



# 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 09/01/2018, 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 April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, and from October 1 through March 31, 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-HCTHIAZID	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-HYDROCHLOROTHIAZID	1	MO
CAPTOPRIL	1	MO
CAPTOPRIL-HYDROCHLOROTHIAZIDE	1	MO
CARTIA XT ORAL CAPSULE, EXTENDED RELEASE 24HR	1	MO
CARVEDILOL	1	MO
CARVEDILOL PHOSPHATE ORAL CAPSULE, ER MULTIPHASE 24 HR	1	MO
CHLOROTHIAZIDE	1	MO
CHLORTHALIDONE ORAL TABLET 25 MG, 50 MG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
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
METHYCLOTHIAZIDE	1	MO
METHYLDOPA	1	MO
METHYLDOPA-HYDROCHLOROTHIAZIDE	1	MO
METOLAZONE	1	MO
METOPROLOL SUCCINATE ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
METOPROLOL TARTRATE ORAL TABLET	1	MO
METOPROLOL TA-HYDROCHLOROTHIAZ	1	MO
MINOXIDIL ORAL	1	MO
MOEXIPRIL	1	MO
MOEXIPRIL-HYDROCHLOROTHIAZIDE	1	MO
NADOLOL	1	MO

Drug Name	Drug Tier	Requirements/Limits
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-AMLODIPIN-HCTHIAZID	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-HYDROCHLOROTHIAZID	1	MO
QUINAPRIL	1	MO
QUINAPRIL-HYDROCHLOROTHIAZIDE	1	MO
RAMIPRIL	1	MO
SPIRONOLACTONE	1	MO
SPIRONOLACTON-HYDROCHLOROTHIAZ	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-HYDROCHLOROTHIAZID	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-HYDROCHLOROTHIAZID	1	MO
VALSARTAN	1	MO
VALSARTAN-HYDROCHLOROTHIAZIDE	1	MO
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 PELLET 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.



MASSACHUSETTS

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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