

On our list of covered medications (formulary), we mark some medications as “specialty medications”. Usually, these are high-cost medications used to treat complex health conditions. They can be injected, infused, taken orally, or applied topically.

Our specialty pharmacy network

We’ve developed a specialty pharmacy network that’s experienced in dispensing these medications. These pharmacies also offer convenient delivery and additional education and support to members taking these medications.

Members are required to fill most specialty medications through this network of specialty pharmacies. Below, we list the pharmacies in the specialty pharmacy network that can fill your prescription.

Filling a specialty medication at an out-of-network pharmacy

We’ll cover the cost of some specialty medications if you fill them at a pharmacy outside of our specialty pharmacy network. We do this because these highly specialized medications aren’t always available at one of our in-network pharmacies.

This list is up-to-date as of **January 1, 2019**. You can find the latest information about your medications and specialty pharmacy contact information by visiting bluecrossma.com/medications.

Fertility Medications

The following medications are available from fertility pharmacies: AcariaHealth™ Fertility, AllianceRx Walgreens Prime, BrioRx®, Freedom Fertility Pharmacy, Metro Drugs, and Village Fertility Pharmacy.

Medication Name		
*Bravelle (SPO)	*Ganirelix (SPO)	Makena (PA)
Cetrotide (SPO)	Gonal F/Gonal F RFF (SPO)	Menopur (SPO)
Clomiphene	Human Chorionic Gonadotropin [HGC] (SPO)	Novarel
Crinone	Leuprolide Acetate (SPO)	Ovidrel (SPO)
Endometrin	Lupron Depot	Pregnyl (SPO)
*Follistim AQ (SPO)	Lupron Depot Ped	Serophene

continued

Injectable Medications

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo®	BrioRx	CVS Specialty™	Pharmacies outside of the BCBSMA Specialty Network
Abiraterone	✓	✓		✓	
Acetaminophen					✓
Actemra (PA)	✓	✓	✓	✓	
Acthar HP (PA)		✓	✓	✓	
Actimmune (PA)(SPO)		✓	✓	✓	
Adriamycin		✓	✓		
Adrucil		✓	✓	✓	
Alferon N (PA)		✓	✓	✓	
Alkeran	✓	✓	✓	✓	
Apokyn		✓	✓	✓	
*Aranesp (PA)(QCD)(SPO)	✓	✓	✓	✓	
Arcalyst Injection (SPO)		✓		✓	
Arzerra	✓	✓	✓	✓	
Aveed			✓	✓	
Avonex (QCD)(SPO)	✓	✓	✓	✓	
Bavencio					✓
Beleodaq			✓	✓	
Benlysta Autoinject/Syringe					✓
Besponsa					✓
Betaseron (QCD)(SPO)	✓	✓	✓	✓	
Bicillin					✓
BiCNU	✓	✓	✓	✓	
Bivigam (PA)		✓	✓	✓	
Bleo 15K					✓
Bleomycin Sulfate	✓	✓	✓	✓	
Blincyto				✓	
*Boniva Injection (PA)		✓	✓	✓	
Bortezomib	✓	✓		✓	
Botox (PA)	✓	✓	✓	✓	
Busulfex		✓	✓	✓	
Calcium Folate		✓	✓	✓	
Camptosar	✓	✓	✓	✓	
Carboplatin	✓	✓	✓	✓	
Carimune NF (PA)	✓	✓	✓	✓	
Cerezyme (PA)	✓	✓	✓	✓	
Ceftazadime					✓
*Cimzia (PA)(SPO)	✓	✓	✓	✓	
Cinqair (PA)			✓	✓	
Cisplatin	✓	✓	✓	✓	
Cladribine	✓	✓	✓	✓	

