MASSACHUSETTS

Last Updated: January 1, 2023

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, download the MyBlue app, or 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.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

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** or open the MyBlue app, 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 CHW 81MG
	ASPIRIN TAB 81MG EC
	ASPIRIN 81 TAB 81MG EC
	ASPIRIN ADLT TAB 81MG EC
	ASPIRIN CHLD CHW 81MG
	ASPIRIN LOW CHW 81MG
	ASPIRIN LOW TAB 81MG
	ASPIRIN LOW TAB 81MG EC
	ASPIRIN-81 CHW 81MG
	BAYER LOW CHW 81MG
	BAYER LOW TAB 81MG EC
	CHILD ASA CHW 81MG
	CHILD ASA LS CHW 81MG
	CVS ASPIRIN TAB 81MG EC
	ECOTRIN LOW TAB 81MG EC
	EQ ASPIRIN CHW 81MG
	EQL ASPIRIN CHW 81MG
	GNP ASPIRIN CHW 81MG
	GNP ASPIRIN TAB 81MG EC
	GOODSENSE TAB 81MG EC
	HM ASPIRIN CHW 81MG
	KLS ASPIRIN TAB 81MG EC
	KP ASPIRIN TAB 81MG EC
	LOW DOSE ASA TAB 81MG
	MINIPRIN LOW TAB 81MG EC
	PX ASPIRIN CHW 81MG
	PX ASPIRIN TAB 81MG EC
	QC CHILD ASA CHW 81MG
	RA ASPIRIN CHW 81MG
	RA ASPIRIN TAB 81MG EC
	SB CHILD ASA CHW 81MG

MEDICATION CLASS	MEDICATION NAME
Aspirin (Low Dose) (continued)	SM ASPIRIN CHW 81MG
	SM ASPIRIN TAB 81MG EC
	SM CHILD ASA CHW 81MG
	ST JOSEPH CHW LOW 81MG
	ST JOSEPH TAB LOW 81MG
	TGT ASPIRIN CHW 81MG
	TGT ASPIRIN CHW CHILD
	TGT ASPIRIN TAB 81MG
	TGT ASPIRIN TAB 81MG EC
Bowel Preparations (Available Twice per 365 days)	CLENPIQ SOL
	PEG-PREP KIT
	PEG/NASUL/C/ SOL NACL/POT
	PLENVU SOL
	PREPOPIK PAK
	SODIUM/POTASSIUM/MAGNESIUM
	SUPREP BOWEL SOL PREP KIT
	SUTAB TAB
Primary Prevention of Breast Cancer	ANASTROZOLE TAB 1MG
	EXEMESTANE TAB 25MG
	RALOXIFENE TAB 60MG
	TAMOXIFEN TAB 10MG
	TAMOXIFEN TAB 20MG
Cholesterol-Lowering Drugs	ATORVASTATIN TAB 10MG
	ATORVASTATIN TAB 20MG
	FLUVASTATIN CAP 20MG
	FLUVASTATIN CAP 40MG
	FLUVASTATIN TAB 80MG ER
	LOVASTATIN TAB 10MG
	LOVASTATIN TAB 20MG
	LOVASTATIN TAB 40MG
	PRAVASTATIN TAB 10MG

