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# Learn About Your Pharmacy Program

Effective January 1, 2018

This guide provides an overview of the program, and lists some of the medications covered under your plan, including:

- Over-the-Counter Medications
- Quality Care Dosing Medications
- Prior Authorization Medications
- Specialty Pharmacy Medications
- Step Therapy Medications

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# Pharmacy Program Overview

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Our pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medication list that includes many medications that are available at affordable out-of-pocket costs.

## About This Guide

This guide is up-to-date as of January 1, 2018, and is subject to change. Use it as a reference whenever you need coverage information about our pharmacy program. For the most current and complete information about covered medications, visit our website at [bluecrossma.com/medications](http://bluecrossma.com/medications).

## Mail Service Pharmacy

You can have certain prescriptions delivered right to your door when you order online through Express Scripts®, our pharmacy manager, at [express-scripts.com](http://express-scripts.com). You'll also be able to purchase a 90-day supply of some maintenance medications, such as those used to treat high blood pressure, for less money than you'd pay at a retail pharmacy.

To use the Mail Service Pharmacy, download the order form at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), or call 1-800-262-BLUE (2583).

## Online Resources

### Medication Lookup

Search for covered medications, quickly and easily, at [bluecrossma.com/medications](http://bluecrossma.com/medications). Your individual coverage may vary. Changes to our current medications usually take place on January 1st and July 1st.

### MyBlue

Discover a more personalized experience when looking up your health care information, such as detailed plan information and claims. Log in or create an account at [bluecrossma.com/myblue](http://bluecrossma.com/myblue).

### Express Scripts

Get information about your specific pharmacy coverage by visiting [express-scripts.com](http://express-scripts.com). There, you can look up the cost of medications, find a pharmacy, and set up home delivery.

# Pharmacy Program Overview

## What You Pay For Medications

Our covered medications list is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. Medications are placed on tiers according to a variety of factors, including what they are used for, their cost, and whether equivalent or alternative medications are available. The pharmacy will tell you how much you owe.

### In a 3-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 3 medications.

### In a 4-tier structure

Usually, you'll pay the least for Tier 1 medications and the most for Tier 4 medications.

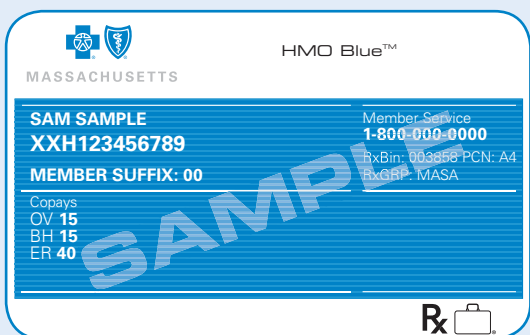
The amount you pay may include your copayment, co-insurance, and deductibles. For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 9:00 p.m. ET.

## Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially-available medications don't meet your specific needs as determined by your provider. Some compounded medications may need prior authorization, have Quality Care Dosing guidelines, or require an exception.

## Covered Medications List Changes

Our covered medications list may change from time to time. These changes may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a retail specialty pharmacy. We notify any impacted members of these changes via direct mailing at least 30 days in advance of the change.



## Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription. A sample ID card is shown on the left.

# Over-the-Counter Medications

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For non-grandfathered health plans under the Affordable Care Act (ACA), the following list includes over-the-counter medications that are covered at no cost to you when they are prescribed by your doctor. This list is up-to-date as of January 1, 2018, and may change from time to time.

- **Generic Aspirin (81 mg)**
- **Generic Folic Acid** is covered for people up to age 50
- **Generic Iron** is covered for infants up to 12 months old
- **Generic Smoking Cessation** (e.g., nicotine gum, lozenges, and patches) is covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** is covered for people ages 65 and older
- **Generic contraceptives** (e.g., female condoms, sponges, and spermicide) are covered

# Quality Care Dosing

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Our Quality Care Dosing program helps to ensure the quantity and dosage meet the Food and Drug Administration's (FDA) regulations, clinical standards, and manufacturer's guidelines of the medications you receive. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

## Dose Consolidation

Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage

## Recommended Monthly Dosing Level

Checks to see that your monthly dosage is consistent with the manufacturer's and FDA's monthly dosing recommendations and clinical information

You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

**Note:** Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary.

This list of medications in our Quality Care Dosing program is up-to-date as of January 1, 2018, and may change from time to time.

For the most up-to-date list of medications subject to Quality Care Dosing, along with associated dosing limits, visit our website at [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to the **Quality Care Dosing** section.

# Quality Care Dosing

Abstral \* (PA)  
 AcipHex \* (PA)  
 Actiq \* (PA)  
 Actonel (ST)  
 ACTOplus Met (ST)  
 ACTOplus Met XR (ST)  
 Actos (ST)  
 Acular PF  
 Acular \*  
 Acular LS \*  
 Adderall XR  
 Adlyxin \* (ST)  
 Advair Diskus (PA)  
 Advair HFA (PA)  
 Advicor  
 Adyphren \*  
 Adzenys XR \*  
 Aerobid \*  
 Aerobid-M \*  
 Aerospan \*  
 Air Duo \* (PA)  
 Akynzeo \*  
 Alendronate Sodium  
 Alora \*  
 Alosetron  
 Alrex \*  
 Alsuma \*  
 Altoprev \*  
 Alupent inhaler  
 Alvesco \*  
 Ambien \*  
 Ambien CR \*  
 Amethia  
 Amethis Lo  
 Amerge  
 Amitiza  
 Amlodipine

Amlodipine-Atorvastatin  
 Ampyra (PA) (SP)  
 Anoro Ellipta  
 Anzemet \*  
 Aplenzin ER \*  
 Aptenzio XR \*  
 Aranesp \* (PA) (SP) (SPO)  
 Arava \*  
 Arcapta Neohaler \*  
 Arnuity Ellipta  
 Arixtra \*  
 Arymo ER \* (PA)  
 Armonair RespiClick \*  
 Ashlyna  
 Asmanex Twisthaler \*  
 Astelin  
 Astepro \*  
 Atelvia DR \* (ST)  
 Atomoxetine (PA)  
 Atorvastatin  
 Atrovent (nasal spray)  
 Atrovent HFA  
 Auvi-Q \*  
 Avandamet (ST)  
 Avandia (ST)  
 Avinza \*  
 Avonex (SP) (SPO)  
 Axert \*  
 Azelastine (nasal spray)  
 Azmacort \*  
 Basaglar \*  
 Belbuca (PA)  
 Belsomra \*  
 Belviq (PA)  
 Belviq XR (PA)  
 Betaseron (SP) (SPO)  
 Bevespi AeroSphere \*

Binosto \* (PA)  
 Boniva tablets \* (ST)  
 Breo Ellipta \*  
 Brisdelle \*  
 Budeprion SR  
 Budeprion XL  
 Budesonide (nebules)  
 Bunavail  
 Buprenorphine  
 Buprenorphine-Naloxone  
 Buprenex  
 Buprenorphine patch (PA)  
 Bupropion SR  
 Bupropion XL  
 Butorphanol NS  
 Butrans (PA)  
 Bydureon (ST)  
 Byetta (ST)  
 Cabergoline  
 Caduet \*  
 Camrese  
 Camrese Lo  
 Cardura \*  
 Cardura XL \*  
 Catapres TTS  
 Celebrex (ST)  
 Celecoxib (ST)  
 Celexa \*  
 Cesamet \*  
 Cholbam  
 Ciclodin solution/kit  
 Ciclopirox nail lacquer  
 Citalopram  
 Climara  
 Climara Pro  
 Clonidine patch  
 CNL 8 nail kit \*

Combivent  
 Combivent Respimat  
 Concerta  
 Cotempla XR ODT \*  
 Contrave (PA)  
 Copaxone (SP) (SPO)  
 Cosentyx (PA)  
 Crestor \*  
 Crolom ophthalmic  
 Cromolyn ophthalmic  
 Cymbalta  
 Daklinza \* (PA) (SP)  
 Daysee  
 Desvenlafaxine ER \*  
 Dexilant \* (PA)  
 Dexmethylphenidate ER  
 Dexmethylphenidate XR  
 Dextroamphetamine/  
 Amphetamine ER  
 Diclofenac gel  
 Diclofenac solution  
 Diflucan (150 mg only)  
 Dihydroergotamine  
 (nasal spray)  
 DM 2 Kit \*  
 Doxazosin  
 Dulera (PA)  
 Duloxetine  
 Duloxetine DR  
 Duragesic \* (PA)  
 Edluar \*  
 Effexor XR \*  
 Eletriptan  
 Embeda \*  
 Emend  
 Emverm \*\*  
 Enbrel (PA) (SP) (SPO)  
 Enoxaparin

