MASSACHUSETTS

Covered Medications (Formulary)

Learn About Your Pharmacy Program

Effective January 1, 2022

This guide provides an overview of your pharmacy program, lists some of the medications covered under your plan, lists medications not covered under your plan, and provides other important information about your pharmacy coverage.

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Pharmacy Program Overview

Your pharmacy program is designed to provide you and your doctor with access to a wide variety of safe, clinically effective medications. We've carefully developed a substantial covered medication list, also known as a formulary, that includes many medications that are available at affordable out-of-pocket costs.

About This Guide

This guide is up to date as of January 1, 2022, and is subject to change. Use it as a reference whenever you need coverage information about your pharmacy program. For the most current and complete information about covered medications, use our **Medication Lookup** tool at **bluecrossma.org/medication**.

Mail Order Pharmacy

You can have certain prescriptions delivered right to your door when you order them through Express Scripts®, an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts. With Mail Order Pharmacy, most maintenance medications (also known as long-term medications) can be automatically refilled and shipped every 90 days at a lower cost. No more running out of medicine or last-minute trips to the pharmacy.

To get started with the Mail Order Pharmacy, sign in to MyBlue, then select **90-Day Mail Order Pharmacy** in the drop-down menu under **My Medications**. You can also call Express Scripts at **1-800-892-5119**.

Unlock the Power of Your Plan

MyBlue is your key to more features and savings. Sign in to your account at **bluecrossma.org** or open the MyBlue app to review claims, track medications, look up plan information, and get easy access to these online resources:

Medication Lookup Tool

Visit **bluecrossma.org/medication** to search quickly and easily for covered medications, and learn about your pharmacy coverage. The information in the tool represents our standard pharmacy coverage. Your coverage may vary. In most cases, Teamsters Local 170 Health and Welfare Fund members will be responsible for paying Tier 3 out-of-pocket costs when purchasing non-covered medications, unless these medications are excluded from your pharmacy coverage.

If you have any questions, call Member Service at **1-800-932-8323**.

Express Scripts

Go to **Express Scripts®** under **My Medications** to get detailed information about your pharmacy coverage, including the cost of medications. You can also search for a local pharmacy, or sign up for the Mail Order Pharmacy and have your prescriptions shipped directly to you.

How Tiers Determine What You Pay for Medications

Our list of covered medications is based on a tiered cost structure. When you fill a prescription, the amount you pay the pharmacy is determined by the tier your medication is on and your benefits. The amount you pay may also include your copayment, co-insurance, and deductibles. The pharmacist will tell you how much you owe. To find your out-of-pocket costs for specific prescriptions, sign in to **MyBlue,** then select **Express Scripts®** under **My Medications** on your MyBlue home page.

How Covered Medications Are Placed into Tiers

Medications are placed on tiers according to a variety of factors, including what they're used for, their cost, and whether equivalent or alternative medications are available. Lower-tier medications typically cost less than higher-tier medications. For example, in a 3-tier structure, you'll likely pay the least for Tier 1 medications and the most for Tier 3 medications.

3-Tier	
Tier 1: Generics	Generic medications are effective, low-cost alternatives to brand-name medications. They're expected to work the same as brand-name medications, and meet the same Food and Drug Administration (FDA) requirements.
Tier 2: Preferred Brands	These are preferred brand-name medications because they're safe, effective alternatives to more expensive brands.
Tier 3: Non-Preferred Brands	Non-preferred brand-name medications cost more than preferred brands, so you'll **pay more** if you use them instead of any generics or preferred brands.

If you or your doctor should request a brand-name medication to be dispensed when there is a generic equivalent medication available—also known as a "Dispense as Written" prescription—you'll pay the brand copayment plus the difference in cost between the brand-name and generic medications. This difference in cost is also referred to as an ancillary fee.

Ancillary fees will be waived for brand versions of select medications for treatment of seizures (carbamazepine and phenytoin), heart rhythm disorders (digoxin, flecainide, and quinidine), blood thinners (warfarin), asthma (theophylline), transplant immunosuppressants (cyclosporine, sirolimus, and tacrolimus), manic depression (lithium), and thyroid supplementation (levothyroxine sodium).

Certain medications can be filled in supplies that last longer than 30 days. For some of these medications, you'll be charged for more than one 30-day copayment per fill. For example, if you fill a prescription for a 90-day supply of Estring, you'll be charged three 30-day copayments.

Your plan covers you for the following medications with a valid prescription: proton pump inhibitors (PPI), such as omeprazole and Prilosec, as well as over-the-counter versions of these medications; over-the-counter versions of h2 blockers, such as rantidine; non-sedating antihistamines, such as Claritin.

For more about your specific prescription benefit costs, review the information in your benefit literature, which you should have received when you enrolled in your plan, or call the Member Service number listed on the front of your ID card, Monday through Friday, 8:00 a.m. to 6:00 p.m. ET.

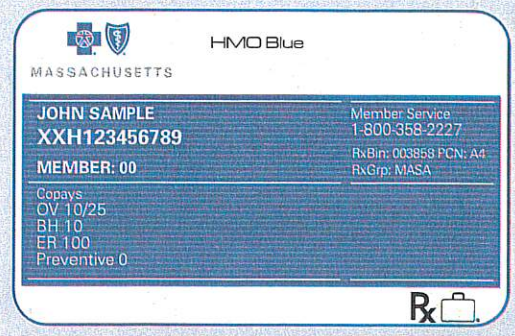
For more information about your pharmacy benefit, sign in to your MyBlue account at **bluecrossma.org**.

