



National Preferred Formulary (NPF): Medications That Require Step Therapy

Last Updated: January 1, 2022

The following list includes medications that are covered by plans with the National Preferred Formulary (NPF), which is available through Express Scripts Inc.®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

These medications are subject to Step Therapy, which is a key part of our Prior Authorization program. It allows 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.

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 other pharmacy management programs, such as Quantity Limitations, or be considered specialty medications.

NOTE: Some 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.

Allergies

Medication Name			
ARBINOXA 4 MG TABLET	CARBINOXAMINE MALEATE 6 MG TABLET	KARBINAL ER 4 MG/5 ML SUSPENSION	RYVENT 6 MG TABLET
ARBINOXA 4 MG/5 ML LIQUID	DYMISTA	MOMETASONE FUROATE NASAL SPRAY	XHANCE
AZELASTINE HYDROCHLORIDE/ FLUTICASONE PROPIONATE NASAL SPRAY	FLUNISOLIDE NASAL SPRAY	NASONEX	

Anti-Fungal

Medication Name		
CICLODAN 8% KIT	PENLAC	TOLSURA
JUBLIA	TAVABOROLE TOPICAL SOLUTION 5%	

Anti-Infective

Medication Name			
ACTICLATE 75 MG/150 MG TABS (BRAND & GENERIC)	DOXYCYCLINE HYCLATE DR 75 MG/100 MG/150 MG TABS (GENERIC)	MORGIDOX KIT (BRAND)	TARGADOX 50 MG TABLET (BRAND & GENERIC)
ALTABAX	DOXYCYCLINE IR-DR 40 MG CAPSULE (AUTHORIZED GENERIC)	MUPIROCIN CREAM (BRAND & GENERICS)	VIBRAMYCIN CAPSULE, SUSPENSION, SYRUP (BRAND)
AVIDOXY DK KIT (BRAND)	DOXYCYCLINE MONOHYDRATE 150 MG CAPSULE (GENERIC)	ORACEA (BRAND)	XEPI
CENTANY	MINOCYCLINE ER CAPSULES (BRAND)	SEYSARA TABLETS (BRAND)	XIMINO ER CAPSULES (BRAND)
CONDYLOX 0.5% GEL	MINOLIRA ER TABLET (BRAND)	SITAVIG BUCCAL TABLETS	
COREMINO ER TABLETS (GENERIC)	MONODOX CAPSULE (BRAND)	SOLODYN ER TABLETS (BRAND & GENERIC)	

Anti-Infective—Specialty

Medication Name		
BETHKIS	KITABIS	TOBI

Asthma—Specialty

Medication Name
CINQAIR

Asthma/COPD

Medication Name		
ZILEUTON ER	ZYFLO	ZYFLO CR

Attention Disorders

Medication Name			
ADHANSIA XR	COTEMPLA XR ODT	JORNAY PM	QUILLIVANT XR
ADZENYS ER	DAYTRANA	KAPVAY	RELEXXII
ADZENYS XR ODT	DEXEDRINE SPANSULES	METADATE CD	RITALIN LA
APTENSIO XR (BRAND & GENERIC)	DYANAVEL XR	METHYLPHENIDATE 72 MG ER TABLETS (BRAND)	RITALIN SR
AZSTARYS	FOCALIN XR	MYDAYIS	STRATTERA
CONCERTA	INTUNIV	QUILLICHEW ER	VYVANSE CAPSULES & CHEWABLE TABLETS

Benign Prostatic Hyperplasia (BPH)

