



Blue Cross Blue Shield of Massachusetts Formulary: Affordable Care Act (ACA) Covered Medication List

Last Updated: July 1, 2020

The following list includes medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These preventive medications are covered by the Affordable Care Act (ACA) and are available to eligible members at no additional cost. However, they aren't covered in full by all plans that are grandfathered under the ACA.

This isn't a complete list of covered medications, and inclusion on this 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.

NOTE: Some medications on this list may be considered non-covered, including new medications under review by Blue Cross, or may have their coverage changed. Brand-name medications may be removed from this list and considered non-covered, or may be covered at a higher cost share, if a generic version becomes available during the year. Your doctor may request an exception for a non-covered medication when medically necessary.²

Learn More About Your Coverage

For more information about these medications, look them up using the Medication Lookup tool at bluecrossma.com/medications.

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.

Medications

Drug Class	Medication Name	
Aspirin (low dose)	ADULT ASPIRIN REGIMEN	CHILDREN'S ASPIRIN
	ASPIR 81	ECOTRIN
	ASPIRIN 81MG	ENTERIC COATED ASPIRIN
	ASPIRIN E.C.	LOW DOSE ASPIRIN
	ASPIR-LOW	ST. JOSEPH ASPIRIN
	BAYER CHEWABLE	

Drug Class	Medication Name	
Bowel Preparations (available twice per 365 days)	ALOPHEN PILLS	LAXATIVE
	BISACODYL	LAXATIVE PEG 3350
	BISA-LAX	MAGNESIUM CITRATE
	CITRATE OF MAGNESIA	MILK OF MAGNESIA
	CITROMA	MIRALAX
	CLEARLAX	NATURA-LAX
	DUCODYL	ORAL SALINE LAXATIVE
	FEMININE LAXATIVE	PEG 3350-ELECTROLYTE
	GAVILAX	PEG-PREP
	GAVILYTE-C	PHOSPHATE LAXATIVE
	GAVILYTE-G	POLYETHYLENE GLYCOL
	GAVILYTE-N	POWDERLAX
	GENTLE LAXATIVE	PURELAX
	GENTLELAX	SMOOTHLAX
	GLYCOLAX	TRILYTE WITH FLAVOR PACKETS
	HEALTHYLAX	WOMEN'S GENTLE LAXATIVE
LAXACLEAR	WOMEN'S LAXATIVE	
Breast Cancer Treatments (brand)	EVISTA	TAMOXIFEN CITRATE
	SOLTAMOX	
Breast Cancer Treatments (generic)	RALOXIFENE HCL	TAMOXIFEN CITRATE
Cholesterol-Lowering Drugs (member must meet certain criteria to get the drug at no cost)	ATORVASTATIN 10 MG–20 MG	PRAVASTATIN 10 MG– 80 MG
	FLUVASTATIN 20 MG–40 MG	ROSUVASTATIN 5 MG–10 MG
	FLUVASTATIN ER 80 MG	SIMVASTATIN 5 MG–40 MG
	LOVASTATIN 10 MG–40 MG	
Contraceptives (emergency, over-the-counter)	AFTERA	NEW DAY
	ECONTRA EZ	OPCICON ONE-STEP
	ECONTRA ONE-STEP	OPTION 2
	LEVONORGESTREL	PLAN B ONE-STEP
	MY CHOICE	TAKE ACTION
	MY WAY	
Contraceptives (female contraceptive sponges)	ELLA	FEMCAP
	FC2 FEMALE CONDOM	TODAY CONTRACEPTIVE SPONGE
Contraceptives (implants) (under the medical benefit only)	KYLEENA	NEXPLANON
	LILETTA	PARAGARD T 380-A
	MIRENA	SKYLA

