



## Mobile Services



**This is only a summary.** If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at <http://semhg.org/> or by calling **1-800-932-8323**.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	\$250 member / \$750 family. Does not apply to preventive care, prenatal care, prescription drugs, most office visits, mental health visits, and therapy visits.	You must pay all the costs up to the <u>deductible</u> amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the <u>deductible</u> starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the <u>deductible</u> .
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes. \$5,000 member / \$10,000 family.	The <u>out-of-pocket limit</u> is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Does this plan use a <u>network of providers</u> ?	Yes. See <a href="http://www.bluecrossma.com/findadoctor">www.bluecrossma.com/findadoctor</a> or call 1-800-821-1388 for a list of network providers.	If you use an in-network doctor or other health care <u>provider</u> , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network <u>provider</u> for some services. Plans use the term in-network, <u>preferred</u> , or participating for <u>providers</u> in their <u>network</u> . See the chart starting on page 2 for how this plan pays different kinds of <u>providers</u> .
Do I need a referral to see a <u>specialist</u> ?	Yes.	This plan will pay some or all of the costs to see a <u>specialist</u> for covered services but only if you have the plan's permission before you see the <u>specialist</u> .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about <u>excluded services</u> .

Questions: Call 1-800-932-8323 or visit us at [www.bluecrossma.com](http://www.bluecrossma.com).

If you aren't clear about any of the underlined terms used in this form, see the Glossary.

You can view the Glossary at [www.bluecrossma.com/sbcglossary](http://www.bluecrossma.com/sbcglossary) or call 1-800-932-8323 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** (or provider's charge if it is less than the **allowed amount**) for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000 (and it is less than the provider's charge), your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network lowest cost share **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts. (If you are eligible to elect a Health Reimbursement Account (HRA), Flexible Spending Account (FSA) or you have elected a Health Savings Account (HSA), you may have access to additional funds to help cover certain **out-of-pocket** expenses such as **copayments**, **coinsurance**, **deductibles** and costs related to services not otherwise covered.)

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$20 / visit	Not covered	--- none ---
	Specialist visit	\$35 / visit	Not covered	--- none ---
	Other practitioner office visit	\$20 / chiropractor visit	Not covered	--- none ---
	Preventive care/screening/immunization	No charge	Not covered	GYN exam limited to one exam per calendar year
If you have a test	Diagnostic test (x-ray, blood work)	No charge	Not covered	Deductible applies first
	Imaging (CT/PET scans, MRIs)	\$100 for hospitals; \$75 for services in Connecticut; no charge for other providers	Not covered	Deductible applies first; copayment applies per category of test / day; copayment limited to \$375 for services in Connecticut; pre-authorization required for certain services

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
<b>If you need drugs to treat your illness or condition</b>  More information about <b><u>prescription drug coverage</u></b> is available at <a href="http://www.bluecrossma.com/medications">www.bluecrossma.com/medications</a> .	Generic drugs	\$10 / retail supply or \$20 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Preferred brand drugs	\$25 / retail supply or \$50 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Non-preferred brand drugs	\$50 / retail supply or \$110 / mail service supply	Not covered	Up to 30-day retail (90-day mail service) supply; cost share may be waived for certain covered drugs and supplies; pre-authorization required for certain drugs
	Specialty drugs	Applicable cost share (generic, preferred, non-preferred)	Not covered	When obtained from a designated specialty pharmacy; pre-authorization required for certain drugs
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$150 / admission	Not covered	Deductible applies first; pre-authorization required for certain services
	Physician/surgeon fees	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
<b>If you need immediate medical attention</b>	Emergency room services	\$100 / visit	\$100 / visit	Deductible applies first; copayment waived if admitted or for observation stay
	Emergency medical transportation	No charge	No charge	Deductible applies first
	Urgent care	\$35 / visit	\$35 / visit	Out-of-network coverage limited to out of service area

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you have a hospital stay	Facility fee (e.g., hospital room)	\$300 / admission; \$700 / admission for certain hospitals	Not covered	Deductible applies first; pre-authorization required
	Physician/surgeon fee	No charge	Not covered	Deductible applies first; pre-authorization required
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$20 / visit	Not covered	Pre-authorization required for certain services
	Mental/Behavioral health inpatient services	\$200 / admission for mental hospitals or substance abuse facilities; \$300 / admission for general hospitals; \$700 / admission for certain hospitals	Not covered	Deductible applies first; pre-authorization required
	Substance use disorder outpatient services	\$20 / visit	Not covered	Pre-authorization required for certain services
	Substance use disorder inpatient services	\$200 / admission for mental hospitals or substance abuse facilities; \$300 / admission for general hospitals; \$700 / admission for certain hospitals	Not covered	Deductible applies first; pre-authorization required for certain services
If you are pregnant	Prenatal and postnatal care	No charge	Not covered	Deductible applies first for postnatal care
	Delivery and all inpatient services	\$300 / admission; \$700 / admission for certain hospitals; no charge for delivery	Not covered	Deductible applies first

Common Medical Event	Services You May Need	Your cost if you use		Limitations & Exceptions
		In-Network	Out-of-Network	
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Deductible applies first; pre-authorization required
	Rehabilitation services	\$20 / visit	Not covered	Limited to 60 visits per calendar year (other than for autism, home health care, and speech therapy); pre-authorization required for certain services
	Habilitation services	\$20 / visit	Not covered	Rehabilitation therapy coverage limits apply; cost share and coverage limits waived for early intervention services for eligible children; pre-authorization required for certain services
	Skilled nursing care	No charge	Not covered	Deductible applies first; limited to 100 days per calendar year; pre-authorization required
	Durable medical equipment	20% coinsurance	Not covered	Deductible applies first; cost share waived for one breast pump per birth
	Hospice service	No charge	Not covered	Deductible applies first; pre-authorization required for certain services
If your child needs dental or eye care	Eye exam	No charge	Not covered	Limited to one exam every 24 months
	Glasses	Not covered	Not covered	--- none ---
	Dental check-up	No charge	Not covered	Limited to members under age 12 (every 6 months) and under age 18 with a cleft palate / cleft lip condition

## Excluded Services & Other Covered Services:

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

## Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or [www.dol.gov/ebsa](http://www.dol.gov/ebsa) or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or [www.cciio.cms.gov](http://www.cciio.cms.gov).

## Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact the Member Service number listed on your ID card or contact your plan sponsor. Note: A plan sponsor is usually the member's employer or organization that provides group health coverage to the member.

## Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

## Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

## Language Assistance

To obtain language assistance, please call the toll-free Member Service number on your ID card.

**SPANISH (Español):** Para obtener asistencia en español, llame al número gratuito de Servicio de Atención al Miembro que figura en su tarjeta de identificación.

**TAGALOG (Tagalog):** Kung kailangan ninyo ng tulong sa Tagalog tumawag sa libheng numero ng telepono ng Serbisyo sa Miyembro na nakasulat sa inyong ID card.

**CHINESE (中文):** 如果您需要中文語言幫助，請撥打會員卡上的客戶服務免費電話號碼

**NAVAJO (Dine):** Dinek'ehjí shika' a'dowoł ninizingo, kwojį hodiłné t'áá jííkeh béesh bee' hane'jį T'áá doolé'é bina'ishdiłkidgo yeeháká'adooljah éí binumber bee néého'dolzin biniiyé naanitinígíí bikáá' doo.

## 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 page.-----



# About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

## Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$6,820
- Patient pays \$720

### Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
<b>Total</b>	<b>\$7,540</b>

### Patient pays:

Deductibles	\$250
Copays	\$320
Coinsurance	\$0
Limits or exclusions	\$150
<b>Total</b>	<b>\$720</b>

## Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,020
- Patient pays \$1,380

### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

### Patient pays:

Deductibles	\$140
Copays	\$1,160
Coinsurance	\$0
Limits or exclusions	\$80
<b>Total</b>	<b>\$1,380</b>

## Questions and answers about the Coverage Examples:

### What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network lowest cost share providers. If the patient had received care from other in-network or out-of-network providers, costs would have been higher.

### What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

### Does the Coverage Example predict my own care needs?

- ✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

### Does the Coverage Example predict my future expenses?

- ✗ **No.** Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

### Can I use Coverage Examples to compare plans?

- ✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

### Are there other costs I should consider when comparing plans?

- ✓ **Yes.** An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-800-932-8323 or visit us at [www.bluecrossma.com](http://www.bluecrossma.com).

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MASSACHUSETTS

## 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.

# Your Pharmacy Program



## 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 have carefully developed a substantial formulary that includes many medications at affordable cost share levels.

Effective January 1, 2016

## About This Guide

This guide is up-to-date as of January 1, 2016, and is subject to change. Keep this guide handy, and use it as a reference whenever you need coverage information about a specific medication. To get the most current coverage information about a specific medication, visit our website at [www.bluecrossma.com/medications](http://www.bluecrossma.com/medications).

- **Top Covered Medications**—includes many commonly prescribed covered medications and your cost share tier that applies
- **Over-the-Counter Medications**—includes a list of over-the-counter medications that are covered when prescribed for you by your doctor
- **Quality Care Dosing**—includes a list of medications subject to Quality Care Dosing limits
- **Prior Authorization**—includes a list of medications that require Prior Authorization
- **Specialty Pharmacy Medications**—includes a list of medications that are available through pharmacies in the Specialty Pharmacy Network
- **Step Therapy**—includes a list of medications subject to Step Therapy
- **Medication Resource List Index**—includes all prescription medications listed in this booklet, along with the page(s) on which they can be found.



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# Overview

## Online Resources

From our main website, [www.bluecrossma.com](http://www.bluecrossma.com), to the [www.express-scripts.com](http://www.express-scripts.com) website, we offer a variety of online resources to help you manage your medications.

- **Search for Medication Information.** To learn whether your medications will be covered, you can visit [www.bluecrossma.com/medications](http://www.bluecrossma.com/medications), and use the **Medication Look Up** feature. You can use this tool before you enroll. (The medication information represents our standard pharmacy coverage; your individual coverage may vary.) Our 2016 formulary changes will not be reflected in this tool until January 1, 2016.
- **Member Central.** Want more detailed information about your health care coverage, claims, or deductibles? You can log on to Member Central by going to our website, [www.bluecrossma.com/member-central](http://www.bluecrossma.com/member-central). To register, click **Create an Account**, on the upper right-hand side of the page.
  - If you're already registered, just log in with your user name and password.
- **Express Scripts Online.** Once registered with Member Central, you can also get immediate, online access to information about your specific pharmacy benefit by visiting Express Scripts Inc., (ESI), our pharmacy management partner, at [www.express-scripts.com](http://www.express-scripts.com). Once there, you'll have access to:
  - Price a Drug
  - Find a Pharmacy
  - Mail Service features (which allow you to order refills and renew prescriptions)

## Mail Service Pharmacy

With the Mail Service Pharmacy (administered by ESI), you can enjoy the convenience of having certain prescriptions delivered to you. Depending on your specific coverage, you can use the Mail Service Pharmacy to order up to a 90-day supply of certain long-term maintenance medications (like those used to treat high blood pressure), for less than you may normally pay at a retail pharmacy.

It's convenient, cost-effective, and all information is handled in accordance with our confidentiality policy.

If you would like to use the Mail Service Pharmacy, you can download an order form and find additional information on our website. Go to [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy) and choose Mail Service Pharmacy from the menu on the left-hand side. If you'd like our **Mail Service Pharmacy** brochure mailed to you, please call **1-800-262-BLUE (2583)**.

# Overview

## Your Pharmacy Cost Share

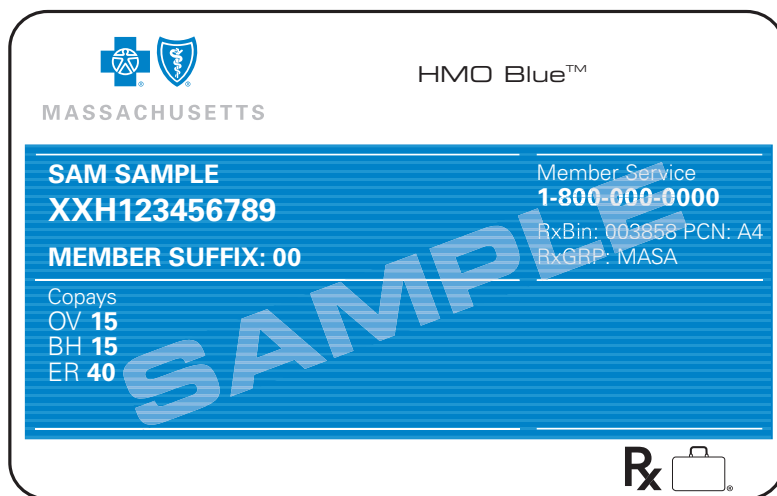
Our pharmacy program formulary is based on a tiered cost share structure. When you fill a prescription, the amount you pay the pharmacy (your prescription cost share) is determined by the tier your medication is on. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will advise you of the amount you owe. Usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 3 medications in a three-tier cost share benefit structure. In a four-tier cost share benefit structure, usually, you will pay the least amount of cost share for Tier 1 medications and the most for Tier 4 medications..

Your cost share may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefits, 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.

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 medications that are made to order by a pharmacist when existing, commercially available medications do not meet your specific needs as determined by your provider. Some compounded medications may need prior authorization, have Quality Care Dosing guidelines, or require a formulary exception.

## 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 below.





# Top Covered Medications

## Top Covered Medications

Our pharmacy formulary includes over 4,000 covered prescription medications. The following sample list includes covered medications most commonly prescribed for our members.

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This list is up-to-date as of January 1, 2016, and is subject to change at any time. You can find the most up-to-date formulary information about a specific prescription medication on our website at [www.bluecrossma.com/medications](http://www.bluecrossma.com/medications).

**Please note that this is only a sample of top prescribed medications based on our standard three-tier formulary.**

For more information about your specific prescription benefits, 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.

The following covered medication list is based on our standard formulary. The tier that is assigned to the drug is the tier used in a three-tier cost share benefit structure. For members with a two-tier or four-tier cost share benefit structure, please log on to the Blue Cross and Blue Shield web site at [www.bluecrossma.com/medications](http://www.bluecrossma.com/medications) and use the Medication Lookup feature.

