

STEP THERAPY

MEDICATION LIST

For plans that use the:

Blue Cross Blue Shield of Massachusetts Formulary

GET A PERSONALIZED VIEW OF YOUR HEALTH PLAN WITH MYBLUE

MyBlue is your personalized online member account that makes understanding and using your health plan simple. You can use MyBlue to:



Find, understand, and use your benefits



Review your claims details



Get personalized care options that fit your unique needs



Look up medications

Sign in or create your MyBlue account at bluecrossma.org.



COVERED MEDICATIONS THAT REQUIRE STEP THERAPY

The following list includes medications that are subject to step therapy. As a key part of our prior authorization program, step therapy ensures that your doctor provides you with an effective and affordable medication treatment. Before coverage is allowed for certain second-step medications, your doctor must first prescribe a more affordable, yet clinically appropriate first-step medication. Some medications may go through multiple steps before being approved.

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, and prior authorization from Blue Cross to receive coverage for these medications. Some medications may also be subject to other pharmacy management programs, such as quality care dosing, to qualify for coverage.

NOTE: Some medications on this list may be considered non-covered, including new medications under review by Blue Cross. 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 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.

ANTIBIOTICS (TOPICAL)

| Medication name |
|-----------------|
| MUPIROCIN CREAM |

ANTI-MIGRAINE

| Medication name | | |
|-------------------|----------------------|--------------------|
| ALMOTRIPTAN | MAXALT | TRUDHESA |
| AMERGE | MAXALT-MLT | UBRELVY |
| AXERT | MIGRANAL | ZEMBRACE SYMTOUCH |
| DIHYDROERGOTAMINE | ONZETRA XSAIL | ZOLMITRIPTAN |
| ELETRIPTAN | RELPAX | ZOLMITRIPTAN NASAL |
| FROVA | SUMATRIPTAN/NAPROXEN | ZOMIG |
| FROVATRIPTAN | TOSYMRA | ZOMIG NASAL |
| IMITREX | TREXIMET | ZOMIG ZMT |

CARDIOVASCULAR MEDICATIONS

| Medication name | | |
|-----------------|---------|-----------|
| DAPAGLIFLOXIN | FARXIGA | JARDIANCE |
| ENTRESTO | INPEFA | VERQUVO |

DIABETES MANAGEMENT

| Medication name | | | |
|-----------------------------|---------------|---|-----------------------|
| ACTOPLUS MET | FORTAMET | KERENDIA | RIOMET ER |
| ACTOPLUS MET XR | GLUCOPHAGE | KOMBIGLYZE XR | SAXAGLIPTIN |
| ACTOS | GLUCOPHAGE XR | METFORMIN 625MG | SAXAGLIPTIN/METFORMIN |
| AFREZZA | GLUMETZA | METFORMIN ER (GENERIC FOR GLUMETZA) | SEGLUOMET |
| ALOGLIPTIN | GLYNASE | METFORMIN FILM COATED ER (GENERIC FOR FORTAMET) | SITAGLIPTAN |
| ALOGLIPTIN/METFORMIN | GLYXAMBI | NESINA | SITAGLIPTAN/METFORMIN |
| ALOGLIPTIN/ PIOGLITAZONE | INVOKAMET | ONGLYZA | STEGLATRO |
| AVANDARYL | INVOKAMET XR | OSENI | STEGLUJAN |
| AVANDIA | INVOKANA | OZEMPIC | SYNJARDY |
| BRENZAVVY | JANUMET | PIOGLITAZONE | SYNJARDY XR |
| BYDUREON | JANUMET XR | PIOGLITAZONE- GLIMEPIRIDE | TRADJENTA |
| BYETTA | JANUVIA | PIOGLITAZONE- METFORMIN | TRIJARDY XR |
| DAPAGLIFLOZIN | JARDIANCE | PRANDIN | XIGDUO |
| DAPAGLIFLOZIN/ METFORMIN | JENTADUETO | PRECOSE | XIGDUO XR |
| DUETACT | JENTADUETO XR | QTERN | ZITUVIMET |
| FARXIGA | KAZANO | RIOMET | ZITUVIO |

GLAUCOMA

| Medication name | | |
|-----------------|------------|---------|
| LUMIGAN | TRAVATAN Z | XELPROS |
| ROCKLATAN | VYZULTA | ZIOPTAN |
| TRAVATAN | XALATAN | |

IMMUNOMODULATORS FOR SKIN CONDITIONS

| Medication name | | | |
|-----------------|--------------|------------|-------|
| ELIDEL | OPZELURA | PROTOPIC | VTAMA |
| EUCRISA | PIMECROLIMUS | TACROLIMUS | |

MENOPAUSE MOTOR SYMPTOMS

| Medication name |
|-----------------|
| VEOZAH |

METHOTREXATE AUTO-INJECTORS

| Medication name | |
|-----------------|--------|
| OTREXUP | RASUVO |

OVERACTIVE BLADDER TREATMENT

| Medication name | | | | |
|-----------------|-------------|----------|-----------|----------|
| DETROL | DITROPAN XL | GELNIQUE | MYRBETRIQ | TOVIAZ |
| DETROL LA | ENABLEX | GEMTESA | OXYTROL | VESICARE |

PARKINSON'S DISEASE MANAGEMENT

| Medication name | | |
|-----------------|----------|-----------|
| COMTAN | NOURIANZ | TASMAR |
| INBRIJA | ONGENTYS | TOLCAPONE |

TESTOSTERONE (TOPICAL)

| Medication name | | |
|-----------------|-----------------|----------------------|
| ANDROGEL | TESTIM | TESTOSTERONE CIK KIT |
| NATESTO NASAL | TESTONE CIK KIT | VOGELXO |



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 مجانًا 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។ 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/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 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 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: ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ສອຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánilt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowolgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígííjí' 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).