









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

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® (tobramaycin) solution	
Xopenex® (levalbuterol hydrochloride) solution	
Yupelri® (revefenacin) solution	

^{*}GEQ indicates generic equivalent.

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.

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Accu-Chek® Guide

Accu-Chek® Guide Me

Accu-Chek® Aviva Plus Test Strips

Accu-Chek® Guide Test Strips

Accu-Chek® Smart View Test Strips

Contour® Next

Contour® Nex EZ

Contour® Nex GEN

Contour® Next ONE

Contour® Test Strips

Contour® Next Test Strips

Contour® Plus Test Strips

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[®], Fluad[®], 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™

