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# Learn About Your Pharmacy Program

Effective April 1, 2021

This guide provides an overview of your pharmacy program, lists some of the medications covered under your plan, lists medications not covered under your plan, and includes other important information about your pharmacy coverage.

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# Pharmacy Program Overview

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Your pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medications list, also known as a formulary, that includes many medications that are available at affordable out-of-pocket costs.

## About This Guide

This guide is up to date as of April 1, 2021, and is subject to change. Use it as a reference whenever you need coverage information about your pharmacy program. For the most current and complete information about covered medications, use our Medication Lookup tool at [bluecrossma.com/medications](https://bluecrossma.com/medications).

## Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. With mail order pharmacy, most maintenance medications (also known as long-term medications) can be automatically refilled and shipped every 90 days at a lower cost. No more running out of medicine or last-minute trips to the pharmacy.

To get started with the Mail Order Pharmacy, sign in to MyBlue, then select **90-Day Mail Order Pharmacy** in the drop-down menu or under **My Pharmacy**. You can also call Express Scripts at 1-800-892-5119.

## Unlock the Power of Your Plan

MyBlue is your key to more features and savings. Sign in to your account at [bluecrossma.org](https://bluecrossma.org) to review claims, track medications, look up plan information, and get easy access to these online resources:

### Medication Lookup

Use the tool to search for covered medications and learn about your coverage for prescribed medications, quickly and easily, at [bluecrossma.com/medications](https://bluecrossma.com/medications). Your individual coverage may vary.

### Express Scripts

Get information about your specific pharmacy coverage by selecting **Express Scripts** under **My Pharmacy** on your MyBlue home page. There, you can look up the cost of medications, find a pharmacy, and sign up for the Mail Order Pharmacy.

# How Tiers Determine What You Pay for Medications

Our list of covered medications is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is in and your benefits. The amount you pay may also include your copayment, co-insurance, and deductibles. The pharmacist will tell you how much you owe. To find your out-of-pocket costs for specific prescriptions, sign in to **MyBlue**, then select **Express Scripts** under **My Pharmacy** on your MyBlue home page.

## How Covered Medications Are Placed in Tiers

Medications are placed in tiers according to a variety of factors, including what they're used for, their cost, and whether equivalent or alternative medications are available. Lower-tier medications typically cost less than higher-tier medications. For example, in a 3-tier structure, you'll likely pay the least for Tier 1 medications and the most for Tier 3 medications.

Pharmacy plans can use one of the five different tier structures outlined below. Check your plan materials to see which tier structure your plan uses, and learn more about how medications are covered.\*

2-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Brands	Brand-name medications cost more than generic medications, so you'll <b>pay more</b> if you use them.

3-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred brands.

4-Tier	
Tier 1: Preferred Generics	These medications are preferred because they cost less than other generic medications.
Tier 2: Non-Preferred Generics	Non-preferred generic medications cost more than preferred generics, so you'll <b>pay more</b> if you use them instead of preferred generics.
Tier 3: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 4: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred brands.

\*Exceptions may apply. For example, the brands and preferred-brands tiers could include some generic medications in addition to brand-name medications.

5-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same FDA requirements.
Tier 2: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred brands.
Tier 4: Preferred Brand Specialty	These specialty medications are preferred because they're safe, effective alternatives to more expensive brand-name specialty medications.
Tier 5: Non-Preferred Brand Specialty	Non-preferred brand-name medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred-brand specialty medications.

6-Tier	
Tier 1: Preferred Generics	These medications are preferred because they cost less than other generic medications.
Tier 2: Non-Preferred Generics	Non-preferred generic medications cost more than preferred generics, so you'll <b>pay more</b> if you use them instead of preferred generics.
Tier 3: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 4: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred brands.
Tier 5: Preferred Brand Specialty	These specialty medications are preferred because they're safe, effective alternatives to more expensive brand-name specialty medications.
Tier 6: Non-Preferred Brand Specialty	Non-preferred brand-name medications cost more than preferred-brands, so you'll <b>pay more</b> if you use them instead of any generics or preferred-brands specialty medications.

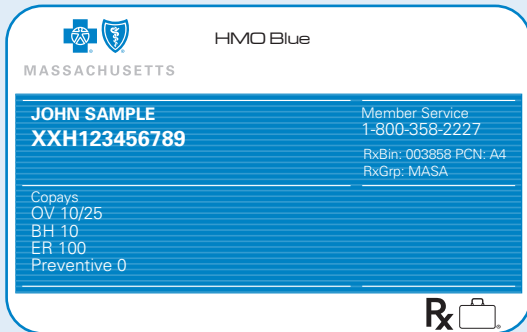
For more information about your pharmacy benefit, sign in to your MyBlue account at [bluecrossma.org](https://bluecrossma.org).

# Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially available medications don't meet your specific needs as determined by your doctor. Some compounded medications may need Prior Authorization, have Quality Care Dosing guidelines, or require an exception.

# Covered Medications List Changes

Our covered medications list may change from time to time. This may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a specialty pharmacy. We notify any affected members of these changes via direct mail at least 30 days in advance of the change.



Sample ID card for illustrative purposes only.

## Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription.

# Over-the-Counter Medications

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For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered at no cost to you when they're prescribed by your doctor. This list is up to date as of April 1, 2021, and may change from time to time.

- **Generic Aspirin (81mg)**
- **Generic Folic Acid** is covered for people up to age 50
- **Generic Iron** is covered for infants up to 12 months old
- **Generic Smoking Cessation** (such as nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** is covered for people aged 65 and older
- **Generic contraceptives** (such as female condoms, sponges, and spermicide) are covered

# Benefit Exclusions

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The following are considered benefit exclusions under your policy. This means these medications and other health products aren't covered, and exceptions aren't available. Some medications within these categories have over-the-counter alternatives available.

- Anorexiant
- Cough and cold products that contain one or more of the following ingredients in equivalent over-the-counter doses: guaifenesin, chlorpheniramine, pseudoephedrine, phenylephrine, clemastine, dextromethorphan, and pyrilamine
- Non-sedating antihistamines
- Ophthalmic drug solutions to treat allergies
- Inhaled nasal steroids
- Proton pump inhibitors (PPIs), except for prescription PPIs that are prescribed for members under age 18 or prescribed as part of a combination drug used to treat helicobacter pylori
- Topical acne medications (benzoyl peroxide products in 10% strength or less, and some combinations)
- Pharmaceuticals that you can buy without a prescription, except as described in this Pharmacy Program booklet
- Medical supplies such as dressings and antiseptics
- Combination vitamins that require a prescription, except for prescription prenatal vitamins and pediatric vitamins with fluoride

This list is up to date as of April 1, 2021. See your subscriber certificate for additional exclusions.



# Quality Care Dosing

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Our Quality Care Dosing program helps to ensure that the quantity and dosage of the medications you receive meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

## Dose Consolidation

Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage

## Recommended Monthly Dosing Level

Checks to see that your monthly dosage is consistent with the FDA's and manufacturer's monthly dosing recommendations and clinical information

You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

**Note:** Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary. Some medications on this list may also be subject to Step Therapy and/or Prior Authorization requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up to date as of April 1, 2021, and may change from time to time.

For the most current list of medications subject to Quality Care Dosing, along with associated dosing limits, use our Medication Lookup tool at [bluecrossma.com/medications](https://bluecrossma.com/medications).

