



2021 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.

haloperidol 10 mg tablet 2, 4
haloperidol 2 mg tablet 2, 4
haloperidol 20 mg tablet 2, 4
haloperidol 5 mg tablet 2, 4
haloperidol decanoate 100 mg/mL
intramuscular solution..... 2, 4
haloperidol decanoate 100 mg/mL
intramuscular solution (1ml)..... 2, 4
haloperidol decanoate 50 mg/mL
intramuscular solution..... 2, 4
haloperidol lactate 2 mg/mL oral
concentrate 2, 4
haloperidol lactate 5 mg/mL injection
solution..... 2, 4

I

Invega Sustenna 117 mg/0.75 mL
intramuscular syringe..... 4
Invega Sustenna 156 mg/mL intramuscular
syringe..... 4
Invega Sustenna 234 mg/1.5 mL
intramuscular syringe..... 4
Invega Sustenna 39 mg/0.25 mL
intramuscular syringe..... 4
Invega Sustenna 78 mg/0.5 mL
intramuscular syringe..... 4
Invega Trinza 273 mg/0.875 mL
intramuscular syringe..... 4
Invega Trinza 410 mg/1.315 mL
intramuscular syringe..... 4
Invega Trinza 546 mg/1.75 mL
intramuscular syringe..... 4
Invega Trinza 819 mg/2.625 mL
intramuscular syringe..... 4

L

lansoprazole 15 mg capsule,delayed release5
lansoprazole 15 mg delayed
release,disintegrating tablet..... 5
lansoprazole 30 mg capsule,delayed release5
lansoprazole 30 mg delayed
release,disintegrating tablet..... 5
Latuda 120 mg tablet 4
Latuda 20 mg tablet 4
Latuda 40 mg tablet 4
Latuda 60 mg tablet 4
Latuda 80 mg tablet 4
loxapine succinate 10 mg capsule..... 2, 4

loxapine succinate 25 mg capsule..... 2, 4
loxapine succinate 5 mg capsule..... 2, 4
loxapine succinate 50 mg capsule..... 2, 4

M

molindone 10 mg tablet 2, 4
molindone 25 mg tablet 2, 4
molindone 5 mg tablet 2, 4

N

Nuplazid 10 mg tablet..... 4
Nuplazid 34 mg capsule..... 4

O

olanzapine 10 mg disintegrating tablet ... 2, 4
olanzapine 10 mg intramuscular solution 2, 4
olanzapine 10 mg tablet 2, 4
olanzapine 15 mg disintegrating tablet ... 2, 4
olanzapine 15 mg tablet 2, 4
olanzapine 2.5 mg tablet 2, 4
olanzapine 20 mg disintegrating tablet ... 2, 4
olanzapine 20 mg tablet 2, 4
olanzapine 5 mg disintegrating tablet 2, 4
olanzapine 5 mg tablet 2, 4
olanzapine 7.5 mg tablet 2, 4
olanzapine-fluoxetine 12 mg-25 mg capsule
..... 2, 4
olanzapine-fluoxetine 12 mg-50 mg capsule
..... 2, 4
olanzapine-fluoxetine 3 mg-25 mg capsule 2,
4
olanzapine-fluoxetine 6 mg-25 mg capsule 2,
4
olanzapine-fluoxetine 6 mg-50 mg capsule 2,
4
omeprazole 10 mg capsule,delayed release 5
omeprazole 20 mg capsule,delayed release 5
omeprazole 40 mg capsule,delayed release 5
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

paliperidone ER 1.5 mg tablet,extended
release 24 hr 2, 4
paliperidone ER 3 mg tablet,extended
release 24 hr 2, 4
paliperidone ER 6 mg tablet,extended
release 24 hr 2, 4