continued

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Copaxone (QCD)(SPO)	✓	✓	✓	✓	
Cosentyx (PA)(SPO)	✓	✓	✓	✓	
Cosmegen		✓	✓	✓	
Crysvita		✓		✓	
Cuvitru (PA)		✓	✓	✓	
Cuvposa					✓
Cyclophosphamide	✓	✓	✓	✓	
Cyramza		✓		✓	
Cytarabine	✓	✓	✓	✓	
Cytogam (PA)	✓	✓	✓	✓	
Dacarbazine	✓	✓	✓	✓	
Dactinomycin	✓	✓	✓	✓	
Darzalex	✓	✓	✓	✓	
Daunorubicin HCL	✓	✓	✓	✓	
*DDAVP		✓	✓	✓	
Delestrogen					✓
Depocyt		✓	✓	✓	
Depo-Estradiol					✓
Desferal					✓
Desferoxamine					✓
Desmopressin Acetate	✓	✓	✓	✓	
Dexrazoxane	✓	✓	✓	✓	
Docefrez		✓	✓	✓	
Docetaxel	✓	✓	✓	✓	
Doxil		✓	✓	✓	
Doxorubicin HCL	✓	✓	✓	✓	
Dupixent (PA)	✓	✓	✓	✓	
Dysport (PA)	✓	✓	✓	✓	
Egrifta (PA)	✓	✓	✓	✓	
Eligard	✓	✓	✓	✓	
Ellence	✓	✓	✓	✓	
Empliciti	✓	✓	✓	✓	
Enbrel (PA)(QCD)(SPO)	✓	✓	✓	✓	
*Entyvio (PA)	✓	✓	✓	✓	
Epirubicin	✓	✓	✓	✓	
*Epogen (PA)(QCD)(SPO)	✓	✓	✓	✓	
Ethiol		✓	✓	✓	
Etopophos		✓	✓	✓	
Etoposide	✓	✓	✓	✓	
Evomela					✓

continued

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Exondys (PA)					✓
*Extavia (QCD)(SPO)	✓	✓	✓	✓	
Fasenra (PA)	✓	✓	✓	✓	
Faslodex	✓	✓	✓	✓	
Firazyr	✓	✓	✓	✓	
Firmagon	✓	✓	✓	✓	
Flebogamma (PA)	✓	✓	✓	✓	
Floxuridine	✓	✓	✓	✓	
Fludara		✓	✓	✓	
Fludarabine phosphate	✓	✓	✓	✓	
Fluorouracil	✓	✓	✓	✓	
Fortaz					✓
Forteo (PA)(QCD)(SPO)	✓	✓	✓	✓	
Fulphila (QCD)	✓	✓	✓	✓	
Fusilev I.V.		✓	✓	✓	
Fuzeon (SPO)	✓	✓	✓	✓	
GamaSTAN (PA)	✓	✓	✓	✓	
Gammagard (PA)	✓	✓	✓	✓	
Gammagard Liquid (PA)	✓	✓	✓	✓	
Gammaked (PA)	✓	✓	✓	✓	
Gammaplex (PA)	✓	✓	✓	✓	
Gamunex (PA)	✓	✓	✓	✓	
Gattex		✓		✓	
Gazyva	✓	✓	✓	✓	
Gemcitabine	✓	✓	✓	✓	
Gemzar		✓	✓	✓	
*Genotropin (PA)(SPO)	✓	✓	✓	✓	
Glatiramer (QCD)(SPO)	✓	✓	✓	✓	
Glatopa (QCD)(SPO)	✓	✓	✓	✓	
Granix	✓	✓	✓	✓	
Herceptin	✓	✓	✓	✓	
Hizentra (PA)	✓	✓	✓	✓	
Humatrope (PA)(SPO)	✓	✓	✓	✓	
Humira (PA)(QCD)(SPO)	✓	✓	✓	✓	
Hycamtin	✓	✓	✓	✓	
Hydroxyprogesterone (PA)	✓	✓	✓	✓	
HyQvia (PA)	✓	✓	✓	✓	
Ibandronate	✓	✓	✓	✓	
Idamycin PFS		✓	✓	✓	
Idarubicin	✓	✓	✓	✓	

