  | ,     | 10 |
|                          |       |    |

| Livalo            | 6, 22        |
|-------------------|--------------|
| Livixil PAK       | 22           |
| LoSeasonique      | 6, 22        |
| Lodine            | 22           |
| Lodine XL         | 22           |
| Lofibra           | 22           |
| Lonsurf           | 15           |
| Lopressor         | 22           |
| Loprox Kit        | 22           |
| Lorabid           | 22           |
| Lorenza           | 22           |
| Lotensin          | 22           |
| Lotensin HCT      | 22           |
| Lotronex          | 6            |
| Loutrex           | 22           |
|                   |              |
| Lovastatin        | 6            |
| Lovaza            | 22           |
| Lovenox           | 6, 22        |
| Lucentis          | 10           |
| Lumigan           | 17           |
| Lunesta           | 6, 22        |
| Lupaneta Pack     | 13           |
| Lupron Depot      | 13, 15       |
| Lupron Depot-Ped  | 13, 15       |
| Luveris           | 13, 15<br>15 |
| Luvox CR          | 6, 22        |
| Luzu              | 22           |
| Lynparza          | 10           |
| Lyrica            | 10           |
| Lysteda           | 6, 22        |
| Lytensopril       | 22           |
| M                 |              |
|                   |              |
| MAC Patch         | 22           |
| MB Hydrogel       | 22           |
| MS Contin         | 6, 10        |
| Macugen           | 10           |
| Makena            | 10, 13, 15   |
| Marqibo           | 13           |
| Marvona SUIK      | 22           |
| Mavik             | 22           |
| Mavyret           | 6, 10, 15    |
| Maxair Autohaler  | 6, 22        |
| Maxalt            | 6, 22        |
| Maxalt-MLT        | 6, 22        |
| Maxipime          | 22           |
| Medolor Kit       | 22           |
| Medroloan II SUIK | 22           |
| Medroloan SUIK    | 22           |
| WEUTOIDAN SUIK    |              |

| Medrox Patch             | 22     |
|--------------------------|--------|
| Megace ES                | 22     |
| Mekinist                 | 10, 15 |
| Meloxicam                | 6      |
| Menopur                  | 15     |
| Menostar                 | 6, 22  |
| Mentho-Caine Kit         | 22     |
| Mesalamine HD            | 22     |
| Mesna                    | 13     |
| Mesnex                   | 13, 15 |
| Metadate CD              | 6      |
| Metaglip                 | 22     |
| Metformin ER             |        |
| Metformin Film Coated    | 17, 22 |
| ER                       | 17, 22 |
| Methadone                | 10     |
| Methadose                | 10     |
| Methamphetamine          | 10     |
|                          |        |
| Methotrexate             | 13     |
| Methylphenidate CD       | 6      |
| Methylphenidate ER       | 6      |
| Methylphenidate LA       | 6      |
| Metozolv ODT             | 22     |
| Metrogel kit             | 22     |
| Mevacor                  | 6, 22  |
| Micardis                 | 22     |
| Micardis HCT             | 22     |
| Microdot diabetic testin |        |
| supplies                 | 22     |
| Migranal                 | 6      |
| Migranow                 | 22     |
| Migranow Kit             | 6      |
| Minastrin Fe Chewable    | 22     |
| Minivelle                | 6      |
| Minocin                  | 22     |
| Minocin Combo Pack       | 22     |
| Mirapex                  | 17     |
| Mirapex ER               | 17, 22 |
| Mircera                  | 13     |
| Mirtazapine              | 6      |
| Mirtazapine Rapid Diss   |        |
| Mitomycin                | 13     |
| Mitoxantrone             | 13     |
|                          |        |
| Mobic<br>Modefinil       | 6, 22  |
| Modafinil<br>Madariba    | 10     |
| Moderiba                 | 15     |
| Momexin                  | 22     |
| Monodox                  | 22     |
| Monopril                 | 22     |
|                          |        |

| Monopril HCT        | 22         |
|---------------------|------------|
| Monovisc            | 10, 22     |
| Morgidox Kit        | 22         |
| Morphabond ER       | 6, 10, 22  |
| Morphine Sulfate CR | 10, 10, 22 |
| Morphine Sulfate ER | 6, 10      |
|                     |            |
| Movantik            | 6          |
| MoviPrep            | 22<br>22   |
| Moxatag             |            |
| Moxeza              | 6, 22      |
| Mozobil             | 13         |
| Mustargen           | 13         |
| Myalept             | 10, 14     |
| Mydayis             | 6, 22      |
| Mylotarg            | 14         |
| Myobloc             | 10, 14     |
| Myoxin              | 22         |
| Myrbetriq           | 17         |
| Ν                   |            |
| Namzaric            | 22         |
| Naprelan            | 22         |
| Naprelan CR         | 22         |
| Napropak Cool Kit   | 22         |
| Naprosyn            | 22         |
| Naprosyn EC         | 22         |
| Naptara             | 6, 14      |
| Naratriptan         | 6          |
| Narcan              | 6          |
| Nascobal            | 22         |
| Natazia             | 22         |
| Natesto Nasal       | 17, 22     |
| Navelbine           | 14         |
| NebuPent            | 6          |
| Neo-Synalar Kit     | 22         |
| Neosalus            | 22         |
| Neosalus CP         | 22         |
| Neosar              | 14         |
|                     | 14         |
| Nerlynx             | 17, 22     |
| Nesina              |            |
| Neuac Kit           | 22         |
| Neulasta            | 6, 14      |
| Neumaxin            | 22         |
| Neumega             | 14         |
| Neupogen            | 6, 14      |
| Neupro              | 22         |
| Neurontin           | 22         |
| Nevanac             | 22         |
| Nexavar             | 15         |

| Nexiclon XR               | 22 |
|---------------------------|----|
| Nexium 6, 10,             |    |
| Ninlaro                   | 15 |
| Nipent                    | 14 |
| Niravam                   | 22 |
| Nor-Q-D                   | 22 |
| Norditropin 10, 14,       | 22 |
| Norditropin Flexpro       | 14 |
| Norditropin Nordiflex     | 14 |
| Norinyl                   | 22 |
| Noroxin                   | 22 |
| Northera 15,              |    |
|                           | 22 |
| Nova Max diabetic testing | 22 |
| supplies                  | 22 |
| Novacort                  | 22 |
| Novantrone                | 14 |
| Novarel                   | 15 |
| Novolin Insulin products  | 22 |
|                           | 22 |
| Novolog Insulin products  |    |
| Noxipak                   | 22 |
| Nplate                    | 14 |
| NuCort                    | 22 |
| NuLytely                  | 22 |
| Nucala 10,                |    |
| Nucynta                   | 22 |
| Nucynta ER 6, 10,         | 22 |
| Nudiclo SoluPak           | 22 |
| Nudiclo TabPak            | 22 |
| Nuplazid 6,               | 15 |
| Nusurgepak Surgical Prep  | 23 |
| Nutraseb                  | 23 |
| NutriDox                  | 23 |
| NutriaRx Pak              | 23 |
| Nutritional Supplements   | 10 |
| Nutropin 10,              |    |
| Nutropin AQ               | 14 |
| Nutropin AQ Nuspin        | 14 |
| Nuvessa                   | 23 |
| Nuvigil 10,               | 23 |
|                           | 23 |
| Nyata Kit                 | 23 |
| 0                         |    |
| Ocaliva                   | 6  |
| Octagam                   | 14 |
| Octreotide injection      | 14 |
| Ocudox kit                | 23 |
| Odomzo 7,                 |    |
| Ofev                      | 15 |
|                           |    |
|                           |    |