MEDICATION CLASS	MEDICATION NAME
Cholesterol-Lowering Drugs (continued)	PRAVASTATIN TAB 20MG
	PRAVASTATIN TAB 40MG
	PRAVASTATIN TAB 80MG
	ROSUVASTATIN TAB 5MG
	ROSUVASTATIN TAB 10MG
	SIMVASTATIN TAB 5MG
	SIMVASTATIN TAB 10MG
	SIMVASTATIN TAB 20MG
	SIMVASTATIN TAB 40MG
Contraceptives (Emergency)	AFTER PILL TAB 1.5MG
	AFTERA TAB 1.5MG
	ECONTRA EZ TAB 1.5MG
	ECONTRA OS TAB 1.5MG
	ELLA TAB 30MG
	LEVONORGESTREL TAB 1.5MG
	MY CHOICE TAB 1.5MG
	MY WAY TAB 1.5MG
	NEW DAY TAB 1.5MG
	OPCICON TAB 1.5MG
	OPTION 2 TAB 1.5MG
	REACT TAB 1.5MG
	TAKE ACTION TAB 1.5MG
Contraceptives (Implantable Devices and Vaginal Rings)	ANNOVERA
	ELURYNG
	ETONOGESTREL/ETHINYL ESTRADIOL
Contraceptives (Injectables)	DEPO-SQ PROV INJ 104
	MEDROXYPR AC INJ 150MG/ML
Contraceptives (Oral and Extended Cycle)	AFIRMELLE TAB 0.1-0.02
	ALTAVERA TAB
	ALYACEN TAB 1/35
	ALYACEN TAB 7/7/7

MEDICATION CLASS	MEDICATION NAME
Contraceptives (Oral and Extended Cycle) (continued)	AMETHIA TAB
	AMETHIA LO TAB
	AMETHYST TAB 90-20MCG
	APRI TAB
	ARANELLE TAB
	ASHLYNA TAB
	AUBRA TAB 0.1-0.02
	AUBRA EQ TAB 0.1-0.02
	AUROVELA TAB 1/20
	AUROVELA TAB 1.5/30
	AUROVELA 24 TAB FE 1/20
	AUROVELA FE TAB 1/20
	AUROVELA FE TAB 1.5/30
	AVIANE TAB
	AYUNA TAB
	AZURETTE TAB
	AZURETTE TAB 28 DAY
	BALCOLTRA TAB 0.1-20
	BALZIVA TAB
	BEKYREE TAB
	BLISOVI 24 TAB FE 1/20
	BLISOVI FE TAB 1/20
	BLISOVI FE TAB 1.5/30
	BRIELLYN TAB
	CAMILA TAB 0.35MG
	CAMRESE TAB
	CAMRESE LO TAB
	CAZIANT PAK
	CHARLOTTE 24 CHW FE 1/20
	CHATEAL TAB 0.15/30
	CHATEAL EQ TAB 0.15/30

MEDICATION CLASS	MEDICATION NAME
Contraceptives (Oral and Extended Cycle) (continued)	CRYSELLE-28 TAB 28 TABS
	CYCLAFEM TAB 1/35
	CYCLAFEM TAB 7/7/7
	CYRED TAB
	CYRED EQ TAB
	DASETTA TAB 1/35
	DASETTA TAB 7/7/7
	DAYSEE TAB
	DEBLITANE TAB 0.35MG
	DELYLA TAB 0.1-0.02
	DESOGESTREL/ETHINYL ESTRADIOL/ESTRADIOL TAB
	DOLISHALE TAB 90-20MCG
	DROSPIRENONE/ETHINYL ESTRADIOL TAB
	DROSPIRENONE/ETHINYL ESTRADIOL TAB 3-0.02MG
	DROSPIRENONE/ETHINYL ESTRADIOL TAB 3-0.03MG
	DROSPIRENONE/ETHINYL ESTRADIOL/ESTRADIOL/ LEVOMEFOLATE TAB
	DROSPIRENONE/ETHINYL ESTRADIOL/ LEVOMEFOLATE TAB
	ELINEST TAB
	EMOQUETTE TAB
	ENPRESSE-28 TAB
	ENSKYCE TAB
	ERRIN TAB 0.35MG
	ESTARYLLA TAB 0.25-35
	ETHINYL ESTRADIOL/ESTRADIOL TAB 1-35
	ETHYNODIOL TAB 1-50
	FALESSA KIT
	FALMINA TAB
	FAYOSIM TAB
	FEMYNOR TAB 0.25-35
	GEMMILY CAP 1/20

