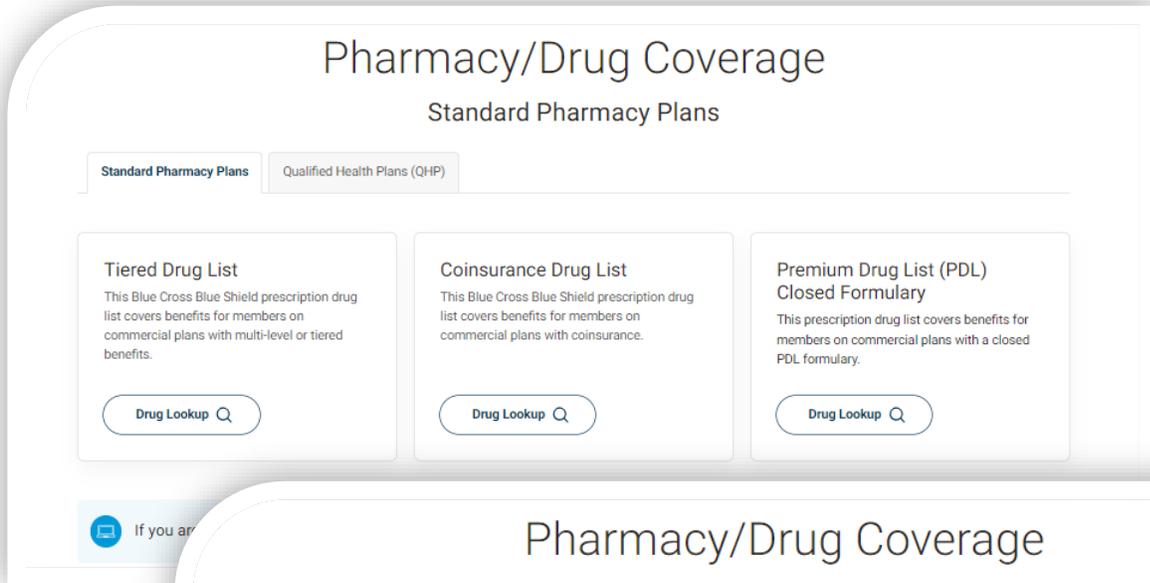


How to Access Drug-Specific Pharmacy Coverage Guidelines

First, find the applicable drug list/formulary.

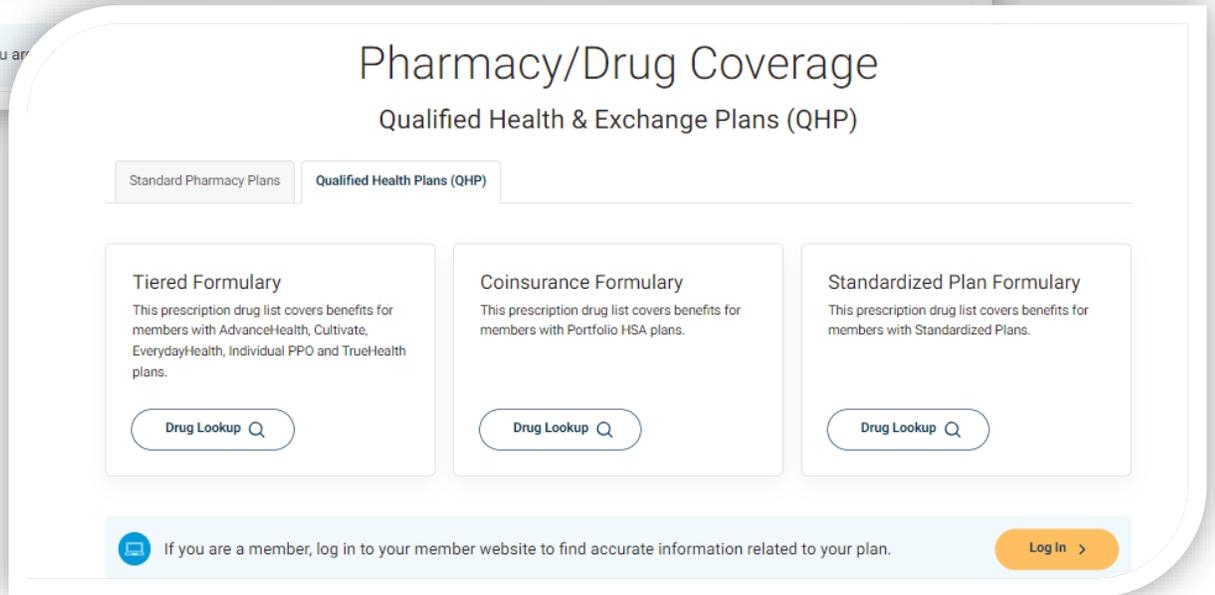


Pharmacy/Drug Coverage
Standard Pharmacy Plans

Standard Pharmacy Plans | Qualified Health Plans (QHP)

