

Sexual Dysfunction (SDIS) Medications

Most plans do not cover medications to treat sexual dysfunction (SDIS). However, certain plans provide coverage. If your plan provides coverage for SDIS medications, cost share for most covered SDIS medications will apply based on whether the medication is a brand or a generic:

Generic Medication: Tier 1 **Brand Medication:** Tier 3

Coinsurance plans that provide coverage will generally be covered at the retail & mail order coinsurance level. However, certain SDIS medications may apply a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

Tier	Description
1	Low Cost Share
2	Moderate Cost Share
3	Moderately High Cost Share
4	Highest Cost Share
Α	Specialty Medications, Low Cost Share
В	Specialty Medications, Moderate Cost Share
С	Specialty Medications, Moderately High Cost Share
D	Specialty Medications, Highest Cost Share

Plans may include specialty medications at varying cost share tiers.

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 MyBlueSM 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
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

Sexual Dysfunction SDIS Rider Drug List

Drug	Notes
Cardiovascular Agents - Misc.	
*Prostaglandin - Impotence Agents***	
CAVERJECT IMPULSE	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (6 vials per 30 days); M
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); M
EDEX INTRACAVERNOSAL KIT 40 MCG	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (6 pellets per 30 days); M
MUSE URETHRAL PELLET 1000 MCG, 250 MCG, 500 MCG	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (6 pellets per 30 days); M
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***	
CIALIS ORAL TABLET 10 MG, 20 MG	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (8 tablets per 30 days); M; AL (Min 18 Years)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (8 tablets per 30 days); M
STENDRA	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (8 tablets per 30 days); M
tadalafil oral tablet 10 mg, 20 mg	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (8 tablets per 30 days); M; AL (Min 18 Years)
vardenafil hcl oral	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (8 tablets per 30 days); M
VIAGRA	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (8 tablets per 30 days); M

OPEN Drug List; Last revision date:04/25/2024 To search for a drug use control + f

Drug	Notes		
Psychotherapeutic And Neurological Agents - Misc.			
*Melanocortin Receptor Agonists***			
VYLEESI	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (4 injections per month); DS (30 day supply max); F		
*Serotonin 1A Recept Agonist/Serotonin 2A Recept Antag***			
ADDYI	SDIS (excluded unless Sexual Dysfunction Rider [SDIS] applies (generics tier 1/brands tier 3 OR coinsurance)); QL (1 tablet per day); F; AL (Min 18 Years)		

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.



Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hólo díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojı' bich'j' hodíilnih 877-475-4799.

Chinese: 如果您,或是您正在協助的對象,有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة المتحدث مع مترجم اتصل ب. 479-475-4798

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona について ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることが できます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 479-475-877 [تماس حاصل نمایید

Assyrian:

1, 2سمور، عرسم فخيروفة ومنوذومن عمور، 2عكومور في في المحكومور الم

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

