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## Medicine details 2021

### CHORIONIC GONADOTROPIN

10000unit intramuscular solution reconstituted / 3 1ea vials per 30 days [Select a different dosage](#)

Prescription number: [REDACTED]

Last filled on: [REDACTED] 2021

✔ No interactions found

### Drug List

Your 2021 drug list: BCBS Service Benefit Plan: Standard Option

### Coverage information

✔ **Covered with some additional requirements**

This medicine is covered by your pharmacy benefit plan.

#### On drug list

This drug is included on your health plan's drug list, or formulary.

#### Tier 4 - Preferred Specialty Drugs

Proven to be safe, effective, and favorably priced compared to Non-preferred specialty drugs.

#### Coverage details

##### Prior authorization required

This medicine needs to be pre-approved before it will be covered by your plan. If you take a medicine on this list, work with your doctor to get the authorization form completed and sent in.

##### Specialty medicine

This is a specialty medicine and may need to be filled at a specialty pharmacy. Specialty medicines treat chronic and complex conditions (for example, multiple sclerosis, cancer, hepatitis C and rheumatoid arthritis).

### Your estimated medicine costs

30-day supply

**Member cost: \$65**

Pricing listed is the estimated amount you will pay after your health plan's cost share – such as copayment or coinsurance – has been met. **Actual cost will be determined at the time of purchase.**

Talk to your doctor if you have any questions about the drug information shown here including interactions, side effects, or therapeutic alternatives.