

AFFORDABLE CARE ACT (ACA) MEDICATION LIST

For plans that use the:

- Blue Cross Blue Shield of Massachusetts Formulary
- Standard Control with Advanced Control Specialty Formulary



THE PHARMACY THAT COMES TO YOU AND SAVES YOU MONEY

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

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

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



PREVENTIVE MEDICATIONS COVERED BY THE AFFORDABLE CARE ACT

The medications on this list are available to eligible members at no additional cost. They aren't covered in full by all plans that are grandfathered under the ACA.

This isn't a complete list of covered medications, and inclusion on this list doesn't guarantee coverage.¹ You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to pharmacy management programs, such as step therapy, prior authorization, or quality care dosing, or have other coverage requirements.

NOTE: Some medications on this list may be considered non-covered, including new medications under review by Blue Cross, or may have their coverage changed. Brand-name medications may be removed from this list and considered non-covered, or may be covered at a higher cost share, if a generic version becomes available during the year. Your doctor may request an exception for a non-covered medication when medically necessary.²

Learn more about your coverage

For more information about coverage for these medications, sign in to MyBlue at **bluecrossma.org** then go to **Medication Lookup Tool** under **My Medications**.

If you're not a member, you can get more information by visiting **bluecrossma.org/medication**.

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

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

Medication class	Medication name
Aspirin (low dose)	ASPIRIN 81
	ASPIRIN ADULT 81
	ASPIRIN ADULT LOW DOSE
	ASPIRIN CHEW 81
	ASPIRIN CHILD CHEW
	ASPIRIN EC
	ASPIRIN EC LOW DOSE
	ASPIRIN LOW DOSE
	ASPIRIN LOW DOSE CHEW
	BAYER ASPIRIN EC LOW DOSE
	BAYER CHEWABLE LOW DOSE
	CHILD ASA 81 CHEW
	CVS ASPIRIN ADULT LOW DOSE
	CVS ASPIRIN EC
	CVS ASPIRIN LOW STRENGTH
	ECOTRIN LOW STRENGTH
	EQ ASPIRIN CHEW
	EQL ASPIRIN LOW DOSE
	FT ASPIRIN CHEW
	FT ASPIRIN LOW DOSE
	FT ASPIRIN TAB
	GNP ADULT ASPIRIN LOW STRENGTH
	GNP ASPIRIN CHEW
	GNP ASPIRIN EC
	GOODSENSE ASPIRIN
	HM ASPIRIN CHEW
	KLS ASPIRIN EC
	LOW DOSE ASA TAB
	MM ASPIRIN LOW DOSE
	PX ASPIRIN CHEW
	PX ASPIRIN TAB EC

Medication class	Medication name
Aspirin (low dose) (continued)	PX ENTERIC ASPIRIN
	QC ASPIRIN CHEW
	QC CHILD ASA CHEW
	RA ASPIRIN CHEW
	RA ASPIRIN EC
	SM ASPIRIN CHEW
	SM ASPIRIN EC LOW STRENGTH
	SM CHILD ASPIRIN CHEW
	SP CHILD ASA CHEW
	ST JOSEPH CHEW
	ST JOSEPH LOW DOSE ASPIRIN
Bowel preparations (available twice per 365 days)	CLENPIQ SOLUTION
	PEG-PREP KIT
	PEGYLATED/NASUL/C/NACL/POTASSIUM SOLUTION
	PLENVU SOLUTION
	SODIUM/POTASSSIUM/MAGNESIUM SOLUTION
	SUFLAVE SOLUTION
	SUTAB TABLETS
Cholesterol-lowering drugs	ATORVASTATIN TAB 10 MG
	ATORVASTATIN TAB 20 MG
	FLUVASTATIN CAP 20 MG
	FLUVASTATIN CAP 40 MG
	FLUVASTATIN TAB 80 MG ER
	LOVASTATIN TAB 10 MG
	LOVASTATIN TAB 20 MG
	LOVASTATIN TAB 40 MG
	PITAVASTATIN TAB 1 MG
	PITAVASTATIN TAB 2 MG
	PITAVASTATIN TAB 4 MG
	PRAVASTATIN TAB 10 MG
	PRAVASTATIN TAB 20 MG

