



MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts Formulary: Value-Based Benefit 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 medications are covered under the value-based pharmacy benefit.

You may be eligible to pay less for the following medications when purchased through the mail order pharmacy managed by Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. If you have an HSA-qualified “Saver” plan,¹ the deductible is waived when you purchase these medications through mail order.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. 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.
2. Some employers may also exempt the copayment or co-insurance. Check your benefit materials for details.

Anti-Asthmatic Medications

Medication Name			
ALBUTEROL INHALATION SOLUTION	FLOVENT / DISKUS	MONTELUKAST	QVAR
AMINOPHYLLINE	FLOVENT HFA	PROAIR HFA	THEOCHRON
BUDESONIDE NEBULIZER SOLUTION	IPRATROPIUM NEBULIZER SOLUTION	PROAIR RESPICLICK	THEOPHYLLINE
CROMOLYN NEBULIZER SOLUTION	IPRATROPIUM-ALBUTEROL	PULMICORT	ZAFIRLUKAST

Anti-Depressant Medications

You’re eligible to pay the reduced cost for these medications below through the mail order pharmacy, if you’re also taking one of the medications listed in this document to treat asthma or diabetes, **OR**: one of the medications listed in this document to treat high blood pressure **AND** one of the medications listed in this document to treat cholesterol.

Medication Name			
CITALOPRAM	FLUOXETINE	PAROXETINE HCL	SERTRALINE
ESCITALOPRAM	FLUVOXAMINE	PAROXETINE-CR	

Cardiovascular Maintenance Medications

You're eligible to pay the reduced cost for these medications below through the mail order pharmacy, if you're taking one of the medications on this list to treat high blood pressure **AND** one of the medications on this list to treat high cholesterol.

Medication Name (High Blood Pressure)			
AMILORIDE / HCTZ	DILTIAZEM HCL	HYDRALAZINE	NIFEDIPINE CR
AMLODIPINE	DILTIAZEM HCL ER CAP	HYDROCHLOROTHIAZIDE	NIFEDIPINE ER
AMLODIPINE / BENAZEPRIL	DILTIAZEM HCL SR CAP	IRBESARTAN	NIFEDIPINE XL
ATENOLOL	DILTIAZEM HCL TAB	IRBESARTAN / HCTZ	PROPRANOLOL
ATENOLOL / CHLORTHALIDONE	DILTIAZEM HCL XR CAP	LISINOPRIL	RAMIPRIL
BENAZEPRIL	DILTIAZEM HCL XT CAP	LISINOPRIL / HCTZ	SPIRONOLACTONE
BENAZEPRIL / HCTZ	DILTIAZEM XR CAP	LOSARTAN POTASSIUM	TERAZOSIN
BISOPROLOL / HCTZ	DOXAZOSIN	LOSARTAN POTASSIUM / HCTZ	TRIAMTERENE / HCTZ
CAPTOPRIL	ENALAPRIL	METHAZOLAMIDE	VALSARTAN
CARVEDILOL	ENALAPRIL / HCTZ	METOPROLOL	VALSARTAN / HCTZ
CHLORTHALIDONE	EPLERENONE	METOPROLOL SUCCINATE ER	VERAPAMIL
CLONIDINE	FELODIPINE ER	NADOLOL	VERAPAMIL ER
DILTIAZEM CD	FUROSEMIDE	NICARDIPINE	

Medication Name (High Cholesterol)—Generics			
ATORVASTATIN	COLESTIPOL	GEMFIBROZIL	PREVALITE
CHOLESTYRAMINE / LIGHT	FENOFIBRATE	PRAVASTATIN	SIMVASTATIN

Diabetes Medications

Medication Name			
ACARBOSE	GLIPIZIDE / METFORMIN HCL	JANUVIA	SYMLIN
BYDUREON	GLYBURIDE	JARDIANCE	SYNJARDY
BYETTA	GLYBURIDE / METFORMIN HCL	KOMBIGLYZE XR	SYNJARDY XR
CHLORPROPAMIDE	GLYBURIDE-MICRO	LANTUS	TOLAZAMIDE
FARXIGA	GLYXAMBI	METFORMIN	TOLBUTAMIDE
GLIMEPIRIDE	HUMALOG	METFORMIN ER (GENERIC VERSION OF GLUCOPHAGE)	TRULICITY
GLIPIZIDE	HUMULIN	NATEGLINIDE	XIGDUO XR
GLIPIZIDE ER	JANUMET	ONETOUCH TEST STRIPS	
GLIPIZIDE XL	JANUMET XR	ONGLYZA	

Smoking-Cessation Medications

You have access to the following medications at no additional cost through the mail order pharmacy and at retail pharmacies.

Medication Name			
BUPROBAN	COMMIT	NICOTINE ⁴	NICOTROL
BUPROPION HCL ER ³	NICODERM CQ	NICOTINE GUM ⁴	NICOTROL NS
BUPROPION HCL SR ³	NICORELIEF	NICOTINE LOZENGE ⁴	NTS
CHANTIX	NICORETTE	NICOTINE PATCH ⁴	

3. Generics of Zyban only

4. Also includes various store brands



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: 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.: (TTY: **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 بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

Lao/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'i'go saad bee yát'i' éí t'áájíí'k'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíí'j' béésh 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).



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