continued

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Ifex		✓	✓	✓	
Ifosfamide	✓	✓	✓	✓	
Ifosfamide/Mesna	✓	✓	✓	✓	
Ilaris (PA)(SPO)	✓	✓		✓	
Ilumya (PA)(QCD)	✓	✓	✓	✓	
Imfinzi		✓		✓	
Increlex (PA)(SPO)		✓	✓	✓	
Inflectra (PA)	✓	✓	✓	✓	
Intron A (PA)(SPO)	✓	✓	✓	✓	
Irinotecan	✓	✓	✓	✓	
Istodax	✓	✓	✓	✓	
Kanuma					✓
Kenalog		✓	✓	✓	
Kevzara (PA)	✓	✓	✓	✓	
Keytruda	✓	✓	✓	✓	
Kineret (PA)(SPO)					✓
Kynamro		✓		✓	
Lartruvo		✓			
*Lemtrada		✓	✓	✓	
Leucovorin Calcium	✓	✓	✓	✓	
Leukine (PA)	✓	✓	✓	✓	
Leuprolide Acetate (SPO)	✓	✓	✓	✓	
Levoleucovorin	✓	✓	✓	✓	
**Libtayo					✓
Lipodox		✓	✓	✓	
Lipodox 50		✓	✓	✓	
Lupaneta Pack	✓	✓	✓	✓	
Lupron Depot	✓	✓	✓	✓	
Lupron Depot-Ped	✓	✓	✓	✓	
Makena (PA)	✓	✓	✓	✓	
Marqibo		✓			
Mepsevii		✓			
Mesna	✓	✓	✓	✓	
Mesnex	✓	✓	✓	✓	
Methotrexate	✓	✓	✓	✓	
Mitomycin	✓	✓	✓	✓	
Mitoxantrone	✓	✓	✓	✓	
Mozobil	✓	✓	✓	✓	
Mustargen	✓	✓	✓	✓	
Myobloc (PA)	✓	✓	✓	✓	

continued

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Nabi-HB					✓
Natpara		✓	✓	✓	
Navelbine	✓	✓	✓	✓	
Neulasta (QCD)	✓	✓	✓	✓	
Neulasta Onpro					✓
*Neupogen (QCD)	✓	✓	✓	✓	
Nipent	✓	✓	✓	✓	
**Nivestym (QCD)	✓	✓	✓	✓	
*Norditropin (PA)(SPO)	✓	✓	✓	✓	
*Norditropin Flexpro (PA) (SPO)	✓	✓	✓	✓	
*Norditropin Nordiflex (PA) (SPO)	✓	✓	✓	✓	
Nplate	✓	✓	✓	✓	
Nucala	✓	✓	✓	✓	
Nutropin AQ Nuspin (PA) (SPO)	✓	✓	✓	✓	
Ocrevus	✓	✓	✓	✓	
Octagam	✓	✓	✓	✓	
Octreotide Injection (SPO)	✓	✓	✓	✓	
*Omnitrope (PA)(SPO)		✓	✓	✓	
Oncaspar		✓	✓	✓	
Onpattro (PA)					✓
Opdivo (PA)		✓	✓	✓	
*Orencia (PA)	✓	✓	✓	✓	
Otezla (PA) (QCD)	✓	✓	✓	✓	
*Otrexup	✓	✓	✓	✓	
Oxaliplatin	✓	✓	✓	✓	
Paclitaxel	✓	✓	✓	✓	
Palynziq		✓			
Pamidronate	✓	✓	✓	✓	
Pamidronate Disodium	✓	✓	✓	✓	
Pegasys (QCD)(SPO)	✓			✓	
Pegasys Proclick (QCD)(SPO)	✓			✓	
Peg-Intron (QCD)(SPO)		✓	✓	✓	
Photofrin	✓	✓		✓	
Poteligeo				✓	
Portrazza					✓
*Plegridy (QCD)	✓	✓	✓	✓	
Praluent (PA)(QCD)	✓	✓	✓	✓	
Privigen (PA)	✓	✓	✓	✓	