# Top Covered Medications

Abilify (ST)	Tier 3	Buprenorphine/Naloxone (PA) (QCD)	Tier 2
Acetaminophen/Codeine	Tier 1	Bupropion	Tier 1
Acyclovir	Tier 1	Bupropion SR (QCD)	Tier 1
Adapalene	Tier 1	Bupropion XL (QCD)	Tier 1
Advair Diskus (ST) (QCD)	Tier 3	Buspirone	Tier 1
Albuterol Sulfate	Tier 1	Butalbital/Acetaminophen/Caffeine	Tier 1
Alendronate (QCD)	Tier 1	Camila	Tier 1
Allopurinol	Tier 1	Carisoprodol	Tier 1
Alprazolam	Tier 1	Cartia XT	Tier 1
Altavera	Tier 1	Carvedilol	Tier 1
Alyacen	Tier 1	Cefadroxil	Tier 1
Amitriptylene	Tier 1	Cefdinir	Tier 1
Amlodipine (QCD)	Tier 1	Cefuroxime	Tier 1
Amlodipine/Benazepril	Tier 1	Celecoxib (ST) (QCD)	Tier 1
Amoxicillin	Tier 1	Cephalexin	Tier 1
Amoxicillin TR/Potassium Calvulanate	Tier 1	Chantix	Tier 2
Amphetamine Salt Combination	Tier 1	Chlorhexidine Gluconate	Tier 1
Amphetamine/Dextroamphetamine ER (QCD)	Tier 2	Chlorthalidne	Tier 1
Anastrozole	Tier 1	Cialis	Tier 3
Androgel	Tier 2	Ciprodex	Tier 2
Apri	Tier 1	Ciprofloxacin	Tier 1
Aripiprazole	Tier 1	Citalopram (QCD)	Tier 1
Armour Thyroid	Tier 3	Clindamycin HCL	Tier 1
Asacol HD	Tier 2	Clindamycin Phosphate	Tier 1
Atenolol	Tier 1	Clindamycin/Benzoyl Peroxide	Tier 1
Atorvastatin (QCD)	Tier 1	Clobetasol	Tier 1
Aviane	Tier 1	Clonazepam	Tier 1
Azelastine Nasal Spray (QCD)	Tier 1	Clonidine	Tier 1
Azithromycin	Tier 1	Clopidogrel	Tier 1
Baclofen	Tier 1	Clotrimazole/Betamethasone	Tier 1
BD Ultra-Fine Pen Needle	Tier 2	Colcrys	Tier 2
Benicar (ST)	Tier 2	Crestor (ST) (QCD)	Tier 2
Benzonatate	Tier 1	Cryselle	Tier 1
Betamethasone	Tier 1	Cyanocobalamin Injection	Tier 1
Budesonide	Tier 1	Cyclobenzaprine	Tier 1

\* (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

# Top Covered Medications

Desogestrel/Ethinyl Estradiol	Tier 1	Fluocinonide	Tier 1
Desonide	Tier 1	Fluoride	Tier 1
Dexamethasone	Tier 1	Fluoxetine (QCD)	Tier 1
Dexmethylphenidate ER (QCD)	Tier 1	Folic Acid	Tier 1
Diazepam	Tier 1	Furosemide	Tier 1
Diclofenac Sodium	Tier 1	Gabapentin	Tier 1
Dicyclomine	Tier 1	Gemfibrozil	Tier 1
Diltiazem ER	Tier 1	Gildess FE	Tier 1
Divalproex Sodium	Tier 1	Glimepiride	Tier 1
Divalproex Sodium ER	Tier 1	Glipizide	Tier 1
Donepezil	Tier 1	Glipizide ER	Tier 1
Dorzolamide/Timolol	Tier 1	Glipizide XL	Tier 1
Doxazosin	Tier 1	Glyburide	Tier 1
Doxycycline Hyclate	Tier 1	Guanfacine	Tier 1
Doxycycline Monohydrate	Tier 1	Guanfacine ER	Tier 1
Dulera (ST) (QCD)	Tier 2	Humalog (QCD)	Tier 2
Duloxetine (QCD)	Tier 1	Humalog Kwikpen (QCD)	Tier 2
Econazole Nitrate	Tier 1	Humira (PA) (QCD)	Tier 2
Enalapril	Tier 1	Hydrochlorothiazide	Tier 1
Enbrel (PA) (QCD)	Tier 2	Hydrocodone/Acetaminophen	Tier 1
Enoxaparin Sodium (QCD)	Tier 1	Hydrocortisone	Tier 1
Enpresse	Tier 1	Hydromorphone (PA)	Tier 1
Epipen (QCD)	Tier 2	Hydroxychloroquine	Tier 1
Epi-Pen Jr (QCD)	Tier 2	Hydroxyzine	Tier 1
Erythromycin	Tier 1	Hydroxyzine Pamoate	Tier 1
Escitalopram (QCD)	Tier 1	Ibuprofen	Tier 1
Esomeprazole (PA) (QCD)	Tier 2	Indomethacin	Tier 1
Estrace Cream	Tier 2	Insulin Syringes	Tier 2
Estradiol	Tier 1	Invokana (ST)	Tier 2
Eszopiclone (QCD)	Tier 1	Iopphen C NR	Tier 1
Fenofibrate	Tier 1	Irbesartan	Tier 1
Fentanyl (PA) (QCD)	Tier 1	Isosorbide Mononitrate ER	Tier 1
Finasteride	Tier 1	Januvia (ST)	Tier 2
Flovent HFA (QCD)	Tier 2	Junel	Tier 1
Fluconazole	Tier 1	Junel FE	Tier 1

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

Kelnor	Tier 1	Methocarbamol	Tier 1
Ketoconazole	Tier 1	Methotrexate	Tier 1
Ketorolac Tromethamine	Tier 1	Methylphenidate	Tier 1
Klor Con	Tier 1	Methylphenidate CD (QCD)	Tier 1
Labetalol	Tier 1	Methylphenidate ER (QCD)	Tier 1
Lamotrigine	Tier 1	Methylprednisolone	Tier 1
Lansoprazole (PA) (QCD)	Tier 2	Metoprolol Succinate	Tier 1
Lantus (QCD)	Tier 2	Metoprolol Tartrate	Tier 1
Lantus Solostar (QCD)	Tier 2	Metronidazole	Tier 1
Latanoprost	Tier 1	Microgestin FE	Tier 1
Levetiracetam	Tier 1	Minastrin FE	Tier 1
Levofloxacin	Tier 1	Minocycline	Tier 1
Levonorgestrel/Ethinyl Estradiol	Tier 1	Mirtazapine	Tier 1
Levothyroxine	Tier 1	Modafinil (PA)	Tier 1
Levoxyl	Tier 1	Mometasone Furoate	Tier 1
Lidocaine Patch (QCD)	Tier 1	Montelukast	Tier 1
Liothyronine	Tier 1	Morphine Sulfate ER (PA) (QCD)	Tier 1
Lisinopril	Tier 1	Multivitamin/Fluoride	Tier 1
Lisinopril HCTZ	Tier 1	Mupirocin	Tier 1
Lithium Carbonate	Tier 1	Nabumetone	Tier 1
Lithium Carbonate ER	Tier 1	Nadolol	Tier 1
Lo Loestrin FE	Tier 3	Naproxen	Tier 1
Lorazepam	Tier 1	Necon	Tier 1
Loryna	Tier 1	Nifedipine ER	Tier 1
Losartan	Tier 1	Nitrofurantoin Mono/Macro	Tier 1
Losartan HCTZ	Tier 1	Nitrostat	Tier 2
Lovastatin	Tier 1	Norethindrone	Tier 1
Ludent Fluoride	Tier 1	Norgestimate/Ethinyl Estradiol	Tier 1
Lutera	Tier 1	Nortrel	Tier 1
Lyrica (PA)	Tier 3	Nortriptyline	Tier 1
Medroxyprogesterone	Tier 1	Nuvaring	Tier 1
Meloxicam (QCD)	Tier 1	Nystatin	Tier 1
Metformin	Tier 1	Ocella	Tier 1
Metformin ER	Tier 1	Ofloxacin	Tier 1
Methimazole	Tier 1	Olanzapine	Tier 1

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# Top Covered Medications

Omeprazole (QCD)	Tier 1	Ranitidine	Tier 1
Ondansetron (QCD)	Tier 1	Reclipsen	Tier 1
Ondasetron ODT (QCD)	Tier 1	Restasis (PA) (QCD)	Tier 3
Orsythia	Tier 1	Risperidone	Tier 1
Ortho Tri-Cyclen Lo	Tier 3	Rizatriptan (QCD)	Tier 1
Oxcarbazepine	Tier 1	Ropinirole	Tier 1
Oxybutynin ER	Tier 1	Sertraline (QCD)	Tier 1
Oxycodone	Tier 1	Simvastatin	Tier 1
Oxycodone/Acetaminophen	Tier 1	Sodium Sulfacetamide/Sulfur	Tier 1
OxyContin (PA) (QCD)	Tier 1	Spiriva (QCD)	Tier 2
Pantoprazole (QCD)	Tier 1	Spironolactone	Tier 1
Paroxetine	Tier 1	Sprintec	Tier 1
Paroxetine CR (QCD)	Tier 1	Strattera (PA) (QCD)	Tier 3
Penicillin V Potassium	Tier 1	Suboxone (PA) (QCD)	Tier 2
Phenazopyridine	Tier 1	Sulfamethoxazole/Trimethoprim	Tier 1
Pioglitazone (QCD)	Tier 1	Sumatriptan (QCD)	Tier 1
Polymyxin B Sulfate/Trimethoprim	Tier 1	Symbicort (ST) (QCD)	Tier 2
Potassium Chloride	Tier 1	Synthroid	Tier 3
Pramipexole	Tier 1	Tamoxifen	Tier 1
Pravastatin (QCD)	Tier 1	Tamsulosin	Tier 1
Prednisolone	Tier 1	Temazepam	Tier 1
Prednisolone Sodium Phosphate	Tier 1	Terazosin	Tier 1
Prednisone	Tier 1	Terbinafine	Tier 1
Premarin	Tier 2	Testosterone Cypionate	Tier 1
Prenatal Plus	Tier 1	Timolol	Tier 1
Proair HFA (QCD)	Tier 2	Tizanidine	Tier 1
Progesterone	Tier 1	Tobramycin/Dexamethasone	Tier 1
Promethazine	Tier 1	Topiramate	Tier 1
Propranolol	Tier 1	Tramadol	Tier 1
Propranolol ER	Tier 1	Trazodone	Tier 1
Pulmicort Flexhaler (QCD)	Tier 2	Tretinoin (PA)	Tier 1
Quetiapine	Tier 1	Triamcinolone	Tier 1
Quinapril	Tier 1	Tri-Linyah	Tier 1
QVAR (QCD)	Tier 2	Trinaterene HCTZ	Tier 1
Ramipril	Tier 1	Trinessa	Tier 1

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# Top Covered Medications

Tri-Previfem	Tier 1
Tri-Sprintec	Tier 1
Vagifem	Tier 2
Valacyclovir	Tier 1
Valsartan	Tier 1
Valsartan HCTZ	Tier 1
Venlafaxine	Tier 1
Venlafaxine ER (QCD)	Tier 1
Verapamil ER	Tier 1
Viagra	Tier 3
Viorele	Tier 1
Vitamin D2	Tier 1
Voltaren Solution	Tier 2
Warfarin	Tier 1
Xarelto	Tier 2
Zetia (ST) (QCD)	Tier 3
Zolmitriptan (QCD)	Tier 1
Zolmitriptan ODT (QCD)	Tier 1
Zolpidem (QCD)	Tier 1
Zolpidem ER (QCD)	Tier 1

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 (ST) step therapy required

# Over-the-Counter Medications

## Over-the-Counter Medications

For non-grandfathered health plans under the Affordable Care Act, the following list includes over-the-counter medications that are covered with no cost share when they are prescribed for you by your doctor. This list is up to date as of January 1, 2016, and is subject to change at any time.

- **Generic Aspirin (81mg)** is covered for females of all ages and males age 45–79.
- **Generic Folic Acid** is covered for females up to age 50.
- **Generic Iron** is covered for infants up to 12 months old.
- **Generic Smoking Cessation** is covered for up to two 90-day supplies per calendar year.
- **Generic Vitamin D** is covered for females of child bearing age and males age 65 and older.
- **Generic women's contraceptives** (e.g. female condoms, sponges, and spermicide) are covered.

# Quality Care Dosing

## Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dose of medications you receive comply with Food and Drug Administration (FDA) recommendations, as well as manufacturer and clinical information. When you fill a prescription for one of the following medications, it is 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.

We will get your doctor's approval before making any changes to your prescribed medications.

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

Please note: Your doctor may request an exception from the guidelines for medications that are subject to Quality Care Dosing (when medically necessary).

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This list of medications that are in our Quality Care Dosing program is up-to-date as of January 1, 2016, and may change from time to time.



