

# HEALTH SAVINGS ACCOUNT (HSA)

## PREVENTIVE MEDICATION LIST

### For plans that use the:

Blue Cross Blue Shield of Massachusetts Formulary



### THE PHARMACY THAT COMES TO YOU AND SAVES YOU MONEY

With the mail service pharmacy, most maintenance medications can be automatically refilled and shipped every 90 days at a lower cost.\*

To start, create an account at [bluecrossma.org](https://bluecrossma.org).  
Once signed in, click **Pharmacy Benefit Manager** under **My Medications**,  
then go to **Start Rx Delivery by Mail** under the **Prescriptions** tab.  
You can also call CVS Customer Care at **1-877-817-0477 (TTY: 711)**.

\*Not all medications are available through the mail service pharmacy. Check your plan details to see if the mail service pharmacy is included with your plan.



# PREVENTIVE MEDICATIONS COVERED BY HSA-QUALIFIED “SAVER” PLANS<sup>1</sup>

The medications on this list are commonly prescribed to help you stay healthy by preventing complications or secondary conditions. Depending on your plan, you may not be required to pay the deductible for some of the medications. In some cases, your employer may also exempt the copayment or co-insurance. Check your benefit materials for details.

This isn't a complete list of covered medications, and inclusion on this list doesn't guarantee coverage.<sup>2</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>3</sup>**

## Learn more about your coverage

For more information about coverage for these medications, sign in to MyBlue at **bluecrossma.org** 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. Blue Cross Blue Shield of Massachusetts plans that are HSA-qualified include the term “Saver” in the plan name.

For example: Blue Care Elect Saver or HMO Blue New England Saver \$2,000.

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

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

| Medication class                                                          | Medication name                 |
|---------------------------------------------------------------------------|---------------------------------|
| ACE inhibitors/angiotensin II receptor antagonists and combination agents | ACCUPRIL                        |
|                                                                           | ACCURETIC                       |
|                                                                           | ALTACE                          |
|                                                                           | AMLODIPINE/BENAZEPRIL           |
|                                                                           | ATACAND                         |
|                                                                           | ATACAND HCT                     |
|                                                                           | AVALIDE                         |
|                                                                           | AVAPRO                          |
|                                                                           | BENAZEPRIL                      |
|                                                                           | BENAZEPRIL/HYDROCHLOROTHIAZIDE  |
|                                                                           | BENICAR                         |
|                                                                           | BENICAR HCT                     |
|                                                                           | CANDESARTAN                     |
|                                                                           | CANDESARTAN/HYDROCHLOROTHIAZIDE |
|                                                                           | CAPTOPRIL                       |
|                                                                           | CAPTOPRIL/HYDROCHLOROTHIAZIDE   |
|                                                                           | COZAAR                          |
|                                                                           | DIOVAN                          |
|                                                                           | DIOVAN HCT                      |
|                                                                           | EDARBI                          |
|                                                                           | EDARBYCLOR                      |
|                                                                           | ENALAPRIL                       |
|                                                                           | ENALAPRIL/HYDROCHLOROTHIAZIDE   |
|                                                                           | EPANED                          |
|                                                                           | FOSINOPRIL                      |
|                                                                           | FOSINOPRIL/HYDROCHLOROTHIAZIDE  |
|                                                                           | HYZAAR                          |
|                                                                           | IRBESARTAN                      |
|                                                                           | IRBESARTAN/HYDROCHLOROTHIAZIDE  |
|                                                                           | LISINOPRIL                      |
|                                                                           | LISINOPRIL/HYDROCHLOROTHIAZIDE  |

