

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
A	Specialty Medications, Low Cost Share
B	Specialty Medications, Moderate Cost Share
C	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)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	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
<i>tadalafil oral tablet 10 mg, 20 mg</i>	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)
<i>varденаfil hcl oral</i>	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

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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)

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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>.



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