Compounded Medications

Covered compounded medications that require a prescription will be processed at your highest pharmacy benefit tier, regardless of the ingredients in the medication. Compounded medications are made to order by a pharmacist when existing, commercially available medications don't meet your specific needs as determined by your doctor. Some compounded medications may need Prior Authorization, have Quality Care Dosing guidelines, or require an exception.

Covered Medications List Changes

Our covered medications list may change from time to time. This may include changing medications to a non-covered status, changing medication tier status, applying Quality Care Dosing limitations, and/or moving medications to a specialty pharmacy. We notify any affected members of these changes via direct mail at least 60 days in advance of the change.



Sample ID card for illustrative purposes only.

Your ID Card

Your ID card contains important information about your pharmacy benefits. Be sure to bring the card with you and give it to your pharmacist when you fill a prescription.

Preventive Medications

The following list includes prescription and over-the-counter medications that are covered at no cost to you when they're prescribed by your doctor:

- **Bowel preparations** (includes generic medications, or brand without a generic equivalent, and over-the-counter evacuants when they're prescribed by your doctor) are covered for members ages 50 to 75 prior to colorectal screening exams
- **Breast cancer preventive medications** (tamoxifen and raloxifene) are covered for members ages 35 and older without a prior diagnosis of breast cancer
- **Erythromycin eye ointment** is covered for infants up to 12 months old
- **Fluoride supplements** are covered for children ages 6 months through 16 years
- **Generic aspirin** (81mg)
- **Generic contraceptives**, or brand medications without a generic equivalent (includes prescription contraceptives and over-the-counter products such as female condoms, sponges, and spermicide) are covered for members up to age 54
- **Generic folic acid** (includes prescription and over-the-counter) is covered for members up to age 54
- **Generic iron** is covered for infants up to 12 months old
- **Generic smoking cessation** (e.g., nicotine gum, lozenges, and patches), or brand medications without a generic equivalent, are covered for up to two 90-day supplies per calendar year
- **Generic Vitamin D** (up to 800 IU per day) is covered for members ages 65 and older
- **Various vaccines** are covered (age requirements vary by vaccine type)

This list is up to date as of January 1, 2022.

Quality Care Dosing

Our Quality Care Dosing program helps to ensure that the quantity and dosage of the medications you receive meet the Food and Drug Administration (FDA)'s regulations, clinical standards, and manufacturer's guidelines. When you fill a prescription for one of the following medications, it's checked electronically in two ways:

Dose Consolidation
Checks to see whether you're taking two or more pills a day that can be replaced with one pill providing the same daily dosage

Recommended Monthly Dosing Level
Checks to see that your monthly dosage is consistent with the FDA's and manufacturer's monthly dosing recommendations and clinical information

You may fill a quantity up to the allowed limit, but quantities greater than the allowed limit will be denied.

Note: Your doctor may request an exception for medications that are subject to Quality Care Dosing when medically necessary. Some medications on this list may also be subject to Step Therapy and/or Prior Authorization requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Quality Care Dosing program is up to date as of January 1, 2022, and may change from time to time.

For the most current list of medications subject to Quality Care Dosing, along with associated dosing limits, use our **Medication Lookup** tool at **bluecrossma.org/medication**.

Quality Care Dosing

Abilify Mycite
Abstral
AcipHex
AcipHex Sprinkle
Actemra
Actiq
Actonel
ACTOplus Met
ACTOplus Met XR
Actos
Acular
Acular LS
Acular PF
Acyclovir cream
Adderall XR
Adhansia XR
Adlyxin
Admelog
Admelog Solostar
Advair Diskus
Advair HFA
Adyphren
Adyphren II
Adyphren Amp
Adyphren Amp II
Adzenys XR
Aemcolo
Aerospan
Aimovig
AirDuo DigiHaler
AirDuo RespiClick
Ajovy
Akynzeo
Albuterol Sulfate HFA
Alendronate Sodium
Alinia
Almotriptan
Alora
Alosetron
Alrex
Alsuma
Altoprev
Alvesco
Ambien
Ambien CR
Amethia
Amethia Lo
Amerge
Amitiza
Amlodipine
Amlodipine-Atorvastatin
Ampyra
Anzemet
Apidra
Apidra Solostar
Aplenzin ER
Aprepitant
Aptenzio XR
Aranesp
Arava
Arcapta Neohaler
Arformoterol
Arikayce
ArmonAir DigiHaler
ArmonAir RespiClick
Arnuity Ellipta
Arixtra
Arymo ER
Ashlyna
Asmanex HFA
Asmanex Twisthaler
Aspirin/Omeprazole
Astepro
Atelvia DR
Atomoxetine
Atorvastatin
Atrovent (nasal spray)
Atrovent HFA
Auvi-Q
Avandia
Avinza
Avonex
Axert
Azelastine (nasal spray)
Azstarys
Baqsimi
Basaglar
Belbuca
Belsomra
Betaseron
Bevespi AeroSphere
Bevyxxa
Bijuva
Binosto
Boniva tablets
Breo Ellipta
Breztri Aerosphere
Brexafemme
Brisdelle
Bronchitol
Brovana
Brukinsa
Budeprion SR
Budeprion XL
Budesonide (nebules)
Budesonide/Formoterol
Bunavail
Buprenorphine
Buprenorphine-Naloxone
Buprenorphine film
Buprenorphine patch
Bupropion SR
Bupropion XL
Butorphanol NS
Butrans
Bydureon
Bydureon Bcise
Byetta
Cabergoline
Cabometyx
Caduet
Calcipotriene
Calcipotriene/Betamethasone
Calypta
Camrese
Camrese Lo
Cardura
Cardura XL
Catapres TTS
Celebrex
Celecoxib
Celexa
Cesamet
Cholbam
Ciclodin solution/kit
Ciclopirox cream
Ciclopirox gel
Ciclopirox nail lacquer
Ciclopirox shampoo
Ciclopirox topical suspension
Cimzia
Citalopram
Climara
Climara Pro
Clindamycin 1% gel
Clindamycin 1% solution
Clindamycin 1% lotion
Clindamycin 1% foam
Clindamycin 2% vaginal
Clonidine patch
Combivent
Combivent Respimat
Concerta
Conjupri
Cotempla XR ODT
Contrave ER
Copaxone
Cosentyx
Crestor
Cromolyn ophthalmic
Cymbalta
Daklinza
Dalfampridine
Daurismo
Daysee
Dayvigo
Denavir
Desvenlafaxine ER
Dexilant
Dexmethylphenidate ER
Dexmethylphenidate XR
Dextroamphetamine/ Amphetamine ER
Diabetic Testing Strips (all)
Diclofenac 3% gel
Diclofenac solution
Diflorasone cream
Diflucan (150 mg only)
Dihydroergotamine (nasal spray)
DM 2 Kit
Doptelet
Dotti
Dovonex
Doxazosin
Doxepin cream
Doxepin tablets
Drizalma Sprinkle
Duaklir Pressair
Dulera
Duloxetine DR
Duragesic
Econazole cream