| Oforta                                | 15             |
|---------------------------------------|----------------|
| Olanzepine-Fluoxetine                 | 7              |
| Oleptro ER 2                          | 23             |
| Olopatadine Nasal                     | 7              |
|                                       | 23             |
| Olysio 7, 10, 15, 2                   | _              |
| OmePPI 7, 1                           | 10             |
|                                       | 7              |
| Omeprazole                            | _              |
| Omeprazole-Sod.<br>Bicarbonate 7, 1   |                |
|                                       | 23             |
| Omnitrope 10, 14, 2                   | 23             |
|                                       | 10             |
| Oncaspar                              | 14             |
| Ondansetron                           | 14<br>7<br>7   |
| Ondansetron ODT                       | 7              |
| Onexton 2                             | <u>,</u>       |
| Onezetra Xsail                        | 7              |
|                                       | <u>/</u><br>17 |
|                                       |                |
| Onmel 7,2                             |                |
| Onsolis 7, 10, 2                      | _              |
| Onzetra Xsail                         | 23             |
| Opana 2                               | 23             |
| Opana ER 7, 10, 2                     | 23             |
|                                       | 14             |
| · · · · · · · · · · · · · · · · · · · | 15             |
| •                                     | 23             |
| Optium diabetic testing               |                |
| supplies 2                            | 23             |
|                                       | 23             |
|                                       | 10             |
| Oramorph SR 7, 10, 2                  | 23             |
| Orapred ODT 2                         | 23             |
| Oravig 2                              | 23             |
| Orencia 10, 14, 2                     | 23             |
|                                       | 15             |
|                                       | 15             |
|                                       | 15             |
|                                       | 23             |
|                                       |                |
|                                       | 23             |
|                                       | 23             |
|                                       | 23             |
|                                       | 23             |
|                                       | 23             |
| Otezla 7, 11, 1                       | 15             |
| Otezla Starter Pack                   | 15             |
| Otrexup 14, 2                         | 23             |
|                                       | 23             |
| Ovidrel                               | 15             |
|                                       | _              |

| Ovalialatia          | 14                           |
|----------------------|------------------------------|
| Oxaliplatin          |                              |
| Oxaydo<br>Oxaata     | 23                           |
| Oxecta<br>OxyContin  | 23                           |
|                      | 7, 11                        |
| Oxycodone ER         | 11                           |
| Oxycontin            |                              |
| Oxymorphone ER       | 7, 11                        |
| Oxytrol              | 17, 23                       |
| Р                    |                              |
| P-Care               | 23                           |
| P-Care K             | 23                           |
| P-Care M             | 23                           |
| P-Care MG            | 23                           |
| P-Care X             | 23                           |
| PCE                  | 23                           |
| PCE Dispertab        | 23                           |
| PEG-Intron           | 7                            |
| POD Care 100K        | 23                           |
| POD Care 100KG       | 23                           |
| PR-Cream             | 23                           |
| Paclitaxel           | 14                           |
| Pain Relief Patch    | 23                           |
| Paingo KFT           | 23                           |
| Pamelor              | 23                           |
| Pamidronate          | 14                           |
| Pamidronate disodium | 14                           |
| Pamine FQ            | 23                           |
| Pancreaze            | 23                           |
| Panretin             | 15                           |
| Pantoprazole         | 15<br>7<br>23<br>7<br>7<br>7 |
| Paptase              | 23                           |
| Paroxetine           | 7                            |
| Paroxetine CR        | 7                            |
| Patanase             | 7, 23                        |
| Paxil                | 7,23                         |
| Paxil CR             | 7,23                         |
| PediPak              | 23                           |
| Pediaderm AF         |                              |
| Pediaderm HC         | 23<br>23                     |
| Pediaderm TA         | 23                           |
|                      | 7                            |
| Pediapirox-4         |                              |
| Peg-Intron           | 14<br>7, 14                  |
| Pegasys              |                              |
| Penlac               | 7,23                         |
| Pennsaid             | 7,23                         |
| Pepcid               | 23                           |
| Percocet             | 23                           |
| Pertzye              | 23                           |

| Pexeva 7,                                   | 23      |
|---|---------|
| Pharmacist Choice diabetic testing supplies | ;<br>23 |
| Photofrin                                   | 14      |
| Picato                                      | 23      |
| Pioglitazone 7,                             |         |
| Pioglitazone-Glimepiride 7,                 |         |
| Pioglitazone-Metformin 7,                   |         |
| Plaquenil                                   | 23      |
| Plegridy 7, 14,                             |         |
| Pomalyst                                    | 15      |
| Praluent 7, 11,                             | 14      |
| Pram-HCA                                    | 23      |
| Pramcort                                    | 23      |
| Pramosone E                                 | 23      |
| PrandiMet                                   | 23      |
| Prandimet                                   | 17      |
| Prandin                                     | 17      |
| Pravachol 7,                                | 23      |
| Pravastatin                                 | 7       |
| Precision QID diabetic                      | ~~      |
| supplies                                    | 23      |
| Precision X-Tra diabetic supllies           | 23      |
| Pregnyl                                     | 15      |
| Premium diabetic testing                    |         |
| supplies                                    | 23      |
| Prepopik                                    | 23      |
| Presera                                     | 23      |
| Preservative-Free<br>Morphine               | 11      |
| Prestalia                                   | 23      |
| Prestige diabetic testing                   |         |
| supplies                                    | 23      |
|   | 23      |
| Prevacid 7, 11,                             |         |
| Prevacid NapraPAC                           | 23      |
| Prilolid                                    | 23      |
| Prilosec 7, 11,                             |         |
| Prinivil                                    | 23      |
| Prinzide                                    | 23      |
| Pristiq 7,                                  | 23      |
| Pristiq ER 7,                               | 23      |
| Privigen                                    | 14      |
| ProAir HFA                                  | 7       |
| ProAir Respiclick                           | 7       |
| Procentra 11,                               | 23      |
| Procort                                     | 23      |
| Procrit 7, 11,                              | 14      |
| Procysbi                                    | 15      |

| Dradiau diabatia taating          |        |
|-----------------------------------|--------|
| Prodigy diabetic testing supplies | 23     |
| Prolastin                         | 11     |
| Prolastin C                       | 11     |
| Prolensa                          | 23     |
| Proleukin                         | 11, 14 |
| Prolia                            | 11, 14 |
| Promacta                          | 15     |
| Promiseb                          | 23     |
|                                   | 23     |
| Promiseb Light                    |        |
| Proquin XR                        | 23     |
| Proscar                           | 17     |
|                                   | 11, 23 |
| Protopic                          | 11     |
| Protropin                         | 11     |
| Proventil                         | 23     |
| Proventil HFA                     | 7, 23  |
| Proventil Repetab                 | 23     |
| Proventil inhaler                 | 23     |
| Provenza                          | 23     |
| Provigil                          | 11     |
| Prozac                            | 7, 23  |
| Prozac Weekly                     | 7, 23  |
| Pulmicort Flexhaler               | 7      |
| Pulmicort Respules                | 7      |
| Pulmozyme                         | 15     |
| Purinethol                        | 23     |
| Pylera                            | 23     |
|                                   |        |
| Q                                 |        |
| QVAR                              | 7      |
| Qbrelis                           | 23     |
| Qualaquin                         | 7      |
| Quartette                         | 7, 23  |
| Quasense                          | 7      |
| Quillichew                        | 7      |
| Quillichew ER                     | 23     |
| Quillivant XR                     | 23     |
| Quinine Sulfate                   | 7      |
| Quinja                            | 23     |
| Quixin                            | 23     |
| Qutenza                           | 7, 15  |
| R                                 | .,     |
| n                                 |        |
| Rabeprazole                       | 7      |
| RadiaPlex Rx                      | 23     |
| Radicava                          | 14     |
| Radigel                           | 23     |
| Ragwitek                          | 7, 11  |
| Raniclor                          | 23     |
|                                   |        |

| Rapaflo 23                          |
|-------------------------------------|
| Rapaflux 7                          |
| Raptiva 11                          |
| Rasuvio 23                          |
| Ravicti 15                          |
| Rayaldee 23                         |
| Rayos 23                            |
| Readysharp                          |
| Betamethasone 23                    |
| Readysharp Bupivicaine 23           |
| Readysharp<br>Dexamethasone 23      |
|                                     |
| Readysharp Ketorolac 23             |
| Readysharp Lidocaine 23             |
| Readysharp<br>Methylprednisolone 23 |
|                                     |
| Readysharp Triamcinolone 23         |
| Rebetol 15                          |
| Rebif 7, 14                         |
| Reciphexamine 23                    |
| Reclast 11                          |
| Recothrom 23                        |
| Regenecare 23                       |
| Regranex 11                         |
| Relador Pak 23                      |
| Relador Pak Plus 23                 |
| Relafen 23                          |
| Relion diabetic testing             |
| supplies 23                         |
| Relpax 7, 23                        |
| Relyyks 23                          |
| Relyyt 23                           |
| Remeron 7, 23                       |
| Remeron Soltab 7, 23                |
| Remicade 11, 14                     |
| Renflexis 11, 14                    |
| Renovo 23                           |
| Repatha 7, 11, 14, 24               |
| Repronex 15                         |
| Requip 17, 24                       |
| Requip XL 17, 24                    |
| Rescula 17, 24                      |
| Respiratory SyncytialVirus          |
| IG/Synagis 11                       |
| Restasis 7, 11                      |
| Restoril 24                         |
| Retin-A Micro 24                    |
| Revatio 11, 14, 15, 24              |
| Revlimid 15                         |
| Rexulti 7, 24                       |
|                                     |