MEDICATION CLASS	MEDICATION NAME
Contraceptives (Oral and Extended Cycle) (continued)	GIANVI TAB 3-0.02MG
	HAILEY TAB 1.5/30
	HAILEY 24 TAB FE
	HAILEY FE TAB 1/20
	HAILEY FE TAB 1.5/30
	HEATHER TAB 0.35MG
	ICLEVIA TAB
	INCASSIA TAB 0.35MG
	INTROVALE TAB
	ISIBLOOM TAB
	JAIMIESS TAB
	JASMIEL TAB 3-0.02MG
	JENCYCLA TAB 0.35MG
	JOLESSA TAB
	JULEBER TAB
	JUNEL 1/20 TAB
	JUNEL 1.5/30 TAB
	JUNEL FE TAB 1/20
	JUNEL FE TAB 1.5/30
	JUNEL FE 24 TAB 1/20
	KAITLIB FE CHW
	KALLIGA TAB
	KARIVA TAB 28 DAY
	KELNOR TAB 1/35
	KELNOR 1/50 TAB
	KURVELO TAB 0.15/30
	LARIN TAB 1/20
	LARIN TAB 1.5/30
	LARIN 24 TAB FE 1/20
	LARIN FE TAB 1/20
	LARIN FE TAB 1.5/30

MEDICATION CLASS	MEDICATION NAME
Contraceptives (Oral and Extended Cycle) (continued)	LARISSIA TAB
	LAYOLIS FE CHW
	LEENA TAB
	LESSINA TAB
	LEVONEST TAB
	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 90-20MCG
	LEVONORGESTREL/ETHINYL ESTRADIOL TAB
	LEVONORGESTREL/ETHINYL ESTRADIOL TAB 0.1-0.02
	LEVONORGESTREL/ETHINYL ESTRADIOL/ESTRADIOL TAB
	LEVORA-28 TAB 0.15/30
	LILLOW TAB 0.15/30
	LO LOESTRIN TAB 1-10-10
	LOESTRIN TAB 1/20-21
	LOESTRIN 21 TAB 1.5/30
	LOESTRIN FE TAB 1/20
	LOESTRIN FE TAB 1.5/30
	LOJAIMIESS TAB
	LORYNA TAB 3-0.02MG
	LOW-OGESTREL TAB
	LO-ZUMANDIMINE TAB 3-0.02MG
	LUTERA TAB
	LYLEQ TAB 0.35MG
	LYZA TAB 0.35MG
	MARLISSA TAB 0.15/30
	MELODETTA CHW 24 FE
	MERZEE CAP 1/20
	MIBELAS 24 CHW FE
	MICROGESTIN 24 TAB FE 1/20
	MICROGESTIN TAB 1/20
	MICROGESTIN TAB 1.5/30
	MICROGESTIN TAB FE 1/20

MEDICATION CLASS	MEDICATION NAME
Contraceptives (Oral and Extended Cycle) (continued)	MICROGESTIN TAB FE 1.5/30
	MILI TAB 0.25/35
	MONO-LINYAH TAB 0.25-35
	NATAZIA TAB
	NECON TAB 0.5/35
	NEXTSTELLIS TAB 3-14.2MG
	NIKKI TAB 3-0.02MG
	NORA-BE TAB 0.35MG
	NORETHINDRONE TAB 0.35MG
	NORETHINDRONE/ETHINYL ESTRADIOL CHW FE
	NORETHINDRONE/ETHINYL ESTRADIOL CHW FE 1/20
	NORETHINDRONE/ETHINYL ESTRADIOL TAB 1/20
	NORETHINDRONE/ETHINYL ESTRADIOL TAB 1.5/30
	NORETHINDRONE/ETHINYL ESTRADIOL TAB FE 1/20
	NORETHINDRONE/ETHINYL ESTRADIOL/FE CAP 1/20
	NORETHINDRONE/ETHINYL ESTRADIOL/FE CHW 0.4MG-35
	NORETHINDRONE/ETHINYL ESTRADIOL/FF 1.5/30
	NORGESTIMATE/ETHINYL ESTRADIOL TAB
	NORGESTIMATE/ETHINYL ESTRADIOL TAB 0.25/35
	NORLYDA TAB 0.35MG
	NORLYROC TAB 0.35MG
	NORTREL TAB 0.5/35
	NORTREL TAB 1/35
	NORTREL TAB 7/7/7
	NYLIA TAB 1/35
	NYLIA TAB 7/7/7
	NYMYO TAB 0.25-35
	OCELLA TAB 3-0.03MG
	ORSYTHIA TAB
	PHILITH TAB 0.4-35