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only  
 (PA) prior authorization required  
 (PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply  
 (SP) medication is part of the specialty pharmacy benefit  
 (SPO) pharmacy benefit only  
 (ST) step therapy required

# Quality Care Dosing

Epclusa (PA) (SP)	Focalin XR *	Ipratropium NS	Lunesta
Epinephrine injection	Fondaparinux	Irenka DR *	Luvox CR *
Epi-Pen Auto-Injector	Foradil	Itraconazole	Lysteda *
Epogen * (PA) (SP) (SPO)	Forfivo XL *	Jardiance (ST)	Mavyret ** (PA) (SP)
Escitalopram	Forteo (PA) (SP) (SPO)	Jolessa	Maxair Autohaler *
Esomeprazole (PA)	Fosamax * (ST)	Kadian * (PA)	Maxalt *
Esomeprazole Strontium * (PA)	Fosamax Plus D (ST)	Kalydeco (PA) (SP)	Maxalt-MLT *
Estraderm	Fragmin *	Kerydin *	Meloxicam
Estradiol patch	Frova *	Ketorolac ophthalmic	Menostar *
Estrasorb *	Frovatriptan	Keveyis	Metadate CD
Estrogel *	Gatifloxacin	Kevzara (PA) (SP)	Methylphenidate CD
Eszopiclone	Glatiramer (SP) (SPO)	Khedezla *	Methylphenidate ER
Evamist *	Glatopa (SP) (SPO)	Kytril *	Methylphenidate LA
Evzio	Glucose testing strips (all)	Lamisil *	Mevacor *
Exalgo *	Glyxambi *	Lansoprazole	Migranal
Extavia (SP) (SPO)	Granisetron	Lansoprazole/Amoxicillin/ Clarithromycin	Migranow Kit *
Ezetimibe	Granol	Lazanda * (PA)	Minivelle
Exetimibe/Simvastatin	Grastek (PA)	Leflunomide	Mirtazapine
Famciclovir	Harvoni (PA) (SP)	Lescol *	Mirtazapine Rapid Dissolve
Famvir *	Hetlioz (PA)	Lescol XL *	Mobic *
Farydak (PA)	Humira (PA) (SP) (SPO)	Levalbuterol HFA *	Morphabond ER * (PA)
Farxiga * (ST)	Hydromorphone ER (PA)	Levonorgestrel/ Ethinyl Estradiol	Morphine Sulfate ER (PA)
Fayosim	Hysingla ER * (PA)	Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol	Movantik
Fentanyl oral/mucosal (PA)	Hytrin *	Lexapro	Moxeza *
Fentanyl patch (PA)	Ibandronate	Lidocaine 5% cream	MS Contin (PA)
Fentora * (PA)	Ibrance (PA) (SP)	Lidocaine Patch	Mydayis *
Fetzima *	Imitrex	Lidoderm	Naptara
Flovent/HFA	Impavido	Linzess	Naratriptan
Fluconazole (150 mg only)	Incruse Ellipta (PA)	Lipitor *	Narcan
Fluoxetine	Infergen (PA) (SP) (SPO)	Liptruzet *	NebuPent
Fluoxetine DR	Insulins (all)	Livalo *	Neulasta (SP)
Fluticasone/Salmeterol (PA)	Intermezzo *	LoSeasonique *	Neupogen (SP)
Fluvastatin XR	Introvale	Lotronex	Nexium * (PA)
Fluvastatin	Invokamet (ST)	Lovastatin	Norvasc *
Fluvoxamine	Invokamet XR (ST)	Lovenox *	Nucynta ER * (PA)
Fluvoxamine CR	Invokana (ST)		Nuplazid
			Ocaliva **

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

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(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply (SP) medication is part of the specialty pharmacy benefit (SPO) pharmacy benefit only (ST) step therapy required



# Quality Care Dosing

Odomzo	Plegridy * (SP)	Rivelsa	Terazosin
Olanzapine-Fluoxetine	Praluent (PA) (SP)	Rizatriptan	Terbinafine
Olopatadine Nasal	Pravachol *	Rozerem	Terbinex *
Olysio * (PA) (SP)	Pravastatin	Rosuvastatin	Tivorbex *
Omeprazole	Prevacid * (PA)	Sancuso *	Toujeo Solostar
Omeprazole-Sod. Bicarbonate * (PA)	PrevPac *	Sarafem *	Tranexamic Acid
OmePPI (PA)	Prilosec * (PA)	Saxenda (PA)	Tremfya ** (SP)
Omontys (PA) (SP)	Pristiq *	Seasonique *	Tresiba *
Ondansetron	Pristiq ER *	Seebri Neohaler *	Treximet *
Ondansetron ODT	ProAir HFA	Selferma	Trintellix *
Onmel *	ProAir Respiclick	Serevent Diskus	Triptodur (SP)
Onsolis * (PA)	Procrit (PA) (SP) (SPO)	Sertraline	Trulance *
Onezetra Xsail *	Protonix * (PA)	Setlakin	Trulicity (ST)
Opana ER * (PA)	Proventil HFA *	Silenor *	Tudorza
Oralair (PA)	Prozac *	Siliq ** (SP)	Tymlos (PA) (SP) (SPO)
Oramorph SR * (PA)	Prozac Weekly *	Simcor *	Utibron Neohaler *
Orkambi (PA) (SP)	Pulmicort Flexhaler	Simponi (PA) (SP) (SPO)	Valacylovir
Otezla (PA)	Pulmicort Respules	Simvastatin	Valtrex
Oxycodone ER (PA)	Qualaquin	Soliqua * (ST)	Varubi
OxyContin (PA)	Quartette *	Sonata	Venlafaxine ER capsule
Oxymorphone ER (PA)	Quasense	Sovaldi * (PA) (SP)	Venlafaxine ER tablet
Pantoprazole	Quillichew *	Spiriva	Ventolin HFA *
Paroxetine	Quinine Sulfate	Sporanox *	Viberzi *
Paroxetine CR	Qutenza (SP)	Stiolto Respimat	Victoza (ST)
Patanase *	QVAR	Strattera (PA17)	Viekira PAK * (PA) (SP)
Paxil *	Rabeprazole	Striverdi Respimat	Viekira XR * (PA) (SP)
Paxil CR *	Ragwitek (PA)	Suboxone	Vigamox *
Pediaprox-4	Rapaflox	Subsys * (PA)	Viibryd *
Pegasys (SP) (SPO)	Rebif (SP) (SPO)	Subutex	Vivelle
PEG-Intron (SP) (SPO)	Relpax *	Sumatriptan	Vivelle-Dot
Penlac *	Remeron *	Sumavel Dosepro *	Vivitrol (SPO)
Pennsaid *	Remeron Soltab *	Symbicort (PA)	Vivlodex *
Pexeva *	Repatha * (PA) (SP)	Symbyax	Voltaren gel
Pioglitazone (ST)	Restasis (PA)	Synjardy (ST)	Vosevi (PA) (SP)
Pioglitazone-Glimepiride (ST)	Rexulti *	Taltz * (PA) (SP)	Vytorin *
Pioglitazone-Metformin (ST)	Risedronate	Tanzeum * (ST)	Vyvanse *
	Ritalin LA *	Technivie * (PA) (SP)	Wellbutrin SR *

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only  
(PA) prior authorization required  
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# Quality Care Dosing

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Wellbutrin XL \*

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Xartemis XR \* (PA)

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Xeljanz (PA) (SP)

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Xeljanz XR (PA) (SP)

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Xermelo

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Xiidra (PA)

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Xifaxan

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Xigduo \* (ST)

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Xopenex HFA \*

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Xtampza ER \* (PA)

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Xultophy \* (ST)

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Xuriden

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Yosprala \* (PA)

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Zaleplon

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Zarxio

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Zegerid \* (PA)

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Zembrace Symtouch \*

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Zepatier \* (PA) (SP)

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Zetia \*

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Zinbryta \* (SP)

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Zocor \*

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Zofran \*

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Zofran ODT \*

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Zohydro ER \* (PA)

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Zolmitriptan

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Zolmitriptan ODT

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Zoloft \*

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Zolpidem

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Zolpidem CR

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Zolpidem SL

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Zolpimist \*

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Zomig \*

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Zomig ZMT \*

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Zubsolv

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Zuplenz \*

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Zydelig (PA) (SP)

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Zynbryta \*\*

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Zymar \*

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Zymaxid \*

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\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions  
\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions  
(MBO) medical benefit only  
(PA) prior authorization required  
(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older  
(QCD) Quality Care Dosing limits apply  
(SP) medication is part of the specialty pharmacy benefit  
(SPO) pharmacy benefit only  
(ST) step therapy required

# Prior Authorization

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Your doctor is required to obtain prior authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Another part of our prior authorization program is step therapy. Please refer to the Step Therapy section in this brochure for more information.