Quality Care Dosing

Edluar
Effexor XR
Eletriptan
Embeda
Emend
Emgality
Emverm
Enbrel
Enoxaparin
Epclusa
Epinephrine injection
Epinephrine Professional kit
Epinephrine Professional EMS kit
Epi-Pen Auto-Injector
Epogen
Escitalopram
Esomep-EZS
Esomeprazole
Esomeprazole Strontium
Estradiol patch
Estrogel
Eszopiclone
Evamist
Evenity
Evzio
Exalgo
Exkivity
Extavia
Ezallor Sprinkle
Ezetimibe
Ezetimibe/Simvastatin
Famciclovir
Farydak
Farxiga
Fasenra
Fayosim
Fentanyl Citrate
Fentanyl oral/mucosal
Fentanyl patch
Fentora
Fetzima
Fiasp
Flovent Diskus
Flovent HFA
Fluconazole (150 mg only)
Fluoxetine
Fluoxetine DR
Fluticasone/Salmeterol
Fluvastatin
Fluvastatin XR
Fluvoxamine
Fluvoxamine CR
Focalin XR
Fondaparinux
Forfivo XL
Formoterol
Forteo
Fosamax
Fosamax Plus D
Fotivda
Fragmin
Frova
Frovatriptan
Fulphila
Gatifloxacin
Gavreto
Gemtesa
Gentimicin cream
Gentimicin ointment
Glatiramer
Glatopa
Glucose testing strips (all)
Glyxambi
Granisetron
Granix
Grastek
Halobetasol cream
Halobetasol ointment
Harvoni
Hetlioz
Humalog
Humalog Jr.
Humulin
Humira
Humira CF
Hydrocodone ER
Hydromorphone ER
Hysingla ER
Ibandronate
Ibrance
Ilumya
Imitrex
Impavido
Incruse Ellipta
Indomethacin 20mg
Infergen
Ingrezza
Insulins (all)
Insulins Lispro
Intermezzo
Introvale
Invokamet
Invokamet XR
Invokana
Iodoquinol/Hydrocortisone/Aloe
Ipratropium NS
Irenka DR
Itraconazole
Jakafi
Jardiance
Jolessa
Jornay PM
Jynarque
Kadian
Kalydeco
Kenalog aerosol
Kerendia
Kerydin
Ketoconazole 2%
Ketorolac ophthalmic
Keveyis
Kevzara
Khedezla
Kineret
Klisyri
Kloxxado
Krintafel
Kynmobi
Lamisil
Lansoprazole
Lansoprazole ODT
Lansoprazole/Amoxicillin/Clarithromycin
Lantus
Lazanda
Leflunomide
Ledipasvir/Sofosbuvir
Lescol
Lescol XL
Levalbuterol HFA
Levemir
Levonorgestrel/Ethinyl Estradiol
Levonorgestrel/Ethinyl Estradiol/Ethinyl Estradiol
Lexapro
Lidociane 5% cream
Lidocaine 5% ointment
Lidocaine Patch
Lidoderm
Linzess
Lipitor
Livalo
Lonhala Magnair
LoSeasonique
Lotronex
Lovastatin
Lovenox
Lubriprotone
Lucemyra
Lumakras
Lunesta
Lybalvi
Lyllana
Lyrica CR
Lysteda
Lyumjev
Mavyret
Maxalt
Maxalt-MLT
Meloxicam
Meloxicam submicronized
Menostar
Methylphenidate CD
Methylphenidate ER
Methylphenidate LA
Methylphenidate 72 mg
Migranal
Migranow Kit
Minivelle
Mirtazapine
Mirtazapine Rapid Dissolve
Mobic
Morphabond ER
Morphine Sulfate ER
Movantik
Moxifloxacin
Moxeza
MS Contin
Mupirocin
Mulpleta
Mydayis

