



Blue Cross Blue Shield of Massachusetts Formulary: Medications That Require Step Therapy

Last Updated: January 1, 2020

The following list includes medications that are covered by plans with the Blue Cross Blue Shield of Massachusetts formulary. These medications are subject to Step Therapy, which is a key part of our Prior Authorization program. It allows 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.

This isn’t a complete list of covered medications, and inclusion on the 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 these medications, look them up using the Medication Lookup tool at bluecrossma.com/medications.

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.

Bone Marrow Stimulants

Medication Name	
NIVESTYM	NEUPOGEN

Cardiovascular Medications

Medication Name
ENTRESTO

Diabetes Management

Medication Name			
ACTOPLUS MET	FORTAMET	KAZANO	SEGLUROMET
ACTOPLUS MET XR	GLUCOPHAGE	KOMBIGLYZE XR	SOLIQUA
ACTOS	GLUCOPHAGE XR	METFORMIN ER (GENERIC FOR GLUMETZA)	STEGLATRO
ADLYXIN	GLUMETZA	METFORMIN FILM COATED ER (GENERIC FOR FORTAMET)	STEGLUJAN
AFREZZA	GLYXAMBI	NESINA	SYNJARDY
ALOGLIPTIN	INVOKAMET	ONGLYZA	SYNJARDY XR
ALOGLIPTIN/METFORMIN	INVOKAMET XR	OSENI	TANZEUM
ALOGLIPTIN/PIOGLITAZONE	INVOKANA	OZEMPIC	TRADJENTA
AVANDARYL	JANUMET	PIOGLITAZONE	TRULICITY
AVANDIA	JANUMET XR	PIOGLITAZONE-GLIMEPIRIDE	VICTOZA
BYDUREON	JANUVIA	PIOGLITAZONE-METFORMIN	XIGDUO
BYETTA	JARDIANCE	PRANDIN	XIGDUO XR
DUETACT	JENTADUETO	QTERN	XULTOPHY
FARXIGA	JENTADUETO XR	RYBELSUS	

Fertility Treatment

Medication Name	
CHORIONIC GONADOTROPIN (HUMAN)	PREGNYL

Glaucoma

Medication Name		
LUMIGAN	TRAVATAN	XALATAN
RESCULA	TRAVATAN Z	XELPROS
ROCKLATAN	VYZULTA	ZIOPTAN

Osteoporosis Treatment (Oral)

Medication Name		
ACTONEL	BINOSTO	FOSAMAX
ATELVIA DR	BONIVA TABLETS	FOSAMAX PLUS D

Overactive Bladder Treatment

Medication Name		
DETROL	ENABLEX	OXYTROL
DETROL LA	GELNIQUE	TOVIAZ
DITROPAN XL	MYRBETRIQ	VESICARE

Pain Relievers (Cox II Inhibitors)

Medication Name			
CAPXIB	CELEBREX	CELECOXIB	LIDOXIB

Parkinson's Disease Management

Medication Name
INBRIJA

Prostate Treatment

Medication Name		
AVODART	JALYN	PROSCAR

Topical Antibiotics

Medication Name
MUPIROCIN CREAM

Topical Testosterone

Medication Name			
ANDROGEL	NATESTO NASAL	TESTOSTERONE CIK KIT	TESTOSTERONE GEL (VOGELXO AUTHORIZED PRODUCT)
AXIRON	TESTIM	TESTOSTERONE GEL (FORTESTA AUTHORIZED PRODUCT)	VOGELXO
FORTESTA	TESTONE CIK KIT	TESTOSTERONE GEL (TESTIM AUTHORIZED PRODUCT)	



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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: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក (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 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 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 بروی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

Lao/ລາວ: ຂໍອວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີໜາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yáníłt'i'go saad bee yát'i' éí t'áájíí'k'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígíí'j'í' béésh 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).



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