



Blue Cross Blue Shield of Massachusetts Formulary: Affordable Care Act (ACA) Covered Medication List

Last Updated: January 1, 2022

The following list includes medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These preventive medications are covered by the Affordable Care Act (ACA) and are available to eligible members at no additional cost. However, 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 these medications, look them up using the **Medication Lookup** tool at 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.

Medications

Drug Class	Medication Name	
Aspirin (low dose)	ADULT ASPIRIN REGIMEN	ECOTRIN
	ASPIRIN	ENTERIC COATED ASPIRIN
	ASPIRIN EC	LOW DOSE ASPIRIN
	BAYER CHEWABLE	ST. JOSEPH ASPIRIN
	CHILDREN'S ASPIRIN	

Drug Class	Medication Name	
Bowel Preparations (available twice per 365 days)	ALOPHEN PILLS	LAXATIVE
	BISA-LAX	LAXATIVE PEG 3350
	BISACODYL	MAGNESIUM CITRATE
	CITRATE OF MAGNESIA	MILK OF MAGNESIA
	CITROMA	MIRALAX
	CLEARLAX	NATURA-LAX
	DULCOLAX	ORAL SALINE LAXATIVE
	GAVILAX	PEG 3350-ELECTROLYTE
	GAVILYTE-C	PEG-PREP
	GAVILYTE-G	PHOSPHATE LAXATIVE
	GAVILYTE-N	POLYETHYLENE GLYCOL
	GENTLE LAXATIVE	POWDERLAX
	GENTLELAX	SMOOTHLAX
	HEALTHYLAX	WOMAN'S LAXATIVE
	LAXACLEAR	WOMEN'S GENTLE LAXATIVE
Breast Cancer Risk-Reduction (oral) (generic)	ANASTROZOLE	LETROZOLE
	EXEMESTANE	
Breast Cancer Treatments (brand)	EVISTA	
Breast Cancer Treatments (generic)	RALOXIFENE HCL	TAMOXIFEN CITRATE
	SOLTAMOX	
Cholesterol-Lowering Drugs (member must meet certain criteria to get the drug at no cost)	ATORVASTATIN CALCIUM 10MG-20MG	PRAVASTATIN SODIUM 10MG-80MG
	FLUVASTATIN ER 80MG	ROSUVASTATIN CALCIUM 5MG-10MG
	FLUVASTATIN SODIUM 20MG-40MG	SIMVASTATIN 5MG-40MG
	LOVASTATIN 10MG-40MG	
Contraceptives (emergency, over-the-counter)	AFTER PILL	MY WAY
	AFTERA	NEW DAY
	ECONTRA EZ	OPCICON ONE-STEP
	ECONTRA ONE-STEP	OPTION 2
	LEVONORGESTREL	PLAN B ONE-STEP
	MY CHOICE	TAKE ACTION
Contraceptives (female contraceptive sponges)	ELLA	FEMCAP
	FC2 FEMALE CONDOM	TODAY CONTRACEPTIVE SPONGE
Contraceptives (implants) (under the medical benefit only)	KYLEENA	NEXPLANON
	LILETTA	PARAGARD T 380-A
	MIRENA	SKYLA
Contraceptives (oral and other)	AFIRMELLE	AMETHIA
	ALTAVERA	AMETHYST
	ALYACEN	ANNOVERA

