



MASSACHUSETTS

2013 Step Therapy Criteria for Medicare HMO BlueSM (HMO) and Medicare PPO BlueSM (PPO) Plans



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.

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Y0014_12230R1 Approved

BCBS of MA 2013 Step Therapy Criteria

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<i>benazepril/hctz</i>	10
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<i>captopril</i>	10
<i>captopril/hctz</i>	10
<i>chlorpropamide</i>	10
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ANGIOTENSIN II ANTAGONISTS

Affected Drugs

STEP 1 DRUGS

acarbose
ACTOS®
AVANDAMET®
AVANDIA®
benazepril
benazepril/amlodipine besylate
benazepril/hctz
BYDUREON®
BYETTA®
candesartan cilexetil/hctz
captopril
captopril/hctz
chlorpropamide
DUETACT®
enalapril
enalapril maleate/hctz
eprosartan mesylate
fosinopril
fosinopril/hctz
glimepiride
glipizide
glipizide/metformin hcl
glyburide
glyburide/metformin hcl
hctz/valsartan
HUMALOG MIX 50-50®
HUMALOG MIX 75-25®
HUMALOG®
HUMULIN 70-30®
HUMULIN N®
HUMULIN R®
irbesartan
irbesartan/hctz
JANUMET XR®
JANUMET®
JANUVIA®
JUVISYNC®

STEP 2 DRUGS

DIOVAN HCT®
DIOVAN®
EXFORGE HCT®
EXFORGE®

KOMBIGLYZE XR®
LANTUS SOLOSTAR®
LANTUS®
LEVEMIR FLEXPEN®
LEVEMIR®
lisinopril
lisinopril/hctz
losartan
losartan /hctz
metformin
moexipril
nateglinide
NOVOLIN 70-30®
NOVOLIN N®
NOVOLIN R®
NOVOLOG FLEXPEN®
NOVOLOG MIX 70-30 FLEXPEN®
NOVOLOG MIX 70-30®
NOVOLOG®
ONGLYZA®
perindopril erbumine
pioglitazone hcl
pioglitazone hcl/metformin hc
pioglitazone/glimepiride
PRANDIN®
quinapril
quinapril/hctz
ramipril
SYMLINPEN 120®
SYMLINPEN 60®
tolazamide
tolbutamide
trandolapril
VICTOZA 3-PAK®

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. Step 1 Drug(s): Acarbose, Actos, Amlodipine-benzaepiril, Avandamet, Avandia, Benazepril, Benazepril-HCTZ, Bydureon, Byetta, Candesartan-HCTZ, Captopril, Captopril-HCTZ, Chlorpropamide, Duetact, Enalapril, Enalapril-HCTZ, Eprosartan, Fosinopril, Fosinopril-

HCTZ, Glimepiride, Glipizide, Glipizide ER, Glipizide-Metformin, Glyburide, Glyburide Micro, Glyburide-Metformin, Humalog, Humulin, Irbesartan, Janumet, Januvia, Juvisync, Kombiglyze XR, Lantus, Levemir, Lisinopril, Lisinopril-HCTZ, Losartan, Losartan-HCTZ, Metformin, Metformin ER, Moexipril, Nateglinide, Novolin, Novolog, Onglyza, Perindopril, Pioglitazone, Pioglitazone-Glimepiride, Pioglitazone-Metformin, Prandin, Quinapril, Quinapril-HCTZ, Ramipril, Symmlinpen, Tolazamide, Tolbutamide, Trandolapril, Valsartan-HCTZ, Victoza. Step 2 Drug(s): Diovan, Diovan HCT, Exforge, Exforge HCT.

ANTIDEPRESSANTS

Affected Drugs

STEP 1 DRUGS

acarbose
ACTOS®
AVANDAMET®
AVANDIA®
bupropion
BYDUREON®
BYETTA®
chlorpropamide
citalopram
DUETACT®
escitalopram oxalate
fluoxetine
fluvoxamine
glimepiride
glipizide
glipizide/metformin hcl
glyburide
glyburide/metformin hcl
HUMALOG MIX 50-50®
HUMALOG MIX 75-25®
HUMALOG®
HUMULIN 70-30®
HUMULIN N®
HUMULIN R®
JANUMET XR®
JANUMET®
JANUVIA®
JUVISYNC®
KOMBIGLYZE XR®
LANTUS SOLOSTAR®
LANTUS®
LEVEMIR®
metformin
nateglinide
NOVOLIN 70-30®
NOVOLIN N®

STEP 2 DRUGS

CYMBALTA®
PRISTIQ ER®
VIIBRYD®

NOVOLIN R®
NOVOLOG MIX 70-30®
NOVOLOG®
ONGLYZA®
paroxetine
pioglitazone hcl
pioglitazone hcl/metformin hc
pioglitazone/glimepiride
PRANDIN®
sertraline
SYMLINPEN 120®
SYMLINPEN 60®
tolazamide
tolbutamide
venlafaxine
VICTOZA 3-PAK®

