

# Step Therapy Medication List

Step therapy allows us to help your doctor provide you with a drug treatment that is safe, effective and affordable. Before coverage is allowed for certain costly “second-step” medications, you’re required to first try an effective and less expensive “first-step” medication.

Below is the list of step therapy medications as of January 1, 2018. You can find the most up-to-date information on our website at [bluecrossma.com/medications](http://bluecrossma.com/medications).

Note: Quality Care Dosing (QCD) is a review that ensures both the quantity and dosage meet FDA regulations, clinical standards, and the manufacture’s guidelines. QCD limits apply for medications indicated below.

## Diabetes Management

[Adlyxin \(QCD\)\\*](#)

[Alogliptin\\*](#)

[Alogliptin/Metformin\\*](#)

[Alogliptin/Pioglitazone\\*](#)

[ACTOplus met \(QCD\)](#)

[ACTOplus met XR \(QCD\)](#)

[Actos \(QCD\)](#)

[Avandamet \(QCD\)](#)

[Avandaryl](#)

[Avandia \(QCD\)](#)

[Byetta \(QCD\)](#)

[Bydureon \(QCD\)](#)

[Duetact](#)

[Farxiga\\*](#)

[Fortamet\\*](#)

[Glucophage\\*](#)

[Glucophage XR\\*](#)

[Glumetza\\*](#)

[Glyxambi \(QCD\)\\*](#)

[Invokana \(QCD\)](#)

[Invokamet \(QCD\)](#)

[Invokamet XR \(QCD\)](#)

[Janumet](#)

[Janumet XR](#)

[Januvia](#)

[Jardiance](#)

[Jentadueto\\*](#)

[Jentadueto XR\\*](#)

[Kazano\\*](#)

[Kombiglyze XR](#)

[Metformin Film Coated ER\\*](#)

[Metformin ER\\*](#)

[Nesina\\*](#)

[Onglyza](#)

[Oseni\\*](#)

[Pioglitazone \(QCD\)](#)

[Pioglitazone-Glimepiride \(QCD\)](#)

[Pioglitazone-Metformin \(QCD\)](#)

[Prandin\\*](#)

[Prandimet\\*](#)

[Soliqua \(QCD\)\\*](#)

[Synjardy](#)

[Tanzeum \(QCD\)\\*](#)

[Tradjenta\\*](#)

[Trulicity \(QCD\)](#)

[Victoza \(QCD\)](#)

[Xigduo \(QCD\)\\*](#)

[Xultophy \(QCD\)\\*](#)

\* Non-covered medication: Step therapy required for members with approved formulary exceptions.  
(QCD): Quality Care Dosing limits apply

*(continued)*

## Glaucoma

Lumigan

Rescula\*

Travatan

Travatan Z

Xalatan

## Osteoporosis Treatment (Oral)

Actonel (QCD)

Atelvia DR (QCD)\*

Binosto (QCD)\*

Boniva tablets (QCD)\*

Fosamax (QCD)\*

Fosamax Plus D (QCD)

## Overactive Bladder Treatment

Detrol\*

Detrol LA\*

Ditropan\*

Ditropan XL\*

Enablex\*

Gelnique\*

Myrbetriq

Oxytrol\*

Sanctura\*

Sanctura XR\*

Toviaz\*

Vesicare

## Pain Relievers (Cox II Inhibitors)

Capxib\*

Celebrex (QCD)

Celecoxib (QCD)

Lidoxib\*

## Parkinson's Disease Treatment

Mirapex

Mirapex ER\*

Requip\*

Requip XL\*

## Prostate Cancer Treatment

Avodart

Jalyn

Proscar\*

## Topical Testosterone

Axiron

Fortesta\*

Natesto Nasal\*

Testim\*

Testosterone gel (Fortesta  
Authorized product)\*

Testosterone gel (Testim  
Authorized product)\*

Testosterone gel (Vogelxo  
Authorized product)\*

Testosterone CIK Kit\*

Vogelxo\*

## 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, sex, sexual orientation, or gender identity. 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, call Member Service at the number on your ID card.

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, sex, sexual orientation, or gender identity, you can file a grievance with the Civil Rights Coordinator by mail at Civil Rights Coordinator, Blue Cross Blue Shield of Massachusetts, One Enterprise Drive, Quincy, MA 02171-2126; phone at 1-800-472-2689 (TTY: 711); fax at 1-617-246-3616; or email at [civilrightscordinator@bcbsma.com](mailto:civilrightscordinator@bcbsma.com).

If you need help filing a grievance, the Civil Rights Coordinator 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](http://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 [hhs.gov](http://hhs.gov).

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(QCD): Quality Care Dosing limits apply

# 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/العربية:**

انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجاناً بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هويتك (جهاز الهاتف النقي للصم والبكم "TTY": **711**).

**Mon-Khmer, Cambodian/ខ្មែរ:** ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅជុំនៃកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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/Ελληνικά:** 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 ભાષાસહાય 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:**

توجہ: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شماره تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

**Lao/ລາວ:** ຂໍຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍຄວາມໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

**Navajo/Diné Bizaad:** BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánít'i'go saad bee yát'i' éí t'áájíik'e bee níká'a'doowołgo éí ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déés' nóomba biká'ígíijí' béésh bee hodíílnih (TTY: **711**).