



MASSACHUSETTS

2018 Step Therapy Criteria for

Medicare HMO BlueSM (HMO) Medicare PPO BlueSM (PPO)



Definition of Step Therapy

For certain drugs we require you to first try another drug to treat your medical condition before we will cover the drug your physician may have initially prescribed. For example, if Drug A and Drug B both treat your medical condition, we may require your doctor to prescribe Drug A first. If Drug A does not work for you, then we will cover Drug B.

The following list of Prescription Drugs are subject to the Step Therapy.

Blue Cross and Blue Shield of Massachusetts is an HMO and PPO Plan with a Medicare contract. Enrollment in Blue Cross Blue Shield of Massachusetts depends on contract renewal.

ANTIDEPRESSANTS

Products Affected

Step 1:

- bupropion HCl 100 mg tablet
- bupropion HCl 75 mg tablet
- bupropion HCl SR 100 mg tablet,12 hr sustained-release
- bupropion HCl SR 150 mg tablet,12 hr sustained-release
- bupropion HCl SR 200 mg tablet,12 hr sustained-release
- bupropion HCl XL 150 mg 24 hr tablet, extended release
- bupropion HCl XL 300 mg 24 hr tablet, extended release
- citalopram 10 mg tablet
- citalopram 10 mg/5 mL oral solution
- citalopram 20 mg tablet
- citalopram 40 mg tablet
- desvenlafaxine succinate ER 100 mg tablet,extended release 24 hr
- desvenlafaxine succinate ER 25 mg tablet,extended release 24 hr
- desvenlafaxine succinate ER 50 mg tablet,extended release 24 hr
- escitalopram 10 mg tablet
- escitalopram 20 mg tablet
- escitalopram 5 mg tablet
- escitalopram 5 mg/5 mL oral solution
- fluoxetine 10 mg capsule
- fluoxetine 10 mg tablet
- fluoxetine 20 mg capsule
- fluoxetine 20 mg tablet
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- fluoxetine 60 mg tablet
- fluoxetine 90 mg capsule,delayed release
- fluvoxamine 100 mg tablet
- fluvoxamine 25 mg tablet
- fluvoxamine 50 mg tablet
- fluvoxamine ER 100 mg capsule,extended release 24 hr
- fluvoxamine ER 150 mg capsule,extended release 24 hr
- paroxetine 10 mg tablet
- paroxetine 20 mg tablet
- paroxetine 30 mg tablet
- paroxetine 40 mg tablet
- paroxetine ER 12.5 mg tablet,extended release 24 hr
- paroxetine ER 25 mg tablet,extended release 24 hr
- paroxetine ER 37.5 mg tablet,extended release 24 hr
- sertraline 100 mg tablet
- sertraline 20 mg/mL oral concentrate
- sertraline 25 mg tablet
- sertraline 50 mg tablet
- venlafaxine 100 mg tablet
- venlafaxine 25 mg tablet
- venlafaxine 37.5 mg tablet
- venlafaxine 50 mg tablet
- venlafaxine 75 mg tablet
- venlafaxine ER 150 mg capsule,extended release 24 hr
- venlafaxine ER 150 mg tablet,extended release 24 hr
- venlafaxine ER 225 mg tablet,extended release 24 hr
- venlafaxine ER 37.5 mg capsule,extended release 24 hr
- venlafaxine ER 37.5 mg tablet,extended release 24 hr
- venlafaxine ER 75 mg capsule,extended release 24 hr
- venlafaxine ER 75 mg tablet,extended release 24 hr

Step 2:

- Emsam 12 mg/24 hr transdermal 24 hour patch
- Emsam 6 mg/24 hr transdermal 24 hour patch

- Emsam 9 mg/24 hr transdermal 24 hour patch
- Fetzima 120 mg capsule,extended release
- Fetzima 20 mg (2)-40 mg (26) capsule,extended release,24 hr,dose pack
- Fetzima 20 mg capsule,extended release
- Fetzima 40 mg capsule,extended release
- Fetzima 80 mg capsule,extended release
- Khedezla 100 mg tablet,extended release
- Khedezla 50 mg tablet,extended release
- Trintellix 10 mg tablet
- Trintellix 20 mg tablet
- Trintellix 5 mg tablet
- Viibryd 10 mg (7)-20 mg (23) tablets in a dose pack
- Viibryd 10 mg tablet
- Viibryd 20 mg tablet
- Viibryd 40 mg tablet

Details

Criteria	There must be evidence of a paid claim or physician documented use, by the patient of a Step 1 drug, then authorization for a Step 2 drug may be given.
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GLP-1 AGONISTS

Products Affected

Step 1:

- Bydureon 2 mg subcutaneous extended release suspension
- Bydureon 2 mg/0.65 mL subcutaneous pen injector
- Bydureon BCise 2 mg/0.85 mL subcutaneous auto-injector
- Byetta 10 mcg/dose(250 mcg/mL)2.4 mL subcutaneous pen injector
- Byetta 5 mcg/dose (250 mcg/mL)1.2 mL subcutaneous pen injector
- Trulicity 0.75 mg/0.5 mL subcutaneous pen injector
- Trulicity 1.5 mg/0.5 mL subcutaneous pen injector

Step 2:

- Ozempic 0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutaneous pen injector
- Ozempic 1 mg/0.75 mL (2 mg/1.5 mL) subcutaneous pen injector

Details

Criteria	There must be evidence of a paid claim or physician documented use, by the patient of two Step 1 drugs, then authorization for a Step 2 drug may be given.
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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, or sex. 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, contact Laureen Corey, Medicare Advantage Appeals and Grievance Manager.

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, or sex, you can file a grievance with Laureen Corey, Medicare Advantage Appeals and Grievance Manager by mail at P.O. Box 55007, Boston, MA 02205; phone at 1-800-200-4255 (TTY: 711) from February 15 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through February 14, 8:00 a.m. to 8:00 p.m., seven days a week; fax at 617-246-8506; or email at MedicareAdvantageRXAppeals@bcbsma.com. You can file a grievance in person, by mail, fax, email, or you can call 1-800-200-4255 (TTY: 711).

If you need help filing a grievance, the Medicare Advantage Appeals and Grievance Manager 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 www.hhs.gov.

Translation Resources

Proficiency of Language Assistance Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-200-4255 (TTY: 711).

Spanish/Español: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-200-4255 (TTY: 711).

Portuguese/Português: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-200-4255 (TTY: 711).

Chinese/繁體中文: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-200-4255 (TTY: 711)。

French Creole/Kreyòl Ayisyen: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-200-4255 (TTY: 711).

Vietnamese/Tiếng Việt: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-200-4255 (TTY: 711).

Russian/Русский: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-200-4255 (телетайп: 711).

Arabic/العربية:

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-200-4255 (هاتف الصم والبكم: 711).

Mon-Khmer, Cambodian/ខ្មែរ: ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតលុយគឺអាចមានសំរាប់អ្នក។ ចុះ ទូរស័ព្ទ 1-800-200-4255 (TTY: 711)។

French/Français: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-200-4255 (ATS: 711).

Italian/Italiano: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-200-4255 (TTY: 711).

Greek/λληνικά: ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-200-4255 (TTY: 711).

Polish/Polski: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-200-4255 (TTY: 711).

Hindi/हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-200-4255 (TTY: 711) पर कॉल करें।

Gujarati/ગુજરાતી: સચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-200-4255 (TTY: 711)



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55-0559-18 (7/18)