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. Cymbalta, a Step 2 drug, may also be given without the trial of a Step 1 agent for diagnosis of Fibromyalgia, Chronic musculoskeletal pain (eg, low back pain or pain due to osteoarthritis) or Diabetic Neuropathy. Step 1 Drug(s): Budeprion SR, Budeprion XL, Bupropion HCL, Bupropion HCL SR, Bupropion SR, Bupropion XL, Bydureon, Citalopram HBR, Fluoxetine DR, Fluoxetine HCL, Fluvoxamine Maleate, Paroxetine CR, Paroxetine HCL, Sertraline HCL, Venlafaxine HCL, Venlafaxine HCL ER. Step 2 Drug (s): Cymbalta, Pristiq, Viibryd. Cymbalta will also pay with history of the following Step 1 Drug (s): Acarbose, Actos, Avandamet, Avandia, Byetta, Chlorpropamide, Duetact, Glimepiride, Glipizide, Glipizide ER, Glipizide-Metformin, Glyburide, Glyburide Micro, Glyburide-Metformin, Glycron, Humalog, Humulin, Janumet, Januvia, Juvisync, Kombiglyze XR, Lantus, Levemir, Metformin, Metformin ER, Nateglinide, Novolin, Novolog, Onglyza, Pioglitazone, Pioglitazone-Glimepiride, Pioglitazone-Metformin, Prandin, Symlinpen, Tolazamide, Tolbutamide, Victoza.

ANTIHYPERLIPIDEMICS

Affected Drugs

STEP 1 DRUGS

atorvastatin calcium

fluvastatin

lovastatin

pravastatin

simvastatin

STEP 2 DRUGS

CRESTOR®

ZETIA®

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. Zetia, a Step 2 drug, may also be given without the trial of a Step 1 agent for diagnosis of Homozygous Sitosterolemia. Step 1 Drug(s): Atorvastatin, Fluvastatin, Lovastatin, Pravastatin, Simvastatin. Step 2 Drug (s): Crestor, Zetia.

BYETTA

Affected Drugs

STEP 1 DRUGS

BYDUREON®

BYETTA®

STEP 2 DRUGS

VICTOZA 3-PAK®

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. Step 1 Drug(s): Bydureon, Byetta. Step 2 Drug(s): Victoza.

DIABETES

Affected Drugs

STEP 1 DRUGS

acarbose
BYDUREON®
BYETTA®
chlorpropamide
glimepiride
glipizide
glipizide/metformin hcl
glyburide
glyburide/metformin hcl
HUMALOG MIX 50-50®
HUMALOG MIX 75-25®
HUMALOG®
HUMULIN 70-30®
HUMULIN N®
HUMULIN R®
LANTUS SOLOSTAR®
LANTUS®
LEVEMIR FLEXPEN®
LEVEMIR®
metformin
nateglinide
NOVOLIN 70-30®
NOVOLIN N®
NOVOLIN R®
NOVOLOG FLEXPEN®
NOVOLOG MIX 70-30 FLEXPEN®
NOVOLOG MIX 70-30®
NOVOLOG®
PRANDIN®
SYMLINPEN 120®
SYMLINPEN 60®
tolazamide
tolbutamide
VICTOZA 3-PAK®

STEP 2 DRUGS

ACTOS®
AVANDAMET®
AVANDIA®
DUETACT®
JANUMET XR®
JANUMET®
JANUVIA®
JUVISYNC®
KOMBIGLYZE XR®
ONGLYZA®
pioglitazone hcl
pioglitazone hcl/metformin hc
pioglitazone/glimepiride

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. Step 1 Drug(s): Acarbose, Bydureon, Byetta, Chlorpropamide, Glimepiride, Glipizide, Glipizide ER, Glipizide-Metformin, Glyburide, Glyburide Micro, Glyburide-Metformin, Humalog, Humulin, Lantus, Levemir, Metformin HCL, Metformin HCL ER, Nateglinide, Novolin, Novolog, Prandin, Symlinpen, Tolazamide, Tolbutamide, Victoza. Step 2 Drug (s): Actos, Avandamet, Avandia, Duetact, Janumet, Januvia, Juvisync, Kombiglyze XR, Onglyza, Pioglitazone, Pioglitazone-Glimepiride, Pioglitazone-Metformin.

OVERACTIVE BLADDER AGENTS

Affected Drugs

STEP 1 DRUGS

oxybutynin

trospium chloride

STEP 2 DRUGS

DETROL LA®

DETROL®

ENABLEX®

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. Step 1 Drug(s): Oxybutynin, Oxybutynin CL ER, Trospium CL. Step 2 Drug (s): Detrol, Detrol LA, Enablex.

PROTON PUMP INHIBITORS

Affected Drugs

STEP 1 DRUGS

omeprazole

STEP 2 DRUGS

lansoprazole

omeprazole/sodium bicarbonat

pantoprazole

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. Step 1 Drug(s): Omeprazole. Step 2 Drug(s): Lansoprazole, Omeprazole/Sodium Bicarbonate, Pantoprazole.

ULORIC

Affected Drugs

STEP 1 DRUGS

allopurinol

STEP 2 DRUGS

ULORIC®

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. Step 1 Drug(s): Allopurinol. Step 2 Drug(s): Uloric.

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