Medication class	Medication name
Cholesterol-lowering drugs (continued)	PRAVASTATIN TAB 40 MG
	PRAVASTATIN TAB 80 MG
	ROSUVASTATIN TAB 5 MG
	ROSUVASTATIN TAB 10 MG
	SIMVASTATIN TAB 5 MG
	SIMVASTATIN TAB 10 MG
	SIMVASTATIN TAB 20 MG
	SIMVASTATIN TAB 40 MG
Contraceptives (emergency)	AFTERA
	AFTERPILL
	CURAE TAB
	ECONTRA EZ
	ECONTRA OS
	ELLA
	HER STYLE
	LEVONORGESTREL
	MY CHOICE
	MY WAY
	NEW DAY
	OPCICON
	OPTION 2
	REACT
	TAKE ACTION
Contraceptives (implantable devices and vaginal rings)	ANNOVERA
	ELURYNG
	ENILLORING
	ETONOGESTREL/ETHINYL ESTRADIOL
	HALOETTE
Contraceptives (injectables)	DEPO-SQ PROV INJ 104
	MEDROXYPR AC INJ 150MG/ML

Medication class	Medication name
Contraceptives (oral and extended cycle)	AFIRMELLE
	ALTAVERA
	ALYACEN
	ALYACEN 7/7/7
	AMETHYST
	APRI
	ARANELLE
	AUBRA
	AUBRA EQ
	AUROVELA
	AUROVELA 24 FE
	AUROVELA FE
	AVIANE
	AYUNA
	AZURETTE
	BALZIVA
	BLISOVI 24 FE
	BLISOVI FE
	BRIELLYN
	CAMILA
	CHARLOTTE 24 CHW FE
	CHATEAL
	CHATEAL EQ
	CRYSELLE-28 28 S
	CYRED
	CYRED EQ
	DASETTA
	DASETTA 7/7/7
	DEBLITANE
	DELYLA
	DESONOGESTREL/ETHINYL ESTRADIOL

Medication class	Medication name
Contraceptives (oral and extended cycle) (continued)	DOLISHALE
	DROSPIRENONE/ETHINYL ESTRADIOL
	DROSPIRENONE/ETHINYL ESTRADIOL/ LEVOMETHOFOLATE
	ELINEST
	EMZAHH
	ENPRESSE-28
	ENSKYCE
	ERRIN
	ESTARYLLA
	ETHYNODIOL
	FALMINA
	FEMLYV
	FEMYNOR
	FINZALA CHW FE
	GEMMILY CAP
	HAILEY
	HAILEY 24 FE
	HAILEY FE
	HEATHER
	INCASSIA
	ISIBLOOM
	JASMIEL
	JENCYCLA
	JOYEAX
	JULEBER
	JUNEL
	JUNEL FE
	JUNEL FE 24
	KAITLIB FE CHW
	KALLIGA

Medication class	Medication name
Contraceptives (oral and extended cycle) (continued)	KARIVA 28 DAY
	KELNOR
	KURVELO
	LARIN
	LARIN 24 FE
	LARIN FE
	LAYOLIS FE
	LEENA
	LESSINA
	LEVOMETHOFOFOLATE-ETHINYL ESTRADIOL
	LEVONEST
	LEVONORGESTREL/ETHINYL ESTRADIOL
	LEVORA-28
	LO LOESTRIN
	LOESTRIN
	LOESTRIN 21
	LOESTRIN FE
	LORYNA
	LO-ZUMANDIMI
	LOW-OGESTREL
	LUTERA
	LYLEQ
	LYZA
	MARLISSA
	MERZEE CAP
	MIBELAS 24 CHW FE
	MICROGESTIN
	MICROGESTIN 24 FE
	MICROGESTIN FE
	MILI
	MONO-LINYAH

Medication class	Medication name
Contraceptives (oral and extended cycle) (continued)	NATAZIA
	NECON
	NEXTSTELLIS
	NIKKI
	NOR/EST/FF
	NORA-BE
	NORETHINDRONE/ETHINYL ESTRADIOL/FE
	NORETHINDRONE
	NORGESTIMATE/ETHINYL ESTRADIOL
	NORLYROC
	NORTREL
	NORTREL 7/7/7
	NYLIA
	NYLIA 7/7/7
	NYMYO
	OCELLA
	OPILL
	PHILITH
	PIMTREA
	PIRMELLA
	PIRMELLA 7/7/7
	PORTIA-28
	RECLIPSEN
	SHAROBEL
	SIMLIYA 28 DAY
	SLYND
	SPRINTEC 28 28 DAY
	SRONYX
	SYEDA
	TARINA 24 FE

