

Extended-Release Opioid Analgesics – Enhanced Formulary

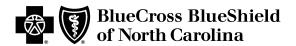
PRIOR REVIEW/CERTIFICATION FAXBACK FORM

INCOMPLETE FORMS MAY DELAY PROCESSING

ALL NC PROVIDERS MUST PROVIDE THEIR 5-DIGIT Blue Cross NC PROVIDER ID# BELOW

| PRESCRIBER NAME | PRESCRIBER NPI | [REQUIRED] Blue Cross N | NC PROV ID # / TAX ID [out of sta | te] |
|--|---|--|--|------------|
| CONTACT PERSON | PRESCRIBER PHONE PRESCRIBER FAX | | PRESCRIBER FAX | |
| PRESCRIBER ADDRESS | CITY | STATE ZI | P | |
| PATIENT NAME | Blue Cross NC ID | DA | ATE OF BIRTH GENDE | R |
| | | | M F | |
| Diagnosis Code: | | | | |
| Please select the request *See pages 3-4 for continuation | ed medication and answe | r the following question | ons for <u>INITIAL</u> coverage | e : |
| ☐ Belbuca [™] | ☐ fentanyl transdermal | ☐ morphine sulfate bea | ds ☐ brand Oxycontin® | |
| D Delbuca | patch (37.5mcg/hr) | ER capsule | us Brand Oxycondin | |
| ☐ brand Butrans® | ☐ fentanyl transdermal patch (62.5mcg/hr) | ☐ brand MS Contin | ☐ tramadol ER capsu (generic Conzip) | le |
| ☐ buprenorphine buccal film (generic Belbuca) | ☐ fentanyl transdermal patch (87.5mcg/hr) | ☐ morphine sulfate ER tablet (generic MS Contin) | | |
| ☐ buprenorphine transdermal system (generic Butrans) | ☐ hydrocodone ER abuse deterrent capsules (generic Zohydro® ER) | ☐ Nucynta® ER | ☐ tramadol SR biphastablet (generic Ryze | |
| ☐ Conzip® | ☐ hydrocodone ER tablets (generic Hysingla® ER) | ☐ oxymorphone ER | □ brand Ultram [®] ER | |
| ☐ brand Duragesic [®] | ☐ hydromorphone ER (generic Exalgo) | ☐ oxycodone ER tablet (generic OxyContin) | □ Xtampza [™] ER | |
| □ Exalgo [®] | ☐ Hysingla [®] ER | ☐ oxymorphone ER tab (generic Opana ER) | let ☐ Zohydro® ER | |
| ☐ fentanyl transdermal patch (generic Duragesic) | ☐ morphine sulfate ER capsule (generic Kadian) | | | |
| a. If YES, has the Xtampza ER? | ation Oxycontin or oxycodor patient tried and failed or is | intolerant to, or has a c | ontraindication to | □ No |
| - | submit medical record doc aking the requested medica | | ΠVoo | |
| | | | | □ No |
| | | | | |
| 4. Does the patient have a diagnosis of sickle cell disease? ☐ Yes □ | | | | |
| | r hospice care? | | | □ No |
| 6. Is the patient receiving | palliative care? | | | □ No |
| ***continued or | n page 2; please complete an | d sign page 2 to request | t prior authorization*** | |

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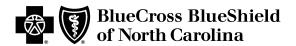


Extended-Release Opioid Analgesics – Enhanced (continued)