# Quality Care Dosing

Abilify Mycite	Amethia	Bijuva	Clindamycin 1% solution
Abstral	Amethia Lo	Binosto	Clindamycin 1% lotion
AcipHex (excluded for 18 years and older)	Amerge	Boniva tablets	Clindamycin 1% foam
AcipHex Sprinkle (excluded for 18 years and older)	Amitiza	Breo Ellipta	Clindamycin 2% vaginal
Actemra	Amlodipine	Breztri Aerosphere	Clonidine patch
Actiq	Amlodipine-Atorvastatin	Brisdelle	Combivent
Actonel	Ampyra	Brovana	Combivent Respimat
ACTOplus Met	Anzemet	Brukinsa	Concerta
ACTOplus Met XR	Apidra	Budeprion SR	Conjupri
Actos	Apidra Solostar	Budeprion XL	Cotempla XR ODT
Acular	Aplenzin ER	Budesonide (nebules)	Contrave ER
Acular LS	Aprepitant	Budesonide/Formoterol	Copaxone
Acular PF	Aptenzio XR	Bunavail	Cosentyx
Acyclovir cream	Aranesp	Buprenorphine	Crestor
Adderall XR	Arava	Buprenorphine-Naloxone	Cromolyn ophthalmic
Adhansia XR	Arcapta Neohaler	Buprenorphine patch	Cymbalta
Adlyxin	ArmonAir DigiHaler	Bupropion SR	Daklinza
Admelog	ArmonAir RespiClick	Bupropion XL	Dalfampridine
Admelog Solostar	Arnuity Ellipta	Butorphanol NS	Daurismo
Advair Diskus	Arixtra	Butrans	Daysee
Advair HFA	Arymo ER	Bydureon	Desvenlafaxine ER
Adyphren	Ashlyna	Bydureon Bcise	Dexilant (excluded for 18 years and older)
Adyphren II	Asmanex HFA	Byetta	Dexmethylphenidate ER
Adyphren Amp	Asmanex Twisthaler	Cabergoline	Dexmethylphenidate XR
Adyphren Amp II	Aspirin/Omeprazole (excluded for 18 years and older)	Caduet	Dextroamphetamine/Amphetamine ER
Adzenys XR	Astepro	Calcipotriene	Diabetic Testing Strips (all)
Aemcolo	Atelvia DR	Calcipotriene/Betamethasone	Diclofenac 3% gel
Aerospan	Atomoxetine	Calypta	Diclofenac solution
Aimovig	Atorvastatin	Camrese	Diflorasone cream
AirDuo DigiHaler	Atrovent (nasal spray)	Camrese Lo	Diflucan (150 mg only)
AirDuo RespiClick	Atrovent HFA	Cardura	Dihydroergotamine (nasal spray)
Ajovy	Auvi-Q	Cardura XL	DM 2 Kit
Akynzeo	Avandia	Catapres TTS	Doptelet
Albuterol Sulfate HFA	Avinza	Celebrex	Dotti
Alendronate Sodium	Avonex	Celecoxib	Dovonex
Almotriptan	Axert	Celexa	Doxazosin
Alora	Azelastine (nasal spray)	Cesamet	Doxepin cream
Alosetron	Baqsimi	Cholbam	Doxepin tablets
Alrex	Basaglar	Ciclodin solution/kit	Drizalma Sprinkle
Alsuma	Belbuca	Ciclopirox nail lacquer	Duaklir Pressair
Altoprev	Belsomra	Cimzia	Dulera
Alvesco	Betaseron	Citalopram	Duloxetine DR
Ambien	Bevespi AeroSphere	Climara	Duragesic
Ambien CR	Bevyxxa	Climara Pro	
		Clindamycin 1% gel	

# Quality Care Dosing

Edluar	Flovent Diskus	Insulins (all)	Lidocaine Patch
Effexor XR	Flovent HFA	Insulins Lispro	Lidoderm
Eletriptan	Fluconazole (150 mg only)	Intermezzo	Linzess
Embeda	Fluoxetine	Introvale	Lipitor
Emend	Fluoxetine DR	Invokamet	Livalo
Emgality	Fluticasone/Salmeterol	Invokamet XR	Lonhala Magnair
Emverm	Fluvastatin	Invokana	LoSeasonique
Enbrel	Fluvastatin XR	Ipratropium NS	Lotronex
Enoxaparin	Fluvoxamine	Irenka DR	Lovastatin
Epclusa	Fluvoxamine CR	Itraconazole	Lovenox
Epinephrine injection	Focalin XR	Jardiance	Lucemyra
Epinephrine Professional kit	Fondaparinux	Jolessa	Lunesta
Epinephrine Professional EMS kit	Forfivo XL	Jornay PM	Lyrica CR
Epi-Pen Auto-Injector	Forteo	Jynarque	Lysteda
Epogen	Fosamax	Kadian	Lyumjev
Escitalopram	Fosamax Plus D	Kalydeco	Mavyret
Esomep-EZS (excluded for 18 years and older)	Fragmin	Kenalog aerosol	Maxalt
Esomeprazole (excluded for 18 years and older)	Frova	Kerydin	Maxalt-MLT
Esomeprazole Strontium (excluded for 18 years and older)	Frovatriptan	Ketoconazole 2%	Meloxicam
Estradiol patch	Fulphila	Ketorolac ophthalmic	Menostar
Estrogel	Gatifloxacin	Keveyis	Methylphenidate CD
Eszopiclone	Gavreto	Kevzara	Methylphenidate ER
Evamist	Glatiramer	Khedezla	Methylphenidate LA
Evenity	Glatopa	Krintafel	Migranal
Evizio	Glucose testing strips (all)	Kynmobi	Migranow Kit
Exalgo	Glyxambi	Lamisil	Minivelle
Extavia	Granisetron	Lansoprazole (excluded for 18 years and older)	Mirtazapine
Ezallor Sprinkle	Granix	Lansoprazole ODT (excluded for 18 years and older)	Mirtazapine Rapid Dissolve
Ezetimibe	Grastek	Lansoprazole/Amoxicillin/ Clarithromycin	Mobic
Ezetimibe/Simvastatin	Harvoni	Lantus	Morphabond ER
Famciclovir	Hetlioz	Lazanda	Morphine Sulfate ER
Farydak	Humalog	Leflunomide	Movantik
Farxiga	Humalog Jr.	Ledipasvir/Sofosbuvir	Moxifloxacin
Fasenra	Humulin	Lescol	Moxeza
Fayosim	Humira	Lescol XL	MS Contin
Fentanyl Citrate	Hydromorphone ER	Levalbuterol HFA	Mupirocin
Fentanyl oral/mucosal	Hysingla ER	Levemir	Mulpleta
Fentanyl patch	Ibandronate	Levonorgestrel/ Ethinyl Estradiol	Mydayis
Fentora	Ibrance	Lexapro	Naloxone
Fetzima	Ilumya	Lidocaine 5% cream	Naratriptan
Fiasp	Imitrex		Narcan
	Impavido		NebuPent
	Incruse Ellipta		Neulasta
	Indomethacin 20mg		Neupogen
	Infergen		

# Quality Care Dosing

Nexium (excluded for 18 years and older)  
 Nexletol  
 Nexlizet  
 Nivestym  
 Nocdurna  
 Norvasc  
 Novolin  
 Novolog  
 Nucynta ER  
 Nuplazid  
 Ocaliva  
 Odomzo  
 Olanzapine-Fluoxetine  
 Olopatadine Nasal  
 Olumiant  
 Olysio  
 Omeprazole (excluded for 18 years and older)  
 Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)  
 OmePPI (excluded for 18 years and older)  
 Omontys  
 Ondansetron  
 Ondansetron ODT  
 Onmel  
 Onsolis  
 Onzetra Xsail  
 Opana ER  
 Oralair  
 Oramorph SR  
 Orenzia  
 Orkambi  
 Otezla  
 Oxbryta  
 Oxiconazole Nitrate  
 Oxistat  
 Oxycodone ER  
 OxyContin  
 Oxymorphone ER  
 Ozempic  
 Pantoprazole (excluded for 18 years and older)  
 Paroxetine  
 Paroxetine CR

Patanase  
 Paxil  
 Paxil CR  
 Perforomist  
 Pegasys  
 PEG-Intron  
 Penlac  
 Pennsaid  
 Pexeva  
 Pioglitazone  
 Pioglitazone-Glimepiride  
 Pioglitazone-Metformin  
 Plegridy  
 Praluent  
 Pravachol  
 Pravastatin  
 Prevacid (excluded for 18 years and older)  
 PrevPac  
 Prilosec (excluded for 18 years and older)  
 Pristiq  
 Pristiq ER  
 ProAir HFA  
 ProAir Respiclick  
 Procrit  
 Protonix (excluded for 18 years and older)  
 Proventil HFA  
 Prozac  
 Prozac Weekly  
 Prudoxin  
 Pulmicort Flexhaler  
 Pulmicort Respules  
 Qbrexxa  
 Qinlock  
 Qmiiz ODT  
 Qtern  
 Qualaquin  
 Quartette  
 Quasense  
 Quillichew  
 Quinine Sulfate  
 Qutenza  
 QVAR

Rabeprazole (excluded for 18 years and older)  
 Ramelteon  
 Ragwitek  
 Rebif  
 Relexxii ER  
 Relpax  
 Remeron  
 Remeron Soltab  
 Repatha  
 Restasis  
 Retacrit  
 Rexulti  
 Reyvow  
 Rhopressa  
 Rinvoq ER  
 Risedronate  
 Ritalin LA  
 Rivelsa  
 Rizatriptan  
 Rizatriptan ODT  
 Rocklatan  
 Rozerem  
 Rosuvastatin  
 Rybelsus  
 Sancuso  
 Sarafem  
 Saxenda  
 Seasonique  
 Secuado  
 Seebri Neohaler  
 Segluromet  
 Semglee  
 Serevent Diskus  
 Sertraline  
 Setlakin  
 Silenor  
 Siliq  
 Simponi  
 Simvastatin  
 Skyrizi  
 Sofosbuvir/Velpatasvir  
 Soliqua  
 Solosec  
 Sonata