Medication class	Medication name
Contraceptives (oral and extended cycle) (continued)	TARINA FE
	TARINA FE 1/20
	TARINA FE 1/20 EQ
	TARINA FE EQ
	TAYSOFY 1/20
	TAYSOFY CAP
	TILIA FE
	TRI-ESTARYLLA
	TRI-FEMYNOR
	TRI-LEGEST FE
	TRI-LINYAH
	TRI-LO ESTARYLLA
	TRI-LO-MARZIA
	TRI-LO-MILI
	TRI-LO-SPRINTEC
	TRI-MILI
	TRI-NYMYO
	TRI-SPRINTEC
	TRIVORA-28
	TRI-VYLIBRA
	TRI-VYLIBRA LO
	TULANA 0.35MG
	TURQOZ
	TYBLUME 0.1-0.02
	TYBLUME CHW
	TYDEMY
	VELIVET PAK
	VESTURA
	VESTURA 3-0.02 MG
	VIENVA
	VIENVA 0.1-20

Medication class	Medication name
Contraceptives (oral and extended cycle) (continued)	VIORELE
	VOLNEA
	VYFEMLA
	VYFEMLA 0.4-35
	VYLIBRA
	VYLIBRA 0.25-35
	WERA
	WERA 0.5/35
	WYMZYA FE 0.4 MG-35
	WYMZYA FE CHW
	ZARAH 3-0.03 MG
	ZOVIA
	ZOVIA 1/35
	ZOVIA 1/35E
	ZUMANDIMINE
	ZUMANDIMINE 3-0.03 MG
Contraceptives (OTC spermicides, female condoms)	AIMSCO LUBRICATED
	COLOR CONDOM + LUBE
	CONDOMS
	DUREX EXTRA SENSITIVE
	DUREX REAL FEEL
	ENCARE SUP 100MG
	FANTASY LUBRICATED
	FC2 FEMALE MIS CONDOM
	GYNOL II GEL 3%
	KAMELEON
	KAMELEON LUBRICATED
	KIMONO COLOR
	KIMONO MAX
	KIMONO MICRO THIN

Medication class	Medication name
Contraceptives (OTC spermicides, female condoms) (continued)	KIMONO MICRO THIN PLUS
	KIMONO MIS LUBRICATED
	KIMONO MIS SENSATION
	KIMONO PLUS LUBRICATED
	KIMONO PLUS SPERMICIDE
	KIMONO PS LUBRICATED
	KIMONO PS PLUS
	KIMONO SENA PLUS
	KIMONO SPEC
	K-Y ME & YOU MIS EX LUBRICATED
	K-Y ME & YOU MIS INTENSE
	MAXX MIS LUBRICATED
	MAXX PLUS SPERMICIDE
	NATURAL CONDOM + LUBE
	REALITY
	REALITY ULTRA
	TODAY SPONGE
	TRUE COVER
	TRUSTEX
	TRUSTEX LUBRICATED
	TRUSTEX/RIA
	TRUSTX NON-9
	VCF VAGINAL CONTRACEPTIVE
	VCF VAGINAL GEL CONTRACE
Contraceptives (transdermal patch)	NORELGESTROMIN/ETHINYL ESTRADIOL
	TWIRLA 120-30
	XULANE 150-35
	ZAFEMY 150/35
Diabetes management (covered for adults ages 35 through 70)	METFORMIN 625 MG
	METFORMIN 850 MG

Medication class	Medication name
Fluoride (covered for children up to 16 years)	FLUORIDE CHEW
	FLUORITAB DROPS
	NAFRINSE DROPS
	SODIUM FLUORIDE CHEW
	SODIUM FLUORIDE DROPS
	SODIUM FLUORIDE TAB
Folic acid (covered through age 50)	FA-8 CAP
	FT FOLIC ACID
	FOLATE TAB
	FOLIC ACID CAP
	FOLIC ACID TAB
	K-TAN PLUS CAP
	PUREVIT DUAL CAP FE PLUS
	SE-TAN PLUS CAP
	SM FOLIC ACID TAB
	TANDEM PLUS CAP
	YL FOLIC ACID TAB
HIV PrEP (pre-exposure prophylaxis)	EMTRICITABINE/TENOFOVIR TAB 200–300 ³
	APRETUDE
	DESCOVY ³
Primary prevention of breast cancer	ANASTROZOLE TAB 1 MG
	EXEMESTANE TAB 25 MG
	RALOXIFENE TAB 60 MG
	TAMOXIFEN TAB 10 MG
	TAMOXIFEN TAB 20 MG
Smoking cessation (up to a 168-day supply per calendar year)	APO-VARENICLINE TAB
	BUPROPION TAB
	CVS NICOTINE
	CVS NICOTINE GUM
	CVS NICOTINE LOZENGE

3. Emtricitabine/Tenofovir and Descovy are available at no additional cost for members who aren't currently filling other HIV medications. Members taking other HIV medications, or switching from an HIV medication to Emtricitabine/Tenofovir or Descovy, will have to pay their usual out-of-pocket costs. This applies to new prescriptions and refills.