Quality Care Dosing

Myfembree
Naloxone
Naratriptan
Narcan
NebuPent
Neulasta
Neupogen
Nexium
Nexletol
Nexlizet
Nitazoxanide
Nivestym
Nocdurna
Norvasc
Novolin
Novolog
Nucynta ER
Nuplazid
Nurtec ODT
Nyamyc powder
Nystatin powder
Nystop powder
Nyvepria
Ocaliva
Odomzo
Olanzepine-Fluoxetine
Olopatadine Nasal
Olumiant
Olysio
Omeprazole
Omeprazole-Sodium Bicarbonate
OmePPI
Omontys
Ondansetron
Ondansetron ODT
Onmel
Onsolis
Onzetra Xsail
Opana ER
Opzelura
Oralair
Oramorph SR
Orencia
Orkambi
Orladeyo
Otezla
Oxbryta
Oxiconazole Nitrate
Oxistat
Oxycodone ER
OxyContin
Oxymorphone ER
Ozempic
Pantoprazole
Paroxetine
Paroxetine CR
Patanase
Paxil
Paxil CR
Pegasys
PEG-Intron
Penlac
Pennsaid
Perforomist
Pexeva
Pimecrolimus cream
Pioglitazone
Pioglitazone-Metformin
Plegridy
Pomalyst
Ponvory
Praluent
Pravachol
Pravastatin
Pregabalin CR
Prevacid
PrevPac
Prilosec
Pristiq
Pristiq ER
ProAir DigiHaler
ProAir HFA
ProAir RespiClick
Procrit
Protonix
Proventil HFA
Prozac
Prozac Weekly
Prudoxin
Pulmicort Flexhaler
Pulmicort Respules
Qbrexxa
Qelbree
Qinlock
Qmiiz ODT
Qtern
Qualaquin
Quartette
Quasense
Qulipta
Quillichew
Quinine Sulfate
Qutenza
QVAR
Rabeprazole
Ramelteon
Ragwitek
Rebif
RediTrex
Relexxii ER
Relpax
Remeron
Remeron Soltab
Repatha
Restasis
Retacrit
Rexulti
Reyvow
Rezurock
Rhopressa
Rinvoq ER
Risedronate
Ritalin LA
Rivelsa
Rizatriptan
Rizatriptan ODT
Rocklatan
Rosuvastatin
Rosuvastatin/Ezetimibe
Roszet
Rozerem
Rybelsus
Sancuso
Sarafem
Saxenda
Seasonique
Secuado
Seebri Neohaler
Segluromet
Semglee
Serevent Diskus
Sertraline
Setlakin
Silenor
Siliq
Simponi
Simvastatin
Skyrizi
Sofosbuvir/Velpatasvir
Soliqua
Solosec
Sonata
Sovaldi
Spiriva HandiHaler
Spiriva RespiMat
Sporanox
Stelara
Steglatro
Steglujan
Stiolto Respimat
Strattera
Striverdi Respimat
Suboxone
Subsys
Sumatriptan
Sumavel Dosepro
Symbicort
Symbyax
Symdeko
Symjepi
Symproic
Synjardy
Synjardy XR
Tagrisso
Talicia DR
Taltz
Tanzeum
Tavaborole
Tazverik
Technivie
Tegsedi
Tepmetko
Teriparatide
Terazosin
Terbinafine
Tivorbex
Tolsura
Tosymra
Toujeo Solostar
Toujeo Max Solostar
Tranexamic Acid
Trelegy Ellipta

Quality Care Dosing

Tremfya
Tresiba
Treximet
Triamcinolone spray
Trijardy XR
Trikafta
Trintellix
Triptodur
Trudhesa
Trulance
Trulicity
Truseltiq
Tudorza
Tukysa
Tymlos
Ubrelvy
Undenyca
Ukoniq
Utibron Neohaler
Valacylovir
Valtrex
Varubi
Venlafaxine ER capsule
Venlafaxine ER tablet
Ventolin HFA
Verquvo
Verzenio
Viberzi
Victoza
Viekira PAK
Viekira XR
Vigamox
Viibryd
Vitrakvi
Vivelle
Vivelle-Dot
Vivitrol
Vivlodex
Voltaren 1%
Vosevi
Vumerity DR
Vyleesi
Vyndaqel
Vyndamax
Vytorin
Vyvanse
Wakix
Wegovy
Wellbutrin SR
Wellbutrin XL
Wixela Inhub
Xartemis XR
Xeljanz
Xeljanz XR
Xenleta
Xermelo
Xiidra
Xifaxan
Xigduo
Xigduo XR
Xopenex HFA
Xospata
Xtampza ER
Xultophy
Xuriden
Yupelri
Yosprala
Zaleplon
Zarxio
Zegerid
Zembrace Symtouch
Zepatier
Zeposia
Zetia
Ziextenzo
Zinbryta
Zocor
Zofran
Zofran ODT
Zohydro ER
Zoladex
Zolmitriptan
Zolmitriptan nasal
Zolmitriptan ODT
Zoloft
Zolpidem
Zolpidem CR
Zolpidem SL
Zolpimist
Zomig
Zomig nasal
Zomig ZMT
Zonalon
Zovirax cream
Zubsolv
Zuplenz
Zydelig
Zymaxid
Zypitamag

Prior Authorization

Your doctor is required to obtain Prior Authorization before prescribing specific medications. This ensures that your doctor has determined that this medication is necessary to treat you, based on specific medical standards.

Our Prior Authorization program includes Step Therapy. Please refer to the Step Therapy section in this brochure for more information.

Note: Some medications on this list may also be subject to Step Therapy and/or Quality Care Dosing requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications that require Prior Authorization is up to date as of January 1, 2022, and may change from time to time.

For the most current list of medications that require Prior Authorization, use our **Medication Lookup** tool at **bluecrossma.org/medication**.