Drug Class	Medication Name	
Contraceptives (oral and other)	AFIRMELLE	DESOGESTREL-ETHINYL ESTRADIOL
	ALTAVERA	DESOGESTREL-ETHINYL ESTRADIOL-ETHINYL ESTRADIOL
	ALYACEN	DROSPIRENONE-ETHINYL ESTRADIOL
	AMETHIA	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE
	AMETHIA LO	ELINEST
	AMETHYST	EMOQUETTE
	ANNOVERA	ENPRESSE
	APRI	ENSKYCE
	ARANELLE	ERRIN
	ASHLYNA	ESTARYLLA
	AUBRA	ETHYNODIOL-ETHINYL ESTRADIOL
	AUBRA EQ	FALMINA
	AUROVELA	FAYOSIM
	AUROVELA 24 FE	FEMYNOR
	AUROVELA FE	GIANVI
	AVIANE	HAILEY
	AYUNA	HAILEY 24 FE
	AZURETTE	HEATHER
	BALZIVA	INCASSIA
	BEKYREE	INTROVALE
	BLISOVI 24 FE	ISIBLOOM
	BLISOVI FE	JASMIEL
	BRIELLYN	JENCYCLA
	CAMILA	JOLESSA
	CAMRESE	JULEBER
	CAMRESE LO	JUNEL
	CAZIANT	JUNEL FE
	CHATEAL	KAITLIB FE
	CHATEAL EQ	KALLIGA
	CRYSSELLE	KARIVA
	CYCLAFEM	KELNOR 1–35
	CYRED	KELNOR 1–50
	CYRED EQ	KURVELO
	DASETТА	LARIN
	DAYSEE	LARIN FE
	DEBLITANE	LARISSIA
	DEPO-PROVERA	LAYOLIS FE
	DEPO-SUBQ PROVERA	LEENA

Drug Class	Medication Name	
Contraceptives (oral and other) (Cont.)	LESSINA	RIVELSA
	LEVONEST	SETLAKIN
	LEVONORGESTREL-ETHINYL ESTRADIOL	SHAROBEL
	LEVONORGESTREL-ETHINYL ESTRADIOL-ETHINYL ESTRADIOL	SIMLIYA
	LEVORA	SIMPESSE
	LILLOW	SPRINTEC
	LORYNA	SRONYX
	LO-ZUMANDIMINE	SYEDA
	LOW-OGESTREL	TARINA FE
	LUTERA	TILIA FE
	LYZA	TRI FEMYNOR
	MARLISSA	TRIVORA
	MEDROXYPROGESTERONE ACETATE	TRI-ESTARYLLA
	MELODETTA 24 FE	TRI-LEGEST FE
	MIBELAS 24 FE	TRI-LINYAH
	MICROGESTIN	TRI-LO-ESTARYLLA
	MICROGESTIN FE	TRI-LO-MARZIA
	MILI	TRI-LO-MILI
	MONO-LINYAH	TRI-LO-SPRINTEC
	NECON	TRI-MILI
	NIKKI	TRI-PREVIFEM
	NORA-BE	TRI-SPRINTEC
	NORETHINDRONE ACETATE	TRI-VYLIBRA
	NORETHINDRONE-ETHINYL ESTRADIOL	TULANA
	NORETHIN-ETH ESTRA FERROUS FUMERATE	TYDEMY
	NORGESTIMATE-ETHINYL ESTRADIOL	VELIVET
	NORLYDA	VIENVA
	NORTREL	VIORELE
	NUVARING	VYFEMLA
	OCELLA	VYLIBRA
	OGESTREL	WERA
	ORSYTHIA	WIDE SEAL DIAPHRAGM
	PHILITH	WYMZYA FE
	PIMTREA	XULANE
	PIRMELLA	ZARAH
	PORTIA	ZOVIA
	PREVIFEM	ZUMANDIMINE
	RECLIPSEN	

