



Maintenance Medication List

Below is a list of maintenance medications (also known as long-term medications) for our health plans with pharmacy benefits.

The medications on this list are part of our Select Home Delivery, Exclusive Home Delivery and Smart90® programs. Depending on your benefits, these programs either encourage or require you to fill these medications at 90-day supplies at a designated retail pharmacy or through mail order using the Express Scripts PharmacySM. For information specific to your plan, please refer to your benefit materials or call Member Service at the number on your ID card.

This list is up-to-date as of **June 1, 2018** and may be updated as necessary. To find more current medication information, use our medication look-up tool on MyBlue at bluecrossma.com/medications.

Please note: Your doctor may need to request a formulary exception for any drugs listed as non-covered.

ACE INHIBITORS	MEDROLOAN SUIK*	ANGIOTENSIN II RECEPTOR BLOCKERS & RENIN INHIBITOR
ACCUPRIL*	P-CARE D40G*	ATACAND*
ALTACE*	P-CARE D80G*	ATACAND HCT*
BENAZEPRIL HCL	P-CARE K40G*	AVALIDE*
CAPTOPRIL	P-CARE K80G*	AVAPRO*
ENALAPRIL MALEATE	POD-CARE 100CG*	BENICAR*
EPANED*	POD-CARE 100KG*	BENICAR HCT*
FOSINOPRIL SODIUM	TRILOAN II SUIK*	CANDESARTAN CILEXETIL
LISINOPRIL	TRILOAN SUIK*	CANDESARTAN-HYDROCHLOROTHIAZID
LOTENSIN*	ZILRETTA	COZAAR*
MOEXIPRIL HCL	ADRENERGIC ANTAGONISTS & RELATED DRUGS	DIOVAN*
PERINDOPRIL ERBUMINE	CARDURA	DIOVAN HCT*
PRINIVIL*	CARDURA XL*	EDARBI*
QBRELIS*	CATAPRES	EDARBYCLOR*
QUINAPRIL HCL	CATAPRES-TTS 1	EPROSARTAN MESYLATE
RAMIPRIL	CATAPRES-TTS 2	HYZAAR*
TRANDOLAPRIL	CATAPRES-TTS 3	IRBESARTAN
VASOTEC*	CLONIDINE	IRBESARTAN-HYDROCHLOROTHIAZIDE
ZESTRIL*	CLONIDINE HCL	LOSARTAN POTASSIUM
ADRENAL HORMONES	DOXAZOSIN MESYLATE	LOSARTAN-HYDROCHLOROTHIAZIDE
BETALOAN SUIK*	GUANFACINE HCL	MICARDIS*
CORTEF	METHYLDOPA	MICARDIS HCT*
DMT SUIK*	MINIPRESS	OLMESARTAN MEDOXOMIL
EMFLAZA	PRAZOSIN HCL	OLMESARTAN-HYDROCHLOROTHIAZIDE
FLUDROCORTISONE ACETATE	TERAZOSIN HCL	
HYDROCORTISONE		
MEDROLOAN II SUIK*		

* Non-Covered Medication

ANGIOTENSIN II RECEPTOR BLOCKERS & RENIN INHIBITOR (continued)

