

SPECIALTY PHARMACY

MEDICATION LIST

For plans that use the:

- Blue Cross Blue Shield of Massachusetts Formulary
- Standard Control with Advanced Control Specialty Formulary



UNLOCK THE POWER OF YOUR PLAN

MyBlue is your key to more features and savings. Once you sign in or create an account, you can see all of your benefits, all in one place, such as:



COVERAGE, CLAIMS,
AND DEDUCTIBLES



REIMBURSEMENTS
AND SAVINGS



FIND A DOCTOR &
ESTIMATE COSTS



MEDICATION
LOOKUP

Download the MyBlue app, or create an account at bluecrossma.org.



COVERED SPECIALTY MEDICATIONS

The following list includes medications that are usually used to treat complex health conditions. Specialty medications are limited to a 30-day supply.

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. Your doctor may request an exception for a non-covered medication when medically necessary.²

WHERE TO FILL SPECIALTY PHARMACY MEDICATIONS

Members are required 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.

Learn More About Your Coverage

For more information about coverage for these medications, sign in to MyBlue at 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.

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		
	ENCOMPASS FERTILITY™	FREEDOM FERTILITY PHARMACY	VILLAGE FERTILITY PHARMACY
BRAVELLE	✓	✓	✓
CETROTIDE	✓	✓	✓
CLOMID	✓	✓	✓
CLOMIPHENE	✓	✓	✓
CRINONE	✓	✓	✓
ENDOMETRIN	✓	✓	✓
FOLLISTIM AQ	✓	✓	✓
FYREMADEL	✓	✓	✓
GANIRELIX	✓	✓	✓
GONAL-F/GONAL-F RFF	✓	✓	✓
GONAL-F RFF REDI-JECT	✓	✓	✓
HUMAN CHORIONIC GONADOTROPIN [hCG]	✓	✓	✓
HYDROXYPROGESTERONE	✓	✓	✓
LEUPROLIDE ACETATE	✓	✓	✓
LUPRON DEPOT	✓	✓	✓
LUPRON DEPOT PED	✓	✓	✓
LUVERIS	✓	✓	✓
MAKENA	✓	✓	✓
MENOPUR	✓	✓	✓
NOVAREL	✓	✓	✓
OVIDREL	✓	✓	✓
PREGNYL	✓	✓	✓
SEROPHENE	✓	✓	✓