Medication class	Medication name
Smoking cessation (up to a 168-day supply per calendar year) (continued)	EQ NICOTINE
	EQ NICOTINE GUM
	EQ NICOTINE LOZENGE
	EQL NICOTINE LOZENGE
	FT NICOTINE
	FT NICOTINE GUM
	FT NICOTINE LOZENGE
	GNP NICOTINE
	GNP NICOTINE GUM
	GNP NICOTINE LOZENGE
	HABITROL
	HM NICOTINE
	HM NICOTINE GUM
	HM NICOTINE LOZENGE
	KLS QUIT2 GUM
	KLS QUIT2 LOZENGE
	KLS QUIT4 GUM
	KLS QUIT4 LOZENGE
	NICOTINE
	NICOTINE GUM
	NICOTINE LOZENGE
	NICOTINE POL GUM
	NICOTINE POL LOZENGE
	NICOTINE TD
	NICOTROL INH
	NICOTROL NS SPR
	QC NICOTINE
	RA NICOTINE
	RA NICOTINE GUM
	RA NICOTINE LOZENGE

Medication class	Medication name
Smoking cessation (up to a 168-day supply per calendar year) (continued)	SM NICOTINE
	SM NICOTINE GUM
	SM NICOTINE LOZENGE
	STOP SMOKING GUM
	STOP SMOKING LOZENGE
	THRIVE GUM
	VARENICLINE TAB
Vaccines	ABRYSVO
	ACTHIB INJ
	ADACEL INJ
	AFLURIA QUAD INJ
	AREXVY
	BEXSERO INJ
	BEYFORTUS
	BOOSTRIX INJ
	CAPVAXIVE
	COMIRNATY INJ
	DAPTACEL INJ
	DENGXVAXIA SUS
	DIPHTHERIA/TETANUS PEDIATRIC INJ
	ENGERIX-B INJ
	FLUAD QUAD INJ
	FLUARIX QUAD INJ
	FLUBLOK QUAD INJ
	FLUCELVAX QUAD INJ
	FLULAVAL QUAD INJ
	FLUMIST QUAD SUS
	FLUZONE HD INJ
	FLUZONE QUAD INJ
	GARDASIL 9 INJ
	HAVRIX INJ

Medication class	Medication name
Vaccines (continued)	HEPLISAV-B INJ
	HIBERIX SOL
	INFANRIX INJ
	IPOL INJ
	JYNNEOS
	KINRIX INJ
	MENACTRA INJ
	MENQUADFI INJ
	MENVEO INJ
	MENVEO SOL
	M-M-R II INJ
	MODERNA INJ
	MRESVIA
	NOVAVAX INJ
	PEDIARIX INJ
	PEDVAX HIB INJ
	PENBRAYA
	PENTACEL INJ
	PFIZER 5-11Y INJ
	PFIZER 6M-4Y INJ
	PFIZER VACC INJ
	PNEUMOVAX 23 INJ
	POLIOVIRUS INJ
	PREHEVBRIO SUS
	PREVNAR 13 INJ
	PREVNAR 20 INJ
	PRIORIX INJ
	PROQUAD INJ
	QUADRACEL INJ
	RECOMBIVAX HB INJ
	ROTARIX SUS

Medication class	Medication name
Vaccines (continued)	ROTATEQ SOL
	SHINGRIX INJ
	SPIKEVAX INJ
	TDVAX INJ
	TENIVAC INJ
	TETANUS/DIPHTHERIA TOXOID INJ
	TRUMENBA INJ
	TWINRIX INJ
	VAQTA INJ
	VARIVAX INJ
	VAXELIS INJ
	VAXNEUVANCE INJ

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: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក (TTY: **711**)។

French/Français: ATTENTION : si vous parlez français, des services d'assistance linguistique sont disponibles gratuitement. Appelez le Service adhérents au numéro indiqué sur votre carte d'assuré (TTY: **711**).

Italian/Italiano: ATTENZIONE: se parlate italiano, sono disponibili per voi servizi gratuiti di assistenza linguistica. Chiamate il Servizio per i membri al numero riportato sulla vostra scheda identificativa (TTY: **711**).

Korean/한국어: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 ID 카드에 있는 전화번호(TTY: **711**)를 사용하여 회원 서비스에 전화하십시오.

Greek/ελληνικά: 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/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ພາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (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'ígííjí' béesh bee hodiílnih (TTY: **711**).



Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: 711).

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

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

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