Sovaldi  
 Spiriva  
 Sporanox  
 Stelara  
 Steglatro  
 Steglujan  
 Stiolto Respimat  
 Strattera  
 Striverdi Respimat  
 Suboxone  
 Subsys  
 Sumatriptan  
 Sumavel Dosepro  
 Symbicort  
 Symbyax  
 Symdeko  
 Symjepi  
 Symproic  
 Synjardy  
 Synjardy XR  
 Talicia DR  
 Taltz  
 Tanzeum  
 Technivie  
 Tegsedi  
 Teriparatide  
 Terazosin  
 Terbinafine  
 Tivorbex  
 Tolsura  
 Tosymra  
 Toujeo Solostar  
 Toujeo Max Solostar  
 Tranexamic Acid  
 Trelegy Ellipta  
 Tremfya  
 Tresiba  
 Treximet  
 Triamcinolone spray  
 Trijardy XR  
 Trikafta  
 Trintellix  
 Triptodur  
 Trulance  
 Trulicity

# Quality Care Dosing

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<u>Tudorza</u>	<u>Xtampza ER</u>
<u>Tukysa</u>	<u>Xultophy</u>
<u>Tymlos</u>	<u>Xuriden</u>
<u>Ubrelvy</u>	<u>Yosprala</u>
<u>Undenyca</u>	<u>Yupelri</u>
<u>Utibron Neohaler</u>	<u>Zaleplon</u>
<u>Valacyclovir</u>	<u>Zarxio</u>
<u>Valtrex</u>	<u>Zegerid (excluded for 18 years and older)</u>
<u>Varubi</u>	<u>Zembrace Symtouch</u>
<u>Venlafaxine ER capsule</u>	<u>Zepatier</u>
<u>Venlafaxine ER tablet</u>	<u>Zeposia</u>
<u>Ventolin HFA</u>	<u>Zetia</u>
<u>Viberzi</u>	<u>Ziextenzo</u>
<u>Victoza</u>	<u>Zinbryta</u>
<u>Viekira PAK</u>	<u>Zocor</u>
<u>Viekira XR</u>	<u>Zofran</u>
<u>Vigamox</u>	<u>Zofran ODT</u>
<u>Viibryd</u>	<u>Zohydro ER</u>
<u>Vitrakvi</u>	<u>Zoladex</u>
<u>Vivelle</u>	<u>Zolmitriptan</u>
<u>Vivelle-Dot</u>	<u>Zolmitriptan ODT</u>
<u>Vivitrol</u>	<u>Zoloft</u>
<u>Vivlodex</u>	<u>Zolpidem</u>
<u>Vosevi</u>	<u>Zolpidem CR</u>
<u>Vumerity DR</u>	<u>Zolpidem SL</u>
<u>Vyleesi</u>	<u>Zolpimist</u>
<u>Vyndaqel</u>	<u>Zomig</u>
<u>Vyndamax</u>	<u>Zomig ZMT</u>
<u>Vytorin</u>	<u>Zonalon</u>
<u>Vyvance</u>	<u>Zovirax cream</u>
<u>Wakix</u>	<u>Zubsolv</u>
<u>Wellbutrin SR</u>	<u>Zuplenz</u>
<u>Wellbutrin XL</u>	<u>Zydelig</u>
<u>Wixela Inhub</u>	<u>Zymaxid</u>
<u>Xartemis XR</u>	<u>Zypitamag</u>
<u>Xeljanz</u>	
<u>Xeljanz XR</u>	
<u>Xenleta</u>	
<u>Xermelo</u>	
<u>Xiidra</u>	
<u>Xifaxan</u>	
<u>Xigduo</u>	
<u>Xigduo XR</u>	
<u>Xopenex HFA</u>	
<u>Xospata</u>	

# Prior Authorization

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Your doctor is required to obtain Prior Authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Our Prior Authorization program includes Step Therapy. Please refer to the Step Therapy section in this booklet for more information.

**Note:** Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up to date as of April 1, 2021, and may change from time to time.

For the most current list of medications that require Prior Authorization, use our Medication Lookup tool at [bluecrossma.com/medications](https://bluecrossma.com/medications).

# Prior Authorization

Abstral	Capital and Codeine	Esomep-EZS (excluded for 18 years and older)	Ilumya
AcipHex (excluded for 18 years and older)	Cequa	Euflexxa	Increlex
Actemra	Cerezyme	Evekeo	Incruse Ellipta
Acthar	Cimzia	Evenity	Inflectra
Actimmune	Cinqair	Exalgo	Infumorph
Actiq	Cinryze	Exondys 51	Inribec
Adakveo	Cocet/Plus	Factor VIII, VIIIa, IX, XIII (medical benefit only)	Interferons (alpha, gamma)
Adcirca	Co-gesic	Farydak	Iressa
Addyi	Copkitra	Fasenra	Isturisa
Advair Diskus	Contrave	Fentanyl Citrate	IV Immunoglobulin
Advair HFA	Cotellic	Fentanyl patch	Juxtapid
Air Duo	Cosentyx	Fentanyl oral/mucosal	Kadian
Aimovig	Daklinza	Fentora	Kalbitor
Ajovy	Dalfampridine	Firazyr	Kalydeco
Alecensa	Demerol	Firdapse	Kanuma
Alfenta	Desoxyn	Fluticasone/Salmeterol	Kevzara
Alyq	Dexilant (excluded for 18 years and older)	Forteo	Kineret
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)	Dexedrine	Galafold	Kisqali
Ampyra	Dextroamphetamines	Gamifant	Kisqali Femara
Apadaz	Dificid	Gel-One	Kynamro
Aralast	Dilaudid	Gelsyn-3	Lazanda
Armodafinil	Diskets	Genotropin	Ledipasvir/sofosbuvir
Aranesp	Dulera	Genvisc	Lemtrada
Arikayce	Dolophine	Gilotrif	Lenvima
Arymo ER	Dupixent	Givlaari	Liquadd
Aspirin/Omeprazole (excluded for 18 years and older)	Duragesic	Grastek	Lorbrena
Astramorph/PF	Doramorph	Harvoni	Lorcet
Avinza	Durolane	Haegarda	Lynparza
Avsola	Dvorah	Hetlioz	Lyrica
Ayvakit	Dysport	Humatrope	Lyrica CR
Balversa	Egrifta	Humira	Magnacet
Belbuca	Elidel	Hyalgan	Mavyret
Benzhydrocodone/APAP	Embeda	Hycet	Maxidone
Berinert	Emgality	Hydrocodone ER	Makena
Boniva syringe	Enbrel	Hydrogesic	Margesic-H
Botox/Botulinum Toxin	Enteral formula	Hydromorphone ER	Mekinist
Braftovi	Entyvio	Hydroxyprogesterone	Mektovi
Breo Ellipta	Epclusa	Hymovis	Meperitab
Budesonide/Formoterol	Epogen	Hysingla ER	Methadone
Buprenorphine patch	Erlotinib	Ibandronate injection/syringe	Methadose
Butrans	Esomeprazole (excluded for 18 years and older)	Ibrance	Methamphetamine
	Esomeprazole Strontium (excluded for 18 years and older)	Ibudone	Modafinil
		Idhifa	Monovisc
		Ilaris	Morphabond ER
			Morphine Sulfate CR

# Prior Authorization

Morphine Sulfate ER	Percodan	Skyrizi	Vicoprofen
MS Contin	Pimecrolimus	Sodium Hyaluronate 1% Syringe	Viekira XR
Myalept	Piqray	Sofosbuvir/Velpatasvir	Viekira PAK
Myobloc	Polygesic	Sovaldi	Visco-3
Nalocet	Praluent	Spinraza	Vitrakvi
Natrecor	Pregablin	Stagesic	Vizimpro
Nexium (excluded for 18 years and older)	Prevacid (excluded for 18 years and older)	Stelara	Vosevi
Neulasta	Prilosec (excluded for 18 years and older)	Subsys	Vyepti
Neupogen	Primlev	Sunosi	Vyleesi
Nexlitol	Procentra	Supartz	Vyndamax
Nexlizet	Procrit	Symbicort	Vyndaqel
Norco	Prolate	Symdeko	Vyondis 53
Norditropin	Proleukin	Synalgos-DC	Wakix
Nucala	Prolia	Synvisc	Wixela Inhub
Nucynta ER	Protonix (excluded for 18 years and older)	Synvisc One	Xalkori
Nutritional Supplements	Protopic	Tabrecta	Xartemis XR
Nutropin	Provigil	Tacrolimus (topical)	Xeljanz
Nuvigil	Ragwitek	Tadalafil (antihypertensive)	Xeljanz XR
Olumiant	Reblozyl	Tafinlar	Xeomin
Olysio	Regranex	Takhyzo	Xgeva
Omeprazole-Sod. Bicarbonate (excluded for 18 years and older)	Remicade	Tarceva	Xiaflex
OmePPI (excluded for 18 years and older)	Renflexis	Tagrisso	Xiidra
Omnitrope	Repatha	Taltz	Xodol
Onpattro	Respiratory SyncytialVirus IG/Synagis	Talzenna	Xolair
Onsolis	Retacrit	Technivie	Xospata
Opana ER	Restasis	Tegsedi	Xtampza ER
Opdivo	Retevmo	Tepezza	Yosprala
Oralair	Revatio	Teriparatide	Zamicet
Oramorph SR	Rinvoq ER	Tev-Tropin	Zegerid (excluded for 18 years and older)
Orencia	Rituxan	Tibsovo	Zelboraf
Orkambi	Roxybond	Topical Retinoic Acid Derivatives (e.g. Retin-A)	Zenzedi
Orthovisc	Rozlytrek	TPN (total parenteral nutrition) (medical benefit only)	Zepatier
Otezla	Ruconest	Tremfya	Zerlor
Oxbryta	Rydapt	Trezix	Zohydro ER
Oxecta	Saizen	Trikafta	Zolvit
Oxervate	SaizenPrep	Triluron	Zomactin
Oxycodone ER	Saxenda	Trivisc	Zorbive
Oxycontin	Serostim	Tylenol with Codeine	Zydelig
Oxymorphone ER	Sildenafil (antihypertensive)	Tylox	Zydone
Panlor SS	Siliq	Tymlos	Zykadia
Pemazyre	Simponi	Verdrocet	
Percocet	Simponi Aria	Verzenio	
		Vicodin	



