MASSACHUSETTS

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LEARN ABOUT YOUR CONNECTORCARE PHARMACY PROGRAM

$0 MEDICATIONS

This guide lists medications that are covered at no additional cost for eligible members with ConnectorCare plans.

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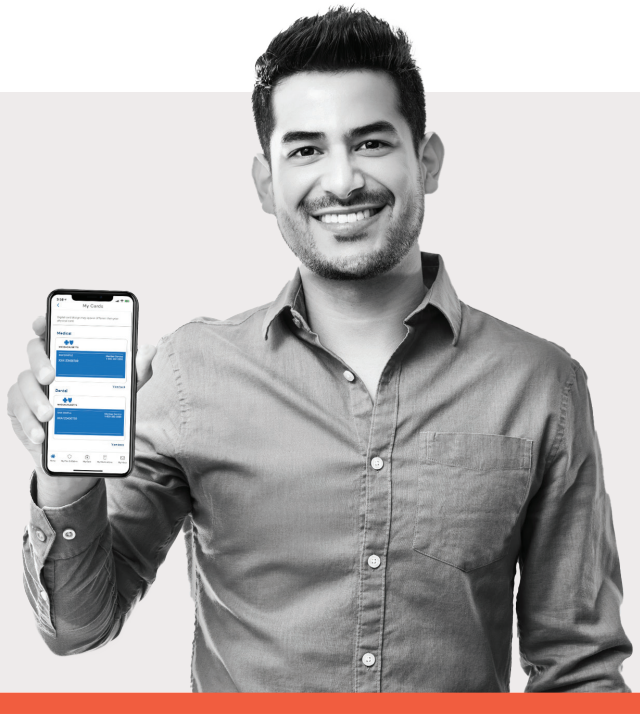
MEDICATIONS COVERED AT NO COST

The medications in this guide are available at no cost for members with a ConnectorCare plan when purchased at an in-network retail pharmacy, or through the mail service pharmacy. The lists include coverage for medication-assisted treatment medications, insulins, and medications used to treat chronic conditions.

For all other coverage and requirements of your pharmacy program, refer to the **Learn About Your Pharmacy Program** guide by downloading the MyBlue app, or creating an account at **bluecrossma.org** and clicking on **Medication Lookup Tool** under **My Medications**.



FIND THE COST OF YOUR MEDICATION

Use the Price a Medication tool to see what your cost for medications will be at a retail pharmacy, and through the mail service pharmacy. To use the tool:

1. Download the MyBlue app, or create an account at **bluecrossma.org**.
2. Once logged in, click **Price a Medication** under **My Medications**.

MEDICATION-ASSISTED TREATMENT (MAT) MEDICATIONS FOR OPIOID USE DISORDERS

The following MAT medications are available at no cost when purchased at an in-network retail pharmacy, or through the mail service pharmacy.

- **Generic buprenorphine/naloxone sublingual tablets**
- **Buprenorphine sublingual tablets** (Subutex) (for patients allergic to naloxone)
- **Buprenorphine/naloxone sublingual films** (Suboxone)
- **Buprenorphine extended-release injection** (Sublocade)
- **Methadone**, as prescribed by designated clinics*
- **Naltrexone** (intramuscular extended-release injection)
- **Naloxone** (Narcan)

*Covered under your medical benefit.

INSULINS

The following insulin medications are available at no cost when purchased at an in-network retail pharmacy, or through the mail service pharmacy.

INSULIN ACTION AND DURATION	MEDICATION NAME
Rapid acting	HUMALOG
	HUMALOG JUNIOR KWIKPEN
Short acting	HUMULIN R
	HUMULIN R U-500 KWIKPEN
Intermediate acting	HUMULIN N
	HUMULIN N KWIKPEN
Long acting	BASAGLAR KWIKPEN
	BASAGLAR TEMPO PEN
	LANTUS
	LANTUS SOLOSTAR
	TOUJEO SOLOSTAR
	TOUEJO MAX SOLOSTAR
Premixed	HUMALOG MIX 75/25
	HUMALOG MIX 75/25 KWIKPEN
	HUMALOG MIX 50/50
	HUMALOG MIX 50/50 KWIKPEN
	HUMULIN 70/30
	HUMULIN 70/30 KWIKPEN

MEDICATIONS FOR CHRONIC CONDITIONS

The following medications are used to treat chronic conditions, such as asthma, CAD, CAD/hypertension, diabetes, and hypertension. They're available at no cost when purchased at an in-network retail pharmacy, or through the mail service pharmacy.