| 7. | | patient undergoing treatment of chronic non-cancer pain?, please answer the following questions: | □ Yes | □ No |
|-----|------------------------|---|----------------|--------------|
| | | Is a patient specific pain management plan on file for the patient? | □ Yes | □ No |
| | | Has the patient exhausted other pharmacological and non-pharmacological ther | | |
| | | appropriate for the condition? | • • | □ No |
| | C. | Does the patient have a diagnosis of chronic neuropathic pain? | | □ No |
| | | If YES, please answer the following questions: | | |
| | | i. Has the patient had a trial and failure of any of the following medication of | classes: | |
| | | 1. GABA analogue [gabapentin (Neurontin®) or pregabalin (Lyrica®)]? | | □ No |
| | | 2. SNRI [duloxetine (Cymbalta®) or milnacipran (Savella®)]? | | □ No |
| | | 3. tricyclic antidepressant (e.g., amitriptyline)? | | □ No |
| | | ii. Does the patient have a contraindication to any of the following medication | | |
| | | 1. GABA analogue [gabapentin (Neurontin®) or pregabalin (Lyrica®)]? | | □ No |
| | | 2. SNRI [duloxetine (Cymbalta®) or milnacipran (Savella®)]? | | □ No |
| | | 3. tricyclic antidepressant (e.g., amitriptyline)? | | □ No |
| | d. | Is the requested medication prescribed as an as-needed analgesic (for PRN use | | □ No |
| | | Does the patient's medication history include at least a 7-day trial of an immedia | • | |
| | 0. | opioid? | - | □ No |
| | | i. If NO , please provide a clinical explanation why the patient is unable to u | | |
| | f. | Has the prescriber reviewed the patient's controlled substance use in the state's prescription drug monitoring system (PDMP) within the last 90 days? | | □ No |
| | a | Is the patient concurrently using a buprenorphine product for opioid dependence | | |
| | g. | (i.e., Suboxone, Subutex, buprenorphine/naloxone, etc.)? | | □ No |
| | h | Will the patient be taking the requested medication with another ER opiate? | | |
| | i. | Will the patient be taking the requested medication with a benzodiazepine? | | |
| | 1. | a. IF YES , please provide a clinical rationale supporting the use of a benzodiaz | | |
| | | in combination with an extended release opioid (<i>omission of information indi</i> | • | |
| | | N/A or none): | Lales | |
| | | TVA OF HORIE) | | |
| **: | PLEAS | E NOTE: If you are prescribing more than the program quantity limit (listed on pages and sign page 5 *** | 6-8) please co | omplete |
| Р | lease c | ertify the following by signing and dating below: | | |
| 1 | certify th | nat I have been authorized to request prior review and certification for the above requ | | |
| | | rtify that my patient's medical records accurately reflect the information provided. I u | | ıt |
| | | ss NC may request medical records for this patient at any time in order to verify this in | | |
| | | derstand that if Blue Cross NC determines this information is not reflected in my patie | | |
| | ecoras, i vailable. | Blue Cross NC may request a refund of any payments made and/or pursue any other | remedies | |
| | | er's Signature (Required): Date: | | |

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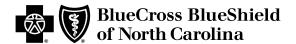
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| PRESCRIBER NAME | PRESCRIBER NPI | [REQUIRED] Blue Cross NC I | | e] |
|---|---|--|--|-------|
| CONTACT PERSON | PRESCRIBER | PHONE P | RESCRIBER FAX | |
| PRESCRIBER ADDRESS | CITY | STATE ZIP | | |
| PATIENT NAME | Blue Cross NC ID | DATE | OF BIRTH GENDER | 1 |
| | | | M F | |
| Diagnosis Code: Please select the requeste | | ha fallawing gyaatiana fa | " CONTINUATION COVO | |
| ☐ Belbuca™ | ☐ fentanyl transdermal | ☐ morphine sulfate beads | □ brand Oxycontin® | rage: |
| | patch (37.5mcg/hr) | ER capsule | | |
| ☐ brand Butrans® | ☐ fentanyl transdermal patch (62.5mcg/hr) | ☐ brand MS Contin | ☐ tramadol ER capsul (generic Conzip) | е |
| ☐ buprenorphine buccal film (generic Belbuca) | ☐ fentanyl transdermal patch (87.5mcg/hr) | ☐ morphine sulfate ER tablet (generic MS Contin) | ☐ tramadol ER tablet (generic Ultram ER) | |
| ☐ buprenorphine transdermal system (generic Butrans) | ☐ hydrocodone ER abuse deterrent capsules (generic Zohydro [®] ER) | ☐ Nucynta® ER | ☐ tramadol SR biphas tablet (generic Ryzo | |
| ☐ Conzip [®] | ☐ hydrocodone ER tablets (generic Hysingla® ER) | ☐ oxymorphone ER | ☐ brand Ultram [®] ER | |
| ☐ brand Duragesic [®] | ☐ hydromorphone ER (generic Exalgo) | ☐ oxycodone ER tablet (generic OxyContin) | ☐ Xtampza [™] ER | |
| ☐ Exalgo [®] | ☐ Hysingla® ER | ☐ oxymorphone ER tablet (generic Opana ER) | □ Zohydro® ER | |
| ☐ fentanyl transdermal patch (generic Duragesic) | ☐ morphine sulfate ER capsule (generic Kadian) | | | |
| | ication been approved throuf chronic pain? | | | □ No |
| Is the requested medicala. If YES, has the | ation Oxycontin or oxycodor patient tried and failed or is | | | □ No |
| Xtampza ER? If YES, please s | submit medical record do | cumentation. | □ Yes | □ No |
| 3. Does the patient have a | a diagnosis of chronic cance | er pain due to an active ma | alignancy?□ Yes | □ No |
| 4. Does the patient have a diagnosis of sickle cell disease? ☐ Yes ☐ No | | | | |
| 5. Is the patient eligible for | r hospice care? | | Yes | □ No |
| 6. Is the patient receiving palliative care?□ Yes □ New Yes | | | | |