- Tiered Drug List**
This Blue Cross Blue Shield prescription drug list covers benefits for members on commercial plans with multi-level or tiered benefits.
[Drug Lookup Q](#)
- Coinsurance Drug List**
This Blue Cross Blue Shield prescription drug list covers benefits for members on commercial plans with coinsurance.
[Drug Lookup Q](#)
- Premium Drug List (PDL) Closed Formulary**
This prescription drug list covers benefits for members on commercial plans with a closed PDL formulary.
[Drug Lookup Q](#)

If you are a member, log in to your member website to find accurate information related to your plan.



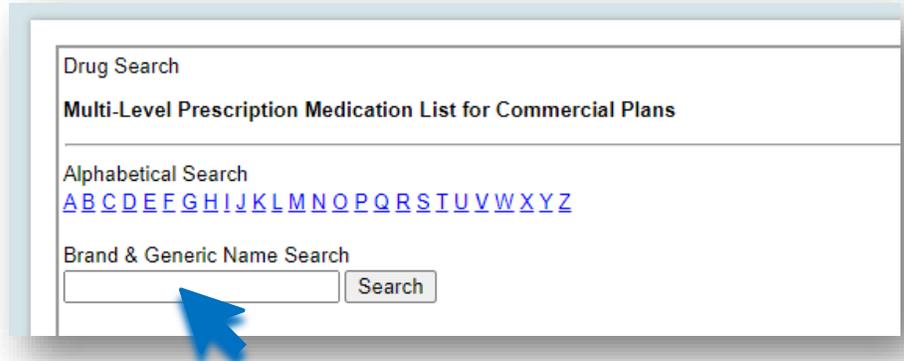
Pharmacy/Drug Coverage
Qualified Health & Exchange Plans (QHP)

Standard Pharmacy Plans | **Qualified Health Plans (QHP)**

- Tiered Formulary**
This prescription drug list covers benefits for members with AdvanceHealth, Cultivate, EverydayHealth, Individual PPO and TrueHealth plans.
[Drug Lookup Q](#)
- Coinsurance Formulary**
This prescription drug list covers benefits for members with Portfolio HSA plans.
[Drug Lookup Q](#)
- Standardized Plan Formulary**
This prescription drug list covers benefits for members with Standardized Plans.
[Drug Lookup Q](#)

If you are a member, log in to your member website to find accurate information related to your plan. [Log In >](#)

Once plan has been selected, search for drug using the search bar.



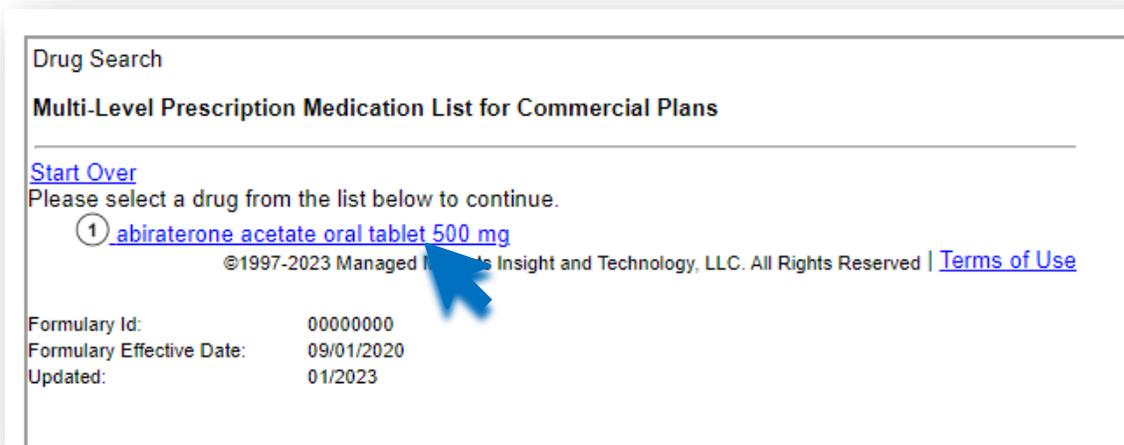
Drug Search

Multi-Level Prescription Medication List for Commercial Plans

Alphabetical Search
[ABCDEFGHIJKLMNOPQRSTUVWXYZ](#)

Brand & Generic Name Search

For this example, we will be using Abiraterone.