# Quality Care Dosing

Abstral \* (PA)  
 AcipHex \* (PA)  
 Actiq \* (PA)  
 Actonel (ST)  
 ACTOplus Met (ST)  
 ACTOplus Met XR (ST)  
 Actos (ST)  
 Acular PF  
 Acular \*  
 Acular LS \*  
 Adderall XR  
 Advair Diskus (ST)  
 Advair HFA (ST)  
 Advicor (ST)  
 Aerobid \*  
 Aerobid-M \*  
 Aerospan \*  
 Akynzeo \*  
 Alendronate Sodium  
 Alora \*  
 Alosetron  
 Alrex \*  
 Alsuma \*  
 Altoprev (ST)  
 Alupent inhaler  
 Alvesco \*  
 Ambien \*  
 Ambien CR \*  
 Amerge  
 Amitiza  
 Amlodipine  
 Amlodipine-Atorvastatin  
 Ampyra (PA) (SP)  
 Anzemet \*  
 Aplenzin ER \*

Aptenzio XR \*  
 Aranesp \* (PA) (SP) (SPO)  
 Arava \*  
 Arcapta Neohaler \*  
 Arnuity Ellipta \*  
 Arixtra \*  
 Asmanex Twisthaler \*  
 Astelin  
 Astepro \*  
 Atelvia DR \* (ST)  
 Atorvastatin  
 Atrovent (nasal spray)  
 Atrovent HFA  
 Auvi-Q \*  
 Avandamet (ST)  
 Avandia (ST)  
 Avinza \*  
 Avonex (SP) (SPO)  
 Axert \*  
 Azelastine (nasal spray)  
 Azmacort \*  
 Beconase AQ \*  
 Belsomra \*  
 Belviq (PA)  
 Betaseron (SP) (SPO)  
 Binosto \* (PA)  
 Boniva tablets \* (ST)  
 Breo Ellipta \* (ST)  
 Brintellix \*  
 Brisdelle \*  
 Budeprion SR  
 Budeprion XL  
 Budesonide (nebulizer)  
 Budesonide (nasal spray)  
 Bunavail (PA)

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# Quality Care Dosing

Buprenorphine (PA)
Buprenorphine-Naloxone (PA)
Buprenex (PA)
Bupropion SR
Bupropion XL
Butorphanol NS
Butrans *
Bydureon
Byetta
Cabergoline
Caduet * (ST)
Cardura *
Cardura XL *
Catapres TTS
Celebrex (ST)
Celecoxib (ST)
Celexa *
Cesamet *
Cholbam
Ciclodin solution/kit
Ciclopirox nail lacquer
Citalopram
Climara
Climara Pro
Clonidine patch
CNL 8 nail kit *
Combivent
Combivent Respimat
Concerta
Contrave (PA)
Copaxone (SP) (SPO)
Cosentyx * (PA)
Crestor (ST)
Crolom ophthalmic
Cromolyn ophthalmic

Cymbalta
Daklinza ** (PA) (SP)
Desvenlafaxine ER *
Dexilant * (PA)
Dexmethylphenidate ER
Dexmethylphenidate XR
Dextroamphetamine/Amphetamine ER
Diflucan (150 mg only)
Dihydroergotamine (nasal spray)
Doxazosin
Dulera (ST)
Duloxetine
Duloxetine DR
Duragesic * (PA)
Dymista *
Edluar *
Effexor XR *
Embeda *
Emend
Enbrel (PA) (SP) (SPO)
Enoxaparin
Epinephrine injection
Epi-Pen Auto-Injector
Epogen * (PA) (SP) (SPO)
Escitalopram
Esomeprazole (PA)
Esomeprazole Strontium * (PA) (QCD)
Estraderm
Estradiol patch
Estrasorb *
Estrogel *
Eszopiclone
Evamist *
Evzio
Exalgo *

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# Quality Care Dosing

Extavia (SP) (SPO)

Famciclovir

Famvir \*

Farydak (PA)

Farxiga \* (ST)

Fentanyl oral/mucosal (PA)

Fentanyl patch (PA)

Fentora \* (PA)

Fetzima \*

Flovent/HFA

Fluconazole (150 mg only)

Flunisolide

Fluoxetine

Fluoxetine DR

Fluticasone

Fluvastatin XR

Fluvastatin

Fluvoxamine

Fluvoxamine CR

Focalin XR \*

Fondaparinux

Foradil

Forfivo XL \*

Forteo (PA) (SP) (SPO)

Fosamax \* (ST)

Fosamax Plus D (ST)

Fragmin \*

Frova \*

Fulyzaq (PA)

Gatifloxacin

Gilenya (SP)

Glatopa

Glucose testing strips (all)

Glyxambi \*

Granisetron

Granisol

Granix

Grastek (PA)

Harvoni (PA) (SP)

Hetlioz (PA)

Humira (PA) (SP) (SPO)

Hydromorphone ER (PA)

Hysingla ER \* (PA)

Hytrin \*

Ibandronate

Ibrance (PA) (SP)

Imitrex

Incruse Ellipta \* (ST)

Infergen (PA) (SP) (SPO)

Invokana (ST)

Insulins (all)

Intermezzo \*

Ipratropium NS

Irenka DR \*

Itraconazole

Jardiance (ST)

Kadian \* (PA)

Kerydin \*

Ketorolac ophthalmic

Khedeza \*

Kytril \*

Lamisil \*

Lansoprazole (PA)

Lansoprazole/Amoxicillin/Clarithromycin

Lazanda \* (PA)

Leflunomide

Lescol \* (ST)

Lescol XL \* (ST)

Lexapro

Lidocaine Patch

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# Quality Care Dosing

Lidoderm
Linzess
Lipitor * (ST)
Liptruzet **
Livalo * (ST)
Lotronex
Lovastatin
Lovenox *
Lunesta
Luvox CR *
Lysteda *
Maxair Autohaler *
Maxalt *
Maxalt-MLT *
Meloxicam
Menostar *
Metadate CD
Methylphenidate CD
Methylphenidate ER
Mevacor * (ST)
Migranal
Minivelle
Mirtazapine
Mirtazapine Rapid Dissolve
Mobic *
Morphine Sulfate ER (PA)
Movantik
Moxeza *
MS Contin (PA)
Naratriptan
Nasonex *
NebuPent
Neulasta (SP)
Neupogen (SP)
Nexium * (PA)

Norvasc *
Olanzapine-Fluoxetine
Olopatadine Nasal
Omeprazole
Omeprazole-Sod. Bicarbonate * (PA)
Omnicar * *
Omontys (PA) (SP)
Ondansetron
Ondansetron ODT
Onmel *
Onsolis * (PA)
Opana ER * (PA)
Oralair (PA)
Oramorph SR * (PA)
Otezla (PA)
Oxycodone ER (PA)
OxyContin (PA)
Oxymorphone ER (PA)
Pantoprazole
Paroxetine
Paroxetine CR
Patanase *
Paxil *
Paxil CR *
Pediaprox-4
Pegasys (SP) (SPO)
PEG-Intron (SP) (SPO)
Penlac *
Pexeva *
Pioglitazone (ST)
Pioglitazone-Glimepiride (ST)
Pioglitazone-Metformin (ST)
Plegridy * (SP)
Praluent ** (SP)
Pravachol * (ST)

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# Quality Care Dosing

Pravastatin
Prevacid * (PA)
PrevPac *
Prilosec * (PA)
Pristiq *
ProAir HFA
ProAir Respiclick
Procrit (PA) (SP) (SPO)
Protonix * (PA)
Proventil HFA *
Prozac *
Prozac Weekly *
Pulmicort Flexhaler
Pulmicort Respules
QNASL *
Qualaquin
Qutenza (SP)
QVAR
Rabeprazole (PA)
Ragwitek (PA)
Rapaflox
Rebif (SP) (SPO)
Relpax *
Remeron *
Remeron Soltab *
Repatha ** (SP)
Restasis (PA)
Rhinocort Aqua *
Risedronate
Ritalin LA *
Rizatriptan
Rozerem
Sancuso *
Sarafem *
Saxenda (PA)

Selferma
Serevent Diskus
Sertraline
Silenor *
Simcor * (ST)
Simponi (PA) (SP) (SPO)
Simvastatin
Sonata
Spiriva
Sporanox *
Stiolto Respimat
Strattera (PA17)
Striverdi Respimat
Suboxone (PA)
Subsys * (PA)
Subutex (PA)
Sumatriptan
Sumavel Dosepro *
Symbicort (ST)
Symbyax
Synjardy **
Tanzeum
Technivie ** (PA) (SP)
Terazosin
Terbinafine
Terbinex *
Tivorbex *
Toujeo Solostar *
Tranexamic Acid
Treximet *
Trulicity (ST)
Tudorza
Valacylovir
Valtrex
Venlafaxine ER capsule

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# Quality Care Dosing

Venlafaxine ER tablet

Ventolin HFA \*

Veramyst \*

Victoza (ST)

Viekira PAK \* (PA) (SP)

Vigamox \*

Viibryd \*

Vivelle

Vivelle-Dot

Vytorin \* (ST)

Vyvanse \*

Wellbutrin SR \*

Wellbutrin XL \*

Xartemis XR \* (PA)

Xifaxan

Xigduo \* (ST)

Xopenex HFA \*

Zaleplon

Zarxio

Zegerid \* (PA)

Zetia (ST)

Zetonna \*

Zocor \* (ST)

Zofran \*

Zofran ODT \*

Zohydro ER \* (PA)

Zolmitriptan

Zolmitriptan ODT

Zoloft \*

Zolpidem

Zolpidem ER

Zolpimist \*

Zomig \*

Zomig ZMT \*

Zubsolv \*\*

Zuplenz \*

Zydelig (SP)

Zymar \*

Zymaxid \*

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# Prior Authorization

## 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.

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

Another part of our prior authorization program is step therapy. Please refer to page 22 for a list of medications that require step therapy.

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This list of medications that require prior authorization is up-to-date as of January 1, 2016, and may change from time to time.

# Prior Authorization

Abstral \* (QCD)  
 AcipHex \* (QCD)  
 Actemra (SP)  
 Acthar (SP)  
 Actiq \* (QCD)  
 Adcirca (SP)  
 Amevive (MBO)  
 Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)  
 Ampyra (QCD) (SP)  
 Aralast (MBO)  
 Aralast NP (MBO)  
 Aranesp \* (QCD) (SP) (SPO)  
 Avinza \* (QCD)  
 Belviq  
 Binosto \*  
 Boniva syringe \* (SP)  
 Botox (SP)  
 Bunavail (QCD)  
 Buprenorphine (QCD)  
 Buprenorphine-Naloxone (QCD)  
 Buprenex  
 Butrans \* (QCD)  
 Ceredase (MBO)  
 Cerezyme (MBO)  
 Cimzia (SP) (SPO)  
 Cinryze (MBO)  
 Contrave (QCD)  
 Cosentyx \*  
 Daklinza \*\* (QCD) (SP)  
 Desoxyn (PA17)  
 Dexilant \* (QCD)  
 Dextroamphetamines (e.g. Dexedrine) (PA17)  
 Difucid \*  
 Diskets

Dolophine  
 Duragesic \* (QCD)  
 Dysport  
 Egrifta (SP)  
 Elidel  
 Embeda \* (QCD)  
 Enbrel (QCD) (SP) (SPO)  
 Enteral formula  
 Entyvio (SP)  
 Epogen \* (QCD) (SP) (SPO)  
 Erbitux (MBO)  
 Esomeprazole (QCD)  
 Esomeprazole Strontium \* (QCD)  
 Euflexxa \* (SPO)  
 Exalgo \* (QCD)  
 Eylea (MBO)  
 Factor VIII, VIIIa, IX, XIII (MBO)  
 Farydak (SP)  
 Fentanyl patch (QCD)  
 Fentanyl oral/mucosal (QCD)  
 Fentora \* (QCD)  
 First-lansoprazole  
 First-omeprazole  
 Forteo (QCD) (SP) (SPO)  
 Fulyzaq (QCD)  
 Gel-One \* (SPO)  
 Genotropin \* (SP) (SPO)  
 Geref  
 Grastek (QCD)  
 Harvoni (QCD)  
 Hetlioz (QCD)  
 Humatrope (SP) (SPO)  
 Humira (QCD) (SP) (SPO)  
 Hyalgan \* (SPO)  
 Hysingla ER \* (QCD)

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# Prior Authorization

Ibandronate injection/syringe

Ibrance (QCD) (SP)

Ilaris (SP) (SPO)

Increlix

Incivek (SP) (SPO)

Interferons (alpha, gamma)

Iplex

IV Immunoglobulin (MBO)

Kadian \* (QCD)

Kalydeco

Kineret (SP) (SPO)

Lansoprazole (QCD)

Lazanda \* (QCD)

Lenvima (SP)

Leukine (SP)

Lucentis (MBO)

Lynparza (SP)

Lyrica

Macugen (MBO)

Makena (SP)

Mekinist

Methadone

Methadose

Modafinil

Monovisc \* (SPO)

Morphine Sulfate CR (QCD)

Morphine Sulfate ER (QCD)

MS Contin (QCD)

Myalept (SP)

Nexium \* (QCD)

Norditropin \* (SP) (SPO)

Nucynta ER \*

Nutritional Supplements

Nutropin \* (SP) (SPO)

Nuvigil \* (PA17)

Olysio (SP)

Omeprazole-Sod. Bicarbonate \* (QCD)

Omnitrope (SP) (SPO)

Omontys (SP) (SPO)

Onsolis \* (QCD)

Opana ER \* (QCD)

Opdivo (SP)

Oralair (QCD)

Oramorph SR \* (QCD)

Orencia (SP)

Orthovisc \* (SPO)

Otezla (QCD) (SP)

Oxycodone ER (QCD)

Oxycontin (QCD)

Oxymorphone ER (QCD)

Preservative-Free Morphine (MBO)

Prevacid \* (QCD)

Prilosec \* (QCD)

Procrit (QCD) (SP) (SPO)

Prolastin (MBO)

Prolastin C (MBO)

Proleukin (SP)

Prolia (SP) (SPO)

Protonix \* (QCD)

Protopic

Protropin (SPO)

Provigil (PA17)

Rabeprazole (QCD)

Ragwitek (QCD)

Raptiva

Reclast (MBO)

Regranex

Remicade (SP)

Respiratory SyncytialVirus IG/Synagis (SP)

Restasis (QCD)

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# Prior Authorization

Revatio \* (SP)  
 Rituxan (SP)  
 Saizen \* (SP) (SPO)  
 Saxenda (QCD)  
 Serostim  
 Sildenafil (SP)  
 Simponi (QCD) (SP) (SPO)  
 Sovaldi (SP)  
 Stelara \* (SP) (SPO)  
 Strattera (PA17) (QCD)  
 Suboxone (QCD)  
 Subsys \* (QCD)  
 Supartz \* (SPO)  
 Synvisc \* (SPO)  
 Synvisc One \* (SPO)  
 Tafenlar (PA) (SP)  
 Technivie \*\* (QCD) (SP)  
 Tev-Tropin \* (SP) (SPO)  
 Topical Retinoic Acid Derivatives (e.g. Retin-A) (PA30)  
 TPN (total parenteral nutrition) (MBO)  
 Tysabri (MBO)  
 Vectibix (MBO)  
 Victrelis (SP)  
 Viekira PAK \* (QCD)  
 Xalkori (SP)  
 Xartemis XR \* (QCD)  
 Xeljanz \* (SP)  
 Xenazine  
 Xeomin  
 Xgeva (SP) (SPO)  
 Xiaflex (MBO)  
 Xolair (MBO)  
 Zegerid \* (QCD)  
 Zelboraf (SP)  
 Zohydro ER \* (QCD)

Zomactin \* (SP) (SPO)  
 Zometa (MBO)  
 Zorbtive (SPO)  
 Zubsolv (QCD)  
 Zydelig (SP)  
 Zykadia (SP)

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# Specialty Pharmacy

## Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to dispense 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.

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This list is up-to-date as of January 1, 2016. You can find the latest information about your medications and look up pharmacy contact information by visiting [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy).

