



**READY  
TO HELP**



## You can use your medical benefit to obtain the products listed below from your pharmacy provider.

Make sure you show the pharmacist your Blue Cross member ID card.

### Oral cancer drugs

- Topotecan (GEQ of Hycamtin®)
- Temozolomide (GEQ of Temodar®)
- Capecitabine (GEQ of Xeloda®)
- Etoposide

\*GEQ indicates generic equivalent.

The following brand name drugs and their generic equivalents **don't** require a **Part D versus Part B coverage** review and will pay automatically under the medical or pharmacy benefit based on the pharmacy claim submission.

#### NEBULIZER SOLUTIONS

acetylcysteine solution
albuterol solution
Bethkis® (tobramycin) inhalation solution
Brovana® (arformoterol tartrate)
cromolyn solution
ipratropium solution
ipratropium/albuterol solution
Nebupent® (pentamidine isethionate) solution
Perforomist® (formoterol fumarate) solution
Pulmicort® (budesonide) solution
Pulmozyme® (dornase alfa) solution
Tobi® (tobramycin) solution
Xopenex® (levalbuterol hydrochloride) solution
Yupelri® (revefenacin) solution

The following items **may** require a **Part D versus Part B coverage** review to determine the correct benefit. You can use your medical benefit to obtain these medications from your pharmacy provider.

#### DIABETIC TESTING SUPPLIES – METERS & STRIPS

OneTouch® Solutions Rx starter kit
OneTouch® Ultra®
OneTouch® Ultra® 2
OneTouch® Ultra® Mini
OneTouch Verio®
OneTouch Verio Flex® blood glucose monitoring system
OneTouch Verio IQ® blood glucose monitoring system
OneTouch Verio® test strips
OneTouch Verio Reflect®

#### DIABETIC TESTING SUPPLIES – CONTINUOUS GLUCOSE MONITORS (CGMs)

FreeStyle Libre 2/Reader/Sensor/Continuous glucose monitoring system
FreeStyle Libre 3/Reader/Sensor/Continuous glucose monitoring system
FreeStyle Libre 14 Day/Reader/Sensor/Continuous glucose monitoring system
Dexcom G6/Reader/Sensor/Continuous glucose monitoring system
Dexcom G7/Reader/Sensor/Continuous glucose monitoring system

The following brand name drugs and their generic equivalents **may** require a **Part D versus Part B coverage** review to determine the correct benefit. You can use your medical benefit to obtain these medications from your pharmacy provider. This includes all formulations taken orally.

#### ORAL ANTIEMETICS

Anzemet® (dolasetron mesylate)
Emend® (aprepitant)
granisetron HCL
Marinol® (dronabinol)
ondansetron HCL
Syndros® (dronabinol)
Varubi® (rolapitant)

The following brand name drugs and their generic equivalents **may** require a **Part D versus Part B coverage** review to determine the correct benefit. You can use your medical benefit to obtain these medications from your pharmacy provider. This includes all formulations taken orally.

#### ORAL ANTINEOPLASTICS

Alkeran® (melphalan)
cyclophosphamide
Trexall® (methotrexate sodium)
Xatmep™ (methotrexate)

The following brand name drugs and their generic equivalents **require** a **Part D versus Part B coverage** review to determine the correct benefit. You can use your medical benefit to obtain these medications from your pharmacy provider. This includes all formulations taken orally.

#### ORAL IMMUNOSUPPRESSANTS

Astagraf XL® (tacrolimus)

Azasan® (azathioprine)

Cellcept® (mycophenolate mofetil)

Envarsus XR® (tacrolimus)

Gengraf® (cyclosporine)

Imuran® (azathioprine)

Myfortic® (mycophenolate acid)

Neoral® (cyclosporine)

Prograf® (tacrolimus)

Rapamune® (sirolimus)

Sandimmune® (cyclosporine)

Zortress® (everolimus)

The following vaccines **don't** require a **Part D versus Part B coverage** review and will pay automatically under the medical benefit.

#### COVID-19 VACCINES

All COVID-19 vaccines, such as Comirnaty®, Novavax and Spikevax®

#### FLU & PNEUMONIA VACCINES

All Flu and Pneumonia vaccines such as Afluria®, Flud®, Flucelvax®, Pneumovax®, and Prevnar®.

The following Hep B vaccines **require** a **Part D versus Part B coverage** review to determine the correct benefit. You can use your medical benefit to obtain these vaccines from your pharmacy provider.

#### HEPATITIS-B VACCINES

Engerix-b®

Recombivax HB®

PreHevbrio™