| Medication class                                                                      | Medication name                   |
|---------------------------------------------------------------------------------------|-----------------------------------|
| ACE inhibitors/angiotensin II receptor antagonists and combination agents (continued) | LOSARTAN                          |
|                                                                                       | LOSARTAN/HYDROCHLOROTHIAZIDE      |
|                                                                                       | LOTENSIN                          |
|                                                                                       | LOTENSIN HCT                      |
|                                                                                       | LOTREL                            |
|                                                                                       | MICARDIS                          |
|                                                                                       | MICARDIS HCT                      |
|                                                                                       | MOEXIPRIL                         |
|                                                                                       | OLMESARTAN                        |
|                                                                                       | OLMESARTAN/HYDROCHLOROTHIAZIDE    |
|                                                                                       | PERINDOPRIL                       |
|                                                                                       | PRESTALIA                         |
|                                                                                       | QBRELIS                           |
|                                                                                       | QUINAPRIL                         |
|                                                                                       | QUINAPRIL/HYDROCHLOROTHIAZIDE     |
|                                                                                       | RAMIPRIL                          |
|                                                                                       | TELMISARTAN                       |
|                                                                                       | TELMISARTAN/HYDROCHLOROTHIAZIDE   |
|                                                                                       | TRANDOLAPRIL                      |
|                                                                                       | TRANDOLAPRIL/VERAPAMIL ER         |
|                                                                                       | VALSARTAN                         |
|                                                                                       | VALSARTAN/HYDROCHLOROTHIAZIDE     |
|                                                                                       | VASERETIC                         |
|                                                                                       | VASOTEC                           |
|                                                                                       | ZESTORETIC                        |
|                                                                                       | ZESTRIL                           |
| Agents for chemical dependency                                                        | ACAMPROSATE CALCIUM               |
|                                                                                       | BRIXADI                           |
|                                                                                       | BUPRENORPHINE SUBLINGUAL          |
|                                                                                       | BUPRENORPHINE/NALOXONE SUBLINGUAL |
|                                                                                       | DEPADE                            |

| Medication class                                  | Medication name |
|---------------------------------------------------|-----------------|
| <b>Agents for chemical dependency (continued)</b> | DISULFIRAM      |
|                                                   | NALTREXONE      |
|                                                   | SUBLOCADE       |
|                                                   | SUBOXONE FILM   |
|                                                   | VIVITROL        |
|                                                   | ZUBSOLV         |
| <b>Allergenic extracts</b>                        | GRASTEK         |
|                                                   | ODACTRA         |
|                                                   | ORALAIR         |
|                                                   | PALFORZIA       |
|                                                   | RAGWITEK        |
| <b>Anaphylaxis therapy agents</b>                 | ADRENALIN       |
|                                                   | ADYPHREN        |
|                                                   | AUVI-Q          |
|                                                   | EPINEPHRINE     |
|                                                   | EPINEPHRINE PRO |
|                                                   | EPIPEN          |
|                                                   | EPIPEN-JR       |
|                                                   | EPISNAP         |
|                                                   | SYMJEPI         |
| <b>Anti-arrhythmic agents</b>                     | AMIODARONE      |
|                                                   | BETAPACE        |
|                                                   | BETAPACE AF     |
|                                                   | DISOPYRAMIDE    |
|                                                   | DOFETILIDE      |
|                                                   | FLECAINIDE      |
|                                                   | MULTAQ          |
|                                                   | NORPACE         |
|                                                   | NORPACE CR      |
|                                                   | PACERONE        |
|                                                   | PROPAFENONE     |

| Medication class                   | Medication name  |
|------------------------------------|------------------|
| Anti-arrhythmic agents (continued) | PROPAFENONE ER   |
|                                    | SOTALOL          |
|                                    | SOTALOL AF       |
|                                    | SOTYLIZE         |
|                                    | TIKOSYN          |
| Anti-coagulants                    | ARIXTRA          |
|                                    | DABIGATRAN       |
|                                    | ELIQUIS          |
|                                    | ENOXAPARIN       |
|                                    | FONDAPARINUX     |
|                                    | FRAGMIN          |
|                                    | JANTOVEN         |
|                                    | LOVENOX          |
|                                    | PRADAXA          |
|                                    | PRADAXA PAK      |
|                                    | SAVAYSA          |
|                                    | WARFARIN         |
| Anti-convulsants                   | XARELTO          |
|                                    | APTIOM           |
|                                    | BANZEL           |
|                                    | BRIVIACT         |
|                                    | CARBAMAZEPINE    |
|                                    | CARBAMAZEPINE ER |
|                                    | CARBATROL        |
|                                    | CELONTIN         |
|                                    | CLOBAZAM         |
|                                    | CLONAZEPAM       |
|                                    | DEPAKOTE         |
|                                    | DEPAKOTE ER      |
|                                    | DIACOMIT         |
|                                    | DILANTIN         |

| Medication class             | Medication name      |
|------------------------------|----------------------|
| Anti-convulsants (continued) | DIVALPROEX SODIUM DR |
|                              | DIVALPROEX SODIUM ER |
|                              | ELEPSIA XR           |
|                              | EPIDIOLEX            |
|                              | EPITOL               |
|                              | EPRONTIA             |
|                              | ETHOSUXIMIDE         |
|                              | FELBAMATE            |
|                              | FELBATOL             |
|                              | FINTEPLA             |
|                              | FYCOMPA              |
|                              | KEPPRA               |
|                              | KEPPRA XR            |
|                              | KLONOPIN             |
|                              | LACOSAMIDE           |
|                              | LAMICTAL             |
|                              | LAMICTAL XR          |
|                              | LAMOTRIGINE          |
|                              | LAMOTRIGINE ER       |
|                              | LEVETIRACETAM        |
|                              | LEVETIRACETAM ER     |
|                              | METHSUXIMIDE         |
|                              | MOTPOLY XR           |
|                              | MYSOLINE             |
|                              | ONFI                 |
|                              | OXCARBAZEPINE        |
|                              | OXCARBAZEPINE ER     |
|                              | OXTELLAR XR          |
|                              | PHENOBARBITAL        |
|                              | PHENYTEK             |
|                              | PHENYTOIN            |