## Network Pharmacy Information

**AcariaHealth**  
1-866-892-1202  
[www.acariahealth.com](http://www.acariahealth.com)

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**Accredo Health Group, Inc. /CuraScript**  
1-877-988-0058  
[www.accredo.com](http://www.accredo.com)

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**CVS Caremark, Inc.**  
1-866-846-3096  
[www.caremark.com](http://www.caremark.com)

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**OncoMed, the Oncology Pharmacy**  
1-877-662-6633  
[www.oncomed.net](http://www.oncomed.net)

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**Walgreens Specialty Pharmacy**  
1-800-649-2872 / Fax: 866-935-0719  
[www.walgreens.com/specialty](http://www.walgreens.com/specialty)

## Network Pharmacy Information for Medications Most Commonly Used for Fertility

**BriovaRx**  
1-800-850-9122  
[www.briovarx.com](http://www.briovarx.com)

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**Freedom Fertility Pharmacy**  
1-866-297-9452  
[www.freedomfertility.com](http://www.freedomfertility.com)

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**Metro Drugs**  
1-888-258-0106  
[www.metrodrugs.com](http://www.metrodrugs.com)

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**Village Fertility Pharmacy**  
1-877-334-1610  
[www.villagefertilitypharmacy.com](http://www.villagefertilitypharmacy.com)

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**Walgreens**  
1-800-424-9002  
[www.walgreens.com/pharmacy/specialpharmacy.jsp](http://www.walgreens.com/pharmacy/specialpharmacy.jsp)

# Specialty Pharmacy

## Injectable Medications

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

Cosmegen
Cyclophosphamide
Cyramza
Cytarabine
Cytogam (PA)
Cytoxan
Dacarbazine
Dactinomycin
Daunorubicin HCL
DaunoXome
DDAVP *
Depocyt
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Doxil
Doxorubicin HCl
DTIC-Dome
Duopa
Dysport (PA)
Egrifta (PA)
Eligard
Ellence
Eloxatin
Elspar
Enbrel (PA) (QCD) (SPO)
Entyvio (PA)
Epirubicin
Epogen * (PA) (QCD) (SPO)
Ethylol
Etopophos
Etoposide
Extavia * (QCD) (SPO)
Faslodex

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# Specialty Pharmacy

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

Ifosfamide/Mesna
Ilaris (PA) (SPO)
Increlex (PA) (SPO)
Infergen (PA) (QCD) (SPO)
Intron A (PA) (SPO)
Irinotecan
Istodax
Kenalog
Keytruda
Kineret (PA) (SPO)
Kynamro
Lemtrada * (SPO)
Leucovorin Calcium
Leukine (PA)
Leuprolide Acetate (SPO)
Leustatin
Lipodox
Lipodox-50
Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena (PA)
Marqibo
Mesna
Mesnex
Methotrexate
Mitomycin
Mitoxantrone
Mozobil
Mustargen
Myalept (PA)
Mylotarg
Myobloc (PA)
Naptara
Navelbine

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# Specialty Pharmacy

Neosar
Neulasta (QCD)
Neumega
Neupogen (QCD)
Nipent
Norditropin * (PA) (SPO)
Norditropin Flexpro * (PA) (SPO)
Norditropin Nordiflex * (PA) (SPO)
Novantrone
Nplate
Nutropin (PA) (SPO)
Nutropin AQ (PA) (SPO)
Nutropin AQ Nuspin (PA) (SPO)
Octagam (PA)
Octreotide injection (SPO)
Omnitrope * (PA) (SPO)
Oncaspar
Onxol
Opdivo (PA)
Orencia (PA)
Otrexup *
Oxaliplatin
Paclitaxel
Pamidronate
Pamidronate disodium
Pegasys (QCD) (SPO)
Peg-Intron (QCD) (SPO)
Photofrin
Plegridy * (QCD)
Praluent ** (QCD)
Privigen (PA)
Procrit (PA) (QCD) (SPO)
Proleukin (PA)
Prolia (PA) (SPO)
Rebif (QCD) (SPO)

Remicade (PA)
Repatha ** (QCD)
Revatio * (PA)
Rituxan (PA)
Ruconest
Saizen * (PA) (SPO)
Sandostatin (SPO)
Sandostatin-LAR
Serostim (PA) (SPO)
Signafor
Signafor LAR
Simponi (PA) (QCD) (SPO)
Simponi Aria (PA)
Simulect
Somatuline
Somavert (SPO)
Stelara * (PA) (SPO)
Sylatron (PA)
Sylvant
Synagis (PA)
Synribo
Tarabine
Taxol
Taxotere
Teniposide
Tev-Tropin * (PA) (SPO)
TheraCys
Thiotepa
Thyrogen
Toposar
Totect
Trelstar
Trelstar LA
Trelstar Depot
Valstar

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# Specialty Pharmacy

Velcade
Vimzim
VinBLAStine
VinCRISStine
Vinorelbine
Vivitrol
Vumon
Xeomin (PA)
Xgeva (PA) (SPO)
Zaltrap
Zanosar
Zinecard
Zoladex
Zomacton * (PA) (SPO)
Zorbtive (PA) (SPO)

## Oral Medications

8-Mop
Adcirca (PA)
Adempas
Afinitor
Alkeran
Ampyra (PA) (QCD)
Aubagio
Bethkis
Bosulif
Capecitabine
Carbaglu
Cerdelga **
Cometriq
Copegus (SPO)
Cystagon
Cytosan
Daklinza ** (PA) (QCD)
Daraprim
Duopa

Erivedge
Esbriet
Etoposide
Exjade
Farydak (PA)
Gilenya (QCD)
Gilotrif
Gleevec
Havroni (PA) (QCD)
Hetlioz (PA)
Hycamtin
Ibrance (PA)
Iclusig
Imbruvica
Incivek (PA)
Inlyta
Iressa
Jadenu
Jakafi
Kalydeco (PA)
Kitabis PAK *
Korlym
Kuvan
Lenvima (PA)
Letairis
Lynparza (PA)
Mekinist
Mesnex
Moderiba
Nexavar
Northera *
Ofev
Oforta
Olysio (PA)
Onsolis * (PA) (QCD)

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# Specialty Pharmacy

Opsumit
Orenitram
Orfadin (SPO)
Orkambi **
Otezla (PA) (QCD)
Otezla Starter Pack (PA)
Pomalyst
Procysbi
Promacta
Pulmozyme (SPO)
Raptiva (PA)
Ravicti
Rebetol (SPO)
Revatio * (PA)
Revlimid
Ribapak (SPO)
Ribasphere (SPO)
Ribatab
Ribavirin (SPO)
Rilutek
Riluzole
Sabril
Sildenafil (PA)
Sovaldi (PA)
Sprycel
Stivarga
Sucraid
Sutent
Tafinlar (PA)
Tarceva
Tasigna
Tecfidera
Technivie ** (PA) (QCD)
Temodar
Temozoloamide

Tetrabenazine
Thalomid
TOBI ampules (SPO)
TOBI-Podhaler (SPO)
Tobramycin ampules
Tracleer
Tykerb
Tyvaso
Viekira PAK * (PA) (QCD)
Victrelis (PA)
Votrient
Xalkori (PA)
Xeljanz *
Xeloda
Xenazine
Xtandi (ST)
Xyrem
Zavesca
Zelboraf (PA)
Zolanza
Zydelig (QCD)
Zykadia (PA)
Zytiga

## Topical

Cystaran
Panretin (SPO)
Qutenza (QCD)
Valchlor
Zecuity *

## Fertility Medications

Bravelle * (SPO)
Cetrotide (SPO)
Clomid
Clomiphene
Endometrin

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# Specialty Pharmacy

Follistim AQ \* (SPO)

Ganirelix \* (SPO)

Gonal F/Gonal F RFF (SPO)

Gonal F Rff Rediject (SPO)

Human Chorionic Gonadotropin (HCG) (SPO)

Leuprolide (SPO)

Lupron Depot

Lupron Depot-Ped

Luveris (SPO)

Menopur (SPO)

Novarel

Ovidrel (SPO)

Pregnyl (SPO)

Repronex (SPO)

Serophene

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# Step Therapy

## 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.

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This list is up-to-date as of January 1, 2016, and is subject to change at any time. For the most up-to-date list of medications that require step therapy, please visit our website [www.bluecrossma.com/pharmacy](http://www.bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

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# Step Therapy

## Atypical Antipsychotic Medications

Abilify
Abilify DiscMelt *
Abilify Maintenna *
Clozaril
Fanapt *
FazaClo *
Geodon
Haldol
Haldol Decanoate
Invega *
Invega Sustenna
Invega Trinza
Latuda *
Loxitane
Rexulti **
Risperdal
Risperdal Consta
Risperdal M-Tab *
Saphris *
Seroquel
Seroquel XR
Symbyax (QCD)
Zyprexa
Zyprexa IM *
Zyprexa Relprevv *
Zyprexa Zydis

## Asthma Management

Accolate *
Advair Diskus (QCD)
Advair HFA (QCD)
Anoro Ellipta (QCD)
Breo Ellipta * (QCD)
Dulera (QCD)
Incruse Ellipta * (QCD)

Singulair
Stiolto Respimat (QCD)
Symbicort (QCD)
Zafirlukast
Zyflo *
Zyflo CR *

## Cholesterol Treatment

Advicor (QCD)
Altoprev * (QCD)
Caduet * (QCD)
Crestor (QCD)
Juxtapid
Kynamro (SP)
Lescol * (QCD)
Lescol XL * (QCD)
Lipitor * (QCD)
Liptruzet * (QCD)
Livalo * (QCD)
Mevacor * (QCD)
Pravachol * (QCD)
Simcor * (QCD)
Vytorin * (QCD)
Zetia (QCD)
Zocor * (QCD)

## Diabetes Management

ACTOplus Met (QCD)
ACTOplus Met XR (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Duetact
Farxiga *
Fortamet *
Glucophage *

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# Step Therapy

Glucophage XR \*

Glumetza \*

Glyxambi \* (QCD)

Invokana (QCD)

Invokamet (QCD)

Janumet

Janumet XR

Januvia

Jardiance

Jentaduetto \*

Kazano \*

Kombiglyze XR

Nesina \*

Onglyza

Oseni \*

Pioglitazone (QCD)

Pioglitazone-Glimepiride (QCD)

Pioglitazone-Metformin (QCD)

Prandin \*

Prandimet \*

Tradjenta \*

Trulicity (QCD)

Victoza (QCD)

Xigduo \* (QCD)

## Glaucoma

Lumigan

Rescula \*

Travatan

Travatan Z

Xalatan

## Heart/Blood Modifiers/Circulation

Amturnide \*

Atacand \*

Atacand HCT \*

Avalide

Avapro

Azor

Benicar

Benicar HCT

Cozaar \*

Diovan

Diovan HCT

Edarbi \*

Edarbyclor \*

Exforge

Exforge-HCT

Hyzaar \*

Micardis \*

Micardis HCT \*

Tekamlo \*

Tekturna \*

Tekturna HCT \*

Teveten \*

Teveten HCT \*

Tribenzor

Twynsta \*

Valturna \*

## Osteoporosis Treatment (Oral)

Actonel (QCD)

Atelvia DR \* (QCD)

Binosto \* (QCD)

Boniva tablets \* (QCD)

Fosamax \* (QCD)

Fosamax Plus D (QCD)

## Pain Relievers (Cox II Inhibitors)

Celebrex (QCD)

Celecoxib (QCD)

## Prostate Treatment

Avodart

Jalyn

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# Step Therapy

Proscar \*

## Prostate Cancer - Oral

Xtandi

## Parkinson's Disease Treatment

Mirapex

Mirapex ER \*

Requip \*

Requip XL \*

## Overactive Bladder Treatment

Detrol \*

Detrol LA \*

Ditropan \*

Ditropan XL \*

Enablex \*

Gelnique \*

Oxytrol \*

Myrbetriq \*

Sanctura \*

Sanctura XR \*

Toviaz \*

Vesicare

## Topical Testosterone

Fortesta \*

Natesto Nasal \*

Testim \*

Testosterone gel (Fortesta Authorized product) \*

Testosterone gel (Testim Authorized product) \*

Testosterone gel (Vogelxo Authorized product) \*

Testosterone CIK Kit \*

Vogelxo \*

\* (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

# Non-Covered Medication

## Non-Covered Medication

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 drug is approved, it will be covered at the highest tier or cost share. 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.

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This list of non-covered medications is up-to-date as of January 1, 2016, 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, [www.bluecrossma.com/medications](http://www.bluecrossma.com/medications) and proceed to the **Medications that are not Covered** section.