# Step Therapy

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Step Therapy is a key part of our Prior Authorization program allowing us to help your doctor provide you with an appropriate and affordable medication treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

**Note:** Some medications on this list may also be subject to Quality Care Dosing requirements, be considered non-covered, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Step Therapy program is up to date as of April 1, 2021, and may change from time to time.

For the most current list of medications that require Step Therapy, use our Medication Lookup tool at [bluecrossma.com/medications](https://bluecrossma.com/medications).

# Step Therapy

## Anti-Migraine

Almotriptan  
Amerge  
Axert  
Eletriptan  
Frova  
Frovatriptan  
Imitrex  
Maxalt  
Maxalt-MLT  
Nurtec  
Onzetra Xsail  
Replax  
Sumatriptan/Naproxen  
Tosymra  
Treximet  
Ubrelvy  
Zembrace Symtouch  
Zomig  
Zomig Nasal

## Bone Marrow Stimulants

Nivestym  
Ziextenzo

## Cardiovascular

Entresto

## Diabetes Management

Adlyxin  
Alogliptin  
Alogliptin/Metformin  
Alogliptin/Pioglitazone  
ACTOplus Met  
ACTOplus Met XR  
Actos  
Afrezza  
Avandaryl  
Avandia  
Bydureon  
Byetta  
Duetact  
Farxiga

Fortamet  
Glucophage  
Glucophage XR  
Glumetza  
Glyxambi  
Invokana  
Invokamet  
Invokamet XR  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Jentadueto  
Jentadueto XR  
Kazano  
Kombiglyze XR  
Metformin Film Coated ER (generic for Glumetza)  
Metformin ER (generic for Fortamet)  
Nesina  
Onglyza  
Oseni  
Ozempic  
Pioglitazone  
Pioglitazone-Glimepiride  
Pioglitazone-Metformin  
Prandin  
Qtern  
Riomet  
Riomet ER  
Rybelsus  
Segluromet  
Soliqua  
Steglatro  
Steglujan  
Synjardy  
Synjardy XR  
Tanzeum  
Tradjenta  
Trijardy XR  
Trulicity  
Victoza  
Xigduo  
Xigduo XR  
Xultophy

## Glaucoma

Lumigan  
Rescula  
Rocklatan  
Travatan  
Travatan Z  
Xalatan  
Xelpros  
Vyzulta  
Zioptan

## Osteoporosis Treatment (Oral)

Actonel  
Atelvia DR  
Binosto  
Boniva tablets  
Fosamax  
Fosamax Plus D

## Overactive Bladder Treatment

Detrol  
Detrol LA  
Ditropan XL  
Enablex  
Gelnique  
Myrbetriq  
Oxytrol  
Toviaz  
Vesicare

## Pain Relievers (Cox II Inhibitors)

Capxib  
Celebrex  
Celecoxib  
Lidoxib

## Parkinson's Disease Management

Inbrija  
Nourianz

## Prostate Treatment

Avodart

Jalyn  
Proscar

## Topical Antibiotics

Mupirocin cream

## Topical Testosterone

Androgel  
Axiron  
Fortesta  
Natesto Nasal  
Testim  
Testosterone gel (Fortesta Authorized product)  
Testosterone gel (Testim Authorized product)  
Testosterone gel (Vogelxo Authorized product)  
Testone CIK Kit  
Testosterone CIK Kit  
Vogelxo

# Specialty Pharmacy Medications

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In our formulary, some medications are classified as specialty medications. These medications are usually used to treat complex health conditions. We've developed a network of specialty pharmacies that are experienced in dispensing these medications. Members are required to fill most specialty medications through one of the pharmacies listed below. However, if a highly specialized medication isn't available at one of our specialty pharmacies, we'll cover the cost of the medication when it's filled at an in-network pharmacy. For a list of specialty medications, see the following pages.

## Specialty Network Pharmacy Contact Information

### AcariaHealth™

1-866-892-1202

Fax: 1-877-541-1503

[acariahealth.envolvehealth.com](http://acariahealth.envolvehealth.com)

### Accredo®

1-877-988-0058

Fax: 1-800-391-9707

[accredo.com](http://accredo.com)

### CVS Specialty™

1-866-846-3096

Fax: 1-800-323-2445

[cvsspecialty.com](http://cvsspecialty.com)

## Specialty Network Pharmacy Contact Information for Fertility Medications

### Freedom Fertility Pharmacy

1-866-297-9452

Fax: 1-888-660-4283

[freedomfertility.com](http://freedomfertility.com)

### Metro Drugs

1-888-258-0106

Fax: 1-201-253-1101

[metrointegrative.com](http://metrointegrative.com)

### Village Fertility Pharmacy

1-877-334-1610

Fax: 1-866-935-0719

[villagepharmacy.com](http://villagepharmacy.com)

Note: Some medications on this list may also be subject to Step Therapy, Prior Authorization, and/or Quality Care Dosing requirements, or be considered non-covered. Please check the corresponding pages to determine coverage requirements.

This list of Specialty Medications is up to date as of April 1, 2021, and may change from time to time. For the most current specialty medication and specialty pharmacy network information, use our Medication Lookup tool at [bluecrossma.com/medications](http://bluecrossma.com/medications).

# Specialty Pharmacy Medications

## Injectable Medications Required to Be Filled at an In-Network Specialty Pharmacy

Abraxane	Cladribine	Fludarabine phosphate	Irinotecan
Actemra	Copaxone	Fluorouracil	Istodax
Acthar	Cosentyx	Forteo	Kalbitor
Actimmune	Cosmegen	Fulphila	Kanjinti
Adakveo	Crysvita	Fulvestrant	Kenalog
Adriamycin	Cuvitru	Fusilev	Kesimpta
Adrucil	Cyclophosphamide	Fuzeon	Kevzara
Alferon-N	Cyramza	GamaSTAN	Keytruda
Alkeran	Cytarabine	Gammagard	Kynamro
Apokyn	Cytogam	Gammagard Liquid	Lartruvo
Aranesp	Dacarbazine	Gammaked	Lemtrada
Arcalyst	Dactinomycin	Gammaplex	Leucovorin Calcium
Arzerra	Daunorubicin HCL	Gamunex	Leukine
Asceniv	DDAVP	Gattex	Leuprolide Acetate
Aveed	Depocyt	Gazyva	Levoleucovorin
Avonex	Desmopressin Acetate	Gemcitabine	Lipodox
Avsola	Dexrazoxane	Gemzar	Lipodox-50
Beleodaq	Docefrez	Genotropin	Lumoxiti
Berinert	Docetaxel	Givlaari	Lupaneta Pack
Besponsa	Doxil	Glatiramer	Lupron Depot
Betaseron	Doxorubicin HCL	Glatopa	Lupron Depot-Ped
BiCNU	Dupixent	Granix	Makena
Bivigam	Dysport	Haegarda	Marqibo
Bleomycin Sulfate	Egrifta	Herceptin	Mepsevii
Blinicyto	Eligard	Herceptin Hylecta	Mesna
Boniva	Ellence	Herzuma	Mesnex
Bortezomib	Empliciti	Hizentra	Methotrexate
Botox	Enbrel	Humatrope	Mitomycin
Busulfex	Enspryng	Humira	Mitoxantrone
Bynfezia	Entyvio	Hycamtin	Mozobil
Calcium Folate	Epirubicin	Hydroxyprogesterone	Mustargen
Camptosar	Epogen	HyQvia	Mylotarg
Carboplatin	Ethiol	Ibandronate injection/syringe	Myobloc
Carimune	Etopophos	Icatibant	Naptara
Carmustine	Etoposide	Idamycin PFS	Navelbine
Cerezyme	Evenity	Idarubicin	Neulasta
Cimzia	Extavia	Ifex	Neupogen
Cinqair	Fasenra	Ifosfamide	Nipent
Cinryze	Faslodex	Ifosfamide/Mesna	Nivestym
Cisplatin	Fintepla	Ilaris	Norditropin
	Firazyr	Ilumya	Norditropin Flexpro
	Firmagon	Imfinzi	Norditropin Nordiflex
	Flebogamma	Increlex	Nplate
	Floxuridine	Inflectra	Nucala
	Fludara	Intron A	Nutropin AQ Nuspin

