

# \$0 COPAY

## MEDICATION LIST

### For plans that use the:

Blue Cross Blue Shield of Massachusetts 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](https://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.

# MEDICATIONS THAT HAVE A \$0 COPAY

You may not have to pay a copay for some or all of the medications on this list if your plan includes the \$0 Copay pharmacy benefit.<sup>1</sup> These medications are used to treat high blood pressure, certain heart conditions, high cholesterol, depression, diabetes, some respiratory ailments, and substance and opioid use disorder. The benefit also includes diabetes testing strips and smoking cessation medications. These medications and products can be purchased at an in-network retail pharmacy, or through the mail service pharmacy. If you have a health savings account (HSA)-qualified "Saver" plan,<sup>2</sup> the deductible must be satisfied before the medications are eligible for \$0 copay.

This isn't a complete list of covered medications, and inclusion on this list doesn't guarantee coverage.<sup>3</sup> 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. Your doctor may request an exception for a non-covered medication when medically necessary.<sup>4</sup>**

## Learn more about your coverage

For more information about coverage for these medications, sign in to MyBlue at [bluecrossma.org](https://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](https://bluecrossma.org/medication).

1. Not all medications listed are covered by all plans with the \$0 Copay pharmacy benefit. Check your benefit materials for details.

2. Blue Cross Blue Shield of Massachusetts plans that are HSA-qualified include the term "Saver" in the plan name.

For example: Blue Care Elect Saver or HMO Blue New England Saver \$2,000.

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

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

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs	ACEBUTOLOL HCL	200 MG	CAPSULE
	ACEBUTOLOL HCL	400 MG	CAPSULE
	AMILORIDE HCL W/HCTZ	5 MG-50 MG	TABLET
	AMIODARONE HCL	150 MG/3 ML	SYRINGE
	AMIODARONE HCL	100 MG	TABLET
	AMIODARONE HCL	200 MG	TABLET
	AMIODARONE HCL	400 MG	TABLET
	AMIODARONE HCL	50 MG/ML	VIAL
	AMLODIPINE-BENAZEPRIL	2.5 MG-10 MG	CAPSULE
	AMLODIPINE-BENAZEPRIL	5 MG-10 MG	CAPSULE
	AMLODIPINE-BENAZEPRIL	5 MG-20 MG	CAPSULE
	AMLODIPINE-BENAZEPRIL	5 MG-40 MG	CAPSULE
	AMLODIPINE-BENAZEPRIL	10 MG-20 MG	CAPSULE
	AMLODIPINE-BENAZEPRIL	10 MG-40 MG	CAPSULE
	AMLODIPINE BESYLATE	2.5 MG	TABLET
	AMLODIPINE BESYLATE	5 MG	TABLET
	AMLODIPINE BESYLATE	10 MG	TABLET
	ATENOLOL	25 MG	TABLET
	ATENOLOL	50 MG	TABLET
	ATENOLOL	100 MG	TABLET
	ATENOLOL W/CHLORTHALIDONE	50 MG-25 MG	TABLET
	ATENOLOL W/CHLORTHALIDONE	100 MG-25 MG	TABLET
	BENAZEPRIL HCL	5 MG	TABLET
	BENAZEPRIL HCL	10 MG	TABLET
	BENAZEPRIL HCL	20 MG	TABLET
	BENAZEPRIL HCL	40 MG	TABLET
	BENAZEPRIL HCL-HCTZ	5 MG-6.25 MG	TABLET
	BENAZEPRIL HCL-HCTZ	10 MG-12.5 MG	TABLET
	BENAZEPRIL HCL-HCTZ	20 MG-12.5 MG	TABLET
	BENAZEPRIL HCL-HCTZ	20 MG-25 MG	TABLET
	BETAXOLOL HCL	0.5%	DROPS

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	BETAXOLOL HCL	10 MG	TABLET
	BETAXOLOL HCL	20 MG	TABLET
	BISOPROLOL FUMARATE	5 MG	TABLET
	BISOPROLOL FUMARATE	10 MG	TABLET
	BISOPROLOL FUMARATE/HCTZ	2.5 MG-6.25 MG	TABLET
	BISOPROLOL FUMARATE/HCTZ	5 MG-6.25 MG	TABLET
	BISOPROLOL FUMARATE/HCTZ	10 MG-6.25 MG	TABLET
	BUMETANIDE	0.5 MG	TABLET
	BUMETANIDE	1 MG	TABLET
	BUMETANIDE	2 MG	TABLET
	BUMETANIDE	0.25 MG/ML	VIAL
	CANDESARTAN	4 MG	TABLET
	CANDESARTAN	8 MG	TABLET
	CANDESARTAN	16 MG	TABLET
	CANDESARTAN	32 MG	TABLET
	CANDESARTAN/HCTZ	16 MG-12.5 MG	TABLET
	CANDESARTAN/HCTZ	32 MG-12.5 MG	TABLET
	CANDESARTAN/HCTZ	32 MG-25 MG	TABLET
	CAPTOPRIL	12.5 MG	TABLET
	CAPTOPRIL	25 MG	TABLET
	CAPTOPRIL	50 MG	TABLET
	CAPTOPRIL	100 MG	TABLET
	CAPTOPRIL-HCTZ	25 MG-15 MG	TABLET
	CAPTOPRIL-HCTZ	50 MG-15 MG	TABLET
	CAPTOPRIL-HCTZ	25 MG-25 MG	TABLET
	CAPTOPRIL-HCTZ	50 MG-25 MG	TABLET
	CARVEDILOL	3.125 MG	TABLET
	CARVEDILOL	6.25 MG	TABLET
	CARVEDILOL	12.5 MG	TABLET
	CARVEDILOL	25 MG	TABLET
	CHLOROTHIAZIDE	250 MG	TABLET

