



MASSACHUSETTS

---

# Blue Cross Blue Shield of Massachusetts Formulary: \$0 Copay Medication List

Last Updated: January 1, 2021

The following list includes medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. You may not have to pay a copay for some or all of the medications on this list if your plan includes the Zero Copay pharmacy benefit.

These medications are used to treat high blood pressure, certain heart conditions, diabetes, high cholesterol, depression, and some respiratory ailments. The medications can be purchased at an in-network retail pharmacy, or through the mail order pharmacy. If you have a Health Savings Account (HSA)-qualified “Saver” plan,<sup>1</sup> the deductible must be satisfied before the medications are eligible for \$0 copay.

This isn’t a complete list of covered medications, and inclusion on the list doesn’t guarantee coverage.<sup>2</sup> You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as Step Therapy, Prior Authorization, or Quality Care Dosing, or have other coverage requirements.

Not all plans with the Zero Copay pharmacy benefit include all the medications listed. To check your plan details, sign in to your MyBlue account at [bluecrossma.org](https://bluecrossma.org), or call the Member Service number on your ID card.

## \$0 Copay Medications Included in the National Preferred Formulary (NPF)

The \$0 copay medications listed in this document are also available at a lower cost for members who use the National Preferred Formulary (NPF), if your plan includes the Zero Copay pharmacy benefit. The NPF is available through Express Scripts<sup>®</sup>, an independent company that manages your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

**NOTE:** Some medications on this list may be considered non-covered, including new medications under review by Blue Cross. Your doctor may request an exception for a non-covered medication when medically necessary.<sup>3</sup>

---

## Learn More About Your Coverage

For more information about these medications, look them up using the Medication Lookup tool at [bluecrossma.com/medications](https://bluecrossma.com/medications).

---

1. Blue Cross Blue Shield of Massachusetts plans that are HSA-qualified include the term “Saver” in the plan name. For example, Blue Care Elect Saver or HMO Blue New England Saver \$2,000.  
2. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.  
3. If approved, you’d pay the highest tier cost.

Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs	ACEBUTOLOL HCL	200 MG	CAPSULE
	ACEBUTOLOL HCL	400 MG	CAPSULE
	AMILORIDE HCL W/HCTZ	5 MG - 50 MG	TABLET
	AMIODARONE HCL	150 MG/3 ML	SYRINGE
	AMIODARONE HCL	100 MG	TABLET
	AMIODARONE HCL	200 MG	TABLET
	AMIODARONE HCL	400 MG	TABLET
	AMIODARONE HCL	50 MG/ML	VIAL
	AMLODIPINE BESYLATE	2.5 MG	TABLET
	AMLODIPINE BESYLATE	5 MG	TABLET
	AMLODIPINE BESYLATE	10 MG	TABLET
	ATENOLOL	25 MG	TABLET
	ATENOLOL	50 MG	TABLET
	ATENOLOL	100 MG	TABLET
	ATENOLOL W/CHLORTHALIDONE	50 MG - 25 MG	TABLET
	ATENOLOL W/CHLORTHALIDONE	100 MG - 25 MG	TABLET
	BENAZEPRIL HCL	5 MG	TABLET
	BENAZEPRIL HCL	10 MG	TABLET
	BENAZEPRIL HCL	20 MG	TABLET
	BENAZEPRIL HCL	40 MG	TABLET
	BENAZEPRIL HCL-HCTZ	5-6.25 MG	TABLET
	BENAZEPRIL HCL-HCTZ	10-12.5 MG	TABLET
	BENAZEPRIL HCL-HCTZ	20-12.5 MG	TABLET
	BENAZEPRIL HCL-HCTZ	20 MG - 25 MG	TABLET
	BETAXOLOL HCL	0.5%	DROPS
	BETAXOLOL HCL	10 MG	TABLET
	BETAXOLOL HCL	20 MG	TABLET
	BISOPROLOL FUMARATE	5 MG	TABLET
	BISOPROLOL FUMARATE	10 MG	TABLET
	BISOPROLOL FUMARATE/HCTZ	2.5-6.25 MG	TABLET
	BISOPROLOL FUMARATE/HCTZ	5-6.25 MG	TABLET
	BISOPROLOL FUMARATE/HCTZ	10-6.25 MG	TABLET
	BUMETANIDE	0.5 MG	TABLET
	BUMETANIDE	1 MG	TABLET
	BUMETANIDE	2 MG	TABLET
	BUMETANIDE	0.25 MG/ML	VIAL

Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs (Cont.)	CARVEDILOL	3.125 MG	TABLET
	CARVEDILOL	6.25 MG	TABLET
	CARVEDILOL	12.5 MG	TABLET
	CARVEDILOL	25 MG	TABLET
	CHLOROTHIAZIDE	250 MG	TABLET
	CHLOROTHIAZIDE	500 MG	TABLET
	CHLOROTHIAZIDE	500 MG	VIAL
	CHLORTHALIDONE	25 MG	TABLET
	CHLORTHALIDONE	50 MG	TABLET
	CILOSTAZOL	50 MG	TABLET
	CILOSTAZOL	100 MG	TABLET
	CLONIDINE HCL	0.1 MG/24HR	TRANSDERMAL WEEKLY PATCH
	CLONIDINE HCL	0.2 MG/24HR	TRANSDERMAL WEEKLY PATCH
	CLONIDINE HCL	0.3 MG/24HR	TRANSDERMAL WEEKLY PATCH
	CLONIDINE HCL	0.1 MG	TABLET
	CLONIDINE HCL	0.2 MG	TABLET
	CLONIDINE HCL	0.3 MG	TABLET
	CLONIDINE HCL	1000 MCG/10	VIAL
	CLONIDINE HCL	5000 MCG/10	VIAL
	CLOPIDOGREL	75 MG	TABLET
	DIPYRIDAMOLE	25 MG	TABLET
	DIPYRIDAMOLE	50 MG	TABLET
	DIPYRIDAMOLE	75 MG	TABLET
	DIPYRIDAMOLE	5 MG/ML	VIAL
	DOXAZOSIN MESYLATE	1 MG	TABLET
	DOXAZOSIN MESYLATE	2 MG	TABLET
	DOXAZOSIN MESYLATE	4 MG	TABLET
	DOXAZOSIN MESYLATE	8 MG	TABLET
	ENALAPRIL MALEATE	2.5 MG	TABLET
	ENALAPRIL MALEATE	10 MG	TABLET
	ENALAPRIL MALEATE	20 MG	TABLET
	ENALAPRIL MALEATE	5 MG	TABLET
	ENALAPRIL MALEATE/HCTZ	5 MG - 12.5 MG	TABLET
	ENALAPRIL MALEATE/HCTZ	10 MG - 25 MG	TABLET

Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs (Cont.)	FELODIPINE ER	2.5 MG	EXTENDED RELEASE 24 HR TABLET
	FELODIPINE ER	5 MG	EXTENDED RELEASE 24 HR TABLET
	FELODIPINE ER	10 MG	EXTENDED RELEASE 24 HR TABLET
	FOSINOPRIL SODIUM	10 MG	TABLET
	FOSINOPRIL SODIUM	20 MG	TABLET
	FOSINOPRIL SODIUM	40 MG	TABLET
	FOSINOPRIL-HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET
	FOSINOPRIL-HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET
	FUROSEMIDE	10 MG/ML	ORAL SOLUTION
	FUROSEMIDE	40 MG/5 ML	ORAL SOLUTION
	FUROSEMIDE	10 MG/ML	SYRINGE
	FUROSEMIDE	20 MG	TABLET
	FUROSEMIDE	40 MG	TABLET
	FUROSEMIDE	80 MG	TABLET
	FUROSEMIDE	10 MG/ML	VIAL
	GUANFACINE HCL	1 MG	TABLET
	GUANFACINE HCL	2 MG	TABLET
	HYDRALAZINE HCL	10 MG	TABLET
	HYDRALAZINE HCL	25 MG	TABLET
	HYDRALAZINE HCL	50 MG	TABLET
	HYDRALAZINE HCL	100 MG	TABLET
	HYDRALAZINE HCL	20 MG/ML	VIAL
	HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE
	HYDROCHLOROTHIAZIDE	25 MG	TABLET
	HYDROCHLOROTHIAZIDE	50 MG	TABLET
	INDAPAMIDE	1.25 MG	TABLET
	INDAPAMIDE	2.5 MG	TABLET
	IRBESARTAN	75 MG	TABLET
	IRBESARTAN	150 MG	TABLET
	IRBESARTAN	300 MG	TABLET
	IRBESARTAN-HYDROCHLOROTHIAZIDE	150-12.5 MG	TABLET
	IRBESARTAN-HYDROCHLOROTHIAZIDE	300-12.5 MG	TABLET
	ISOSORBIDE DINITRATE	40 MG	EXTENDED RELEASE TABLET

Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs (Cont.)	ISOSORBIDE DINITRATE	5 MG	TABLET
	ISOSORBIDE DINITRATE	10 MG	TABLET
	ISOSORBIDE DINITRATE	20 MG	TABLET
	ISOSORBIDE DINITRATE	30 MG	TABLET
	ISOSORBIDE MONONITRATE	30 MG	EXTENDED RELEASE 24 HR TABLET
	ISOSORBIDE MONONITRATE	60 MG	EXTENDED RELEASE 24 HR TABLET
	ISOSORBIDE MONONITRATE	120 MG	EXTENDED RELEASE 24 HR TABLET
	ISOSORBIDE MONONITRATE	10 MG	TABLET
	ISOSORBIDE MONONITRATE	20 MG	TABLET
	JANTOVEN	1 MG	TABLET
	JANTOVEN	2 MG	TABLET
	JANTOVEN	2.5 MG	TABLET
	JANTOVEN	3 MG	TABLET
	JANTOVEN	4 MG	TABLET
	JANTOVEN	5 MG	TABLET
	JANTOVEN	6 MG	TABLET
	JANTOVEN	7.5 MG	TABLET
	JANTOVEN	10 MG	TABLET
	LABETALOL HCL	20 MG/4 ML	CARTRIDGE
	LABETALOL HCL	25 MG/5 ML	SYRINGE
	LABETALOL HCL	50 MG/10 ML	SYRINGE
	LABETALOL HCL	100 MG	TABLET
	LABETALOL HCL	200 MG	TABLET
	LABETALOL HCL	300 MG	TABLET
	LABETALOL HCL	5 MG/ML	VIAL
	LISINOPRIL	2.5 MG	TABLET
	LISINOPRIL	5 MG	TABLET
	LISINOPRIL	10 MG	TABLET
	LISINOPRIL	20 MG	TABLET
	LISINOPRIL	30 MG	TABLET
	LISINOPRIL	40 MG	TABLET
	LISINOPRIL-HCTZ	10-12.5 MG	TABLET
	LISINOPRIL-HCTZ	20-12.5 MG	TABLET
	LISINOPRIL-HCTZ	20 MG - 25 MG	TABLET

Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs (Cont.)	LOSARTAN POTASSIUM	25 MG	TABLET
	LOSARTAN POTASSIUM	50 MG	TABLET
	LOSARTAN POTASSIUM	100 MG	TABLET
	LOSARTAN-HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET
	LOSARTAN-HYDROCHLOROTHIAZIDE	100-12.5 MG	TABLET
	LOSARTAN-HYDROCHLOROTHIAZIDE	100 MG - 25 MG	TABLET
	METHYCLOTHIAZIDE	5 MG	TABLET
	METHYLDOPA	250 MG	TABLET
	METHYLDOPA	500 MG	TABLET
	METHYLDOPA/HYDROCHLOROTHIAZIDE	250 MG - 15 MG	TABLET
	METHYLDOPA/HYDROCHLOROTHIAZIDE	250 MG - 25 MG	TABLET
	METOLAZONE	2.5 MG	TABLET
	METOLAZONE	5 MG	TABLET
	METOLAZONE	10 MG	TABLET
	METOPROLOL SUCCINATE	25 MG	EXTENDED RELEASE 24 HR TABLET
	METOPROLOL SUCCINATE	50 MG	EXTENDED RELEASE 24 HR TABLET
	METOPROLOL SUCCINATE	100 MG	EXTENDED RELEASE 24 HR TABLET
	METOPROLOL SUCCINATE	200 MG	EXTENDED RELEASE 24 HR TABLET
	METOPROLOL TARTRATE	5 MG/5 ML	AMPUL
	METOPROLOL TARTRATE	5 MG/5 ML	CARTRIDGE
	METOPROLOL TARTRATE	25 MG	TABLET
	METOPROLOL TARTRATE	37.5 MG	TABLET
	METOPROLOL TARTRATE	50 MG	TABLET
	METOPROLOL TARTRATE	75 MG	TABLET
	METOPROLOL TARTRATE	100 MG	TABLET
	METOPROLOL TARTRATE	5 MG/5 ML	VIAL
	METOPROLOL-HYDROCHLOROTHIAZIDE	50 MG - 25 MG	TABLET
	METOPROLOL-HYDROCHLOROTHIAZIDE	100 MG - 25 MG	TABLET
	METOPROLOL-HYDROCHLOROTHIAZIDE	100 MG - 50 MG	TABLET
	MINOXIDIL	2.5 MG	TABLET
	MINOXIDIL	10 MG	TABLET
	NADOLOL	20 MG	TABLET
NADOLOL	40 MG	TABLET	

Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs (Cont.)	NADOLOL	80 MG	TABLET
	NIFEDIPINE	10 MG	CAPSULE
	NIFEDIPINE	20 MG	CAPSULE
	NIFEDIPINE ER	30 MG	EXTENDED RELEASE TABLET
	NIFEDIPINE ER	60 MG	EXTENDED RELEASE TABLET
	NIFEDIPINE ER	90 MG	EXTENDED RELEASE TABLET
	NIFEDIPINE ER	30 MG	EXTENDED RELEASE 24 HR TABLET
	NIFEDIPINE ER	60 MG	EXTENDED RELEASE 24 HR TABLET
	NIFEDIPINE ER	90 MG	EXTENDED RELEASE 24 HR TABLET
	NITRO-BID	2%	OINTMENT
	NITROGLYCERIN	2.5 MG	EXTENDED RELEASE CAPSULE
	NITROGLYCERIN	6.5 MG	EXTENDED RELEASE CAPSULE
	NITROGLYCERIN	9 MG	EXTENDED RELEASE CAPSULE
	NITROGLYCERIN	0.1 MG/HR	TRANSDERMAL 24 HR PATCH
	NITROGLYCERIN	0.2 MG/HR	TRANSDERMAL 24 HR PATCH
	NITROGLYCERIN	0.4 MG/HR	TRANSDERMAL 24 HR PATCH
	NITROGLYCERIN	0.6 MG/HR	TRANSDERMAL 24 HR PATCH
	NITROGLYCERIN	400 MCG/SPR	SPRAY, NON-AEROSOL
	NITROGLYCERIN	0.3 MG	SUBLINGUAL TABLET
	NITROGLYCERIN	0.4 MG	SUBLINGUAL TABLET
	NITROGLYCERIN	0.6 MG	SUBLINGUAL TABLET
	NITROGLYCERIN	50 MG/10 ML	VIAL
	NITROGLYCERIN IN D5W	100 MG/250	INFUSION BOTTLE
	NITROGLYCERIN IN D5W	200 MG/500	INFUSION BOTTLE
	NITROGLYCERIN IN D5W	25 MG/250 ML	INFUSION BOTTLE
	NITROGLYCERIN IN D5W	50 MG/250 ML	INFUSION BOTTLE
	NITROGLYCERIN IN D5W	50 MG/500 ML	INFUSION BOTTLE
	PINDOLOL	5 MG	TABLET

Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs (Cont.)	PINDOLOL	10 MG	TABLET
	PRAZOSIN HCL	1 MG	CAPSULE
	PRAZOSIN HCL	2 MG	CAPSULE
	PRAZOSIN HCL	5 MG	CAPSULE
	PROPAFENONE HCL	150 MG	TABLET
	PROPAFENONE HCL	225 MG	TABLET
	PROPRANOLOL HCL	20 MG/5 ML	ORAL SOLUTION
	PROPRANOLOL HCL	40 MG/5 ML	ORAL SOLUTION
	PROPRANOLOL HCL	10 MG	TABLET
	PROPRANOLOL HCL	20 MG	TABLET
	PROPRANOLOL HCL	40 MG	TABLET
	PROPRANOLOL HCL	60 MG	TABLET
	PROPRANOLOL HCL	80 MG	TABLET
	PROPRANOLOL HCL	1 MG/ML	VIAL
	PROPRANOLOL HCL-HCTZ	40 MG - 25 MG	TABLET
	PROPRANOLOL HCL-HCTZ	80 MG - 25 MG	TABLET
	QUINAPRIL	5 MG	TABLET
	QUINAPRIL	10 MG	TABLET
	QUINAPRIL	20 MG	TABLET
	QUINAPRIL	40 MG	TABLET
	RAMIPRIL	1.25 MG	CAPSULE
	RAMIPRIL	2.5 MG	CAPSULE
	RAMIPRIL	5 MG	CAPSULE
	RAMIPRIL	10 MG	CAPSULE
	SOTALOL	80 MG	TABLET
	SOTALOL	120 MG	TABLET
	SOTALOL	160 MG	TABLET
	SOTALOL	240 MG	TABLET
	SOTALOL AF	80 MG	TABLET
	SOTALOL AF	120 MG	TABLET
	SOTALOL AF	160 MG	TABLET
	SPIRONOLACTONE	25 MG	TABLET
	SPIRONOLACTONE	50 MG	TABLET
	SPIRONOLACTONE	100 MG	TABLET
SPIRONOLACTONE W/HCTZ	25 MG - 25 MG	TABLET	



Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs (Cont.)	TERAZOSIN HCL	1 MG	CAPSULE
	TERAZOSIN HCL	2 MG	CAPSULE
	TERAZOSIN HCL	5 MG	CAPSULE
	TERAZOSIN HCL	10 MG	CAPSULE
	TORSEMIDE	5 MG	TABLET
	TORSEMIDE	10 MG	TABLET
	TORSEMIDE	20 MG	TABLET
	TORSEMIDE	100 MG	TABLET
	TRIAMTERENE W/HCTZ	37.5-25 MG	CAPSULE
	TRIAMTERENE W/HCTZ	50 MG - 25 MG	CAPSULE
	TRIAMTERENE W/HCTZ	37.5-25 MG	TABLET
	TRIAMTERENE W/HCTZ	75 MG - 50 MG	TABLET
	VALSARTAN	40 MG	TABLET
	VALSARTAN	80 MG	TABLET
	VALSARTAN	160 MG	TABLET
	VALSARTAN	320 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	80-12.5 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	160-12.5 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	160-25 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	320-12.5 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	320 MG - 25 MG	TABLET
	VERAPAMIL ER	120 MG	EXTENDED RELEASE PELLETS 24 HR CAPSULE
	VERAPAMIL ER	180 MG	EXTENDED RELEASE PELLETS 24 HR CAPSULE
	VERAPAMIL ER	240 MG	EXTENDED RELEASE PELLETS 24 HR CAPSULE
	VERAPAMIL ER	120 MG	EXTENDED RELEASE TABLET
	VERAPAMIL ER	180 MG	EXTENDED RELEASE TABLET
	VERAPAMIL ER	240 MG	EXTENDED RELEASE TABLET
	VERAPAMIL HCL	2.5 MG/ML	AMPULE
	VERAPAMIL HCL	360 MG	EXTENDED RELEASE PELLETS 24 HR CAPSULE
	VERAPAMIL HCL	2.5 MG/ML	SYRINGE
VERAPAMIL HCL	40 MG	TABLET	