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Extended-Release Opioid Analgesics – Enhanced (continued)

| Is the | patient undergoing treatment of chronic non-cancer pain? | □ Yes | □ No |
|--------------------------|---|------------------|---------|
| If YE | S, please answer the following questions: | | |
| a. | Has the prescriber reviewed the patient's controlled substance use in the stat | e's | |
| | prescription drug monitoring system (PDMP) within the last 90 days? | | □ No |
| b. | Is the patient concurrently using a buprenorphine product for opioid depender | nce | |
| | (i.e., Suboxone, Subutex, buprenorphine/naloxone, etc.)? | | □ No |
| C. | Will the patient be taking the requested medication with another ER opiate? | □ Yes | □ No |
| d. | Will the patient be taking the requested medication with a benzodiazepine? | ☐ Yes | □ No |
| | i. IF YES, please provide a clinical rationale supporting the use of a ben | zodiazepine | |
| | in combination with an extended-release opioid (omission of information | on indicates | |
| | N/A or none): | | |
| e | Is the prescriber re-evaluating the benefits and harms of continued opioid treat | atment | |
| 0. | with the patient at least every 3 months? | | □ No |
| | panen an each every e members and a members and | | |
| | | | |
| | | | |
| ***PLEAS | SE NOTE: If you are prescribing more than the program quantity limit (listed on page | es 6-8) please c | omplete |
| | and sign page 5 *** | , · | • |
| | certify the following by signing and dating below: | | |
| | that I have been authorized to request prior review and certification for the above re | | |
| | ertify that my patient's medical records accurately reflect the information provided. | | it |
| | oss NC may request medical records for this patient at any time in order to verify this nderstand that if Blue Cross NC determines this information is not reflected in my p | | |
| records, | Blue Cross NC may request a refund of any payments made and/or pursue any oth | | |
| available | | | |
| Prescri | ber's Signature (Required): Date: | | |

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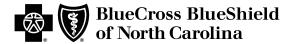
COMPLETE PAGE 5 ONLY IF REQUESTING A QUANTITY LIMIT EXCEPTION FOR EXTENDED-RELEASE OPIOID ANALGESICS

| PRESCRIBER NAME | PRESCRIBER NPI | [REQUIRED] | Blue Cross NC PROV ID # / TAX | ID [out of state] |
|--|--|---|---|--|
| CONTACT PERSON | PRESCRIBER | PHONE | PRESCRIBER FA | ×Χ |
| PRESCRIBER ADDRESS | CITY | STATE | ZIP | |
| PATIENT NAME | Blue Cross NC II | D | DATE OF BIRTH | GENDER |
| FOR COVERAGE OVER THE PROGRAM LIMITS) LISTEI | | | | M F IAXIMUM |
| Please note: This medication r submitting a request for a quan and/or approved (pages 1-2 or | equires a prior authorization tity level override, please er | before a quan | tity limit override can be con or approval authorization has | |
| Diagnosis Code: | | | | |
| Medication Name and Stren ***Please enter quantity as a | gth: numeric value with one de | R ecimal place (e | equested Quantity per daex. 1.0, 1.5)*** | ny: |
| In the space provided, plea include documented clinical | | | | |
| | | | | |
| Please certify the following I certify that I have been authority further certify that my patients Blue Cross NC may request further understand that if Blue certifications is also be considered in the following the least second in the following | norized to request prior rev 's medical records accurat medical records for this pa e Cross NC determines thi | iew and certifi ely reflect the tient at any tir s information | information provided. I und ne in order to verify this info is not reflected in my patier | derstand that ormation. Interest medical |
| available. Prescriber's Signature (R | equired): | | Date: | |

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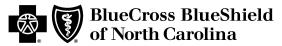