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	CHLOROTHIAZIDE	500 MG	TABLET
	CHLOROTHIAZIDE	500 MG	VIAL
	CHLOROTHALIDONE	25 MG	TABLET
	CHLOROTHALIDONE	50 MG	TABLET
	CILOSTAZOL	50 MG	TABLET
	CILOSTAZOL	100 MG	TABLET
	CLONIDINE HCL	0.1 MG	TABLET
	CLONIDINE HCL	0.2 MG	TABLET
	CLONIDINE HCL	0.3 MG	TABLET
	CLONIDINE HCL	0.1 MG/24 HR	TRANSDERMAL WEEKLY PATCH
	CLONIDINE HCL	0.2 MG/24 HR	TRANSDERMAL WEEKLY PATCH
	CLONIDINE HCL	0.3 MG/24 HR	TRANSDERMAL WEEKLY PATCH
	CLONIDINE HCL	1000 MCG/10 ML	VIAL
	CLONIDINE HCL	5000 MCG/10 ML	VIAL
	CLOPIDOGREL	75 MG	TABLET
	DILTIAZEM	30 MG	TABLET
	DILTIAZEM	60 MG	TABLET
	DILTIAZEM	90 MG	TABLET
	DILTIAZEM	120 MG	TABLET
	DILTIAZEM	25 MG/25 ML	VIAL
	DILTIAZEM	50 MG/10 ML	VIAL
	DILTIAZEM	100 MG	VIAL
	DILTIAZEM	125 MG/25 ML	VIAL
	DILTIAZEM	60 MG	12 HOUR CAPSULE
	DILTIAZEM	1200 MG	12 HOUR CAPSULE
	DILTIAZEM	120 MG	24 HOUR CD CAPSULE
	DILTIAZEM	180 MG	24 HOUR CD CAPSULE
	DILTIAZEM	240 MG	24 HOUR CD CAPSULE
	DILTIAZEM	300 MG	24 HOUR CD CAPSULE

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	DILTIAZEM	360 MG	24 HOUR CD CAPSULE
	DILTIAZEM	120 MG	24 HOUR ER CAPSULE
	DILTIAZEM	180 MG	24 HOUR ER CAPSULE
	DILTIAZEM	240 MG	24 HOUR ER CAPSULE
	DILTIAZEM	300 MG	24 HOUR ER CAPSULE
	DILTIAZEM	360 MG	24 HOUR ER CAPSULE
	DILTIAZEM	420 MG	24 HOUR ER CAPSULE
	DILTIAZEM	180 MG	24 HOUR LA TABLET
	DILTIAZEM	240 MG	24 HOUR LA TABLET
	DILTIAZEM	300 MG	24 HOUR LA TABLET
	DILTIAZEM	360 MG	24 HOUR LA TABLET
	DILTIAZEM	420 MG	24 HOUR LA TABLET
	DILTIAZEM	120 MG	24 HOUR XR CAPSULE
	DILTIAZEM	180 MG	24 HOUR XR CAPSULE
	DILTIAZEM	240 MG	24 HOUR XR CAPSULE
	DILTIAZEM - D5W	125 MG/125 ML	PLASTIC BAG, INJECTION
	DILTIAZEM/NACL	125 MG/125 ML-0.7% NACL	PLASTIC BAG, INJECTION
	DILTIAZEM/NACL	125 MG/125 ML-0.9% NACL	PLASTIC BAG, INJECTION
	DIPYRIDAMOLE	25 MG	TABLET
	DIPYRIDAMOLE	50 MG	TABLET
	DIPYRIDAMOLE	75 MG	TABLET
	DIPYRIDAMOLE	5 MG/ML	VIAL
	DOXAZOSIN MESYLATE	1 MG	TABLET
	DOXAZOSIN MESYLATE	2 MG	TABLET
	DOXAZOSIN MESYLATE	4 MG	TABLET
	DOXAZOSIN MESYLATE	8 MG	TABLET
	ENALAPRIL MALEATE	2.5 MG	TABLET
	ENALAPRIL MALEATE	5 MG	TABLET
	ENALAPRIL MALEATE	10 MG	TABLET