continued

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Procrit (PA)(QCD)(SPO)	✓	✓	✓	✓	
Proleukin (PA)	✓	✓	✓	✓	
Prolia (PA)(SPO)	✓	✓	✓	✓	
Radicava					✓
Rebif Rebidose (QCD)(SPO)	✓	✓	✓	✓	
Remicade (PA)	✓	✓	✓	✓	
Renflexis (PA)	✓	✓	✓	✓	
*Repatha (PA)(QCD)	✓	✓	✓	✓	
Retacrit (PA)(QCD)	✓		✓	✓	
*Revatio (PA)	✓	✓	✓	✓	
Rimso-50					✓
Rituxan (PA)	✓	✓	✓	✓	
Rocephin					✓
Roferon A		✓	✓	✓	
Romidepsin					✓
*Saizen (PA)(SPO)	✓	✓	✓	✓	
*SaizenPrep (PA)(SPO)	✓	✓	✓	✓	
Sandimmune					✓
Sandostatin (SPO)	✓	✓	✓	✓	
Sandostatin-LAR	✓	✓	✓	✓	
Serostim (PA) (SPO)	✓	✓	✓	✓	
Signifor		✓	✓		
Signifor Lar		✓	✓		
Sildenafil (PA)					✓
*Siliq (PA)(QCD)	✓	✓	✓	✓	
Simponi (PA)(QCD)(SPO)	✓	✓	✓	✓	
Simponi Aria (PA)	✓	✓	✓	✓	
Somatuline	✓	✓	✓	✓	
Somavert (SPO)		✓	✓	✓	
Spinraza (PA)		✓			
Stelara (PA)(SPO)	✓	✓	✓	✓	
Strensiq					✓
Sublocade (QCD)					✓
Sylatron 4-Pack (PA)	✓	✓	✓	✓	
Sylvant		✓	✓	✓	
Synagis (PA)	✓	✓	✓	✓	
Synribo			✓		
Takhzyro (PA)		✓	✓	✓	
*Taltz (PA)(QCD)		✓	✓	✓	
Taxotere	✓	✓	✓	✓	

continued

Injectable Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Tazicef					✓
Tecentriq	✓	✓	✓	✓	
Temodar	✓	✓	✓	✓	
Teniposide	✓	✓	✓	✓	
Tepadina	✓	✓	✓	✓	
Testosterone Enanthate					✓
*Tev-Tropin (PA)(SPO)			✓	✓	
TheraCys		✓	✓	✓	
Thiotepa	✓	✓	✓	✓	
Thyrogen	✓	✓	✓	✓	
Toposar	✓	✓	✓	✓	
Totect		✓	✓	✓	
Trelstar	✓	✓	✓	✓	
Trelstar Depot	✓	✓	✓	✓	
Trelstar LA	✓	✓	✓	✓	
Tremfya (PA)(QCD)	✓	✓	✓	✓	
Triptodur (QCD)					✓
Tymlos (PA)(QCD)(SPO)	✓	✓	✓	✓	
Unituxin			✓		
Valstar	✓	✓	✓	✓	
Velcade	✓	✓		✓	
Ventavis		✓		✓	
Vimizim		✓		✓	
VinBLASTine	✓	✓	✓	✓	
VinCRISTine	✓	✓	✓	✓	
Vinorelbine	✓	✓	✓	✓	
Vivitrol	✓	✓	✓	✓	
Vyxeos					✓
Xeomin (PA)	✓	✓	✓	✓	
Xgeva (PA)(SPO)	✓	✓	✓	✓	
Xolair (PA)	✓	✓	✓	✓	
Yondelis					✓
Zaltrap		✓	✓	✓	
Zanosar	✓	✓	✓	✓	
Zarxio	✓	✓	✓	✓	
Zilretta	✓		✓	✓	
Zinecard		✓	✓	✓	
Zoladex	✓	✓	✓	✓	
*Zomacton (PA)(SPO)	✓	✓	✓	✓	