| Medication class             | Medication name     |
|------------------------------|---------------------|
| Anti-convulsants (continued) | PHENYTOIN SODIUM ER |
|                              | PRIMIDONE           |
|                              | QUDEXY XR           |
|                              | ROWEEPRA            |
|                              | RUFINAMIDE          |
|                              | SABRIL              |
|                              | TEGRETOL            |
|                              | TEGRETOL-XR         |
|                              | TIAGABINE           |
|                              | TOPAMAX             |
|                              | TOPIRAMATE          |
|                              | TOPIRAMATE ER       |
|                              | TRILEPTAL           |
|                              | TROKENDI XR         |
|                              | VALPROIC ACID       |
|                              | VIGABATRIN          |
|                              | VIGAFYDE            |
|                              | VIMPAT              |
|                              | XCOPRI              |
|                              | ZARONTIN            |
|                              | ZONEGRAN            |
|                              | ZONISADE            |
|                              | ZONISAMIDE          |
|                              | ZTALMY              |
| Anti-depressants             | AMITRIPTYLINE       |
|                              | AMOXAPINE           |
|                              | ANAFRANIL           |
|                              | APLENZIN            |
|                              | AUVELITY            |
|                              | BUPROPION           |
|                              | BUPROPION ER        |

| Medication class             | Medication name    |
|------------------------------|--------------------|
| Anti-depressants (continued) | CELEXA             |
|                              | CITALOPRAM         |
|                              | CYMBALTA           |
|                              | DESIPRAMINE        |
|                              | DESVENLAFAXINE ER  |
|                              | DOXEPIN            |
|                              | DRIZALMA SPRINKLE  |
|                              | DULOXETINE DR      |
|                              | EFFEXOR XR         |
|                              | EMSAM              |
|                              | ESCITALOPRAM       |
|                              | FETZIMA            |
|                              | FLUOXETINE         |
|                              | FLUOXETINE 60 MG   |
|                              | FLUOXETINE DR      |
|                              | FORFIVO XL         |
|                              | IMIPRAMINE HCL     |
|                              | IMIPRAMINE PAMOATE |
|                              | IRENKA             |
|                              | LEXAPRO            |
|                              | MARPLAN            |
|                              | MIRTAZAPINE        |
|                              | NARDIL             |
|                              | NORPRAMIN          |
|                              | NORTRIPTYLINE      |
|                              | OLEPTRO            |
|                              | PAMELOR            |
|                              | PARNATE            |
|                              | PAROXETINE HCL     |
|                              | PAROXETINE HCL ER  |
|                              | PAXIL              |

| Medication class             | Medication name  |
|------------------------------|------------------|
| Anti-depressants (continued) | PAXIL CR         |
|                              | PHENELZINE       |
|                              | PRISTIQ          |
|                              | PROTRIPTYLINE    |
|                              | PROZAC           |
|                              | REMERON          |
|                              | SERTRALINE       |
|                              | TRANLYCYPROMINE  |
|                              | TRAZODONE        |
|                              | TRIMIPRAMINE     |
|                              | TRINTELLIX       |
|                              | VENLAFAXINE      |
|                              | VENLAFAXINE ER   |
|                              | VIIBRYD          |
|                              | VILAZODONE       |
|                              | WELLBUTRIN SR    |
|                              | WELLBUTRIN XL    |
|                              | ZOLOFT           |
| Anti-estrogens               | SOLTAMOX         |
|                              | TAMOXIFEN        |
| Anti-hyperlipidemics         | ALTOPREV         |
|                              | ANTARA           |
|                              | ATORVALIQ        |
|                              | ATORVASTATIN     |
|                              | CHOLESTYRAMINE   |
|                              | COLESEVELAM      |
|                              | COLESTID         |
|                              | COLESTIPOL       |
|                              | CRESTOR          |
|                              | EZALLOR SPRINKLE |
|                              | EZETIMIBE        |