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	ENALAPRIL MALEATE	20 MG	TABLET
	ENALAPRIL MALEATE/HCTZ	5 MG-12.5 MG	TABLET
	ENALAPRIL MALEATE/HCTZ	10 MG-25 MG	TABLET
	EPLERENONE	25 MG	TABLET
	EPLERENONE	50 MG	TABLET
	FELODIPINE ER	2.5 MG	EXTENDED RELEASE 24 HR TABLET
	FELODIPINE ER	5 MG	EXTENDED RELEASE 24 HR TABLET
	FELODIPINE ER	10 MG	EXTENDED RELEASE 24 HR TABLET
	FOSINOPRIL SODIUM	10 MG	TABLET
	FOSINOPRIL SODIUM	20 MG	TABLET
	FOSINOPRIL SODIUM	40 MG	TABLET
	FOSINOPRIL-HYDROCHLOROTHIAZIDE	10 MG-12.5 MG	TABLET
	FOSINOPRIL-HYDROCHLOROTHIAZIDE	20 MG-12.5 MG	TABLET
	FUROSEMIDE	10 MG/ML	ORAL SOLUTION
	FUROSEMIDE	40 MG/5 ML	ORAL SOLUTION
	FUROSEMIDE	10 MG/ML	SYRINGE
	FUROSEMIDE	20 MG	TABLET
	FUROSEMIDE	40 MG	TABLET
	FUROSEMIDE	80 MG	TABLET
	FUROSEMIDE	10 MG/ML	VIAL
	GUANFACINE HCL	1 MG	TABLET
	GUANFACINE HCL	2 MG	TABLET
	HYDRALAZINE HCL	10 MG	TABLET
	HYDRALAZINE HCL	25 MG	TABLET
	HYDRALAZINE HCL	50 MG	TABLET
	HYDRALAZINE HCL	100 MG	TABLET
	HYDRALAZINE HCL	20 MG/ML	VIAL
	HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	HYDROCHLOROTHIAZIDE	25 MG	TABLET
	HYDROCHLOROTHIAZIDE	50 MG	TABLET
	INDAPAMIDE	1.25 MG	TABLET
	INDAPAMIDE	2.5 MG	TABLET
	IRBESARTAN	75 MG	TABLET
	IRBESARTAN	150 MG	TABLET
	IRBESARTAN	300 MG	TABLET
	IRBESARTAN- HYDROCHLOROTHIAZIDE	150 MG-12.5 MG	TABLET
	IRBESARTAN- HYDROCHLOROTHIAZIDE	300 MG-12.5 MG	TABLET
	ISOSORBIDE DINITRATE	40 MG	EXTENDED RELEASE TABLET
	ISOSORBIDE DINITRATE	5 MG	TABLET
	ISOSORBIDE DINITRATE	10 MG	TABLET
	ISOSORBIDE DINITRATE	20 MG	TABLET
	ISOSORBIDE DINITRATE	30 MG	TABLET
	ISOSORBIDE MONONITRATE	30 MG	EXTENDED RELEASE 24 HR TABLET
	ISOSORBIDE MONONITRATE	60 MG	EXTENDED RELEASE 24 HR TABLET
	ISOSORBIDE MONONITRATE	120 MG	EXTENDED RELEASE 24 HR TABLET
	ISOSORBIDE MONONITRATE	10 MG	TABLET
	ISOSORBIDE MONONITRATE	20 MG	TABLET
	JANTOVEN	1 MG	TABLET
	JANTOVEN	2 MG	TABLET
	JANTOVEN	2.5 MG	TABLET
	JANTOVEN	3 MG	TABLET
	JANTOVEN	4 MG	TABLET
	JANTOVEN	5 MG	TABLET
	JANTOVEN	6 MG	TABLET
	JANTOVEN	7.5 MG	TABLET
	JANTOVEN	10 MG	TABLET

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	LABETALOL HCL	20 MG/4 ML	CARTRIDGE
	LABETALOL HCL	25 MG/5 ML	SYRINGE
	LABETALOL HCL	50 MG/10 ML	SYRINGE
	LABETALOL HCL	100 MG	TABLET
	LABETALOL HCL	200 MG	TABLET
	LABETALOL HCL	300 MG	TABLET
	LABETALOL HCL	5 MG/ML	VIAL
	LISINOPRIL	2.5 MG	TABLET
	LISINOPRIL	5 MG	TABLET
	LISINOPRIL	10 MG	TABLET
	LISINOPRIL	20 MG	TABLET
	LISINOPRIL	30 MG	TABLET
	LISINOPRIL	40 MG	TABLET
	LISINOPRIL-HCTZ	10 MG-12.5 MG	TABLET
	LISINOPRIL-HCTZ	20 MG-12.5 MG	TABLET
	LISINOPRIL-HCTZ	20 MG-25 MG	TABLET
	LOSARTAN POTASSIUM	25 MG	TABLET
	LOSARTAN POTASSIUM	50 MG	TABLET
	LOSARTAN POTASSIUM	100 MG	TABLET
	LOSARTAN-HYDROCHLOROTHIAZIDE	50 MG-12.5 MG	TABLET
	LOSARTAN-HYDROCHLOROTHIAZIDE	100 MG-12.5 MG	TABLET
	LOSARTAN-HYDROCHLOROTHIAZIDE	100 MG-25 MG	TABLET
	METHAZOLAMIDE	35 MG	TABLET
	METHAZOLAMIDE	50 MG	TABLET
	METHYCLOTHIAZIDE	5 MG	TABLET
	METHYLDOPA	250 MG	TABLET
	METHYLDOPA	500 MG	TABLET
	METHYLDOPA/HYDROCHLOROTHIAZIDE	250 MG-15 MG	TABLET

