

# Medications covered only under the pharmacy benefit

(Current as of last review date: January 1, 2019)

Providers cannot buy and bill Blue Cross Blue Shield of Massachusetts for these medications<sup>1</sup>. Member coverage for the medication is only available through the member's pharmacy benefit. Some accounts carve-out pharmacy benefits, so your patient may have pharmacy coverage through a pharmacy benefit manager other than ESI. As always, we recommend that you have a discussion with your patient about his/her health care coverage.

Applies to all members, except:

- Medicare Advantage members
- Federal Employee Program members
- Members with Medicare Supplemental Plans

## How to get a medication covered under the pharmacy benefit

- If the member can self-administer the medication, he/she can fill a prescription for the medication using one of our designated retail specialty pharmacies. The applicable retail pharmacy cost share would apply.
- If the medication must be administered in your office, you may write a prescription for the medication, and send it to one of our designated retail specialty pharmacies. The specialty pharmacy will ship the medication to your office or outpatient clinic. The member pays both the retail pharmacy cost share and their usual office copayment, deductible, or coinsurance.
- If the member needs education on self-administration or assistance administering the medication, you may refer the member to a participating home care provider and a home care nurse will administer the drug to the member in his/her home. (Please refer to the Blue Book administrative manual for information on home health care referrals.)

Actimmune	Gel-One <sup>2</sup>	Peg Intron
Aranesp	Gel-Syn <sup>2</sup>	Pegasys
Arcalyst	Genotropin	PegIntron Redi Pen
Avonex	Genvisc	Pregnyl
Betaseron	Gonal F	Priven <sup>3</sup>
Bivigam <sup>3</sup>	Gonal F RFF	Procrit
Botox <sup>3</sup>	Hizentra <sup>3</sup>	Prolia
Bravelle	Humatrope	Pulmozyme
Carimune <sup>3</sup>	Humira	Rebetol
Cetrotide	Hyalgan <sup>2</sup>	Rebetron
Chorionic Gonadatropin	Hymovis	Rebif
Cimzia	Ilaris	Remicade <sup>3</sup>
Copaxone	Increlex	Repronex
Copegus	Infergen	RibaPak
Dysport <sup>3</sup>	Kineret	Ribasphere
Enbrel	Leuprolide (non-Depot form)	Ribavirin
Epogen	Luveris	Saizen
Euflexxa <sup>2</sup>	Menopur	Sandostatin (not LAR)
Extavia	Myobloc <sup>3</sup>	Serostim
Flebogamma <sup>3</sup>	Nordiflex	Simponi (does not include Simponi Aria)
Flebogamma Dif <sup>3</sup>	Norditropin	Somavert
Follistim AQ	Nutropin	Stelara (not IV formulation)
Forteo	Nutropin AQ	Supartz <sup>2</sup>
Fuzeon	Octagam <sup>3</sup>	Synvisc <sup>2</sup> (all forms)
Gamastan SD <sup>3</sup>	Octreotide (not LAR)	Tev-Tropin
Gammagard liquid <sup>3</sup>	Omnitrope	TOBI
Gammaplex <sup>3</sup>	Orfadin	Tymlos
Gamunex <sup>3</sup>	Orthovisc <sup>2</sup>	Visco-3 <sup>2</sup>
Gamunex-C <sup>3</sup>	Ovidrel	Xeomin <sup>3</sup>
Gammaked <sup>3</sup>	Panglobulin <sup>3</sup>	Xgeva
Ganirelix	Parnetin	Zorbtive

<sup>1</sup> Does not apply when the medication is administered: in the emergency room, as an inpatient, at a surgical day care facility, in an ambulatory surgery-center, or through home infusion therapy or dialysis.

<sup>2</sup> This medication can be filled at any retail pharmacy. The member does not need to use a retail specialty pharmacy in our network for these medications only.

<sup>3</sup> If the member has home infusion therapy benefits, you can also refer them to a network home infusion therapy provider.