# Non-Covered Medication

Abilify DiscMelt (ST)  
 Abilify Maintenna (ST)  
 Absorica  
 Abstral (PA) (QCD)  
 Acanya  
 Accolate (ST)  
 Accu-Chek diabetic testing supplies (QCD)  
 AccuNeb  
 Accupril  
 Accutane  
 Aceon  
 AcipHex (PA) (QCD)  
 Acticlate  
 Actigall  
 Actiq (PA) (QCD)  
 Activella  
 Acular (QCD)  
 Acular LS (QCD)  
 Acuvail  
 Aczone  
 Adalat CC  
 Adazin  
 Adderall  
 Adoxa CK  
 Adoxa TT  
 Advanced Allergy Collection Kit  
 Advocate Redi-Code diabetic testing supplies (QCD)  
 Aerobid (QCD)  
 Aerobid-M (QCD)  
 Aerospan (QCD)  
 Afrezza  
 Airtet  
 Akynzeo (QCD)  
 Alivycin Antipruritic SG gel

Aleveer  
 Alodox  
 Aloquin  
 Alora (QCD)  
 Alrex (QCD)  
 Alsuma (QCD)  
 Altabax  
 Altace  
 Altoprev (QCD) (ST)  
 Aluvea  
 Alvesco (QCD)  
 Ambien (QCD)  
 Ambien CR (QCD)  
 Amrix  
 Amturnide (ST)  
 Anafranil  
 Analpram Advanced  
 Analpram-E kit  
 Angeliq  
 Antara  
 Anzemet (QCD)  
 Apidra  
 Aplenzin ER (QCD)  
 Appformin-D  
 Aptensio XR (QCD)  
 Aqua Glycolic HC  
 Aranesp (PA) (QCD) (SP) (SPO)  
 Arava (QCD)  
 Arcapta Neohaler (QCD)  
 Arixtra (QCD)  
 Arnuity Ellipta (QCD)  
 Ascensia diabetic testing supplies (QCD)  
 Asmanex Twisthaler (QCD)  
 Assure diabetic testing supplies (QCD)  
 Astepro (QCD)

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# Non-Covered Medication

Atacand (ST)  
 Atacand HCT (ST)  
 Atelvia DR (QCD) (ST)  
 Ativan  
 Atopiclair  
 Atralin  
 Atrapro Dermal Spray  
 Atrapro CP  
 Atrapro Hydrogel  
 Atropen  
 Augmentin XR  
 Aurostat  
 Auryxia  
 Auvi-Q (QCD)  
 Avelox  
 Avidoxy  
 Avidoxy DK  
 Avinza (PA) (QCD)  
 Avita  
 Axert (QCD)  
 Axid  
 Azasite  
 Azmacort (QCD)  
 B-D diabetic testing supplies (QCD)  
 Beconase AQ (QCD)  
 Belsomra (QCD)  
 BenzaClin kit  
 Besivance  
 BG-Star diabetic testing supplies (QCD)  
 Binosto (QCD) (ST)  
 Bionect  
 Boniva syringe (PA) (SP)  
 Boniva tablets (QCD) (ST)  
 Bravelle (SP)  
 Breo Ellipta (QCD) (ST)

Brevicon  
 Brilinta  
 Brintellix (QCD)  
 Brisdelle (QCD)  
 Bromday  
 Brovana  
 Butrans (PA) (QCD)  
 Bystolic  
 Caduet (QCD)  
 Calcitriol Topical  
 Cambia  
 Caphosol  
 Capoten  
 Careone diabetic testing supplies (QCD)  
 Carezens N diabetic testing supplies (QCD)  
 Cardene  
 Cardene SR  
 Cardizem CD  
 Cardizem LA  
 Cardura XL (QCD)  
 Cataflam  
 Ceclor  
 Ceclor CD  
 Cedax  
 Celexa (QCD)  
 Cem-Urea  
 Cenestin  
 Centany  
 Centany AT  
 Cesamet (QCD)  
 Cetraxel  
 Chenodal  
 Chibroxin Ocumeter  
 Cipro-XR  
 Cleanse and Treat

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# Non-Covered Medication

Cleervue-M
Cleocin T
Clever Choice Voice diabetic testing supplies (QCD)
Clindacin ETZ Kit
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
Coreg
Coreg CR
Corlanor
Cosentyx (PA) (QCD)
Cosopt PF
Cozaar (ST)
CVS Advanced diabetic testing supplies (QCD)
Cymbalta (QCD)
Daliresp
Darvocet N-100
Daypro
Daytrana
DDAVP
Demulen
Depo-Sub Q Provera 104
Derma-Smoothe/FS

Dermacin RX Silpak
Dermasilk RX SDS
Dermacin RX Surgical Pharmpak
Dermapak Plus
Dermasorb-AF
Dermasorb-HC
Dermasorb-TA
Dermasorb-XM
DermOtic
Desogen
Desonil + Plus
DesOwen kit
Desvenlafaxine ER (QCD)
Detrol (ST)
Detrol LA (ST)
Dexedrine (PA)
Dexilant (PA) (QCD)
Dificid (PA)
Dilacor XR
Dilaudid
Dipentum
Dispermox
Ditropan (ST)
Ditropan XL (ST)
Divigel
Duavee
Duexis
Duragesic (PA) (QCD)
Durezol
Dyloject
Dymista (QCD)
Dynabac
Dynacin
Dynacirc
Dynacirc CR

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# Non-Covered Medication

Dytan

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Easy Max diabetic testing supplies (QCD)

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Easy Step diabetic testing supplies (QCD)

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Easy Talk diabetic testing supplies (QCD)

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Easy Touch diabetic testing supplies (QCD)

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Easy-Trak diabetic testing supplies (QCD)

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Edarbi (ST)

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Edarbiclor (ST)

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Edluar (QCD)

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Effexor

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Effexor XR (QCD)

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Elenza

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Elestrin

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Eletone

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Embeda (QCD)

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Embrace diabetic testing supplies (QCD)

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Emsam

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Enablex (ST)

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Enjuvia

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Epaned

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EpiCeram

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Epiduo

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Epiduo Forte

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Episil

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Epogen (PA) (SP) (SPO)

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Equetro

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Ertaczo

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Esomeprazole Strontium (QCD) (ST)

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Estrace

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Estrasorb (QCD)

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Estrogel (QCD)

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Euflexxa (PA) (SPO)

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Evamist (QCD)

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Evoclin

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ExacTech diabetic testing supplies (QCD)

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Exalgo (PA) (QCD)

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Extavia

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Extina

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Factive

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Falessa kit

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Famvir (QCD)

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Fanapt (ST)

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Farxiga (ST)

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FazaClo (ST)

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Femtrace

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Fenoglide

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Fentora (PA) (QCD)

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Fertinex (SP)

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Fetzima (QCD)

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Fexmid

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Fibracor

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Fifty50 diabetic testing supplies (QCD)

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Finacea Plus

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Fioricet

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Fiorinal

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Fiorinal with Codeine

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Flagyl

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Flagyl ER

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Flagyl IV

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Flector

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Flonase (QCD)

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Fluoroplex

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FML Forte

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Focalin

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Focalin XR (QCD)

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Follistim AQ (SP)

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Fora V12 diabetic testing supplies (QCD)

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Forfivo XL (QCD)

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Fortamet (ST)

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Fortesta (ST)

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# Non-Covered Medication

Fosamax (QCD) (ST)  
 Fragmin (QCD)  
 Freestyle diabetic testing supplies (QCD)  
 Fresh Kote  
 Frova (QCD)  
 Ganirelix (SP) (SPO)  
 Garamide  
 Gel-One (PA) (SPO)  
 Gelclair  
 Gelnique (ST)  
 GelX  
 Genotropin (PA) (SP) (SPO)  
 GE 100 diabetic testing supplies (QCD)  
 Giazio  
 Glucocard diabetic testing supplies (QCD)  
 Glucometer diabetic testing supplies (QCD)  
 Glucophage  
 Glucophage XR  
 Glumetza  
 Glyxambi (QCD) (ST)  
 Gmate diabetic testing supplies (QCD)  
 GoLyteLy  
 Halonate  
 Halotin  
 Healthpro diabetic testing supplies (QCD)  
 Helidac  
 Horizant  
 HPR  
 HPR Plus  
 HPR Plus Hydrogel Kit  
 Hyalgan (PA) (SPO)  
 Hydrocortisone-Lidocaine kit  
 Hylase  
 Hylatopic  
 Hylatopic Plus

Hylatopic Plus-Aurstat  
 Hylira  
 Hysingla ER (PA) (QCD)  
 Hytrin (QCD)  
 Hyzaar (ST)  
 IB-Stat  
 IC400 kit  
 IC800 kit  
 Ilevro  
 Imuran  
 Incruse Ellipta (QCD) (ST)  
 Inderal LA  
 Inderal XL  
 Innohep  
 InnoPran XL  
 Intermezzo (QCD)  
 Intuniv  
 Invega (ST)  
 Iquix  
 Irenka DR (QCD)  
 Istalol  
 Jentadueto (ST)  
 Jublia  
 Kadian (PA) (QCD)  
 Kapvay  
 Kazano (ST)  
 Keppra XR  
 Keralyt kit  
 Kerydin (QCD)  
 Ketocon + Plus  
 Khedezla (QCD)  
 Kitabis PAK (SP)  
 Klonopin  
 Kro Premium diabetic testing supplies (QCD)  
 Kytril (QCD)

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# Non-Covered Medication

Lamictal ODT
Lamisil (QCD)
Lamisil Granules (QCD)
Latuda (ST)
Lazanda (PA) (QCD)
Lemtrada (SP) (SPO)
Lescol (QCD) (ST)
Lescol XL (QCD) (ST)
Levaquin
Levemir (QCD)
Levlen
Lexapro (QCD)
Lexxel
Lialda
Lidodextrapine
Lidovex
Lidovir
Lipitor (QCD) (ST)
Lipofen
Liptruzet (QCD) (ST)
Livalo (QCD) (ST)
Livixil PAK
Lodine
Lodine XL
Lofibra
Lopressor
Lorabid
Lorenza
LoSeasonique
Lotensin
Lotensin HCT
Loutrex
Lovaza
Lovenox (QCD)
Lunesta (QCD)

Luvox CR (QCD)
Luzu
Lysteda (QCD)
Lytensopril
MAC Patch
Mavik
Maxair Autohaler (QCD)
Maxalt (QCD)
Maxalt-MLT (QCD)
Maxipime
MB Hydrogel
Medrox Patch
Megace ES
Menostar (QCD)
Metaglip
Metozolv ODT
Metrogel kit
Mevacor (QCD) (ST)
Micardis (ST)
Micardis HCT (ST)
Minocin
Minocin Combo Pack
Mirapex ER (ST)
Mobic (QCD)
Momexin
Monodox
Monopril
Monopril HCT
Monovisc (PA) (SPO)
Morgidox
MoviPrep
Moxatag
Moxeza (QCD)
Myoxin
Myrbetriq

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# Non-Covered Medication

Namzaric
Naprelan
Naprelan CR
Naprosyn
Naprosyn EC
Nasarel (QCD)
Nasonex (QCD)
Natazia
Natesto Nasal (ST)
Neo-Synalar Kit
Neosalus
Neosalus CP
Nesina (ST)
Neuac Kit
Neumaxin
Neupro
Neurontin
Nevanac
Nexiclon XR
Nexium (PA) (QCD)
Niravam
Norditropin (PA) (SP) (SPO)
Norinyl
Noroxin
Nor-Q-D
Northera (SP)
Norvasc (QCD)
Novacort
Nova Max diabetic testing supplies (QCD)
Novolin Insulin products
Novolog Insulin products
NuCort
Nucynta
Nucynta ER (PA)
NuLytely

NutriDox
Nuversa
Nuvigil (PA)
Ocudox kit
Oleptro ER
Olux
Omeprazole-Sod. Bicarbonate (PA) (QCD)
Omnaris (QCD)
Omnicef
Omnitrope (PA) (SP) (SPO)
Onexton
Onmel (QCD)
Onsolis (PA) (QCD)
Opana
Opana ER (PA) (QCD)
Optase
Oracea
Oramorph SR (PA) (QCD)
Orapred ODT
Oravig
Oroxin
Ortho-Prefest
Orthovisc (PA) (SPO)
Oseni (ST)
Osphena
Otrexup (SP)
Ovcon
Oxecta
Oxytrol (ST)
Pain Relief Patch
Pamelor
Pamine FQ
Pancreaze
Paptase
Patanase (QCD)

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# Non-Covered Medication

Paxil (QCD)
Paxil CR (QCD)
PCE
PCE Dispertab
Pediaderm AF
Pediaderm HC
Pediaderm TA
Penlac (QCD)
Pennsaid
Pepcid
Percocet
Pertzye
Pexeva (QCD)
Phoslyra
Picato
Plaquenil
Plegriby (QCD) (SP)
PR-Cream
Pram-HCA
Pramcort
Pramosone E
PrandiMet (ST)
Pravachol (QCD) (ST)
Precision QID diabetic supplies (QCD)
Precision X-Tra diabetic supplies (QCD)
Prepopik
Presera
Prestalia
Prestige diabetic testing supplies (QCD)
Prevacid (PA) (QCD)
Prevacid NapraPAC
PrevPac
Prilosec (PA) (QCD)
Prinivil
Prinzide

Pristiq (QCD)
Procentra (PA)
Procort
Prodigy diabetic testing supplies (QCD)
Prolensa
Promiseb
Promiseb Light
Proquin XR
Protonix (PA) (QCD)
Proventil HFA (QCD)
Proventil inhaler (QCD)
Proventil
Proventil Repetab
Provenza
Prozac (QCD)
Prozac Weekly (QCD)
Purinethol
Pylera
QNASL (QCD)
Quartet
Quillivant XR
Quixin
RadiaPlex Rx
Radigel
Raniclor
Rapaflo
Rasuvio
Rayos
Reciphexamine
Recothrom
Relafen
Relion diabetic testing supplies (QCD)
Relpax (QCD)
Relyyks
Relyyt

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# Non-Covered Medication

Remeron (QCD)
Remeron Soltab (QCD)
Renovo
Requip (ST)
Requip XL (ST)
Rescula (ST)
Restoril
Retin-A Micro (PA30)
Rhinocort Aqua (QCD)
Rinnovi
Risperdal M-Tab (ST)
Ritalin
Ritalin LA (QCD)
Ritalin SR
Rosadan
Rosanil
Rybix ODT
Rynatan
Rytary ER
Rythmol
Ryzolt
Saizen (PA) (SP) (SPO)
Salicylic Acid-Ceramide kit
Salkera
Salvax
Salvax Duo
Salvax Duo Plus
Sanctura (ST)
Sanctura XR (ST)
Sancuso (QCD)
Saphris (ST)
Sarafem (QCD)
Savaysa
Scalacort
Scar

Seasonique
Senophylline
Silenor (QCD)
Silvera
Silvrstat
Simbrinza
Simcor (QCD) (ST)
Sinelee
Sinemet
Sitavig
Skelid
Sklice
Smart Sense diabetic testing supplies (QCD)
Sof-Tact diabetic supplies (QCD)
Solaice
Solaraze
Solodyn
Soltamox
Solus V2 diabetic testing supplies (QCD)
Soma
Sonata (QCD)
Soolantra
Spectracef
Sporanox (QCD)
Sprix
Stavzor
Stelara (PA) (SPO)
Striant
Subsys (PA) (QCD)
Sular
Sumadan
Sumavel Dosepro (QCD)
Sumaxin
Sumaxin CP
Sumaxin TS

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# Non-Covered Medication

Supartz (PA) (SPO)
Suprep
Synalar Combo-Pack
Synalar TS
Synvexia TC
Synvisc (PA) (SPO)
Synvisc-One (PA) (SPO)
Tagamet
Tekamlo (ST)
Tekturna (ST)
Tekturna HCT (ST)
Tenormin
Tequin
Terbinex (QCD)
Tersi
Test N'Go diabetic testing 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 ClK 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
Tornalate
Toujeo Solostar (QCD)
Toviaz (ST)
Tradjenta (ST)
Tranxene T-Tab
Tretin-X (PA)
Treximet (QCD)
Trezix
Tricor
Triglide
Tri-Levlen
Trilipix
Trinalin
Tri-Norinyl
TriOxin
Tritec
Tropazone
True Metrix diabetic supplies (QCD)
TrueTest diabetic supplies (QCD)
TrueTrack diabetic supplies (QCD)
Twynsta (ST)
Ultracet
Ultram/ER
Ultrasal ER
Ultravate PAC
Ultravate X
Ultressa
Unistrip 1 diabetic testing supplies (QCD)
Up & Up diabetic testing supplies (QCD)
Uramaxin
Urea kit
Valium
Valturna (ST)
Vanos