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	METHYLDOPA/ HYDROCHLOROTHIAZIDE	250 MG-25 MG	TABLET
	METOLAZONE	2.5 MG	TABLET
	METOLAZONE	5 MG	TABLET
	METOLAZONE	10 MG	TABLET
	METOPROLOL SUCCINATE	25 MG	EXTENDED RELEASE 24 HR TABLET
	METOPROLOL SUCCINATE	50 MG	EXTENDED RELEASE 24 HR TABLET
	METOPROLOL SUCCINATE	100 MG	EXTENDED RELEASE 24 HR TABLET
	METOPROLOL SUCCINATE	200 MG	EXTENDED RELEASE 24 HR TABLET
	METOPROLOL TARTRATE	5 MG/5 ML	AMPULE
	METOPROLOL TARTRATE	5 MG/5 ML	CARTRIDGE
	METOPROLOL TARTRATE	25 MG	TABLET
	METOPROLOL TARTRATE	37.5 MG	TABLET
	METOPROLOL TARTRATE	50 MG	TABLET
	METOPROLOL TARTRATE	75 MG	TABLET
	METOPROLOL TARTRATE	100 MG	TABLET
	METOPROLOL TARTRATE	5 MG/5 ML	VIAL
	METOPROLOL- HYDROCHLOROTHIAZIDE	50 MG-25 MG	TABLET
	METOPROLOL- HYDROCHLOROTHIAZIDE	100 MG-25 MG	TABLET
	METOPROLOL- HYDROCHLOROTHIAZIDE	100 MG-50 MG	TABLET
	MINOXIDIL	2.5 MG	TABLET
	MINOXIDIL	10 MG	TABLET
	NADOLOL	20 MG	TABLET
	NADOLOL	40 MG	TABLET
	NADOLOL	80 MG	TABLET
	NICARDIPINE	25 MG/10 ML	AMPULE
	NICARDIPINE	20 MG/200 ML-0.9% NACL	CAPSULE

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	NICARDIPINE	30 MG	CAPSULE
	NICARDIPINE	25 MG/10 ML	VIAL
	NICARDIPINE/NACL	20 MG/200 ML-0.9% NACL	INTRAVENOUS SOLUTION
	NICARDIPINE/NACL	40 MG/200 ML-0.9% NACL	INTRAVENOUS SOLUTION
	NIFEDIPINE	10 MG	CAPSULE
	NIFEDIPINE	20 MG	CAPSULE
	NIFEDIPINE ER	30 MG	EXTENDED RELEASE TABLET
	NIFEDIPINE ER	60 MG	EXTENDED RELEASE TABLET
	NIFEDIPINE ER	90 MG	EXTENDED RELEASE TABLET
	NIFEDIPINE ER	30 MG	EXTENDED RELEASE 24 HR TABLET
	NIFEDIPINE ER	60 MG	EXTENDED RELEASE 24 HR TABLET
	NIFEDIPINE ER	90 MG	EXTENDED RELEASE 24 HR TABLET
	NITRO-BID	2%	OINTMENT
	NITROGLYCERIN	2.5 MG	EXTENDED RELEASE CAPSULE
	NITROGLYCERIN	6.5 MG	EXTENDED RELEASE CAPSULE
	NITROGLYCERIN	9 MG	EXTENDED RELEASE CAPSULE
	NITROGLYCERIN	400 MCG/SPR	SPRAY, NON-AEROSOL
	NITROGLYCERIN	0.3 MG	SUBLINGUAL TABLET
	NITROGLYCERIN	0.4 MG	SUBLINGUAL TABLET
	NITROGLYCERIN	0.6 MG	SUBLINGUAL TABLET
	NITROGLYCERIN	0.1 MG/HR	TRANSDERMAL 24 HR PATCH
	NITROGLYCERIN	0.2 MG/HR	TRANSDERMAL 24 HR PATCH
	NITROGLYCERIN	0.4 MG/HR	TRANSDERMAL 24 HR PATCH

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	NITROGLYCERIN	0.6 MG/HR	TRANSDERMAL 24 HR PATCH
	NITROGLYCERIN	50 MG/10 ML	VIAL
	NITROGLYCERIN IN D5W	25 MG/250 ML	INFUSION BOTTLE
	NITROGLYCERIN IN D5W	50 MG/250 ML	INFUSION BOTTLE
	NITROGLYCERIN IN D5W	100 MG/250 ML	INFUSION BOTTLE
	NITROGLYCERIN IN D5W	50 MG/500 ML	INFUSION BOTTLE
	NITROGLYCERIN IN D5W	200 MG/500 ML	INFUSION BOTTLE
	OLMESARTAN	5 MG	TABLET
	OLMESARTAN	20 MG	TABLET
	OLMESARTAN	40 MG	TABLET
	OLMESARTAN-HCTZ	20 MG-12.5 MG	TABLET
	OLMESARTAN-HCTZ	40 MG-12.5 MG	TABLET
	OLMESARTAN-HCTZ	40 MG-25 MG	TABLET
	PINDOLOL	5 MG	TABLET
	PINDOLOL	10 MG	TABLET
	PRAZOSIN HCL	1 MG	CAPSULE
	PRAZOSIN HCL	2 MG	CAPSULE
	PRAZOSIN HCL	5 MG	CAPSULE
	PROPAFENONE HCL	150 MG	TABLET
	PROPAFENONE HCL	225 MG	TABLET
	PROPRANOLOL HCL	20 MG/5 ML	ORAL SOLUTION
	PROPRANOLOL HCL	40 MG/5 ML	ORAL SOLUTION
	PROPRANOLOL HCL	10 MG	TABLET
	PROPRANOLOL HCL	20 MG	TABLET
	PROPRANOLOL HCL	40 MG	TABLET
	PROPRANOLOL HCL	60 MG	TABLET
	PROPRANOLOL HCL	80 MG	TABLET
	PROPRANOLOL HCL	1 MG/ML	VIAL
	PROPRANOLOL HCL-HCTZ	40 MG-25 MG	TABLET
	PROPRANOLOL HCL-HCTZ	80 MG-25 MG	TABLET

