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National Preferred Formulary (NPF): Medications That Require Step Therapy

Last Updated: January 1, 2020

The following list includes medications that are covered by plans with the National Preferred Formulary (NPF), which is available through Express Scripts Inc.®', an independent company that administers your pharmacy benefits on behalf of Blue Cross Blue Shield of Massachusetts.

These medications are subject to Step Therapy, which is a key part of our Prior Authorization program. It allows us to help your doctor provide you with an appropriate and affordable medication treatment. Before coverage is allowed for certain costly "second-step" medications, we require that you first try an effective, but less expensive, "first-step" medication. Some medications may have multiple steps.

This isn't a complete list of covered medications, and inclusion on the list doesn't guarantee coverage.[1] You must have a valid prescription from a licensed health provider to receive coverage for these medications. Some medications may also be subject to other pharmacy management programs, such as Quantity Limitations, or be considered specialty medications.

NOTE: Some medications on this list may be considered non-covered, including new medications under review. Your doctor may request an exception for a non-covered medication when medically necessary.[2]

Learn More About Your Coverage

For more information about your pharmacy benefits, including the NPF and the medications listed in this document, log in to your MyBlue account at **bluecrossma.com/myblue**.

1. Not all medications listed are covered by all prescription plans. Check your benefit materials for details.
2. If approved, you'd pay the highest tier cost.

Attention Disorders

Medication Name			
ADDERALL XR	DAYTRANA	KAPVAY	RITALIN LA
ADZENYS ER	DEXEDRINE	METADATE CD	RITALIN SR
ADZENYS XR ODT	DYANAVEL XR	METHYLPHENIDATE 72 MG ER TABLETS (BRAND)	STRATTERA
APTENSIO XR	FOCALIN XR	MYDAYIS	VYVANSE
CONCERTA	INTUNIV	QUILLICHEW ER	
COTEMPLA XR ODT	JORNAY PM	QUILLIVANT XR	

Behavioral/Neurological Disorders

Medication Name			
ARICEPT 5 MG TABLET	ELDEPRYL	NAMENDA ORAL SOLUTION	STAVZOR
ARICEPT 10 MG TABLET	EXELON PATCH	NAMENDA TABLETS	TOPAMAX
ARICEPT 23 MG TABLET (BRAND OR GENERIC)	EXELON TABLET	NAMENDA XR	TOPAMAX SPRINKLE
ARICEPT ODT	GRALISE	NAMZARIC	TOPIRAMATE ER
AZILECT	HORIZANT	NEURONTIN	TRILEPTAL
BRIVIACT	KEPPRA	OXTELLAR XR	TROKENDI XR
DEPAKENE	KEPPRA XR	QUDEXY XR	XADAGO
DEPAKOTE	LAMICTAL	RAZADYNE	ZELAPAR
DEPAKOTE ER/EC/DR	LAMICTAL XR	RAZADYNE ER	
DEPAKOTE SPRINKLE	LYRICA CR	SPRITAM	

Constipation

Medication Name
RELISTOR

Depression

Medication Name			
APLENZIN	EFFEXOR XR	LUVOX CR	SARAFEM
BRISDELLE	FETZIMA	PAROXETINE CR/ER TABLETS (GENERIC)	TRINTELLIX
CELEXA	FLUOXETINE 60 MG TABLETS (BRAND)	PAROXETINE MESYLATE (GENERIC)	VENLAFAXINE ER (BRAND & GENERIC)
CYMBALTA	FLUOXETINE IR TABLETS (GENERIC)	PAXIL	VIIBRYD
DESVENLAFAXINE ER (BRAND)	FLUVOXAMINE ER CAPSULES (GENERIC)	PAXIL CR	WELLBUTRIN SR
DESVENLAFAXINE FUMARATE ER (BRAND)	FORFIVO XL	PEXEVA	WELLBUTRIN XL
DESVENLAFAXINE SUCCINATE ER (GENERIC)	IRENKA	PRISTIQ	ZOLOFT
DULOXETINE 40 MG DR (GENERIC)	KHEDEZLA	PROZAC	
EFFEXOR	LEXAPRO	PROZAC WEEKLY	

Electrolyte Imbalance

Medication Name
VELTASSA

Gout

Medication Name		
DUZALLO	ULORIC	ZURAMPIC

Migraine Headaches

Medication Name			
ALSUMA INJECTION	IMITREX INJECTION	MIGRANAL	ZEMBRACE SYMTOUCH
AMERGE	IMITREX NASAL SPRAY	ONZETRA XSAIL	ZOMIG
AXERT	MAXALT	RELPAX	ZOMIG NASAL SPRAY
FROVA	MAXALT MLT	SUMAVEL DOSEPRO	ZOMIG ZMT
IMITREX (ORAL)	METHERGINE	TREXIMET	

Nausea/Vomiting

Medication Name	
MARINOL	SYNDROS

Pain

Medication Name (Non-Narcotic)		
CONZIP	ULTRACET	ULTRAM ER
TRAMADOL EXTENDED RELEASE	ULTRAM	

Pain – Narcotic

Medication Name (Narcotic)			
AVINZA	EMBEDA	METHADOSE	OXYCONTIN
BELBUCA	EVZIO	MORPHINE SULFATE CR/ER	OXYMORPHONE ER
BUTRANS	EXALGO	MS CONTIN	XTAMPZA ER
DISKETS	HYDROMORPHONE ER	NUCYNTA ER	ZOHYDRO ER
DOLOPHINE	HYSINGLA ER	OPANA ER	
DURAGESIC	KADIAN	OXYCODONE ER (BRAND)	

Pain/Inflammation

Medication Name
SAVELLA

Pheochromocytoma

Medication Name	
DEMSER	DIBENZYLINE

Sickle Cell Disease

Medication Name
SIKLOS

Wilson's Disease

Medication Name	
CUPRIMINE	DEPEN

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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 Idantitifkasyon 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/ةيبر:
انتباه: إذا كنت تتحدث اللغة العربية، فتتوفر خدمات المساعدة اللغوية مجانًا بالنسبة لك. اتصل بخدمات الأعضاء على الرقم الموجود على بطاقة هُويتك (جهاز الهاتف النصي للصم والبكم "TTY": **711**).

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណ សម្គាល់ខ្លួនរបស់អ្នក (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 ભાષાકીય સહાયતા સેવાઓ વિના મૂલ્યે ઉપલબ્ધ છે. તમારા આઈડી કાર્ડ પર આપેલા નંબર પર Member Service ને કૉલ 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:
توج: اگر زبان شما فارسی است، خدمات کمک زبانی ب صورت رایگان در اختیار شما قرار می گیرد. با شمار تلفن مندرج بر روی کارت شناسایی خود با بخش «خدمات اعضا» تماس بگیرید (TTY: **711**).

Lao/ພາສາລາວ: ຂໍ້ຄວນໃສ່ໃຈ: ຖ້າເຈົ້າເວົ້າພາສາລາວໄດ້, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທຫາ ຝ່າຍບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: **711**).

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

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.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

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**).

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**).

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