Drug Class	Medication Name	
Contraceptives (oral and other) (Cont.)	APRI	EMOQUETTE
	ARANELLE	ENPRESSE
	ASHLYNA	ENSKYCE
	AUBRA	ERRIN
	AUBRA EQ	ESTARYLLA
	AUROVELA	ETHYNODIOL-ETHINYL ESTRADIOL
	AUROVELA 24 FE	ETONOGESTREL-ETHINYL ESTRADIOL
	AUROVELA FE	FALMINA
	AVIANE	FEMYNOR
	AYUNA	GEMMILY
	AZURETTE	HAILEY
	BALZIVA	HAILEY FE
	BLISOVI 24 FE	HEATHER
	BLISOVI FE	ICLEVIA
	BRIELLYN	INCASSIA
	CAMILA	ISIBLOOM
	CAMRESE	JAIMIESS
	CAMRESE LO	JASMIEL
	CAZIAN	JENCYCLA
	CHARLOTTE 24 FE	JOLESSA
	CHATEAL	JULEBER
	CHATEAL EQ	JUNEL
	CRYSSELLE	JUNEL FE
	CYCLAFEM	KAITLIB FE
	CYRED	KALLIGA
	CYRED EQ	KARIVA
	DASETTA	KELNOR 1-35
	DAYSEE	KELNOR 1-50
	DEBLITANE	KURVELO
	DEPO-PROVERA	LARIN
	DEPO-SUBQ PROVERA	LARIN FE
	DESOGESTREL-ETHINYL ESTRADIOL	LARISSIA
	DESOGESTREL-ETHINYL ESTRADIOL-ETHINYL ESTRADIOL	LAYOLIS FE
	DOLISHALE	LEENA
	DROSPIRENONE-ETHINYL ESTRADIOL	LESSINA
	DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE	LEVONEST
	ELINEST	LEVONORGESTREL-ETHINYL ESTRADIOL
	ELURYNG	LEVONORGESTREL-ETHINYL ESTRADIOL-ETHINYL ESTRADIOL

Drug Class	Medication Name	
Contraceptives (oral and other) (Cont.)	LEVORA	SHAROBEL
	LILLOW	SIMLIYA
	LO-ZUMANDIMINE	SIMPESSE
	LOJAIMIESS	SLYND
	LORYNA	SPRINTEC
	LOW-OGESTREL	SRONYX
	LUTERA	SYEDA
	LYLEQ	TARINA FE
	LYZA	TAYSOFY
	MARLISSA	TILIA FE
	MEDROXYPROGESTERONE ACETATE	TRI FEMYNOR
	MERZEE	TRI-ESTARYLLA
	MIBELAS 24 FE	TRI-LEGEST FE
	MICROGESTIN	TRI-LINYAH
	MICROGESTIN FE	TRI-LO-ESTARYLLA
	MILI	TRI-LO-MARZIA
	MONO-LINYAH	TRI-LO-MILI
	NECON	TRI-LO-SPRINTEC
	NEXTSTELLIS	TRI-MILI
	NIKKI	TRI-NYMYO
	NORA-BE	TRI-PREVIFEM
	NORETHINDRONE ACETATE	TRI-SPRINTEC
	NORETHINDRONE-ETHINYL ESTRADIOL	TRIVORA
	NORETHINDRONE-ETHINYL ESTRADIOL-IRON	TRI-VYLIBRA
	NORGESTIMATE-ETHINYL ESTRADIOL	TULANA
	NORLYDA	TWIRLA
	NORTREL	TYDEMY
	NYLIA	VELIVET
	NYMYO	VESTURA
	OCELLA	VIENVA
	ORSYTHIA	VIORELE
	PHILITH	VOLNEA
	PIMTREA	VYFEMLA
	PIRMELLA	VYLIBRA
	PORTIA	WERA
	PREVIFEM	WIDE SEAL DIAPHRAGM
	RECLIPSEN	WYMZYA FE
	RIVELSA	XULANE
	SETLAKIN	ZAFEMY

