

## Pharmacy Coverage Guidelines (PCGs) Specific to Drugs and Devices That May Be Covered Under the Medical Benefit

Certain medications may be covered under the pharmacy and/or medical benefit, depending on how and where the medication is administered. This list includes medications that have a Pharmacy Coverage Guideline, but may *also* be covered under the medical benefit, and is intended to provide general coverage information applicable to most members. If you need to verify medication coverage or requirements, please contact Blue Cross Blue Shield of Arizona (AZ Blue).

### Does Not Apply To:

- Federal Employee Program® (FEP®) plans
- Medicare Advantage (MA) plans
- Employer-sponsored plans in our Corporate Health Services (CHS) program
- Plans offered or administered by other Blue Cross and/or Blue Shield plans

### Questions?

Log in to MyBlue<sup>SM</sup> to review specific benefit information. If you have questions, please call us

Member Services	Phone Number	Standard Hours of Operation
AZ Blue	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

### Legal Disclaimer

Information provided is subject to all terms, conditions, limitations, and exclusions of your benefit plan. In the event of any discrepancy, the claims adjudication system and your benefit plan take precedence.

Medical PCG Description	URL
<b>General PCG: BIOSIMILAR STEP THERAPY</b>	<a href="#">Click Here</a>
ACTIMMUNE® (interferon gamma-1b) Generic Equivalent (if available)	<a href="#">Click Here</a>
ALHEMO® (concizumab-mtci) subcutaneous injection HEMLIBRA® (emicizumab-kxwh) subcutaneous injection HYMPAVZI™ (marstacimab-hncq) subcutaneous injection QFITLIA™ (fitusiran) subcutaneous injection Generic Equivalent (if available)	<a href="#">Click Here</a>
BENLYSTA® (belimumab) Generic Equivalent (if available)	<a href="#">Click Here</a>
BIOLOGIC AND IMMUNOLOGICAL AGENTS – INJECTION: ACTEMRA® (tocilizumab) IV & SQ BIMZELX® (bimekizumab-bkzx) SQ CIMZIA® (certolizumab pegol) SQ COSENTYX® (secukinumab) IV & SQ ENBREL® (etanercept) SQ KEVZARA® (sarilumab) SQ OMVOH™ (mirikizumab-mrkz) IV & SQ ORENCIA® (abatacept) IV & SQ SILIQ™ (brodalumab) SQ SIMPONI® (golimumab) SQ SIMPONI ARIA® (golimumab) IV SKYRIZI™ (risankizumab-rzaa) IV & SQ TALTZ® (ixekizumab) SQ TOFIDENCE™ (tocilizumab-bavi) IV TREMFYA® (guselkumab) IV & SQ TYENNE® (tocilizumab-aazg) IV & SQ	<a href="#">Click Here</a>
CINQAIR® (reslizumab) FASENRA® (benralizumab) injection NUCALA (mepolizumab) injection TEZSPIRE™ (tezepelumab-ekko) injection XOLAIR® (omalizumab) injection Generic Equivalent (if available)	<a href="#">Click Here</a>
CONTINUOUS GLUCOSE MONITORING (CGM) DEVICE IN INTERSTITIAL FLUID: DEXCOM FREESTYLE LIBRE MEDTRONIC SENSEONICS EVERSENSE Sensor/Holder/Smart Transmitter	<a href="#">Click Here</a>
ENTYVIO® (vedolizumab) IV or SQ	<a href="#">Click Here</a>

Medical PCG Description	URL
FENSOLVI® (leuprolide acetate) subcutaneous suspension LUPRON DEPOT® (leuprolide acetate) intramuscular suspension LUPRON DEPOT PED® (leuprolide acetate) intramuscular suspension Generic Equivalent (if available)	<a href="#">Click Here</a>
HEREDITARY ANGIOEDEMA MEDICATION THERAPY: BERINERT® (plasma derived C1 esterase inhibitor) CINRYZE™ (plasma derived C1 esterase inhibitor) FIRAZYR® (icatibant, bradykinin B2 inhibitor) HAEGARDA® (C1 esterase inhibitor) Icatibant Acetate (bradykinin B2 inhibitor) KALBITOR (ecallantide) ORLADEYO™ (berotralstat, kallikrein inhibitor) RUCONEST® (recombinant human C1 esterase inhibitor) SAJAZIR™ (icatibant, bradykinin B2 inhibitor) TAKHZYRO™ (lanadelumab-flyo, kallikrein monoclonal antibody)	<a href="#">Click Here</a>
INSULIN PUMPS: Beta Bionics: iLet Insulet: Omnipod, Omnipod Dash, Omnipod 5 G6, G7 Medtronic MiniMed: 630G, 670G, 770G, 780G Tandem: Mobi, T: Slim X2	<a href="#">Click Here</a>
OCTREOTIDE ACETATE products, oral and injection: MYCAPSSA® (octreotide acetate) oral Octreotide acetate injection solution Octreotide acetate injection suspension SANDOSTATIN® (octreotide acetate) injection SANDOSTATIN LAR DEPOT® (octreotide acetate) injection Generic Equivalent (if available)	<a href="#">Click Here</a>
SPEVIGO® (spesolimab-sbzo) injection	<a href="#">Click Here</a>
STELARA AND STELARA BIOSIMILARS: OTULFI™ (ustekinumab-aauz) IV & SQ PYZCHIVA® (ustekinumab-ttwe) IV & SQ SELARSDI™ (ustekinumab-aeKn) IV & SQ STELARA® (ustekinumab) IV & SQ STEQEYMA® (ustekinumab-stba) IV & SQ UNBRANDED USTEKINUMAB (ustekinumab) IV & SQ USTEKINUMAB-AEKN (ustekinumab-aeKn) SQ WEZLANA™ (ustekinumab-auub) IV & SQ YESINTEK™ (ustekinumab-kfce) IV & SQ	<a href="#">Click Here</a>
SUNLENCA® (lenacapavir) oral and subcutaneous injection Generic Equivalent (if available)	<a href="#">Click Here</a>

Medical PCG Description	URL
<p>TESTOSTERONE REPLACEMENT THERAPY:            ANDROGEL® pump transdermal gel and transdermal gel            AZMIRO™ (testosterone cypionate) injection            FORTESTA® transdermal gel            JATENZO® (testosterone undecanoate) oral capsule            KYZATREX™ (testosterone undecanoate) oral capsule            METHITEST™ (methyltestosterone) oral tablet            Methyltestosterone oral capsule            NATESTO™ nasal gel            TESTIM® transdermal gel            TESTOPEL (testosterone) pellet            Testosterone pump transdermal gel and transdermal gel            TLANDO™ (testosterone undecanoate) oral capsule            UNDECATREX™ (testosterone undecanoate) oral capsule            VOGELXO® pump transdermal gel and transdermal gel            XYOSTED™ (testosterone enanthate) solution auto-injector            Generic Equivalent (if available)</p>	<p><a href="#">Click Here</a></p>