BlueCross BlueShield Arizona

Fertility Medications

Custom Premium Drug List – Closed Formulary

Most plans do not cover medications to improve or achieve fertility or treat infertility. If your plan provides coverage for fertility/infertility medications, they are typically covered at tier 1 (generics) or tier 3 (brands), or at a percentage (coinsurance plans). However, please consult the drug list for specific details. Certain medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlue℠ to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

Drug	Notes
Chemicals	
Bulk Chemicals - Pr's**	
progesterone micronized powder	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
progesterone micronized powder	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
progesterone milled powder	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
progesterone powder	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
progesterone powder	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
progesterone wettable powder	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
progesterone wettable powder	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Endocrine And Metabolic Agents - Misc.	
Gnrh/Lhrh Antagonists**	
cetrorelix acetate kit 0.25 mg subcutaneous	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
FYREMADEL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Ovulation Stimulants-Gonadotropins**	
chorionic gonadotropin solution reconstituted 10000 unit intramuscular	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SOLUTION 300 UNT/0.36ML SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SOLUTION 600 UNT/0.72ML SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SOLUTION 900 UNT/1.08ML SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))

Drug	Notes
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 300 UNT/0.48ML SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 450 UNT/0.72ML SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SOLUTION PEN-INJECTOR 900 UNT/1.44ML SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
MENOPUR SOLUTION RECONSTITUTED 75 UNIT SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
NOVAREL SOLUTION RECONSTITUTED 5000 UNIT INTRAMUSCULAR	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
OVIDREL SOLUTION PREFILLED SYRINGE 250 MCG/0.5ML SUBCUTANEOUS	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
PREGNYL SOLUTION RECONSTITUTED 10000 UNIT INTRAMUSCULAR	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
Ovulation Stimulants-Synthetic**	
CLOMID TABLET 50 MG ORAL	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
clomiphene citrate powder	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
clomiphene citrate tablet 50 mg oral	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
MILOPHENE TABLET 50 MG ORAL	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Vaginal And Related Products	
Vaginal Progestins**	
ENDOMETRIN INSERT 100 MG VAGINAL	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
progesterone insert 100 mg vaginal	FERT (Excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))

BlueCross BlueShield Arizona

An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711
or email us at **crc@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.

BlueCross BlueShield Arizona

Un licenciatario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios**.**

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a **crc@azblue.com**

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en http://www.hhs.gov/ocr/office/file/index.html. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799 。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

توجه: اگر فارسی صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-475-4799.

Thai: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799 。

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