Drug Class	Medication Name	
Contraceptives (oral and other) (Cont.)	ZARAH	ZUMANDIMINE
	ZOVIA	
Contraceptives (over-the-counter)	GYNOL II	VCF
Fluoride (covered for children through age 16)	EPIFLUR	POLY-VITAMIN WITH FLUORIDE
	FLUORIDE	RENAF
	FLUORITAB	SODIPHLUOR
	FLUOR-A-DAY	SODIUM FLUORIDE
	LUDENT FLUORIDE	TRIPHLUORIVIT
	MULTIVITAMIN WITH FLUORIDE	TRIPLE-VITAMIN WITH FLUORIDE
	MVC-FLUORIDE	VITAMINS A, C, D & FLUORIDE
	PHLUORIVIT	
Folic Acid (covered through age 50)	ACTIVE FE	KPN
	ALIVE PRENATAL	MARNATAL-F
	AZESCO	M-NATAL PLUS
	BAL-CARE DHA	MYNATAL
	BAL-CARE DHA ESSENTIAL	MYNATAL PLUS
	BRAINSTRONG PRENATAL	MYNATAL-Z
	CADEAU DHA	NATACHEW
	CITRANATAL 90 DHA	NEEVODHA
	CITRANATAL ASSURE	NESTABS
	CITRANATAL B-CALM	NESTABS ABC
	CITRANATAL DHA	NESTABS DHA
	CITRANATAL HARMONY	NESTABS ONE
	CITRANATAL RX	NEWGEN
	C-NATE DHA	NEXA PLUS
	COMPLETE NATAL DHA	OB COMPLETE
	COMPLETENATE	OB COMPLETE DHA
	CONCEPT DHA	OB COMPLETE ONE
	CONCEPT OB	OB COMPLETE PETITE
	DAILY PRENATAL	OB COMPLETE PREMIER
	DUET DHA	OBSTETRIX DHA
	DUET DHA BALANCED	OBSTETRIX EC
	ENBRACE HR	OBSTETRIX ONE
	ENDUR-VM WITH IRON	OBTREX DHA
	EXPECTA PRENATAL	O-CAL PRENATAL
	FA-8	ONE-A-DAY WOMEN'S PRENATAL DHA
	FOLIC ACID	OPURITY MULTIVITAMIN
	FOLIVANE-OB	PERRY PRENATAL TABLET
	KOSHER PRENATAL PLUS IRON	PNV 29-1

Drug Class	Medication Name	
Folic Acid (covered through age 50) (Cont.)	PNV-DHA	PRENATE RESTORE
	PNV-DHA + DOCUSATE	PRENATE STAR
	PNV-OMEGA	PRENAVITE
	PNV-SELECT	PREPLUS
	PR NATAL 400	PRETAB
	PR NATAL 400 EC	PRIMACARE
	PR NATAL 430	PROVIDA OB
	PR NATAL 430 EC	PUREFE OB PLUS
	PREGENNA	R-NATAL OB
	PRENA1 CHEW	SELECT-OB
	PRENA1 PEARL	SELECT-OB + DHA
	PRENA1 TRUE	SE-NATAL 19
	PRENAISSANCE	TARON PRENATAL
	PRENAISSANCE PLUS	TARON-C DHA
	PRENATA	THERANATAL ONE
	PRENATABS FA	THERANATAL OVAVITE
	PRENATABS RX	THERANATAL PLUS
	PRENATAL	THRIVITE RX
	PRENATAL 19	TRICARE
	PRENATAL COMPLETE	TRINATAL RX 1
	PRENATAL FORMULA	TRINATE
	PRENATAL FORMULA-DHA	TRINAZ
	PRENATAL GUMMIES	TRISTART DHA
	PRENATAL LOW IRON	TRIVEEN-DUO DHA
	PRENATAL MULTI	VIRT-C DHA
	PRENATAL MULTI + DHA	VIRT-NATE DHA
	PRENATAL PLUS	VIRT-PN DHA
	PRENATAL PLUS DHA	VIRT-PN PLUS
	PRENATAL VITAMIN	VITAFOL
	PRENATAL VITAMIN PLUS LOW IRON	VITAFOL FE+
	PRENATAL-U	VITAFOL NANO
	PRENATE	VITAFOL ULTRA
	PRENATE AM	VITAFOL-OB
	PRENATE DHA	VITAFOL-OB+DHA
	PRENATE ELITE	VITAFOL-ONE
	PRENATE ENHANCE	VITAMED MD ONE RX
	PRENATE ESSENTIAL	VITAMED MD REDICHEW RX
	PRENATE MINI	VITAPEARL
	PRENATE PIXIE	VITATRUE