TEKURNA*

TEKURNA HCT*

TELMISARTAN

TELMISARTAN-HYDROCHLOROTHIAZID

VALSARTAN

VALSARTAN-HYDROCHLOROTHIAZIDE

ANTIARRHYTHMIC AGENTS

AMIODARONE HCL

BETAPACE

BETAPACE AF

DISOPYRAMIDE PHOSPHATE

FLECAINIDE ACETATE

MEXILETINE HCL

MULTAQ

NORPACE

NORPACE CR

PACERONE

PROPAFENONE HCL

PROPAFENONE HCL ER

QUINIDINE GLUCONATE

QUINIDINE SULFATE

RYTHMOL SR

SORINE

SOTALOL

SOTALOL AF

SOTYLIZE

ANTIBIOTICS

NEOMYCIN-BACITRACIN-POLYMYXIN

NEO-POLYCIN

ANTICHOLINERGICS & ANTISPASMODICS

DARIFENACIN ER

DETROL*

DETROL LA*

DITROPAN XL*

ENABLEX*

FLAVOXATE HCL

GELNIQUE*

MYRBETRIQ

OXYBUTYNIN CHLORIDE

OXYBUTYNIN CHLORIDE ER

OXYTROL*

TOLTERODINE TARTRATE

TOLTERODINE TARTRATE ER

TOVIAZ*

TROSPIUM CHLORIDE

TROSPIUM CHLORIDE ER

VESICARE

ANTICOAGULANTS

PRADAXA

ANTIMALARIALS

HYDROXYCHLOROQUINE SULFATE

PLAQUENIL*

PRIMAQUINE

ANTIPARKINSONISM AGENTS

AZILECT

CARBIDOPA

CARBIDOPA-LEVODOPA

CARBIDOPA-LEVODOPA ER

CARBIDOPA-LEVODOPA-ENTACAPONE

COMTAN

DUOPA

ELDEPRYL

ENTACAPONE

GOCOVRI*

LODOSYN

MIRAPEX

MIRAPEX ER*

NEUPRO*

PRAMIPEXOLE DIHYDROCHLORIDE

PRAMIPEXOLE ER

RASAGILINE MESYLATE

REQUIP*

REQUIP XL*

ROPINIROLE ER

ROPINIROLE HCL

RYTARY*

SELEGILINE HCL

SINEMET 10-100

SINEMET 25-100*

SINEMET 25-250

SINEMET CR

STALEVO 100

STALEVO 125

STALEVO 150

STALEVO 200

STALEVO 50

STALEVO 75

TASMAR

TOLCAPONE

XADAGO*

ZELAPAR*

ANTIPLATELET DRUGS

AGGRENOX

ASPIRIN-DIPYRIDAMOLE ER

BRILINTA*

CILOSTAZOL

CLOPIDOGREL

DIPYRIDAMOLE

DURLAZA

EFFIENT

PLAVIX

PRASUGREL HCL

YOSPRALA*

ZONTIVITY*

METHIMAZOLE

PROPYLTHIOURACIL

SSKI

TAPAZOLE

ANXIOLYTICS

BUSPIRONE HCL

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

ALFUZOSIN HCL ER

AVODART

DUTASTERIDE

DUTASTERIDE-TAMSULOSIN

FINASTERIDE

FLOMAX

JALYN

PROSCAR

RAPAFLO*

TAMSULOSIN HCL

UROXATRAL

BETA AGONISTS INHALERS

ARCAPTA NEOHALER*

BROVANA*

PERFORMIST

SEREVENT DISKUS

STRIVERDI RESPIMAT

* Non-Covered Medication

BETA AGONISTS ORAL

ALBUTEROL SULFATE
 METAPROTERENOL SULFATE
 TERBUTALINE SULFATE

BETA BLOCKERS

ACEBUTOLOL HCL
 ATENOLOL
 BETAXOLOL HCL
 BISOPROLOL FUMARATE
 BYSTOLIC*
 CARVEDILOL
 CARVEDILOL ER
 COREG*
 COREG CR*
 CORGARD
 INDERAL LA*
 INDERAL XL*
 INNOPRAN XL*
 LABETALOL HCL
 LEVATOL
 LOPRESSOR*
 METOPROLOL SUCCINATE
 METOPROLOL TARTRATE
 NADOLOL
 PINDOLOL
 PROPRANOLOL HCL
 PROPRANOLOL HCL ER
 TENORMIN*
 TOPROL XL
 BETAGAN
 BETIMOL
 BETOPTIC S
 CARTEOLOL HCL
 ISTALOL*
 LEVOBUNOLOL HCL
 METIPRANOLOL
 TIMOLOL MALEATE
 TIMOPTIC
 TIMOPTIC OCUDOSE
 TIMOPTIC-XE

BILE ACIDS

ACTIGALL*
 URSO
 URSO FORTE
 URSODIOL

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

ACCU-CHEK AVIVA PLUS*
 ACCU-CHEK COMPACT PLUS STRIPS*
 ACCU-CHEK GUIDE TEST STRIP*
 ACCU-CHEK SMARTVIEW*
 ACCUTREND GLUCOSE*
 ADVOCATE TEST STRIP*
 BREEZE 2*
 CLEVER CHOICE TALK*
 CONTOUR*
 CONTOUR NEXT*
 EASY TOUCH TEST STRIP
 EMBRACE*
 EMBRACE EVO*
 EMBRACE PRO*
 FORA V10-V12-D10-D20*
 FREESTYLE INSULINX*
 FREESTYLE INSULINX TEST STRIPS*
 FREESTYLE LITE STRIPS*
 FREESTYLE LITE TEST STRIPS*
 FREESTYLE PRECISION NEO*
 FREESTYLE TEST STRIPS*
 IGLUCOSE TEST STRIP*
 INFINITY VOICE TEST STRIP
 ONETOUCH ULTRA BLUE TEST STRIP
 ONETOUCH VERIO
 OPTIUM*
 OPTIUM EZ*
 PRECISION PCX*
 PRECISION PCX PLUS*
 PRECISION POINT OF CARE*
 PRECISION Q-I-D*
 PRECISION XTRA*
 PREMIER TEST STRIP
 UNISTRIP1*
 VERASENS TEST STRIP