Drug Class	Medication Name	Strength	Form
Blood Pressure/Heart Drugs (Cont.)	VERAPAMIL HCL	80 MG	TABLET
	VERAPAMIL HCL	120 MG	TABLET
	VERAPAMIL HCL	2.5 MG/ML	VIAL
	WARFARIN SODIUM	1 MG	TABLET
	WARFARIN SODIUM	2 MG	TABLET
	WARFARIN SODIUM	2.5 MG	TABLET
	WARFARIN SODIUM	3 MG	TABLET
	WARFARIN SODIUM	4 MG	TABLET
	WARFARIN SODIUM	5 MG	TABLET
	WARFARIN SODIUM	6 MG	TABLET
	WARFARIN SODIUM	7.5 MG	TABLET
	WARFARIN SODIUM	10 MG	TABLET
	Cholesterol Drugs	ATORVASTATIN CALCIUM	10 MG
ATORVASTATIN CALCIUM		20 MG	TABLET
ATORVASTATIN CALCIUM		40 MG	TABLET
ATORVASTATIN CALCIUM		80 MG	TABLET
FENOFIBRATE		150 MG	CAPSULE
FENOFIBRATE		48 MG	TABLET
FENOFIBRATE		54 MG	TABLET
FENOFIBRATE		145 MG	TABLET
FENOFIBRATE		160 MG	TABLET
GEMFIBROZIL		600 MG	TABLET
LOVASTATIN		10 MG	TABLET
LOVASTATIN		20 MG	TABLET
LOVASTATIN		40 MG	TABLET
PRAVASTATIN SODIUM		10 MG	TABLET
PRAVASTATIN SODIUM		20 MG	TABLET
PRAVASTATIN SODIUM		40 MG	TABLET
PRAVASTATIN SODIUM		80 MG	TABLET
SIMVASTATIN		5 MG	TABLET
SIMVASTATIN		10 MG	TABLET
SIMVASTATIN		20 MG	TABLET
SIMVASTATIN	40 MG	TABLET	
SIMVASTATIN	80 MG	TABLET	
Depression Drugs	BUPROPION HCL	75 MG	TABLET
	BUPROPION HCL	100 MG	TABLET

Drug Class	Medication Name	Strength	Form
Depression Drugs (Cont.)	BUPROPION HCL XL	150 MG	EXTENDED RELEASE 24 HR TABLET
	BUPROPION HCL XL	300 MG	EXTENDED RELEASE 24 HR TABLET
	BUPROPION HCL XL	450 MG	EXTENDED RELEASE 24 HR TABLET
	BUPROPION SR	100 MG	EXTENDED RELEASE 12 HR TABLET
	BUPROPION SR	150 MG	EXTENDED RELEASE 12 HR TABLET
	BUPROPION SR	200 MG	EXTENDED RELEASE 12 HR TABLET
	CITALOPRAM HBR	10 MG	TABLET
	CITALOPRAM HBR	20 MG	TABLET
	CITALOPRAM HBR	40 MG	TABLET
	DULOXETINE HCL	20 MG	CAPSULE, DELAYED RELEASE ENTERIC COATED
	DULOXETINE HCL	30 MG	CAPSULE, DELAYED RELEASE ENTERIC COATED
	DULOXETINE HCL	60 MG	CAPSULE, DELAYED RELEASE ENTERIC COATED
	ESCITALOPRAM OXALATE	5 MG	TABLET
	ESCITALOPRAM OXALATE	10 MG	TABLET
	ESCITALOPRAM OXALATE	20 MG	TABLET
	FLUOXETINE HCL	10 MG	CAPSULE
	FLUOXETINE HCL	20 MG	CAPSULE
	FLUOXETINE HCL	40 MG	CAPSULE
	MIRTAZAPINE	7.5 MG	TABLET
	MIRTAZAPINE	15 MG	TABLET
	MIRTAZAPINE	30 MG	TABLET
	MIRTAZAPINE	45 MG	TABLET
	MIRTAZAPINE	15 MG	DISINTEGRATING TABLET
	MIRTAZAPINE	30 MG	DISINTEGRATING TABLET
	MIRTAZAPINE	45 MG	DISINTEGRATING TABLET
	PAROXETINE HCL	10 MG	TABLET
	PAROXETINE HCL	20 MG	TABLET
PAROXETINE HCL	30 MG	TABLET	