| Ribapak 15   |
|--|
| Ribasphere 15  |
| Ribatab 15   |
| Ribavirin 15   |
| Rilutek 15   |
| Riluzole 15  |
| Rinnovi 24   |
| Risedronate 7  |
| Risperdal M-Tab 24   |
| Ritalin 24   |
| Ritalin LA 7, 24   |
| Ritalin SR 24  |
|  |
| Rituxan11, 14Rivelsa7Rizatriptan7Rosadan24Rosanil24Rosuvastatin7Rozerem7 |
| Rizatriptan 7  |
| Rosadan 24   |
| Rosanil 24   |
| Rosuvastatin 7   |
| Rosuvastatin 7   |
|  |
| Rubraca 15   |
| Ruconest 14  |
| Rybix ODT 24   |
| Rydapt 11, 15  |
| Rynatan 24   |
| Rytary ER 24   |
| Rythmol 24   |
| Ryzolt 24  |
| S  |
| Sabril 15  |
| Saizen 11, 14, 24  |
| SaizenPrep 11, 14, 24  |
| Salicylic Acid 6% Kit 24   |
|  |
| Salicylic Acid-Ceramide kit 24   |
| Salkera 24   |
| Salvax 24  |
| Salvax Duo 24  |
| Salvax Duo Plus 24   |
| Samsca 15  |
| SanadermRx Skin Repair 24  |
| Sanctura 17, 24  |
| Sanctura XR 17, 24   |
| Sancuso 7, 24  |
| Sandostatin 14   |
| Sandostatin-LAR 14   |
| Saphris 24   |
| Sarafem 7, 24  |
| Savaysa 24   |
| Saxenda 7, 11  |
|  |

| Scalacort                                  | 24            |
|--|---------------|
| Scar                                       | 24            |
| Seasonique                                 | 7, 24         |
| Sebuderm                                   | 24            |
| Seebri Neohaler                            | 7, 24         |
| Selferma                                   | 7             |
| Senophylline                               | 24            |
| Serevent Diskus                            | 7             |
| Sernivo                                    | 24            |
| Serophene                                  | 15            |
| Seroquel                                   | 24            |
| Seroquel XR                                | 24            |
| Serostim                                   | 11, 14        |
| Sertraline                                 | 7             |
| Setlakin                                   | 7             |
| Signafor                                   | 14            |
| Signafor LAR                               | 14            |
| Silazone-II                                | 24            |
| Sildenafil                                 | 11, 15        |
| Silenor                                    | 7, 24         |
| Siliq                                      | 7, 14         |
| Silvera                                    | 24            |
| Silvrstat                                  | 24            |
| Simbrinza                                  | 24            |
| Simcor                                     | 7, 24         |
|  | 7, 11, 14     |
| Simponi Aria                               | 11, 14        |
| Simulect                                   | 14            |
| Simvastatin                                | 7             |
| Sinelee                                    | 24            |
| Sinemet                                    | 24            |
| Singulair                                  | 24            |
| Sitavig                                    | 24            |
| Skelid                                     | 24            |
|  |               |
| Skille<br>Smort Sanaa diabatia             | tooting       |
| Sklice<br>Smart Sense diabetic<br>supplies | testing<br>24 |
| SmartRx Gaba-V                             | 24            |
| SmartRx GabaKit                            | 24            |
| Sof-Tact diabetic sup                      | plies 24      |
| Solaice                                    | 24            |
| Solaraze                                   | 24            |
| Soliqua                                    | 7, 17, 24     |
| Solodyn                                    | 24            |
| Soltamox                                   | 24            |
| Solupak                                    | 24            |
| Solus V2 diabetic test                     |               |
| supplies                                   | 24            |
| Soma                                       | 24            |
|  |               |

| Somatuline                     | 14        |
|--------------------------------|-----------|
| Somavert                       | 14        |
| Sonata                         | 7, 24     |
| Soolantra                      | 24        |
| Sovaldi 7, 1                   | 1, 15, 24 |
| Spectracef                     | 24        |
| Spinraza                       | 11, 14    |
| Spiriva                        | 7         |
| Sporanox                       | 7, 24     |
| Spritam                        | 24        |
| Sprix                          | 24        |
| Sprycel                        | 15        |
| Stavzor                        | 24        |
| Stelara                        | 11, 14    |
| Stiolto Respimat               | 7         |
|                                |           |
| Stivarga                       | 15        |
| Strattera                      | 7, 11     |
| Striant                        | 24        |
| Striverdi Respimat             | 7         |
| Suboxone                       |           |
| Subsys                         | 7, 11, 24 |
| Subutex                        | 7         |
| Suclear                        | 24        |
| Sucraid                        | 15        |
| Sular                          | 24        |
| Sumadan                        | 24        |
| Sumatriptan                    | 7         |
| Sumavel Dosepro                | 7, 24     |
| Sumaxin                        | 24        |
| Sumaxin CP                     | 24        |
| Sumaxin TS                     | 24        |
| Supartz                        | 11, 24    |
|                                | 24        |
| Suprep<br>Sure Result Tak Pack |           |
|                                | 24        |
| Sustol                         | 24        |
| Sutent                         | 15        |
| Sylatron                       | 14        |
| Sylvant                        | 7, 11     |
| Symbicort                      | 7, 11     |
| Symbyax                        | (         |
| Synagis                        | 14        |
| Synalar Combo-Pack             | 24        |
| Synalar TS                     | 24        |
| Synjardy                       | 7, 17     |
| Synribo                        | 14        |
| Synvexia TC                    | 24        |
| Synvisc                        | 11, 24    |
| Synvisc One                    | 11        |
|                                |           |

| Synvisc-One   | 24           |
|---|--------------|
| Т   |              |
| TL-Triseb   | 24           |
| TOBI ampules  | 15           |
| TOBI-Podhaler   | 15           |
| TPN   | 11           |
| Tacrolimus (topical)                                  | 11           |
| Tafinlar 11,  |              |
| Tagamet   | 24           |
| Tagrisso  | 15           |
| Taltz 7, 11, 14,                                      |              |
| Tanzeum 7, 17,  | 24           |
| Tarabine  | 14           |
| Tarceva   | 15           |
| Targadox  | 24           |
| Tasigna   | 15           |
| Taxol   | 14           |
| Taxotere  | 14           |
| Taytulla  | 24           |
| Tecentriq   | 14           |
| Tecfidera   | 15           |
| Technivie 7, 11, 15,                                  | 24           |
| Tekamlo   | 24           |
| Tekturna  | 24           |
| Tekturna HCT  | 24           |
| Temodar   | 15           |
| Temozoloamide   | 15           |
| Teniposide  | 14           |
| Tenormin  | 24           |
| Tepadina  | 14           |
| Tequin  |              |
| Terazosin   | 24<br>7<br>7 |
| Terbinafine   | 7            |
| Terbinex 7,   | 24           |
| Tersi   | 24           |
| Test N'Go diabetic testing                            |              |
| supplies  | 24           |
|   | 24           |
| Testone Kit   | 24           |
| Testosterone CIK Kit 17,                              | 24           |
| Testosterone gel (Fortesta<br>Authorized product) 17, | 24           |
| Testosterone gel (Testim                              |              |
|   | 24           |
| Testosterone gel (Vogelxo_                            |              |
|   | 24           |
| Tetrabenazine   | 15           |
| Tetrix  | 24           |
| Tev-Tropin 11, 14,                                    | 24           |
|   |              |