This list of medications that require prior authorization is up-to-date as of January 1, 2018, and may change from time to time.

For the most up-to-date list of medications that require prior authorization, visit our website, [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to **Prior Authorization**.

# Prior Authorization

Abstral * (QCD)	Cotellic (SP)	Gel-One * (SPO)	Lucentis (MBO)
AcipHex * (QCD)	Cosentyx (SP) (SPO)	Gelsyn-3 * (SPO)	Lynparza
Actemra (SP)	Daklinza * (QCD) (SP)	Genotropin * (SP) (SPO)	Lyrice
Acthar (SP)	Desoxyn (PA17)	Geref	Macugen (MBO)
Actiq * (QCD)	Dexilant * (QCD)	Grastek (QCD)	Mavyret ** (QCD) (SP)
Adcirca (SP)	Dexedrine (PA17)	Harvoni (QCD) (SP)	Makena (SP)
Addyi *	Dextroamphetamines (PA17)	Hetlioz (QCD)	Mekinist
Advair HFA (QCD)	Dificid *	Humatrope (SP) (SPO)	Methadone
Air Duo * (QCD)	Diskets	Humira (QCD) (SP) (SPO)	Methadose
Alecensa (SP)	Dulera (QCD)	Hyalgan * (SPO)	Methamphetamine (PA17)
Amevive (MBO)	Dolophine	Hydromorphone ER	Modafinil
Amodafanil	Dupixent (SP)	Hydroxyprogesterone (SP)	Monovisc * (SPO)
Amphetamines (e.g. Amphetamine, Methamphetamine, Liquadd, Procentra)	Duragesic * (QCD)	Hymovis * (SPO)	Morphabond ER * (QCD)
Ampyra (QCD) (SP)	Dysport (SP)	Hysingla ER * (QCD)	Morphine Sulfate CR (QCD)
Aralast (MBO)	Egrifta (SP)	Ibandronate injection/syringe (SP)	Morphine Sulfate ER (QCD)
Aralast NP (MBO)	Elidel	Ibrance (QCD) (SP)	MS Contin (QCD)
Aranesp * (QCD) (SP) (SPO)	Embeda * (QCD)	Idhifa (SP)	Myalept (SP)
Arymo ER * (QCD)	Enbrel (QCD) (SP) (SPO)	Ilaris (SP) (SPO)	Myobloc (SP)
Atomoxetine (QCD)	Enteral formula	Increlex (SP) (SPO)	Nexium * (QCD)
Avinza * (QCD)	Entyvio * (SP)	Incruse Ellipta (QCD)	Norditropin * (SP) (SPO)
Belbuca * (QCD)	Epclusa (QCD) (SP)	Inflectra (SP)	Nucala (SP)
Belviq (QCD)	Epogen * (QCD) (SP) (SPO)	Interferons (alpha, gamma)	Nucynta ER * (QCD)
Belviq XR (QCD)	Erbitux (MBO)	Iplex	Nutritional Supplements
Binosto *	Esomeprazole (QCD)	IV Immunoglobulin (MBO)	Nutropin (SP) (SPO)
Boniva syringe * (SP)	Esomeprazole Strontium * (QCD)	Juxtapid (SP)	Nuvigil * (PA17)
Botox/Botulinum Toxin (SP)	Euflexxa * (SPO)	Kadian * (QCD)	Olysio * (QCD) (SP)
Buprenex	Evekeo *	Kalydeco (QCD) (SP)	Omeprazole-Sod. Bicarbonate * (QCD)
Buprenorphine patch (QCD)	Exalgo * (QCD)	Kevzara (SP)	OmePPI (QCD)
Butrans (QCD)	Eylea (MBO)	Kineret (SP) (SPO)	Omnitrope (SP) (SPO)
Ceredase (MBO)	Factor VIII, VIIIa, IX, XIII (MBO)	Kisqali (SP)	Omontys (SP) (SPO)
Cerezyme (SP)	Farydak (SP)	Kisqali Femara (SP)	Onsolis * (QCD)
Cimzia (SP) (SPO)	Fentanyl patch (QCD)	Kynamro (SP)	Opana ER * (QCD)
Cinqair (SP)	Fentanyl oral/mucosal (QCD)	Lazanda * (QCD)	Opdivo (SP)
Cinryze (MBO)	Fentora * (QCD)	Lenvima (SP)	Oralair (QCD)
Contrave (QCD)	Fluticasone/Salmeterol (QCD)	Leukine (SP)	Oramorph SR * (QCD)
	Forteo (QCD) (SP) (SPO)	Liquadd (PA17)	Orencia * (SP)

\* non-covered medication; Quality Care Dosing limits apply for members with approved formulary exceptions

\*\* new to market drug; non-covered while under review quantity limits apply to members with approved formulary exceptions (MBO) medical benefit only

(PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply

(SP) medication is part of the specialty pharmacy benefit

(SPO) pharmacy benefit only

(ST) step therapy required

# Prior Authorization

Orkambi (SP)	Sildenafil (SP)	Xolair (SP)
Orthovisc * (SPO)	Simponi (QCD) (SP) (SPO)	Xtampza ER (QCD)
Otezla (QCD) (SP)	Simponi Aria (SP)	Yosprala * (QCD)
Oxycodone ER (QCD)	Sovaldi * (QCD) (SP)	Zegerid * (QCD)
Oxycontin (QCD)	Spinraza (SP)	Zelboraf (SP)
Oxymorphone ER (QCD)	Stelara (SP) (SPO)	Zenzedi (PA17)
Praluent (QCD) (SP)	Strattera (PA17) (QCD)	Zepatier * (QCD) (SP)
Preservative-Free Morphine (MBO)	Subsys * (QCD)	Zohydro ER * (QCD)
Prevacid * (QCD)	Supartz * (SPO)	Zomactin * (SP) (SPO)
Prilosec * (QCD)	Symbicort (QCD)	Zometa (MBO)
Procentra (PA17)	Synvisc * (SPO)	Zorbtive (SPO)
Procrit (QCD) (SP) (SPO)	Synvisc One * (SPO)	Zydelig (QCD) (SP)
Prolastin (MBO)	Tacrolimus (topical)	Zykadia (SP)
Prolastin C (MBO)	Tafinlar (SP)	
Proleukin (SP)	Taltz * (QCD) (SP)	
Prolia (SP) (SPO)	Technivie * (QCD) (SP)	
Protonix * (QCD)	Tev-Tropin * (SP) (SPO)	
Protopic	Topical Retinoic Acid Derivatives (e.g. Retin-A) (PA30)	
Protropin (SPO)	TPN (total parenteral nutrition) (MBO)	
Provigil (PA17)	Tymlos (QCD) (SP) (SPO)	
Ragwitek (QCD)	Tysabri (MBO)	
Raptiva	Venclexta (SP)	
Reclast (MBO)	Vectibix (MBO)	
Regranex	Victrelis (SP)	
Remicade (SP)	Viekira XR * (QCD) (SP)	
Renflexis (SP)	Viekira PAK * (QCD) (SP)	
Repatha * (QCD) (SP)	Vosevi (QCD) (SP)	
Respiratory SyncytialVirus IG/ Synagis (SP)	Xalkori (SP)	
Restasis (QCD)	Xartemis XR * (QCD)	
Revatio * (SP)	Xeljanz (QCD) (SP)	
Rituxan (SP)	Xeljanz XR (QCD) (SP)	
Rydapt (SP)	Xeomin (SP)	
Saizen * (SP) (SPO)	Xgeva (SP) (SPO)	
SaizenPrep * (SP) (SPO)	Xiaflex (MBO)	
Saxenda (QCD)	Xiidra (QCD)	
Serostim (SP) (SPO)		

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(PA) prior authorization required

(PA17) prior authorization required for members who are 17 years of age or older

(PA30) prior authorization required for members age 30 and older

(QCD) Quality Care Dosing limits apply

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(ST) step therapy required

# Specialty Pharmacy Medications

Blue Cross Blue Shield of Massachusetts has set up a network of retail specialty pharmacies to provide certain medications classified as specialty. The following is a list of medications that can only be purchased from one of the pharmacies in this network in order for coverage to be available.