CALCIUM CHANNEL BLOCKERS/ DIHYDROPYRIDINES

ADALAT CC*
 AFEDITAB CR
 AMLODIPINE BESYLATE
 FELODIPINE ER
 ISRADIPINE
 NICARDIPINE HCL
 NIFEDIPINE
 NIFEDIPINE ER

NISOLDIPINE
 NORVASC*
 PROCARDIA
 PROCARDIA XL
 SULAR*

CALCIUM CHANNEL BLOCKERS/ NON-DIHYDROPYRIDINES

CALAN
 CALAN SR
 CARDIZEM
 CARDIZEM CD*
 CARDIZEM LA*
 CARTIA XT
 DILTIAZEM 12HR ER
 DILTIAZEM 24HR CD
 DILTIAZEM 24HR ER
 DILTIAZEM ER
 DILTIAZEM HCL
 DILT-XR
 MATZIM LA
 TAZTIA XT
 TIAZAC*
 VERAPAMIL ER
 VERAPAMIL ER PM
 VERAPAMIL HCL
 VERAPAMIL SR
 VERELAN
 VERELAN PM

CARDIAC GLYCOSIDES

DIGITEK
 DIGOX
 DIGOXIN
 LANOXIN
 CHOLINESTERASE INHIBITOR
 MIOTICS
 PHOSPHOLINE IODIDE

CYCLOPLEGIC MYDRIATICS

ATROPINE SULFATE
 ATROPINE SULFATE-0.9% NACL
 CYCLOGYL
 CYCLOPENTOLATE HCL
 HOMATROPAIRE
 HOMATROPINE HYDROBROMIDE
 MYDRIACYL
 TROPICAMIDE
 TROPICAMIDE-CYCLOPENTOLATE-PE