QUANTITY LIMITATIONS

NOTE: quantity limits apply to both brand and generic formulations

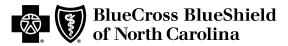
| Marillandian | O | D |
|--|-------------------------------------|----------------------------|
| Medication | Quantity per Day (unless specified) | Program Maximum per Day |
| | (unicos specifica) | (unless specified) |
| | | (1.11.1) |
| Belbuca (buprenorphine) 75 mcg buccal film | 2 | 1800 mcg |
| Belbuca (buprenorphine) 150 mcg buccal film | 2 | 1 |
| Belbuca (buprenorphine) 300 mcg buccal film | 2 | |
| Belbuca (buprenorphine) 450 mcg buccal film | 2 | |
| Belbuca (buprenorphine) 600 mcg buccal film | 2 | |
| Belbuca (buprenorphine) 750 mcg buccal film | 2 | |
| Belbuca (buprenorphine) 900 mcg buccal film | 2 | 1 |
| | | |
| Butrans (buprenorphine) 5 mcg/hour transdermal system | 1 system/week | 20mcg/hr. per week |
| Butrans (buprenorphine 7.5 mcg/hour transdermal system | 1 system/week | |
| Butrans (buprenorphine) 10 mcg/hour transdermal system | 1 system/week | |
| Butrans (buprenorphine) 15 mcg/hour transdermal system | 1 system/week | |
| Butrans (buprenorphine) 20 mcg/hour transdermal system | 1 system/week | |
| | | |
| ConZip (tramadol SR biphasic) 100 mg capsule | 1 | 300 mg |
| ConZip (tramadol SR biphasic) 200 mg capsule | 1 | |
| ConZip (tramadol SR biphasic) 300 mg capsule | 1 | |
| | | |
| Duragesic (fentanyl transdermal patch) 12 mcg/hr. transdermal | 15 patches/30 days | 100mcg/hr. per 2 days |
| patch | 45 | 4 |
| Duragesic (fentanyl transdermal patch) 25 mcg/hr. transdermal | 15 patches/30 days | |
| patch | 45 | 4 |
| Duragesic (fentanyl transdermal patch) 50 mcg/hr. transdermal | 15 patches/30 days | |
| patch Duragasia (fantany) transdermal notah) 75 mag/hr. transdermal | 15 potoboo/20 dovo | - |
| Duragesic (fentanyl transdermal patch) 75 mcg/hr. transdermal patch | 15 patches/30 days | |
| Duragesic (fentanyl transdermal patch) 100 mcg/hr. | 15 patches/30 days | 1 |
| transdermal patch | 13 pateries/30 days | |
| transdermar paterr | | |
| Exalgo (hydromorphone) 8 mg extended-release tablet | 1 | 32 mg |
| Exalgo (hydromorphone) 12 mg extended-release tablet | 1 | |
| Exalgo (hydromorphone) 16 mg extended-release tablet | 1 | 1 |
| Exalgo (hydromorphone) 32 mg extended-release tablet | 1 | 1 |
| | | |
| Fentanyl transdermal patch 37.5 mcg/hr. transdermal patch | 15 patches/30 days | 87.5mcg/ hr. per 2 days |
| Fentanyl transdermal patch 62.5 mcg/hr. transdermal patch | 15 patches/30 days | 1 |
| Fentanyl transdermal patch 87.5 mcg/hr. transdermal patch | 15 patches/30 days | 1 |
| , , , , , , , , , , , , , , , , , , , | | · |
| Hysingla ER (hydrocodone) 20 mg extended-release tablet | 1 | 120 mg |
| Hysingla ER (hydrocodone) 30 mg extended-release tablet | 1 | 1 |
| Hysingla ER (hydrocodone) 40 mg extended-release tablet | 1 | 1 |
| Hysingla ER (hydrocodone) 60 mg extended-release tablet | 1 | 1 |
| Hysingla ER (hydrocodone) 80 mg extended-release tablet | 1 | 1 |