Medication Name				
AVODART	DUTASTERIDE	DUTASTERIDE/ TAMSULOSIN	JALYN	PROSCAR

Blood Disorders

Medication Name			
ARANESP	GRANIX	NASCOBAL	SIKLOS
EPOGEN	MIRCERA	NEUPOGEN	

Blood Modifying

Medication Name
DURLAZA

Bone Conditions

Medication Name		
ACTONEL	BINOSTO	FOSAMAX PLUS D
ATELVIA	BONIVA	FOSAMAX TABLETS

Chelating Agents

Medication Name	
EXJADE	JADENU
FERRIPROX (TABLETS & ORAL SOLUTION)	JADENU SPRINKLE

Constipation

Medication Name
RELISTOR

Cough and Cold

Medication Name		
FLOWTUSS	OBREDON	TUZISTRA XR
HYCOFENIX	TUSSICAPS	VITUZ

Depression

Medication Name				
APLENZIN	DULOXETINE 40 MG DR (GENERIC)	FORFIVO XL	PAXIL	TRINTELLIX
BRISDELLE	EFFEXOR	IRENKA	PAXIL CR	VENLAFAXINE ER (BRAND & GENERIC)
CELEXA	EFFEXOR XR	KHEDEZLA	PEXEVA	VIIBRYD
CYMBALTA	FETZIMA	LEXAPRO	PRISTIQ	WELLBUTRIN SR
DESVENLAFAXINE ER (BRAND)	FLUOXETINE 60 MG TABLETS (BRAND)	LUVOX CR	PROZAC	WELLBUTRIN XL
DESVENLAFAXINE FUMARATE ER (BRAND)	FLUOXETINE IR TABLETS (GENERIC)	PAROXETINE CR/ER TABLETS (GENERIC)	PROZAC WEEKLY	ZOLOFT
DESVENLAFAXINE SUCCINATE ER (GENERIC)	FLUVOXAMINE ER CAPSULES (GENERIC)	PAROXETINE MESYLATE (GENERIC)	SARAFEM	

Diabetes

Medication Name			
ACTOPLUS MET	FARXIGA	JARDIANCE	STEGLATRO
ACTOPLUS MET XR	FORTAMET (BRAND & GENERIC)	METFORMIN ORAL SOLUTION	STEGLUJAN
ACTOS	GLUCOPHAGE	QTERN	SYNJARDY/XR
AVANDAMET	GLUCOPHAGE XR (BRAND)	RIOMET	TRIJARDY XR
AVANDIA	GLUMETZA (BRAND & GENERIC)	RIOMET ER	XIGDUO XR
DUETACT	GLYXAMBI	SEGLUROMET	

Electrolyte Imbalance

Medication Name
VELTASSA

Endocrine Disorders

Medication Name			
MYCAPSSA	SANDOSTATIN	SANDOSTATIN LAR DEPOT	SIGNIFOR LAR

Eye Conditions

Medication Name		
ACULAR	ACULAR LS	BROMSITE

Gout

Medication Name		
COLCHICINE CAPSULES	FEBUXOSTAT TABLETS	ULORIC TABLETS

Growth Hormones

Medication Name			
GENOTROPIN	NORDITROPIN	OMNITROPE	ZOMACTON
HUMATROPE	NUTROPIN AQ	SAIZEN	

Hemophilia

Medication Name		
ALPHANATE	KOATE	RECOMBINATE
HEMOFIL M	MONOCLATE-P	WILATE
HUMATE-P	NUWIQ	XYNTHA

Hepatitis C

Medication Name			
EPCLUSA	LEDIPASVIR/SOFOSBUVIR	SOFOSBUVIR/VELPATASVIR	VOSEVI
HARVONI	MAVYRET	SOVALDI	

Hereditary Angioedema

Medication Name			
BERINERT	FIRAZYR	KALBITOR	TAKHZYRO
CINRYZE	HAEGARDA	ORLADEYO	

High Blood Cholesterol

Medication Name				
ALTOPREV	FENOFIBRATE 40 MG	FENOGLIDE	LIPITOR	TRIGLIDE
ANTARA	FENOFIBRATE 50 MG	FIBRICOR	LIPOFEN	TRILIPIX
CADUET	FENOFIBRATE 120 MG	FLOLIPID	LIVALO	VYTORIN
CRESTOR	FENOFIBRATE 150 MG	LESCOL	PRAVACHOL	ZOCOR
EZALLOR	FENOFIBRATE CAPSULES (BRAND)	LESCOL XL	TRICOR	ZYPITAMAG

High Blood Pressure

Medication Name				
ATACAND	BENICAR	DIOVAN HCT	EXFORGE HCT	TEVETEN
ATACAND HCT	BENICAR HCT	EDARBI	HYZAAR	TEVETEN HCT
AVALIDE	CAROSPIR	EDARBYCLOR	MICARDIS	TRIBENZOR
AVAPRO	COZAAR	EPANED	MICARDIS HCT	TWYNSTA
AZOR	DIOVAN	EXFORGE	QBRELIS	

Hormonal Supplementation

Medication Name	
ANDROID	TESTRED

Infertility

Medication Name			
BRAVELLE	FOLLISTIM AQ	GONAL-F	GONAL-F RFF REDI-JECT
CHORIONIC GONADOTROPIN	GANIRELIX	GONAL-F RFF	PREGNYL