INJECTABLE MEDICATIONS

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO®	CVS SPECIALTY™	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
ACETADOTE				✓
ACTEMRA	✓	✓	✓	
ACTHAR		✓	✓	
ACTIMMUNE		✓	✓	
ADAKVEO	✓			
ADBRY		✓	✓	
ADRIAMYCIN	✓			
ADRUCIL	✓		✓	
ALFERON N			✓	
ALKERAN	✓		✓	
AMONDYS 45				✓
APOKYN		✓	✓	
APOMORPHINE	✓		✓	
ARANESP	✓	✓	✓	
ARCALYST		✓	✓	
ARIKAYCE				✓
ASCENIV		✓	✓	
AVEED			✓	
AVONEX	✓	✓	✓	
AVSOLA			✓	
BELEODAQ			✓	
BENLYSTA AUTOINJECT/SYRINGE				✓
BERINERT		✓	✓	
BESPONSA	✓	✓	✓	
BESREMI				✓
BETASERON	✓	✓	✓	
BICILLIN				✓
BICNU	✓		✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
BIVIGAM			✓	
BLEO 15K				✓
BLEOMYCIN SULFATE			✓	
BLINCYTO			✓	
BONIVA	✓	✓	✓	
BORTEZOMIB	✓	✓	✓	
BOTOX	✓	✓		
BUSULFEX			✓	
BYNFEZIA	✓		✓	
CABLIVI				✓
CALCIUM FOLINATE			✓	
CAMPTOSAR	✓		✓	
CARBOPLATIN	✓		✓	
CARMUSTINE			✓	
CEFTAZIDIME				✓
CEREZYME	✓	✓	✓	
CIMZIA	✓	✓	✓	
CINQAIR	✓		✓	
CINRYZE		✓	✓	
CISPLATIN	✓		✓	
CLADRIBINE	✓		✓	
COPAXONE	✓	✓	✓	
CORTROPHIN	✓	✓	✓	
COSENTYX	✓	✓	✓	
COSMEGEN	✓		✓	
CRYSVITA		✓	✓	
CUTAQUIG				✓
CUVITRU		✓	✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
CUVPOSA				✓
CYCLOPHOSPHAMIDE		✓	✓	
CYTARABINE	✓		✓	
CYTOGAM	✓	✓	✓	
DACARBAZINE	✓		✓	
DACTINOMYCIN	✓		✓	
DAUNORUBICIN HCL			✓	
DDAVP	✓	✓	✓	
DELESTROGEN				✓
DEPO-ESTRADIOL				✓
DESFERAL				✓
DEFERRIOXAMINE				✓
DESMOPRESSIN ACETATE		✓	✓	
DEXRAZOXANE		✓	✓	
DOCEFREZ			✓	
DOCETAXEL	✓		✓	
DUPIXENT	✓	✓	✓	
DYSPORT	✓	✓	✓	
EGRIFTA		✓	✓	
ELIGARD	✓	✓	✓	
ELLENCÉ	✓		✓	
EMPAVELI				✓
ENBREL	✓	✓	✓	
ENJAYMO			✓	
ENSPRYNG	✓	✓	✓	
ENTYVIO	✓	✓	✓	
EPIRUBICIN			✓	
EPOGEN	✓	✓	✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
ETHYOL			✓	
ETOPOPHOS	✓		✓	
ETOPOSIDE	✓		✓	
EVENITY	✓	✓	✓	
EVKEEZA				✓
EVOMELA				✓
EXONDYS				✓
EXTAVIA	✓	✓	✓	
FASENRA	✓	✓	✓	
FASLODEX	✓		✓	
FENSOLVI			✓	
FINTEPLA				✓
FIRAZYR	✓	✓	✓	
FIRMAGON	✓	✓	✓	
FLEBOGAMMA	✓		✓	
FLOXURIDINE			✓	
FLUDARABINE PHOSPHATE			✓	
FLUOROURACIL	✓		✓	
FORTAZ				✓
FORTEO	✓	✓	✓	
FULPHILA	✓	✓	✓	
FULVESTRANT			✓	
FUZEON	✓	✓	✓	
GAMASTAN	✓	✓	✓	
GAMIFANT				✓
GAMMAGARD	✓	✓	✓	
GAMMAGARD LIQUID	✓	✓	✓	
GAMMAKED	✓	✓	✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
GAMMAPLEX	✓	✓	✓	
GAMUNEX	✓	✓	✓	
GATTEX		✓	✓	
GEMCITABINE	✓		✓	
GEMZAR	✓		✓	
GENOTROPIN	✓	✓	✓	
GIVLAARI		✓	✓	
GLATIRAMER		✓	✓	
GLATOPA	✓	✓	✓	
GRANIX	✓	✓	✓	
HAEGARDA		✓	✓	
HIZENTRA	✓	✓	✓	
HUMATROPE	✓	✓	✓	
HUMIRA	✓	✓	✓	
HYCAMTIN	✓	✓	✓	
HYDROXYPROGESTERONE		✓	✓	
HYQVIA	✓	✓	✓	
IBANDRONATE	✓		✓	
ICATIBANT	✓	✓	✓	
IDAMYCIN PFS			✓	
IDARUBICIN			✓	
IFEX	✓		✓	
IFOSFAMIDE	✓		✓	
IFOSFAMIDE/MESNA			✓	
ILARIS	✓	✓	✓	
ILUMYA	✓	✓	✓	
IMCIVREE				✓
INCRELEX		✓	✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
INFLECTRA	✓	✓	✓	
INFLIXIMAB	✓		✓	
INTRON A	✓	✓	✓	
IRINOTECAN	✓		✓	
ISTODAX	✓	✓	✓	
KALBITOR		✓	✓	
KANUMA				✓
KENALOG			✓	
KESIMPTA	✓	✓	✓	
KEVZARA	✓	✓	✓	
KINERET				✓
KYNAMRO		✓	✓	
LANREOTIDE	✓	✓	✓	
LARTRUVO		✓		
LEMTRADA		✓	✓	
LEQVIO				✓
LEUCOVORIN CALCIUM			✓	
LEUKINE	✓	✓	✓	
LEUPROLIDE ACETATE	✓	✓	✓	
LEVOLEUCOVORIN			✓	
LIBTAYO				✓
LUMOXITI			✓	
LUPANETA PACK		✓	✓	
LUPRON DEPOT	✓	✓	✓	
LUPRON DEPOT-PED	✓	✓	✓	
MAKENA	✓	✓	✓	
MARQIBO				✓
MEPSEVII		✓		