| Teveten  | 24   |
|--|--|
| Teveten HCT  | 24   |
| Thalomid   | 15   |
| TheraCys   | 14   |
| Therapentin  | 24   |
| Theraproxen  | 24   |
| Thiotepa   | 14   |
| Thyrogen   | 14   |
| Tiamate  | 24   |
| Tiazac   | 24   |
| Tindamax   | 24   |
| Tirosint   | 24   |
| Tivorbex   | 7, 24  |
| TobraDex ST  | 24   |
| Tobramycin ampules   |  |
| Tofranil   | 24   |
| Tolak  | 24   |
| Topical Retinoic Acid  |  |
| Derivatives  | 11   |
| Toposar  | 14   |
| Tornalate  | 24   |
| Toronova II SUIK   | 24   |
| Toronova SUIK  | 24   |
| Totect   | 14   |
| Toujeo Solostar  | 7  |
|  |  |
| Toviaz   | 17, 24   |
| Tracleer   | 15   |
| Tracleer<br>Tradjenta  |  |
| Tracleer   | 15   |
| Tracleer<br>Tradjenta  | 15<br>17, 24<br>7<br>24  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid   | 15<br>17, 24<br>7  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan  | 15<br>17, 24<br>7<br>24<br>24<br>17  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel  | 15<br>17, 24<br>7<br>24<br>24<br>17<br>17  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan  | 15<br>17, 24<br>7<br>24<br>24<br>17<br>17<br>17  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z  | 15<br>17, 24<br>7<br>24<br>24<br>17<br>17<br>17<br>14<br>14  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar  | 15<br>17, 24<br>7<br>24<br>24<br>17<br>17<br>17  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot  | 15<br>17, 24<br>24<br>24<br>17<br>17<br>17<br>14<br>14<br>14<br>7, 14  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba   | 15<br>17, 24<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24   |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya  | 15<br>17, 24<br>24<br>24<br>17<br>17<br>17<br>14<br>14<br>14<br>7, 14  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba   | 15<br>17, 24<br>7<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24   |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba<br>Tresiba<br>Tretin-X  | 15<br>17, 24<br>24<br>24<br>17<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24<br>24  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba<br>Tretin-X<br>Treximet<br>Trezix<br>Tri-Levlen   | 15<br>17, 24<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24<br>24<br>25  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba<br>Tretin-X<br>Treximet<br>Trezix<br>Tri-Levlen<br>Tri-Norinyl  | 15<br>17, 24<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24<br>24<br>25<br>25  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba<br>Tresiba<br>Tretin-X<br>Treximet<br>Trezix<br>Tri-Levlen<br>Tri-Norinyl<br>Tri-Sila Topical                                     | 15<br>17, 24<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24<br>24<br>25<br>25<br>25  |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar Depot<br>Trelstar LA<br>Tresiba<br>Tresiba<br>Tretin-X<br>Treximet<br>Trezix<br>Tri-Levlen<br>Tri-Norinyl<br>Tri-Sila Topical<br>TriOxin   | 15<br>17, 24<br>7<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24<br>24<br>25<br>25<br>25<br>25   |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba<br>Tresiba<br>Tretin-X<br>Treximet<br>Trezix<br>Tri-Levlen<br>Tri-Norinyl<br>Tri-Sila Topical                                     | 15<br>17, 24<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24<br>24<br>7, 24<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>24   |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar Depot<br>Trelstar LA<br>Tresiba<br>Tresiba<br>Tretin-X<br>Treximet<br>Trezix<br>Tri-Levlen<br>Tri-Sila Topical<br>TriOxin  | 15<br>17, 24<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24<br>24<br>7, 24<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>24<br>24   |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba<br>Tresiba<br>Tretin-X<br>Treximet<br>Trezix<br>Tri-Levlen<br>Tri-Norinyl<br>Tri-Sila Topical<br>TriOxin<br>Tribenzor<br>Triglide | $     \begin{array}{r}       15 \\       17, 24 \\       7 \\       24 \\       24 \\       17 \\       17 \\       14 \\       14 \\       7, 14 \\       7, 24 \\       24 \\       24 \\       25 \\       25 \\       25 \\       25 \\       25 \\       25 \\       24 \\  $ |
| Tracleer<br>Tradjenta<br>Tranexamic Acid<br>Tranxene T-Tab<br>Tranzarel<br>Travatan<br>Travatan Z<br>Trelstar Depot<br>Trelstar LA<br>Tremfya<br>Tresiba<br>Tretin-X<br>Treximet<br>Trezix<br>Tri-Levlen<br>Tri-Norinyl<br>Tri-Sila Topical<br>TriDxin<br>Tribenzor<br>Tricor                          | 15<br>17, 24<br>24<br>24<br>17<br>17<br>14<br>14<br>14<br>7, 14<br>7, 24<br>24<br>7, 24<br>24<br>7, 24<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>25<br>24<br>24   |

| Trilipix DR                 | 25                  |
|-----------------------------|---------------------|
| Triloan II SUIK             | 25                  |
| Triloan SUIK                | 25                  |
| Trinalin                    | 25                  |
| Trintellix 7                | , 25                |
|                             | , 14                |
| Tritec                      | 25                  |
| Tropazone                   | 25                  |
| True Metrix diabetic        |                     |
| supplies                    | 25                  |
| TrueTest diabetic supplies  | 25                  |
| TrueTrack diabetic supplies | s 25                |
| Trulance 7                  | , 25                |
| Trulicity 7                 | , 17                |
| Tudorza                     | 7                   |
| Twynsta                     | 25                  |
| Tykerb                      | 15                  |
| Tymlos 7, 11                | , 14                |
| Tysabri                     | 11                  |
| Tyvaso                      | 15                  |
| U                           |                     |
| Ultracet                    | 25                  |
| Ultram                      | 25                  |
| Ultram ER                   | 25                  |
| Ultrasal ER                 | 25                  |
| Ultravate PAC               | 25                  |
| Ultravate X                 | 25                  |
| Ultressa                    | 25                  |
| Unistrip 1 diabetic testing |                     |
| supples                     | 25                  |
| Unituxin                    | 14                  |
| Up & Up diabetic testing    |                     |
| supplies                    | 25                  |
| Uptravi                     | 15                  |
| Uramaxin                    | 25                  |
| Urea kit                    | 25                  |
| Utibron NeoHaler            | 25                  |
| Utibron Neohaler            | 7                   |
| V                           |                     |
| Vacustim Silver Kit         | 25                  |
| Valacylovir                 | 7                   |
| Valchlor                    | 15                  |
| Valium                      | 25                  |
| Valstar                     | 14                  |
| Valtrex                     | 15<br>25<br>14<br>7 |
| Valturna                    | 25                  |
| Vanos                       | 25                  |

25

Vantin

| Vorubi                 | 7          |
|------------------------|------------|
| Varubi                 |            |
| Vascepa                | 25         |
| Vaseretic              | 25         |
| Vasolex                | 25         |
| Vasotec                | 25         |
| Vectibix               | 11         |
| Vectical               | 25         |
| Vectrin                | 25         |
| Velcade                | 14         |
| Velma                  | 25         |
| Velphoro               | 25         |
|                        | 5, 25      |
| Veltin                 | 25         |
|                        | 1, 15<br>7 |
| Venlafaxine ER capsule | 7          |
| Venlafaxine ER tablet  | 7          |
| Ventolin HFA           | 7, 25      |
| Veregen                | 25         |
| Vesicare               | 17         |
| Vexa                   | 25         |
| Vexol                  | 25         |
| Viberzi                | 7, 25      |
| Victoza                | 7, 17      |
| Victrelis              | 11         |
| Viekira PAK 7, 11, 1   | 5, 25      |
|                        | 5, 25      |
| Vigabatrin             | 15         |
|                        | 7, 25      |
|                        | , 25       |
| Vimizim                | 14         |
| Vimovo                 | 25         |
| VinBLAStine            | 14         |
| VinCRIStine            | 14         |
| Vincasar PFS           | 14         |
| Vinorelbine            | 14         |
| Virasal                | 25         |
| Vivelle                | 7          |
| Vivelle-Dot            |            |
|                        | 7, 14      |
|                        | 7, 25      |
|                        | 7, 25      |
| Vogelxo 1<br>Voltaren  | 25         |
| Voltaren XR            | 25         |
|                        |            |
| Voltaren gel           | 7          |
| Vopac MDS              | 25         |
| Vosevi 7, 1            |            |
| Votrient               | 15         |
| Vraylar                | 25         |