MEDICATION CLASS	MEDICATION NAME
Contraceptives (Oral and Extended Cycle) (continued)	PIMTREA TAB
	PIRMELLA TAB 1/35
	PIRMELLA TAB 7/7/7
	PORTIA-28 TAB
	PREVIFEM TAB
	RECLIPSEN TAB
	RIVELSA TAB
	SETLAKIN TAB
	SHAROBEL TAB 0.35MG
	SIMLIYA TAB 28 DAY
	SIMPESSE TAB
	SLYND TAB 4MG
	SPRINTEC 28 TAB 28 DAY
	SRONYX TAB
	SYEDA TAB 3-0.03MG
	TARINA 24 FE TAB
	TARINA FE TAB 1/20
	TARINA FE TAB 1/20 EQ
	TAYSOFY CAP 1/20
	TILIA FE TAB
	TRI-ESTARYLLA TAB
	TRI-FEMYNOR TAB
	TRI-LEGEST TAB FE
	TRI-LINYAH TAB
	TRI-LO TAB ESTARYLLA
	TRI-LO TAB MARZIA
	TRI-LO TAB SPRINTEC
	TRI-LO-MILI TAB
	TRI-MILI TAB
	TRI-NYMYO TAB
	TRI-PREVIFEM TAB

MEDICATION CLASS	MEDICATION NAME
Contraceptives (Oral and Extended Cycle) (continued)	TRI-SPRINTEC TAB
	TRIVORA-28 TAB
	TRI-VYLIBRA TAB
	TRI-VYLIBRA TAB LO
	TULANA TAB 0.35MG
	TYBLUME CHW 0.1-0.02
	TYDEMY TAB
	VELIVET PAK
	VESTURA TAB 3-0.02MG
	VIENVA TAB 0.1-20
	VIORELE TAB
	VOLNEA TAB
	VYFEMLA TAB 0.4-35
	VYLIBRA TAB 0.25-35
	WERA TAB 0.5/35
	WYMZYA FE CHW 0.4MG-35
	ZARAH TAB 3-0.03MG
	ZOVIA 1/35 TAB
	ZOVIA 1/35E TAB
	ZUMANDIMINE TAB 3-0.03MG
Contraceptives (OTC Spermicides, Female Condom)	ENCARE SUP 100MG
	FC FEMALE MIS CONDOM
	FC2 FEMALE MIS CONDOM
	GYNOL II GEL 3%
	PHEXXI GEL
	SHUR-SEAL GEL 2%
	TODAY SPONGE MIS
	VCF VAGINAL AER CONTRACEPTIVE
	VCF VAGINAL GEL
	VCF VAGINAL MIS CONTRACEPTIVE

MEDICATION CLASS	MEDICATION NAME
Contraceptives (Transdermal Patch)	TWIRLA DIS 120-30
	XULANE DIS 150-35
	ZAFEMY DIS 150/35
Fluoride (Covered for Children Through Age 16)	FLUORABON DRO
	FLUORIDE CHW 0.25MG
	FLUORIDE CHW 0.5MG
	FLUORITAB DRO 0.125MG
	FLURA-DROPS DRO 0.25MG
	NAFRINSE DRO 0.125MG
	SODIUM FLUORIDE CHW 0.25MG
	SODIUM FLUORIDE CHW 0.5MG
	SODIUM FLUORIDE CHW 1.1MG
	SODIUM FLUORIDE DRO 0.5MG/ML
	SODIUM FLUORIDE TAB 0.5MG
Folic Acid (Covered Through Age 50)	FA-8 CAP 800MCG
	FOLATE TAB 400MCG
	FOLIC ACID CAP 800MCG
	FOLIC ACID TAB 400MCG
	FOLIC ACID TAB 800MCG
	SM FOLIC ACD TAB 400MCG
	YL FOLIC ACI TAB 400MCG
HIV PrEP (Pre-Exposure Prophylaxis)	EMTRICITABINE/TENOFOVIR TAB 200-300[3]
Smoking Cessation (Up to a 168-day Supply per Calendar Year)	BUPROPION TAB 150MG SR
	CVS NICOTINE DIS 7MG/24HR
	CVS NICOTINE DIS 14MG/24H
	CVS NICOTINE DIS 21MG/24H
	CVS NICOTINE GUM 2MG CINN
	CVS NICOTINE GUM 2MG FRUIT
	CVS NICOTINE GUM 2MG MINT