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# Non-Covered Medication

Vantin

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Vascepa

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Vaseretic

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Vasolex

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Vasotec

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Vectical

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Vectrin

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Velma

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Velphoro

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Veltin (PA30)

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Ventolin HFA (QCD)

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Veramyst (QCD)

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Veregen

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Vexa

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Vexol

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Viekira PAK (PA) (SP)

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Vigamox (QCD)

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Viibryd (QCD)

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Vimovo

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Virasal

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Vogelxo (ST)

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Voltaren

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Voltaren XR

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Vusion

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Vytorin (QCD) (ST)

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Vyvanse (QCD)

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Wavesense diabetic testing supplies (QCD)

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Welchol

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Wellbutrin

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Wellbutrin SR (QCD)

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Wellbutrin XL (QCD)

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Xanax

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Xanax XR

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X-Clair

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Xartemis XR (PA) (QCD)

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Xeljanz (SP)

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Xenaderm

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Xerese

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Xibrom

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Xifaxan

---

Xigduo (QCD) (ST)

---

Xolegel

---

Xolox

---

Xopenex HFA (QCD)

---

Xopenex nebules

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Xyralid

---

Z-Pram

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Zanaflex

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Zantac

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Zebeta

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Zecuity (SP)

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Zegerid (PA) (QCD)

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Zelapar

---

Zenieve

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Zestril

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Zetonna (QCD)

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Ziana

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Zinotic

---

Zinotic ES

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Zipsor

---

Zithromax

---

Zmax

---

Zocor (QCD) (ST)

---

Zofran (QCD)

---

Zofran ODT (QCD)

---

Zohydro ER (PA) (QCD)

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Zolofit (QCD)

---

Zolpimist (QCD)

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Zomacton (PA) (SPO)

---

Zomig (QCD)

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\* (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

# Non-Covered Medication

Zomig ZMT (QCD)

Zontivity

Zovirax

Zuplenz (QCD)

Zyflo (ST)

Zyflo CR (ST)

Zymar (QCD)

Zymaxid

Zypram

Zyprexa IM (ST)

Zyprexa Relprevv (ST)

Zytopic

\* (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

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# New Medication Approval Process

## **New Medication Approval Process**

Our Pharmacy and Therapeutics 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 formulary as they are approved by our Pharmacy and Therapeutics Committee throughout the year.

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



MASSACHUSETTS

# 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.

1. 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.)
2. Complete the attached Mail Order Form for each member submitting a prescription. Be sure to answer all of the questions.
3. 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](http://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](http://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](http://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.



MASSACHUSETTS



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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147610M 32-7040

# Express Scripts Pharmacy Prescription Order Form

▶ To order online: sign in at [www.StartHomeDelivery.com](http://www.StartHomeDelivery.com) and follow the prompts. ◀

**To order by mail:** complete this form and ask your doctor to write your prescription for a 90-day supply or the maximum days supply allowed by your plan.

- Use ALL CAPITAL LETTERS in BLACK INK. Fill in the ovals as shown (●).
- Remember to mail your prescription with this completed form. Your medication will arrive within two weeks from the date we receive your first order.

NOTE: Standard shipping is FREE for online and mail orders.



1041

PATIENT 1 (CARDHOLDER)

ID Card Number

12 boxes for ID Card Number

First Name

12 boxes for First Name

MI

1 box for MI

Date of Birth (MM/DD/YYYY)

2 boxes for MM, 2 boxes for DD, 4 boxes for YYYY

Last Name

24 boxes for Last Name

Gender ☐ M ☐ F

Some medications cannot be delivered to a PO Box. Provide a street address to allow delivery of your order.

Shipping Address 1

24 boxes for Shipping Address 1

Shipping Address 2

24 boxes for Shipping Address 2

City

24 boxes for City

State

2 boxes for State

Zip Code

5 boxes for Zip Code

☐ Check here for rush shipment. Your order, once received and filled, will be shipped overnight for \$21.

Email

24 boxes for Email

Please select one as your preferred telephone number

☐ Daytime Phone

3 boxes for Daytime Phone

☐ Evening Phone

3 boxes for Evening Phone

☐ Cell Phone

3 boxes for Cell Phone

Doctor/Prescriber Last Name

24 boxes for Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

3 boxes for area code, 3 boxes for number, 4 boxes for extension

PATIENT 2

First Name

12 boxes for First Name

MI

1 box for MI

Date of Birth (MM/DD/YYYY)

2 boxes for MM, 2 boxes for DD, 4 boxes for YYYY

Last Name

24 boxes for Last Name

Gender ☐ M ☐ F

Email

24 boxes for Email

Doctor/Prescriber Last Name

24 boxes for Doctor/Prescriber Last Name

Doctor/Prescriber Phone Number

3 boxes for area code, 3 boxes for number, 4 boxes for extension

PAYMENT

All individuals included in the family will be charged to this credit card.

☐ Apply to this order only

☐ Apply to all orders

Amount Enclosed

☐ Check Card

☐ Credit Card

☐ Check / Money Order

\$ 4 boxes for dollars, 2 boxes for cents

Card #

16 boxes for Card #

Exp. Date (MM/YY)

2 boxes for MM, 2 boxes for YY

Sign here to authorize card payment ☒

Detach Here

For all orders after 08/01/2011, use this form. Fold and tear off this piece before putting in the return envelope.

Detach Here



REMINDER: This section must be removed before mailing.



1042

Patient 1 (Cardholder)		Patient 2	
Name: _____ <input type="radio"/> I want non-child resistant caps, when available. Date of Birth (MM/DD/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]		Name: _____ <input type="radio"/> I want non-child resistant caps, when available. Date of Birth (MM/DD/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]	
DRUG ALLERGIES	<b>List other Allergies here:</b> <input type="radio"/>	<b>Date of Birth is required for patient identification.</b> Failure to provide complete and accurate information may prevent the pharmacy from detecting drug related problems.	
	<b>No Known Allergies</b> 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)	<b>List other Allergies here:</b> <input type="radio"/>	
HEALTH CONDITIONS	<b>List other Health Conditions here:</b> <input type="radio"/>	<b>No Known Health Conditions</b> Arthritis (715.9) Asthma (493.9) Chronic Bronchitis or Emphysema (496) Depression (311) Diabetes Type I (250.01) Diabetes Type II (250.00) Epilepsy/Seizures (345.9) GERD (530.81) Glaucoma (365.9) High Cholesterol (272.9) Hormone Replacement Therapy (627.9) Hypertension (401.9) Thyroid: Low (244.9)	
	<b>List other Health Conditions here:</b> <input type="radio"/>	<b>List other Health Conditions here:</b> <input type="radio"/>	
OTC	<b>List other OTC that you take on a regular basis:</b> <input type="radio"/>	<b>No Over-the-Counter Medications</b> Acetaminophen/Tylenol® Advil®/Aleve®/Motrin® Aspirin/Excedrin®	
DEVICES	<b>List Medical Devices here:</b> <input type="radio"/>	<b>List other OTC that you take on a regular basis:</b> <input type="radio"/>	
OTHER	<b>List Medical Devices here:</b> <input type="radio"/>	<b>No Medical Devices</b> Medical Devices (i.e., Glucose Testing Device, Insulin Pump, Nebulizer) and specify brand name and model.	
	<b>List other Prescription Medications here:</b> <input type="radio"/>	<b>List Medical Devices here:</b> <input type="radio"/>	
<b>List other Prescription Medications here:</b> <input type="radio"/>		<b>No Other Prescriptions</b> Prescription Medications not filled through Express Scripts Pharmacy.	
<b>List other Prescription Medications here:</b> <input type="radio"/>		<b>List other Prescription Medications here:</b> <input type="radio"/>	

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.

## 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 place your order.

Thank you for using our mail service  
prescription drug program.

MLRBENP



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO. 3580 ST LOUIS MO

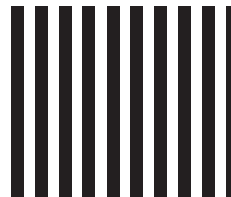
POSTAGE WILL BE PAID BY ADDRESSEE



**Home Delivery Service**  
**PO Box 66566**  
**St Louis, MO 63166-9967**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



## Did You Remember To...

- Complete all applicable information
- Include your ID number on the mail order form
- Enclose the original prescription, mail order form, and appropriate copayment
- Make checks or money orders payable to "Express Scripts", or include credit card information

Detach  
envelope  
to mail  
prescription  
order form



(Tear here)

Detach  
envelope  
to mail  
prescription  
order form



(Tear here)

Glue

Fold

Glue

Fold

Fold

Glue

Inside envelope

Inside envelope

Fold

Glue

Glue

# \$9 Medications

Blue Cross Blue Shield of Massachusetts offers our members 90-day supplies of certain generic medications for just \$9 when the prescription is filled through the Express Scripts Mail Service Pharmacy. The following list includes those medications that are available for \$9. Normal prescription guidelines apply, which in some cases results in prescription supplies for fewer than 90 days. This list is up-to-date as of July 1, 2015, and may be updated from time to time.

If your copayment for a 90-day supply through the mail pharmacy is less than \$9, you will pay the lesser amount. \$9 price is based only on quantities stated below. The price of the medication may differ if the quantity purchased is different. The \$9 price is subject to change, so you should always confirm your cost prior to filling a medication.

## Antibiotics, Antifungals, Antivirals

Drug Name/Strength	\$9 Quantity
AMOXICILLIN TRIHYDRATE 250MG CAPSULE	90
AMOXICILLIN TRIHYDRATE 500MG CAPSULE	90
CEPHALEXIN MONOHYDRATE 250MG CAPSULE	84
CEPHALEXIN MONOHYDRATE 500MG CAPSULE	90
CIPROFLOXACIN HCL 250MG TABLET	42
CIPROFLOXACIN HCL 500MG TABLET	60
FLUCONAZOLE 150MG TABLET	3
ISONIAZID 300MG TABLET	90
PENICILLIN V POTASSIUM 250MG TABLET	84
SULFAMETHOXAZOLE/TRIMETHOPRIM 400-80MG TABLET	84
SULFAMETHOXAZOLE/TRIMETHOPRIM 800-160MG TABLET	60
TERBINAFINE HCL 250MG TABLET	90

## Anticoagulants

Drug Name/Strength	\$9 Quantity
WARFARIN SODIUM 10MG TABLET	90
WARFARIN SODIUM 1MG TABLET	90
WARFARIN SODIUM 2.5MG TABLET	90
WARFARIN SODIUM 2MG TABLET	90
WARFARIN SODIUM 3MG TABLET	90
WARFARIN SODIUM 4MG TABLET	90
WARFARIN SODIUM 5MG TABLET	90
WARFARIN SODIUM 6MG TABLET	90
WARFARIN SODIUM 7.5MG TABLET	90

## Antiseizure Medications

Drug Name/Strength	\$9 Quantity
PRIMIDONE 50 MG TABLET	180

## Arthritis, Pain

Drug Name/Strength	\$9 Quantity
INDOMETHACIN 25MG CAPSULE	180
MELOXICAM 15MG TABLET	90
MELOXICAM 7.5MG TABLET	90
NAPROXEN 500 MG TABLET	180
NAPROXEN SODIUM 220 MG TABLET	90

## Asthma, Respiratory

Drug Name/Strength	\$9 Quantity
IPRATROPIUM BROMIDE 0.2MG/ML SOLUTION	225mL

## Heart Health & Blood Pressure

Drug Name/Strength	\$9 Quantity
ATENOLOL 100MG TABLET	90
ATENOLOL 25MG TABLET	90
ATENOLOL 50MG TABLET	90
ATENOLOL/CHLORTHALIDONE 100-25MG TABLET	90
ATENOLOL/CHLORTHALIDONE 50MG-25MG TABLET	90
BENAZEPRIL HCL 10MG TABLET	90
BENAZEPRIL HCL 20MG TABLET	90
BENAZEPRIL HCL 40MG TABLET	90
BENAZEPRIL HCL 5MG TABLET	90
BENAZEPRIL/HCTZ 10-12.5MG TABLET	90
BENAZEPRIL/HCTZ 20-12.5MG TABLET	90
BENAZEPRIL/HCTZ 20-25MG TABLET	90

## Heart Health &amp; Blood Pressure (cont.)

Drug Name/Strength	\$9 Quantity
BENAZEPRIL/HCTZ 5MG/6.25MG TABLET	90
BISOPROL/HYDROCHLOROTHIAZIDE 10-6.25MG TABLET	90
BISOPROL/HYDROCHLOROTHIAZIDE 2.5-6.25MG TABLET	90
BISOPROL/HYDROCHLOROTHIAZIDE 5-6.25MG TABLET	90
BISOPROLOL FUMARATE 10MG TABLET	90
BISOPROLOL FUMARATE 5MG TABLET	90
CARVEDILOL 12.5MG TABLET	180
CARVEDILOL 25MG TABLET	180
CARVEDILOL 3.125MG TABLET	180
CARVEDILOL 6.25MG TABLET	180
CLONIDINE HCL 0.1MG TABLET	90
CLONIDINE HCL 0.2MG TABLET	90
DOXAZOSIN MESYLATE 1MG TABLET	90
DOXAZOSIN MESYLATE 2MG TABLET	90
DOXAZOSIN MESYLATE 4MG TABLET	90
DOXAZOSIN MESYLATE 8MG TABLET	90
ENALAPRIL MALEATE 10MG TABLET	90
ENALAPRIL MALEATE 2.5MG TABLET	90
ENALAPRIL MALEATE 20MG TABLET	90
ENALAPRIL MALEATE 5MG TABLET	90
ENALAPRIL/HYDROCHLOROTHIAZIDE 5-12.5MG TABLET	90
FUROSEMIDE 20MG TABLET	90
FUROSEMIDE 40MG TABLET	90
FUROSEMIDE 80MG TABLET	90
GUANFACINE HCL 1MG TABLET	90
HYDRALAZINE HCL 100 MG TABLET	270
HYDRALAZINE HCL 10MG TABLET	90
HYDRALAZINE HCL 25MG TABLET	90
HYDRALAZINE HCL 50 MG TABLET	270
HYDROCHLOROTHIAZIDE 12.5MG CAPSULE	90
HYDROCHLOROTHIAZIDE 25MG TABLET	90
HYDROCHLOROTHIAZIDE 50MG TABLET	90
ISOSORBIDE MONONITRATE 30MG TAB.SR 24H	90

