



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts Formulary: Specialty Pharmacy Medications

Last Updated: July 1, 2020

The following list includes specialty medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These medications are usually used to treat complex health conditions.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.¹ 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.

Specialty Pharmacy Medications Included in the National Preferred Formulary (NPF)

The specialty medications listed in this document are also included in the National Preferred Formulary (NPF), which is available through Express Scripts[®], an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. Pharmacy management program requirements apply to specialty medications included in the NPF.

Where to Fill Specialty Pharmacy Medications

Plans with the Blue Cross Blue Shield of Massachusetts formulary or NPF require members to fill medications on this list at one of the available in-network specialty pharmacies on the following pages. 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 another in-network pharmacy.

NOTE: Some specialty medications on this list may be considered non-covered, including new medications under review. Your doctor may request an exception for a non-covered medication when medically necessary.²

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, sign in to your MyBlue account at bluecrossma.org.

1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.

2. If approved, you'd pay the highest tier cost.

Fertility Medications

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth™ Fertility	Freedom Fertility Pharmacy	Metro Drugs	Village Fertility Pharmacy
BRAVELLE	✓	✓	✓	✓
CETROTIDE	✓	✓	✓	✓
CLOMIPHENE	✓	✓	✓	✓
CRINONE	✓	✓	✓	✓
ENDOMETRIN	✓	✓	✓	✓
FOLLISTIM AQ	✓	✓	✓	✓
GANIRELIX	✓	✓	✓	✓
GONAL-F/GONAL-F RFF	✓	✓	✓	✓
HUMAN CHORIONIC GONADOTROPIN [hCG]	✓	✓	✓	✓
LEUPROLIDE ACETATE	✓	✓	✓	✓
LUPRON DEPOT	✓	✓	✓	✓
LUPRON DEPOT PED	✓	✓	✓	✓
MAKENA	✓	✓	✓	✓
MENOPUR	✓	✓	✓	✓
NOVAREL	✓	✓	✓	✓
OVIDREL	✓	✓	✓	✓
PREGNYL	✓	✓	✓	✓
SEROPHENE	✓	✓	✓	✓

Injectable Medications

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo®	CVS Specialty™	Can Be Filled at Other In-Network Pharmacies
ABRAXANE	✓	✓	✓	
ACETADOTE				✓
ACTEMRA	✓	✓	✓	
ACTHAR		✓	✓	
ACTIMMUNE		✓	✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
ADAKVEO	✓			
ADRIAMYCIN	✓			
ADRUCIL	✓		✓	
ALFERON N			✓	
ALKERAN	✓		✓	
APOKYN		✓	✓	
ARANESP	✓	✓	✓	
ARCALYST		✓	✓	
ARIKAYCE				✓
ARZERRA	✓	✓	✓	
ASCENIV		✓	✓	
AVEED			✓	
AVONEX	✓	✓	✓	
BAVENCIO				✓
BELEODAQ			✓	
BENLYSTA AUTOINJECT/SYRINGE				✓
BERINERT		✓	✓	
BESPONSA	✓	✓	✓	
BETASERON	✓	✓	✓	
BICILLIN				✓
BICNU	✓		✓	
BIVIGAM			✓	
BLEO 15K				✓
BLEOMYCIN SULFATE			✓	
BLINCYTO			✓	
BONIVA	✓	✓	✓	
BORTEZOMIB	✓	✓	✓	
BOTOX	✓	✓	✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
BUSULFEX			✓	
CABLIVI				✓
CALCIUM FOLINATE			✓	
CAMPTOSAR	✓		✓	
CARBOPLATIN	✓		✓	
CARIMUNE NF	✓		✓	
CARMUSTINE			✓	
CEFTAZIDIME				✓
CEREZYME	✓	✓	✓	
CIMZIA	✓	✓	✓	
CINQAIR	✓		✓	
CINRYZE		✓	✓	
CISPLATIN	✓		✓	
CLADRIBINE	✓		✓	
COPAXONE	✓	✓	✓	
COSENTYX	✓	✓	✓	
COSMEGEN	✓		✓	
CRYSVITA		✓	✓	
CUTAQUIG				✓
CUVITRU		✓	✓	
CUVPOSA				✓
CYCLOPHOSPHAMIDE		✓	✓	
CYRAMZA		✓	✓	
CYTARABINE	✓		✓	
CYTOGAM	✓	✓	✓	
DACARBAZINE	✓		✓	
DACTINOMYCIN	✓		✓	
DAUNORUBICIN HCL			✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
DDAVP	✓	✓	✓	
DELESTROGEN				✓
DEPOCYT	✓		✓	
DEPO-ESTRADIOL				✓
DESFERAL				✓
DEFERRIOXAMINE				✓
DESMOPRESSIN ACETATE		✓	✓	
DEXRAZOXANE		✓	✓	
DOCEFREZ			✓	
DOCETAXEL	✓		✓	
DOXIL	✓		✓	
DOXORUBICIN HCL			✓	
DUPIXENT	✓	✓	✓	
DYSPOREX	✓	✓	✓	
EGRIFTA		✓	✓	
ELIGARD	✓	✓	✓	
ELLEENCE	✓		✓	
EMPLICITI	✓	✓	✓	
ENBREL	✓	✓	✓	
ENTYVIO	✓	✓	✓	
EPIRUBICIN			✓	
EPOGEN	✓	✓	✓	
ETHYOL			✓	
ETOPOPHOS	✓		✓	
ETOPOSIDE	✓		✓	
EVENITY	✓	✓	✓	
EVOMELA				✓
EXONDYS				✓