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
MESNA	✓		✓	
MESNEX	✓		✓	
METHOTREXATE	✓		✓	
MITOMYCIN	✓		✓	
MITOXANTRONE		✓	✓	
MOZOBIL	✓	✓	✓	
MUSTARGEN	✓		✓	
MYLOTARG	✓	✓	✓	
MYOBLOC	✓	✓	✓	
NABI-HB				✓
NATPARA		✓	✓	
NAVELBINE	✓		✓	
NEULASTA	✓	✓	✓	
NEULASTA ONPRO				✓
NEUPOGEN	✓	✓	✓	
NIPENT	✓		✓	
NIVESTYM	✓	✓	✓	
NORDITROPIN		✓	✓	
NORDITROPIN FLEXP		✓	✓	
NORDITROPIN NORDIFLEX		✓	✓	
NPLATE	✓	✓	✓	
NUCALA	✓	✓	✓	
NULIBRY				✓
NUTROPIN AQ NUSPIN	✓	✓	✓	
NYVEPRIA	✓	✓	✓	
OCREVUS	✓	✓	✓	
OCTAGAM	✓		✓	
OCTREOTIDE		✓	✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
OMNITROPE	✓	✓	✓	
ONCASPAR	✓		✓	
ONPATTRO				✓
ORENCIA	✓	✓	✓	
OTREXUP	✓		✓	
OXALIPLATIN	✓		✓	
OXLUMO				✓
PACLITAXEL	✓		✓	
PALYNZIQ		✓	✓	
PAMIDRONATE			✓	
PAMIDRONATE DISODIUM			✓	
PANZYGA	✓	✓	✓	
PEG-INTRON	✓	✓	✓	
PEGASYS	✓	✓	✓	
PEGASYS PROCLICK	✓	✓	✓	
PHOTOFRIN			✓	
PLEGRIDY	✓	✓	✓	
PORTRAZZA				✓
PRIVIGEN	✓	✓	✓	
PROCRIT	✓	✓	✓	
PROLIA	✓	✓	✓	
RADICAVA			✓	
REBIF REBIDOSE	✓	✓	✓	
REDITREX	✓			
RELEUKO			✓	
REMICADE	✓	✓	✓	
RENFLEXIS	✓	✓	✓	
RETACRIT	✓		✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
REVATIO	✓	✓	✓	
REVCIVI				✓
RIABNI	✓	✓	✓	
RIMSO-50				✓
RITUXAN	✓	✓	✓	
ROCEPHIN				✓
ROMIDEPSIN				✓
RUCONEST		✓	✓	
RUXIENCE	✓	✓	✓	
SAIZEN	✓	✓	✓	
SAIZENPREP	✓	✓	✓	
SAJAZIR				✓
SANDIMMUNE				✓
SANDOSTATIN	✓	✓	✓	
SANDOSTATIN LAR	✓	✓	✓	
SAPHNELO				✓
SEROSTIM	✓	✓	✓	
SIGNIFOR		✓		
SIGNIFOR LAR		✓		
SILDENAFIL ANTIHYPERTENSIVE				✓
SILIQ	✓	✓	✓	
SIMPONI	✓	✓	✓	
SIMPONI ARIA	✓	✓	✓	
SKYRIZI	✓	✓	✓	
SKYTROFA	✓	✓	✓	
SOMATULINE		✓	✓	
SOMAVERT		✓	✓	
SPEVIGO		✓		