## Heart Health &amp; Blood Pressure (cont.)

Drug Name/Strength	\$9 Quantity
ISOSORBIDE MONONITRATE 60MG TAB.SR 24H	90
LISINOPRIL 5MG TABLET	90
LISINOPRIL 10MG TABLET	90
LISINOPRIL 2.5MG TABLET	90
LISINOPRIL 20MG TABLET	90
LISINOPRIL 30MG TABLET	90
LISINOPRIL 40MG TABLET	90
LISINOPRIL/HYDROCHLOROTHIAZIDE 10-12.5MG TABLET	90
LISINOPRIL/HYDROCHLOROTHIAZIDE 20-12.5 MG TABLET	90
LISINOPRIL/HYDROCHLOROTHIAZIDE 20-25MG TABLET	90
METHYLDOPA 250MG TABLET	180
METHYLDOPA 500MG TABLET	90
METOPROLOL TARTRATE 100MG TABLET	180
METOPROLOL TARTRATE 25MG TABLET	180
METOPROLOL TARTRATE 50MG TABLET	180
PRAZOSIN HCL 1MG CAPSULE	90
PRAZOSIN HCL 2MG CAPSULE	90
PROPRANOLOL HCL 10MG TABLET	180
PROPRANOLOL HCL 80MG TABLET	180
RAMIPRIL 1.25 MG CAPSULE	90
RAMIPRIL 10 MG CAPSULE	90
RAMIPRIL 2.5MG CAPSULE	90
RAMIPRIL 5 MG CAPSULE	90
SOTALOL HCL 80MG TABLET	90
SPIRONOLACTONE 25MG TABLET	90
TERAZOSIN HCL 10MG CAPSULE	90
TERAZOSIN HCL 1MG CAPSULE	90
TERAZOSIN HCL 2MG CAPSULE	90
TERAZOSIN HCL 5MG CAPSULE	90
TORSEMIDE 5 MG TABLET	90
TRIAMTERENE/HYDROCHLOROTHIAZID 37.5-25MG TABLET	90
TRIAMTERENE/HYDROCHLOROTHIAZID 75-50MG TABLET	90
VERAPAMIL HCL 120MG TABLET	90
VERAPAMIL HCL 80MG TABLET	90

## Cold and Allergy Therapy

Drug Name/Strength	\$9 Quantity
BENZONATATE 100MG CAPSULE	42
CETIRIZINE HCL 5 MG TABLET	90
D-METHORPHAN HB/PROMETH HCL 15-6.25/5 SYRUP	360mL
PROMETHAZINE HCL 25MG TABLET	36
PROMETHAZINE HCL 6.25MG/5ML SYRUP	540mL

## Diabetes

Drug Name/Strength	\$9 Quantity
GLIMEPIRIDE 1MG TABLET	90
GLIMEPIRIDE 2MG TABLET	90
GLIMEPIRIDE 4MG TABLET	90
GLIPIZIDE 10MG TABLET	180
GLIPIZIDE 5MG TABLET	90
GLYBURIDE, MICRONIZED 3MG TABLET	90
GLYBURIDE, MICRONIZED 6MG TABLET	90
METFORMIN HCL 1000MG TABLET	180
METFORMIN HCL 500MG TAB.SR 24H	180
METFORMIN HCL 500MG TABLET	180
METFORMIN HCL 850MG TABLET	180

## Heartburn, Ulcer

Drug Name/Strength	\$9 Quantity
CIMETIDINE 800MG TABLET	90
FAMOTIDINE 20MG TABLET	180
RANITIDINE HCL 150MG TABLET	180
RANITIDINE HCL 300MG TABLET	90

## High Cholesterol

Drug Name/Strength	\$9 Quantity
LOVASTATIN 10 MG TABLET	90
LOVASTATIN 20 MG TABLET	90
LOVASTATIN 40 MG TABLET	90

## Mental Health/Behavioral Health

Drug Name/Strength	\$9 Quantity
CLORAZEPATE DIPOTASSIUM 15 MG TABLET	90
CLORAZEPATE DIPOTASSIUM 3.75 MG TABLET	180

## Mental Health/Behavioral Health (cont.)

Drug Name/Strength	\$9 Quantity
CLORAZEPATE DIPOTASSIUM 7.5 MG TABLET	90
FLUOXETINE HCL 10MG CAPSULE	90
FLUOXETINE HCL 20MG CAPSULE	90
FLUOXETINE HCL 40MG CAPSULE	90
FLUPHENAZINE HCL 1MG TABLET	90
HALOPERIDOL 0.5MG TABLET	90
HALOPERIDOL 1MG TABLET	90
HALOPERIDOL 2MG TABLET	90
HALOPERIDOL 5MG TABLET	90
IMIPRAMINE HCL 10 MG TABLET	90
IMIPRAMINE HCL 25 MG TABLET	90
IMIPRAMINE HCL 50MG TABLET	90
LITHIUM CARBONATE 300MG CAPSULE	270
MIRTAZAPINE 45 MG TABLET	90
PAROXETINE HCL 10MG TABLET	90
PAROXETINE HCL 20MG TABLET	90
PAROXETINE HCL 30MG TABLET	90
PROCHLORPERAZINE MALEATE 10MG TABLET	90
THIORIDAZINE HCL 25MG TABLET	90
THIORIDAZINE HCL 50MG TABLET	90
THIOTHIXENE 2MG CAPSULE	90
TRAZODONE HCL 100MG TABLET	90
TRAZODONE HCL 150MG TABLET	90
TRAZODONE HCL 50MG TABLET	90

## Muscle Relaxants

Drug Name/Strength	\$9 Quantity
BACLOFEN 10MG TABLET	90
CYCLOBENZAPRINE HCL 10MG TABLET	90
CYCLOBENZAPRINE HCL 5 MG TABLET	90
ORPHENADRINE CITRATE 100MG TABLET SA	90

## Other GI Drugs

Drug Name/Strength	\$9 Quantity
LACTULOSE 10G/15ML SOLUTION	711mL
METOCLOPRAMIDE HCL 10MG TABLET	180

## Other Medications

Drug Name/Strength	\$9 Quantity
ALLOPURINOL 100MG TABLET	90
ALLOPURINOL 300MG TABLET	90
CHLORHEXIDINE GLUCONATE 0.12% MOUTHWASH	1419mL
DEXAMETHASONE 0.5MG TABLET	90
DEXAMETHASONE 0.75MG TABLET	36
DEXAMETHASONE 4MG TABLET	18
OXYBUTYNIN CHLORIDE 5MG TABLET	180
PREDNISONE 10MG TABLET	90
PREDNISONE 2.5MG TABLET	90
PREDNISONE 20MG TABLET	90
PREDNISONE 5MG TABLET	90

## Parkinson's Disease

Drug Name/Strength	\$9 Quantity
BENZTROPINE MESYLATE 2MG TABLET	90
TRIHENXYPHENIDYL HCL 2MG TABLET	180

## Skin Conditions

Drug Name/Strength	\$9 Quantity
HYDROCORTISONE 1% CREAM(GM)	85.05gm
HYDROCORTISONE 2.5 % CREAM/APPL	90gm
HYDROCORTISONE 2.5% CREAM(GM)	90gm
LIDOCAINE HCL 20MG/ML SOLUTION	300mL
SELENIUM SULFIDE 2.5% SUSPENSION	360mL

## Thyroid Therapy

Drug Name/Strength	\$9 Quantity
LEVOTHYROXINE SODIUM 100MCG TABLET	90
LEVOTHYROXINE SODIUM 112MCG TABLET	90
LEVOTHYROXINE SODIUM 125MCG TABLET	90

## Thyroid Therapy (cont.)

Drug Name/Strength	\$9 Quantity
LEVOTHYROXINE SODIUM 137MCG TABLET	90
LEVOTHYROXINE SODIUM 150MCG TABLET	90
LEVOTHYROXINE SODIUM 175MCG TABLET	90
LEVOTHYROXINE SODIUM 200MCG TABLET	90
LEVOTHYROXINE SODIUM 25MCG TABLET	90
LEVOTHYROXINE SODIUM 50MCG TABLET	90
LEVOTHYROXINE SODIUM 75MCG TABLET	90
LEVOTHYROXINE SODIUM 88MCG TABLET	90

## Vitamins and Electrolytes

Drug Name/Strength	\$9 Quantity
FOLIC ACID 1MG TABLET	90

## Women's health

Drug Name/Strength	\$9 Quantity
ESTRADIOL 0.5MG TABLET	90
ESTRADIOL 1MG TABLET	90
ESTRADIOL 2MG TABLET	90
MEDROXYPROGESTERONE ACET 10MG TABLET	30
MEDROXYPROGESTERONE ACET 2.5MG TABLET	90
MEDROXYPROGESTERONE ACET 5MG TABLET	90
MEGESTROL ACETATE 20MG TABLET	90

<sup>1</sup> The \$9 or less price applies to a 90-day supply of each generic drug. Cost may vary based on prescription quantity or day supply. A processing fee may apply. The coverage and prices of certain medications are also subject to the specific terms of your plan. In applicable states, sales tax may be added to the cost of your prescriptions. Medications and pricing are subject to change without notice. Drug list is valid until Dec. 31, 2014. Changes are made available to your Plan Sponsor. To price drugs, log on at [Express-Scripts.com](http://Express-Scripts.com) and select "Price a Medication" under the "Manage Prescriptions" menu. Prepackaged drugs are only available for \$9 in the package sizes specified on the list.

<sup>2</sup> Cost of standard shipping is included as part of your prescription benefit plan.



# Hospital Choice

## Cost Sharing

Your medical plan gives you an opportunity to control your share of medical costs for hospital care. That's because what you pay depends on the hospital or related facility you choose.

- Lower Cost Share (\$) applies to hospitals and related facilities that have met our quality benchmarks and are lower cost. You pay less when you get care at these hospitals.
- Higher Cost Share (\$\$) applies to hospitals and related facilities that are higher cost. You pay more when you get care at these hospitals.

These costs apply to inpatient care, outpatient day surgery, outpatient high-tech radiology, outpatient diagnostic lab tests, outpatient diagnostic X-rays and other imaging tests, and outpatient short-term rehabilitation therapy.

This sheet can help you get the highest value from your plan. Just follow the simple steps below to assess your hospitals and your options. Your health benefits will tell you what your specific share of the costs is. If you are unsure, you can call the number on the front of your member ID card.

### Step 1: Make a List of the Hospitals Where You Receive Care.

List all of the hospitals and clinics where you and your family go for care in the table below. Be sure to check which hospitals your doctors refer to when you make your list.

Hospital or Clinic Name	Member Cost Share		Willing to Switch?	
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<input type="checkbox"/> Lower	<input type="checkbox"/> Higher	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Step 2: Find Out What You Would Pay at the Hospitals Where You Receive Care.

Finding out whether your hospitals have a Lower or Higher Cost Share is easy:

- Visit the Hospital Choice Cost Sharing website at [www.bluecrossma.com/hospitalchoice](http://www.bluecrossma.com/hospitalchoice).
- Review the hospital list included with this document to check your hospitals.
- Make one simple phone call to 1-888-636-4808. Our specially trained Member Service associates are ready to help you review your current hospitals.

### Step 3: Choose Hospitals with a Lower Cost Share.

If you go to Higher Cost Share hospitals, you may want to consider switching to Lower Cost Share hospitals. This will allow you to pay less every time you get care.

Our specially trained associates can help you quickly and easily pick hospitals with Lower Cost Sharing near where you live or work. Just call Member Service at 1-888-636-4808. You can also use our hospital search at the Hospital Choice Cost Sharing website at [www.bluecrossma.com/hospitalchoice](http://www.bluecrossma.com/hospitalchoice).

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

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of cost share\* (such as copayments and/or co-insurance) for certain services depending on the network\* general hospital you choose to furnish those covered services. For most network\* general hospitals, you will pay the lowest cost sharing level\*. However, if you receive certain covered services from some network\* general hospitals, you pay the highest cost sharing level\*. A network\* general hospital's cost sharing level may change from time to time. Overall changes to add another network\* general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network\* general hospital for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at [www.bluecrossma.com/hospitalchoice](http://www.bluecrossma.com/hospitalchoice). Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.