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	QUINAPRIL	5 MG	TABLET
	QUINAPRIL	10 MG	TABLET
	QUINAPRIL	20 MG	TABLET
	QUINAPRIL	40 MG	TABLET
	RAMIPRIL	1.25 MG	CAPSULE
	RAMIPRIL	2.5 MG	CAPSULE
	RAMIPRIL	5 MG	CAPSULE
	RAMIPRIL	10 MG	CAPSULE
	SOTALOL	80 MG	TABLET
	SOTALOL	120 MG	TABLET
	SOTALOL	160 MG	TABLET
	SOTALOL	240 MG	TABLET
	SOTALOL AF	80 MG	TABLET
	SOTALOL AF	120 MG	TABLET
	SOTALOL AF	160 MG	TABLET
	SPIRONOLACTONE	25 MG	TABLET
	SPIRONOLACTONE	50 MG	TABLET
	SPIRONOLACTONE	100 MG	TABLET
	SPIRONOLACTONE W/HCTZ	25 MG-25 MG	TABLET
	TELMISARTAN	20 MG	TABLET
	TELMISARTAN	40 MG	TABLET
	TELMISARTAN	80 MG	TABLET
	TELMISARTAN-AMLODIPINE	40 MG-5 MG	TABLET
	TELMISARTAN-AMLODIPINE	80 MG-5 MG	TABLET
	TELMISARTAN-AMLODIPINE	40 MG-10 MG	TABLET
	TELMISARTAN-AMLODIPINE	80 MG-10 MG	TABLET
	TELMISARTAN-HCTZ	40 MG-12.5 MG	TABLET
	TELMISARTAN-HCTZ	80 MG-12.5 MG	TABLET
	TELMISARTAN-HCTZ	80 MG-25 MG	TABLET
	TERAZOSIN HCL	1 MG	CAPSULE
	TERAZOSIN HCL	2 MG	CAPSULE

Medication class	Medication name	Strength	Form
Blood pressure/heart drugs (continued)	TERAZOSIN HCL	5 MG	CAPSULE
	TERAZOSIN HCL	10 MG	CAPSULE
	TORSEMIDE	5 MG	TABLET
	TORSEMIDE	10 MG	TABLET
	TORSEMIDE	20 MG	TABLET
	TORSEMIDE	100 MG	TABLET
	TRIAMTERENE W/HCTZ	37.5 MG-25 MG	CAPSULE
	TRIAMTERENE W/HCTZ	50 MG-25 MG	CAPSULE
	TRIAMTERENE W/HCTZ	37.5 MG-25 MG	TABLET
	TRIAMTERENE W/HCTZ	75 MG-50 MG	TABLET
	VALSARTAN	40 MG	TABLET
	VALSARTAN	80 MG	TABLET
	VALSARTAN	160 MG	TABLET
	VALSARTAN	320 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	80 MG-12.5 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	160 MG-12.5 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	320 MG-12.5 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	160 MG-25 MG	TABLET
	VALSARTAN-HYDROCHLOROTHIAZIDE	320 MG-25 MG	TABLET
	VERAPAMIL ER	120 MG	EXTENDED RELEASE PELLETS 24 HR CAPSULE
	VERAPAMIL ER	180 MG	EXTENDED RELEASE PELLETS 24 HR CAPSULE
	VERAPAMIL ER	240 MG	EXTENDED RELEASE PELLETS 24 HR CAPSULE
	VERAPAMIL ER	120 MG	EXTENDED RELEASE TABLET
	VERAPAMIL ER	180 MG	EXTENDED RELEASE TABLET