CONDITION	MEDICATION CLASS	MEDICATION NAME	FORM
Asthma	SHORT-ACTING BETA AGONIST	ALBUTEROL 0.21 MG/ML	INHALABLE SOLUTION
		ALBUTEROL 0.417 MG/ML	INHALABLE SOLUTION
		ALBUTEROL 0.83 MG/ML	INHALABLE SOLUTION
		ALBUTEROL 5 MG/ML	INHALABLE SOLUTION
	INHALED CORTICOSTEROID	BUDESONIDE 0.25 MG/2 ML	INHALATION SUSPENSION
		BUDESONIDE 0.5 MG/2 ML	INHALATION SUSPENSION
		BUDESONIDE 1 MG/2 ML	INHALATION SUSPENSION
		FLUTICASONE PROPIONATE 0.05 MG/ACTUAT	DRY POWDER INHALER
		FLUTICASONE PROPIONATE 0.1 MG/ACTUAT	DRY POWDER INHALER
		FLUTICASONE PROPIONATE 0.25 MG/ACTUAT	DRY POWDER INHALER
	LEUKOTRIENE RECEPTOR ANTAGONIST	MONTELUKAST 4 MG	CHEWABLE TABLET
		MONTELUKAST 5 MG	CHEWABLE TABLET
		MONTELUKAST 10 MG	ORAL TABLET
CAD	STATIN	ATORVASTATIN 10 MG	TABLET
		ATORVASTATIN 20 MG	TABLET
		ATORVASTATIN 40 MG	TABLET
		ATORVASTATIN 80 MG	TABLET

CONDITION	MEDICATION CLASS	MEDICATION NAME	FORM
CAD/ hypertension	BETA BLOCKER	METOPROLOL SUCCINATE 25 MG	TABLET EXTENDED RELEASE
		METOPROLOL SUCCINATE 50 MG	TABLET EXTENDED RELEASE
		METOPROLOL SUCCINATE 100 MG	TABLET EXTENDED RELEASE
		METOPROLOL SUCCINATE 200 MG	TABLET EXTENDED RELEASE
Diabetes	BIGUANIDE	METFORMIN HYDROCHLORIDE 500 MG	TABLET
		METFORMIN HYDROCHLORIDE 1000 MG	TABLET
	SGLT2 INHIBITOR	JARDIANCE 10 MG	TABLET
		JARDIANCE 25 MG	TABLET
Hypertension	ACE INHIBITOR	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
	ACE INHIBITOR/THIAZIDE	HYDROCHLOROTHIAZIDE 12.5 MG/ LISINOPRIL 10 MG	TABLET
		HYDROCHLOROTHIAZIDE 12.5 MG/ LISINOPRIL 20 MG	TABLET
		HYDROCHLOROTHIAZIDE 25 MG/ LISINOPRIL 20 MG	TABLET
	CALCIUM CHANNEL BLOCKER	AMLODIPINE 2.5 MG	TABLET
		AMLODIPINE 5 MG	TABLET
		AMLODIPINE 10 MG	TABLET
	THIAZIDE	HYDROCHLOROTHIAZIDE 12.5 MG	TABLET
		HYDROCHLOROTHIAZIDE 25 MG	TABLET
		HYDROCHLOROTHIAZIDE 50 MG	TABLET

APPROVAL PROCESS FOR NEW MEDICATIONS

Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors with various specialty backgrounds, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee's expertise and advice help us give our members prescription medication options that meet their medical needs and achieve desired treatment goals. Approved medications are added to our list as they're approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. If it's medically necessary, your doctor can request an exception for coverage. If approved, the medication will be covered at the highest tier.

MASSACHUSETTS

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. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS PROVIDES:

- Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats)
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689** (TTY: **711**); fax at **1-617-246-3616**; or email at **civilrightscoordinator@bcbsma.com**.

If you need help filing a grievance, the 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, online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **hhs.gov**.

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 Idantitifkasyon 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/عربية:
انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هُويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណ សម្គាល់ខ្លួនរបស់អ្នក (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 કૉલ 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/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

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

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