Drug Class	Medication Name	Strength	Form
Depression Drugs (Cont.)	PAROXETINE HCL	40 MG	TABLET
	SERTRALINE HCL	25 MG	TABLET
	SERTRALINE HCL	50 MG	TABLET
	SERTRALINE HCL	100 MG	TABLET
	TRAZODONE HCL	50 MG	TABLET
	TRAZODONE HCL	100 MG	TABLET
	TRAZODONE HCL	150 MG	TABLET
	TRAZODONE HCL	300 MG	TABLET
	VENLAFAXINE HCL ER	37.5 MG	EXTENDED RELEASE 24 HR CAPSULE
	VENLAFAXINE HCL ER	75 MG	EXTENDED RELEASE 24 HR CAPSULE
	VENLAFAXINE HCL ER	150 MG	EXTENDED RELEASE 24 HR CAPSULE
	Diabetes Drugs	ACARBOSE	25 MG
ACARBOSE		50 MG	TABLET
ACARBOSE		100 MG	TABLET
GLIMEPIRIDE		1 MG	TABLET
GLIMEPIRIDE		2 MG	TABLET
GLIMEPIRIDE		4 MG	TABLET
GLIPIZIDE		5 MG	TABLET
GLIPIZIDE		10 MG	TABLET
GLIPIZIDE ER		2.5 MG	EXTENDED RELEASE 24 HR TABLET
GLIPIZIDE ER		5 MG	EXTENDED RELEASE 24 HR TABLET
GLIPIZIDE ER		10 MG	EXTENDED RELEASE 24 HR TABLET
GLIPIZIDE XL		2.5 MG	EXTENDED RELEASE 24 HR TABLET
GLIPIZIDE XL		5 MG	EXTENDED RELEASE 24 HR TABLET
GLIPIZIDE XL		10 MG	EXTENDED RELEASE 24 HR TABLET
GLYBURIDE		1.25 MG	TABLET
GLYBURIDE		2.5 MG	TABLET
GLYBURIDE		5 MG	TABLET
GLYBURIDE MICRONIZED		1.5 MG	TABLET
GLYBURIDE MICRONIZED		3 MG	TABLET

Drug Class	Medication Name	Strength	Form
Diabetes Drugs (Cont.)	GLYBURIDE MICRONIZED	6 MG	TABLET
	GLYBURIDE-METFORMIN HCL	1.25-250 MG	TABLET
	GLYBURIDE-METFORMIN HCL	2.5-500 MG	TABLET
	GLYBURIDE-METFORMIN HCL	5 MG - 500 MG	TABLET
	METFORMIN HCL	500 MG/5 ML	ORAL SOLUTION
	METFORMIN HCL	500 MG	TABLET
	METFORMIN HCL	850 MG	TABLET
	METFORMIN HCL	1000 MG	TABLET
	METFORMIN HCL ER	500 MG	ER GASTRIC RETENTION 24 HR TABLET
	METFORMIN HCL ER	1000 MG	ER GASTRIC RETENTION 24 HR TABLET
	METFORMIN HCL ER	500 MG	EXTENDED RELEASE 24 HR TABLET
	METFORMIN HCL ER	750 MG	EXTENDED RELEASE 24 HR TABLET
	METFORMIN HCL ER	1000 MG	EXTENDED RELEASE 24 HR TABLET
	PIOGLITAZONE HCL	15 MG	TABLET
	PIOGLITAZONE HCL	30 MG	TABLET
	PIOGLITAZONE HCL	45 MG	TABLET
	REPAGLINIDE	0.5 MG	TABLET
	REPAGLINIDE	1 MG	TABLET
Respiratory Drugs	ALBUTEROL SULFATE	5 MG/ML	SOLUTION, NON-ORAL
	ALBUTEROL SULFATE	2 MG/5 ML	SYRUP
	ALBUTEROL SULFATE	2 MG	TABLET
	ALBUTEROL SULFATE	4 MG	TABLET
	ALBUTEROL SULFATE	4 MG	EXTENDED RELEASE 12 HR TABLET
	ALBUTEROL SULFATE	8 MG	EXTENDED RELEASE 12 HR TABLET
	ALBUTEROL SULFATE	0.63 MG/3 ML	VIAL, NEBULIZER
	ALBUTEROL SULFATE	1.25 MG/3 ML	VIAL, NEBULIZER
	ALBUTEROL SULFATE	2.5 MG/0.5	VIAL, NEBULIZER
	ALBUTEROL SULFATE	2.5 MG/3 ML	VIAL, NEBULIZER
	ARNUITY ELLIPTA	50 MCG	BLISTER WITH INHALATION DEVICE
	ARNUITY ELLIPTA	100 MCG	BLISTER WITH INHALATION DEVICE