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
EXTAVIA	✓	✓	✓	
FASENRA	✓	✓	✓	
FASLODEX	✓		✓	
FIRAZYR	✓	✓	✓	
FIRMAGON	✓	✓	✓	
FLEBOGAMMA	✓		✓	
FLOXURIDINE			✓	
FLUDARA			✓	
FLUDARABINE PHOSPHATE			✓	
FLUOROURACIL	✓		✓	
FORTAZ				✓
FORTEO	✓	✓	✓	
FULPHILA	✓	✓	✓	
FULVESTRANT			✓	
FUSILEV	✓		✓	
FUZEON	✓	✓	✓	
GAMASTAN	✓	✓	✓	
GAMIFANT				✓
GAMMAGARD	✓	✓	✓	
GAMMAGARD LIQUID	✓	✓	✓	
GAMMAKED	✓	✓	✓	
GAMMAPLEX	✓	✓	✓	
GAMUNEX	✓	✓	✓	
GATTEX		✓	✓	
GAZYVA	✓	✓	✓	
GEMCITABINE	✓		✓	
GEMZAR	✓		✓	
GENOTROPIN	✓	✓	✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
GIVLAARI		✓	✓	
GLATIRAMER		✓	✓	
GLATOPA	✓	✓	✓	
GRANIX	✓	✓	✓	
HAEGARDA		✓	✓	
HERCEPTIN	✓	✓	✓	
HERCEPTIN HYLECTA	✓	✓	✓	
HIZENTRA	✓	✓	✓	
HUMATROPE	✓	✓	✓	
HUMIRA	✓	✓	✓	
HYCAMTIN	✓	✓	✓	
HYDROXYPROGESTERONE		✓	✓	
HYQVIA	✓	✓	✓	
IBANDRONATE	✓		✓	
ICATIBANT	✓	✓	✓	
IDAMYCIN PFS			✓	
IDARUBICIN			✓	
IFEX	✓		✓	
IFOSFAMIDE	✓		✓	
IFOSFAMIDE/MESNA			✓	
ILARIS	✓	✓	✓	
ILUMYA	✓	✓	✓	
IMFINZI		✓	✓	
INCRELEX		✓	✓	
INFLECTRA	✓	✓	✓	
INTRON A	✓	✓	✓	
IRINOTECAN	✓		✓	
ISTODAX	✓	✓	✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
KALBITOR		✓	✓	
KANJINTI	✓	✓	✓	
KANUMA				✓
KENALOG			✓	
KEVZARA	✓	✓	✓	
KEYTRUDA	✓		✓	
KHAPZORY				✓
KINERET				✓
KYNAMRO		✓	✓	
LARTRUVO		✓		
LEMTRADA		✓	✓	
LEUCOVORIN CALCIUM			✓	
LEUKINE	✓	✓	✓	
LEUPROLIDE ACETATE	✓	✓	✓	
LEVOLEUCOVORIN			✓	
LIBTAYO				✓
LIPODOX			✓	
LIPODOX 50			✓	
LUMOXITI			✓	
LUPANETA PACK		✓	✓	
LUPRON DEPOT	✓	✓	✓	
LUPRON DEPOT-PED	✓	✓	✓	
MAKENA	✓	✓	✓	
MARQIBO			✓	
MEPSEVII		✓		
MESNA	✓		✓	
MESNEX	✓		✓	
