



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,¹ 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.² 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, 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[®], 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.³

Learn More About Your Coverage

For more information about these medications, look them up using the Medication Lookup tool at 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 | TABLET |
| | 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 للتمم والبيكم "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 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 شماره 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).