| Medication class                 | Medication name         |
|----------------------------------|-------------------------|
| Anti-hyperlipidemics (continued) | FENOFIBRATE             |
|                                  | FENOFIBRIC ACID         |
|                                  | FENOFIBRIC ACID DR      |
|                                  | FENOGLIDE               |
|                                  | FIBRICOR                |
|                                  | FLOLIPID                |
|                                  | FLUVASTATIN             |
|                                  | FLUVASTATIN ER          |
|                                  | GEMFIBROZIL             |
|                                  | ICOSAPENT ETHYL         |
|                                  | LESCOL XL               |
|                                  | LIPITOR                 |
|                                  | LIPOFEN                 |
|                                  | LIVALO                  |
|                                  | LOPID                   |
|                                  | LOVASTATIN              |
|                                  | NEXLETOL                |
|                                  | NEXLIZET                |
|                                  | NIACIN ER               |
|                                  | NIACOR                  |
|                                  | PITAVASTATIN            |
|                                  | PRALUENT                |
|                                  | PRAVASTATIN             |
|                                  | PREVALITE               |
|                                  | QUESTRAN/QUESTRAN LIGHT |
|                                  | REPATHA                 |
|                                  | ROSUVASTATIN            |
|                                  | SIMVASTATIN             |
|                                  | TRICOR                  |
|                                  | TRILIPIX                |
|                                  | VASCEPA                 |

| Medication class                 | Medication name      |
|----------------------------------|----------------------|
| Anti-hyperlipidemics (continued) | WELCHOL              |
|                                  | ZETIA                |
|                                  | ZOCOR                |
|                                  | ZYPITAMAG            |
| Anti-malarial agents             | ARAKODA              |
|                                  | ATOVAQUONE/PROGUANIL |
|                                  | CHLOROQUINE          |
|                                  | MALARONE             |
|                                  | MEFLOQUINE           |
|                                  | PRIMAQUINE           |
| Anti-manics                      | LITHIUM              |
|                                  | LITHIUM CARBONATE    |
|                                  | LITHIUM CARBONATE ER |
|                                  | LITHOBID ER          |
| Anti-obesity agents              | CONTRAVE             |
|                                  | SAXENDA              |
|                                  | WEGOVY               |
|                                  | ZEPBOUND             |
| Anti-psychotics                  | ABILIFY              |
|                                  | ABILIFY ASIMTUFII    |
|                                  | ABILIFY MAINTENA     |
|                                  | ABILIFY MYCITE       |
|                                  | ARIPRAZOLE           |
|                                  | ARISTADA             |
|                                  | ASENAPINE            |
|                                  | CAPLYTA              |
|                                  | CHLORPROMAZINE       |
|                                  | CLOZAPINE            |
|                                  | CLOZARIL             |
|                                  | EQUETRO              |
|                                  | FANAPT               |

| Medication class            | Medication name                       |
|-----------------------------|---------------------------------------|
| Anti-psychotics (continued) | FLUPHENAZINE                          |
|                             | FLUPHENAZINE DECANOATE                |
|                             | GEODON                                |
|                             | HALDOL DECANOATE                      |
|                             | HALOPERIDOL                           |
|                             | INVEGA                                |
|                             | INVEGA SUSTENNA                       |
|                             | INVEGA TRINZA                         |
|                             | LATUDA                                |
|                             | LOXAPINE                              |
|                             | LURASIDONE                            |
|                             | LYBALVI                               |
|                             | OLANZAPINE                            |
|                             | OLANZAPINE ORALLY DISINTEGRATING TABS |
|                             | PALIPERIDONE                          |
|                             | PERPHENAZINE                          |
|                             | PERSERIS                              |
|                             | QUETIAPINE                            |
|                             | QUETIAPINE ER                         |
|                             | REXULTI                               |
|                             | RISPERDAL                             |
|                             | RISPERDAL CONSTA                      |
|                             | RISPERIDONE                           |
|                             | RYKINDO                               |
|                             | SAPHRIS                               |
|                             | SECUADO                               |
|                             | SEROQUEL                              |
|                             | SEROQUEL XR                           |
|                             | THIORIDAZINE                          |
|                             | THIOTHIXENE                           |
|                             | TRIFLUOPERAZINE                       |