| Vumon                                 | 14           |
|---------------------------------------|--------------|
| Vusion                                | 25           |
| Vytorin                               | 7, 25        |
| Vyvanse                               | 7, 25        |
| W                                     |              |
| Wavesense diabetic to supplies        | esting<br>25 |
| Welchol                               | 25           |
| Wellbutrin                            | 25           |
| Wellbutrin SR                         | 7, 25        |
| Wellbutrin XL                         | 8, 25        |
| Whytederm Surgipak                    | 25           |
| Whytederm Trilasil Pa                 |              |
| Whytedenn masi ra<br>Wound Debride 4% | <u>CK 25</u> |
| Lidocaine                             | 25           |
| X                                     |              |
| X-Clair                               | 25           |
| Xalatan                               | 17           |
| Xalkori                               | 11, 15       |
| Xanax                                 | 25           |
| Xanax XR                              | 25           |
|                                       | 8, 11, 25    |
|                                       | 8, 11, 15    |
|                                       | 8, 11, 15    |
| Xeloda                                | 15           |
| Xenaderm                              | 25           |
| Xenazine                              | 15           |
| Xeomin                                | 11, 14       |
| Xerese                                | 25           |
| Xermelo                               | 8            |
| Xgeva                                 | 11, 14       |
| Xiaflex                               | 11           |
| Xibrom                                | 25           |
| Xifaxan                               | 8, 25        |
| Xigduo                                | 8, 17, 25    |
| Xiidra                                | 8, 11        |
| Xilapak                               | 25           |
| Xolair                                | 11, 14       |
| Xolegel                               | 25           |
| Xolox                                 | 25           |
| Xopenex HFA                           | 8, 25        |
| Xopenex nebules                       | 25           |
| Xryliderm                             | 25           |
| Xrylix                                | 25           |
|                                       | 8, 11, 25    |
| Xtandi                                | 15           |
|                                       | 8, 17, 25    |
| Xuriden                               | 8            |
|                                       |              |

| Xyralid 25                  |  |
|-----------------------------|--|
| Xyrem 15                    |  |
| Y                           |  |
| Yosprala 8, 11, 25          |  |
| Z                           |  |
|                             |  |
| Z-Pram 25                   |  |
| Zaleplon 8                  |  |
| Zaltrap 14                  |  |
| Zanabin Antipruritic Gel 25 |  |
| Zanaflex 25                 |  |
| Zanosar 14                  |  |
| Zantac 25<br>Zarxio 8, 14   |  |
| Zarxio 8, 14                |  |
| Zavesca 15                  |  |
| Zebeta 25                   |  |
| Zecuity 15, 25              |  |
| Zegerid 8, 11, 25           |  |
| Zelapar 25                  |  |
| Zelboraf 11, 15             |  |
| Zembrace Symtouch 8, 25     |  |
| Zenieva 25                  |  |
| Zenzedi 11                  |  |
| Zepatier 8, 11, 15, 25      |  |
| Zeruvia 25                  |  |
| Zestril 25                  |  |
|                             |  |
| Zetia 8, 25                 |  |
| Zetyocaine 25               |  |
| Ziana 25                    |  |
| Zinbryta 8, 14, 25          |  |
| Zinecard 14                 |  |
| Zinotic 25                  |  |
| Zinotic ES 25               |  |
| Zipsor 25                   |  |
| Zithromax 25                |  |
| Zmax 25                     |  |
| Zocor 8, 25                 |  |
| Zofran 8, 25                |  |
| Zofran ODT 8, 25            |  |
| Zohydro ER 8, 11, 25        |  |
| Zoladex 14                  |  |
| Zolinza 15                  |  |
| Zolmitriptan 8              |  |
| Zolmitriptan ODT 8          |  |
| Zoloft 8, 25                |  |
| Zolpidem 8                  |  |
| Zolpidem CR 8               |  |
| Zolpidem SL 8               |  |
|                             |  |

| Zolpimist        | 8, 25     |
|------------------|-----------|
| Zomactin         | 11        |
| Zomacton         | 14, 25    |
| Zometa           | 11        |
| Zomig            | 8, 25     |
| Zomig ZMT        | 8, 25     |
| Zontivity        | 25        |
| Zorbtive         | 11, 14    |
| Zorvolex         | 25        |
| Zovirax          | 25        |
| Zubsolv          | 8         |
| Zuplenz          | 8, 25     |
| Zurampic         | 25        |
| Zydelig          | 8, 11, 15 |
| Zyflo            | 25        |
| Zyflo CR         | 25        |
| Zykadia          | 11, 15    |
| Zymar            | 8, 25     |
| Zymaxid          | 8, 25     |
| Zynbryta         | 8         |
| Zypram           | 25        |
| Zyprexa          | 25        |
| Zyprexa IM       | 25        |
| Zyprexa Relprevv | 25        |
| Zyprexa Zydis    | 25        |
| Zytiga           | 15        |
| Zytopic          | 25        |
|                  |           |

# **New Medication Approval Process**

Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to 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 are approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. As with other medications that aren't covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier.



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 174416M 55-0071 (10/17)



# You have options

# **Quicker, Less Expensive Alternatives to the ER**

You should always go to the nearest emergency room in a life-threatening situation. But in other cases, even for urgent injuries, you have other options that can save you time and money.

#### First, Talk to Your Primary Care Provider

Unless it's a true emergency, it's always best to call your doctor's office first, even after hours. He or she may want to see you or suggest alternatives to the emergency room. If the doctor's office is closed, there may be recorded after-hours care instructions or the option to speak with an on-call nurse or doctor who can provide advice based upon your medical history. After you call your doctor, in the absence of severe symptoms, consider the options below:

| Option                              | What It Is  | What They Can Help You With  |   | Hours  | Relative<br>Cost               | How to Find One                                     |   |  |
|-------------------------------------|---|--|---|--|--------------------------------|---|---|--|
| Blue Care<br>Line <sup>s</sup>      | Speak with a nurse by<br>phone. Explain your<br>symptoms, and the nurse<br>will help you decide what<br>to do next.                 | Assessment for the treatment of:<br>• Fever<br>• Dizziness<br>• Cuts<br>• General discomfort                     |   | 24/7   | No cost                        | Call the Blue Care Line at<br>1-888-247-BLUE (2583) |   |  |
| Telehealth                          | Real-time video visits<br>with a doctor, when you<br>have common conditions<br>and it's difficult to get to<br>the doctor's office. | <ul> <li>Back pain</li> <li>Bronchitis</li> <li>Cough</li> <li>Diarrhea</li> </ul>                               | <ul> <li>Fever</li> <li>Rashes</li> <li>Respiratory<br/>infections</li> <li>Sinus<br/>infections</li> </ul>   | <ul> <li>Sore throat</li> <li>Skin<br/>conditions</li> <li>Urinary tract<br/>infections</li> </ul>                             | 24/7 for<br>medical care       | \$\$  | Visit bluecrossma.com/<br>telehealth to learn more.   |  |
|                                     |   | Plus, some symptoms treated at limited service clinics and some symptoms treated at urgent care centers          |   |  |                                |   |   |  |
| Limited<br>Services<br>Clinics'     | Clinics located within your<br>local pharmacy that treat<br>simple medical concerns<br>that don't need the<br>emergency room.       | <ul> <li>Colds &amp; flu</li> <li>Contraceptive care</li> <li>Earache</li> <li>Diarrhea</li> <li>Gout</li> </ul> | <ul> <li>Headache</li> <li>Heartburn</li> <li>Indigestion</li> <li>Joint pain</li> <li>Nausea</li> <li>Pinkeye</li> </ul>   | <ul> <li>Sore throat</li> <li>Strains<br/>&amp; sprains</li> <li>Yeast<br/>infection</li> <li>Vomiting</li> </ul>              | Days,<br>evenings,<br>weekends | \$\$  | In Massachusetts:<br>Go to<br><b>bluecrossma.com/findadoctor</b><br>• Select Medical Facility<br>• Click on the Specialty tab<br>• Select Clinics, Limited Services<br>or Urgent Care Center  |  |
| Urgent Care<br>Centers <sup>2</sup> | Local clinics that treat<br>conditions that aren't life-<br>threatening but require<br>immediate treatment.                         | <ul> <li>Broken bones</li> <li>Digital X-rays</li> <li>Drug tests</li> <li>EKG test</li> </ul>                   | <ul> <li>Lab tests</li> <li>Minor burns<br/>or injuries</li> <li>PPD/TB<br/>skin tests</li> <li>Pregnancy<br/>test</li> <li>Short-term<br/>(acute)<br/>illness</li> </ul> | <ul> <li>Splints</li> <li>Stitches</li> <li>Sports<br/>&amp; school<br/>physicals</li> <li>Shots<br/>&amp; vaccines</li> </ul> | Days,<br>evenings,<br>weekends | \$\$\$  | <ul> <li>Outside of Massachusetts:<br/>Members can either:</li> <li>» Type the name of the urgent<br/>care center or limited clinic<br/>in the global search box</li> <li>» Click the Urgent Care Centers<br/>tile for a guided search option.</li> <li>Results will be based on the<br/>location searched and present</li> </ul> |  |
|                                     |   | Plus, symptoms to  | reated at limited se  | ervices clinics  |                                |   | providers that participate with the member's plan.  |  |