## Network Pharmacy Information

### AcariaHealth

1-866-892-1202  
acariahealth.com

### Accredo Health Group, Inc./CuraScript

1-877-988-0058  
accredo.com

### AllCare Plus

1-855-880-1091  
allcarepluspharmacy.com

### CVS Caremark, Inc.

1-866-846-3096  
caremark.com

### Onco360, Oncology Pharmacy Solutions

1-877-662-6633  
onco360.com

### AllianceRx Walgreens Prime

1-800-649-2872 / Fax: 866-935-0719  
alliancerxwp.com

## Network Pharmacy Information for Medications Most Commonly Used for Fertility

### AcariaHealth Fertility

1-877-928-5125 / Fax: 866-927-9870  
acariahealth.com/index.php/explore/infertility

### BriovaRx

1-800-850-9122  
briovarx.com

### Freedom Fertility Pharmacy

1-866-297-9452  
freedomfertility.com

### Metro Drugs

1-888-258-0106  
metrodrugs.com

### Village Fertility Pharmacy

1-877-334-1610  
villagefertilitypharmacy.com

### AllianceRx Walgreens Prime

1-800-424-9002  
alliancerxwp.com

This list is up-to-date as of January 1, 2018, and may change from time to time.

You can find the latest information about your medications and look up pharmacy contact information by visiting [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy).

# Specialty Pharmacy Medications

## Injectable Medications

Abraxane
Actemra (PA)
Acthar (PA)
Actimmune (PA) (SPO)
Adriamycin PFS
Adrucil
Alferon N (PA)
Alkeran
Apokyn
Aranesp * (PA) (QCD) (SPO)
Arcalyst Injection (SPO)
Aredia
Arzerra
Aveed
Avonex (QCD) (SPO)
Beleodaq
Betaseron (QCD) (SPO)
BiCNU
Bivigam (PA)
Bleomycin Sulfate
Blinicyto
Boniva Injection * (PA)
Botox (PA)
Busulfex
Calcium Folate
Camptosar
Carboplatin
Carimune (PA)
Cerubidine
Cerezyme (PA)
Cimzia * (PA) (SPO)
Cinqair (PA)
Cisplatin
Cladribine
Copaxone (QCD) (SPO)

Cosentyx (PA) (SPO)
Cosmegen
Cuvitru (PA)
Cyclophosphamide
Cyramza
Cytarabine
Cytogam (PA)
Cytoxan
Dacarbazine
Dactinomycin
Darzalex
Daunorubicin HCL
DaunoXome
DDAVP *
Depocyt
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Doxil
Doxorubicin HCl
DTIC-Dome
Dupixent (PA)
Dysport (PA)
Egrifta (PA)
Eligard
Ellence
Eloxatin
Elspar
Empliciti
Enbrel (PA) (QCD) (SPO)
Entyvio * (PA)
Epirubicin
Epogen * (PA) (QCD) (SPO)
Ethylol
Etopophos
Etoposide

Extavia * (QCD) (SPO)
Faslodex
Firazyr
Firmagon
Flebogamma (PA)
Floxuridine
Fludara
Fludarabine phosphate
Fluorouracil
Forteo (PA) (QCD) (SPO)
FUDR
Fusilev I.V.
Fuzeon (SPO)
Gammagard (PA)
Gammagard Liquid (PA)
GamaSTAN (PA)
Gammaked (PA)
Gammaplex (PA)
Gamunex (PA)
Gattex
Gazyva
Gemcitabine
Gemzar
Genotropin * (PA) (SPO)
Glatiramer (QCD) (SPO)
Glatopa (QCD) (SPO)
Granix
Herceptin
Hizentra (PA)
Humatrope (PA) (SPO)
Humira (PA) (QCD) (SPO)
Hycamtin
Hydroxyprogesterone (PA)
HyQvia (PA)
Ibandronate injection/ syringe (PA)
Idamycin PFS

Idarubicin
Ifex
Ifosfamide
Ifosfamide/Mesna
Ilaris (PA) (SPO)
Imfinzi
Increlex (PA) (SPO)
Inflectra (PA)
Intron A (PA) (SPO)
Irinotecan
Istodax
Kenalog
Kevzara (PA)
Keytruda
Kineret (PA) (SPO)
Kynamro
Lemtrada * (SPO)
Levoleucovorin
Leucovorin Calcium
Leukine (PA)
Leuprolide Acetate (SPO)
Leustatin
Lipodox
Lipodox-50
Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena (PA)
Marqibo
Mesna
Mesnex
Methotrexate
Mircera
Mitomycin
Mitoxantrone
Mozobil
Mustargen

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# Specialty Pharmacy Medications

Myalept (PA)  
 Mylotarg  
 Myobloc (PA)  
 Naptara  
 Navelbine  
 Neosar  
 Neulasta (QCD)  
 Neumega  
 Neupogen (QCD)  
 Nipent  
 Norditropin \* (PA) (SPO)  
 Norditropin Flexpro \* (PA) (SPO)  
 Norditropin Nordiflex \* (PA) (SPO)  
 Novantrone  
 Nplate  
 Nucala (PA)  
 Nutropin (PA) (SPO)  
 Nutropin AQ (PA) (SPO)  
 Nutropin AQ Nuspin (PA) (SPO)  
 Octagam (PA)  
 Octreotide injection (SPO)  
 Omnitrope \* (PA) (SPO)  
 Oncaspar  
 Opdivo (PA)  
 Orencia \* (PA)  
 Otrexup \*  
 Oxaliplatin  
 Paclitaxel  
 Pamidronate  
 Pamidronate disodium  
 Pegasys (QCD) (SPO)  
 Peg-Intron (QCD) (SPO)  
 Photofrin  
 Plegriby \* (QCD)  
 Praluent (PA) (QCD)

Privigen (PA)  
 Procrit (PA) (QCD) (SPO)  
 Proleukin (PA)  
 Prolia (PA) (SPO)  
 Radicava  
 Rebif (QCD) (SPO)  
 Remicade (PA)  
 Renflexis (PA)  
 Repatha \* (PA) (QCD)  
 Revatio \* (PA)  
 Rituxan (PA)  
 Ruconest  
 Saizen \* (PA) (SPO)  
 SaizenPrep \* (PA) (SPO)  
 Sandostatin (SPO)  
 Sandostatin-LAR  
 Serostim (PA) (SPO)  
 Signafor  
 Signafor LAR  
 Siliq \*\* (QCD)  
 Simponi (PA) (QCD) (SPO)  
 Simponi Aria \* (PA)  
 Simulect  
 Somatuline  
 Somavert (SPO)  
 Spinraza (PA)  
 Stelara (PA) (SPO)  
 Sylatron (PA)  
 Sylvant  
 Synagis (PA)  
 Synribo  
 Taltz \* (PA) (QCD)  
 Tarabine  
 Taxol  
 Taxotere  
 Tecentriq  
 Teniposide

Tepadina  
 Tev-Tropin \* (PA) (SPO)  
 TheraCys  
 Thiotepa  
 Thyrogen  
 Toposar  
 Totect  
 Trelstar  
 Trelstar LA  
 Trelstar Depot  
 Tremfya \*\* (QCD)  
 Triptodur (QCD)  
 Tymlos (PA) (QCD) (SPO)  
 Unituxin  
 Valstar  
 Velcade  
 Vimizim  
 VinBLASTine  
 Vincasar PFS  
 VinCRISTine  
 Vinorelbine  
 Vivitrol  
 Vumon  
 Xeomin (PA)  
 Xgeva (PA) (SPO)  
 Xolair (PA)  
 Zaltrap  
 Zanosar  
 Zarxio  
 Zinbryta \* (QCD)  
 Zinocard  
 Zoladex  
 Zomacton \* (PA) (SPO)  
 Zorbtive (PA) (SPO)  
**Oral Medications**  
 Adcirca (PA)  
 Adempas