Prior Authorization

Abstral
AcipHex
Actemra
Acthar
Actimmune
Actiq
Adakveo
Adcirca
Addyi
Advair Diskus
Advair HFA
Air Duo
Aimovig
Ajovy
Alecensa
Alfenta
Alunbrig
Alyq
Amondys 45
Amphetamines (e.g Amphetamine, Methamphetamine, Liquadd, Procentra)
Ampyra
Apadaz
Aralast
Armodafinil
Aranesp
Arikayce
Arymo ER
Aspirin/Omeprazole
Astramorph/PF
Avinza
Avsola
Ayvakit
Balversa
Belbuca
Benzhydrocodone/APAP
Berinert
Boniva syringe
Botox/Botulinum Toxin
Braftovi
Breo Ellipta
Breztri
Budesonide/Formoterol
Buprenorphine film
Buprenorphine patch
Butrans
Bylvay
Capital and Codeine
Cequa
Cerezyme
Cimzia
Cinqair
Cinryze
Cocet/Plus
Co-gesic
Copkitra
Contrave
Cotellic
Cosentyx
Daklinza
Dalfampridine
Demerol
Desoxyn
Dexilant
Dexedrine
Dextroamphetamines
Dificid
Dilaudid
Diskets
Dolophine
Dujolvi
Dulera
Dupixent
Duragesic
Doramorph
Durolane
Dvorah
Dysport
Egrifta
Elidel
Embeda
Emgality
Empaveli
Enbrel
Enspryng
Enteral formula
Entyvio
Epclusa
Epogen
Erlotinib
Esomeprazole
Esomeprazole Strontium
Esomep-EZS
Euflexxa
Evekeo
Evenity
Evkeeza
Evrysdi
Exalgo
Exondys 51
Eysuvis
Factor VIII, VIIIa, IX, XIII (medical benefit only)
Farydak
Fasenra
Fentanyl Citrate
Fentanyl patch
Fentanyl oral/mucosal
Fentora
Firazyr
Firdapse
Fluticasone/Salmeterol
Forteo
Fulphila
Galafold
Gamifant
Gavreto
Gel-One
Gelsyn-3
Genotropin
Genvisc
Gilotrif
Givlaari
Granix
Grastek
Harvoni
Haegarda
Hetlioz
Humatrope
Humira
Hyalgan
Hycet
Hydrocodone ER
Hydrogesic
Hydromorphone ER
Hydroxyprogesterone
Hymovis
Hysingla ER
Ibandronate injection/syringe
Ibrance
Ibudone
Idhifa
Ilaris
Ilumya
Imcivree
Increlex
Incruse Ellipta
Inflectra
Infumorph
Inrebic
Interferons (alpha, gamma)
Iressa
Isturisa
IV Immunoglobulin
Juxtapid
Kadian
Kalbitor
Kalydeco
Kanuma
Kevzara
Kineret
Kisqali
Kisqali Femara
Kynamro
Lazanda
Ledipasvir/Sofosbuvir
Lemtrada
Lenvima
Liquadd
Lorbrena
Lorcet
Lumakras
Lynparza
Lyrica
Lyrica CR
Magnacet
Mavyret
Maxidone
Makena
Margesic-H
Mekinist
Mektovi
Meperitab
Methadone
Methadose
Methamphetamine
Modafinil
Monovisc
Morphabond ER
Morphine Sulfate CR
Morphine Sulfate ER
MS Contin

Prior Authorization

Myalept
Myobloc
Nalocet
Natrecor
Nexium
Neulasta
Neupogen
Nexlitol
Nexlizet
Norco
Norditropin
Nucala
Nucynta ER
Nulibry
Nutritional Supplements
Nutropin
Nuvigil
Olumiant
Olysio
Omeprazole-Sodium Bicarbonate
OmePPI
Omnitrope
Onpattro
Onsolis
Opana ER
Oralair
Oramorph SR
Orencia
Orkambi
Orladeyo
Orthovisc
Otezla
Oxbryta
Oxecta
Oxervate
Oxlumo
Oxycodone ER
Oxycontin
Oxymorphone ER
Panlor SS
Pemazyre
Percocet
Percodan
Pimecrolimus
Piqray
Polygesic
Praluent
Pregabalin
Pregabalin CR
Prevacid
Prilosec
Primlev
Procentra
Procrit
Prolate
Proleukin
Prolia
Protonix
Protopic
Provigil
Ragwitek
Reblozyl
Regranex
Remicade
Renflexis
Repatha
Respiratory SyncytialVirus IG/Synagis
Retacrit
Restasis
Retevmo
Revatio
Rezurock
Riabni
Rinvoq ER
Rituxan
Roxybond
Rozlytrek
Ruconest
Ruxience
Rydapt
Saizen
SaizenPrep
Sajazir
Saxenda
Serostim
Sildenafil (antihypertensive)
Siliq
Simponi
Simponi Aria
Skyrizi
Sodium Hyaluronate 1% Syringe
Sofosbuvir/Velpatasvir
Sovaldi
Spinraza
Stagesic
Stelara
Subsys
Sunosi
Supartz
Symbicort
Symdeko
Synalgos-DC
Synvisc
Synvisc One
Tabrecta
Tacrolimus (topical)
Tadalafil (antihypertensive)
Tafinlar
Takhzyro
Tarceva
Tagrisso
Taltz
Talzenna
Technivie
Tegsedi
Tepezza
Tepmetko
Teriparatide
Tev-Tropin
Tibsovo
Topical Retinoic Acid Derivatives and Combinations (e.g. Retin-A)
TPN (total parenteral nutrition) (medical benefit only)
Trelegy Ellipta
Tremfya
Trezix
Trikafta
Triluron
Trivisc
Truseltiq
Truxima
Tylenol with Codeine
Tylox
Tymlos
Tysabri
Udenyca
Verdrocet
Verzenio
Vicodin
Vicoprofen
Viekira XR
Viekira PAK
Viltepso
Visco-3
Vitrakvi
Vizimpro
Vosevi
Vyepti
Vyleesi
Vyndamax
Vyndaqel
Vyondys-53
Wakix
Wegovy
Wixela Inhub
Xalkori
Xartemis XR
Xeljanz
Xeljanz XR
Xeomin
Xgeva
Xiaflex
Xiidra
Xodol
Xolair
Xospata
Xtampza ER
Yosprala
Zamicet
Zarxio
Zegerid
Zelboraf
Zenzedi
Zepatier
Zeposia
Zerlor
Zohydro ER
Zokinvy
Zolvit
Zomacton
Zorbtive
Zydelig
Zydone
Zykadia

Step Therapy

Step Therapy is a key part of our Prior Authorization program, allowing us to help your doctor provide you with an appropriate and affordable medication treatment. Before coverage is allowed for certain costly "second-step" medications, we require that you first try an effective, but less expensive, "first-step" medication. Some medications may have multiple steps.