| Emergency<br>Room | Full hospital service for<br>severe symptoms that<br>could seriously jeopardize<br>your health or the health<br>of another (including an<br>unborn child). | <ul> <li>Possible heart attack</li> <li>Stroke</li> <li>Poisoning</li> <li>Loss of consciousness</li> </ul> | 24/7 | \$\$\$\$\$ | <ul> <li>Call <b>911</b> or go to your<br/>nearest hospital</li> </ul> |
|-------------------|--|---|------|------------|--|
|-------------------|--|---|------|------------|--|

1. Example: CVS Minute Clinic®

2. Examples: CareWell®´ Urgent Care, Doctors Express,®´ and Health Express

#### Notes About Limited Services Clinics and Urgent Care Centers:

- If your doctor's office does not offer urgent care as part of their practice, make sure to check Find a Doctor regularly, as new limited services clinics and urgent care centers are always being added. If you're logged into MyBlue, your network will display automatically. If you're using our public Find a Doctor site, be sure to verify the name of your plan, found on your Blue Cross ID card, and click the Which Network Should I Choose? link for additional help.
- Verify that your health plan covers care at the location you choose.
- If you're outside of Massachusetts, use our Find a Doctor and Estimate Costs tool, or call Member Service at the number on the front of your Blue Cross ID card to confirm if the clinic is in our network or if you need a referral.

#### Telehealth: A Convenient New Benefit

Using your computer, smartphone, or tablet, you can access Telehealth video visits to speak with a doctor anytime you need care, including after business hours and on weekends.

- Your Telehealth doctor can review your medical and behavioral health history, answer questions, and diagnose, treat, and prescribe medication.
- Check our Find a Doctor and Estimate Costs tool to find a doctor who offers Telehealth services or visit **bluecrossma.com/telehealth** to learn more about this benefit.
- To see if you have Telehealth coverage, log into MyBlue or call Member Service at the number on your ID card for more information.

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

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID Card (TTY: **711**). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

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

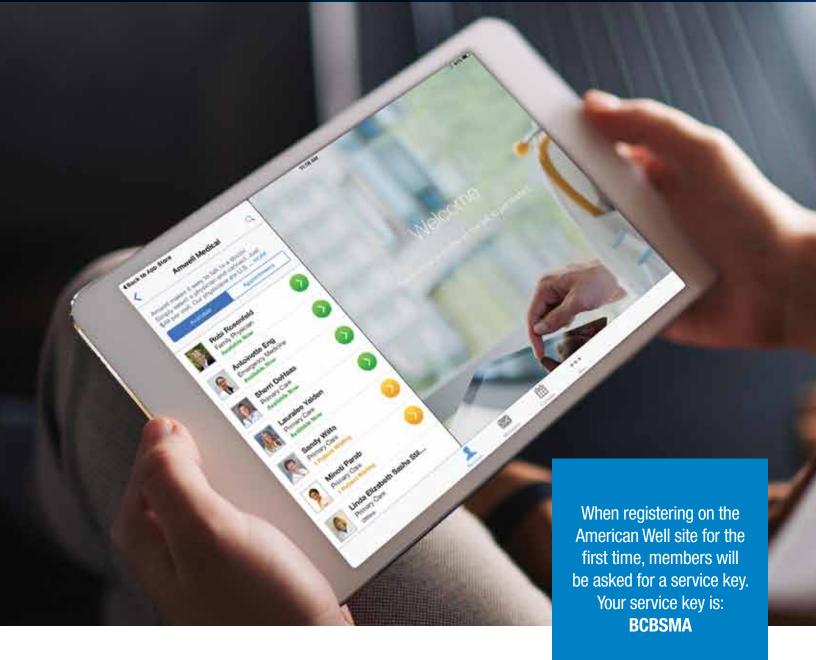


CareWell Urgent Care is an urgent care center accredited by the Urgent Care Association of America (Ø, SM Registered Marks and Service Marks of the Blue Cross and Blue Shield Association. (Ø) Registered Marks of the Blue Cross and Blue Shield Association. TM Trademarks are the property of their respective owners. (©) 2017 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. #176473M 55-0432 (08/17)



**Telehealth** 

# Home is where Telehealth is... In fact, Telehealth is wherever you need to be.





**Good news!** Your Telehealth network is now more convenient than ever.

Visit **www.bluecrossma.com/telehealth** to learn more about Telehealth.

# Quick access to see a doctor

You know how quick and easy a Telehealth video visit is. Using your smartphone, computer, or tablet, you can access Telehealth services to speak with a doctor or therapist anytime you need care including after business hours and on weekends.

Telehealth covers both medical and behavioral health care for conditions that can be treated through video visits. With Telehealth, you can see a doctor or therapist anywhere you have online access, including your home, workplace, or wherever else you may be.

# What's new is two easy ways to access Telehealth

Check with your local doctor or use our Find a Doctor tool on Member Central to identify doctors in the network who offer Telehealth services. Visit **bluecrossma.com/telehealth** to connect to our national network of online doctors and therapists who offer Telehealth services powered by American Well,

an independent company.

Since a video visit typically takes about 10 minutes, you'll have more time to spend doing the things that matter most to you!



# Telehealth is: Convenient | Secure | Easy to use

# How to begin a Telehealth video visit

Local network doctors who offer Telehealth services will have their own way to begin a video visit. Usually, this is as simple as going to the doctor's website or using an app on your mobile device. To get started, ask your local doctor how to access his or her Telehealth service.

To access our national Telehealth service provided by American Well, visit **bluecrossma.com/telehealth** using your smart phone, computer, or any mobile device.

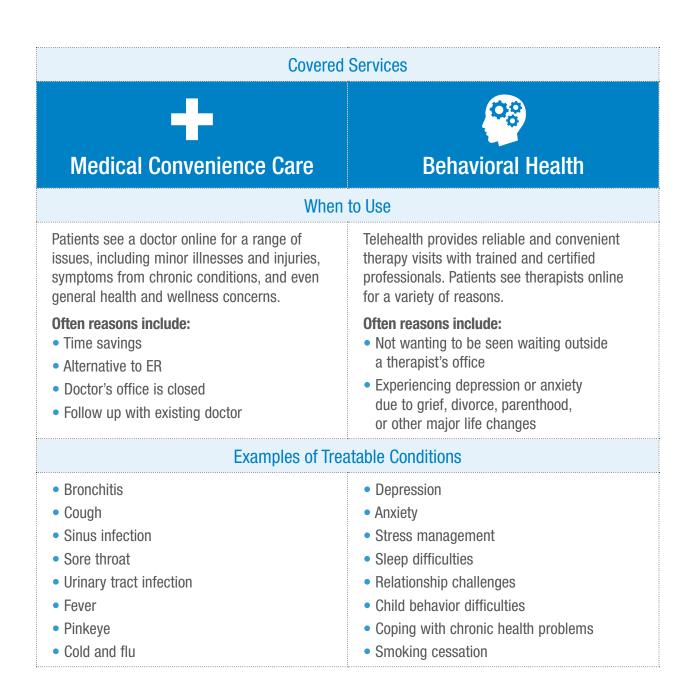
# What to expect from your Telehealth visit

Your doctor can review your medical and behavioral health history, answer questions, and diagnose, treat, and prescribe medication.