Drug Class	Medication Name	
Contraceptives (over-the-counter)	GYNOL II	VCF
Fluoride (covered for children through age 16)	EPIFLUR	POLY-VITAMIN WITH FLUORIDE
	FLUORIDE	RENAF
	FLUORITAB	SODIPHLUOR
	FLUOR-A-DAY	SODIUM FLUORIDE
	LUDENT FLUORIDE	TRIPHLUORIVIT
	MULTIVITAMIN WITH FLUORIDE	TRI-VITAMIN WITH FLUORIDE
	MVC-FLUORIDE	TRIPLE-VITAMIN W-FLUORIDE
	PHLUORIVIT	VITAMINS A, C, D & FLUORIDE
Folic Acid (covered through age 50)	ACTIVE FE	KPN
	ALIVE PRENATAL	MARNATAL-F
	AZESCO	M-NATAL PLUS
	BAL-CARE DHA	MTERYTI
	BAL-CARE DHA ESSENTIAL	MTERYTI FOLIC 5
	BRAINSTRONG PRENATAL	MYNATAL
	CADEAU DHA	MYNATAL ADVANCE
	CENTRUM SPECIALIST PRENATAL	MYNATAL PLUS
	CITRANATAL 90 DHA	MYNATAL-Z
	CITRANATAL ASSURE	MYNATE 90 PLUS
	CITRANATAL B-CALM	NATACHEW
	CITRANATAL DHA	NEEVO DHA
	CITRANATAL HARMONY	NESTABS
	CITRANATAL RX	NESTABS ABC
	C-NATE DHA	NESTABS DHA
	COMPLETE NATAL DHA	NESTABS ONE
	COMPLETENATE	NEWGEN
	CONCEPT DHA	NEXA PLUS
	CONCEPT OB	OB COMPLETE
	DAILY PRENATAL	OB COMPLETE DHA
	DUET DHA	OB COMPLETE ONE
	DUET DHA BALANCED	OB COMPLETE PETITE
	ENBRACE HR	OB COMPLETE PREMIER
	ENDUR-VM WITH IRON	OBSTETRIX DHA
	EXPECTA PRENATAL	OBSTETRIX EC
	FA-8	OBSTETRIX ONE
	FOLET ONE	OBTREX DHA
	FOLIC ACID	O-CAL PRENATAL
	FOLIVANE-OB	ONE DAILY PRENATAL
	KOSHER PRENATAL PLUS IRON	ONE-A-DAY WOMEN'S PRENATAL 1

Drug Class	Medication Name	
Folic Acid (covered through age 50) (Cont.)	ONE-A-DAY WOMEN'S PRENATAL DHA	PRENATE ESSENTIAL
	OPURITY MULTIVITAMIN	PRENATE MINI
	PERRY PRENATAL TABLET	PRENATE PIXIE
	PNV 29-1	PRENATE RESTORE
	PNV-DHA	PRENATE STAR
	PNV-DHA + DOCUSATE	PRENAVITE
	PNV-OMEGA	PREPLUS
	PNV-SELECT	PRETAB
	PR NATAL 400	PRIMACARE
	PR NATAL 400 EC	PROVIDA OB
	PR NATAL 430	PUREFE OB PLUS
	PR NATAL 430 EC	R-NATAL OB
	PREGENNA	SELECT-OB
	PRENA1 CHEW	SELECT-OB + DHA
	PRENA1 PEARL	SE-NATAL 19
	PRENA1 TRUE	TARON PRENATAL
	PRENAISSANCE	TARON-C DHA
	PRENAISSANCE PLUS	THERANATAL ONE
	PRENATA	THERANATAL OVAVITE
	PRENATABS FA	THERANATAL PLUS
	PRENATABS RX	THRIVITE RX
	PRENATAL	TRICARE
	PRENATAL 19	TRINATAL RX 1
	PRENATAL COMPLETE	TRINATE
	PRENATAL FORMULA	TRINAZ
	PRENATAL FORMULA-DHA	TRISTART DHA
	PRENATAL GUMMIES	TRIVEEN-DUO DHA
	PRENATAL LOW IRON	TRUST NATAL DHA
	PRENATAL MULTI	VINACAL B
	PRENATAL MULTI + DHA	VINATE
	PRENATAL PLUS	VINATE DHA RF
	PRENATAL PLUS DHA	VINATE ONE
	PRENATAL VITAMIN	VINATE-M
	PRENATAL VITAMIN PLUS LOW IRON	VIRT-C DHA
	PRENATAL-U	VIRT-NATE DHA
	PRENATE	VIRT-PN DHA
	PRENATE AM	VIRT-PN PLUS
	PRENATE DHA	VITAFOL
	PRENATE ELITE	VITAFOL FE+
	PRENATE ENHANCE	VITAFOL NANO