Medication class	Medication name	Strength	Form	
Blood pressure/heart drugs (continued)	VERAPAMIL ER	240 MG	EXTENDED RELEASE TABLET	
	VERAPAMIL HCL	2.5 MG/ML	AMPULE	
	VERAPAMIL HCL	360 MG	EXTENDED RELEASE PELLETS 24 HR CAPSULE	
	VERAPAMIL HCL	2.5 MG/ML	SYRINGE	
	VERAPAMIL HCL	40 MG	TABLET	
	VERAPAMIL HCL	80 MG	TABLET	
	VERAPAMIL HCL	120 MG	TABLET	
	VERAPAMIL HCL	2.5 MG/ML	VIAL	
	WARFARIN SODIUM	1 MG	TABLET	
	WARFARIN SODIUM	2 MG	TABLET	
	WARFARIN SODIUM	2.5 MG	TABLET	
	WARFARIN SODIUM	3 MG	TABLET	
	WARFARIN SODIUM	4 MG	TABLET	
	WARFARIN SODIUM	5 MG	TABLET	
	WARFARIN SODIUM	6 MG	TABLET	
	WARFARIN SODIUM	7.5 MG	TABLET	
	WARFARIN SODIUM	10 MG	TABLET	
	Cholesterol drugs	ATORVASTATIN CALCIUM	10 MG	TABLET
		ATORVASTATIN CALCIUM	20 MG	TABLET
ATORVASTATIN CALCIUM		40 MG	TABLET	
ATORVASTATIN CALCIUM		80 MG	TABLET	
CHOLESTYRAMINE		4 GM	PACKET	
CHOLESTYRAMINE LIGHT		4 GM	PACKET	
COLESTIPOL		5 GM	GRANULES	
COLESTIPOL		5 GM	PACKET	
COLESTIPOL		1 GM	TABLET	
FENOFIBRATE		150 MG	CAPSULE	
FENOFIBRATE		48 MG	TABLET	
FENOFIBRATE		54 MG	TABLET	

Medication class	Medication name	Strength	Form
Cholesterol drugs (continued)	FENOFIBRATE	145 MG	TABLET
	FENOFIBRATE	160 MG	TABLET
	GEMFIBROZIL	600 MG	TABLET
	LOVASTATIN	10 MG	TABLET
	LOVASTATIN	20 MG	TABLET
	LOVASTATIN	40 MG	TABLET
	PRAVASTATIN SODIUM	10 MG	TABLET
	PRAVASTATIN SODIUM	20 MG	TABLET
	PRAVASTATIN SODIUM	40 MG	TABLET
	PRAVASTATIN SODIUM	80 MG	TABLET
	PREVALITE	4 GM	PACKET
	PREVALITE	4 GM	POWDER
	SIMVASTATIN	5 MG	TABLET
	SIMVASTATIN	10 MG	TABLET
	SIMVASTATIN	20 MG	TABLET
	SIMVASTATIN	40 MG	TABLET
	SIMVASTATIN	80 MG	TABLET
Depression drugs	BUPROPION HCL	75 MG	TABLET
	BUPROPION HCL	100 MG	TABLET
	BUPROPION HCL XL	150 MG	EXTENDED RELEASE 24 HR TABLET
	BUPROPION HCL XL	300 MG	EXTENDED RELEASE 24 HR TABLET
	BUPROPION HCL XL	450 MG	EXTENDED RELEASE 24 HR TABLET
	BUPROPION SR	100 MG	EXTENDED RELEASE 12 HR TABLET
	BUPROPION SR	150 MG	EXTENDED RELEASE 12 HR TABLET
	BUPROPION SR	200 MG	EXTENDED RELEASE 12 HR TABLET
	CITALOPRAM HBR	10 MG	TABLET
	CITALOPRAM HBR	20 MG	TABLET
	CITALOPRAM HBR	40 MG	TABLET

Medication class	Medication name	Strength	Form
Depression drugs (continued)	DULOXETINE HCL	20 MG	CAPSULE, DELAYED RELEASE, ENTERIC COATED
	DULOXETINE HCL	30 MG	CAPSULE, DELAYED RELEASE, ENTERIC COATED
	DULOXETINE HCL	60 MG	CAPSULE, DELAYED RELEASE, ENTERIC COATED
	ESCITALOPRAM OXALATE	5 MG	TABLET
	ESCITALOPRAM OXALATE	10 MG	TABLET
	ESCITALOPRAM OXALATE	20 MG	TABLET
	FLUOXETINE HCL	10 MG	CAPSULE
	FLUOXETINE HCL	20 MG	CAPSULE
	FLUOXETINE HCL	40 MG	CAPSULE
	FLUVOXAMINE	100 MG	CAPSULE ER
	FLUVOXAMINE	150 MG	CAPSULE ER
	FLUVOXAMINE	25 MG	TABLET
	FLUVOXAMINE	50 MG	TABLET
	FLUVOXAMINE	100 MG	TABLET
	MIRTAZAPINE	7.5 MG	TABLET
	MIRTAZAPINE	15 MG	TABLET
	MIRTAZAPINE	30 MG	TABLET
	MIRTAZAPINE	45 MG	TABLET
	MIRTAZAPINE	15 MG	DISINTEGRATING TABLET
	MIRTAZAPINE	30 MG	DISINTEGRATING TABLET
	MIRTAZAPINE	45 MG	DISINTEGRATING TABLET
	PAROXETINE CR	12.5 MG	TABLET 24 HR
	PAROXETINE CR	25 MG	TABLET 24 HR
	PAROXETINE CR	37.5 MG	TABLET 24 HR
	PAROXETINE ER	12.5 MG	TABLET 24 HR
	PAROXETINE ER	25 MG	TABLET 24 HR
	PAROXETINE ER	37.5 MG	TABLET 24 HR
	PAROXETINE HCL	10 MG	TABLET