Note: Some medications on this list may also be subject to Quality Care Dosing requirements, or be considered a specialty medication. Please check the corresponding pages to determine coverage requirements.

This list of medications in our Step Therapy program is up to date as of January 1, 2022, and may change from time to time.

For the most current list of medications that require Step Therapy, use our **Medication Lookup** tool at **bluecrossma.org/medication.**

Step Therapy

Anti-Migraine

Almotriptan
Amerge
Axert
Dihydroergotamine
Eletriptan
Frova
Frovatriptan
Imitrex
Maxalt
Maxalt-MLT
Migranal
Nurtec
Onzetra Xsail
Replax
Sumatriptan/Naproxen
Tosymra
Treximet
Trudhesa
Ubrelvy
Zembrace Symtouch
Zolmitriptan
Zolmitriptan nasal
Zomig
Zomig Nasal
Zomig ZMT

Cardiovascular

Entresto
Farxiga
Jardiance
Verquvo

Diabetes Management

Adlyxin
Alogliptin
Alogliptin/Metformin
Alogliptin/Pioglitazone
ACTOplus Met
ACTOplus Met XR
Actos
Afrezza
Avandaryl
Avandia
Bydureon
Byetta
Duetact
Farxiga
Fortamet
Glucophage
Glucophage XR
Glumetza
Glyxambi
Invokana
Invokamet
Invokamet XR
Janumet
Janumet XR
Januvia
Jardiance
Jentadueto
Jentadueto XR
Kazano
Kerendia
Kombiglyze XR
Metformin Film Coated ER (generic for Glumetza)
Metformin ER (generic for Fortamet)
Nesina
Onglyza
Oseni
Ozempic
Pioglitazone
Pioglitazone-Glimepiride
Pioglitazone-Metformin
Prandin
Qtern
Riomet
Riomet ER
Rybelsus
Segluromet
Soliqua
Steglatro
Steglujan
Synjardy
Synjardy XR
Tanzeum
Tradjenta
Trijardy XR
Trulicity
Victoza
Xigduo
Xigduo XR
Xultophy

Glaucoma

Lumigan
Rescula
Rocklatan
Travatan
Travatan Z
Xalatan
Xelpros
Vyzulta
Zioptan

Methotrexate Auto-Injectors

Otrexup
Rasuvo

Multiple Sclerosis

Avonex
Bafiertam
Betaseron
Copaxone
Extavia
Gilenya
Kesimpta
Mavenclad
Mayzent
Plegridy
Ponvory
Rebif
Tecfidera
Vumerity DR
Zeposia

Osteoporosis Treatment (Oral)

Actonel
Atelvia DR
Binosto
Boniva tablets
Fosamax
Fosamax Plus D

Overactive Bladder Treatment

Detrol
Detrol LA
Ditropan XL
Enablex
Gelnique
Gemtesa
Myrbetriq
Oxytrol
Toviaz
Vesicare

Pain Relievers (Cox II Inhibitors)

Capxib
Celebrex
Celecoxib
Lidoxib

Parkinson's Disease Management

Inbrija
Nourianz
Ongentys

Prostate Treatment

Avodart
Jalyn
Proscar

Topical Antibiotics

Mupirocin cream

Topical Testosterone

Androgel
Axiron
Fortesta
Natesto Nasal
Testim
Testosterone gel (Fortesta Authorized product)
Testosterone gel (Testim Authorized product)
Testosterone gel (Vogelxo Authorized product)
Testone CIK Kit
Testosterone CIK Kit
Vogelxo

Specialty Pharmacy Medications

In our formulary, some medications are classified as specialty medications. These medications are usually used to treat complex health conditions. We've developed a network of specialty pharmacies that are experienced in dispensing these medications. Members are required to fill most specialty medications through one of the pharmacies listed below. However, if a highly specialized medication isn't available at one of our specialty pharmacies, we'll cover the cost of the medication when it's filled at an in-network pharmacy. For a list of specialty medications, see the following pages.

Specialty Network Pharmacy Contact Information

AcariaHealth™
1-866-892-1202
Fax: 1-877-541-1503
acariahealth.com

Accredo®
1-877-988-0058
Fax: 1-800-391-9707
accredo.com

CVS Specialty™
1-866-846-3096
Fax: 1-800-323-2445
cvsspecialty.com

Specialty Network Pharmacy Contact Information for Fertility Medications

Freedom Fertility Pharmacy
1-866-297-9452
Fax: 1-888-660-4283
freedomfertility.com

Metro Drugs
1-888-258-0106
Fax: 1-201-253-1101
metrodrugs.com/fertility

Village Fertility Pharmacy
1-877-334-1610
Fax: 1-866-935-0719
vfppharmacygroup.com

Note: Some medications on this list may also be subject to Step Therapy, Prior Authorization, and/or Quality Care Dosing requirements. Please check the corresponding pages to determine coverage requirements.

This list of Specialty Medications is up to date as of January 1, 2022, and may change from time to time.