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 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.

MEDICATION CLASS	MEDICATION NAME
Smoking Cessation (Up to a 168-day Supply per Calendar Year) (continued)	CVS NICOTINE GUM 2MG ORIG
	CVS NICOTINE GUM 4MG CINN
	CVS NICOTINE GUM 4MG FRUIT
	CVS NICOTINE GUM 4MG MINT
	CVS NICOTINE GUM 4MG ORIG
	CVS NICOTINE LOZ 2MG MINT
	CVS NICOTINE LOZ 2MG ORIG
	CVS NICOTINE LOZ 4MG CINN
	CVS NICOTINE LOZ 4MG MINT
	EQ NICOTINE DIS 7MG/24HR
	EQ NICOTINE DIS 14MG/24H
	EQ NICOTINE DIS 21MG/24H
	EQ NICOTINE GUM 2MG CINN
	EQ NICOTINE GUM 2MG FRUIT
	EQ NICOTINE GUM 2MG MINT
	EQ NICOTINE GUM 4MG CINN
	EQ NICOTINE GUM 4MG FRUIT
	EQ NICOTINE GUM 4MG MINT
	EQ NICOTINE GUM 4MG ORIG
	EQ NICOTINE LOZ 2MG CINN
	EQ NICOTINE LOZ 2MG MINT
	EQ NICOTINE LOZ 4MG CINN
	EQ NICOTINE LOZ 4MG MINT
	EQL NICOTINE GUM 2MG ORIG
	EQL NICOTINE LOZ 2MG MINT
	EQL NICOTINE LOZ 4MG MINT
	GNP NICOTINE DIS 7MG/24HR
	GNP NICOTINE DIS 14MG/24H
	GNP NICOTINE DIS 21MG/24H
	GNP NICOTINE GUM 2MG FRUIT

MEDICATION CLASS	MEDICATION NAME
Smoking Cessation (Up to a 168-day Supply per Calendar Year) (continued)	GNP NICOTINE GUM 2MG MINT
	GNP NICOTINE GUM 2MG ORIG
	GNP NICOTINE GUM 4MG FRUIT
	GNP NICOTINE GUM 4MG MINT
	GNP NICOTINE GUM 4MG ORIG
	GNP NICOTINE LOZ 2MG MINT
	GNP NICOTINE LOZ 4MG CHER
	GNP NICOTINE LOZ 4MG MINT
	GNP NICOTINE LOZ MINI 2MG
	HABITROL DIS 21MG/24H
	HM NICOTINE DIS 7MG/24HR
	HM NICOTINE DIS 14MG/24H
	HM NICOTINE DIS 21MG/24H
	HM NICOTINE GUM 2MG MINT
	HM NICOTINE GUM 2MG ORIG
	HM NICOTINE GUM 4MG FRUIT
	HM NICOTINE GUM 4MG MINT
	HM NICOTINE LOZ 2MG CINN
	HM NICOTINE LOZ 2MG MINT
	HM NICOTINE LOZ 2MG ORIG
	HM NICOTINE LOZ 4MG CINN
	HM NICOTINE LOZ 4MG MINT
	KLS QUIT2 GUM 2MG
	KLS QUIT2 LOZ 2MG
	KLS QUIT4 GUM 4MG
	KLS QUIT4 LOZ 4MG
	NICOTINE DIS 7MG/24HR
	NICOTINE DIS 14MG/24H
	NICOTINE DIS 21MG/24H
	NICOTINE DIS STEP 1
	NICOTINE GUM 2MG FRUIT