METHOTREXATE	✓		✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
MITOMYCIN	✓		✓	
MITOXANTRONE		✓	✓	
MOZOBIL	✓	✓	✓	
MUSTARGEN	✓		✓	
MYLOTARG		✓		
MYOBLOC	✓	✓	✓	
NABI-HB				✓
NATPARA		✓	✓	
NAVELBINE	✓		✓	
NEULASTA	✓	✓	✓	
NEULASTA ONPRO				✓
NEUPOGEN	✓	✓	✓	
NIPENT	✓		✓	
NIVESTYM	✓	✓	✓	
NORDITROPIN		✓	✓	
NORDITROPIN FLEXPRO		✓	✓	
NORDITROPIN NORDIFLEX		✓	✓	
NPLATE	✓	✓	✓	
NUCALA	✓	✓	✓	
NUTROPIN AQ NUSPIN	✓	✓	✓	
OCREVUS	✓	✓	✓	
OCTAGAM	✓		✓	
OCTREOTIDE		✓	✓	
OGIVRI	✓	✓	✓	
OMNITROPE	✓	✓	✓	
ONCASPAR	✓		✓	
ONPATTRO				✓
OPDIVO	✓	✓	✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
ORENCIA	✓	✓	✓	
OTREXUP	✓		✓	
OXALIPLATIN	✓		✓	
PACLITAXEL	✓		✓	
PALYNZIQ		✓	✓	
PAMIDRONATE			✓	
PAMIDRONATE DISODIUM			✓	
PANZYGA	✓	✓	✓	
PEGASYS	✓	✓	✓	
PEGASYS PROCLICK	✓	✓	✓	
PEG-INTRON	✓	✓	✓	
PHOTOFRIN			✓	
PLEGRIDY	✓	✓	✓	
PORTRAZZA				✓
POTELIGEO			✓	
PRIVIGEN	✓	✓	✓	
PROCRIT	✓	✓	✓	
PROLEUKIN	✓	✓	✓	
PROLIA	✓	✓	✓	
RADICAVA				✓
REBIF REBIDOSE	✓	✓	✓	
REMICADE	✓	✓	✓	
RENFLEXIS	✓	✓	✓	
RETACRIT	✓		✓	
REVATIO	✓	✓	✓	
REVCovi				✓
RIMSO-50				✓
RITUXAN	✓	✓	✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
ROCEPHIN				✓
ROFERON-A			✓	
ROMIDEPSIN				✓
RUCONEST		✓	✓	
RUXIENCE	✓	✓	✓	
SAIZEN	✓	✓	✓	
SAIZENPREP	✓	✓	✓	
SANDIMMUNE				✓
SANDOSTATIN	✓	✓	✓	
SANDOSTATIN LAR	✓	✓	✓	
SEROSTIM	✓	✓	✓	
SIGNIFOR		✓		
SIGNIFOR LAR		✓		
SILDENAFIL ANTIHYPERTENSIVE				✓
SILIQ	✓	✓	✓	
SIMPONI	✓	✓	✓	
SIMPONI ARIA	✓	✓	✓	
SKYRIZI	✓	✓	✓	
SOMATULINE		✓	✓	
SOMAVERT		✓	✓	
SPINRAZA		✓		
STELARA	✓	✓	✓	
STRENSIQ				✓
SUBLOCADE		✓		
SYLATRON 4-PACK	✓	✓	✓	
SYLVANT		✓	✓	
SYNAGIS	✓	✓	✓	
SYNRIBO				✓