| Medication class                     | Medication name                                        |
|--------------------------------------|--------------------------------------------------------|
| Anti-psychotics (continued)          | UZEDY                                                  |
|                                      | VERSACLOZ                                              |
|                                      | VRAYLAR                                                |
|                                      | ZIPRASIDONE                                            |
|                                      | ZYPREXA                                                |
|                                      | ZYPREXA ZYDIS                                          |
| Anti-retroviral agents               | APRETUDE                                               |
|                                      | DESCOVY                                                |
|                                      | EMTRICITABINE/TENOFOVIR DISOPROXIL FUMARATE 200/300 MG |
|                                      | TRUVADA 200/300 MG                                     |
| Aromatase inhibitors                 | ANASTROZOLE                                            |
|                                      | ARIMIDEX                                               |
|                                      | AROMASIN                                               |
|                                      | EXEMESTANE                                             |
|                                      | FEMARA                                                 |
|                                      | LETROZOLE                                              |
| Beta-blockers and combination agents | ACEBUTOLOL                                             |
|                                      | ATENOLOL                                               |
|                                      | ATENOLOL/CHLORTHALIDONE                                |
|                                      | BETAXOLOL                                              |
|                                      | BISOPROLOL                                             |
|                                      | BISOPROLOL/HYDROCHLOROTHIAZIDE                         |
|                                      | BYSTOLIC                                               |
|                                      | CARVEDILOL                                             |
|                                      | CARVEDILOL PHOSPHATE ER                                |
|                                      | COREG                                                  |
|                                      | COREG CR                                               |
|                                      | CORGARD                                                |
|                                      | INDERAL LA                                             |
|                                      | KAPSPARGO                                              |

| Medication class                                 | Medication name                                    |
|--------------------------------------------------|----------------------------------------------------|
| Beta-blockers and combination agents (continued) | LABETALOL                                          |
|                                                  | LEVATOL                                            |
|                                                  | LOPRESSOR                                          |
|                                                  | METOPROLOL                                         |
|                                                  | METOPROLOL SUCCINATE ER                            |
|                                                  | METOPROLOL/HYDROCHLOROTHIAZIDE                     |
|                                                  | NADOLOL                                            |
|                                                  | NEBIVOLOL                                          |
|                                                  | PINDOLOL                                           |
|                                                  | PROPRANOLOL                                        |
|                                                  | PROPRANOLOL ER                                     |
|                                                  | TENORETIC                                          |
|                                                  | TENORMIN                                           |
|                                                  | TIMOLOL MALEATE                                    |
|                                                  | TOPROL-XL                                          |
|                                                  | TRANDATE                                           |
| Bowel preparations                               | CLENPIQ                                            |
|                                                  | GAVILYTE                                           |
|                                                  | GOLYTELY                                           |
|                                                  | MOVIPREP                                           |
|                                                  | OSMOPREP                                           |
|                                                  | PEG 3350/ELECTROLYTES                              |
|                                                  | PLENVU                                             |
|                                                  | SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE |
|                                                  | SUFLAVE                                            |
|                                                  | SUPREP                                             |
|                                                  | SUTAB                                              |
| Calcium channel blockers and combination agents  | AMLODIPINE                                         |
|                                                  | CARDIZEM                                           |
|                                                  | CARDIZEM CD                                        |

| Medication class                                            | Medication name         |
|-------------------------------------------------------------|-------------------------|
| Calcium channel blockers and combination agents (continued) | CARDIZEM LA             |
|                                                             | CARTIA XT               |
|                                                             | CONJUPRI                |
|                                                             | DILT-XR                 |
|                                                             | DILTIAZEM               |
|                                                             | DILTIAZEM ER            |
|                                                             | DILTIAZEM XR            |
|                                                             | FELODIPINE ER           |
|                                                             | ISOPTIN SR              |
|                                                             | ISRADIPINE              |
|                                                             | KATERZIA                |
|                                                             | LEVAMLODIPINE           |
|                                                             | MATZIM LA               |
|                                                             | NICARDIPINE             |
|                                                             | NIFEDIAC CC             |
|                                                             | NIFEDIPINE              |
|                                                             | NIFEDIPINE ER           |
|                                                             | NISOLDIPINE ER          |
|                                                             | NORLIQVA                |
|                                                             | NORVASC                 |
|                                                             | PROCARDIA XL            |
|                                                             | SULAR                   |
|                                                             | TIAZAC                  |
|                                                             | VERAPAMIL               |
|                                                             | VERAPAMIL ER            |
|                                                             | VERELAN                 |
|                                                             | VERELAN PM              |
| Combination anti-hyperlipidemics                            | AMLODIPINE/ATORVASTATIN |
|                                                             | CADUET                  |
|                                                             | EZETIMIBE/SIMVASTATIN   |
|                                                             | VYTORIN                 |

