



**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™