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
TAKHZYRO		✓	✓	
TALTZ	✓	✓	✓	
TAXOTERE	✓		✓	
TAZICEF				✓
TECENTRIQ	✓	✓	✓	
TEGSEDI		✓		
TEMODAR	✓	✓	✓	
TENIPOSIDE	✓		✓	
TEPADINA			✓	
TESTOSTERONE ENANTHATE				✓
TEV-TROPIN			✓	
THERACYS			✓	
THIOTEPA	✓		✓	
THYROGEN	✓	✓	✓	
TOPOSAR	✓		✓	
TOTECT			✓	
TRAZIMERA	✓		✓	
TRELSTAR			✓	
TRELSTAR DEPOT			✓	
TRELSTAR LA			✓	
TREMFYA	✓	✓	✓	
TRIPTODUR				✓
TYMLOS	✓	✓	✓	
UDENYCA	✓	✓	✓	
UNITUXIN				✓
VALRUBICIN		✓	✓	
VALSTAR	✓	✓	✓	
VELCADE	✓	✓	✓	

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
VIMIZIM		✓	✓	
VINBLASTINE			✓	
VINCRISTINE			✓	
VINORELBINE			✓	
VIVITROL	✓	✓	✓	
VYLEESI				✓
VYXEOS				✓
XEMBIFY		✓	✓	
XEOMIN	✓	✓	✓	
XGEVA	✓	✓	✓	
XIAFLEX				✓
XOLAIR	✓	✓	✓	
YONDELIS				✓
ZALTRAP		✓	✓	
ZANOSAR	✓		✓	
ZARXIO	✓	✓	✓	
ZIEXTENZO	✓	✓	✓	
ZILRETTA	✓			
ZINECARD	✓		✓	
ZOLADEX	✓	✓	✓	
ZOMACTON	✓	✓	✓	
ZORBTIVE	✓	✓	✓	

Oral Medications

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
8-MOP				✓
ABIRATERONE	✓	✓	✓	
ADCIRCA	✓	✓	✓	
ADEMPAS		✓	✓	
AFINITOR	✓	✓	✓	
AFINITOR DISPERZ				✓
ALECENSA	✓	✓	✓	
ALKERAN	✓		✓	
ALUNBRIG		✓	✓	
ALYQ			✓	
AMBRISENTAN	✓	✓	✓	
AMPYRA		✓	✓	
AUBAGIO	✓	✓	✓	
AUSTEDO				✓
AYVAKIT				✓
BALVERSA				✓
BETHKIS	✓	✓	✓	
BONIVA 150MG				✓
BOSENTAN		✓	✓	
BOSULIF	✓	✓	✓	
CABOMETYX		✓	✓	
CALQUENCE				✓
CAPECITABINE	✓	✓	✓	
CARBAGLU		✓		
CAYSTON	✓	✓	✓	
CERDELGA	✓	✓	✓	
CHENODAL				✓
CHOLBAM				✓

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
COMETRIQ				✓
COPEGUS	✓		✓	
COPIKTRA				✓
COTELLIC	✓	✓	✓	
CYCLOPHOSPHAMIDE		✓	✓	
CYSTAGON			✓	
DAKLINZA	✓		✓	
DALFAMPRIDINE		✓	✓	
DARAPRIM				✓
DAURISMO	✓	✓	✓	
DDAVP				✓
DEFERASIROX	✓	✓	✓	
DIACOMIT				✓
DOPTELET		✓	✓	
DUOPA		✓		
EMFLAZA				✓
EPCLUSA	✓	✓	✓	
ERIVEDGE	✓	✓	✓	
ERLEADA	✓	✓	✓	
ERLOTINIB		✓	✓	
ESBRIET		✓	✓	
ETOPOSIDE	✓		✓	
EXJADE	✓	✓	✓	
FARYDAK	✓	✓	✓	
FIRDAPSE				✓
GALAFOLD		✓		
GILENYA	✓	✓	✓	
GILOTRIF		✓		

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
GLEEVEC	✓	✓	✓	
GOCOVRI ER				✓
HARVONI	✓	✓	✓	
HETLIOZ		✓		
HYCAMTIN	✓	✓	✓	
IBRANCE	✓	✓	✓	
ICLUSIG	✓			
IDHIFA		✓	✓	
IMATINIB		✓	✓	
IMBRUVICA				✓
INBRIJA		✓	✓	
INGREZZA				✓
INLYTA	✓	✓	✓	
INREBIC		✓	✓	
IRESSA		✓	✓	
JADENU	✓	✓	✓	
JAKAFI		✓	✓	
JUXTAPID		✓		
JYNARQUE				✓
KALYDECO	✓	✓		
KEVEYIS				✓
KISQALI	✓	✓	✓	
KISQALI FEMARA	✓	✓	✓	
KITABIS PAK NEBULES	✓	✓	✓	
KORLYM				✓
KUVAN		✓	✓	
LEDIPASVIR/SOFOSBUVIR		✓	✓	
LENVIMA		✓	✓	

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
LETAIRIS		✓	✓	
LONSURF		✓	✓	
LORBRENA	✓	✓	✓	
MAVENCLAD		✓	✓	
MAVYRET	✓	✓	✓	
MAYZENT		✓	✓	
MEKINIST	✓	✓	✓	
MESNEX	✓		✓	
MIGLUSTAT	✓	✓	✓	
MODERIBA	✓	✓	✓	
MULPLETA	✓	✓	✓	
NERLYNX	✓	✓	✓	
NEXAVAR	✓	✓	✓	
NINLARO		✓	✓	
NITYR				✓
NORTHERA		✓	✓	
NUBEQA	✓	✓	✓	
NUPLAZID		✓	✓	
OCALIVA		✓	✓	
ODOMZO	✓	✓	✓	
OFEV		✓	✓	
OLUMIANT	✓	✓	✓	
OLYSIO	✓		✓	
OPSUMIT		✓	✓	
ORENITRAM		✓	✓	
ORFADIN				✓
ORKAMBI	✓	✓		
OTEZLA	✓	✓	✓	