Drug Class	Medication Name	Strength	Form
Respiratory Drugs (Cont.)	ARNUITY ELLIPTA	200 MCG	BLISTER WITH INHALATION DEVICE
	BUDESONIDE	0.25 MG/2 ML	AMPULE FOR NEBULIZATION
	BUDESONIDE	0.5 MG/2 ML	AMPULE FOR NEBULIZATION
	BUDESONIDE	1 MG/2 ML	AMPULE FOR NEBULIZATION
	FLOVENT DISKUS	50 MCG	BLISTER WITH INHALATION DEVICE
	FLOVENT DISKUS	100 MCG	BLISTER WITH INHALATION DEVICE
	FLOVENT DISKUS	250 MCG	BLISTER WITH INHALATION DEVICE
	FLOVENT HFA	44 MCG	AEROSOL WITH ADAPTER
	FLOVENT HFA	110 MCG	AEROSOL WITH ADAPTER
	FLOVENT HFA	220 MCG	AEROSOL WITH ADAPTER
	IPRATROPIUM-ALBUTEROL	0.5-3 MG/3	AMPULE FOR NEBULIZATION
	IPRATROPIUM BROMIDE	21 MCG	AEROSOL, SPRAY
	IPRATROPIUM BROMIDE	42 MCG	AEROSOL, SPRAY
	IPRATROPIUM BROMIDE	0.2 MG/ML	SOLUTION, NON-ORAL
	PROAIR HFA	90 MCG	HFA AEROSOL WITH ADAPTER
	PULMICORT FLEXHALER	90 MCG	AEROSOL POWDER, BREATH ACTIVATED
	PULMICORT FLEXHALER	180 MCG	AEROSOL POWDER, BREATH ACTIVATED
	QVAR REDHALER	40 MCG	HFA AEROSOL, BREATH ACTIVATED
	QVAR REDHALER	80 MCG	HFA AEROSOL, BREATH ACTIVATED



# Translation Resources

## Proficiency of Language Assistance Services

**Spanish/Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

**Portuguese/Português:** ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

**Chinese/简体中文:** 注意：如果您讲中文，我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部（TTY 号码：711）。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: **711**).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: **711**).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: **711**).

**Arabic/عربي:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النسي للسم والبكم "TTY": **711**).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក (TTY: **711**)។

**French/Français:** ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY: **711**).

**Italian/Italiano:** ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

**Korean/한국어:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

**Greek/ελληνικά:** ΠΡΟΣΟΧΗ: Εάν μιλάτε Ελληνικά, διατίθενται για σας υπηρεσίες γλωσσικής βοήθειας, δωρεάν. Καλέστε την Υπηρεσία Εξυπηρέτησης Μελών στον αριθμό της κάρτας μέλους σας (ID card) (TTY: **711**).

**Polish/Polski:** UWAGA: Osoby posługujące się językiem polskim mogą bezpłatnie skorzystać z pomocy językowej. Należy zadzwonić do Działu obsługi ubezpieczonych pod numer podany na identyfikatorze (TTY: **711**).

**Hindi/हिंदी:** ध्यान दें: यदि आप हिन्दी बोलते हैं, तो भाषा सहायता सेवाएँ, आप के लिए नि:शुल्क उपलब्ध हैं। सदस्य सेवाओं को आपके आई.डी. कार्ड पर दिए गए नंबर पर कॉल करें.टी.टी.वाई.: **711**).

**Gujarati/ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો તમને ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કોલ કરો (TTY: **711**).

**Tagalog/Tagalog:** PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID card (TTY: **711**).

**Japanese/日本語:** お知らせ: 日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: **711**)。

**German/Deutsch:** ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: **711**).

**Persian/پارسیان:**

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

**Lao/ລາວ:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánít'i'go saad bee yát'i' éí t'áájíí'k'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíí'j' béésh bee hodíílnih (TTY: **711**).

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.  
© 2020 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.  
000564264

55-000564264 (10/20)