Medication class	Medication name	Strength	Form
Depression drugs (continued)	PAROXETINE HCL	20 MG	TABLET
	PAROXETINE HCL	30 MG	TABLET
	PAROXETINE HCL	40 MG	TABLET
	SERTRALINE HCL	25 MG	TABLET
	SERTRALINE HCL	50 MG	TABLET
	SERTRALINE HCL	100 MG	TABLET
	TRAZODONE HCL	50 MG	TABLET
	TRAZODONE HCL	100 MG	TABLET
	TRAZODONE HCL	150 MG	TABLET
	TRAZODONE HCL	300 MG	TABLET
	VENLAFAXINE HCL ER	37.5 MG	EXTENDED RELEASE 24 HR CAPSULE
	VENLAFAXINE HCL ER	75 MG	EXTENDED RELEASE 24 HR CAPSULE
	VENLAFAXINE HCL ER	150 MG	EXTENDED RELEASE 24 HR CAPSULE
Diabetes drugs	ACARBOSE	25 MG	TABLET
	ACARBOSE	50 MG	TABLET
	ACARBOSE	100 MG	TABLET
	GLIMEPIRIDE	1 MG	TABLET
	GLIMEPIRIDE	2 MG	TABLET
	GLIMEPIRIDE	4 MG	TABLET
	GLIPIZIDE	5 MG	TABLET
	GLIPIZIDE	10 MG	TABLET
	GLIPIZIDE ER	2.5 MG	EXTENDED RELEASE 24 HR TABLET
	GLIPIZIDE ER	5 MG	EXTENDED RELEASE 24 HR TABLET
	GLIPIZIDE ER	10 MG	EXTENDED RELEASE 24 HR TABLET
	GLIPIZIDE XL	2.5 MG	EXTENDED RELEASE 24 HR TABLET
	GLIPIZIDE XL	5 MG	EXTENDED RELEASE 24 HR TABLET

Medication class	Medication name	Strength	Form
Diabetes drugs (continued)	GLIPIZIDE XL	10 MG	EXTENDED RELEASE 24 HR TABLET
	GLYBURIDE	1.25 MG	TABLET
	GLYBURIDE	2.5 MG	TABLET
	GLYBURIDE	5 MG	TABLET
	GLYBURIDE MICRONIZED	1.5 MG	TABLET
	GLYBURIDE MICRONIZED	3 MG	TABLET
	GLYBURIDE MICRONIZED	6 MG	TABLET
	GLYBURIDE-METFORMIN HCL	1.25 MG-250 MG	TABLET
	GLYBURIDE-METFORMIN HCL	2.5 MG-500 MG	TABLET
	GLYBURIDE-METFORMIN HCL	5 MG-500 MG	TABLET
	METFORMIN HCL	500 MG/5 ML	ORAL SOLUTION
	METFORMIN HCL	500 MG	TABLET
	METFORMIN HCL	850 MG	TABLET
	METFORMIN HCL	1000 MG	TABLET
	METFORMIN HCL ER	500 MG	ER GASTRIC RETENTION 24 HR TABLET
	METFORMIN HCL ER	1000 MG	ER GASTRIC RETENTION 24 HR TABLET
	METFORMIN HCL ER	500 MG	EXTENDED RELEASE 24 HR TABLET
	METFORMIN HCL ER	750 MG	EXTENDED RELEASE 24 HR TABLET
	METFORMIN HCL ER	1000 MG	EXTENDED RELEASE 24 HR TABLET
	PIOGLITAZONE HCL	15 MG	TABLET
	PIOGLITAZONE HCL	30 MG	TABLET
	PIOGLITAZONE HCL	45 MG	TABLET
	REPAGLINIDE	0.5 MG	TABLET
	REPAGLINIDE	1 MG	TABLET
Diabetes testing strips	ONE TOUCH ULTRA BLUE	N/A	TESTING STRIP
	ONE TOUCH VERIO	N/A	TESTING STRIP
Respiratory drugs	ALBUTEROL SULFATE	90 MCG	HFA AEROSOL, INHALER
	ALBUTEROL SULFATE	5 MG/ML	SOLUTION, NON-ORAL

Medication class	Medication name	Strength	Form
Respiratory drugs (continued)	ALBUTEROL SULFATE	2 MG/5 ML	SYRUP
	ALBUTEROL SULFATE	2 MG	TABLET
	ALBUTEROL SULFATE	4 MG	TABLET
	ALBUTEROL SULFATE	0.63 MG/3 ML	VIAL, NEBULIZER
	ALBUTEROL SULFATE	1.25 MG/3 ML	VIAL, NEBULIZER
	ALBUTEROL SULFATE	2.5 MG/0.5 ML	VIAL, NEBULIZER
	ALBUTEROL SULFATE	2.5 MG/3 ML	VIAL, NEBULIZER
	AMINOPHYLLINE	250 MG/10 ML	VIAL
	ARNUITY ELLIPTA	50 MCG	BLISTER WITH INHALATION DEVICE
	ARNUITY ELLIPTA	100 MCG	BLISTER WITH INHALATION DEVICE
	ARNUITY ELLIPTA	200 MCG	BLISTER WITH INHALATION DEVICE
	BREYNA	80 MCG/4.5 MG	INHALER
	BREYNA	160 MCG/4.5 MCG	INHALER
	BUDESONIDE	0.25 MG/2 ML	AMPULE FOR NEBULIZATION
	BUDESONIDE	0.5 MG/2 ML	AMPULE FOR NEBULIZATION
	BUDESONIDE	1 MG/2 ML	AMPULE FOR NEBULIZATION
	BUDESONIDE/FORMOTEROL	80 MCG/4.5 MCG	INHALER
	BUDESONIDE/FORMOTEROL	160 MCG/4.5 MCG	INHALER
	CROMOLYN	20 MG/2 ML	AMPULE FOR NEBULIZATION
	DULERA	50 MCG-5 MCG	HFA AEROSOL, INHALER
	DULERA	100 MCG-5 MCG	HFA AEROSOL, INHALER
	DULERA	200 MCG-5 MCG	HFA AEROSOL, INHALER
	ELIXOPHYLLIN	80 MG/15 ML	ELIXIR
	FLUTICASONE PROPIONATE	50 MCG	POWDER, INHALED
	FLUTICASONE PROPIONATE	100 MCG	POWDER, INHALED
	FLUTICASONE PROPIONATE	250 MCG	POWDER, INHALED
	FLUTICASONE PROPIONATE HFA	44 MCG/ACT	INHALER

