

MEDICARE ADVANTAGE PART B DRUG STEP THERAPY PROGRAM

In some cases, our plans require you to first try certain medications to treat your medical condition before we will cover another medication for that condition. For example, if a Step 1 medication and a Step 2 medication both treat your medical condition, our plans may not cover the Step 2 medication unless you try a Step 1 medication first. If a Step 1 medication does not work for you, our plans will then cover the Step 2 medication.

Below is a list of medications that are currently part of the Medicare Advantage Part B Step Therapy program. The list can change from time to time.

 <h3>Step 1 medication</h3> <p>(you must try this medication before a Step 2 medication)</p>	 <h3>Step 2 medication</h3> <p>(you must try a Step 1 medication and receive prior authorization before we'll cover)</p>
Hyalgan, Hymovis, Synvisc	→ Durolane, Euflexxa, Gel-One, Gelsyn-3, Genvisc, Monovisc, Orthovisc, Supartz Fx, Trivisc, Visco-3
Avastin	→ Eylea, Lucentis, Macugen
Granix, Zarxio	→ Neupogen, Nivestym
Fulphila, Udenyca	→ Neulasta
Retacrit	→ Aranesp, Epogen, Mircera, Procrit
Inflectra	→ Remicade, Renflexis

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Enrollment in Blue Cross and Blue Shield depends upon 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

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