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
SPINRAZA		✓		
STELARA	✓	✓	✓	
STRENSIQ				✓
SUBLOCADE		✓		
SYLATRON 4-PACK	✓	✓	✓	
SYLVANT		✓	✓	
SYNAGIS	✓	✓	✓	
SYNRIBO				✓
TAKHZYRO		✓	✓	
TALTZ	✓	✓	✓	
TAXOTERE	✓		✓	
TAZICEF				✓
TEGSEDI		✓		
TEMODAR	✓	✓	✓	
TENIPOSIDE	✓		✓	
TEPADINA			✓	
TEPEZZA		✓		
TERIPARATIDE		✓	✓	
TESTOSTERONE ENANTHATE				✓
TEV-TROPIN			✓	
TEZSPIRE	✓	✓	✓	
THERACYS			✓	
THIOTEPA	✓		✓	
THYROGEN	✓	✓	✓	
TOPOSAR	✓		✓	
TOTECT			✓	
TRELSTAR			✓	
TRELSTAR DEPOT			✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
TRELSTAR LA			✓	
TREMFYA	✓	✓	✓	
TRIPTODUR				✓
TRUXIMA		✓		
TYMLOS	✓	✓	✓	
TYSABRI	✓	✓	✓	
UDENYCA	✓	✓	✓	
UNITUXIN				✓
UPTRAVI				✓
VALRUBICIN		✓	✓	
VALSTAR	✓	✓	✓	
VELCADE	✓	✓	✓	
VILTEPSO				✓
VIMIZIM		✓	✓	
VINBLASTINE			✓	
VINCRIStINE			✓	
VINORELBINE			✓	
VIVITROL	✓	✓	✓	
VOXZOGO	✓	✓	✓	
VYEPTI				✓
VYLEESI				✓
VYONDYS-53				✓
VYVGART	✓	✓	✓	
VYXEOS				✓
XEMBIFY		✓	✓	
XENPOZYME		✓	✓	
XEOMIN	✓	✓	✓	
XGEVA	✓	✓	✓	

INJECTABLE MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
XIAFLEX				✓
XOLAIR	✓	✓	✓	
YONDELIS				✓
ZALTRAP		✓	✓	
ZANOSAR	✓		✓	
ZARXIO	✓	✓	✓	
ZIEXTENZO	✓	✓	✓	
ZILRETTA	✓			
ZINECARD	✓		✓	
ZOLADEX	✓	✓	✓	
ZOMACTON	✓	✓	✓	
ZORBTIVE	✓	✓	✓	

ORAL MEDICATIONS

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
8-MOP				✓
ABIRATERONE	✓	✓	✓	
ADCIRCA	✓	✓	✓	
ADEMPAS		✓	✓	
AFINITOR	✓	✓	✓	
AFINITOR DISPERZ	✓	✓	✓	
ALECENSA	✓	✓	✓	
ALKERAN	✓		✓	
ALUNBRIG				✓
ALYQ			✓	
AMBRISENTAN	✓	✓	✓	

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
AMPYRA		✓	✓	
AUBAGIO	✓	✓	✓	
AUSTEDO				✓
AYVAKIT				✓
BAFIERTAM	✓	✓	✓	
BALVERSA				✓
BETHKIS	✓	✓	✓	
BONIVA 150MG				✓
BOSENTAN		✓	✓	
BOSULIF	✓	✓	✓	
BRONCHITOL		✓	✓	
BYLVAY		✓		
CABOMETYX		✓	✓	
CALQUENCE				✓
CAMZYOS		✓	✓	
CAPECITABINE	✓	✓	✓	
CARBAGLU		✓		
CARGLUMIC ACID				✓
CAYSTON	✓	✓	✓	
CERDELGA	✓	✓	✓	
CHENODAL				✓
CHOLBAM				✓
CIBINQO	✓		✓	
COMETRIQ				✓
COPEGUS	✓		✓	
COPIKTRA				✓
COTELLIC	✓	✓	✓	
CYCLOPHOSPHAMIDE		✓	✓	

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
CYSTAGON			✓	
DAKLINZA	✓		✓	
DALFAMPRIDINE		✓	✓	
DARAPRIM				✓
DAURISMO	✓	✓	✓	
DDAVP				✓
DEFERASIROX	✓	✓	✓	
DIACOMIT				✓
DIMETHYL FUMARATE	✓	✓	✓	
DOJOLVI		✓	✓	
DOPTELET		✓	✓	
DROXIDOPA	✓	✓	✓	
DUOPA		✓		
EMFLAZA				✓
EPCLUSA	✓	✓	✓	
ERIVEDGE	✓	✓	✓	
ERLEADA	✓	✓	✓	
ERLOTINIB		✓	✓	
ESBRIET		✓	✓	
ETOPOSIDE	✓		✓	
EVEROLIMUS	✓	✓	✓	
EVRYSDI		✓		
EXJADE	✓	✓	✓	
EXKIVITY				✓
EXSERVAN				✓
FARYDAK	✓	✓	✓	
FINGOLIMOD		✓		
FIRDAPSE				✓