Inflammation/Immune Disorders

Medication Name
RAYOS DR

Inflammatory Conditions

Medication Name			
ACTEMRA IV	ENTYVIO	ORENCIA IV	SIMPONI ARIA
ACTEMRA SC	HEMADY	ORENCIA SC	SIMPONI SC
ALKINDI	ILUMYA	OTREXUP	STELARA IV
ANUSOL-HC	INFLECTRA	PROCTOCORT SUPPOSITORY	TRUXIMA
CIMZIA	KEVZARA	RASUVO	XELJANZ TABLETS
COSENTYX	KINERET	RIABNI	XELJANZ XR TABLETS
DEXAMETHASONE 1.5 MG TABLET (6 DAY/10 DAY/13 DAY DOSE PACKS)	LOCORT 7 DAY/11 DAY	RITUXAN IV	ZEPOSIA
DEXPAK 6 DAY/10 DAY/13 DAY	OLUMIANT	SILIQ	ZONACORT 7 DAY/11 DAY

Mental/Neurological Disorders

Medication Name		
ARICEPT 5 MG TABLET	FIRDAPSE	NAMZARIC
ARICEPT 10 MG TABLET	GRALISE	NEURONTIN
ARICEPT 23 MG TABLET (BRAND OR GENERIC)	HORIZANT	OXTELLAR XR
ARICEPT ODT	INGREZZA	QUDEXY XR
AUSTEDO	KEPPRA	RAZADYNE
AZILECT	KEPPRA XR	RAZADYNE ER
BRIVIACT	LAMICTAL CHEWABLE DISPERSIBLE TABLETS	SPRITAM
DEPAKENE CAPSULES & ORAL SOLUTION	LAMICTAL TABLETS	TOPAMAX
DEPAKOTE	LAMICTAL ODT	TOPAMAX SPRINKLE
DEPAKOTE ER/EC/DR	LAMICTAL XR	TOPIRAMATE ER
DEPAKOTE SPRINKLE	LYRICA CR	TRILEPTAL TABLETS & ORAL SUSPENSION
ELDEPRYL	NAMENDA ORAL SOLUTION	TROKENDI XR
EXELON PATCH	NAMENDA TABLETS	XADAGO
EXELON TABLET	NAMENDA XR	XENAZINE

Metabolic, Immune Disorders, or Inherited Rare Diseases

Medication Name		
ARCALYST	PROLASTIN-C	ZAVESCA

Migraine Headaches

Medication Name		
ALSUMA INJECTION	IMITREX TABLETS	TOSYMRA
AMERGE	MAXALT	TREXIMET
AXERT	MAXALT MLT	ZEMBRACE SYMTOUCH
FROVA	METHERGINE	ZOMIG
IMITREX INJECTION	MIGRANAL	ZOMIG NASAL SPRAY
IMITREX NASAL SPRAY	SUMAVEL DOSEPRO	ZOMIG ZMT

Multiple Sclerosis

Medication Name		
AMPYRA	EXTAVIA	OCREVUS
AUBAGIO	GILENYA	PLEGRIDY
AVONEX	GLATOPA	PONVORY
BAFIERTAM	KESIMPTA	REBIF
BETASERON	MAVENCLAD	VUMERITY
COPAXONE	MAYZENT	ZEPOSIA

Muscle Relaxant

Medication Name		
AMRIX ER	FEXMID	LORZONE

Nausea/Vomiting

Medication Name	
MARINOL	SYNDROS

Oncology

Medication Name				
AFINITOR 2.5 MG, 5 MG, 7.5 MG	ENHERTU	HERZUMA	KISQALI FEMARA CO-PACK	ONTRUZANT
AFINITOR 10 MG	FIRMAGON	IMBRUVICA 140 MG & 280 MG TABLETS	LEUPROLIDE ACETATE INJECTION (2 WEEK KIT)	ORGOVYX
AFINITOR DISPERZ	HERCEPTIN	KADCYLA	LUPRON DEPOT	TRELSTAR
AVASTIN	HERCEPTIN HYLECTA	KISQALI	OGIVRI	

Oncology/Inflammatory Conditions

Medication Name
XATMEP

Overactive Bladder

Medication Name			
DETROL	ENABLEX	NOCTIVA	TOVIAZ
DETROL LA	GELNIQUE	OXYTROL (RX)	VESICARE
DITROPAN XL	MYRBETRIQ	OXYTROL FOR WOMEN (OTC)	