* Non-Covered Medication

DIRECT ACTING MIOTICS

ISOPTO CARPINE

PILOCARPINE HCL

ESTROGEN COMBINATIONS

ACTIVELLA*

AMABELZ

ANGELIQ*

CLIMARA PRO

COMBIPATCH

ESTRADIOL-NORETHINDRONE
ACETAT

FEMHRT

FYAVOLV

JEVANTIQUE LO

JINTELI

LOPREEZA

MIMVEY

MIMVEY LO

NORETHINDRON-ETHINYL ESTRADIOL

PREFEST*

PREMPHASE

PREMPRO

ESTROGENS

ALORA*

CLIMARA

DIVIGEL*

ELESTRIN*

ESTRACE

ESTRADIOL

ESTRING

ESTROGEL*

ESTROPIPATE

FEMRING*

MENEST

MENOSTAR*

MINIVELLE

PREMARIN

VAGIFEM

VIVELLE-DOT

YUVAFEM

GLUCOSE ELEVATING AGENTS

PROGLYCEM

GOUT THERAPY

ALLOPURINOL

DUZALLO*

PROBENECID

PROBENECID-COLCHICINE

ULORIC

ZURAMPIC*

ZYLOPRIM

H2 ANTAGONISTS

NIZATIDINE

INHALED CORTICOSTEROIDS

AEROSPAN*

ALVESCO*

ARMONAIR RESPICLICK*

ARNUITY ELLIPTA

ASMANEX*

ASMANEX HFA*

BUDESONIDE

FLOVENT DISKUS

FLOVENT HFA

PULMICORT

PULMICORT FLEXHALER

QVAR

QVAR REDIHALER

**INSULIN SYRINGES/MISCELLANEOUS
DURABLE MEDICAL EQU**

1ST TIER UNIFINE PENTIPS

1ST TIER UNIFINE PENTIPS PLUS

ADVOCATE PEN NEEDLE

ADVOCATE PEN NEEDLES

ADVOCATE SYRINGES

ASSURE ID INSULIN SAFETY

AUTOSHIELD DUO PEN NEEDLE

BD ULTRA-FINE PEN NEEDLE

BLUNT NEEDLE

CAREFINE PEN NEEDLE

CARETOUCH PEN NEEDLE

CLICKFINE

COMFORT EZ

DROPLET PEN NEEDLE

EASY COMFORT INSULIN SYRINGE

EASY COMFORT PEN NEEDLES

EASY TOUCH

EASY TOUCH FLIPLOCK INSULIN

EASY TOUCH FLIPLOCK NEEDLE

EASY TOUCH FLIPLOCK NEEDLES

EASY TOUCH FLIPLOCK SYRINGES

EASY TOUCH FLURINGE FLIPLOCK

EASY TOUCH FLURINGE
SHEATHLOCK

EASY TOUCH HYPODERMIC NEEDLE

EASY TOUCH INSULIN SAFETY

EASY TOUCH INSULIN SYRINGE

EASY TOUCH LUER LOCK INSULIN

EASY TOUCH PEN NEEDLE

EASY TOUCH SHEATHLOCK INSULIN

EASY TOUCH UNI-SLIP

EASY-TOUCH INSULIN SYRINGE

ECLIPSE NEEDLE

ECLIPSE SYRINGE

EXEL HUBER

EXEL HUBER NEEDLE

EXEL HYPODERMIC NEEDLE

EXEL MTI DRAWING NEEDLE

FILTER ASPIRATOR NEEDLE

FILTER NEEDLE

FLOW-EZE

FREESTYLE PRECISION

HEALTHY ACCENTS UNIFINE PENTIP

HYPODERMIC NEEDLE

INCONTROL PEN NEEDLE

INSULIN CARTRIDGE

INSULIN PEN NEEDLE

INSULIN SYRINGE

INSULIN SYRINGE U-500

INSUPEN

INTEGRA NEEDLE

INTEGRA PRECISIONGLIDE NEEDLE

LITE TOUCH

LITETOUCH INSULIN SYRINGE

LUER-LOK SYRINGE

MAGELLAN INSULIN SAFETY SYRNG

MAGELLAN INSULIN SYRINGE

MAXI-COMFORT

MINI ULTRA-THIN II

MINIMED RESERVOIR

MONOJECT

MONOJECT BLOOD COLLECTION

MONOJECT FILTER NEEDLE

MONOJECT INSULIN SAFETY SYRNG

MONOJECT INSULIN SYRINGE

MONOJECT MAGELLAN

NEEDLE

NEEDLES

NOKOR ADMIX NEEDLE

NOKOR NEEDLE

NOVOFINE

* Non-Covered Medication

INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU (continued)

NOVOFINE 32
 NOVOFINE AUTOCOVER
 NOVOFINE PLUS
 NOVOTWIST
 PARADIGM
 PEN NEEDLE
 PEN NEEDLES
 PENTIPS
 PHASEAL PROTECTOR
 POLY HUB NEEDLE
 PRECISIONGLIDE
 PRO COMFORT PEN NEEDLE
 PRODIGY INSULIN SYRINGE
 REGULAR BEVEL NEEDLES
 RELION PEN NEEDLES
 SAFESNAP INSULIN SYRINGE
 SAFETYGLIDE INSULIN SYRINGE
 SAFETYGLIDE NEEDLE
 SAFETYGLIDE SYRINGE
 SHORT BEVEL NEEDLES
 SPECIALTY USE NEEDLES
 SURE COMFORT
 SURE COMFORT INSULIN SYRINGE
 SURE-FINE PEN NEEDLES
 SURE-JECT INSULIN SYRINGE
 TECHLITE PEN NEEDLE
 TERUMO INSULIN SYRINGE
 TERUMO SURGUARD2
 THIN WALL NEEDLES
 THINPRO INSULIN SYRINGE
 TOPCARE CLICKFINE
 TOPCARE ULTRA COMFORT
 TRANSFER NEEDLE
 TRUEPLUS INSULIN SYRINGE
 TRUEPLUS PEN NEEDLE
 ULTICARE
 ULTICARE INSULIN SYRINGE
 ULTICARE PEN NEEDLE
 ULTILET INSULIN SYRINGE
 ULTILET PEN NEEDLE
 ULTRA COMFORT
 ULTRA-THIN II
 UNIFINE PENTIPS

UNIFINE PENTIPS PLUS
 VANISHPOINT
 YALE NEEDLE
 YALE NEEDLES

INSULIN THERAPY

ADMELOG*
 ADMELOG SOLOSTAR*
 AFREZZA
 APIDRA*
 APIDRA SOLOSTAR*
 BASAGLAR KWIKPEN U-100*
 FIASP*
 FIASP FLEXTOUCH*
 HUMALOG
 HUMALOG JUNIOR KWIKPEN
 HUMALOG KWIKPEN U-100
 HUMALOG KWIKPEN U-200
 HUMALOG MIX 50-50
 HUMALOG MIX 50-50 KWIKPEN
 HUMALOG MIX 75-25
 HUMALOG MIX 75-25 KWIKPEN
 HUMULIN 70/30 KWIKPEN
 HUMULIN 70-30
 HUMULIN N
 HUMULIN N KWIKPEN
 HUMULIN R
 HUMULIN R U-500
 HUMULIN R U-500 KWIKPEN
 LANTUS
 LANTUS SOLOSTAR
 LEVEMIR*
 LEVEMIR FLEXTOUCH*
 NOVOLIN 70-30*
 NOVOLIN N*
 NOVOLIN R*
 NOVOLOG*
 NOVOLOG FLEXPEN*
 NOVOLOG MIX 70-30*
 NOVOLOG MIX 70-30 FLEXPEN*
 SOLIQUA 100-33*
 TOUJEO SOLOSTAR
 TRESIBA FLEXTOUCH U-100*
 TRESIBA FLEXTOUCH U-200*
 XULTOPHY 100-3.6*