# Specialty Pharmacy Medications

Ocrevus  
 Octagam  
 Octreotide injection  
 Ogivri  
 Omnitrope  
 Oncaspar  
 Onivyde  
 Ontruzant  
 Opdivo  
 Orendia  
 Otrexup  
 Oxaliplatin  
 Paclitaxel  
 Palynziq  
 Pamidronate  
 Pamidronate disodium  
 Panzyga  
 Pegasys  
 Pegasys Proclick  
 Peg-Intron  
 Photofrin  
 Plegrixy  
 Poteligeo  
 Privigen  
 Procrit  
 Proleukin  
 Prolia  
 Rebif  
 Remicade  
 Renflexis  
 Retacrit  
 Revatio  
 Rituxan  
 Roferon-A  
 Ruconest  
 Ruxience  
 Saizen  
 SaizenPrep  
 Sandostatin  
 Sandostatin-LAR  
 Serostim  
 Signafor  
 Signafor LAR  
 Siliq  
 Simponi

Simponi Aria  
 Skyrizi  
 Somatuline  
 Somavert  
 Spinraza  
 Stelara  
 Sublocade  
 Sylatron  
 Sylvant  
 Synagis  
 Takhzyro  
 Taltz  
 Taxotere  
 Tecentriq  
 Tegsedi  
 Temodar  
 Teniposide  
 Tepadina  
 Tepezza  
 Teriparatide  
 Tev-Tropin  
 TheraCys  
 Thiotepa  
 Thyrogen  
 Toposar  
 Totect  
 Trazimera  
 Trelstar  
 Trelstar Depot  
 Trelstar LA  
 Tremfya  
 Truxima  
 Tymlos  
 Udenyca  
 Valrubicin  
 Valstar  
 Velcade  
 Vimizim  
 Vinblastine  
 Vincristine  
 Vinorelbine  
 Vivitrol  
 Xembify  
 Xeomin  
 Xgeva

Xolair  
 Zaltrap  
 Zanosar  
 Zarxio  
 Ziextenzo  
 Zilretta  
 Zinecard  
 Zoladex  
 Zomacton  
 Zorbtive

## Injectable Medications That Can Be Filled at Other In-Network Pharmacies

Acetadote  
 Arikayce  
 Bavencio  
 Benlysta Autoinject/syringe  
 Bicillin  
 Bleo 15  
 Cablivi  
 Ceftazadime  
 Cutaquig  
 Cuvposa  
 Delestrogen  
 Depo-Estradiol  
 Desferal  
 Desferoxamine  
 Evomela  
 Exondys  
 Fensolvi  
 Fortaz  
 Gamifant  
 Kanuma  
 Khapzory  
 Kineret  
 Libtayo  
 Nabi-HB  
 Neulasta Onpro  
 Onpattro  
 Portrazza  
 Radicava  
 Revcovi  
 Rimso-50

Rocephin  
 Romidepsin  
 Sandimmune  
 Sildenafil antihypertensive  
 Strensiq  
 Synribo  
 Tazicef  
 Testosterone Enanthate  
 Triptodur  
 Unituxin  
 Viltepsio  
 Vyeptri  
 Vyleesi  
 Vyondys-53  
 Vyxeos  
 Xiaflex  
 Yondelis

## Oral Medications Required to Be Filled at an In-Network Specialty Pharmacy

Abiraterone  
 Adcirca  
 Adempas  
 Afinitor  
 Alcensa  
 Alkeran  
 Alunbrig  
 Alyq  
 Ambrisentan  
 Ampyra  
 Aubagio  
 Bafiertam  
 Bethkis  
 Bosentan  
 Bosulif  
 Cabometyx  
 Capecitabine  
 Carbaglu  
 Cayston  
 Cerdelga  
 Copegus  
 Cotellic  
 Cyclophosphamide  
 Cystagon

# Specialty Pharmacy Medications

Daklinza  
Dalfampridine  
Daurismo  
Deferasirox  
Dimethyl Fumarate  
Dojolvi  
Doptelet  
Duopa  
Eplclusa  
Erivedge  
Erleada  
Erlotinib  
Esbriet  
Etoposide  
Everolimus  
Evrysdi  
Exjade  
Farydak  
Galafold  
Gilenya  
Gilotrif  
Gleevec  
Harvoni  
Hetlioz  
Hycamtin  
Ibrance  
Idhifa  
Imatinib  
Inbrija  
Inlyta  
Inqovi  
Inrebic  
Iressa  
Jadenu  
Jakafi  
Juxtapid  
Kalydeco  
Kisqali  
Kisqali Femara  
Kitabis PAK  
Kuvan  
Ledipasvir/Sofosbuvir  
Lenvima  
Letairis  
Lobrena

Lonsurf  
Mavenclad  
Mavyret  
Mayzent  
Mekinist  
Mesnex  
Miglustat  
Moderiba  
Mulpleta  
Mycapssa DR  
Nerlynx  
Nexavar  
Ninlaro  
Northera  
Nubeqa  
Nuplazid  
Ocaliva  
Odomzo  
Ofev  
Olumiant  
Olysio  
Onureg  
Opsumit  
Orenitram  
Orkambi  
Otezla  
Oxbryta  
Palforzia  
Piqray  
Pomalyst  
Procysbi  
Promacta  
Pulmozyme  
Pyrimethamine  
Ravicti  
Rebetol  
Retevmo  
Revatio  
Revlimid  
Ribasphere  
Ribasphere Ribapak  
Ribatab  
Ribavirin  
Rilutek  
Riluzole

Rinvoq ER  
Rozlytrek  
Rubraca  
Rydapt  
Sabril  
Samsca  
Sapropterin  
Sildenafil antihypertensive  
Sofosbuvir/Velpatasvir  
Sovaldi  
Sprycel  
Stivarga  
Sucraid  
Sutent  
Symdeko  
Tabrecta  
Tadalafil antihypertensive  
Tafinlar  
Tagrisso  
Talzenna  
Tarceva  
Tasigna  
Tecfidera  
Technivie  
Temedar  
Temozoloamide  
Tetrabenazine  
Thalomid  
TOBI ampules  
TOBI-Podhaler  
Tobramycin ampules  
Tolvaptan  
Tracleer  
Trikafta  
Tykerb  
Tyvaso  
Uptravi  
Veltassa  
Verzenio  
Viekira PAK  
Viekira XR  
Vigabatrin  
Vitakvi  
Vizimpro  
Vosevi

Votrient  
Vumerity DR  
Vyndamax  
Vyndaqel  
Wakix  
Xalkori  
Xeljanz  
Xeljanz XR  
Xeloda  
Xenazine  
Xtandi  
Xyrem  
Zavesca  
Zelboraf  
Zepatier  
Zeposia  
Zolinza  
Zykadia  
Zytiga

## Oral Medications That Can Be Filled at Other In-Network Pharmacies

8-Mop  
Afinitor Disperz  
Austedo  
Ayvakit  
Balversa  
Boniva 150mg  
Calquence  
Chenodal  
Cholbam  
Cometriq  
Copiktra  
Daraprim  
DDAVP  
Diacomit  
Emflaza  
Firdapse  
Gavreto  
Gocovri ER  
Iclusig  
Imbruvica  
Ingrezza  
Isturisa

# Specialty Pharmacy Medications

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Jynarque  
Keveyis  
Korlym  
Koselugo  
Nityr  
Orfadin  
Otezla Starter Pack  
Pemazyre  
Qinlock  
Ruzurgi  
Tavalisse  
Thiola  
Tiglutik  
Tukysa  
Turalio  
Venclexta  
Vigadrone  
Vistogard  
Xermelo  
Xospata  
Xpovio  
Xuriden  
Yonsa  
Zejula  
Zydelig

## Topical Medications Required to Be Filled at an In-Network Specialty Pharmacy

Mugard  
Oxervate  
Panretin  
Qutenza  
Valchlor  
Zecuity

## Topical Medications That Can Be Filled at Other In-Network Pharmacies

Cystadrops  
Cystaran  
Synarel

## Fertility Medications Required to Be Filled at an In-Network Specialty Fertility Pharmacy

Bravelle  
Cetrotide  
Clomid  
Clomiphene  
Crinone  
Endometrin  
Follistim AQ  
Ganirelix  
Gonal F/Gonal F RFF  
Gonal F Rff Redi-Ject  
Human Chorionic  
Gonadotropin (HCG)  
Leuprolide  
Lupron Depot  
Lupron Depot-Ped  
Luveris  
Makena  
Menopur  
Novarel  
Ovidrel  
Pregnyl  
Serophene

# Non-Covered Medications

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Your pharmacy program provides coverage for more than 4,000 prescription medications. This section lists medications that aren't covered under your benefits. Most medications on our non-covered list have covered alternatives that have been proven to be equally safe and effective for treating the same medical conditions. If a non-covered medication is approved, it will be covered at the highest tier.