Pain

Medication Name				
ALLZITAL	DAYPRO	INDOCIN	NAPROSYN	ULTRACET
ANAPROX	DICLOFENAC SODIUM 1% GEL	KETOPROFEN ER 200 MG	NAPROXEN SUSPENSION	ULTRAM
ANAPROX DS	DUEXIS	KETOPROFEN IR 25 MG	NAPROXEN/ ESOMEPRAZOLE DR TABLETS	ULTRAM ER
ANSAID	EC-NAPROSYN	KLOFENSAID II 1.5%	PENNSAID 1.5% & 2%	VANATOL LQ
ARTHROTEC	ESGIC	LICART	PONSTEL	VANATOL S
BUPAP	FELDENE	LODINE	QMIIZ	VIVLODEX
CAMBIA	FENOPROFEN (BRAND) & 600 MG	MELOXICAM CAPSULES	RELAFEN DS	VOLTAREN GEL 1%
CATAFLAM	FENORTHO	MOBIC	SPRIX	VOLTAREN XR
CELEBREX	FIORICET	MOTRIN	TIVORBEX	ZIPSOR
CELECOXIB	FIORINAL	NALFON	TOLMETIN 400 MG & 600 MG	ZORVOLEX
CONZIP	FLECTOR PATCH	NAPRELAN & GENERICS	TRAMADOL EXTENDED RELEASE	

Pain—Narcotic

Medication Name
EVZIO

Pain/Inflammation

Medication Name
SAVELLA

Pheochromocytoma

Medication Name	
DEMSEER	DIBENZYLINE

Pulmonary Hypertension

Medication Name				
ADCIRCA	LETAIRIS TABLETS	REVATIO ORAL SUSPENSION	SILDENAFIL ORAL SUSPENSION	VELETRI
FLOLAN	REMODULIN	REVATIO TABLETS	TRACLEER TABLETS	VENTAVIS

Skin Conditions

Medication Name				
ACANYA	BENZAMYCIN PAK	CLODAN 0.05% SHAMPOO	DIPROLENE 0.05% OINTMENT/LOTION	HALCINONIDE 0.1% CREAM
ACZONE	BESER 0.05% LOTION (BRANDED GENERIC PRODUCT)	CLODERM 0.1% CREAM	DIPROLENE AF 0.05% CREAM	HALOG 0.1% CREAM/OINTMENT
ADAPALENE 0.1% LOTION	BETAMETHASONE VALERATE 0.12% FOAM	CORDRAN 0.05% LOTION/OINTMENT	DOXEPIN	HYDROCORTISONE BUTYRATE 0.1% LOTION/OINTMENT/SOLUTION
AKTIPAK	BP 10-1 WASH	CORDRAN 4 MCG/SQ CM TAPE	DUAC	HYDROCORTISONE-PRAMOXINE 2.5%-1% CREAM
ALA-SCALP HP	BP CLEANSING WASH	CORDRAN SP 0.05% CREAM	DUOBRII LOTION	IMPEKLO LOTION
ALCORTIN A	BRAND TOPICAL ACNE CLEANSERS CONTAINING BENZOYL PEROXIDE OR SULFACETAMIDE/SULFUR	CUTIVATE 0.05% LOTION/CREAM	ELIDEL	IMPOYZ 0.025% CREAM
AMCINONIDE 0.1% CREAM/LOTION/OINTMENT	BRYHALI 0.01% LOTION	DERMA-SMOOTHIE/FS SCALP OIL	ELOCON 0.1% OINTMENT/CREAM/SOLUTION	INOVA EASY PAD
AMZEEQ	CAPEX 0.01% TOPICAL SHAMPOO	DERMASORB HC	EPIDUO	INOVA 4/1 EASY PAD
ANALPRAM HC 2.5%/1% CREAM/LOTION	CLEOCIN T GEL/LOTION/SOLUTION	DERMASORB TA	EPIDUO FORTE	INOVA 8/2 EASY PAD
AQUA GLYCOLIC HC	CLINDACIN ETZ 1% KIT	DERMATOP 0.1% OINTMENT/CREAM	EPIFOAM	KENALOG AEROSOL SPRAY
AVAR	CLINDACIN PAC	DESONATE 0.05% GEL	EUCRISA	KLARON
AVAR LS	CLINDAGEL	DESONIDE 0.05% GEL/LOTION	EVOCLIN	LEXETTE 0.05% FOAM
AVAR-E CREAM	CLOBETASOL EMOLLIENT 0.05% FOAM	DESOWEN 0.05% CREAM KIT/LOTION KIT	FINACEA FOAM	LOCOID 0.1% LOTION/CREAM/OINTMENT/SOLUTION
AVAR-E LS CREAM	CLOBETASOL EMULSION 0.05% FOAM	DESOXIMETASONE 0.05% CREAM/GEL/OINTMENT	FINACEA GEL	LOCOID LIPOCREAM
AZELEX	CLOBETASOL PROPIONATE 0.05% FOAM/SHAMPOO/SPRAY/LOTION	DESOXIMETASONE 0.25% CREAM/OINTMENT	FLUOCINONIDE 0.1% CREAM	LUXIQ 0.12% FOAM
BENZACLIN	CLOBEX 0.05% SHAMPOO/SPRAY/TOPICAL LOTION	DIFFERIN	FLURANDRENOLIDE 0.05% CREAM/LOTION/OINTMENT	METROCREAM
BENZAMYCIN	CLODAN 0.05% KIT	DIFLORASONE DIACETATE 0.05% CREAM/OINTMENT	FLUTICASONE PROPIONATE 0.05% LOTION	METROGEL

Skin Conditions (Cont.)