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
OTEZLA STARTER PACK	✓	✓	✓	
OXBRYTA		✓	✓	
PALFORZIA			✓	
PIQRAY		✓	✓	
POMALYST		✓	✓	
PROCYSBI		✓		
PROMACTA	✓	✓	✓	
PULMOZYME	✓	✓	✓	
RAVICTI		✓	✓	
REBETOL	✓	✓	✓	
REVATIO	✓	✓	✓	
REVLIMID		✓	✓	
RIBASPHERE	✓	✓	✓	
RIBASPHERE RIBAPAK	✓	✓	✓	
RIBATAB			✓	
RIBAVIRIN	✓	✓	✓	
RILUTEK			✓	
RILUZOLE	✓		✓	
RINVOQ ER		✓	✓	
ROZLYTREK	✓	✓		
RUBRACA		✓	✓	
RUZURGI				✓
RYDAPT	✓	✓	✓	
SABRIL		✓	✓	
SAMSCA		✓	✓	
SILDENAFIL ANTIHYPERTENSIVE	✓	✓	✓	
SOFOSBUVIR/VELPATASVIR		✓	✓	
SOVALDI	✓	✓	✓	

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
SPRYCEL	✓	✓	✓	
STIVARGA	✓	✓	✓	
SUCRAID			✓	
SUTENT	✓	✓	✓	
SYMDEKO	✓	✓		
TADALAFIL		✓	✓	
TAFINLAR	✓	✓	✓	
TAGRISSO		✓	✓	
TALZENNA	✓	✓	✓	
TARCEVA	✓	✓	✓	
TASIGNA	✓	✓	✓	
TAVALISSE				✓
TECFIDERA	✓	✓	✓	
TECHNIVIE	✓		✓	
TEMODAR	✓	✓	✓	
TEMOZOLOMIDE	✓	✓	✓	
TETRABENAZINE		✓	✓	
THALOMID		✓	✓	
THIOLA				✓
TIGLUTIK				✓
TOBI AMPULES	✓	✓	✓	
TOBI PODHALER	✓	✓	✓	
TOBRAMYCIN NEBULES		✓	✓	
TRACLEER		✓	✓	
TRIKAFTA	✓	✓		
TURALIO				✓
TYKERB	✓	✓	✓	
TYVASO		✓	✓	

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcariaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
UPTRAVI		✓	✓	
VELTASSA	✓		✓	
VENCLEXTA				✓
VERZENIO		✓	✓	
VIEKIRA PAK	✓	✓	✓	
VIGABATRIN		✓	✓	
VIGADRONE				✓
VISTOGARD				✓
VITRAKVI		✓	✓	
VIZIMPRO	✓	✓	✓	
VOSEVI	✓	✓	✓	
VOTRIENT	✓	✓	✓	
VUMERITY DR	✓	✓	✓	
VYNDAMAX		✓	✓	
VYNDAQEL		✓	✓	
WAKIX		✓	✓	
XALKORI	✓	✓	✓	
XELJANZ	✓	✓	✓	
XELJANZ XR	✓	✓	✓	
XELODA	✓	✓	✓	
XENAZINE		✓	✓	
XERMELO				✓
XOSPATA				✓
XPOVIO				✓
XTANDI	✓	✓	✓	
XURIDEN				✓
XYREM		✓		
YONSA				✓

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability			
	AcaciaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
ZAVESCA		✓		
ZEJULA				✓
ZELBORAF	✓	✓	✓	
ZEPATIER	✓	✓	✓	
ZOLINZA	✓	✓	✓	
ZYDELIG				✓
ZYKADIA	✓	✓	✓	
ZYTIGA	✓	✓	✓	

Topical Medications

Medication Name	Specialty Pharmacy Availability			
	AcaciaHealth	Accredo	CVS Specialty	Can Be Filled at Other In-Network Pharmacies
CYSTARAN				✓
MUGARD			✓	
OXERVATE		✓		
PANRETIN	✓		✓	
QUTENZA				✓
SYNAREL				✓
VALCHLOR		✓		
ZECUITY			✓	



MASSACHUSETTS

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 النصي للصم والبكم "TTY": **711**).

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

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

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

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

Greek/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 بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

Lao/ພາສາລາວ: ຂໍອວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

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

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

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

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

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



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. © Registered Marks of the Blue Cross and Blue Shield Association. ® Registered Marks and ™ Trademarks are the property of their respective owners. © 2020 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

000442958

55-0815 (6/20)