Drug Search

Multi-Level Prescription Medication List for Commercial Plans

[Start Over](#)
Please select a drug from the list below to continue.

1 [abiraterone acetate oral tablet 500 mg](#)

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Formulary Id:	00000000
Formulary Effective Date:	09/01/2020
Updated:	01/2023

Once you click on the medication, detailed information will be shown. Click on the “PA” icon in the “Notes & Restrictions” column.

Search Results

[Start Over](#)

Selection

Tiered Prescription Medication List for Commercial Plans

OPEN Drug List

Drug Search: abiraterone acetate oral tablet 500 mg
1 drug(s) found
To view other medications in a therapeutic class, click any class hyperlink in your search results.

Results

Brand Name <small>generic name</small>	Therapeutic Class <small>Sub-Class</small>	Dose/Strength	Status	Notes & Restrictions
abiraterone acetate oral tablet 500 mg 	*Antineoplastics And Adjunctive Therapies* *Androgen Biosynthesis Inhibitors***	TABLET 500 MG	1	   

A pop up window will appear that says “Click [HERE](#) to see the Pharmacy Coverage Guideline”.

Search Results

[Start Over](#)

Selection

Tiered Pres

OPEN Drug

Drug Search: 1 drug(s) fo
To view other

Results

Brand Nam <small>generic name</small>	Notes & Restrictions
abiraterone 500 mg 	<div style="border: 1px solid gray; padding: 5px;"> <p>Brand Name: Abiraterone Acetate Oral Tablet 500 MG Generic Name: Dosage/Strength: Tablet 500 MG Status: Tier 1</p> <p>Details: Click HERE to see the Pharmacy Coverage Guideline (PCG).</p>  </div>

Click the hyperlink to download the Pharmacy Coverage Guideline.



PHARMACY COVERAGE GUIDELINE

Abiraterone Acetate
YONSA® (abiraterone acetate)
ZYTIGA® (abiraterone acetate)
Generic Equivalent (if available)

This Pharmacy Coverage Guideline (PCG):

- Provides information about the reasons, basis, and information sources we use for coverage decisions
- Is not an opinion that a drug (collectively "Service") is clinically appropriate or inappropriate for a patient
- Is not a substitute for a provider's judgment (Provider and patient are responsible for all decisions about appropriateness of care)
- Is subject to all provisions e.g. (benefit coverage, limits, and exclusions) in the member's benefit plan; and
- Is subject to change as new information becomes available.

Scope

- This PCG applies to Commercial and Marketplace plans
- This PCG does not apply to the Federal Employee Program, Medicare Advantage, Medicaid or members of out-of-state Blue Cross and/or Blue Shield Plans

Instructions & Guidance

- To determine whether a member is eligible for the Service, read the entire PCG.
- This PCG is used for FDA approved indications including, but not limited to, a diagnosis and/or treatment with dosing, frequency, and duration.
- Use of a drug outside the FDA approved guidelines, refer to the appropriate Off-Label Use policy.
- The "Criteria" section outlines the factors and information we use to decide if the Service is medically necessary as defined in the Member's benefit plan.
- The "Description" section describes the Service.
- The "Definition" section defines certain words, terms or items within the policy and may include tables and charts.
- The "Resources" section lists the information and materials we considered in developing this PCG
- **We do not accept patient use of samples as evidence of an initial course of treatment, justification for continuation of therapy, or evidence of adequate trial and failure.**
- Information about medications that require prior authorization is available at www.azblue.com/pharmacy. You must fully complete the [request form](#) and provide chart notes, lab workup and any other supporting documentation. The prescribing provider must sign the form. Fax the form to BCBSAZ Pharmacy Management at (602) 864-3126 or email it to Pharmacyrecert@azblue.com.