MEDICATION CLASS	MEDICATION NAME
Smoking Cessation (Up to a 168-day Supply per Calendar Year) (continued)	NICOTINE GUM 2MG ORIG
	NICOTINE GUM 4MG ORIG
	NICOTINE LOZ 2MG MINT
	NICOTINE LOZ 4MG CINN
	NICOTINE LOZ 4MG MINT
	NICOTINE LOZ MINI 2MG
	NICOTINE POL GUM 2MG CINN
	NICOTINE POL GUM 2MG FRUIT
	NICOTINE POL GUM 2MG MINT
	NICOTINE POL GUM 2MG ORIG
	NICOTINE POL GUM 2MG REF
	NICOTINE POL GUM 2MG STRT
	NICOTINE POL GUM 4MG CINN
	NICOTINE POL GUM 4MG FRUIT
	NICOTINE POL GUM 4MG MINT
	NICOTINE POL GUM 4MG ORIG
	NICOTINE POL GUM 4MG REF
	NICOTINE POL GUM 4MG STRT
	NICOTINE POL LOZ 2MG CHRY
	NICOTINE POL LOZ 2MG CINN
	NICOTINE POL LOZ 2MG MINT
	NICOTINE POL LOZ 4MG CHRY
	NICOTINE POL LOZ 4MG CINN
	NICOTINE POL LOZ 4MG MINT
	NICOTINE TD DIS 7MG/24HR
	NICOTINE TD DIS 14MG/24H
	NICOTINE TD DIS 21MG/24H
	NICOTINE TD DIS STEP 1
	NICOTINE TD DIS STEP 3
	QC NICOTINE DIS 14MG/24H
	QC NICOTINE DIS 21MG/24H

MEDICATION CLASS	MEDICATION NAME
Smoking Cessation (Up to a 168-day Supply per Calendar Year) (continued)	RA NICOTINE DIS 14MG/24H
	RA NICOTINE DIS 21MG/24H
	RA NICOTINE GUM 2MG MINT
	RA NICOTINE GUM 2MG ORIG
	RA NICOTINE GUM 4MG MINT
	RA NICOTINE GUM 4MG ORIG
	RA NICOTINE LOZ 2MG MINT
	RA NICOTINE LOZ 4MG MINT
	SM NICOTINE DIS 7MG/24HR
	SM NICOTINE DIS 14MG/24H
	SM NICOTINE DIS 21MG/24H
	SM NICOTINE GUM 2MG MINT
	SM NICOTINE GUM 2MG ORIG
	SM NICOTINE GUM 4MG MINT
	SM NICOTINE GUM 4MG ORIG
	SM NICOTINE LOZ 2MG CHRY
	SM NICOTINE LOZ 2MG CINN
	SM NICOTINE LOZ 2MG MINT
	SM NICOTINE LOZ 4MG CINN
	SM NICOTINE LOZ 4MG MINT
	SM NICOTINE LOZ 4MG ORIG
	STOP SMOKING GUM 2MG MINT
	STOP SMOKING GUM 2MG ORIG
	STOP SMOKING GUM 4MG ORIG
	STOP SMOKING LOZ 2MG MINT
	STOP SMOKING LOZ 4MG MINT
	TGT NICOTINE DIS 7MG/24H
	TGT NICOTINE DIS 14MG/24H
	TGT NICOTINE DIS 21MG/24HR
	TGT NICOTINE GUM 2MG FRUIT
	TGT NICOTINE GUM 2MG MINT