LIPID/CHOLESTEROL LOWERING AGENTS

ALTOPREV*
 AMLODIPINE-ATORVASTATIN
 ANTARA*
 ATORVASTATIN CALCIUM
 CADUET*
 CHOLESTYRAMINE
 CHOLESTYRAMINE LIGHT
 COLESTID
 COLESTIPOL HCL
 CRESTOR*
 EZETIMIBE
 EZETIMIBE-SIMVASTATIN
 FENOFIBRATE
 FENOFIBRIC ACID
 FENOGLIDE*
 FIBRICOR*
 FLOLIPID*
 FLUVASTATIN ER
 FLUVASTATIN SODIUM
 GEMFIBROZIL
 LESCOL*
 LESCOL XL*
 LIPITOR*
 LIPOFEN*
 LIVALO*
 LOPID
 LOVASTATIN
 LOVAZA*
 NIACIN ER
 NIASPAN
 OMEGA-3 ACID ETHYL ESTERS
 PRAVACHOL*
 PRAVASTATIN SODIUM
 PREVALITE
 QUESTRAN
 QUESTRAN LIGHT
 ROSUVASTATIN CALCIUM
 SIMVASTATIN
 TRICOR*
 TRIGLIDE*
 TRIKLO
 TRILIPIX*
 VASCEPA*

* Non-Covered Medication

LIPID/CHOLESTEROL LOWERING AGENTS (continued)