| Medication class               | Medication name                                                       |
|--------------------------------|-----------------------------------------------------------------------|
| Contraceptives                 | ALL PRESCRIPTION FORMULATIONS                                         |
| Dental caries prevention       | PEDIATRIC MULTIVITAMINS WITH FLUORIDE – ALL PRESCRIPTION FORMULATIONS |
|                                | SODIUM FLUORIDE                                                       |
| Diagnostic agents and supplies | BLOOD GLUCOSE STRIPS – ALL FORMULATIONS                               |
|                                | CONTROL SOLUTIONS                                                     |
|                                | INSULIN DELIVERY DEVICES                                              |
|                                | INSULIN SYRINGES, INFUSION SETS, AND NEEDLES – ALL FORMULATIONS       |
|                                | KETONE BLOOD TEST STRIPS – ALL FORMULATIONS                           |
|                                | LANCETS, LANCET DEVICES                                               |
|                                | URINE TESTING STRIPS – ALL FORMULATIONS                               |
| Diuretics                      | ALDACTAZIDE                                                           |
|                                | AMILORIDE/HYDROCHLOROTHIAZIDE                                         |
|                                | CHLORTHALIDONE                                                        |
|                                | DIURIL                                                                |
|                                | HYDROCHLOROTHIAZIDE                                                   |
|                                | INDAPAMIDE                                                            |
|                                | SPIRONOLACTONE/HYDROCHLOROTHIAZIDE                                    |
|                                | THALITONE                                                             |
|                                | TRIAMTERENE/HYDROCHLOROTHIAZIDE                                       |
| Hereditary angioedema agents   | CINRYZE                                                               |
|                                | HAEGARDA                                                              |
|                                | ORLADEYO                                                              |
|                                | TAKHZYRO                                                              |
| Immunizations                  | ALL FORMULATIONS                                                      |
| Immunosuppressive agents       | ASTAGRAF XL                                                           |
|                                | CELLCEPT                                                              |
|                                | CYCLOSPORINE CAPS                                                     |
|                                | ENVARUSUS XR                                                          |
|                                | EVEROLIMUS                                                            |
|                                | GENGRAF                                                               |

| Medication class                     | Medication name         |
|--------------------------------------|-------------------------|
| Immunosuppressive agents (continued) | MYCOPHENOLATE MOFETIL   |
|                                      | MYCOPHENOLATE SODIUM DR |
|                                      | MYFORTIC                |
|                                      | MYHIBBIN                |
|                                      | NEORAL                  |
|                                      | NULOJIX                 |
|                                      | PROGRAF                 |
|                                      | RAPAMUNE                |
|                                      | SANDIMMUNE              |
|                                      | SIROLIMUS               |
|                                      | TACROLIMUS              |
|                                      | ZORTRESS                |
| Inhaled diabetes agents              | AFREZZA                 |
| Injectable diabetes agents           | ADMELOG                 |
|                                      | APIDRA                  |
|                                      | BASAGLAR                |
|                                      | BYDUREON BCISE          |
|                                      | BYETTA                  |
|                                      | FIASP                   |
|                                      | HUMALOG                 |
|                                      | HUMULIN                 |
|                                      | INSULIN ASPART          |
|                                      | INSULIN DEGLUDEC        |
|                                      | INSULIN GLARGINE        |
|                                      | INSULIN LISPRO          |
|                                      | LANTUS                  |
|                                      | LEVEMIR                 |
|                                      | LYUMJEV                 |
|                                      | MOUNJARO                |
|                                      | MYXREDLIN               |
|                                      | NOVOLIN                 |

| Medication class                       | Medication name      |
|----------------------------------------|----------------------|
| Injectable diabetes agents (continued) | NOVOLOG              |
|                                        | OZEMPIC              |
|                                        | REZVOGLAR            |
|                                        | SEMGLEE              |
|                                        | SOLQUA               |
|                                        | SYMLINPEN            |
|                                        | TOUJEO               |
|                                        | TRESIBA              |
|                                        | TRULICITY            |
|                                        | VICTOZA              |
|                                        | XULTOPHY             |
| Miscellaneous                          | CHOLECALCIFEROL (D3) |
|                                        | INPEFA               |
|                                        | LODOCO               |
| Multiple sclerosis agents              | AUBAGIO              |
|                                        | AVONEX               |
|                                        | BAFIERTAM            |
|                                        | BETASERON            |
|                                        | BRIUMVI              |
|                                        | COPAXONE             |
|                                        | DIMETHYL FUMARATE DR |
|                                        | EXTAVIA              |
|                                        | FINGOLIMOD           |
|                                        | GILENYA              |
|                                        | GLATIRAMER           |
|                                        | KESIMPTA             |
|                                        | LEMTRADA             |
|                                        | MAVENCLAD            |
|                                        | MAYZENT              |
|                                        | OCREVUS              |
|                                        | PLEGRIDY             |