Telehealth medical appointments usually take about 10 minutes, while behavioral health appointments can be 30 minutes.

## The benefits of Telehealth include:

| ✓  | <b>~</b>  | ✓  | ✓   |  |
|--|---|--|---|--|
| Coverage for brief<br>medical and behavioral<br>health video visits<br>(Please refer to your<br>plan's Summary of<br>Benefits for specific<br>coverage details.) | nedical and behavioral<br>health video visitsaccess totalk with a<br>doctor or therapist(Please refer to your<br>plan's Summary of<br>Benefits for specificor national provider<br>networks |  | Quality health care<br>experience—featuring<br>the expansive provider<br>network, exemplary<br>customer service, and<br>dedication to excellence<br>that Blue Cross<br>is known for |  |
| ✓  | ~   | <  | <   |  |
| Eliminate exposure to<br>others' illnesses<br>in waiting rooms   | More time to spend<br>with family or friends  | Avoid costly emergency<br>room visits for<br>simple conditions | Web and mobile<br>visits supported  |  |





# Telehealth delivers quality health care, at your convenience, at any time.

Visit **www.bluecrossma.com/telehealth** to learn more about Telehealth.

### Visit www.bluecrossma.com/telehealth to learn more about Telehealth.

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

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

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

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



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Blue Care line<sup>SM</sup> We're here for you 24/7

Call **1-888-247-BLUE (2583)** for the Blue Care Line.



#### We're here for you 24/7

Have a question about your health? You can talk to a professionally trained, registered nurse 24 hours a day, seven days a week. They're ready when you are—even at 4 a.m.

#### Know your options

Calling the Blue Care Line is a quick way to find out if you need to see a doctor, go to an emergency room, or if you're able to treat it yourself at home.

#### We'll call you

Depending on your type of illness or injury, the registered nurse will call and follow up to see how you're responding to the self-treatment.

#### Confidentiality

Your information is kept in accordance with our policy on confidentiality.



# Fitness Reimbursement

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150<sup>1</sup> annually in qualified health club membership fees or for fitness classes taken at a qualified health club.

#### 3 Easy Steps to Getting Reimbursed<sup>2</sup>



#### **Important Information**

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement.

Proof of payment includes the following:

- Itemized, dated, paid receipts from your health club
- Bank or credit card statements
- Paycheck stubs if your club fees are automatically deducted from that account
- Receipts or statements should include the name of the family member enrolled in the club and the individual charges for a full reimbursement of health club fees or fitness classes.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.





Send the completed form to the address listed at the bottom.

Mail

#### A qualified health club is:

A full-service health club with a variety of exercise equipment, including:

- Cardiovascular equipment like treadmills and bikes
- Strength-training equipment like free weights and weight machines

To receive the fitness reimbursement for a qualified pay-as-you-go health club, get paid receipts from the club for your records.

#### What doesn't qualify?

You can't receive the fitness reimbursement for expenses for personal training, lessons, coaching, equipment, clothing, or any of the clubs below:

- Martial arts or yoga centers
- · Gymnastics, tennis, aerobic, or pool-only facilities
- · Country clubs or social clubs
- Sports teams or leagues

#### Be sure to talk with your doctor before starting an exercise program.

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<sup>1.</sup> Most plans offer a \$150 Fitness Reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm.

<sup>2.</sup> Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment

## Fitness Reimbursement Form<sup>3</sup>

To verify this reimbursement is within your plan, log in to Member Central at www.bluecrossma.com/membercentral or call Member Service at the number on your ID card. Submit this form once per calendar year, no later than March 31 of the following year.

| PLEASE PRINT ALL INFORMATION C   | LEARLY                           |                                |                              |
|--|----------------------------------|--------------------------------|------------------------------|
| Subscriber Information (Policyholde  | r)                               |                                |                              |
| Identification Number (including first 3 letters)  | Subscriber's Last Name           | First Name                     | Middle Initial               |
| Address—Number and Street  | City                             | State                          | Zip Code                     |
| Employer's Name  |                                  |                                |                              |
| Member and Claim Information   |                                  |                                |                              |
| Member's Last Name   | First Name                       | Middle Initial Da              | te of Birth: Mo. Day Yr.     |
| Mailing Address—Number and Street (if differ   | ent from subscriber's)           | City                           | State Zip Code               |
| Gender       Claim is for (check one):         Male       Subscriber (policyholder)         Female       Spouse (of policyholder)         Name, Address, and Phone Number of Qualifier | Dependent (up to                 | Other (specify)<br>age 26)     |                              |
| I am due \$ for the follow   |                                  |                                |                              |
| Fitness classes at a qualified health club.<br>My fee per class is \$  | -                                |                                | Health Plan Year             |
| Certification and Authorization (This  | form must be signed and dated be | elow.)                         |                              |
| I authorize the release of any information to Blu<br>information provided in support of this submiss<br>I understand that Blue Cross may require addit<br>reimbursement is provided.   | sion is complete and correct and | d that I have not previously s | ubmitted for these services. |
| Subscriber's or  |                                  |                                |                              |

Member's Signature: Date: **Questions?** Please complete and mail this form to: Blue Cross Blue Shield of Massachusetts To verify this reimbursement is within your plan or for further Local Claims Department information, please log in to the Member Central website PO Box 986030 at www.bluecrossma.com/membercentral or call Boston, MA 02298 Member Service at the number on the front of your ID card.



3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment. © Registered Marks of the Blue Cross and Blue Shield Association. © 2015 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. 147578M 55-0773 (4/15)



# **Weight Loss Reimbursement**

Wellness Participation Program



Your Blue Cross Blue Shield of Massachusetts health plan can save you up to \$150<sup>1</sup> annually in qualified Weight Watchers<sup>®</sup> and hospital-based weight-loss programs.

#### 3 Easy Steps to Getting Reimbursed<sup>2</sup>



#### **Important Information**

- The reimbursement is for each individual (or family) health plan and can only be submitted once each calendar year.
- Keep copies of all your paperwork and proof of payment in case you are denied reimbursement. Proof of payment includes the following:
- Paid receipts from qualified program
- Weight Watchers Membership Book
- Receipts, statement, or Weight Watchers Membership Book should include the name of the family member enrolled in the program, the amount paid per session(s), and the date(s) paid.
- The dollar amount you receive may be considered taxable income. Consult your tax advisor about how to treat this reimbursement on your taxes.

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





Once you pay for the program, fill out the attached form.

Complete



Mail

Send the completed form and proof of payment to the address listed at the bottom.

#### A qualified weight-loss program is:

- Weight Watchers meetings
- Weight Watchers At Work
- A hospital-based weight-loss program

#### What doesn't qualify?

- Weight Watchers Online
- Weight Watchers At Home
- Fees paid for individual nutrition-counseling sessions, food, books, videos, or scales

Most plans offer a \$150 reimbursement, but your employer may have elected a different amount. Please refer to your plan information to confirm 2. Before starting, check to see if your plan includes the Wellness Participation program. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

# Weight-Loss Reimbursement Form<sup>3</sup>

To verify this reimbursement is within your plan, log in to Member Central at **www.bluecrossma.com/membercentral** or call Member Service at the number on your ID card. Submit this form when you have paid receipts from a qualified weight-loss program, once per calendar year, no later than March 31 of the following year.

