



Medicare Advantage Value-Based Insurance Design (VBID) Drug List

Your Blue Cross Blue Shield of Massachusetts Medicare Advantage plan includes the value-based insurance design benefit which provides the following medications at \$0 copayment when purchased through participating retail and mail-order pharmacies.

This list is effective as of January 1, 2018, and may be updated from time to time. Find the latest information on specific medications by contacting Member Service at **1-800-200-4255**, or, for TTY users, **711**, from February 15 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through February 14, 8:00 a.m. to 8:00 p.m. ET, seven days a week.

The table below outlines the list of drugs that are part of the VBID program.

Drug Name	Drug Tier	Requirements/Limits
ACEBUTOLOL	1	MO
AFEDITAB CR ORAL TABLET EXTENDED RELEASE	1	MO
AMILORIDE	1	MO
AMILORIDE-HYDROCHLOROTHIAZIDE	1	MO
AMLODIPINE	1	MO
AMLODIPINE-ATORVASTATIN	1	MO
AMLODIPINE-BENAZEPRIL	1	MO
AMLODIPINE-OLMESARTAN	1	MO
AMLODIPINE-VALSARTAN	1	MO
AMLODIPINE-VALSARTAN-HYDROCHLOROTHIAZIDE	1	MO
ATENOLOL	1	MO
ATENOLOL-CHLORTHALIDONE	1	MO
BENAZEPRIL	1	MO
BENAZEPRIL-HYDROCHLOROTHIAZIDE	1	MO
BETAXOLOL ORAL	1	MO
BISOPROLOL FUMARATE	1	MO
BISOPROLOL-HYDROCHLOROTHIAZIDE	1	MO
BUMETANIDE ORAL	1	MO
CANDESARTAN	1	MO
CANDESARTAN-HYDROCHLOROTHIAZIDE	1	MO
CAPTOPRIL	1	MO
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	MO
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR	1	MO
CARVEDILOL	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CARVEDILOL PHOSPHATE ORAL CAPSULE, ER MULTIPHASE 24 HR	1	MO
CHLOROTHIAZIDE	1	MO
CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG	1	MO
CLONIDINE TRANSDERMAL	2	MO
CLONIDINE HCL ORAL TABLET	1	MO
DILT-XR ORAL CAPSULE,EXT RELEASE DEGRADABLE	1	MO
DILTIAZEM HCL ORAL TABLET	1	MO
DILTIAZEM HCL ORAL CAPSULE,EXTENDED RELEASE 12 HR	1	MO
DILTIAZEM HCL ORAL CAPSULE,EXTENDED RELEASE 24HR	1	MO
DILTIAZEM HCL ORAL CAPSULE, EXTENDED RELEASE	1	MO
DILTIAZEM HCL ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
DILTIAZEM HCL ORAL CAPSULE,EXT RELEASE DEGRADABLE	1	MO
DOXAZOSIN	1	MO
ENALAPRIL MALEATE	1	MO
ENALAPRIL-HYDROCHLOROTHIAZIDE	1	MO
EPLERENONE	1	MO
EPROSARTAN	1	MO
FELODIPINE ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
FOSINOPRIL	1	MO
FOSINOPRIL-HYDROCHLOROTHIAZIDE	1	MO
FUROSEMIDE ORAL SOLUTION 10 MG/ML, 40 MG/5 ML (8 MG/ML)	1	MO
FUROSEMIDE ORAL TABLET	1	MO
GUANFACINE ORAL TABLET	1	MO
HYDRALAZINE ORAL	1	MO
HYDROCHLOROTHIAZIDE	1	MO
INDAPAMIDE	1	MO
IRBESARTAN	1	MO
IRBESARTAN-HYDROCHLOROTHIAZIDE	1	MO
ISRADIPINE	1	MO
LABETALOL ORAL	1	MO
LISINOPRIL	1	MO
LISINOPRIL-HYDROCHLOROTHIAZIDE	1	MO
LOSARTAN	1	MO
LOSARTAN-HYDROCHLOROTHIAZIDE	1	MO
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
METHYLCLOTHIAZIDE	1	MO
METHYLDOPA	1	MO
METHYLDOPA-HYDROCHLOROTHIAZIDE	1	MO
METOLAZONE	1	MO
METOPROLOL SUCCINATE ORAL TABLET EXTENDED RELEASE 24 HR	1	MO

Drug Name	Drug Tier	Requirements/Limits
METOPROLOL TARTRATE ORAL TABLET	1	MO
METOPROLOL TA-HYDROCHLOROTHIAZIDE	1	MO
MINOXIDIL ORAL	1	MO
MOEXIPRIL	1	MO
MOEXIPRIL-HYDROCHLOROTHIAZIDE	1	MO
NADOLOL	1	MO
NADOLOL-BENDROFLUMETHIAZIDE	1	MO
NICARDIPINE ORAL	1	MO
NIFEDIPINE ORAL CAPSULE	1	MO
NIFEDIPINE ORAL TABLET EXTENDED RELEASE	1	MO
NIMODIPINE	1	MO
NISOLDIPINE ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
OLMESARTAN	1	MO
OLMESARTAN-HYDROCHLOROTHIAZIDE	1	MO
OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE	1	MO
PERINDOPRIL ERBUMINE	1	MO
PINDOLOL	1	MO
PRAZOSIN	1	MO
PROPRANOLOL ORAL TABLET	1	MO
PROPRANOLOL ORAL SOLUTION	1	MO
PROPRANOLOL ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	MO
PROPRANOLOL-HYDROCHLOROTHIAZIDE	1	MO
QUINAPRIL	1	MO
QUINAPRIL-HYDROCHLOROTHIAZIDE	1	MO
RAMIPRIL	1	MO
SPIRONOLACTONE	1	MO
SPIRONOLACTONE-HYDROCHLOROTHIAZIDE	1	MO
TAZTIA XT ORAL CAPSULE, EXTENDED RELEASE	1	MO
TEKTRNA	3	MO
TEKTRNA HCT	3	MO
TELMISARTAN	1	MO
TELMISARTAN-AMLODIPINE	1	MO
TELMISARTAN-HYDROCHLOROTHIAZIDE	1	MO
TERAZOSIN	1	MO
TIMOLOL MALEATE ORAL	1	MO
TORSEMIDE ORAL	1	MO
TRANDOLAPRIL	1	MO
TRANDOLAPRIL-VERAPAMIL ORAL TABLET, IR - ER, BIPHASIC 24HR	1	MO
TRIAMTERENE-HYDROCHLOROTHIAZIDE	1	MO
VALSARTAN	1	MO
VALSARTAN-HYDROCHLOROTHIAZIDE	1	MO

Drug Name	Drug Tier	Requirements/Limits
VERAPAMIL ORAL TABLET	1	MO
VERAPAMIL ORAL CAPSULE,EXT REL. PELLETS 24 HR	1	MO
VERAPAMIL ORAL TABLET EXTENDED RELEASE	1	MO
VERAPAMIL ORAL CAPSULE, 24 HR ER PELLETT CT	1	MO

The abbreviations you may see in the VBID list include:

Quantity Limits (QL): For certain drugs, our Medicare Advantage plans limit the amount of the drug that the plans will cover.

Mail Order (MO): These prescription drugs are available through mail-order.

Prior Authorization (PA): These prescription drugs require prior authorization from the plan.

Step Therapy (ST): These prescription drugs require you to first try another drug to treat your medical condition.

Limited Pharmacy Availability (LA): This prescription may be available only at certain pharmacies.



Blue Cross 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.

VBID benefits may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/co-insurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

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