Medication class	Medication name	Strength	Form
Respiratory drugs (continued)	FLUTICASONE PROPIONATE HFA	110 MCG/ACT	INHALER
	FLUTICASONE PROPIONATE HFA	220 MCG/ACT	INHALER
	IPRATROPIUM-ALBUTEROL	0.5 MG-3 MG/3 ML	AMPULE FOR NEBULIZATION
	IPRATROPIUM BROMIDE	0.3%	NASAL SPRAY
	IPRATROPIUM BROMIDE	0.2 MG/ML	SOLUTION, NON-ORAL
	MONTELUKAST	4 MG	CHEW TABLET
	MONTELUKAST	5 MG	CHEW TABLET
	MONTELUKAST	4 MG	GRANULES
	MONTELUKAST	10 MG	TABLET
	PULMICORT FLEXHALER	90 MCG	AEROSOL POWDER, BREATH ACTIVATED
	PULMICORT FLEXHALER	180 MCG	AEROSOL POWDER, BREATH ACTIVATED
	QVAR REDIHALER	40 MCG/ACT	INHALER
	QVAR REDIHALER	80 MCG/ACT	INHALER
	THEOPHYLLINE ANHYDROUS	80 MG/15 ML	ORAL SOLUTION
	THEOPHYLLINE ANHYDROUS	300 MG	TABLET, ER
	THEOPHYLLINE ANHYDROUS	400 MG	TABLET, ER
	THEOPHYLLINE ANHYDROUS	450 MG	TABLET, ER
	ZAFIRLUKAST	10 MG	TABLET
	ZAFIRLUKAST	20 MG	TABLET
	Smoking cessation	BUPROPION SR	150 MG
CHANTIX		0.5 MG	TABLET
CHANTIX		1 MG	TABLET
CHANTIX		1 MG	MONTH BOX
NICODERM CQ		7 MG/24 HR	PATCH
NICODERM CQ		14 MG/24 HR	PATCH
NICODERM CQ		21 MG/24 HR	PATCH
NICORELIEF		2 MG	CHEWING GUM
NICORELIEF		4 MG	CHEWING GUM
NICORETTE		2 MG	CHEWING GUM

Medication class	Medication name	Strength	Form
Smoking cessation (continued)	NICORETTE	4 MG	CHEWING GUM
	NICORETTE	2 MG	LOZENGE/MINI LOZENGE
	NICORETTE	4 MG	LOZENGE/MINI LOZENGE
	NICOTINE	2 MG	CHEWING GUM
	NICOTINE	4 MG	CHEWING GUM
	NICOTINE	2 MG	LOZENGE/MINI LOZENGE
	NICOTINE	4 MG	LOZENGE/MINI LOZENGE
	NICOTINE	7 MG/24 HR	PATCH
	NICOTINE	14 MG/24 HR	PATCH
	NICOTINE	21 MG/24 HR	PATCH
	NICOTROL CARTRIDGE INHALER	10 MG	INHALER
	NICOTROL NS	10 MG/ML	NASAL SPRAY
	PUB STOP SMOKING AID	2 MG	LOZENGE
	PUB STOP SMOKING AID	4 MG	LOZENGE
	QUIT	2 MG	CHEWING GUM
	QUIT	4 MG	CHEWING GUM
	QUIT	2 MG	LOZENGE
	QUIT	4 MG	LOZENGE
	VARENICLINE	1 MG	TABLET
	Substance and opioid use disorder medications	BUPRENORPHINE	2 MG
BUPRENORPHINE		8 MG	TABLET SL
BUPRENORPHINE-NALOXONE		2 MG/0.5 MG	FILM
BUPRENORPHINE-NALOXONE		4 MG/1 MG	FILM
BUPRENORPHINE-NALOXONE		8 MG/2 MG	FILM
BUPRENORPHINE-NALOXONE		12 MG/3 MG	FILM
BUPRENORPHINE-NALOXONE		2 MG/0.5 MG	TABLET SL
BUPRENORPHINE-NALOXONE		8 MG/2 MG	TABLET SL
NALTREXONE		50 MG	TABLET



# 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 مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النسي 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/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 بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

**Lao/ພາສາລາວ:** ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍຄວາມໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (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).

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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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