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
FOTIVDA				✓
GALAFOLD		✓		
GAVRETO				✓
GILENYA	✓	✓	✓	
GILOTRIF		✓		
GLEEVEC	✓	✓	✓	
GOCOVRI ER				✓
HARVONI	✓	✓	✓	
HETLIOZ		✓		
HETLIOZ LQ		✓		
HYCAMTIN	✓	✓	✓	
IBRANCE	✓	✓	✓	
ICLUSIG	✓			
IDHIFA		✓	✓	
IMATINIB		✓	✓	
IMBRUVICA				✓
INBRIJA				✓
INGREZZA				✓
INLYTA	✓	✓	✓	
INQOVI		✓	✓	
INREBIC		✓	✓	
IRESSA		✓	✓	
ISTURISA				✓
JADENU	✓	✓	✓	
JAKAFI		✓	✓	
JAVYGTOR				✓
JUXTAPID		✓		
JYNARQUE				✓

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
KALYDECO	✓	✓		
KEVEYIS				✓
KISQALI	✓	✓	✓	
KISQALI FEMARA	✓	✓	✓	
KITABIS PAK NEBULES	✓	✓	✓	
KORLYM				✓
KOSELUGO				✓
KUVAN		✓	✓	
LAPATINIB	✓	✓	✓	
LEDIPASVIR/SOFOSBUVIR		✓	✓	
LENALIDOMIDE		✓	✓	
LENVIMA		✓	✓	
LETAIRIS		✓	✓	
LIVMARLI				✓
LIVTENCITY				✓
LONSURF		✓	✓	
LORBRENA	✓	✓	✓	
LUMAKRAS	✓	✓	✓	
LUPKYNIS				✓
MAVENCLAD		✓	✓	
MAVYRET	✓	✓	✓	
MAYZENT		✓	✓	
MEKINIST	✓	✓	✓	
MESNEX	✓		✓	
MIGLUSTAT	✓	✓	✓	
MODERIBA	✓	✓	✓	
MULPLETA	✓	✓	✓	
MYCAPSSA	✓		✓	

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
MYLERAN	✓		✓	
NERLYNX	✓	✓	✓	
NEXAVAR	✓	✓	✓	
NINLARO		✓	✓	
NITYR				✓
NORTHERA		✓	✓	
NOURIANZ		✓	✓	
NUBEQA	✓	✓	✓	
NUPLAZID		✓	✓	
OCALIVA		✓	✓	
ODOMZO	✓	✓	✓	
OFEV		✓	✓	
OLUMIANT	✓	✓	✓	
OLYSIO	✓		✓	
ONUREG	✓	✓	✓	
OPSUMIT		✓	✓	
ORENITRAM		✓	✓	
ORFADIN				✓
ORGOVYX				✓
ORKAMBI	✓	✓		
OTEZLA	✓	✓	✓	
OTEZLA STARTER PACK	✓	✓	✓	
OXBRYTA		✓	✓	
PALFORZIA			✓	
PEMAZYRE				✓
PHEBURANE		✓		
PIQRAY		✓	✓	
PIRFENIDONE	✓	✓	✓	

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
POMALYST		✓	✓	
PONVORY	✓	✓	✓	
PROCYSBI		✓		
PROMACTA	✓	✓	✓	
PULMOZYME	✓	✓	✓	
PYRIMETHAMINE			✓	
PYRUKYND				✓
QINLOCK				✓
RADICAVA ORS	✓	✓	✓	
RAVICTI		✓	✓	
REBETOL	✓	✓	✓	
RECORLEV				✓
RETEVMO		✓	✓	
REVATIO	✓	✓	✓	
REVLIMID		✓	✓	
REZUROCK				✓
RIBASPHERE	✓	✓	✓	
RIBASPHERE RIBAPAK	✓	✓	✓	
RIBAVIRIN	✓	✓	✓	
RILUTEK			✓	
RILUZOLE		✓		
RINVOQ ER		✓	✓	
ROZLYTREK	✓	✓		
RUBRACA		✓	✓	
RUZURGI				✓
RYDAPT	✓	✓	✓	
SABRIL		✓	✓	
SAMSCA		✓	✓	