Afinitor  
 Alcensa  
 Alkeran  
 Alunbrig  
 Ampyra (PA) (QCD)  
 Aubagio  
 Bethkis  
 Bosulif  
 Cabometyx  
 Capecitabine  
 Carbaglu  
 Cayston  
 Cerdelga  
 Cometriq  
 Copegyn (SPO)  
 Cotellic  
 Cystagon  
 Cytoxan  
 Daklinza \* (PA) (QCD)  
 Daraprim  
 Duopa  
 Epcclusa (PA) (QCD)  
 Erivedge  
 Esbriet  
 Erivedge  
 Etoposide  
 Exjade  
 Farydak (PA)  
 Gilenya (QCD)  
 Gilotrif  
 Gleevec  
 Harvoni (PA) (QCD)  
 Hetlioz (PA)  
 Hycamtin  
 Ibrance (PA)  
 Iclusig  
 Idhifa (PA)

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# Specialty Pharmacy Medications

Imatinib
Imbruvica
Inlyta
Iressa
Jadenu
Jakafi
Juxtapid (PA)
Kalydeco (PA) (QCD)
Kisqali (PA)
Kisqali Femara (PA)
Kitabis PAK *
Korlym
Kuvan
Lenvima (PA)
Letairis
Lonsurf
Mavyret ** (PA) (QCD)
Mekinist
Mesnex
Moderiba
Nerlynx
Nexavar
Ninlaro
Northera *
Nuplazid
Odomzo
Ofev
Oforta
Olysio * (PA) (QCD)
Opsumit
Orenitram
Orfadin (SPO)
Orkambi (PA) (QCD)
Otezla (PA) (QCD)
Otezla Starter Pack (PA) (QCD)
Pomalyst

Procysbi
Promacta
Pulmozyme (SPO)
Ravicti
Rebetol (SPO)
Revatio * (PA)
Revlimid
Ribapak (SPO)
Ribasphere (SPO)
Ribatab
Ribavirin (SPO)
Rilutek
Riluzole
Rubraca
Rydapt (PA)
Sabril
Samsca
Sildenafil (PA)
Sovaldi * (PA) (QCD)
Sprycel
Stivarga
Sucraid
Sutent
Tafinlar (PA)
Tagrisso
Tarceva
Tasigna
Tecfidera
Technivie * (PA) (QCD)
Temodar
Temozoloamide
Tetrabenazine
Thalomid
TOBI ampules (SPO)
TOBI-Podhaler (SPO)
Tobramycin ampules
Tracleer

Tykerb
Tyvaso
Uptravi
Veltassa *
Venclexta (PA)
Viekira PAK * (PA) (QCD)
Viekira XR * (PA) (QCD)
Vigabatrin
Vosevi (PA) (QCD)
Votrient
Xalkori (PA)
Xeljanz (PA) (QCD)
Xeljanz XR (PA) (QCD)
Xeloda
Xenazine
Xtandi
Xyrem
Zavesca
Zelboraf (PA)
Zepatier * (PA) (QCD)
Zolinza
Zydelig (PA) (QCD)
Zykadia (PA)
Zytiga
<b>Topical</b>
Cystaran
Panretin (SPO)
Qutenza (QCD)
Valchlor
Zecuity *
<b>Fertility Medications</b>
Bravelle * (SPO)
Cetrotide (SPO)
Clomid
Clomiphene
Endometrin

Follistim AQ * (SPO)
Ganirelix * (SPO)
Gonal F/Gonal F RFF (SPO)
Gonal F Rff Rediject (SPO)
Human Chorionic Gonadotropin (HCG) (SPO)
Leuprolide (SPO)
Lupron Depot
Lupron Depot-Ped
Luveris (SPO)
Makena (PA)
Menopur (SPO)
Novarel
Ovidrel (SPO)
Pregnyl (SPO)
Repronex (SPO)
Serophene

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# Step Therapy

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Step therapy is a key part of our prior authorization program that allows us to help your doctor provide you with an appropriate and affordable drug treatment. Before coverage is allowed for certain costly “second-step” medications, we require that you first try an effective, but less expensive, “first-step” medication. Some medications may have multiple steps.

This list is up-to-date as of January 1, 2018, and may change from time to time.

For the most up-to-date list of medications that require step therapy, please visit our website [bluecrossma.com/pharmacy](http://bluecrossma.com/pharmacy), click on **Pharmacy Management Program**, and proceed to **Step Therapy**.

# Step Therapy

## Diabetes Management

Adlyxin * (QCD)
Alogliptin *
Alogliptin/Metformin *
Alogliptin/Pioglitazone *
ACTOplus Met (QCD)
ACTOplus Met XR (QCD)
Actos (QCD)
Avandamet (QCD)
Avandaryl
Avandia (QCD)
Byetta (QCD)
Bydureon (QCD)
Duetact
Farxiga * (QCD)
Fortamet *
Glucophage *
Glucophage XR *
Glumetza *
Glyxambi * (QCD)
Invokana (QCD)
Invokamet (QCD)
Invokamet XR (QCD)
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto *
Jentadueto XR *
Kazano *
Kombiglyze XR
Metformin Film Coated ER *
Metformin ER *
Nesina *
Onglyza
Oseni *

Pioglitazone (QCD)
Pioglitazone-Glimepiride (QCD)
Pioglitazone-Metformin (QCD)
Prandin *
Prandimet *
Soliqua * (QCD)
Synjardy
Tanzeum * (QCD)
Tradjenta *
Trulicity (QCD)
Victoza (QCD)
Xigduo * (QCD)
Xultophy * (QCD)

## Glaucoma

Lumigan
Rescula *
Travatan
Travatan Z
Xalatan

## Osteoporosis Treatment (Oral)

Actonel (QCD)
Atelvia DR * (QCD)
Binosto * (QCD)
Boniva tablets * (QCD)
Fosamax * (QCD)
Fosamax Plus D (QCD)

## Pain Relievers (Cox II Inhibitors)

Capxib *
Celebrex (QCD)
Celecoxib (QCD)
Lidoxib *

## Prostate Treatment

Avodart
---------

Jalyn
Proscar *

## Parkinson's Disease Treatment

Mirapex
Mirapex ER *
Requip *
Requip XL *

## Overactive Bladder Treatment

Detrol *
Detrol LA *
Ditropan *
Ditropan XL *
Enablex *
Gelnique *
Oxytrol *
Myrbetriq
Sanctura *
Sanctura XR *
Toviaz *
Vesicare

## Topical Testosterone

Axiron
Fortesta *
Natesto Nasal *
Testim *
Testosterone gel (Fortesta Authorized product) *
Testosterone gel (Testim Authorized product) *
Testosterone gel (Vogelxo Authorized product) *
Testosterone CIK Kit *
Vogelxo *

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# Non-Covered Medication

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Your pharmacy program provides coverage for over 4,000 prescription medications. Most medications on our non-covered list have equally safe, effective, covered alternatives for treating the same medical conditions. If a non-covered medication is approved, it will be covered at the highest tier. Check with your doctor about appropriate alternatives if you currently take any of these medications.

**Please note:** Your doctor may request coverage for a non-covered medication if no covered alternative is appropriate for treating your condition.

This list of non-covered medications is up-to-date as of January 1, 2018, and may change from time to time.

For the most up-to-date list of medications that are not covered and their covered alternatives, please visit our website, [bluecrossma.com/medications](http://bluecrossma.com/medications) and proceed to the **Medications That Are Not Covered** section.