| Medication class                      | Medication name            |
|---------------------------------------|----------------------------|
| Multiple sclerosis agents (continued) | PONVORY                    |
|                                       | REBIF                      |
|                                       | TASCENSO ODT               |
|                                       | TECFIDERA                  |
|                                       | TYSABRI                    |
|                                       | VUMERITY                   |
|                                       | ZEPOSIA                    |
| Obsessive compulsive disorder         | CLOMIPRAMINE               |
|                                       | FLUVOXAMINE                |
|                                       | FLUVOXAMINE ER             |
| Oral anti-anginal agents              | ISORDIL                    |
|                                       | ISOSORBIDE DINITRATE       |
|                                       | ISOSORBIDE MONONITRATE     |
|                                       | ISOSORBIDE MONONITRATE ER  |
| Oral diabetes agents                  | ACARBOSE                   |
|                                       | ACTOPLUS MET               |
|                                       | ACTOPLUS MET XR            |
|                                       | ACTOS                      |
|                                       | ALOGLIPTIN                 |
|                                       | ALOGLIPTIN/METFORMIN       |
|                                       | ALOGLIPTIN/PIOGLITAZONE    |
|                                       | AMARYL                     |
|                                       | BEXAGLIFLOZON              |
|                                       | BRENZAVVY                  |
|                                       | DAPAGLIFLOZIN              |
|                                       | DAPAGLIFLOZIN/METFORMIN ER |
|                                       | DUETACT                    |
|                                       | FARXIGA                    |
|                                       | GLIMEPIRIDE                |
|                                       | GLIPIZIDE                  |
|                                       | GLIPIZIDE ER               |

| Medication class                 | Medication name          |
|----------------------------------|--------------------------|
| Oral diabetes agents (continued) | GLIPIZIDE/METFORMIN      |
|                                  | GLUCOTROL XL             |
|                                  | GLUMETZA                 |
|                                  | GLYXAMBI                 |
|                                  | INVOKAMET                |
|                                  | INVOKAMET XR             |
|                                  | INVOKANA                 |
|                                  | JANUMET                  |
|                                  | JANUMET XR               |
|                                  | JANUVIA                  |
|                                  | JARDIANCE                |
|                                  | JENTADUETO               |
|                                  | JENTADUETO XR            |
|                                  | KAZANO                   |
|                                  | METAGLIP                 |
|                                  | METFORMIN                |
|                                  | METFORMIN ER             |
|                                  | MIGLITOL                 |
|                                  | NATEGLINIDE              |
|                                  | NESINA                   |
|                                  | ONGLYZA                  |
|                                  | OSENI                    |
|                                  | PIOGLITAZONE             |
|                                  | PIOGLITAZONE/GLIMEPIRIDE |
|                                  | PIOGLITAZONE/METFORMIN   |
|                                  | QTERN                    |
|                                  | REPAGLINIDE              |
|                                  | RIOMET                   |
|                                  | RYBELSUS                 |
|                                  | SAXAGLIPTIN              |
|                                  | SAXAGLIPTIN/METFORMIN ER |

| Medication class                 | Medication name             |
|----------------------------------|-----------------------------|
| Oral diabetes agents (continued) | SEGLUROMET                  |
|                                  | SITAGLIPTIN                 |
|                                  | SITAGLIPTIN/METFORMIN       |
|                                  | STEGLATRO                   |
|                                  | STEGLUJAN                   |
|                                  | SYNJARDY                    |
|                                  | SYNJARDY XR                 |
|                                  | TRADJENTA                   |
|                                  | TRIJARDY XR                 |
|                                  | XIGDUO XR                   |
|                                  | ZITUVIO                     |
| Osteoporosis                     | ACTONEL                     |
|                                  | ALENDRONATE                 |
|                                  | ATELVIA                     |
|                                  | BINOSTO                     |
|                                  | CALCITONIN                  |
|                                  | CALCITONIN/SALMON           |
|                                  | EVENITY                     |
|                                  | EVISTA                      |
|                                  | FORTEO                      |
|                                  | FOSAMAX                     |
|                                  | FOSAMAX PLUS D              |
|                                  | IBANDRONATE                 |
|                                  | MIACALCIN NASAL SPRAY       |
|                                  | PROLIA                      |
|                                  | RALOXIFENE                  |
|                                  | RECLAST                     |
|                                  | RISEDRONATE                 |
|                                  | TERIPARATIDE                |
|                                  | TYMLOS                      |
|                                  | ZOLEDRONIC ACID 5 MG/100 ML |

