



Affordable Care Act (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*		
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 ER 80MG	PRAVASTATIN 10MG-80MG	SIMVASTATIN 5MG-40MG
FLUVASTATIN 20MG-40MG	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

*Non-covered medication

(continued)

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

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

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Folic Acid (cont.)			
PRENATE	RIGHT STEP PRENATAL VITAMINS	TRUST NATAL DHA	VITAFOL FE+
PRENATE AM	R-NATAL OB	VINACAL B	VITAFOL NANO
PRENATE DHA	SELECT-OB	VINATE	VITAFOL ULTRA
PRENATE ELITE	SELECT-OB + DHA	VINATE DHA RF	VITAFOL-OB
PRENATE ENHANCE	SE-NATAL 19	VINATE II	VITAFOL-OB+DHA
PRENATE ESSENTIAL	TARON PRENATAL	VINATE ONE	VITAFOL-ONE
PRENATE MINI	TARON-C DHA	VINATE-M	VITAMEDMD ONE RX
PRENATE PIXIE	THERANATAL ONE	VIRTPREX	VITAMEDMD REDICHEW RX
PRENATE RESTORE	THERANATAL OVAVITE	VIRT-ADVANCE	VITAPEARL
PRENATE STAR	THERANATAL PLUS	VIRT-C DHA	VITATRUE
PRENAVITE	THRIVITE RX	VIRT-NATE DHA	VP-CH PLUS
PREPLUS	TRICARE	VIRT-PN	VP-CH-PNV
PRETAB	TRINATAL RX 1	VIRT-PN DHA	VP-PNV-DHA
PRIMACARE	TRINATE	VIRT-PN PLUS	ZATEAN-PN DHA
PROVIDA DHA	TRISTART DHA	VIRT-SELECT	ZATEAN-PN PLUS
PROVIDA OB	TRIVEEN-DUO DHA	VIRT-VITE GT	ZINGIBER
PUREFE OB PLUS		VITAFOL	
Iron (covered for infants up to 12 months old)			
CHILDREN'S IRON	FERROUS SULFATE	MULTIVITAMIN W/FLUORIDE & IRON	PEDIA IRON
FER-IN-SOL	ICAR		WEE CARE
FEROSUL	MULTIVIT W/FLUORIDE & IRON	MULTIVITAMIN 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	FLUAD 2018–2019	INFANRIX DTAP	RABAVERT
ADACEL TDAP	FLUARIX QUAD 2018–2019	IPOL	RECOMBIVAX HB
AFLURIA 2018–2019	FLUBLOK QUAD 2018–2019	IXIARO	ROTARIX
AFLURIA QUAD 2018–2019	FLUCELVAX QUAD 2018–2019	KINRIX	ROTATEQ
BEXSERO	FLULAVAL QUAD 2018–2019	MENACTRA	SHINGRIX
BIOTHRAX	FLUZONE HIGH-DOSE 2018–2019	MENVEO A-C-Y-W-135-DIP	STAMARIL
BOOSTRIX	FLUZONE QUAD 2018-2019	M-M-R II VACCINE	TENIVAC
BOOSTRIX TDAP	FLUZONE QUAD PEDI 2018-2019	PEDIARIX	TETANUS DIPHTHERIA TOXOIDS
COPIKTRA	GARDASIL 9	PEDVAXHIB	TRUMENBA
DAPTACEL DTAP	HAVRIX	PENTACEL	TWINRIX
DIPHTHERIA-TETANUS TOXOIDS-PED	HEPLISAV-B	PNEUMOVAX 23	TYPHIM VI
ENGERIX-B ADULT	HIBERIX	PREVNAR 13	VAQTA
ENGERIX-B PEDIATRIC-ADOLESCENT	IMOVAR RABIES VACCINE	PROQUAD	
		QUADRACEL DTAP-IPV	

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Vaccines (cont.)

VARIVAX VACCINE	VAXCHORA VACCINE	VIZIMPRO	ZOSTAVAX
VARIZIG	VIVOTIF	YF-VAX	

Vitamin D (covered at age 65 and older)

CALCIUM + D3	CALCIUM W/MINERALS	OYSCO D	VITAMIN D2
CALCIUM + VITAMIN D	CHILDREN'S VITAMIN D	OYSTER CALCIUM W/VITAMIN D	VITAMIN D3
CALCIUM 600+D PLUS MINERALS	CITRUS CALCIUM WITH VIT D	OYSTER SHELL CALCIUM W/VIT D	VITAMIN D-400
CALCIUM CARBONATE	DELTA D3	OYSTERCAL-D	
CALCIUM CARBONATE W/ VITAMIN D	D-VI-SOL	RISACAL-D	
CALCIUM CITRATE W/ VITAMIN D	HI-CAL	SUPER CALCIUM W/ VITAMIN D	
	KIDS FIRST VITAMIN D3	VITAJEY DAILY D	
	LIQUID CALCIUM +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 **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**.



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/عربي:

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។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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 કોલ કરો (TTY: 711).

Tagalog/Tagalog: PAUNAWA: Kung nagsasalita ka ng wikang Tagalog, mayroon kang magagamit na mga libreng serbisyo para sa tulong sa wika. Tawagan ang Mga Serbisyo sa Miyembro sa numerong nasa iyong ID Card (TTY: 711).

Japanese/日本語: お知らせ:日本語をお話しになる方は無料の言語アシスタンスサービスをご利用いただけます。IDカードに記載の電話番号を使用してメンバーサービスまでお電話ください (TTY: 711)。

German/Deutsch: ACHTUNG: Wenn Sie Deutsche sprechen, steht Ihnen kostenlos fremdsprachliche Unterstützung zur Verfügung. Rufen Sie den Mitgliederdienst unter der Nummer auf Ihrer ID-Karte an (TTY: 711).

Persian/پارسیان:

توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با 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' éi t'áájíik'e bee níká'a'doowolgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'dée' nóomba biká'ígíjij' béésh bee hodíílnih (TTY: 711).