Medication Name				
METROLOTON	PANDEL 0.1% CREAM	PSORCON 0.05% CREAM	SUMAXIN CP	TRIANEX 0.05% OINTMENT (BRANDED GENERIC PRODUCT)
NEUAC	PEDIADERM HC 2% COMPLETE KIT	ROSADAN CREAM KIT	SUMAXIN TS	TRIDERM 0.5% CREAM (BRANDED GENERIC PRODUCT)
NOLIX 0.05% CREAM/ LOTION (BRANDED GENERIC PRODUCT)	PEDIADERM TA 0.1% COMPLETE KIT	ROSADAN GEL KIT	SYNALAR 0.025% CREAM/ OINTMENT/0.01% SOLUTION	TRIDESILON CREAM 0.05%
NORITATE CREAM	PIMECROLIMUS 1% CREAM (GENERIC)	ROSANIL	SYNALAR TS KIT	ULTRAVATE 0.05% CREAM/LOTION/ OINTMENT
NOVACORT 2%-1% GEL	PLEXION CLEANSER & PADS	ROSULA	TACROLIMUS OINTMENT 0.03% & 0.1% (GENERIC)	ULTRAVATE X 0.05%-10% COMBINATION PACK
NUOX	PLEXION CREAM & LOTION	SCALACORT DK KIT	TEMOVATE 0.05% CREAM/OINTMENT	VANOS 0.1% CREAM
OLUX 0.05% FOAM	PLIXDA	SERNIVO 0.05% SPRAY	TEXACORT 2.5% SOLUTION	VELTIN
OLUX-E 0.05% FOAM	PRAMOSONE 1%/1% LOTION	SOOLANTRA	TOPICORT 0.05% OINTMENT/CREAM/GEL	VERDESO 0.5% FOAM
ONEXTON	PRAMOSONE 2.5%/1% CREAM/LOTION	SULFACLEANSE 8-4 SUSPENSION	TOPICORT 0.25% OINTMENT/CREAM	ZIANA
PACNEX 7% TOPICAL WASH	PROCTOFOAM HC 1%/1%	SUMADAN	TOPICORT SPRAY 0.25%	ZONALON
PACNEX HP	PROTOPIC	SUMADAN XLT	TRIAMCINOLONE ACETONIDE 0.05% OINTMENT	
PACNEX LP	PRUDOXIN	SUMAXIN CLEANSING PADS & WASH	TRIAMCINOLONE ACETONIDE AEROSOL SPRAY	

Sleep Disorders

Medication Name			
AMBIEN	DAYVIGO	INTERMEZZO	SILENOR
AMBIEN CR	DOXEPIN 3 MG & 6 MG	LUNESTA	SONATA
BELSOMRA	EDLUAR	ROZEREM	ZOLPIMIST

Topical Inflammatory Conditions

Medication Name			
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINTMENT	DOVONEX	TACLONEX OINTMENT	WYNZORA

Transplant

Medication Name

ASTAGRAF XL

Ulcer

Medication Name

ACIPHEX	NEXIUM	PREVACID	PRILOSEC (RX & OTC)	ZEGERID
ESOMEPRAZOLE DELAYED-RELEASE GRANULES FOR ORAL SUSPENSION	OMEPRAZOLE/ SODIUM BICARBONATE CAPSULES (RX & OTC)	PREVACID 24 HR	PROTONIX	ZEGERID OTC
LANSOPRAZOLE ODT	PANTOPRAZOLE GRANULES	PREVACID SOLUTAB	YOSPRALA	

Urinary Disorders

Medication Name

PROCYSBI DR

Wake-Promoting Agents

Medication Name

NUVIGIL	PROVIGIL	SUNOSI	WAKIX
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Wilson's Disease

Medication Name

CUPRIMINE	DEPEN
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Women's Health—Contraceptives & Non-Pregnancy Related Conditions

Medication Name

PHEXXI

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 للسم 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: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánít'i' go saad bee yát'i' éí t'áájíik'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjjí' 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).



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