Check with your doctor about appropriate alternatives if you currently take any of these medications. Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

**Note:** Some medications on this list may also be subject to Prior Authorization, Quality Care Dosing and/or Step Therapy requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of non-covered medications is up to date as of April 1, 2021, and may change from time to time.

For the most current list of non-covered medications, and to see covered alternatives, use our Medication Lookup tool at [bluecrossma.com/medications](https://bluecrossma.com/medications).



# Non-Covered Medications

Abilify	Albuterol Hfa (Ventolin Authorized Product)	Armonair Respiclick	Benzaclin
Abilify Discmelt	Alcortin-A	Aromasin	Benzaclin Kit
Abilify Mycite	Alveicyn Antipruritic SG gel	Arthrotec	Benzhydrocodone/ Acetaminophen
Absorica	Alevicyn Plus Kit	Arymo ER	Benzonatate 150mg
Absorica LD	Alodox	Arze-Ject-A Kit	Beser
Abstral	Alogliptin	Asacol HD	Besivance
Acanya	Alogliptin/Metformin	Ascensia Test Strips	Betalan Suik
Accolate	Alogliptin/Pioglitazone	Asmanex HFA	Betimol
Accuaine	Aloquin	Asmanex Twisthaler	Betoptic S
Accu-Chek Diabetic Testing Supplies	Alora	Aspirin/Omeprazole (excluded for 18 years and older)	Bevespi Aerosphere
Accupril	Alphagan P	Assure Diabetic Testing Supplies	Bg-Star Diabetic Testing Supplies
Accuretic	Alrex	Astepro	Bijuva
Aciphex (excluded for 18 years and older)	Alsuma	Atacand	Binosto
Acticlate	Altabax	Atacand HCT	Bionect
Actigall	Altace	Atelvia	Boniva
Actiq	Altoprev	Ativan	Bravelle
Active Injection D	Alvesco	Atopaderm	Breo Ellipta
Activella	Ambien	Atopavo	Brevicon
Active-Pac	Ambien CR	Atopiclair	Brilinta
ActoPlus Met	Amrix	Atralin	Brisdelle
ActoPlus Met XR	Amzeeq	Atrapo Dermal Spray	Bromsite
Acular	Anafranil	Atrapro CP	Brovana
Acular LS	Ana-Lex	Atrapro Hydrogel	Brylhali
Acuvail	Angeliq	Atropen	Budesonide/Formoterol (Symbicort Authorized Product)
Aczone	Anodyne LPT	Augmentin XR	Bunavail
Adalat CC	Antara	Auryxia	Bystolic
Adazin	Anusol HC suppository	Auvi-Q	Byvalson
Adderall	Anzemet	Avalide	Caduet
Addyi	Apadaz	Avapro	Calcipotriene Foam (Sorilux Authorized Product)
Adhansia XR	Apidra	Avelox	Calcitriol Topical
Adlyxin	Aplenzin	Avidoxy	Cambia Powder
Admelog	Apriso	Avidoxy DK	Caphosol
Advanced Allergy Collection Kit	Aprizio Pak	Avita	Caplyta
Advocate Diabetic Testing Supplies	Aprizio Pak II	Axert	Capsfenac
Adyphren	Aptensio XR	Azasite	Capxib
Adzenys XR	Aqua Glycolic HC	Azesco	Carac
Aemcolo DR	Arakoda	Azopt	Cardene
Aerospan	Aranesp	Azor	Cardizem CD
Agoneaze	Arava	Balcoltra	Cardizem LA
Airduo Digihaler	Arazlo	Basadrox	Cardura XL
Airduo Respiclick	Arcapta Neohaler	B-D Testing Strips	Careone Diabetic Testing Supplies
Akynzeo	Arimidex	Belsomra	
	Arixtra	Benicar	
	Armonair Digihaler	Benicar HCT	

# Non-Covered Medications

Caresens Diabetic Testing Supplies	Contempla XR ODT	Desowen Kit	Durezol
Caretouch Diabetic Testing Supplies	Cozaar	Desvenlafaxine ER	Durlaza
Cedax	Crestor	Detrol	Durolane
Celexa	CVS Advanced Diabetic testing supplies	Detrol LA	Duzallo
Cem-Urea	Cyclobenzaprine 7.5mg	Dexedrine	Dyloject
Centany	Cymbalta	Dexilant (Kapidex) (excluded for 18 years and older)	Easy Step Diabetic Testing Supplies
Centany AT	Daklinza	Diclo Gel	Easy Talk Diabetic Testing Supplies
Cequa	Daliresp	Diclofenac Epolamine	Easy Touch Diabetic Testing Supplies
Ceracade Skin Barrier	Dapsone 7.5%	Diclofenac Submicronized	Easy Trak Diabetic Testing Supplies
Ceramax	Daxbia	Diclofono	Easymax Diabetic Testing Supplies
Cesamet	Daypro	Diclopak	EC-Naprosyn
Cetraxal	Daytrana	Diclopr Combo Pack	Econasil
Chenodal	D-Care 100X	Diclotral	Edarbi
Chorionic Gonadotropin	DDAVP	Diclotrex	Edarbyclor
Cialis	Deluo	Diclovix	Edluar
Cimzia	Delzicol	Diclovis M	Effexor
Cipro XR	Delzicol XR	Diclo-Xrylix Sheet Kit	Effexor XR
Clenpiq	Depakote	Diclozor	Elestrin
Cleocin T	Depakote ER	Differin	Eletone
Clever Choice Diabetic Testing Supplies	Depakote Sprinkle	Difacid	Ellzia
Clindcin ETZ Kit	Depo-Sub Q Provera 104	Dilaudid	Embeda
Clindacin PAC	Dermacin	Dimentho	Embrace Diabetic Testing Supplies
Clindagel	Silazone Pharmapak	Diovan	Empraciane II
Clobex	Dermacin Cinolone-1 CPI	Diovan HCT	Emsam
Clodan Kit	Dermacinrx Clorhexacin	Dipentum	Enablex
Colazal	Dermacinrx Empricaine	Dithol Combo Pack	Entresto
Colchicine Capsules	Dermacinrx PHN	Ditropan XL	Entyvio
Colcrys	Dermacinrx PHN	Divigel	Epaned
Colyte	Dermacinrx Prizopak	DM2 kit	Epiceram
Combigan	Dermacinrx Silapak	DMT Suik	Epiduo
Conjupri	Dermacinrx Surgical Pharmapak	Dolotranz	Epiduo Forte
Consensi	Dermacinrx Therazole Pak	Doryx DR 80mg	Epinephrine Autoinject (Amneal Authorized Product For AdrenaClick)
Contour Diabetic Testing Supplies	Dermacinrx ZRM	Doubledex	Epinephrine Snap-V
Conzip	Derma-Smoothe/FS Body Oil	Doxycycline DR 80mg	Episil
Cool Diabetic Testing Supplies	Derma-Smoothe/FS Scalp Oil	Doxycycline DR 200mg	Episnap Convenience Kit
Copaxone	Dermasorb-AF	Doxycycline Hyclate 50mg tablets	Epogen
Coreg	Dermasorb-HC	Drizalma Sprinkle	EQ Diabetic Testing Supplies
Coreg CR	Dermasorb-TA	Duac	Equetro
Corlanor	Dermasorb-XM	Duac CS	Ertaczo
Cosentyx	Dermawerx SDS	Duaklir Pressair	
Cosopt PF	Dermawerx Surgical Plus Pack	Duavee	
	Dermazone	Duexis	
	Dermazyl	Duobrii	
	Dermotic	Duragesic	

