

# NO-COST GENERIC MEDICATIONS

## MEDICATION LIST

### For plans that use the:

Blue Cross Blue Shield of Massachusetts Formulary



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MEDICATION  
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# GENERIC MEDICATIONS THAT ARE COVERED AT NO COST

The following list includes medications that are covered at no cost for eligible members who have one or more of the following conditions: depression, high cholesterol, diabetes, heart disease, and high blood pressure. The copay and deductible will be waived for these medications when purchased at an in-network retail pharmacy, or through the mail service pharmacy. You should talk with your doctor first to ensure that these medications are right for you.

This isn't a complete list of covered medications, and inclusion on this list doesn't guarantee coverage.<sup>1</sup> 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. Your doctor may request an exception for a non-covered medication when medically necessary.<sup>2</sup>**

## Learn More About Your Coverage

For more information about coverage for these medications, sign in to MyBlue at [bluecrossma.org](https://bluecrossma.org) or open the MyBlue app, then go to **Medication Lookup Tool** under **My Medications**.

If you're not a member, you can get more information by visiting [bluecrossma.org/medication](https://bluecrossma.org/medication).

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.

MEDICATION CLASS	MEDICATION NAME
<b>Antidepressants</b>	FLUOXETINE 10MG CAP
	FLUOXETINE 20MG CAP
<b>Antidiabetics</b>	METFORMIN HYDROCHLORIDE 500MG TABS
	METFORMIN HYDROCHLORIDE 850MG TABS
	METFORMIN HYDROCHLORIDE 1000MG TABS
<b>Antihyperlipidemics</b>	ATORVASTATIN CALCIUM 10MG TAB
	ATORVASTATIN CALCIUM 20MG TAB
	ATORVASTATIN CALCIUM 40MG TAB
	ATORVASTATIN CALCIUM 80MG TAB
	SIMVASTATIN 5MG TAB
	SIMVASTATIN 10MG TAB
	SIMVASTATIN 20MG TAB
	SIMVASTATIN 80MG TAB
<b>Antihypertensives</b>	LISINOPRIL 2.5MG TAB
	LISINOPRIL 5MG TAB
	LISINOPRIL 10MG TAB
	LISINOPRIL 20MG TAB
	LISINOPRIL 30MG TAB
	LISINOPRIL 40MG TAB
	LOSARTAN POTASSIUM 25MG TAB
	LOSARTAN POTASSIUM 100MG TAB
<b>Beta Blockers</b>	ATENOLOL 25MG TAB
	ATENOLOL 50MG TAB
	ATENOLOL 100MG TAB
	METOPROLOL SUCCINATE ER 25MG 24HR TAB
	METOPROLOL SUCCINATE ER 50MG 24HR TAB
	METOPROLOL SUCCINATE ER 100MG 24HR TAB
	METOPROLOL SUCCINATE ER 200MG 24HR TAB
	METOPROLOL SUCCINATE SR 25MG 24HR TAB

MEDICATION CLASS	MEDICATION NAME
<b>Beta Blockers (continued)</b>	METOPROLOL SUCCINATE SR 50MG 24HR TAB
	METOPROLOL SUCCINATE SR 100MG 24HR TAB
	METOPROLOL SUCCINATE SR 200MG 24HR TAB
<b>Calcium Channel Blockers</b>	AMLODIPINE BESYLATE 2.5MG TAB
	AMLODIPINE BESYLATE 5MG TAB
	AMLODIPINE BESYLATE 10MG TAB
<b>Diuretics</b>	FUROSEMIDE 20MG TAB
	FUROSEMIDE 40MG TAB
	FUROSEMIDE 80MG TAB
	HYDROCHLOROTHIAZIDE 12.5MG CAP
	HYDROCHLOROTHIAZIDE 12.5MG TAB
	HYDROCHLOROTHIAZIDE 25MG TAB
	HYDROCHLOROTHIAZIDE 50MG TAB
	HYDROCHLOROTHIAZIDE 100MG TAB

# 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 مجانًا 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 निःशुल्क 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:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

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

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