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| Hysingla ER (hydrocodone) 100 mg extended-release tablet | 1 | |
|--|---------------|---------|
| Hysingla ER (hydrocodone) 120 mg extended-release tablet | 1 | |
| | | |
| Morphine sulfate ER 10 mg extended-release capsule | 2 | 400 mg |
| Morphine sulfate ER 20 mg extended-release capsule | 2 | |
| Morphine sulfate ER 30 mg extended-release capsule | 2 | |
| Morphine sulfate ER 40 mg extended-release capsule | 2 | |
| Morphine sulfate ER 50 mg extended-release capsule | 2 | |
| Morphine sulfate ER 60 mg extended-release capsule | 2 | |
| Morphine sulfate ER 80 mg extended-release capsule | 2 | |
| Morphine sulfate ER 100 mg extended-release capsule | 2 | |
| Morphine Sulfate beads 30mg extended-release capsule | 1 | 120 mg |
| Morphine Sulfate beads 45mg extended-release capsule | <u>.</u> 1 | |
| Morphine Sulfate beads 60mg extended-release capsule | 1 | |
| Morphine Sulfate beads 75mg extended-release capsule | 1 | |
| Morphine Sulfate beads 90mg extended-release capsule | 1 | |
| Morphine Sulfate beads 120mg extended-release capsule | 1 | |
| | | |
| MS Contin (morphine sulfate) 15 mg sustained-release | 3 | 600 mg |
| tablet | | _ |
| MS Contin (morphine sulfate) 30 mg sustained-release tablet | 3 | |
| MS Contin (morphine sulfate) 60 mg sustained-release | 3 | |
| tablet | | |
| MS Contin (morphine sulfate) 100 mg sustained-release tablet | 3 | |
| MS Contin (morphine sulfate) 200 mg sustained-release tablet | 3 | |
| | | |
| Nucynta ER (tapentadol SR) 50 mg extended-release tablet | 2 | 500 mg |
| Nucynta ER (tapentadol SR) 100 mg extended-release tablet | 2 | |
| Nucynta ER (tapentadol SR) 150 mg extended-release | 2 | |
| Nucynta ER (tapentadol SR) 200 mg extended-release | 2 | - |
| tablet | | |
| Nucynta ER (tapentadol SR) 250 mg extended-release | 2 | |
| tablet | | |
| OxyContin (oxycodone ER) 10 mg tablet | 2 | 160 mg |
| OxyContin (oxycodone ER) 15 mg tablet | 2 | 7 |
| OxyContin (oxycodone ER) 20 mg tablet | 2 | |
| OxyContin (oxycodone ER) 30 mg tablet | 2 | ╡ |
| OxyContin (oxycodone ER) 40 mg tablet | 2 | 7 |
| OxyContin (oxycodone ER) 60 mg tablet | 2 | 1 |
| OxyContin (oxycodone ER) 80 mg tablet | 2 | - |
| CAYCONIII (OAYCOGONO EN) OO MIG LADIGE | <u> </u> | |
| Oxymorphone ER, crush resistant 5 mg tablet | 2 | 80 mg |
| Chymorphono Ert, ordon registant o mg tablet | | l oo mg |

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| | T | |
|---|---|----------|
| Oxymorphone ER, crush resistant 7.5 mg tablet | 2 | |
| Oxymorphone ER, crush resistant 10 mg tablet | 2 | |
| Oxymorphone ER, crush resistant 15 mg tablet | 2 | |
| Oxymorphone ER, crush resistant 20 mg tablet | 2 | |
| Oxymorphone ER, crush resistant 30 mg tablet | 2 | |
| Oxymorphone ER, crush resistant 40 mg tablet | 2 | |
| | | |
| Tramadol ER (tramadol SR) 100 mg sustained-release | 1 | 300 mg |
| tablet | | |
| Tramadol ER (tramadol SR biphasic) 150 mg capsule | 1 | |
| Tramadol ER (tramadol SR) 200 mg sustained-release | 1 | |
| tablet | · | |
| Tramadol ER (tramadol SR) 300 mg sustained-release | 1 | |
| tablet | · | |
| tablot | | |
| Ultram ER (tramadol SR) 100 mg sustained-release tablet | 1 | 300 mg |
| Ultram ER (tramadol SR) 200 mg sustained-release tablet | 1 | |
| Ultram ER (tramadol SR) 300 mg sustained-release tablet | 1 | - |
| Olitani EN (tramador SN) 300 mg sustamed-release tablet | l | |
| Xtampza ER (oxycodone ER abuse deterrent) 9 mg | 2 | 200 ma |
| extended release capsule | 2 | 288 mg |
| | 2 | _ |
| Xtampza ER (oxycodone ER abuse deterrent) 13.5 mg | 2 | |
| extended release capsule | 0 | _ |
| Xtampza ER (oxycodone ER abuse deterrent) 18 mg | 2 | |
| extended release capsule | 0 | _ |
| Xtampza ER (oxycodone ER abuse deterrent) 27 mg | 2 | |
| extended release capsule | | _ |
| Xtampza ER (oxycodone ER abuse deterrent) 36 mg | 8 | |
| extended release capsule | | |
| | | |
| Zohydro ER (hydrocodone ER abuse deterrent) 10 mg | 2 | 100 mg |
| sustained-release capsule | | |
| Zohydro ER (hydrocodone ER abuse deterrent) 15 mg | 2 | |
| sustained-release capsule | | <u> </u> |
| Zohydro ER (hydrocodone ER abuse deterrent) 20 mg | 2 | |
| sustained-release capsule | | _ |
| Zohydro ER (hydrocodone ER abuse deterrent) 30 mg | 2 | |
| sustained-release capsule | | |
| Zohydro ER (hydrocodone ER abuse deterrent) 40 mg | 2 | |
| sustained-release capsule | | |
| Zohydro ER (hydrocodone ER abuse deterrent) 50 mg | 2 | |
| sustained-release capsule | | |
| | | |

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