

ACA Covered Medication List

This list is up-to-date as of January 1, 2019.

The medications listed below, including certain over-the-counter medications, are covered by the Affordable Care Act and are available to you at no cost. You can find the latest information about your medications by visiting bluecrossma.com/medications.

Aspirin (low dose)			
ADULT ASPIRIN REGIMEN	ASPIR-LOW	ECOTRIN	ST. JOSEPH ASPIRIN
ASPIR 81	BAYER CHEWABLE	ENTERIC COATED ASPIRIN 81	
ASPIRIN E.C. 81	CHILDREN'S ASPIRIN	LOW DOSE ASPIRIN	
Bowel Preparations (available twice per 365 days)			
ALOPHEN PILLS	GAVILYTE-C	LAXATIVE PEG 3350	POLYETHYLENE GLYCOL
BISACODYL	GAVILYTE-G	MAGNESIUM CITRATE	POWDERLAX
BISA-LAX	GAVILYTE-N	MILK OF MAGNESIA	PURELAX
CITRATE OF MAGNESIA	GENTLE LAXATIVE	MIRALAX	SMOOTHLAX
CITROMA	GENTLELAX	NATURA-LAX	TRILYTE WITH FLAVOR PACKETS
CLEARLAX	GLYCOLAX	ORAL SALINE LAXATIVE	WOMAN'S LAXATIVE
DUCODYL	HEALTHYLAX	PEG 3350-ELECTROLYTE	WOMEN'S GENTLE LAXATIVE
FEMININE LAXATIVE	LAXACLEAR	PEG-PREP	
GAVILAX	LAXATIVE	PHOSPHATE LAXATIVE	
Breast Cancer Treatments (brand)			
EVISTA	SOLTAMOX	TAMOXIFEN CITRATE	
Breast Cancer Treatments (generic)			
RALOXIFENE HCL	TAMOXIFEN CITRATE		
Cholesterol Lowering Drugs (member must meet certain criteria to get the drug at no cost)			
ATORVASTATIN 10MG - 20MG	FLUVASTATIN 20MG - 40MG	PRAVASTATIN 10MG - 80MG	SIMVASTATIN 5MG - 40MG
FLUVASTATIN ER 80MG	LOVASTATIN 10MG - 40MG	ROSUVASTATIN 5MG - 10MG	
Contraceptives			
Emergency Contraceptives (over the counter)			
AFTERA	LEVONORGESTREL	NEW DAY	OPTION 2
ECONTRA EZ	MY CHOICE	NEXT CHOICE ONE DOSE	PLAN B ONE-STEP
ECONTRA ONE-STEP	MY WAY	OPCICON ONE-STEP	TAKE ACTION

Female Contraceptive Sponges

ELLA	FC2 FEMALE CONDOM	FEMCAP	TODAY CONTRACEPTIVE SPONGE
------	-------------------	--------	----------------------------

Implants (under the medical benefit only)

KYLEENA	MIRENA	PARAGARD T 380-A	
LILETTA	NEXPLANON	SKYLA	

Oral Contraceptives

ALTAVERA	DESOGESTR-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL	LAYOLIS FE	NORLYROC
ALYACEN		LEENA	NORTREL
AMETHIA	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE	LESSINA	NUVARING
AMETHIA LO		LEVONEST	OCELLA
AMETHYST	DROSPIRENONE-ETHINYL ESTRADIOL	LEVONORGESTREL-ETHINYL ESTRADIOL	OGESTREL
APRI	ELINEST	LEVONORG-ETHINYL ESTRADIOL/ETHINYL ESTRADIOL	ORSYTHIA
ARANELLE	EMOQUETTE		PHILITH
ASHLYNA	ENPRESSE	LEVORA	PIMTREA
AUBRA	ENSKYCE	LILLOW	PIRMELLA
AUBRA EQ	ERRIN	LORYNA	PORTIA
AVIANE	ESTARYLLA	LOW-OGESTREL	PREVIFEM
AZURETTE	ETHYNODIOL-ETHINYL ESTRADIOL	LUTERA	QUASENSE
BALZIVA	FALMINA	LYZA	RAJANI
BEKYREE	FAYOSIM	MARLISSA	RECLIPSEN
BLISOVI 24 FE	FEMYNOR	MEDROXYPROGESTERONE ACETATE	RIVELSA
BLISOVI FE	GIANVI	MELODETTA 24 FE	SETLAKIN
BRIELLYN	HEATHER	MIBELAS 24 FE	SHAROBEL
CAMILA	INCASSIA	MICROGESTIN	SPRINTEC
CAMRESE	INTROVALE	MICROGESTIN FE	SRONYX
CAMRESE LO	ISIBLOOM	MILI	SYEDA
CAZIAN	JENCYCLA	MONO-LINYAH	TARINA FE
CHATEAL	JOLESSA	MONONESSA	TILIA FE
CHATEAL EQ	JOLIVETTE	MYZILRA	TRI FEMYNOR
CRYSSELLE	JULEBER	NECON	TRI-ESTARYLLA
CYCLAFEM	JUNEL	NIKKI	TRI-LEGEST FE
CYRED	JUNEL FE	NORA-BE	TRI-LINYAH
CYRED EQ	KAITLIB FE	NORETHINDRONE ACETATE	TRI-LO-ESTARYLLA
DASETTA	KARIVA	NORETHINDRONE-ETHINYL ESTRADIOL	TRI-LO-MARZIA
DAYSEE	KELNOR 1-35	NORETHIN-ETHINYL ESTRADIOL-FERROUS FUMARATE	TRI-LO-SPRINTEC
DEBLITANE	KELNOR 1-50		TRI-MILI
DELYLA	KURVELO	NORGESTIMATE-ETHINYL ESTRADIOL	TRI-PREVIFEM
DEPO-PROVERA	LARIN		TRI-SPRINTEC
DEPO-SUBQ PROVERA	LARIN FE		TRIVORA
DESOGESTREL-ETHINYL ESTRADIOL	LARISSIA		TRI-VYLIBRA
		NORLYDA	TULANA