For the most current specialty medications and specialty pharmacy network information, use our **Medication Lookup** tool at **bluecrossma.org/medication**.

Specialty Pharmacy Medications

Injectable Medications Required to Be Filled at an In-Network Specialty Pharmacy

Actemra
Acthar
Actimmune
Adakveo
Adriamycin
Adrucil
Alferon-N
Alkeran
Apokyn
Aranesp
Arcalyst
Asceniv
Aveed
Avonex
Avsola
Beleodaq
Berinert
Besponsa
Betaseron
BiCNu
Bivigam
Bleomycin Sulfate
Blincyto
Boniva
Bortezomib
Botox
Busulfex
Bynfezia
Calcium Folinate
Camptosar
Carboplatin
Carimune
Carmustine
Cerezyme
Cimzia
Cinqair
Cinryze
Cisplatin
Cladribine
Copaxone
Cosentyx
Cosmegen
Crysvita
Cuvitru
Cyclophosphamide
Cytarabine
Cytogam
Dacarbazine
Dactinomycin
Daunorubicin HCL
DDAVP
Desmopressin Acetate
Dexrazoxane
Docefrez
Docetaxel
Dupixent
Dysport
Egrifta
Eligard
Ellence
Enbrel
Enspryng
Entyvio
Epirubicin
Epogen
Ethyol
Etopophos
Etoposide
Evenity
Extavia
Fasenra
Faslodex
Fensolvi
Firazyr
Firmagon
Flebogamma
Floxuridine
Fludarabine phosphate
Fluorouracil
Forteo
Fulphila
Fulvestrant
Fuzeon
GamaSTAN
Gammagard
Gammagard Liquid
Gammaked
Gammaplex
Gamunex
Gattex
Gemcitabine
Gemzar
Genotropin
Givlaari
Glatiramer
Glatopa
Granix
Haegarda
Hizentra
Humatrope
Humira
Hycamtin
Hydroxyprogesterone
HyQvia
Ibandronate injection/syringe
Icatibant
Idamycin PFS
Idarubicin
Ifex
Ifosfamide
Ifosfamide/Mesna
Ilaris
Ilumya
Increlex
Inflectra
Intron A
Irinotecan
Istodax
Kalbitor
Kenalog
Kesimpta
Kevzara
Kynamro
Lartruvo
Lemtrada
Leucovorin Calcium
Leukine
Leuprolide Acetate
Levoleucovorin
Lumoxiti
Lupaneta Pack
Lupron Depot
Lupron Depot-Ped
Makena
Mepsevii
Mesna
Mesnex
Methotrexate
Mitomycin
Mitoxantrone
Mozobil
Mustargen
Mylotarg
Myobloc
Naptara
Navelbine
Neulasta
Neupogen
Nexviazyme
Nipent
Nivestym
Norditropin
Norditropin Flexpro
Norditropin Nordiflex
Nplate
Nucala
Nutropin AQ Nuspin
Nyvepria
Ocrevus
Octagam
Octreotide injection
Omnitrope
Oncaspar
Orencia
Otrexup
Oxaliplatin
Paclitaxel
Palynziq
Pamidronate
Pamidronate disodium
Panzyga
Pegasys
Pegasys Proclick
Peg-Intron
Photofrin
Plegridy
Privigen
Procrit
Prolia
Radicava
Rebif
RediTrex
Remicade
Renflexis
Retacrit
Revatio

Specialty Pharmacy Medications

Riabni
Rituxan
Ruconest
Ruxience
Saizen
SaizenPrep
Sandostatin
Sandostatin-LAR
Serostim
Signafor
Signafor LAR
Siliq
Simponi
Simponi Aria
Skyrizi
Somatuline
Somavert
Spinraza
Stelara
Sublocade
Sylatron
Sylvant
Synagis
Takhzyro
Taltz
Taxotere
Tegsedi
Temodar
Teniposide
Tepadina
Tepezza
Teriparatide
Tev-Tropin
TheraCys
Thiotepa
Thyrogen
Toposar
Totect
Trelstar
Trelstar Depot
Trelstar LA
Tremfya
Truxima
Tymlos
Tysabri
Udenyca
Valrubicin
Valstar
Velcade
Vimizim
Vinblastine
Vincristine
Vinorelbine
Vivitrol
Xembify
Xeomin
Xgeva
Xolair
Zaltrap
Zanosar
Zarxio
Ziextenzo
Zilretta
Zinecard
Zoladex
Zomacton
Zorbtive

Injectable Medications That Can Be Filled at Other In-Network Pharmacies

Acetadote
Amondys 45
Arikayce
Benlysta Autoinject/syringe
Bicillin
Bleo 15
Cablivi
Ceftazadime
Cutaquig
Cuvposa
Delestrogen
Depo-Estradiol
Desferal
Desferoxamine
Empaveli
Evkeeza
Evomela
Exondys
Fintepla
Fortaz
Gamifant
Imcivree
Kanuma
Kineret
Libtayo
Marqibo
Nabi-HB
Neulasta Onpro
Nulibry
Onpattro
Oxlumo
Portrazza
Revcovi
Rimso-50
Rocephin
Romidepsin
Sajazir
Saphnelo
Sandimmune
Sildenafil antihypertensive
Strensiq
Synribo
Tazicef
Testosterone Enanthate
Triptodur
Unituxin
Uptravi
Viltepso
Vyepti
Vyleesi
Vyondys-53
Vyxeos
Xiaflex
Yondelis