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
SAPROPTERIN	✓	✓	✓	
SCEMBLIX	✓	✓	✓	
SILDENAFIL ANTIHYPERTENSIVE	✓	✓	✓	
SOFOSBUVIR/VELPATASVIR		✓	✓	
SORAFENIB	✓	✓	✓	
SOTYKTU	✓	✓	✓	
SOVALDI	✓	✓	✓	
SPRYCEL	✓	✓	✓	
STIVARGA	✓	✓	✓	
SUCRAID				✓
SUNITINIB	✓	✓	✓	
SUTENT	✓	✓	✓	
SYMDEKO	✓	✓		
TABRECTA	✓	✓	✓	
TADALAFIL ANTIHYPERTENSIVE		✓	✓	
TADLIQ			✓	
TAFINLAR	✓	✓	✓	
TAGRISSO		✓	✓	
TALZENNA	✓	✓	✓	
TARCEVA	✓	✓	✓	
TASIGNA	✓	✓	✓	
TAVALISSE				✓
TAVNEOS				✓
TECFIDERA	✓	✓	✓	
TECHNIVIE	✓		✓	
TEMODAR	✓	✓	✓	
TEMOZOLOMIDE	✓	✓	✓	
TEPMETKO				✓

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
TETRABENAZINE		✓	✓	
THALOMID		✓	✓	
THIOLA				✓
TIGLUTIK				✓
TLANDO				✓
TOBI AMPULES	✓	✓	✓	
TOBI PODHALER	✓	✓	✓	
TOBRAMYCIN NEBULES	✓	✓	✓	
TOLVAPTAN	✓	✓	✓	
TRACLEER		✓	✓	
TRIKAFTA	✓	✓		
TRUSELTIQ				✓
TUKYSA				✓
TURALIO				✓
TYKERB	✓	✓	✓	
TYVASO		✓	✓	
UKONIQ				✓
UPTRAVI		✓	✓	
VELTASSA	✓		✓	
VENCLEXTA				✓
VERZENIO		✓	✓	
VIEKIRA PAK	✓	✓	✓	
VIEKIRA XR	✓	✓	✓	
VIGABATRIN		✓	✓	
VIGADRONE				✓
VIJOICE	✓		✓	
VISTOGARD				✓
VITRAKVI		✓	✓	

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
VIZIMPRO	✓	✓	✓	
VONJO				✓
VOSEVI	✓	✓	✓	
VOTRIENT	✓	✓	✓	
VUMERITY DR	✓	✓	✓	
VYNDAMAX		✓	✓	
VYNDAQEL		✓	✓	
WAKIX		✓	✓	
WELIREG				✓
XALKORI	✓	✓	✓	
XELJANZ	✓	✓	✓	
XELJANZ XR	✓	✓	✓	
XELODA	✓	✓	✓	
XENAZINE		✓	✓	
XERMELO				✓
XOSPATA				✓
XPOVIO				✓
XTANDI	✓	✓	✓	
XURIDEN				✓
XYREM		✓		
XYWAV				✓
YONSA				✓
ZAVESCA		✓		
ZEJULA				✓
ZELBORAF	✓	✓	✓	
ZEPATIER	✓	✓	✓	
ZEPOSIA	✓	✓	✓	
ZOKINVY				✓

ORAL MEDICATIONS (CONTINUED)

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
ZOLINZA	✓	✓	✓	
ZYDELIG				✓
ZYKADIA	✓	✓	✓	
ZYTIGA	✓	✓	✓	

TOPICAL MEDICATIONS

MEDICATION NAME	SPECIALTY PHARMACY AVAILABILITY			
	ACARIAHEALTH	ACCREDITO	CVS SPECIALTY	CAN BE FILLED AT OTHER IN-NETWORK PHARMACIES
CYSTADROPS				✓
CYSTARAN				✓
MUGARD				✓
OXERVATE		✓		
PANRETIN	✓		✓	
QUTENZA				✓
SYNAREL				✓
VALCHLOR		✓		

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 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: 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).

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).



CaremarkPCS Health, LLC ("CVS Caremark") is an independent company that has been contracted to administer pharmacy benefits and provide certain pharmacy services for Blue Cross Blue Shield of Massachusetts. CVS Caremark is part of the CVS Health family of companies. AcariaHealth, Accredo, Encompass Fertility, Freedom Fertility Pharmacy, and Village Fertility Pharmacy are independent companies providing specialty pharmacy services to members of Blue Cross Blue Shield of Massachusetts. Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association. ® Registered Marks and TM Trademarks are the property of their respective owners. © 2022 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

001934300

55-001547128 (12/22)