



2020 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.

Blue Cross Blue Shield of Massachusetts is an Independent Licensee of the Blue Cross and Blue Shield Association.

GLP-1 AGONISTS

Products Affected

Step 1:

- 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/dose (2 mg/1.5 mL) subcutaneous pen injector
- Rybelsus 14 mg tablet
- Rybelsus 3 mg tablet
- Rybelsus 7 mg tablet

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.
-----------------	--

PROTON PUMP INHIBITORS

Products Affected

Step 1:

- omeprazole 10 mg capsule, delayed release
- omeprazole 20 mg capsule, delayed release
- omeprazole 40 mg capsule, delayed release
- pantoprazole 20 mg tablet, delayed release
- pantoprazole 40 mg tablet, delayed release

Step 2:

- esomeprazole magnesium 20 mg capsule, delayed release
- esomeprazole magnesium 40 mg capsule, delayed release
- lansoprazole 15 mg capsule, delayed release
- lansoprazole 15 mg delayed release, disintegrating tablet
- lansoprazole 30 mg capsule, delayed release
- lansoprazole 30 mg delayed release, disintegrating tablet
- omeprazole 20 mg-sodium bicarbonate 1,680 mg oral packet
- omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule
- omeprazole 40 mg-sodium bicarbonate 1,680 mg oral packet
- omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule
- rabeprazole 20 mg tablet, delayed release

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. Step 1 Drug(s): omeprazole and pantoprazole. Step 2 Drug (s): esomeprazole, lansoprazole, omeprazole-sodium bicarbonate, rabeprazole.
-----------------	--

Index

B

Bydureon 2 mg/0.65 mL subcutaneous pen injector	1
Bydureon BCise 2 mg/0.85 mL subcutaneous auto-injector.....	1
Byetta 10 mcg/dose(250 mcg/mL)2.4 mL subcutaneous pen injector	1
Byetta 5 mcg/dose (250 mcg/mL)1.2 mL subcutaneous pen injector	1

E

esomeprazole magnesium 20 mg capsule,delayed release	2
esomeprazole magnesium 40 mg capsule,delayed release	2

L

lansoprazole 15 mg capsule,delayed release2	
lansoprazole 15 mg delayed release,disintegrating tablet.....	2
lansoprazole 30 mg capsule,delayed release2	
lansoprazole 30 mg delayed release,disintegrating tablet.....	2

O

omeprazole 10 mg capsule,delayed release 2	
omeprazole 20 mg capsule,delayed release 2	
omeprazole 20 mg-sodium bicarbonate 1,680 mg oral packet.....	2

omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule	2
omeprazole 40 mg capsule,delayed release 2	
omeprazole 40 mg-sodium bicarbonate 1,680 mg oral packet.....	2
omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule	2
Ozempic 0.25 mg or 0.5 mg (2 mg/1.5 mL) subcutaneous pen injector	1
Ozempic 1 mg/dose (2 mg/1.5 mL) subcutaneous pen injector	1

P

pantoprazole 20 mg tablet,delayed release .	2
pantoprazole 40 mg tablet,delayed release .	2

R

rabeprazole 20 mg tablet,delayed release ...	2
Rybelsus 14 mg tablet.....	1
Rybelsus 3 mg tablet.....	1
Rybelsus 7 mg tablet.....	1

T

Trulicity 0.75 mg/0.5 mL subcutaneous pen injector	1
Trulicity 1.5 mg/0.5 mL subcutaneous pen injector	1

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 the 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 the 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 April 1 through September 30, 8:00 a.m. to 8:00 p.m., Monday through Friday, or October 1 through March 31, 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: បើនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ 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).

Korean/한국어: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-200-4255 (TTY: 711) 번으로 전화해 주십시오.

Greek/ελληνικά: 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/ :
1-800-200-4255 (TTY: 711)

Gujarati/ :
1-800-200-4255 (TTY: 711)



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

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.

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

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



MASSACHUSETTS

®, SM Registered and Service Marks of the Blue Cross and Blue Shield Association. ®, TM Registered Marks
and Trademarks of the medications listed are the property of their respective manufacturers.

© 2020 Blue Cross and Blue Shield of Massachusetts, Inc., and Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.
000456911 55-0559-20 (05/20)