Drug Class	Medication Name	
Folic Acid (covered through age 50) (Cont.)	VP-PNV-DHA	ZALVIT
	WESTAB PLUS	ZATEAN-PN DHA
	WESTGEL DHA	ZATEAN-PN PLUS
	WOMEN'S PRENATAL + DHA	ZINGIBER
HIV PrEP (Pre-Exposure Prophylaxis)	EMTRICITABINE/TENOFOVIR ³	
Iron (covered for infants up to 12 months old)	CHILDREN'S IRON	MULTIVITAMIN W/FLUORIDE & IRON
	FER-IN-SOL	PEDIA IRON
	FERROUS SULFATE	PEDIATRIC IRON
	ICAR	WEE CARE
	MULTI-DELYN	
Smoking Cessation (up to two 90-day supplies per calendar year)	BUPROPION SR	QUIT 2
	NICOTINE	QUIT 4
	NICOTINE GUM	STOP SMOKING AID
	NICOTROL	VARENICLINE TARTRATE
	NICOTROL NS	
Vaccines	ACTHIB	HEPLISAV-B
	ADACEL TDAP	HIBERIX
	AFLURIA QUAD 2021–2022	IMOVAX RABIES VACCINE
	AFLURIA QUAD 2021–2022 (3 YR UP)	INFANRIX DTAP
	AFLURIA QUAD 2021–2022 (6–35 MO)	IPOL
	BEXSERO	IXIARO
	BIOTHRAX	KEDRAB
	BOOSTRIX TDAP	KINRIX
	DAPTACEL DTAP	MENACTRA
	DIPHtheria-TETANUS TOXOIDS-PED	MENQUADFI
	ENGERIX-B ADULT	MENVEO A-C-Y-W-135-DIP
	ENGERIX-B PEDIATRIC-ADOLESCENT	M-M-R II VACCINE
	FLUAD QUAD 2021–2022	PEDIARIX
	FLUARIX QUAD 2021–2022	PEDVAXHIB
	FLUBLOK QUAD 2021–2022	PENTACEL
	FLUCELVAX QUAD 2021–2022	PNEUMOVAX 23
	FLULAVAL QUAD 2021–2022	PREVNAR 13
	FLUMIST QUAD 2021–2022	PREVNAR 20
	FLUZONE HIGH-DOSE QUAD 2021–2022	PROQUAD
	FLUZONE QUAD 2021–2022	QUADRACEL DTAP-IPV
GARDASIL 9	RABAVERT	
HAVRIX	RECOMBIVAX HB	

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

Drug Class	Medication Name	
Vaccines (Cont.)	ROTARIX	TYPHIM VI
	ROTATEQ	VAQTA
	SHINGRIX	VARIVAX VACCINE
	STAMARIL	VARIZIG
	TDVAX	VAXNEUVANCE
	TENIVAC	YF-VAX
	TRUMENBA	ZOSTAVAX
	TWINRIX	
Vitamin D (covered at age 65 and older)	CALCIUM + D3	KIDS VITAMIN D3
	CALCIUM + VITAMIN D	OYSCO D
	CALCIUM 600 + D PLUS MINERALS	OYSTER CALCIUM W/VITAMIN D
	CALCIUM CARBONATE	OYSTER SHELL CALCIUM W/VITAMIN D
	CALCIUM CARBONATE W/VITAMIN D	OYSTERCAL-D
	CALCIUM CITRATE W/VITAMIN D	RISACAL-D
	CALCIUM W/MINERALS	SUPER CALCIUM W/VITAMIN D
	CITRUS CALCIUM W/VITAMIN D	VITAJEY DAILY D
	D-VI-SOL	VITAMIN D-400
	DELTA D3	VITAMIN D2
	HI-CAL	VITAMIN D3



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/عرب:

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً 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 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 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 شماره تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

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

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánít'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowołgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíjij' béesh bee hodíílnih (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).