VYTORIN*

WELCHOL*

ZETIA*

ZOCOR*

ZYPITAMAG

LONG ACTING NITRATES

DILATRATE-SR

ISOCHRON

ISORDIL

ISORDIL TITRADOSE

ISOSORBIDE DINITRATE

ISOSORBIDE DINITRATE ER

ISOSORBIDE MONONITRATE

ISOSORBIDE MONONITRATE ER

MINITRAN

NITRO-BID

NITRO-DUR

NITROGLYCERIN

NITROGLYCERIN PATCH

NITRO-TIME

MAO INHIBITORS

EMSAM*

MARPLAN

NARDIL

PARNATE

PHENELZINE SULFATE

TRANLYCYPROMINE SULFATE

MISCELLANEOUS AGENTS

AGRYLIN

ANAGRELIDE HCL

CABERGOLINE

CALCITONIN-SALMON

CALCITRIOL

CARNITOR

CARNITOR SF

CEVIMELINE HCL

CLINPRO 5000

DDAVP*

DENTA 5000 PLUS

DENTAGEL

DESMOPRESSIN ACETATE

DOXERCALCIFEROL

ETIDRONATE DISODIUM

EVOXAC

FLUORIDEX

FLUORIDEX DAILY DEFENSE

HECTOROL

LEVOCARNITINE

NOCTIVA*

PARICALCITOL

PREVIDENT

PREVIDENT 5000

PREVIDENT 5000 ENAMEL PROTECT

PREVIDENT 5000 PLUS

PREVIDENT 5000 SENSITIVE

RAYALDEE*

ROCALTROL

SF

SF 5000 PLUS

STIMATE

VASOPRESSIN-0.9% NAACL

VASOPRESSIN-D5W

VASOSTRICT

ZEMPLAR

MISCELLANEOUS ANTIDEPRESSANTS

APLENZIN*

BUPROPION HCL

BUPROPION HCL SR

BUPROPION XL

CYMBALTA*

DESVENLAFAXINE ER*

DESVENLAFAXINE FUMARATE ER

DESVENLAFAXINE SUCCINATE ER

DULOXETINE HCL

EFFEXOR XR*

FETZIMA*

FORFIVO XL*

KHEDEZLA*

NEFAZODONE HCL

PRISTIQ*

VENLAFAXINE HCL

VENLAFAXINE HCL ER

WELLBUTRIN SR*

WELLBUTRIN XL*

MISCELLANEOUS ANTIINFECTIVES

DAPSONE

MISCELLANEOUS ANTIVIRALS

AMANTADINE

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR*

ENTRESTO*

RANEXA

MISCELLANEOUS COAGULATION AGENTS

PENTOXIFYLLINE

MISCELLANEOUS GASTROINTESTINAL AGENTS

APRISO

ASACOL HD*

AZULFIDINE

DELZICOL*

DIPENTUM*

KRISTALOSE

LIALDA

MESALAMINE*

PENTASA

SULFASALAZINE

SULFASALAZINE DR

MISCELLANEOUS NEUROLOGICAL THERAPY

ARICEPT

DONEPEZIL HCL

DONEPEZIL HCL ODT

EXELON

GALANTAMINE ER

GALANTAMINE HBR

GALANTAMINE HYDROBROMIDE

MEMANTINE HCL

MEMANTINE HCL ER

NAMENDA

NAMENDA XR

RAZADYNE

RAZADYNE ER

RIVASTIGMINE

MISCELLANEOUS OPHTHALMOLOGICS

LIDOCAINE-PHENYLEPHRINE-BSS

LIDOCAINE-PHENYLEPHRINE-WATER

RESTASIS

RESTASIS MULTIDOSE

XIIDRA

**MISCELLANEOUS
PSYCHOTHERAPEUTIC AGENTS**

ERGOLOID MESYLATES

**MISCELLANEOUS PULMONARY
AGENTS**

ACCOLATE*

ADEMPAS

ADVAIR DISKUS

ADVAIR HFA

AIRDUO RESPICLICK*

ANORO ELLIPTA

ATROVENT HFA

BEVESPI AEROSPHERE*

BREO ELLIPTA*

CROMOLYN SODIUM

DULERA

FLUTICASONE-SALMETEROL

INCRUSE ELLIPTA

IPRATROPIUM BROMIDE

LETAIRIS

LONHALA MAGNAIR REFILL*

LONHALA MAGNAIR STARTER*

MONTELUKAST SODIUM

OPSUMIT

SEEBRI NEOHALER*

SINGULAIR*

SPIRIVA

SPIRIVA RESPIMAT

STIOLTO RESPIMAT

SYMBICORT

TRACLEER

TRELEGY ELLIPTA*

TUDORZA PRESSAIR

UTIBRON NEOHALER*

ZAFIRLUKAST

ZILEUTON ER

ZYFLO*

ZYFLO CR*

**MISCELLANEOUS
RHEUMATOLOGICAL AGENTS**

CUPRIMINE

DEPEN

RIDAURA

SAVELLA

MISCELLANEOUS UROLOGICALS

POTASSIUM CITRATE ER

STENDRA

UROCIT-K

**MONOPHASIC /BIPHASIC /TRIPHASIC
AGENTS**

BEYAZ

BREVICON*

CYCLESSA

DROSPIRENONE-ETH ESTRA-
LEVOMEF

ESTROSTEP FE

FAYOSIM

LEVONORG-ETH ESTRAD ETH
ESTRAD

LO LOESTRIN FE

LOESTRIN

LOESTRIN FE

LOSEASONIQUE*

MELODETTA 24 FE

MIBELAS 24 FE

MICROGESTIN 24 FE

MINASTRIN 24 FE*

MIRCETTE

NATAZIA*

NORETHIN-ETH ESTRA-FERROUS FUM

ORTHO TRI-CYCLEN

ORTHO TRI-CYCLEN LO

ORTHO-CYCLEN

ORTHO-NOVUM

QUARTETTE*

RAJANI

RIVELSA

SAFYRAL

SEASONIQUE*

TAYTULLA*

TRI-NORINYL*

TYDEMY

YASMIN 28

YAZ

**MUSCLE RELAXANTS &
ANTISPASMODIC AGENTS**

BACLOFEN

DANTRIUM

DANTROLENE SODIUM

MYASTHENIA GRAVIS

MESTINON

PYRIDOSTIGMINE BROMIDE

PYRIDOSTIGMINE BROMIDE ER

**NON-INSULIN HYPOGLYCEMIC
AGENTS**

ACARBOSE

ACTOPLUS MET

ACTOPLUS MET XR

ACTOS

ADLYXIN*

ALOGLIPTIN*

ALOGLIPTIN-METFORMIN*

ALOGLIPTIN-PIOGLITAZONE*

AMARYL

AVANDAMET

AVANDIA

BYDUREON

BYDUREON BCISE

BYDUREON PEN

BYETTA

CHLORPROPAMIDE

CYCLOSET

DM2*

DUETACT

FARXIGA*

FORTAMET*

GLIMEPIRIDE

GLIPIZIDE

GLIPIZIDE ER

GLIPIZIDE XL

GLIPIZIDE-METFORMIN

GLUCOPHAGE*

GLUCOPHAGE XR*

GLUCOTROL

GLUCOTROL XL

GLUCOVANCE

GLUMETZA*

GLYBURIDE

GLYBURIDE MICRONIZED

GLYBURIDE-METFORMIN HCL

GLYNASE

GLYSET

GLYXAMBI*

INVOKAMET

INVOKAMET XR

INVOKANA

JANUMET

JANUMET XR

JANUVIA

JARDIANCE

NON-INSULIN HYPOGLYCEMIC AGENTS (continued)