| Medication class                | Medication name            |
|---------------------------------|----------------------------|
| Other anti-hypertensive agents  | ALISKIREN                  |
|                                 | AMLODIPINE/OLMESARTAN      |
|                                 | AMLODIPINE/TELMISARTAN     |
|                                 | AMLODIPINE/VALSARTAN/HCTZ  |
|                                 | AZOR                       |
|                                 | CATAPRES-TTS               |
|                                 | CLONIDINE                  |
|                                 | CLONIDINE TRANSDERMAL      |
|                                 | EXFORGE                    |
|                                 | EXFORGE HCT                |
|                                 | GUANFACINE                 |
|                                 | HYDRALAZINE                |
|                                 | HYDROCHLOROTHIAZIDE        |
|                                 | METHYLDOPA                 |
|                                 | MINOXIDIL                  |
|                                 | OLMESARTAN/AMLODIPINE/HCTZ |
|                                 | TEKTURNA                   |
|                                 | TEKTURNA HCT               |
|                                 | TRIBENZOR                  |
|                                 | TRYVIO                     |
| Platelet aggregation inhibitors | ASPIRIN 81 MG              |
|                                 | BRILINTA                   |
|                                 | CLOPIDOGREL                |
|                                 | DIPYRIDAMOLE               |
|                                 | DIPYRIDAMOLE ER/ASPIRIN    |
|                                 | EFFIENT                    |
|                                 | PLAVIX                     |
|                                 | PRASUGREL                  |
|                                 | YOSPRALA                   |
|                                 | ZONTIVITY                  |

| Medication class   | Medication name                    |
|--------------------|------------------------------------|
| Prenatal vitamins  | ALL PRESCRIPTION FORMULATIONS      |
|                    | FOLIC ACID                         |
| Respiratory agents | ACCOLATE                           |
|                    | ADVAIR                             |
|                    | ADVAIR HFA                         |
|                    | AIRDUO RESPICLICK                  |
|                    | ALVESCO                            |
|                    | ARNUITY ELLIPTA                    |
|                    | ASMANEX                            |
|                    | ASMANEX HFA                        |
|                    | BEYFORTUS                          |
|                    | BREO ELLIPTA                       |
|                    | BREYNA                             |
|                    | BUDESONIDE SUSPENSION              |
|                    | BUDESONIDE/FORMOTEROL              |
|                    | CINQAIR                            |
|                    | CROMOLYN SODIUM NEBULIZER SOLUTION |
|                    | DULERA                             |
|                    | FASENRA                            |
|                    | FLUTICASONE FUROATE/VILANTEROL     |
|                    | FLUTICASONE PROPIONATE DISKUS      |
|                    | FLUTICASONE PROPIONATE HFA         |
|                    | FLUTICASONE/SALMETEROL             |
|                    | MONTELUKAST                        |
|                    | NUCALA                             |
|                    | PULMICORT                          |
|                    | PULMICORT FLEXHALER                |
|                    | QVAR REDHALER                      |
|                    | SINGULAIR                          |
|                    | SPIRIVA RESPIMAT 1.25 MCG          |
|                    | SYMBICORT                          |

| Medication class                        | Medication name           |
|-----------------------------------------|---------------------------|
| Respiratory agents (continued)          | SYNAGIS                   |
|                                         | TEZSPIRE                  |
|                                         | TRELEGY ELLIPTA           |
|                                         | WIXELA INHUB              |
|                                         | XOLAIR                    |
|                                         | ZAFIRLUKAST               |
|                                         | ZILEUTON ER               |
|                                         | ZYFLO                     |
| Respiratory therapy supplies            | PEAK FLOW METERS          |
|                                         | SPACER DEVICES            |
|                                         | SPACER SUPPLIES           |
| Smoking deterrents                      | BUPROPION ER              |
|                                         | NICODERM CQ               |
|                                         | NICORETTE GUM             |
|                                         | NICORETTE LOZENGE         |
|                                         | NICOTINE POLACRILEX       |
|                                         | NICOTINE TRANSDERMAL      |
|                                         | NICOTROL INHALER          |
|                                         | NICOTROL NS               |
|                                         | VARENICLINE               |
| Transdermal/topical anti-anginal agents | NITRO-BID                 |
|                                         | NITRO-DUR                 |
|                                         | NITROGLYCERIN TRANSDERMAL |

# 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/العربية:**

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 કૉલ 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 شمار تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ພາຍລວກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

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

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. 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 TM Trademarks are the property of their respective owners. © 2024 Blue Cross and Blue Shield of Massachusetts, Inc., or Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.