Oral Contraceptives (cont.)			
TYDEMY	VYFEMLA	WYMZYA FE	ZOVIA
VELIVET	VYLIBRA	XULANE	
VIENVA	WERA	ZARAH	
VIORELE	WIDE SEAL DIAPHRAGM	ZENCHENT	
Over-the-Counter Contraceptives			
CONCEPTROL	GYNOL II	VCF	
Fluoride (covered for children through age 16)			
FLUORITAB	TRIPLE-VITAMIN W-FLUORIDE	MVC-FLUORIDE	FLUORIDE
MULTIVITAMIN WITH FLUORIDE	FLUOR-A-DAY	PHLUORIVIT	POLY-VITAMIN WITH FLUORIDE
TRI-VITAMIN WITH FLUORIDE	EPIFLUR	TRIPHLUORIVIT	VITAMINS A,C,D & FLUORIDE
SODIUM FLUORIDE	LUDENT FLUORIDE	SODIPHLUOR	RENAF
Folic Acid (covered up to age 50)			
ACTIVE FE	ENDUR-VM WITH IRON	NEXA PLUS	PR NATAL 400
ALIVE PRENATAL	EXPECTA PRENATAL	OB COMPLETE	PR NATAL 400 EC
ATABEX EC	EXTRA-VIRT PLUS DHA	OB COMPLETE DHA	PR NATAL 430
BAL-CARE DHA	FA-8	OB COMPLETE GOLD	PR NATAL 430 EC
BAL-CARE DHA ESSENTIAL	FOLET ONE	OB COMPLETE ONE	PREFERA-OB
BRAINSTRONG PRENATAL	FOLIC ACID	OB COMPLETE PETITE	PREFERA-OB ONE
CADEAU DHA	FOLIVANE-OB	OB COMPLETE PREMIER	PREFERA-OB PLUS DHA
CALCIUM PNV	HEMENATAL OB	OBSTETRIX DHA	PRENA1 CHEW
CENTRUM SPECIALIST PRENATAL	HEMENATAL OB + DHA	OBSTETRIX EC	PRENA1 PEARL
CITRANATAL 90 DHA	KOSHER PRENATAL PLUS IRON	OBSTETRIX ONE	PRENA1 TRUE
CITRANATAL ASSURE	KPN	OBTREX DHA	PRENAISSANCE
CITRANATAL B-CALM	MARNATAL-F	O-CAL PRENATAL	PRENAISSANCE PLUS
CITRANATAL DHA	MTERYTI	ONE A DAY WOMEN'S PRENATAL DHA	PRENATA
CITRANATAL HARMONY	MTERYTI FOLIC 5	ONE DAILY PRENATAL	PRENATABS FA
CITRANATAL RX	MYNATAL	ONE-A-DAY WOMEN'S PRENATAL 1	PRENATABS RX
C-NATE DHA	MYNATAL ADVANCE	ONE-A-DAY WOMEN'S PRENATAL DHA	PRENATAL
COMPLETE NATAL DHA	MYNATAL PLUS	OPURITY MULTIVITAMIN	PRENATAL 19
COMPLETENATE	MYNATAL-Z	PERRY PRENATAL TABLET	PRENATAL COMPLETE
CONCEPT DHA	MYNATE 90 PLUS	PNV 29-1	PRENATAL FORMULA
CONCEPT OB	NATACHEW	PNV OB+DHA	PRENATAL FORMULA-DHA
DAILY PRENATAL	NEEVO DHA	PNV-DHA	PRENATAL LOW IRON
DOTHELLE DHA	NESTABS	PNV-DHA + DOCUSATE	PRENATAL MULTI
DUET DHA	NESTABS ABC	PNV-OMEGA	PRENATAL MULTI + DHA
DUET DHA BALANCED	NESTABS DHA	PNV-SELECT	PRENATAL PLUS
ELITE-OB 400	NESTABS ONE	PNV-VP-U	PRENATAL PLUS DHA
ENBRACE HR	NEWGEN		

Folic Acid (cont.)