JENTADUETO*
JENTADUETO XR*
KAZANO*
KOMBIGLYZE XR
METFORMIN HCL
METFORMIN HCL ER*
MIGLITOL
NATEGLINIDE
NESINA*
ONGLYZA
OSENI*
OZEMPIC
PIOGLITAZONE HCL
PIOGLITAZONE-GLIMEPIRIDE
PIOGLITAZONE-METFORMIN
PRANDIN
PRECOSE
QTERN*
REPAGLINIDE
REPAGLINIDE-METFORMIN HCL
RIOMET
SEGLUROMET
STARLIX
STEGLATRO
STEGLUJAN
SYMLINPEN 120
SYMLINPEN 60
SYNJARDY
SYNJARDY XR
TANZEUM*
TOLAZAMIDE
TOLBUTAMIDE
TRADJENTA*
TRULICITY
VICTOZA 2-PAK
VICTOZA 3-PAK
XIGDUO XR*

NSAIDS

ANAPROX DS
ARTHROTEC 50
ARTHROTEC 75
DAYPRO*
DICLO GEL*
DICLO GEL-XRYLIX SHEET*

DICLOFENAC SODIUM
DICLOFENAC SODIUM ER
DICLOFENAC SODIUM-MISOPROSTOL
DICLOPR*
DICLOTRAL*
DICLOZOR*
DITHOL
DUEXIS*
EC-NAPROSYN*
ETODOLAC
ETODOLAC ER
FELDENE
FENOPROFEN CALCIUM
FENORTHO
FLURBIPROFEN
FROTEK
IBU
INFLAMMA-K*
KETOPROFEN
LEXIXRYL*
LODINE*
MECLOFENAMATE SODIUM
MELOXICAM
MOBIC*
NABUMETONE
NALFON
NAPRELAN*
NAPROSYN*
NAPROXEN
NAPROXEN SODIUM CR
NAPROXEN SODIUM DS
NAPROXEN SODIUM ER
NUDICLO*
OXAPROZIN
PENNSAID*
PIROXICAM
PROFENO
SULINDAC
TIVORBEX*
TOLMETIN SODIUM
TORONOVA II SUIK*
TORONOVA SUIK*
VIMOVO*
VIVLODEX*
VOLTAREN
VOLTAREN-XR*

VOPAC MDS*

XRYLIX*

ZORVOLEX*

NSAIDS- SPECIFIC COX-II INHIBITORS

CELEBREX

CELECOXIB

ORAL DRUGS FOR GLAUCOMA

ACETAZOLAMIDE

METHAZOLAMIDE

NEPTAZANE

OSTEOPOROSIS THERAPY

ACTONEL

ALENDRONATE SODIUM

ATELVIA*

BINOSTO*

BONIVA*

FOSAMAX*

FOSAMAX PLUS D

IBANDRONATE SODIUM

RISEDRONATE SODIUM

RISEDRONATE SODIUM DR

OTHER ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC*

AMLODIPINE BESYLATE-BENAZEPRIL

AMLODIPINE-OLMESARTAN

AMLODIPINE-VALSARTAN

AMLODIPINE-VALSARTAN-HCTZ

ATENOLOL-CHLORTHALIDONE

AZOR*

BENAZEPRIL-
HYDROCHLOROTHIAZIDEBISOPROLOL-
HYDROCHLOROTHIAZIDE

BYVALSON*

CAPTOPRIL-HYDROCHLOROTHIAZIDE

CLORPRES

CORZIDE

DUTOPROL

ENALAPRIL-HYDROCHLOROTHIAZIDE

EXFORGE*

EXFORGE HCT*

FOSINOPRIL-
HYDROCHLOROTHIAZIDE

LISINOPRIL-HYDROCHLOROTHIAZIDE

LOPRESSOR HCT

LOTENSIN HCT*

* Non-Covered Medication

OTHER ANTIHYPERTENSIVE COMBINATIONS (continued)