Drug Class	Medication Name	
Folic Acid (covered through age 50) (Cont.)	VITAFOL ULTRA	VITATRUE
	VITAFOL-OB	VP-CH-PNV
	VITAFOL-OB+DHA	VP-PNV-DHA
	VITAFOL-ONE	WOMEN'S PRENATAL + DHA
	VITAMEDMD ONE RX	ZATEAN-PN DHA
	VITAMEDMD REDICHEW RX	ZATEAN-PN PLUS
	VITAPEARL	ZINGIBER
HIV PrEP (Pre-Exposure Prophylaxis)	TRUVADA ³	
Iron (covered for infants up to 12 months old)	CHILDREN'S IRON	MULTI-DELYN
	FER-IN-SOL	MULTIVITAMIN W/FLUORIDE & IRON
	FERROUS SULFATE	PEDIA IRON
	ICAR	WEE CARE
Smoking Cessation (up to two 90-day supplies per calendar year)	BUPROPION SR	NICOTROL
	CHANTIX	NICOTROL NS
	NICORELIEF	QUIT 2
	NICOTINE	QUIT 4
	NICOTINE GUM	STOP SMOKING AID
Vaccines	ACTHIB	FLUZONE QUAD PEDI 2019–2020
	ADACEL TDAP	GARDASIL 9
	AFLURIA QUAD 2019–20 (3 YR UP)	HAVRIX
	AFLURIA QUAD 2019–20 (6–35 MO)	HEPLISAV-B
	AFLURIA QUAD 2019–2020	HIBERIX
	BEXSERO	IMOVAX RABIES VACCINE
	BIOTHRAX	INFANRIX DTAP
	BOOSTRIX TDAP	IPOL
	DAPTACEL DTAP	IXIARO
	DIPHThERIA-TETANUS TOXOIDS-PED	KEDRAB
	ENGERIX-B ADULT	KINRIX
	ENGERIX-B PEDIATRIC-ADOLESCENT	MENACTRA
	FLUAD 2019–2020	MENVEO A-C-Y-W-135-DIP
	FLUARIX QUAD 2019–2020	M-M-R II VACCINE
	FLUBLOK QUAD 2019–2020	PEDIARIX
	FLUCELVAX QUAD 2019–2020	PEDVAXHIB
	FLULAVAL QUAD 2019–2020	PENTACEL
	FLUMIST QUAD 2019–2020	PNEUMOVAX 23
	FLUZONE HIGH-DOSE 2019–2020	PREVNAR 13
	FLUZONE QUAD 2019–2020	PROQUAD

3. Truvada is available at no additional cost for members who aren't currently filling other HIV medications. Members taking other HIV medications, or are switching from an HIV medication to Truvada, will have to pay their usual out-of-pocket costs. This applies to new prescriptions and refills, and is effective only until the generic version of Truvada is released, at which time the generic version will be covered (instead of Truvada) at no additional cost for members who aren't currently filling other HIV medications.

Drug Class	Medication Name	
Vaccines (Cont.)	QUADRACEL DTAP-IPV	TWINRIX
	RABAVERT	TYPHIM VI
	RECOMBIVAX HB	VAQTA
	ROTARIX	VARIVAX
	ROTATEQ	VARIZIG
	SHINGRIX	VAXCHORA
	STAMARIL	VIVOTIF
	TDVAX	YF-VAX
	TENIVAC	ZOSTAVAX
	TRUMENBA	
Vitamin D (covered at age 65 and older)	CALCIUM + D3	KIDS FIRST VITAMIN D3
	CALCIUM + VITAMIN D	OYSCO D
	CALCIUM 600+D PLUS MINERALS	OYSTER CALCIUM W/VITAMIN D
	CALCIUM CARBONATE	OYSTER SHELL CALCIUM W/VIT D
	CALCIUM CARBONATE W/VITAMIN D	OYSTERCAL-D
	CALCIUM CITRATE W/VITAMIN D	RISACAL-D
	CALCIUM W/MINERALS	SUPER CALCIUM W/VITAMIN D
	CHILDREN'S VITAMIN D	VITAJEY DAILY D
	CITRUS CALCIUM WITH VIT D	VITAMIN D2
	DELTA D3	VITAMIN D3
	D-VI-SOL	VITAMIN D-400
	HI-CAL	



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/عرب:

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 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 بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

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

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníit'i'go saad bee yát'i'í' éi t'áájíik'e bee níká'a'doowołgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béesh 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

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