PRENATAL VITAMIN	PROVIDA DHA	TRISTART DHA	VITAFOL
PRENATAL VITAMIN PLUS LOW IRON	PROVIDA OB	TRIVEEN-DUO DHA	VITAFOL FE+
PRENATAL-U	PUREFE OB PLUS	TRUST NATAL DHA	VITAFOL NANO
PRENATE	RIGHT STEP PRENATAL VITAMINS	VINACAL B	VITAFOL ULTRA
PRENATE AM	R-NATAL OB	VINATE	VITAFOL-OB
PRENATE DHA	SELECT-OB	VINATE DHA RF	VITAFOL-OB+DHA
PRENATE ELITE	SELECT-OB + DHA	VINATE II	VITAFOL-ONE
PRENATE ENHANCE	SE-NATAL 19	VINATE ONE	VITAMED MD ONE RX
PRENATE ESSENTIAL	TARON PRENATAL	VINATE-M	VITAMEDMD REDICHEW RX
PRENATE MINI	TARON-C DHA	VIRT-ADVANCE	VITAPEARL
PRENATE PIXIE	THERANATAL ONE	VIRT-C DHA	VITATRUE
PRENATE RESTORE	THERANATAL OVAVITE	VIRT-NATE DHA	VP-CH PLUS
PRENATE STAR	THERANATAL PLUS	VIRT-PN	VP-CH-PNV
PRENAVITE	THRIVITE RX	VIRT-PN DHA	VP-PNV-DHA
PREPLUS	TRICARE	VIRT-PN PLUS	ZATEAN-PN DHA
PRETAB	TRINATAL RX 1	VIRTPREX	ZATEAN-PN PLUS
PRIMACARE	TRINATE	VIRT-SELECT	ZINGIBER
		VIRT-VITE GT	

Iron (covered for infants up to 12 months old)

CCHILDREN'S IRON	FERROUS SULFATE	MULTIVIT W/FLUORIDE & IRON	PEDIA IRON
FER-IN-SOL	ICAR	MULTIVITAMIN W/FLUORIDE & IRON	WEE CARE
FEROSUL	MULTI-DELYN		

Smoking Cessation (up to two 90-day supplies per calendar year)

BUPROPION SR	NICOTINE	NICOTROL NS	STOP SMOKING AID
CHANTIX	NICOTINE GUM	QUIT 2	
NICORELIEF	NICOTROL	QUIT 4	

Vaccines

ACTHIB	ENGERIX-B PEDIATRIC-ADOLESCENT	HEPLISAV-B	PNEUMOVAX 23
ADACEL TDAP	FLUAD 2018-2019	HIBERIX	PREVNAR 13
AFLURIA 2018-2019	FLUARIX QUAD 2018-2019	IMOVAX RABIES VACCINE	PROQUAD
AFLURIA QUAD 2018-2019	FLUBLOK QUAD 2018-2019	INFANRIX DTAP	QUADRACEL DTAP-IPV
BEXSERO	FLUCELVAX QUAD 2018-2019	IPOLE	RABAVERT
BIOTHRAX	FLULAVAL QUAD 2018-2019	IXIARO	RECOMBIVAX HB
BOOSTRIX	FLUZONE HIGH-DOSE 2018-2019	KINRIX	ROTARIX
BOOSTRIX TDAP	FLUZONE QUAD 2018-2019	MENACTRA	ROTATEQ
COPIKTRA	FLUZONE QUAD PEDI 2018-2019	MENVEO A-C-Y-W-135-DIP	SHINGRIX
DAPTACEL DTAP	GARDASIL 9	M-M-R II VACCINE	STAMARIL
DIPHThERIA-TETANUS TOXOIDS-PED	HAVRIX	PEDIARIX	TENIVAC
ENGERIX-B ADULT		PEDVAXHIB	
		PENTACEL	

Vaccines (cont.)

TETANUS DIPHTHERIA
TOXOIDS

TYPHIM VI

VARIZIG

VIZIMPRO

VAQTA

VAXCHORA VACCINE

YF-VAX

TRUMENBA

VARIVAX VACCINE

VIVOTIF

ZOSTAVAX

TWINRIX

Vitamin D (covered at age 65 and older)

CALCIUM + D3

CALCIUM W/MINERALS

LIQUID CALCIUM +D

SUPER CALCIUM W/VITAMIN D

CALCIUM + VITAMIN D

CHILDREN'S VITAMIN D

OYSCO D

VITAJOY DAILY D

CALCIUM 600+D PLUS
MINERALS

CITRUS CALCIUM WITH VIT D

OYSTER CALCIUM W/VITAMIN
D

VITAMIN D2

DELTA D3

VITAMIN D3

CALCIUM CARBONATE

D-VI-SOL

OYSTER SHELL CALCIUM W/
VIT D

VITAMIN D-400

CALCIUM CARBONATE W/
VITAMIN D

HI-CAL

OYSTERCAL-D

CALCIUM CITRATE W/
VITAMIN D

KIDS FIRST VITAMIN D3

RISACAL-D

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 civilrightscoordinator@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.



MASSACHUSETTS

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 النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíík'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjijí' béésh bee hodíílnih (TTY: 711).