LOTREL

METHYLDOPA-
HYDROCHLOROTHIAZIDE

METOPROLOL SUCCINATE ER-HCTZ

METOPROLOL-
HYDROCHLOROTHIAZIDE

MOEXIPRIL-HYDROCHLOROTHIAZIDE

NADOLOL-BENDROFLUMETHIAZIDE

OLMESARTAN-AMLODIPINE-HCTZ

PRESTALIA*

PROPRANOLOL-
HYDROCHLOROTHIAZID

QUINAPRIL-HYDROCHLOROTHIAZIDE

TARKA

TELMISARTAN-AMLODIPINE

TENORETIC 100

TENORETIC 50

TRANDOLAPRIL-VERAPAMIL ER

TRIBENZOR*

TWINST*

VASERETIC*

ZESTORETIC

ZIAC

OTHER GLAUCOMA DRUGS

AZOPT

BIMATOPROST

COMBIGAN*

COSOPT

COSOPT PF*

DORZOLAMIDE HCL

DORZOLAMIDE-TIMOLOL

LATANOPROST

LUMIGAN

SIMBRINZA*

TRAVATAN Z

TRUSOPT

VYZULTA*

XALATAN

ZIOPTAN*

OTHER ULCER THERAPY

CARAFATE

SUCRALFATE

POTASSIUM

EFFER-K

K EFFERVESCENT

KLOR-CON

KLOR-CON 10

KLOR-CON 8

KLOR-CON M10

KLOR-CON M15

KLOR-CON M20

KLOR-CON SPRINKLE

KLOR-CON-EF

K-TAB ER

POTABA

POTASSIUM BICARBONATE

POTASSIUM CHLORIDE

PROGESTINS

AYGESTIN

MEDROXYPROGESTERONE ACETATE

NORETHINDRONE ACETATE

ORTHO MICRONOR

PROGESTERONE

PROMETRIUM

PROVERA

PROSTAGLANDINS

CYTOTEC

MISOPROSTOL

SALICYLATES

DIFLUNISAL

SELECTIVE SEROTONIN REUPTAKE INHIBITORS

BRISDELLE*

CELEXA*

CITALOPRAM HBR

ESCITALOPRAM OXALATE

FLUOXETINE DR

FLUOXETINE HCL

FLUVOXAMINE MALEATE

FLUVOXAMINE MALEATE ER

LEXAPRO*

PAROXETINE CR

PAROXETINE ER

PAROXETINE HCL

PAROXETINE MESYLATE

PAXIL*

PAXIL CR*

PEXEVA*

PROZAC*

SARAFEM*

SERTRALINE HCL

VIIBRYD*

ZOLOFT*

SPECIALIZED OB/GYN DRUGS

ISOXSUPRINE HCL

SYMPATHOMIMETICS

ALPHAGAN P

APRACLONIDINE HCL

BRIMONIDINE TARTRATE

IOPIDINE

THIAZIDE & RELATED DIURETICS

ALDACTAZIDE

ALDACTONE

AMILORIDE HCL

AMILORIDE-HYDROCHLOROTHIAZIDE

BUMETANIDE

CAROSPIR

CHLOROTHIAZIDE

CHLORTHALIDONE

DEMADEX

DIURIL

DYAZIDE

DYRENIUM

EDECIN

EPLERENONE

ETHACRYNIC ACID

FUROSEMIDE

HYDROCHLOROTHIAZIDE

INDAPAMIDE

INSpra

LASIX

MAXZIDE

MAXZIDE-25 MG

METHYCLOTHIAZIDE

METOLAZONE

MICROZIDE

SPIRONOLACTONE

SPIRONOLACTONE-HCTZ

TORSEMIDE

TRIAMTERENE-HCTZ

TRIAMTERENE-
HYDROCHLOROTHIAZID**THYROID HORMONES**

ARMOUR THYROID

CYTOMEL

LEVO-T

LEVOTHYROXINE SODIUM

LEVOXYL

LIOTHYRONINE SODIUM

NATURE-THROID

THYROID HORMONES

NP THYROID

SYNTHROID

THYROID

THYROLAR-1

THYROLAR-1/2

THYROLAR-1/4

THYROLAR-2

THYROLAR-3

TIROSINT*

UNITHROID

WESTHROID

WP THYROID

**VASOCONSTRICTOR
DECONGESTANTS**

CYCLOMYDRIL

VASODILATORS

BIDIL

HYDRALAZINE HCL

MINOXIDIL

ORENITRAM ER

UPTRAVI

VITAMINS & HEMATINICS

ESCAVITE D

ESCAVITE LQ

FLORIVA

FLORIVA PLUS

FLUORABON

FLUOR-A-DAY

FLUORIDE

FLUORITAB

FLURA-DROPS

LUDENT FLUORIDE

NASCOBAL*

NICOMIDE

QUFLORA

QUFLORA FE

SODIUM FLUORIDE

XANTHINES

ELIXOPHYLLIN

THEO-24

THEOCHRON

THEOPHYLLINE

THEOPHYLLINE ANHYDROUS

Nondiscrimination Notice

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.

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; 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 للضم والكم : 711).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅជុំវិញសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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 ભાષાસહાય 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 بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ລາວ: ຂໍອວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOǪÍ: Diné k'ehjí yánít'i'go saad bee yát'i' éi t'áájíik'ee bee níká'a'doowolgo éi ná'ahoot'i'. Díí bee anitahígí ninaaltsoos bine'déé' nóomba biká'ígííjí' béesh bee hodíílnih (TTY: 711).