# Non-Covered Medications

Esomeprazole Stronum (excluded for 18 years and older)	Flarex	Glucometer Diabetic Testing Supplies	Inflatherm
Esomeprazole-EZS Kit (excluded for 18 years and older)	Flector	Glucophage	Innopran XL
Estrace	Flexipak	Glucophage XR	Insulin Aspart
Estrogel	Flolipid	Glumetza	Insulin Lispro
Eucrisa	Fluopar	Gmate Diabetic Testing Supplies	Insulin Lispro Jr.
Euflexxa	Fluoroplex	Gnp Diabetic Testing Supplies	Insulin Lispro Mix 75-25
Evamist	Fluovix	Gocovri ER	Intermezzo
Evekeo	Fluovix Plus	Golytely	Intuniv
Evencare Diabetic Testing Supplies	Fluoxetine Tablets	Halobetasol Foam	Invega
Evoclin	FML Forte	Harmony Diabetic Testing Supplies	Inveltys
Exactech Diabetic Testing Supplies	FML Liquifilm	Healthpro Diabetic Testing Supplies	Invokana
Exalgo	FML S.O.P.	Helidac Therapy Pak	Invokamet
Exforge	Focalin	Hemady	Invokamet XR
Exforge HCT	Focalin XR	Horizant	Irenka DR
Extavia	Follistim	HPR	Istalol
Extina	Fora Diabetic Testing Supplies	HPR Plus	Jentadueto
EZ Use joint Tunnel-Trigger	Forfivo XL	HPR Plus Hydrogel	Jentadueto XR
Ezallor Sprinkle	Fortamet	Humana True Metrix Diabetic Testing Supplies	Jornay PM
Fabior	Fortesta	Hyalgan	Jublia
Factive	Fosamax	Hydrocodone ER (persion Pharmaceuticals)	Kadian
Fanapt	Fragmin	Hydrocortisone-Lidocaine	Kapvay
Fazaclo	Freestyle Diabetic Testing Supplies	Hylaguard	Kaspargo Sprinkle
Femring	Frova	Hylatopic	Katerzia
Fenofibrate 50mg	Fusilev I.V.	Hylatopic Plus	Kazano
Fenofibrate 150mg	Gabacaine	Hylatopic Plus-Aurstat	Keppra
Fenoglide	Gabapal	Hymovis	Keppra XR
Fentanyl Citrate	Ganirelix	Hysingla ER	Keralyt Scalp 6% Kit
Fentora	Ge 100 Diabetic Testing Supplies	Hyzaar	Kerydin
Fetzima	Gelclair	Iglucose Diabetic Testing Supplies	Ketoprofen 25mg
Fexmid	Gelnique	Imitrex Kit Refill	Ketorolac Nasal Spray (Branded Product)
Fiasp	Gel-One	Imitrex Pen Injector	Khedezla
Fibricor	Gelsyn-3	Imitrex Vial	Kitabis Pak
Fifty50 Diabetic Testing Supplies	Gelx	Imvexxy	Klonopin
Finacea Plus	Genotropin	Inavix	Krintafel
Fiorinal	Genstrip Diabetic Testing Supplies	Inderal LA	Kiristalose
Fiorinal /Codeine #3	Geodon	Inderal XL	KRO premium Diabetic supplies
Flagyl	Gialax	Indomethacin 20Mg (Branded Product)	Lamictal
Flagyl ER	Giazo	Inflamma-K	Lamictal ODT
Flagyl I.V.	Gimoti		Lamictal XR
Flagyl I.V. RTU Vialflex	Gleevec		Lamisil
	Gloperba		Lamisil Granules
	Glucocard Diabetic Testing Supplies		Lancet Diabetic Testing Supplies
			Latuda

# Non-Covered Medications

Lazanda	Lotemax	Minolira ER	Northera
Ledipasvir/Sofosbuvir	Lotemax SM	Mirapex	Norvasc
Lemtrada	Lotensin	Mirapex ER	Nova Max Diabetic Testing Supplies
Lescol	Lotensin HCT	Mobic	Novacort
Lescol XL	Lotrel	Monodox	Novolin
Leva Set	Loutrex	Monovisc	Novolog
Levalbuterol HFA	Lovaza (Omacor)	Morgidox Kit	Noxipak
Levaquin	Lovenox	Morphabond ER	Nucaraclinpak
Levemir	Luliconazole	Motegrity	Nucararxpak
Levicyc Antipruritic SG	Lunesta	Moviprep	Nucort
Levitra	Luzu	Moxatag	Nucynta
Lexapro	Lyumjev	Moxeza	Nucynta ER
Lexette	Lyrice Cr	Mulpleta	Nudermrxpak
Lexixryl	Lysteda	Mydayis	Nudiclo Solupak
Liberty Diabetic Testing Supplies	Mac Patch	Nalfon	Nudiclo Tabpak
Licart	Marvona Suik	Namzaric	Nulytely
Lidocidex I	Mas Care-Pak	Naprelan	Nusurgepak Surgical Prep
Lidoderm	Mavyret	Naprelan CR Dose Card	Nutraseb
Lidomark	Maxalt	Naprosyn	Nutria Rx
Lidopac	Maxalt-Mlt	Naproxen/Esomeprazole	NuvaRing
Lidopril	Maxaquin	Naproxen DR	Nuvakaan
Lido-Prilo Caine Pack	Maxidex	Nascobal	Nuvakaan II
Lidotin	Maxipime	Natazia	Nuversa
Lidotrans 5 Pak	Mb Hydrogel	Natesto Nasal	Nuvigil
Lidotrex	Medolor Kit	Neocera Advanced	Ocudox Kit
Lidovix	Medroloan II Suik	Neosalus	Olux
Lidoxib	Medroloan Suik	Neosalus CP	Olysio
Lipitor	Megace ES	Neo-Synalar Kit	Omnitrope
Lipofen	Menostar	Nesina	Onexton
Lipritin	Mentho-Caine Kit	Neuac Kit	Onmel
Lipritin II	Mesalamine DR	Neumaxin	Onsolis
Liprozonepak	Metformin ER (Fortamet Authroized product)	Neupogen	Onzetra Xsail
Livalo	Metformin ER (Glumetza Authroized product)	Neupro	Opana
Livixil Pak	Micardis	Neurcaine	Opana ER
Livostin	Micardis HCT	Neurontin	Optium Diabetic Testing Supplies
LMR Plus Kit	Microdot Diabetic Testing Supplies	Nevanac	Oracea
Lodine	Microvix LP	Nexiclon XR	Oramorph SR
Lodine XL	Migranow	Nexium (excluded for 18 years and older)	Orapred ODT
Lokelma	Minastrin Fe	Niravam	Oravig
Lonhala Magnair	Minocin	Nitro-Dur	Orencia
Lopressor	Minocin Combo Pack	Nocdurna	Oriahnn
Loprox Kit	Minocycline ER (Branded product)	Noctiva	Orilissa
Lorzone		Nopioid-TC	Orthovisc
Loseasonique		Norditropin	Oseni

# Non-Covered Medications

Osmolex ER	Pram-HCA	Prozac Weekly	Rexulti
Osmoprep	Pramosone E	Pylera	Rhopressa
Osphena	Pravachol	Qbrexis	Risperdal M-Tab
Otrexup	PR-Cream	Qbrexza	Ritalin
Oxaydo	Precision Diabetic Testing Supplies	Qmiiz ODT	Ritalin LA
Oxytrol	Pred Mild	Qtern	Ritalin SR
Ozempic	Prefest	Quartette	Rocklatan
Paingo KFT	Pregnyl	Quillichew ER	Rosadan
Pamelor	Premium Diabetic Testing Supplies	Quillivant XR	Roxybond
Pancreaze	Prepopik	Quinixil	Rytary ER
Panixine	Presera	Quinja	Rythmol
Patanase	Prestalia	Quinosone Combo Pack	Ryvent
Paxil	Prestige Diabetic Testing Supplies	Radiaplex Rx	Saizen
Paxil CR	Prevacid (excluded for 18 years and older)	Radigel	Salicylic Acid 6% Kit
P-Care	Prevpac	Rapaflo	Salicylic Acid/Ceramide Kit
P-Care K	Prikaan	Rasuvo Auto-Injector	Salkera
P-Care M	Prilo Patch Kit	Raxar	Salvax Duo
P-Care MG	Prilolid	Rayaldee	Salvax Duo Plus
P-Care X	Prilosec (excluded for 18 years and older)	Rayos	SanadermRx Skin Repair
PCE	Prilovix	Readysharp Betamethasone	Sancuso
PCE Dispertab	Prilovixil	Readysharp Bupivacaine	Saphris
Pedizol	Prinivil	Readysharp Dexamethasone	Sarafem
Penetrex	Pristiq	Readysharp Ketorolac	Savaysa
Penlac	Prozopak II	Readysharp Lidocaine	Savella
Pennsaid	Prizotral	Readysharp Methylprednisolone	Scalacort
Pentican	Prizotral II	Readysharp Triamcinolone	Seasonique
Pepcid	Proair Digihaler	Recothrom	Sebuderm
Percocet	Procentra	Regenecare	Secuado
Pergonal	Procort	Relador Pak	Seebri Neohaler
Perseris	Procrit	Relador Pak Plus	Segluromet
Pertzye	Prodigy Diabetic Testing Supplies	Relafen DS	Sernivo
Pexeva	Prolensa	Relexxii ER	Seroquel
Pharmacist Choice Diabetic Testing Supplies	Promiseb	Relion Diabetic Testing Supplies	Seroquel XR
Physicians EX USE B12 Kit	Protonix (excluded for 18 years and older)	Relpax	Seysara
Physicians USE EZ M-Pred Kit	Proventil HFA	Remeron	Sila III
Picato	Proventil Inhaler	Remeron Soltab	Silalite Pak
Plaquenil	Provigil	Repatha	Silazone-II
Plenvu	Pro-Voice Diabetic Testing Supplies	Requip	Silenor
Plixda	Prozac	Requip XL	Siliq
Pod-Care 100C		Rescula	Silvrstat
Pod-Care 100CG		Restoril	Simbrinza
Pod-Care 100K		Retin-A Cream	Simvastatin Suspension (Flolipid Authorized Product)
Pod-Care 100KG		Retin-A Micro	Sinemet 25/100
Pradaxa		Revatio	Singular