# Non-Covered Medication

Abilify	Adzenys XR (QCD)	Anzemet (QCD)	Avelox
Abilify DiscMelt	Aerobid (QCD)	Apidra	Avidoxy
Abilify Maintenna	Aerobid-M (QCD)	Aplenzin ER (QCD)	Avidoxy DK
Absorica	Aerospan (QCD)	Appformin-D	Avinza (PA) (QCD)
Abstral (PA) (QCD)	Agoneaze	Aptensio XR (QCD)	Avita
Acanya	Air Duo (PA) (QCD)	Aqua Glycolic HC	Axert (QCD)
Accolate	Airet	Aranesp (PA) (QCD) (SP) (SPO)	Axid
Accu-Chek diabetic testing supplies (QCD)	Akynzeo (QCD)	Arava (QCD)	Azasite
Accucline	Alcortin-A	Arcapta Neohaler (QCD)	Azmacort (QCD)
AccuNeb	Aleveer	Arixtra (QCD)	Azor
Accupril	Alivycin Plus Kit	Arymo ER (PA) (QCD)	B-D diabetic testing supplies (QCD)
Accutretic	Alivycin Antipruritic SG gel	Armonair RespiClick (QCD)	Basaglar (QCD)
Accutane	Alodox	Arze-Ject-A kit	Belsomra (QCD)
Aceon	Alogliptin (ST)	Asacol HD	Benicar
AcipHex (PA) (QCD)	Alogliptin/Metformin (ST)	Ascensia diabetic testing supplies (QCD)	Benicar HCT
Acticlate	Aloquin	Asmanex Twisthaler (QCD)	BenzaClin gel
Actigall	Alora (QCD)	Assure diabetic testing supplies (QCD)	BenzaClin kit
Actiq (PA) (QCD)	Alrex (QCD)	Astepro (QCD)	BenzaClin pump
Active Injection D	Alsuma (QCD)	Astero	Besivance
Active-PAC	Altabax	Atacand	Betaloan SUK kit
Activella	Altace	Atacand HCT	Bevespi AeroSphere (QCD)
Acular (QCD)	Altoprev (QCD)	Atelvia DR (QCD) (ST)	BG-Star diabetic testing supplies (QCD)
Acular LS (QCD)	Aluvea	Ativan	Binosto (QCD) (ST)
Acuvail	Alvesco (QCD)	Atopiclair	Bionect
Aczone	Ambien (QCD)	Atralin	Boniva syringe (PA) (SP)
Adalat CC	Ambien CR (QCD)	Atrapro Dermal Spray	Boniva tablets (QCD) (ST)
Adazin	Amrix	Atrapro CP	Bravelle (SP)
Adderall	Amturnide	Atrapro Hydrogel	Breo Ellipta (QCD)
Addyi (PA)	Ana-Lex	Atropen	Brevicon
Adlyxin (QCD) (ST)	Anafranil	Augmentin XR	Brilinta
Adoxa CK	Analpram Advanced	Aurstat	Brisdelle (QCD)
Adoxa TT	Analpram-E kit	Auryxia	Bromday
Advanced Allergy Collection Kit	Angeliq	Auvi-Q (QCD)	Bromsite
Advocate Redi-Code diabetic testing supplies (QCD)	Anodyne LPT	Avalide	Brovana
Adyphren	Antara	Avapro	Bystolic
	Anusol HC Suppository		Byvalson

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# Non-Covered Medication

Caduet (QCD)	Clindacin PAC	Demulen	Dilacor XR
Calcitriol Topical	Clindagel	Depo-Sub Q Provera 104	Dilaudid
Cambia	Clindamax	Derma-Smoothe/FS	Diovan
Caphosol	Clindareach	Dermacin RX Cinolone-1 CPI	Diovan HCT
Capoten	Clindets	Dermacin Rx Chlorhexacin	Dipentum
Capxib (ST)	Clobeta + Plus	Dermacin Rx Empraciane	Dispermox
Careone diabetic testing supplies (QCD)	Clobex	Dermacin RX Prizopak	Ditropan (ST)
Caresens N diabetic testing supplies (QCD)	Clodan Kit	Dermacin RX PHN	Ditropan XL (ST)
Cardene	CNL 8 nail kit (QCD)	Dermacin RX Silpak	Divigel
Cardene SR	Colazal	Dermacin Silazone Pharmpak	DM2 Kit
Cardizem CD	CoLyte	Dermacin RX Surgical Pharmpak	DMT Suik
Cardizem LA	Combigan	Dermacin Rx Therazole Pak	Dolotranz
Cardura XL (QCD)	Combunox	Dermacin RX ZRM	Doubledex
Cataflam	Contour Next diabetic testing supplies (QCD)	Dermapak Plus Kit	Duac
Ceclor	Conzip	Dermasilk RX SDS	Duac CS
Ceclor CD	Cool diabetic testing supplies (QCD)	Dermasorb-AF	Duavee
Cedax	Coreg	Dermasorb-HC	Duexis
Celexa (QCD)	Coreg CR	Dermasorb-TA	Duragesic (PA) (QCD)
Cem-Urea	Corlanor	Dermasorb-XM	Durezol
Cenestin	Cosopt PF	Dermawerx SDS	Duzallo
Centany	Cotempla XR ODT (QCD)	Dermawerx Surgical Plus Pack	Dyloject
Centany AT	Cozaar	Dermazone	Dynabac
Ceracade Skin Barrier	Crestor (QCD)	Dermazyl	Dynacin
Ceramax	CVS Advanced diabetic testing supplies (QCD)	DermOtic	Dynacirc
Cesamet (QCD)	Cymbalta (QCD)	Desogen	Dynacirc CR
Cetraxel	D-Care 100X	Desonil + Plus	Dytan
Chenodal	Daklinza (PA) (QCD) (SP)	DesOwen kit	Easy Max diabetic testing supplies (QCD)
Chibroxin Ocumeter	Daliresp	Desvenlafaxine ER (QCD)	Easy Step diabetic testing supplies (QCD)
Cimzia (PA) (SP) (SPO)	Darvocet N-100	Detrol (ST)	Easy Talk diabetic testing supplies (QCD)
Cipro-XR	Daxbia	Detrol LA (ST)	Easy Touch diabetic testing supplies (QCD)
Cleanse and Treat	Daypro	Dexedrine (PA)	Easy-Trak diabetic testing supplies (QCD)
Cleervue-M	Daytrana	Dexilant (PA) (QCD)	Edarbi
Cleocin T	DDAVP	Diclo-Xrylix Sheet Kit	Edarbyclor
Clever Choice Voice diabetic testing supplies (QCD)	Delzicol	Diclotral	
Clindacin ETZ Kit	Delzicol DR	Diclozor	
		Dificid (PA)	

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(ST) step therapy required

# Non-Covered Medication

Edluar (QCD)	Exalgo (PA) (QCD)	Forfivo XL (QCD)	Healthpro diabetic testing supplies (QCD)
Effexor	Exforge	Fortamet (ST)	Helidac
Effexor XR (QCD)	Exforge HCT	Fortesta (ST)	Horizant
Elenza	Extavia (SP)	Fosamax (QCD) (ST)	HPR
Elestrin	Extina	Fragmin (QCD)	HPR Plus
Eletone	Factive	Freestyle diabetic testing supplies (QCD)	HPR Plus Hydrogel Kit
Elizia	Falessa kit	Frova (QCD)	Humana True Metrix diabetic testing supplies (QCD)
Embeda (QCD)	Famvir (QCD)	Ganirelix (SP) (SPO)	Hyalgan (PA) (SPO)
Embrace diabetic testing supplies (QCD)	Fanapt	Garamide	Hydrocortisone-Lidocaine kit
Emsam	Farxiga (ST)	Gel-One (PA) (SPO)	Hylase
Enablex (ST)	FazaClo	Gelclair	Hylatopic
Enjuvia	Femring	Gelnique (ST)	Hylatopic Plus
Entresto	Femtrace	Gelsyn-3 (PA) (SPO)	Hylatopic Plus-Aurstat
Entyvio (PA) (SP)	Fenoglide	GelX	Hylira
Epaned	Fentora (PA) (QCD)	Genotropin (PA) (SP) (SPO)	Hymovis (PA) (SPO)
EpiCeram	Fertinex (SP)	Geodon	Hysingla ER (PA) (QCD)
Epiduo	Fetzima (QCD)	Genestrip diabetic testing supplies (QCD)	Hytrin (QCD)
Epiduo Forte	Fexmid	GE 100 diabetic testing supplies (QCD)	Hyzaar
Epinephrine Snap-V	Fibracor	Gialax	IB-Stat
Episil	Fifty50 diabetic testing supplies (QCD)	Giazo	IC400 kit
Episnap Convenience Kit	Finacea Plus	Glucocard diabetic testing supplies (QCD)	IC800 kit
Epogen (PA) (SP) (SPO)	Fioricet	Glucometer diabetic testing supplies (QCD)	Illevo
Epy Kit	Fiorinal	Glucophage	Imuran
Equetro	Fiorinal with Codeine	Glucophage XR	Inderal LA
Ertaczo	Flagyl	Glumetza	Inderal XL
Esomeprazole Strontium (QCD) (ST)	Flagyl ER	Glyxambi (QCD) (ST)	Inflamma K
Estrace	Flagyl IV	Gmate diabetic testing supplies (QCD)	Innohep
Estrasorb (QCD)	Flector	GNP diabetic testing supplies (QCD)	InnoPran XL
Estrogel (QCD)	Flolipid	Gocovri	Intermezzo (QCD)
Eucrisa	Flumist	GoLyte	Intuniv
Euflexxa (PA) (SPO)	Fluoroplex	Halonate	Invega
Evamist (QCD)	FML Forte	Halotin	Iquix
Evekeo (PA)	Focalin		Irenka DR (QCD)
Evoclin	Focalin XR (QCD)		Istalol
ExacTech diabetic testing supplies (QCD)	Follistim AQ (SP)		Jentaduetto (ST)
	Fora V12 diabetic testing supplies (QCD)		Jentaduetto XR (ST)