Hospital Name	City	State	Member Cost Share (as of 1/1/16)
Addison Gilbert Hospital	Gloucester	MA	Lower
Anna Jaques Hospital	Newburyport	MA	Lower
Athol Memorial Hospital	Athol	MA	Lower
Baystate Franklin Medical Center	Greenfield	MA	Lower
Baystate Mary Lane Hospital	Ware	MA	Lower
Baystate Medical Center	Springfield	MA	Higher
Berkshire Medical Center	Pittsfield	MA	Lower
Beth Israel Deaconess Hospital—Milton	Milton	MA	Lower
Beth Israel Deaconess Hospital—Needham Campus	Needham	MA	Lower
Beth Israel Deaconess Hospital—Plymouth	Plymouth	MA	Lower
Beth Israel Deaconess Medical Center	Boston	MA	Lower
Beverly Hospital	Beverly	MA	Lower
Boston Children's Hospital	Boston	MA	Higher
Boston Children's at Lexington	Lexington	MA	Lower
Boston Children's at Peabody	Peabody	MA	Lower
Boston Children's at Waltham	Waltham	MA	Lower
Boston Medical Center	Boston	MA	Lower
Brigham and Women's Hospital	Boston	MA	Higher
Brigham and Women's/Mass General Health Care Center at Patriot Place	Foxborough	MA	Lower
Cambridge Health Alliance—Cambridge Campus	Cambridge	MA	Lower
Cambridge Health Alliance—Somerville Campus	Somerville	MA	Lower
Cambridge Health Alliance—Whidden Campus	Everett	MA	Lower
Cape Cod Hospital	Hyannis	MA	Higher
Carney Hospital	Dorchester	MA	Lower
Clinton Hospital	Clinton	MA	Lower
Cooley Dickinson Hospital	Northampton	MA	Lower
Dana-Farber Cancer Institute	Boston	MA	Higher
Emerson Hospital	Concord	MA	Lower
Fairview Hospital	Great Barrington	MA	Higher
Falmouth Hospital	Falmouth	MA	Lower
Faulkner Hospital	Jamaica Plain	MA	Lower
Good Samaritan Medical Center	Brockton	MA	Lower
Harrington Memorial Hospital	Southbridge	MA	Lower
HealthAlliance Hospitals—Burbank Campus	Fitchburg	MA	Lower

Hospital Name	City	State	Member Cost Share (as of 1/1/16)
HealthAlliance Hospitals—Leominster Campus	Leominster	MA	Lower
Heywood Hospital	Gardner	MA	Lower
Holy Family Hospital	Methuen	MA	Lower
Holyoke Medical Center	Holyoke	MA	Lower
Lahey Clinic	Burlington	MA	Lower
Lawrence General Hospital	Lawrence	MA	Lower
Lawrence Memorial Hospital	Medford	MA	Lower
Lowell General Hospital (includes the campus formerly known as Saints Medical Center)	Lowell	MA	Lower
Marlborough Hospital	Marlborough	MA	Lower
Martha's Vineyard Hospital	Oak Bluffs	MA	Lower
Massachusetts Eye and Ear <sup>®</sup> Infirmary	Boston	MA	Lower
Massachusetts General Hospital	Boston	MA	Higher
Mass General/North Shore Center for Outpatient Care	Danvers	MA	Lower
Melrose-Wakefield Hospital	Melrose	MA	Lower
Mercy Medical Center	Springfield	MA	Lower
Merrimack Valley Hospital	Haverhill	MA	Lower
MetroWest Medical Center—Framingham Union	Framingham	MA	Lower
MetroWest Medical Center—Leonard Morse	Natick	MA	Lower
Milford Regional Medical Center	Milford	MA	Lower
Morton Hospital and Medical Center	Taunton	MA	Lower
Mount Auburn Hospital	Cambridge	MA	Lower
Nantucket Cottage Hospital	Nantucket	MA	Lower
Nashoba Valley Medical Center	Ayer	MA	Lower
New England Baptist <sup>®</sup> Hospital	Boston	MA	Lower
Newton-Wellesley Hospital	Newton	MA	Lower
Noble Hospital	Westfield	MA	Lower
North Shore Medical Center—Salem Campus	Salem	MA	Lower
North Shore Medical Center—Union Campus	Lynn	MA	Lower
Norwood Hospital	Norwood	MA	Lower
Saint Vincent Hospital	Worcester	MA	Lower
Shriners Hospitals for Children—Boston	Boston	MA	Lower
Shriners Hospitals for Children—Springfield	Springfield	MA	Lower
Signature Healthcare Brockton Hospital	Brockton	MA	Lower

Hospital Name	City	State	Member Cost Share (as of 1/1/16)
South Shore Hospital	South Weymouth	MA	Lower
Southcoast Hospitals Group—Charlton Memorial Hospital	Fall River	MA	Lower
Southcoast Hospitals Group—St. Luke's Hospital	New Bedford	MA	Lower
Southcoast Hospitals Group—Tobey Hospital	Wareham	MA	Lower
Southwestern Vermont Medical Center	Bennington	VT	Lower
St. Anne's Hospital	Fall River	MA	Lower
St. Elizabeth's Medical Center	Brighton	MA	Lower
Sturdy Memorial Hospital	Attleboro	MA	Higher
The Vernon Cancer Center at Newton-Wellesley	Newton	MA	Lower
Tufts Medical Center	Boston	MA	Lower
UMass Memorial Medical Center—Memorial Campus	Worcester	MA	Higher
UMass Memorial Medical Center—University Campus	Worcester	MA	Higher
Winchester Hospital	Winchester	MA	Lower
Wing Memorial Hospital	Palmer	MA	Lower

# Hospital Choice

## Cost Sharing

### Value, Choice, and Easy-to-Understand Benefits

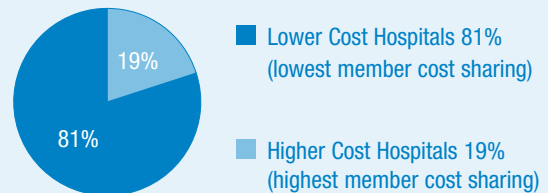
Health plans with Hospital Choice Cost Sharing benefits bring together powerful financial incentives for members and an easy-to-understand plan to deliver value for both employers and employees.

Members are empowered to control their own out-of-pocket costs based on the hospital they choose for care. When they choose hospitals that have met our quality benchmarks and are lower cost, they will pay less. This approach provided incentives for members to make more educated and cost-effective provider choices.

#### Hospital Choice Cost Sharing advantages:

- Lower premiums than plan designs with traditional single-level hospital benefits
- Ability for members to control their out-of-pocket costs through hospital choice
- A simple benefit design that employees can easily understand and use
- Comprehensive support by phone and online for members and employers

#### Breakdown of Hospitals



#### How It Works

Acute care hospitals in Massachusetts are grouped into two different cost sharing levels. When members get hospital services, the amount they pay out-of-pocket for hospital services is based on that hospital's cost sharing level.

- **Lower Cost Share Hospitals (\$)**—applies to hospitals that have met our quality benchmarks and are lower cost. Members pay less when they get care at these hospitals.
- **Higher Cost Share Hospitals (\$\$)**—Applies to hospitals that are higher cost. Member pay more when they get care at these hospitals.

The additional out-of-pocket costs for higher cost share hospitals apply to the following six benefit services and will be added to other cost sharing, such as deductible or copayments with the total cost varying based on the specifics of a plan design. For most plans,\* the additional costs are:

- **Inpatient admissions**—\$1,000 copayment per admission
- **Outpatient day surgery**—\$1,000 copayment per admission
- **Outpatient diagnostic high-tech radiology** (CT Scans, MRI, PET scans, and nuclear cardiac imaging tests)—\$450 copayment category per service date
- **Outpatient diagnostic X-rays, and other imaging tests**—\$100 copayment per service date
- **Outpatient diagnostic lab tests**—\$35 copayment per service date
- **Outpatient short-term rehabilitation therapy**—\$35 copayment per visit

This health plan option includes a tiered network feature called Hospital Choice Cost Sharing. As a member in this plan, you will pay different levels of cost share\* (such as copayments and/or co-insurance) for certain services depending on the network\* general hospital you choose to furnish those covered services. For most network\* general hospitals, you will pay the lowest cost sharing level\*. However, if you receive certain covered services from some network\* general hospitals, you pay the highest cost sharing level\*. A network\* general hospital's cost sharing level may change from time to time. Overall changes to add another network\* general hospital to the highest cost sharing level will happen no more than once each calendar year. For help in finding a network\* general hospital for which you pay the lowest cost sharing level, check the most current provider directory for your health plan option or visit the online provider search tool at [www.bluecrossma.com/hospitalchoice](http://www.bluecrossma.com/hospitalchoice). Then click on the Planning Guide link on the left navigation to download a printable network hospital list or to access the provider search page.\* For the PPO plan designs, the different levels of cost sharing apply to in-network benefit levels at preferred general hospitals.

## For Groups with 50 or Fewer Employees

The Hospital Choice Cost Sharing benefit structure is included as a core benefit in many of our standard plans for groups with 50 or fewer employees. You will know if your plan includes the hospital choice feature if you see “HCCS” in the plan name. The savings will be reflected in the premiums for these plans.

## Groups with More Than 50 Employees

Employers with more than 50 employees are able reduce premiums by offering the Hospital Choice Cost Sharing feature as an optional rider.

## Support and Education

To help members understand this benefit structure and use it effectively, we offer comprehensive support and education:

- **By Phone**—Specially trained Member Service associates help members quickly and easily select providers that meet their needs.
- **Online**—The Find a Doctor tool, located at [www.bluecrossma.com/findadoctor](http://www.bluecrossma.com/findadoctor), gives members 24/7 access to up-to-date provider selection support and the ability to find a lower cost share hospital or provider, so they can make important decisions when it matters most to them.
- **Member Education Site**—This online destination, found at [www.bluecrossma.com/hospitalchoice](http://www.bluecrossma.com/hospitalchoice), educates members on their plan, including how Hospital Choice Cost Sharing works and how to make the most of it. In addition, it provides a link to our full suite of tools and resources to help engage and support members in maximizing the value of their plan and managing their out-of-pocket costs.

## For More Information

To obtain more information on Hospital Choice Cost Sharing, contact your account executive or broker.

\* Some plans require an additional 10 to 15 percent coinsurance for these services based on the plan design.

# 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>

**1.**   
**Choose**  
Start by picking a qualified health club.

**2.**   
**Complete**  
Once you pay for the program, fill out the attached form.

**3.**   
**Mail**  
Send the completed form to the address listed at the bottom.

#### 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.

#### 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.**

1. Most plans offer a \$150 Fitness 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.

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

To verify this reimbursement is within your plan, log in to Member Central at [www.bluecrossma.com/membercentral](http://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 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 Information

Member's Last Name      First Name      Middle Initial      Date of Birth: Mo.      Day      Yr.

Mailing Address—Number and Street (if different from subscriber's)      City      State      Zip Code

Gender	Claim is for (check one):		
<input type="checkbox"/> Male	<input type="checkbox"/> Subscriber (policyholder)	<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Female	<input type="checkbox"/> Spouse (of policyholder)	<input type="checkbox"/> Dependent (up to age 26)	

Name, Address, and Phone Number of Qualified Health Club

I am due \$\_\_\_\_\_ for the following reimbursement (check one):

☐ Membership at a qualified health club. My monthly fee is \$\_\_\_\_\_.

☐ Fitness classes at a qualified health club.  
My fee per class is \$\_\_\_\_\_.

Health Plan Year

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

I authorize the release of any information to Blue Cross Blue Shield of Massachusetts about my health club membership. I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services. I understand that Blue Cross may require additional evidence of health club membership and proof of payment for my membership before reimbursement is provided.

Subscriber's or

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Questions?

To verify this reimbursement is within your plan or for further information, please log in to the Member Central website at [www.bluecrossma.com/membercentral](http://www.bluecrossma.com/membercentral) or call Member Service at the number on the front of your ID card.

### Please complete and mail this form to:

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

3. Blue Cross will make a reimbursement decision within 30 calendar days of receiving a completed request for coverage or payment.

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MASSACHUSETTS



# Weight Loss Benefit

If you have a Blue Cross Blue Shield of Massachusetts health plan, we've got a healthy incentive for you.

As a subscriber to Blue Cross Blue Shield of Massachusetts, your Weight Loss Benefit can save you or your family up to \$150 per calendar year in qualified weight loss program fees. You can claim your Weight Loss Benefit **after** you've paid for your program.

## What types of programs qualify?

Traditional Weight Watchers® meetings, the Weight Watchers At Work program, and hospital-based weight loss programs qualify for the Weight Loss Benefit.

The Weight Watchers Online and Weight Watchers At Home programs do not qualify for the benefit, nor do fees paid for any other weight loss programs. Fees paid for individual nutrition counseling sessions, food, books, videos, scales, or other items not included as part of the fee for the course or class do not qualify.

## What do I need to do?

First, check to ensure that your coverage includes the Weight Loss Benefit. If you have any questions, call the Member Service number on the front of your ID card.

Second, enroll in a qualified weight loss program. You must pay for the course or program first, and may then submit a claim for the benefit.

Simply send us:

- **The Weight Loss Benefit Form**, answering all questions. (Please note that the \$150 is per individual or family membership. Submit only once per calendar year, filed by March 31 of the following year.)

- **8.5" x 11" photocopies of paid receipts** from the qualified program in which you enroll. Receipts must show the Blue Cross Blue Shield of Massachusetts member's name, name/logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program "Membership Book" showing this information is required.
- **Finally, mail both the form and copies of your receipts** to the address at the bottom of the Weight Loss Benefit Form. If you have any questions, please call the Member Service number on your ID card.

**Note:** Please keep your original receipts before sending copies with your claim. Services denied for payment will be noted on your claim summary. We do not return any receipts or claim forms.

*Be sure to check with your physician before starting any weight loss program.*



# Weight Loss Benefit Form

PLEASE PRINT ALL INFORMATION CLEARLY

DO NOT WRITE IN THIS SPACE  
OFFICE USE ONLY

## Subscriber Information (Person in whose name coverage is held)

Identification Number (including alpha prefix)	Subscriber's Last Name	First Name	Middle Initial
Address—Number and Street		City	State
			Zip Code
Employer's Name			

## Member Information

Member's Last Name	First Name	Middle Initial	Date of Birth: Mo.	Day	Yr.
Mailing Address (if different from subscriber's) Number and Street		City	State	Zip Code	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Claimant is (check one): <input type="checkbox"/> Subscriber (coverage holder) <input type="checkbox"/> Child (age 18 or younger) <input type="checkbox"/> Student (age 19 or older) <input type="checkbox"/> Spouse (of coverage holder) <input type="checkbox"/> Handicapped Dependent (age 19 or older) <input type="checkbox"/> Stepchild <input type="checkbox"/> Other (specify) _____				

### When to Submit this Form:

- After you have collected up to \$150 in paid receipts from your qualified weight loss program.
- Once per calendar year, filed by March 31 of the following year.

### Class/Program Information Required:

Attach 8.5" x 11" photocopies of paid receipts from your qualified weight loss program. Receipts must show Blue Cross Blue Shield of Massachusetts member's name, name/logo of program, amount paid per session(s), and date(s) paid. For qualified Weight Watchers programs, a photocopy of your program "Membership Book" showing this information is required.

Name and Address of Class/Program	Benefit Year*
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\* A 12-month period beginning January 1 and ending December 31.

Total Number of Receipt Copies Attached: \_\_\_\_\_ Total Amount Submitted: \$ \_\_\_\_\_

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

I authorize the release of any information to Blue Cross and Blue Shield of Massachusetts, Inc., about my weight loss program.  
I certify that the information provided in support of this submission is complete and correct and that I have not previously submitted for these services.

Subscriber's/Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print, fold, and mail this form  
(including copies of paid receipts) to:**  
Blue Cross Blue Shield of Massachusetts  
Local Claims Department  
PO Box 986030  
Boston, MA 02298

### Questions?

To verify this benefit is within your plan or for further information, call the Member Service number on the front of your ID card.

