

STEP THERAPY

MEDICATION LIST

For plans that use the:

Blue Cross Blue Shield of Massachusetts Formulary



UNLOCK THE POWER OF YOUR PLAN

MyBlue is your key to more features and savings. Once you sign in or create an account, you can see all of your benefits, all in one place, such as:



COVERAGE, CLAIMS,
AND DEDUCTIBLES



REIMBURSEMENTS
AND SAVINGS



FIND A DOCTOR &
ESTIMATE COSTS



MEDICATION
LOOKUP

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COVERED MEDICATIONS THAT REQUIRE STEP THERAPY

The following list includes medications that are subject to Step Therapy, which is a key part of our Prior Authorization program. Step Therapy 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 this list doesn’t guarantee coverage.¹ You must have a valid prescription from a licensed health provider, and Prior Authorization from Blue Cross to receive coverage for these medications. Some medications may also be subject to other pharmacy management programs, such as Quality Care Dosing, to qualify for coverage.

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

Learn More About Your Coverage

For more information about coverage for these medications, sign in to MyBlue at bluecrossma.org or open the MyBlue app, then go to **Medication Lookup Tool** under **My Medications**.

If you're not a member, you can get more information by visiting bluecrossma.org/medication.

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.

ANTIBIOTICS (TOPICAL)

MEDICATION NAME

MUPIROCIN CREAM

ANTI-MIGRAINE

MEDICATION NAME

ALMOTRIPTAN	MAXALT-MLT	UBRELVY
AMERGE	MIGRANAL	ZEMBRACE SYMTOUCH
AXERT	NURTEC	ZOLMITRIPTAN
DIHYDROERGOTAMINE	ONZETRA XSAIL	ZOLMITRIPTAN NASAL
ELETRIPTAN	RELPAX	ZOMIG
FROVA	SUMATRIPTAN/NAPROXEN	ZOMIG NASAL
FROVATRIPTAN	TOSYMRA	ZOMIG ZMT
IMITREX	TREXIMET	
MAXALT	TRUDHESA	

CARDIOVASCULAR MEDICATIONS

MEDICATION NAME

ENTRESTO	FARXIGA	JARDIANCE	VERQUVO
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DIABETES MANAGEMENT

MEDICATION NAME			
ACTOPLUS MET	GLUCOPHAGE XR	KOMBIGLYZE XR	RYBELSUS
ACTOS	GLUMETZA	METFORMIN ER (GENERIC FOR GLUMETZA)	SEGLUROMET
ADLYXIN	GLYXAMBI	METFORMIN FILM COATED ER (GENERIC FOR FORTAMET)	SOLIQUA
AFREZZA	INVOKAMET	MOUNJARO	STEGLATRO
ALOGLIPTIN	INVOKAMET XR	NESINA	STEGLUJAN
ALOGLIPTIN/METFORMIN	INVOKANA	ONGLYZA	SYNJARDY
ALOGLIPTIN/PIOGLITAZONE	JANUMET	OSENI	SYNJARDY XR
AVANDIA	JANUMET XR	OZEMPIC	TRADJENTA
BYDUREON	JANUVIA	PIOGLITAZONE	TRIJARDY XR
BYETTA	JARDIANCE	PIOGLITAZONE-GLIMEPIRIDE	TRULICITY
DUETACT	JENTADUETO	PIOGLITAZONE-METFORMIN	VICTOZA
FARXIGA	JENTADUETO XR	QTERN	XIGDUO XR
FORTAMET	KAZANO	RIOMET	XULTOPHY
GLUCOPHAGE	KERENDIA	RIOMET ER	

GLAUCOMA

MEDICATION NAME		
LUMIGAN	TRAVATAN	XALATAN
RESCULA	TRAVATAN Z	XELPROS
ROCKLATAN	VYZULTA	ZIOPTAN

IMMUNOMODULATORS FOR SKIN CONDITIONS

MEDICATION NAME			
ELIDEL	OPZELURA	PROTOPIC	VTAMA
EUCRISA	PIMECROLIMUS	TACROLIMUS	

METHOTREXATE AUTO-INJECTORS

MEDICATION NAME	
OTREXUP	RASUVO

MULTIPLE SCLEROSIS

MEDICATION NAME				
AVONEX	BETASERON	EXTAVIA	PLEGRIDY	REBIF
BAFIERTAM	COPAXONE	KESIMPTA	PONVORY	TECFIDERA

OSTEOPOROSIS TREATMENT (ORAL)

MEDICATION NAME		
ACTONEL	BINOSTO	FOSAMAX
ATELVIA DR	BONIVA TABLETS	FOSAMAX PLUS D

OVERACTIVE BLADDER TREATMENT

MEDICATION NAME				
DETROL	DITROPAN XL	GELNIQUE	MYRBETRIQ	TOVIAZ
DETROL LA	ENABLEX	GEMTESA	OXYTROL	VESICARE

PARKINSON'S DISEASE MANAGEMENT

MEDICATION NAME		
COMTAN	NOURIANZ	TASMAR
INBRIJA	ONGENTYS	TOLCAPONE

PROSTATE TREATMENT

MEDICATION NAME		
AVODART	JALYN	PROSCAR

TESTOSTERONE (TOPICAL)

MEDICATION NAME			
ANDROGEL	NATESTO NASAL	TESTOSTERONE CIK KIT	TESTOSTERONE GEL (VOGELXO AUTHORIZED PRODUCT)
AXIRON	TESTIM	TESTOSTERONE GEL (FORTESTA AUTHORIZED PRODUCT)	VOGELXO
FORTESTA	TESTONE CIK KIT	TESTOSTERONE GEL (TESTIM AUTHORIZED PRODUCT)	

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/عربي:

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

Mon-Khmer, Cambodian/ខ្មែរ: ការជូនជំនួយ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃ គឺអាចរកបានសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅផ្នែកសេវាសមាជិកតាមលេខនៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់អ្នក (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/λληνικά: 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 निःशुल्क 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 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:

توج: 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, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ທ່ານໂດຍບໍ່ສອຄ່າ. ໂທຫາ ຜ່ານບໍລິການສະມາຊິກທີ່ໝາຍເລກໂທລະສັບຢູ່ໃນບັດຂອງທ່ານ (TTY: 711).

Navajo/Diné Bizaad: BAA ÁKOHWIINDZIN DOOÍGÍ: Diné k'ehjí yánilt'i'go saad bee yát'i' éi t'áájíik'e bee níká'a'doowolgo éi ná'ahoot'i'. Díí bee anítahígí ninaaltsoos bine'déé' nóomba biká'ígííjí' béesh 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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