continued

Oral Medications

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
8-Mop					✓
Adcirca (PA)	✓	✓	✓	✓	
Adempas		✓		✓	
Afinitor	✓	✓	✓	✓	
Afinitor Disperz					✓
Alecensa	✓	✓	✓	✓	
Alkeran	✓	✓	✓	✓	
Alunbrig		✓	✓	✓	
Ampyra		✓	✓	✓	
**Arikayce					✓
Aubagio	✓	✓	✓	✓	
Austedo					✓
Bethkis	✓	✓	✓	✓	
*Boniva 150mg (PA)(QCD)					✓
Bosulif	✓	✓	✓	✓	
Cabometyx		✓	✓	✓	
Calquence					✓
Capecitabine	✓	✓	✓	✓	
Carbaglu		✓			
Cayston	✓	✓			
Cerdelga		✓	✓	✓	
*Chenodal					✓
Cholbam (QCD)					✓
Cometriq					✓
Copegus (SPO)	✓	✓	✓	✓	
**Copiktra					✓
Cotellic		✓	✓	✓	
Cyclophosphamide	✓	✓	✓	✓	
Cystagon				✓	
*Daklinza (PA)(QCD)	✓	✓	✓	✓	
Dalfampridine (PA)(QCD)	✓	✓	✓	✓	
Daraprim					✓
*DDAVP					✓
Doptelet (QCD)		✓		✓	
Duopa		✓	✓		
Emflaza					✓
Epclusa (PA)(QCD)	✓	✓	✓	✓	
Erleada	✓	✓	✓	✓	
Erivedge		✓	✓	✓	
Esbriet		✓	✓	✓	

continued

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Etoposide	✓	✓	✓	✓	
Exjade		✓	✓	✓	
Farydak (PA)	✓	✓	✓	✓	
**Galafold		✓			
Gilenya	✓	✓	✓	✓	
Gilotrif		✓			
Gleevec	✓	✓	✓	✓	
*Gocovri ER					✓
Harvoni (PA)(QCD)	✓	✓	✓	✓	
Hetlioz (PA)		✓			
Hycamtin	✓	✓	✓	✓	
Ibrance (PA)	✓	✓	✓	✓	
Iclusig					✓
Idhifa (PA)		✓		✓	
Imatinib	✓	✓	✓	✓	
Imbruvica					✓
Ingrezza					✓
Inlyta	✓	✓	✓	✓	
Iressa		✓		✓	
Jadenu	✓	✓	✓	✓	
Jakafi		✓	✓	✓	
Juxtapid (PA)		✓		✓	
Jynarque (QCD)					✓
Kalydeco (PA)	✓	✓	✓		
Keveyis (QCD)					✓
Kisqali (PA)	✓	✓	✓	✓	
Kisqali Femara (PA)	✓	✓	✓	✓	
Kitabis PAK Nebules	✓	✓	✓	✓	
Korlym					✓
Kuvan		✓	✓	✓	
Lenvima (PA)	✓	✓		✓	
Letairis		✓	✓	✓	
Lonsurf		✓		✓	
*Mavyret (PA)(QCD)	✓	✓	✓	✓	
Mekinist	✓	✓	✓	✓	
Mesnex	✓	✓	✓	✓	
Miglustat	✓	✓			
Moderiba	✓	✓	✓	✓	
Mulpleta (QCD)	✓	✓	✓	✓	
Nerlynx	✓	✓		✓	

continued

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioVaRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Nexavar	✓	✓	✓	✓	
Ninlaro		✓	✓	✓	
Nityr					✓
Northera		✓		✓	
Nuplazid		✓	✓	✓	
Ocaliva		✓		✓	
Odomzo (QCD)	✓	✓	✓	✓	
Ofev		✓	✓	✓	
Olumiant (PA)(QCD)	✓	✓	✓	✓	
*Olysio (PA)(QCD)	✓	✓	✓	✓	
Opsumit	✓	✓	✓	✓	
Orenitram		✓		✓	
Orfadin (SPO)					✓
Orkambi (PA)(QCD)	✓	✓	✓		
Otezla (PA)(QCD)					✓
Otezla Starter Pack (PA)(QCD)					✓
Pomalyst		✓	✓	✓	
Procysbi		✓			
Promacta	✓	✓	✓	✓	
Pulmozyme	✓	✓	✓	✓	
Ravicti		✓		✓	
Rebetol (SPO)	✓	✓	✓	✓	
*Revatio (PA)	✓	✓	✓	✓	
Revlimid		✓	✓	✓	
Ribasphere (SPO)	✓	✓	✓	✓	
Ribasphere Ribapak	✓	✓	✓	✓	
Ribatab		✓	✓	✓	
Ribavirin (SPO)	✓	✓	✓	✓	
Rilutek		✓	✓	✓	
Riluzole	✓	✓	✓	✓	
Rubraca				✓	
Rydapt (PA)	✓	✓	✓	✓	
Sabril		✓		✓	
Samsca		✓	✓	✓	
Sildenafil (PA)	✓	✓	✓	✓	
*Sovaldi (PA)(QCD)	✓	✓	✓	✓	
Sprycel	✓	✓	✓	✓	
Stivarga	✓	✓	✓	✓	
Sucraid		✓		✓	
Sutent	✓	✓	✓	✓	