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# Non-Covered Medication

Jublia	Lidotrex	Medroloan SUIK	Naprelan CR
Kadian (PA) (QCD)	Lidovex	Medroloan II SUIK	Napropak Cool Kit
Kapvay	Lidovir	Medrox Patch	Naprosyn
Kazano (ST)	Lidoxib (ST)	Megace ES	Naprosyn EC
Keppra XR	Lipitor (QCD)	Menostar (QCD)	Nascobal
Keralyt kit	Lipofen	Mentho-Caine Kit	Natazia
Kerydin (QCD)	Liprozone Pak	Mesalamine HD	Natesto Nasal (ST)
Ketocon + Plus	Liptruzet (QCD)	Metaglip	Neo-Synalar Kit
Khedeza (QCD)	Livalo (QCD)	Metformin ER (ST)	Neosalus
Kitabis PAK (SP)	Livixil PAK	Metformin Film Coated ER (ST)	Neosalus CP
Klonopin	Lodine	Metozolv ODT	Nesina (ST)
Kro Premium diabetic testing supplies (QCD)	Lodine XL	Metrogel kit	Neuac Kit
Kytril (QCD)	Lofibra	Mevacor (QCD)	Neumaxin
Lamictal ODT	Lopressor	Micardis	Neupro
Lamisil (QCD)	Loprox Kit	Micardis HCT	Neurontin
Lamisil Granules (QCD)	Lorabid	Microdot diabetic testing supplies	Nevanac
Latuda	Lorenza	Migranow	Nexiclon XR
Lazanda (PA) (QCD)	LoSeasonique (QCD)	Minastrin Fe Chewable	Nexium (PA) (QCD)
Lemtrada (SP) (SPO)	Lotensin	Minocin	Niravam
Lescol (QCD)	Lotensin HCT	Minocin Combo Pack	Norditropin (PA) (SP) (SPO)
Lescol XL (QCD)	Loutrex	Mirapex ER (ST)	Norinyl
Leva Set	Lovaza	Mobic (QCD)	Noroxin
Levalbuterol HFA (QCD)	Lovenox (QCD)	Momexin	Nor-Q-D
Levaquin	Lunesta (QCD)	Monodox	Northera (SP)
Levemir (QCD)	Luvox CR (QCD)	Monopril	Norvasc (QCD)
Levlen	Luzu	Monopril HCT	Novacort
Lexapro (QCD)	Lysteda (QCD)	Monovisc (PA) (SPO)	Nova Max diabetic testing supplies (QCD)
Lexxel	Lytensopril	Morgidox Kit	Novolin Insulin products
Liberty diabetic testing supplies (QCD)	MAC Patch	Morphabond ER (PA) (QCD)	Novolog Insulin products
Lido-Prilo Caine Pak	Marvona SUIK	MoviPrep	Noxipak
Lidociane HC Kit	Mavik	Moxatag	NuCort
Lidocodex I	Maxair Autohaler (QCD)	Moxeza (QCD)	Nucynta
Lidodextrapine	Maxalt (QCD)	Mydayis (QCD)	Nucynta ER (PA) (QCD)
Lidopac	Maxalt-MLT (QCD)	Myoxin	Nudiclo SoluPak
Lidopril	Maxipime	Namzaric	Nudiclo TabPak
Lidotrans 5 Pac	MB Hydrogel	Naprelan	NuLyteLy
	Medolor Kit		

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# Non-Covered Medication

Nusurgepak Surgical Prep	Oxytrol (ST)	Pramosone E	Prozac Weekly (QCD)
Nutraseb	P-Care	PrandiMet (ST)	Purinethol
NutriaRx Pak	P-Care K	Pravachol (QCD)	Pylera
NutriDox	P-Care M	Precision QID diabetic supplies (QCD)	Qbrelis
Nuvessa	P-Care MG	Precision X-Tra diabetic supplies (QCD)	Quartette (QCD)
Nuvigil (PA)	P-Care X	Premium diabetic testing supplies (QCD)	Quillichew ER
Nyata Kit	Pain Relief Patch	Prepopik	Quillivant XR
Ocudox kit	Paingo KFT	Presera	Quinja
Oleptro ER	Pamelor	Prestalia	Quixin
Olux	Pamine FQ	Prestige diabetic testing supplies (QCD)	RadiaPlex Rx
Olysio (PA) (QCD) (SP)	Pancreaze	Prevacid (PA) (QCD)	Radigel
Omnicef	Paptase	Prevacid NapraPAC	Raniclor
Omnitrope (PA) (SP) (SPO)	Patanase (QCD)	PrevPac	Rapaflo
Onexton	Paxil (QCD)	Prilolid	Rasuvio
Onmel (QCD)	Paxil CR (QCD)	Prilosec (PA) (QCD)	Rayaldee
Onsolis (PA) (QCD)	PCE	Prinivil	Rayos
Onzetra Xsail (QCD)	PCE Dispertab	Prinzide	Readysharp Betamethasone
Opana	Pediaderm AF	Pristiq (QCD)	Readysharp Bupivacaine
Opana ER (PA) (QCD)	Pediaderm HC	Pristiq ER (QCD)	Readysharp Dexamethasone
Optase	Pediaderm TA	Procentra (PA)	Readysharp Ketorolac
Optium diabetic testing supplies (QCD)	PediPak	Procort	Readysharp Lidocaine
Oracea	Penlac (QCD)	Prodigy diabetic testing supplies (QCD)	Readysharp Methylprednisolone
Oramorph SR (PA) (QCD)	Pennsaid (QCD)	Prolensa	Readysharp Triamcinolone
Orapred ODT	Pepcid	Promiseb	Reciphexamine
Oravig	Percocet	Promiseb Light	Recothrom
Orencia (PA) (SP)	Pertzye	Proquin XR	Regenecare
Oroxin	Pexeva (QCD)	Protonix (PA) (QCD)	Relador Pak
Ortho-Prefest	Pharmacist Choice diabetic testing supplies (QCD)	Proventil HFA (QCD)	Relador Pak Plus
Orthovisc (PA) (SPO)	Picato	Proventil inhaler (QCD)	Relafen
Oseni (ST)	Plaquenil	Proventil	Relion diabetic testing supplies (QCD)
Osmoprep	Plegridy (QCD) (SP)	Provenza	Relpax (QCD)
Osphena	POD Care 100K	Prozac (QCD)	Relyyks
Otrexup (SP)	POD Care 100KG		Relyyt
Ovcon	PR-Cream		Remeron (QCD)
Oxaydo	Pram-HCA		Remeron Soltab (QCD)
Oxecta	Pramcort		Renovo