MEDICATION CLASS	MEDICATION NAME
Smoking Cessation (Up to a 168-day Supply per Calendar Year) (continued)	TGT NICOTINE GUM 2MG ORIG
	TGT NICOTINE GUM 4MG ORIG
	TGT NICOTINE LOZ 2MG CHRY
	TGT NICOTINE LOZ 2MG MINT
	TGT NICOTINE LOZ 4MG CHRY
	TGT NICOTINE LOZ 4MG MINT
	THRIVE GUM 2MG MINT
	VARENICLINE PAK 0.5MG
	VARENICLINE TAB 0.5MG
	VARENICLINE TAB 1MG
Vaccines	ACTHIB INJ
	ADACEL INJ
	AFLURIA QUAD INJ 2019-20
	AFLURIA QUAD INJ 2020-21
	AFLURIA QUAD INJ 2021-22
	BEXSERO INJ
	BOOSTRIX INJ
	DAPTACEL INJ
	DIP/TET PED INJ 25-5LFU
	ENGERIX-B INJ 10/0.5ML
	ENGERIX-B INJ 20MCG/ML
	FLUAD INJ 2019-20
	FLUAD INJ 2020-21
	FLUARIX QUAD INJ 2019-20
	FLUARIX QUAD INJ 2020-21
	FLUARIX QUAD INJ 2021-22
	FLUAD QUADRI INJ 0.5ML
	FLUAD QUADRI INJ 2021-22
	FLUBLOK QUAD INJ 2019-20
	FLUBLOK QUAD INJ 2020-21
	FLUBLOK QUAD INJ 2021-22

MEDICATION CLASS	MEDICATION NAME
Vaccines (continued)	FLUCLVX QUAD INJ 2019-20
	FLUCLVX QUAD INJ 2020-21
	FLUCLVX QUAD INJ 2021-22
	FLULAVAL QUA INJ 2019-20
	FLULAVAL QUA INJ 2020-21
	FLULAVAL QUA INJ 2021-22
	FLUMIST QUAD SUS 2020-21
	FLUMIST QUAD SUS 2021-22
	FLUZONE HD INJ 2021-22
	FLUZONE HD INJ PF 19-20
	FLUZONE HD INJ PF 20-21
	FLUZONE QUAD INJ 2019-20
	FLUZONE QUAD INJ 2020-21
	FLUZONE QUAD INJ 2021-22
	GARDASIL 9 INJ
	HAVRIX INJ 720 UNIT
	HAVRIX INJ 1440 UNIT
	HEPLISAV-B INJ 20/0.5ML
	HIBERIX SOL 10MCG
	INFANRIX INJ
	IPOL INJ INACTIVE
	KINRIX INJ
	MENACTRA INJ
	MENQUADFI INJ
	MENVEO INJ
	M-M-R II INJ
	PEDIARIX INJ 0.5ML
	PEDVAXHIB INJ
	PENTACEL INJ
	PNEUMOVAX 23 INJ 25/0.5
	PREHEVBRIO SUS 10MCG/ML

MEDICATION CLASS	MEDICATION NAME
Vaccines (continued)	PREVNAR 13 INJ
	PREVNAR 20 INJ
	PROQUAD INJ
	QUADRACEL INJ
	QUADRACEL INJ 0.5ML
	RECOMBIVAX HB INJ 10MCG/ML
	RECOMBIVAX HB INJ 40MCG/ML
	RECOMBIVAX HB INJ 5MCG/0.5 ML
	ROTARIX SUS
	ROTATEQ SOL
	SHINGRIX INJ 50/0.5ML
	TDVAX INJ 2-2 LF
	TENIVAC INJ 5-2LF
	TET/DIP TOX INJ 2-2 LF
	TRUMENBA INJ
	TWINRIX INJ
	VAQTA INJ 25/0.5ML
	VAQTA INJ 50 UNT/ML
	VARIVAX INJ
	VAXELIS INJ
	VAXNEUVANCE INJ
	ZOSTAVAX 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 Idantitifkasyon 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/عربية:
انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هُويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណ សម្គាល់ខ្លួនរបស់អ្នក (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 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 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 بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (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'ígíijį' 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**).

MASSACHUSETTS

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