

Weight Loss and/or Gain Medications

Most plans do not cover medications to achieve weight loss or gain. However, certain plans provide coverage. If your plan provides coverage for weight loss/gain medications, cost share for most covered weight loss and/or gain 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 weight loss and/or gain 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

Weight Loss Rider Drug List

Drug	Notes
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiants	
*Anorexiant Combinations***	
QSYMIA	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Anorexiants Non-Amphetamine***	
ADIPEX-P ORAL TABLET	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>benzphetamine hcl oral tablet 50 mg</i>	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>diethylpropion hcl er</i>	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>diethylpropion hcl oral</i>	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
LOMAIRA	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phendimetrazine tartrate</i>	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phendimetrazine tartrate er</i>	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
<i>phentermine hcl oral</i>	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Anti-Obesity - Gip & Glp-1 Receptor Agonists***	
ZEPBOUND	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Anti-Obesity - Glp-1 Receptor Agonists***	
SAXENDA	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
WEGOVY	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Anti-Obesity Agent Combinations**	
CONTRACE	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance))

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

Drug	Notes
*Lipase Inhibitors***	
<i>orlistat oral</i>	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
XENICAL	WEIGHT (excluded unless Weight Loss Rider [WEIGHT] applies (generics tier 1/brands tier 3 OR coinsurance)); AL (Min 12 Years)
*Melanocortin 4 (Mc4) Receptor Agonists***	
IMCIVREE	WEIGHT (Excluded unless Weight Loss Rider [WEIGHT] applies (Specialty Tier D)); PA

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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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