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# Non-Covered Medication

Repatha (PA) (QCD) (SP)	Seasonique (QCD)	Sporanox (QCD)	Testim (ST)
Requip (ST)	Sebuderm	Spritam	Testone Kit
Requip XL (ST)	Seebri Neohaler (QCD)	Sprix	Testosterone gel (Fortesta Authorized product) (ST)
Rescula (ST)	Senophylline	Stavzor	Testosterone gel (Testim Authorized product) (ST)
Restoril	Sernivo	Striant	Testosterone gel (Vogelxo Authorized product) (ST)
Retin-A Micro (PA30)	Seroquel	Subsys (PA) (QCD)	Testosterone CIK Kit (ST)
Revatio (PA) (SP)	Seroquel XR	Suclear	Tetrix
Rexulti (QCD)	Silazone-II	Sular	Teveten (ST)
Rinnovi	Silenor (QCD)	Sumadan	Teveten HCT (ST)
Risperdal M-Tab	Silvera	Sumavel Dosepro (QCD)	Tev-Tropin (PA) (SP) (SPO)
Ritalin	Silvrstat	Sumaxin	Therapentin
Ritalin LA (QCD)	Simbrinza	Sumaxin CP	Theraproxen
Ritalin SR	Simcor (QCD)	Sumaxin TS	Tiamate
Rosadan	Sinelee	Supartz (PA) (SPO)	Tiazac
Rosanil	Sinemet	Suprep	Tindamax
Rybix ODT	Singulair	Sure Result Tak Pack	Tirosint
Rynatan	Sitavig	Sustol	Tivorbex (QCD)
Rytary ER	Skelid	Synalar Combo-Pack	TL-Triseb
Rythmol	Sklice	Synalar TS	TobraDex ST
Ryzolt	Smart Sense diabetic testing supplies (QCD)	Synvexia TC	Tofranil
Saizen (PA) (SP) (SPO)	SmartRx Gaba-V	Synvisc (PA) (SPO)	Tolak
SaizenPrep (PA) (SP) (SPO)	SmartRx GabaKit	Synvisc-One (PA) (SPO)	Tornalate
Salicylic Acid 6% Kit	Sof-Tact diabetic testing supplies (QCD)	Tagamet	Toronova SUIK
Salicylic Acid-Ceramide kit	Solaice	Taltz (PA) (QCD) (SP)	Toronova II SUIK
Salkera	Solaraze	Tanzeum (QCD) (ST)	Toviaz (ST)
Salvax	Soliqua (QCD) (ST)	Targadox	Tradjenta (ST)
Salvax Duo	Solodyn	Taytulla	Tranxene T-Tab
Salvax Duo Plus	Soltamox	Technivie (PA) (QCD) (SP)	Tranzarel
SanadermRx Skin Repair	Solupak	Tekamlo	Tresiba (QCD)
Sanctura (ST)	Solus V2 diabetic testing supplies (QCD)	Tekturna	Tretin-X (PA)
Sanctura XR (ST)	Soma	Tekturna HCT	Treximet (QCD)
Sancuso (QCD)	Sonata (QCD)	Tenormin	Trezix
Saphris	Soolantra	Tequin	Tribenzor
Sarafem (QCD)	Sovaldi (PA) (QCD) (SP)	Terbinex (QCD)	Tricor
Savaysa	Spectracef	Tersi	Triglide
Scalacort		Test N'Go diabetic testing supplies (QCD)	
Scar			

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# Non-Covered Medication

Tri-Levlen	Vantin	Whytederm Surgipak	Zetyocaine
Trilipix	Vascepa	Whytederm Trilasil Pack	Ziana
Trilipix DR	Vaseretic	Wound Debride 4% Lidocaine	Zinbryta (QCD) (SP)
Triloan SUIK	Vasolex	Xanax	Zinotic
Triloan II SUIK	Vasotec	Xanax XR	Zinotic ES
Trinalin	Vectical	X-Clair	Zipsor
Trintellix (QCD)	Vectrin	Xartemis XR (PA) (QCD)	Zithromax
Tri-Norinyl	Velma	Xenaderm	Zmax
TriOxin	Velphoro	Xerese	Zocor (QCD)
Tri-Sila Topical	Veltassa (SP)	Xibrom	Zofran (QCD)
Tritec	Veltin (PA30)	Xifaxan	Zofran ODT (QCD)
Tropazone	Ventolin HFA (QCD)	Xigduo (QCD) (ST)	Zohydro ER (PA) (QCD)
True Metrix diabetic supplies (QCD)	Veregen	Xilapak	Zoloft (QCD)
TrueTest diabetic supplies (QCD)	Vexa	Xolegel	Zolpimist (QCD)
TrueTrack diabetic supplies (QCD)	Vexol	Xolox	Zomacton (PA) (SPO)
Trulance (QCD)	Viberzi (QCD)	Xopenex HFA (QCD)	Zomig (QCD)
Twynsta	Viekira XR (PA) (QCD) (SP)	Xopenex nebulas	Zomig ZMT (QCD)
Ultracet	Viekira PAK (PA) (QCD) (SP)	Xrylidem	Zontivity
Ultram	Vigamox (QCD)	Xrylix	Zorvolex
Ultram ER	Viibryd (QCD)	Xtampza ER (PA) (QCD)	Zovirax
Ultrasal ER	Vimovo	Xultophy (QCD) (ST)	Zuplenz (QCD)
Ultravate PAC	Virasal	Xyralid	Zurampic
Ultravate X	Vivlodex	Yosprala (PA) (QCD)	Zyflo
Ultressa	Vogelxo (ST)	Z-Pram	Zyflo CR
Unistrip 1 diabetic testing supplies (QCD)	Voltaren	Zanabin Antipruritic Gel	Zymar (QCD)
Up & Up diabetic testing supplies (QCD)	Voltaren XR	Zanaflex	Zymaxid
Uramaxin	Vopac MDS	Zantac	Zypram
Urea kit	Vraylar	Zebeta	Zyprexa
Utibron NeoHaler (QCD)	Vusion	Zecuity (SP)	Zyprexa IM
Vacustim Silver Kit	Vytorin (QCD)	Zegerid (PA) (QCD)	Zyprexa Relprevv
Valium	Vyvanse (QCD)	Zelapar	Zyprexa Zydis
Valturna	Wavesense diabetic testing supplies (QCD)	Zembrace Symtouch (QCD)	Zytopic
Vanos	Welchol	Zenieva	
	Wellbutrin	Zepatier (PA) (QCD) (SP)	
	Wellbutrin SR (QCD)	Zeruvia	
	Wellbutrin XL (QCD)	Zestril	
		Zetia (QCD)	

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# New Medication Approval Process

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Our Pharmacy and Therapeutics Committee (the Committee), which is made up of pharmacists and doctors of various specialties, reviews the effectiveness and overall value of new medications approved by the FDA on an ongoing basis. The Committee provides expertise and advice to help us give our members prescription drug options that meet their medical needs and achieve desired treatment goals. Approved medications are added to our list as they are approved by the Committee throughout the year.

While under review, new medications won't be covered by your plan. As with other medications that aren't covered, your doctor may request coverage when medically necessary. If a non-covered drug is approved, it will be covered at the highest tier.

# Nondiscrimination Notice

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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. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

## Blue Cross Blue Shield of Massachusetts provides:

Free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.
- If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689** (TTY: 711); fax at **1-617-246-3616**; or email at [civilrightscordinator@bcbsma.com](mailto:civilrightscordinator@bcbsma.com).

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at [ocrportal.hhs.gov](https://ocrportal.hhs.gov); by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building Washington, DC 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at [hhs.gov](https://www.hhs.gov).



# Translation Resources Proficiency of Language Assistance Services

**Spanish/Español:** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: 711).

**Portuguese/Português:** ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: 711).

**Chinese/简体中文:** 注意: 如果您讲中文, 我们可向您免费提供语言协助服务。请拨打您 ID 卡上的号码联系会员服务部 (TTY 号码: 711)。

**Haitian Creole/Kreyòl Ayisyen:** ATANSYON: Si ou pale kreyòl ayisyen, sèvis asistans nan lang disponib pou ou gratis. Rele nimewo Sèvis Manm nan ki sou kat Idantifikasyon w lan (Sèvis pou Malantandan TTY: 711).

**Vietnamese/Tiếng Việt:** LƯU Ý: Nếu quý vị nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ được cung cấp cho quý vị miễn phí. Gọi cho Dịch vụ Hội viên theo số trên thẻ ID của quý vị (TTY: 711).

**Russian/Русский:** ВНИМАНИЕ: если Вы говорите по-русски, Вы можете воспользоваться бесплатными услугами переводчика. Позвоните в отдел обслуживания клиентов по номеру, указанному в Вашей идентификационной карте (телетайп: 711).

**Arabic/العربية:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النقي للصم والبكم "TTY": 711).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅជុំនៃកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក (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:**

توجہ: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

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

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowolgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déés' nóomba biká'ígíijí' béésh bee hodílnih (TTY: 711).







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