# Non-Covered Medications

Sitavig	Sustol	Topamax	Ultravate X
Sklice	Suivcort	Toronova II Suik	Unistrip Diabetic Testing Supplies
Smart Sense Diabetic Testing Supplies	Sympazan	Toronova Suik	Up & Up Diabetic Testing Supplies
SmartRx Gabakit	Symproic	Tovet Kit	Uramaxin
SmartRx Gaba-V	Synalar Combo-Pack	Toviaz	Urea Kit
Sodium Hyaluronate	Synalar TS	Tradjenta	Utibron Neohaler
Sofosbuvir/Velpatasvir	Synvexia TC	Tramadol 100Mg Tablets (Branded Product)	Vacustim Silver Kit
Sof-Tact Diabetic Testing Supplies	Synvisc	Tramadol ER Capsules	Valium
Solaice	Synvisc-One	Tranxene -T	Vanos
Solaravix	Talcia DR	Trinaz	Varophen Kit
Solaraze	Tanzeum	Trelegy Ellipta	Vascepa
Soliqua	Targadox	Tresiba	Vaseretic
Solodyn	Tarka	Tretin-X	Vasotec
Solosec	Tasoprol	Treximet	Vectical
Soltamox	Taytulla	Trezix	Velphoro
Solupak	Tazorac	Tribenzor	Veltassa
Solus Diabetic Testing Supplies	Technivie	Tricor	Veltin
Soma	Tezem	Triglide	Venlafaxine ER Tablets
Sonata	Tekturna	Triardy XR	Ventolin
Soolantra	Tekturna HCT	Trileptal	Ventolin HFA
Sovaldi	Tenormin	Trilipix	Verasens Diabetic Testing Supplies
Spectracef	Tequin	Trilipix DR	Veregen
Sporanox	Teriparatide	Triloan II Suik	Vesicare
Spritam	Tersi	Triloan Suik	Vexa
Sprix	Test N'Go Diabetic Testing Supplies	Triluron	Vexasyn Wound Gel
Stalevo	Testim	Tri-Norinyl	Viagra
Staxyn	Testone CIK	Trinaz	Viberzi
Steglatro	Testosterone (Testim Authorized Product)	Trintellix (Formerly Brintellix)	Victoza
Steglujan	Testosterone (Vogelxo Authorized Product)	Tri-Sila Topical	Viekira
Stendra	Testosterone (Vogelxo Authorized Product)	Trivisc	Viekira PAK
Striant	Testosterone CIK Kit	Trivix	Vigamox
Suboxone	Testosterone Gel (Fortesta Authorized Product)	Trixyltral	Viibryd
Subsys	Tev-Tropin	True Metrix Diabetic Testing Supplies	Vimovo
Suclear	Tiazac	Truetest Diabetic Testing Supplies	Virasal
Sular	Timoptic	Truetrack Diabetic Testing Supplies	Visco-3
Sumadan	Tindamax	Trulance	Vivaguard Ino Diabetic Testing Supplies
Sumavel Dosepro	Tirosint	Twynsta	Vivlodex
Sumaxin	Tivorbex	Ultracet	Vogelxo
Sumaxin CP	Tobradex	Ultram	Voltaren
Sumaxin TS	Tobradex ST	Ultram ER	Voltaren-XR
Supartz	Tofranil	Ultrasal ER	Vopac MDS
Suprep	Tolak	Ultravate PAC	Vraylar
Sure Result Tac Pak	Tolsura		

# Non-Covered Medications

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Vumerity DR	Zestril
Vusion	Zetia
Vytorin	Zeyocaine
Vyvanse	Ziana
Vyzulta	Zilacaine
Wavesense Diabetic Testing Supplies	Zilxi
Welchol	Zinbryta
Wellbutrin	Zioptan
Wellbutrin SR	Zipsor
Wellbutrin XL	Zithromax
Whytederm Surgipak	Zmax
Whytederm Trilasil Pak	Zocor
Wound Debride 4% Lidocaine	Zofran
WPR Plus	Zofran ODT
Xadago	Zohydro ER
Xalix	Zoloft
Xanax	Zolpak
Xanax XR	Zolpimist
Xartemis XR	Zomacton
X-Clair	Zomig
Xelpros	Zomig ZMT
Xepi	Zonegran
Xerese	Zontivity
Xifaxan	Zorvolex
Xilapak	Zovirax
Ximino ER	Ztlido
Xolegel	Zubsolv
Xopenex HFA	Zuplenz
Xopenex Nebules	Zurampic
Xryliderm	Zyban
Xrylix	Zyclara
Xtampza ER	Zyflo
Xultophy	Zyflo CR
Xyosted	Zylet
Yosprala DR	Zymaxid
Yupelri	Zypitamag
Zagam	Zypram
Zanaflex	Zyprexa
Zantac	Zyprexa Intramuscular
Zegerid (excluded for 18 years and older)	Zyprexa Relprevv
Zelapar	Zyprexa Zydis
Zelnorm	
Zembrace Symtouch	
Zepatier	

# How to Request Coverage for Non-Covered Medications

To request coverage for non-covered medications, your doctor will need to contact our Pharmacy Operations department using one of the following methods, and provide the Massachusetts Standard Form for Medication for Prior Authorization Requests, along with any additional supporting documentation:

## Phone

1-800-366-7778

## Fax

1-800-583-6289

Phone and fax are recommended for faster service.

## Mail

Blue Cross Blue Shield of Massachusetts  
Pharmacy Operations Department  
25 Technology Place  
Hingham, MA 02043

## Turnaround Time

Standard requests are reviewed within 48 hours of receipt. In certain life-threatening situations, your doctor may request an expedited review, which we'll respond to within 24 hours of receipt.

## Criteria for Exception Requests

We may authorize coverage based on one of the following criteria:

- You have documented treatment failures with two covered medications.\*
- You have documented adverse effects to two covered medications, that are significant enough to stop taking the medication.
- There is another specified clinical basis.

**Note:** If a non-covered medication is approved, it will be covered at the highest tier, and you'll pay the highest out-of-pocket costs for the medication.

## What Happens When an Appeal Is Denied

If your appeal is denied in part or in full, we'll contact you to explain how we reached our decision. We'll also inform you if your appeal qualifies for an external review, and the steps you should take to file the request.

To read your full appeal and grievance rights, please refer to your Evidence of Coverage.

\*Or if there is only one covered alternative available for the requested medication, and the alternative medication fails.



## Appealing a Coverage Decision

A coverage decision is a decision we make about your coverage, or the amount of money we pay for health care services and medications. In some cases, we may decide that a service or medication isn't covered, or is no longer covered for you. If you're not satisfied with a coverage decision, you, your doctor, or an authorized representative can appeal the decision within 180 days of the date of the service, or when you receive a notice of the decision, by contacting the Member Appeal and Grievance Program by:

### Phone

1-800-472-2689

### Fax

1-617-246-3616

### Email

[grievances@bcbsma.com](mailto:grievances@bcbsma.com)

Phone and fax are recommended for faster service.

### Mail

Member Appeal and Grievance Program  
Blue Cross Blue Shield of Massachusetts  
One Enterprise Drive  
Quincy, MA 02171-2126

## For more information:

1. Visit [bluecrossma.org](http://bluecrossma.org).
2. Go to Member Rights at the bottom of the page
3. Click Appeals & Grievances

# Medication Resource List Index

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This index is a list of the medications referenced in this guide.

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# New Medication Approval Process

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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 helps us give our members prescription drug 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. As with other medications that aren't covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier.

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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 [civilrightscordinator@bcbsma.com](mailto:civilrightscordinator@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](http://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](http://hhs.gov).



# 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/العربية:**

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

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅជុំនៃកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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/λληνικά:** 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:**

توجہ: 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. ໂທຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowolgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déés' nóomba biká'ígíjijí' béésh bee hodílnih (TTY: 711).



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