continued

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioVaRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Symdeko (PA)	✓	✓	✓		
Tadalafil (PA)	✓	✓	✓	✓	
Tafinlar (PA)	✓	✓		✓	
Tagrisso	✓				
Tarceva	✓	✓	✓	✓	
Tasigna	✓	✓	✓	✓	
Tavalisse					✓
Tecfidera	✓	✓	✓	✓	
*Technivie (PA)(QCD)	✓	✓	✓	✓	
Temodar	✓	✓	✓	✓	
Temozolomide	✓	✓	✓	✓	
Tetrabenazine	✓	✓	✓	✓	
Thalomid		✓	✓	✓	
Thiola					✓
Tiglutik					✓
TOBI Ampules (SPO)	✓	✓	✓	✓	
TOBI Podhaler (SPO)	✓	✓	✓	✓	
Tobramycin nebulas	✓	✓	✓	✓	
Tracleer		✓	✓	✓	
Tykerb	✓	✓	✓	✓	
Tyvaso		✓		✓	
Uptravi		✓		✓	
*Veltassa	✓	✓	✓	✓	
Venclexta (PA)			✓		
Verzenio (PA)		✓	✓	✓	
*Viekira PAK (PA)(QCD)				✓	
Vigabatrin		✓		✓	
Vistogard					✓
Vosevi (PA)(QCD)	✓	✓	✓	✓	
Votrient	✓	✓	✓	✓	
Xalkori (PA)	✓	✓	✓	✓	
Xeljanz (PA)(QCD)	✓	✓	✓	✓	
Xeljanz XR (PA)(QCD)	✓	✓	✓	✓	
Xeloda	✓	✓	✓	✓	
Xenazine		✓		✓	
Xermelo (QCD)					✓
Xtandi	✓	✓	✓	✓	
Xuriden (QCD)					✓
Xyrem		✓			

continued

Oral Medications (continued)

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioVaRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Yonsa					✓
Zavesca		✓			
Zejula					✓
Zelboraf (PA)		✓	✓	✓	
*Zepatier (PA)(QCD)	✓	✓	✓	✓	
Zolinza	✓	✓	✓	✓	
Zydelig (PA)(QCD)					✓
Zykadia (PA)	✓	✓	✓	✓	
Zytiga	✓			✓	

Topical Medications

Medication Name	Specialty Pharmacy Availability				
	AcariaHealth	Accredo	BrioVaRx	CVS Specialty	Pharmacies outside of the BCBSMA Specialty Network
Cystaran					✓
Mugard		✓	✓	✓	
Panretin (SPO)	✓	✓	✓	✓	
Qutenza (QCD)		✓	✓		
Synarel					✓
Valchlor		✓			
*Zecuity			✓	✓	

Medication Footnotes

* This medication is non-covered.

** This new medication is not covered while under review.

(PA) Prior Authorization required.

(QCD) Quality Care Dosing limits apply.

(ST) Step Therapy required.

(SPO) (SPO): Specialty Pharmacies Only. Benefits are not available for this medication when administered in an outpatient setting, such as a doctor's office or hospital, unless the medication is obtained from a specialty pharmacy.

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 aids and services to 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 to 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 **civilrightscordinator@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 20201; by phone at **1-800-368-1019** or **1-800-537-7697** (TDD).

Complaint forms are available at **[hhs.gov](https://www.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 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: ការជូនដំណឹង: ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខ នៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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 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 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 شماره تلفن مندرج بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: 711).

Lao/ພາສາລາວ: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánílt'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'ígíijí' béeesh bee hodiílnih (TTY: 711).



MASSACHUSETTS

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