Oral Medications Required to Be Filled at an In-Network Specialty Pharmacy

Abiraterone
Adcirca
Adempas
Afinitor
Afinitor Disperz
Alecensa
Alkeran
Alunbrig
Alyq
Ambrisentan
Ampyra
Aubagio
Bafiertam
Bethkis
Bosentan
Bosulif
Bronchitol
Bylvay
Cabometyx
Capecitabine
Carbaglu
Cayston
Cerdelga
Copegus
Cotellic
Cyclophosphamide
Cystagon
Daklinza
Dalfampridine
Daurismo
Deferasirox
Dimethyl Fumarate
Dojolvi
Doptelet
Droxidopa
Duopa
Epclusa
Erivedge
Erleada
Erlotinib
Esbriet
Etoposide
Everolimus
Evrysdi
Exjade
Farydak
Galafold
Gilenya
Gilotrif
Gleevec
Harvoni
Hetlioz
Hetlioz LQ
Hycamtin
Ibrance
Idhifa
Imatinib
Inlyta
Inqovi
Inrebic

Specialty Pharmacy Medications

Iressa
Jadenu
Jakafi
Juxtapid
Kalydeco
Kisqali
Kisqali Femara
Kitabis PAK
Kuvan
Lapatinib
Ledipasvir/Sofosbuvir
Lenvima
Letairis
Lonsurf
Lorbrena
Lumakras
Mavenclad
Mavyret
Mayzent
Mekinist
Mesnex
Miglustat
Moderiba
Mulpleta
Mycapssa DR
Nerlynx
Nexavar
Ninlaro
Northera
Nourianz
Nubeqa
Nuplazid
Ocaliva
Odomzo
Ofev
Olumiant
Olysio
Onureg
Opsumit
Orenitram
Orkambi
Otezla
Otezla Starter Pack
Oxbryta
Palforzia
Piqray
Pomalyst
Ponvory
Procysbi
Promacta
Pulmozyme
Pyrimethamine
Ravicti
Rebetol
Retevmo
Revatio
Revlimid
Ribasphere
Ribasphere Ribapak
Ribavirin
Rilutek
Riluzole
Rinvoq ER
Rozlytrek
Rubraca
Rydapt
Sabril
Samsca
Sapropterin
Sildenafil antihypertensive
Sofosbuvir/Velpatasvir
Sovaldi
Sprycel
Stivarga
Sutent
Sunitinib
Symdeko
Tabrecta
Tadalafil antihypertensive
Tafinlar
Tagrisso
Talzenna
Tarceva
Tasigna
Tecfidera
Technivie
Temodar
Temozolomide
Tetrabenazine
Thalomid
TOBI ampules
TOBI-Podhaler
Tobramycin ampules
Tolvaptan
Tracleer
Trikafta
Tykerb
Tyvaso
Uptravi
Veltassa
Verzenio
Viekira PAK
Viekira XR
Vigabatrin
Vitrakvi
Vizimpro
Vosevi
Votrient
Vumerity DR
Vyndamax
Vyndaqel
Wakix
Xalkori
Xeljanz
Xeljanz XR
Xeloda
Xenazine
Xtandi
Xyrem
Zavesca
Zelboraf
Zepatier
Zeposia
Zolinza
Zykadia
Zytiga

Oral Medications That Can Be Filled at Other In-Network Pharmacies

8-Mop
Austedo
Ayvakit
Balversa
Boniva 150mg
Calquence
Chenodal
Cholbam
Cometriq
Copiktra
Daraprim
DDAVP
Diacomit
Emflaza
Exkivity
Exservan
Firdapse
Fotivda
Gavreto
Gocovri ER
Iclusig
Imbruvica
Inbrija
Ingrezza
Isturisa
Jynarque
Keveyis
Korlym
Koselugo
Livmarli
Lupkynis
Nityr
Orfadin
Orgovyx
Pemazyre
Qinlock
Rezurock
Ruzurgi
Sucraid
Tavalisse
Tepmetko
Thiola
Tiglutik
Truseltiq
Tukysa
Turalio
Ukoniq
Venclexta
Vigadrone
Vistogard
Welireg
Xermelo
Xospata
Xpovio
Xuriden
Xywav
Yonsa
Zejula
Zokinvy
Zydelig

Specialty Pharmacy Medications

Topical Medications Required to Be Filled at an In-Network Specialty Pharmacy

- Mugard
- Oxervate
- Panretin
- Valchlor

Topical Medications That Can Be Filled at Other In-Network Pharmacies

- Cystadrops
- Cystaran
- Qutenza
- Synarel

Fertility Medications Required to be Filled at an In-Network Specialty Fertility Pharmacy

- Bravelle
- Cetrotide
- Clomid
- Clomiphene
- Crinone
- Endometrin
- Follistim AQ
- Ganirelix
- Gonal-F/Gonal-F RFF
- Gonal-F RFF Redi-Ject
- Human Chorionic Gonadotropin (hCG)
- Hydroxyprogesterone
- Leuprolide
- Lupron Depot
- Lupron Depot-Ped
- Luveris
- Makena
- Menopur
- Novarel
- Ovidrel
- Pregnyl
- Serophene

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Nondiscrimination Notice

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. It does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

Blue Cross Blue Shield of Massachusetts provides:

Free aid and services for people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print or other formats).

- Free language services for people whose primary language is not English, such as qualified interpreters and information written in other languages.
- If you need these services, call Member Service at the number on your ID card.

If you believe that Blue Cross Blue Shield of Massachusetts has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at **1-800-472-2689** (TTY: **711**); fax at **1-617-246-3616**; or email at **civilrightscoordinator@bcbsma.com**.

If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights online at **ocrportal.hhs.gov**; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, DC 20211; or by phone at **1-800-368-1019** (TDD: **1-800-537-7697**).

Complaint forms are available at **hhs.gov**.

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 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/عربي:
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។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (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'ígíijí' béésh bee hodíílnih (TTY: **711**).

MASSACHUSETTS

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