#### PLEASE PRINT ALL INFORMATION CLEARLY

| Subscriber Information (Policyholder)             |                        |            |       |                |
|---|------------------------|------------|-------|----------------|
| Identification Number (including first 3 letters) | Subscriber's Last Name | First Name |       | Middle Initial |
| Address—Number and Street                         |                        | City       | State | Zip Code       |

Employer's Name

| Member and Claim Informati   | on  |  |                    |         |  |
|--|---|--|--------------------|---------|--|
| Member's Last Name   | First Name  | Middle Initial   | Date of Birth: Mo. | Day N   |  |
| Mailing Address—Number and Stree   | t (if different from subscriber's)  | City   | State              | Zip Coo |  |
| Gender Claim is for (check<br>Male Subscriber (pol<br>Female Spouse (of poli<br>Class or Program Information Requir<br>Attach 8.5" x 11" photocopies of pai<br>of Massachusetts member's name, r | icyholder) Ex-Spouse<br>cyholder) Dependent<br>red:<br>d receipts from your qualified weig<br>name or logo of program, amount | t (up to age 26)<br>ght-loss program. Receipts must<br>paid per session(s), and date(s)  |                    |         |  |
| programs, a photocopy of your program Membership Book showing this information is required.         Name and Address of Class or Program         Health Plan Year                                |   |  |                    |         |  |
| otal Amount Submitted: \$  |   | -  |                    |         |  |
| Certification and Authorizati  | <b>ON</b> (This form must be signed and d   | lated below.)  |                    |         |  |
| authorize the release of any informat<br>Iformation provided in support of this  |   |  |                    | -       |  |
| Subscriber's or<br>/lember's Signature:  |   | Date:  |                    |         |  |
| Questions?<br>To verify this reimbursement is within yeinformation, please log in to the Member<br>at www.bluecrossma.com/memberce<br>Member Service at the number on the first                  | r Central website<br><b>ntral</b> or call   | Please complete a<br>(including copies of<br>Blue Cross Blue Shield of I<br>Local Claims Department<br>PO Box 986030<br>Boston, MA 02298 | of paid receipts)  |         |  |
| Riue Cross will make a reimbursement decision within 30 calendar days  | of receiving a completed request for coverage or navment  |  | _                  |         |  |

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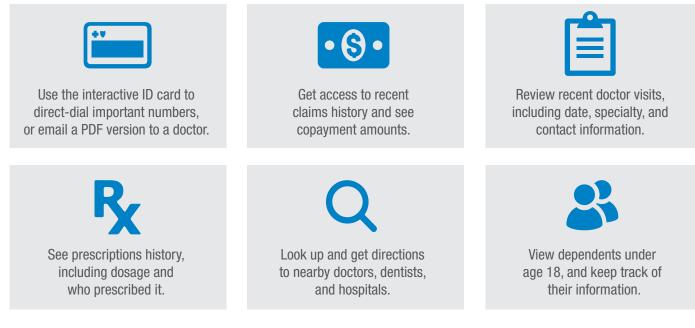
# Meet the **MYBLUE** Member App

# Simple, Secure, Convenient

#### **Get Health Care Information Quickly and Easily**

The MyBlue Member App gives members instant access to their personal health care information anytime they need it. A simple tap connects them to their doctor, recent prescriptions, and past claims history.

#### Personalized health care, right at their fingertips:



#### Available On App Store Google Play

The MyBlue Member App is not available for members with Federal Employee Program (FEP), Blue Benefit Administrators (BBA), Ancillary (Indigo®), Medicare Advantage or stand alone Part D plans, or those with standalone dental, vision, or wellness coverage cannot use the app.



# Member Identity Protection Services

The identity protection of our members' private information is our top priority. To provide you with optimal protection, we offer you identity protection services through Experian<sup>®</sup>, an industry leader in providing credit monitoring and identity theft protection services. This service is being provided to you, free of charge, for as long as you are a Blue Cross member.

#### **Experian Identity Protection Services Include:**

- Credit monitoring—an ongoing review of activity that may affect credit
- Fraud detection-the identification of potentially fraudulent use of your identity or credit
- Credit and identity repair—assistance in resolving issues of fraud that negatively impact your credit or identity

#### Your Options and How to Enroll

As a Blue Cross member, you and your family can enroll in two of Experian's identity protection products:

| Experian product          | What does it provide?   | Who is it for?                   | How to enroll   |
|---------------------------|---|----------------------------------|---|
| ProtectMyID®              | <ul> <li>Daily credit monitoring services</li> <li>Alerts</li> <li>Credit report checks in Experian's consumer credit database</li> <li>Identity theft insurance</li> <li>U.Sbased fraud resolution team support</li> </ul> | You and<br>dependents<br>over 18 | Visit the Experian ProtectMyID website<br>at <b>www.protectmyid.com/bcbsma</b><br>and follow the enrollment steps for<br>each person you wish to sign up. You<br>will need engagement code: PC97753.      |
| FamilySecure <sup>s</sup> | <ul> <li>Monthly credit monitoring</li> <li>Credit file misuse alerts</li> <li>Comprehensive fraud resolution support</li> </ul>  | Dependents<br>under 18           | Visit the Experian FamilySecure website<br>at <b>www.familysecure.com/bcbsma</b><br>and follow the enrollment steps for each<br>dependent you wish to sign up. You will<br>need engagement code: PC97754. |

Note: To complete the enrollment process, you'll need your Blue Cross member ID card and the social security number for each individual you want to sign up.

Members in the following plans are not eligible for this service:

- FEP
- Medicare Advantage and BlueMedicare RX (PDP)

#### **Questions for Experian?**

If you have question about the Experian products or the enrollment process, please contact Experian directly. Depending on your selected product, visit the ProtectMyID website at **www.protectmyid.com/bcbsma** or the FamilySecure website at **www.familysecure.com/bcbsma**. Or, you can call Experian at **1-866-926-9803**.

#### Be smart. Shop smart.

# Welcome to SmartShopper®

Earn cash rewards on select medical procedures when you choose quality care at a lower cost.



smartshopper®

Shop smart. Get rewarded. Receive cash. *Repeat.* 

Prices for identical medical procedures, like MRIs and CT scans, vary from hundreds to thousands of dollars depending on where you choose to go for your procedure.

With SmartShopper from Vitals<sup>®</sup>, an independent company, you can comparison shop for eligible, competitively priced care, have your procedure, and then sit back and wait for your reward check to arrive in the mail!

# **├** Shop smart

#### 1. Log In or Register (if you haven't already)

Create a MyBlue account at **bluecrossma.com/myblue** by selecting Register Now.

#### 2. Shop—online or by phone

#### Online:

- Select the Find a Doctor & Estimate Costs box
- On the Find a Doctor & Estimate Costs home page, select the Go to Find a Doctor & Estimate Costs button
- Next, select the SmartShopper incentive button

#### Phone:

Have a member of the Personal Assistant Team find the best care options that return the biggest reward—simply call **1-877-281-3722**, Monday-Thursday, 8:00 a.m.-8:00 p.m., or Friday, 8:00 a.m.-6:00 p.m.

#### 3. Have the Procedure

Have your procedure at the eligible location of your choice, and earn cash rewards!

#### 4. Receive Your Cash Reward

Once the claim for your procedure is processed, Vitals will mail your reward check to you within 6 to 8 weeks.



#### Get cash rewards when you choose to save with SmartShopper on select medical procedures

| List of Sample Procedures | SmartShopper Reward |
|---------------------------|---------------------|
| Gall Bladder Surgery      | up to \$250         |
| Shoulder Surgery          | up to \$250         |
| Colonoscopy               | up to \$250         |
| MRIs                      | up to \$100         |
| CT Scans                  | up to \$75          |
| Mammograms                | up to \$50          |



#### Expect payment in 6 to 8 weeks

Once you've earned your cash reward, and your claim has been paid, you'll receive a check from Vitals<sup>®'</sup> in the mail.

#### **Questions?**

For any questions regarding the use of SmartShopper, you can contact the Personal Assistant Team at **1-877-281-3722**. Mon. – Thurs., 8:00 a.m. – 8:00 p.m., or Fri., 8:00 a.m. – 6:00 p.m.

SmartShopper is managed by Vitals,® an independent company.

The money you receive may be considered taxable income. Consult your tax advisor.

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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.



**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/ةيبر/

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 "TT": **711**).

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

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

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

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

**Greek/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 नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें (टी.टी.वाइ.: 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 (□□Υ: 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**).

#### : پارسیان/Persian

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, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍ ບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłťi'go saad bee yáťi' 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**).