paliperidone ER 9 mg tablet,extended
 release 24 hr 2, 4
 pantoprazole 20 mg tablet,delayed release . 5
 pantoprazole 40 mg tablet,delayed release . 5
 pantoprazole DR 40 mg granules delayed-
 release for susp in packet 5
 perphenazine 16 mg tablet 3, 4
 perphenazine 2 mg tablet 3, 4
 perphenazine 4 mg tablet 3, 4
 perphenazine 8 mg tablet 3, 4
 perphenazine-amitriptyline 2 mg-10 mg
 tablet..... 3, 4
 perphenazine-amitriptyline 2 mg-25 mg
 tablet..... 3, 4
 perphenazine-amitriptyline 4 mg-10 mg
 tablet..... 3, 4
 perphenazine-amitriptyline 4 mg-25 mg
 tablet..... 3, 4
 perphenazine-amitriptyline 4 mg-50 mg
 tablet..... 3, 4
 Perseris 120 mg abdominal subcutaneous
 extend release susp syringe kit..... 4
 Perseris 90 mg abdominal subcutaneous
 extend release susp syringe kit..... 4
 pimozone 1 mg tablet..... 3, 4
 pimozone 2 mg tablet..... 3, 4
Q
 quetiapine 100 mg tablet..... 3, 4
 quetiapine 200 mg tablet..... 3, 4
 quetiapine 25 mg tablet..... 3, 4
 quetiapine 300 mg tablet..... 3, 4
 quetiapine 400 mg tablet..... 3, 4
 quetiapine 50 mg tablet..... 3, 4
 quetiapine ER 150 mg tablet,extended
 release 24 hr 3, 4
 quetiapine ER 200 mg tablet,extended
 release 24 hr 3, 4
 quetiapine ER 300 mg tablet,extended
 release 24 hr 3, 4
 quetiapine ER 400 mg tablet,extended
 release 24 hr 3, 4
 quetiapine ER 50 mg tablet,extended release
 24 hr 3, 4
R
 rabeprazole 20 mg tablet,delayed release ... 5
 Rexulti 0.25 mg tablet..... 4

Rexulti 0.5 mg tablet..... 4
 Rexulti 1 mg tablet..... 4
 Rexulti 2 mg tablet..... 4
 Rexulti 3 mg tablet..... 4
 Rexulti 4 mg tablet..... 4
 Risperdal Consta 12.5 mg/2 mL
 intramuscular susp,extended release 4
 Risperdal Consta 25 mg/2 mL intramuscular
 susp,extended release 4
 Risperdal Consta 37.5 mg/2 mL
 intramuscular susp,extended release 4
 Risperdal Consta 50 mg/2 mL intramuscular
 susp,extended release 4
 risperidone 0.25 mg disintegrating tablet 3, 4
 risperidone 0.25 mg tablet..... 3, 4
 risperidone 0.5 mg disintegrating tablet.. 3, 4
 risperidone 0.5 mg tablet..... 3, 4
 risperidone 1 mg disintegrating tablet..... 3, 4
 risperidone 1 mg tablet..... 3, 4
 risperidone 1 mg/mL oral solution..... 3, 4
 risperidone 2 mg disintegrating tablet..... 3, 4
 risperidone 2 mg tablet..... 3, 4
 risperidone 3 mg disintegrating tablet..... 3, 4
 risperidone 3 mg tablet..... 3, 4
 risperidone 4 mg disintegrating tablet..... 3, 4
 risperidone 4 mg tablet..... 3, 4
 Rybelsus 14 mg tablet..... 1
 Rybelsus 3 mg tablet..... 1
 Rybelsus 7 mg tablet..... 1
S
 Saphris 10 mg sublingual tablet 4
 Saphris 2.5 mg sublingual tablet 4
 Saphris 5 mg sublingual tablet 4
 Secuado 3.8 mg/24 hour transdermal 24
 hour patch..... 4
 Secuado 5.7 mg/24 hour transdermal 24
 hour patch..... 4
 Secuado 7.6 mg/24 hour transdermal 24
 hour patch..... 4
T
 thioridazine 10 mg tablet 3, 4
 thioridazine 100 mg tablet 3, 4
 thioridazine 25 mg tablet 3, 4
 thioridazine 50 mg tablet 3, 4
 thiothixene 1 mg capsule 3, 4
 thiothixene 10 mg capsule 3, 4

thiothixene 2 mg capsule	3, 4
thiothixene 5 mg capsule	3, 4
trifluoperazine 1 mg tablet	3, 4
trifluoperazine 10 mg tablet	3, 4
trifluoperazine 2 mg tablet	3, 4
trifluoperazine 5 mg tablet	3, 4
Trulicity 0.75 mg/0.5 mL subcutaneous pen injector	1
Trulicity 1.5 mg/0.5 mL subcutaneous pen injector	1
V	
Versacloz 50 mg/mL oral suspension	4
Vraylar 1.5 mg (1)-3 mg (6) capsules in a dose pack.....	4
Vraylar 1.5 mg capsule	4

Vraylar 3 mg capsule	4
Vraylar 4.5 mg capsule	4
Vraylar 6 mg capsule	4
Z	
ziprasidone 20 mg capsule	3, 4
ziprasidone 40 mg capsule	3, 4
ziprasidone 60 mg capsule	3, 4
ziprasidone 80 mg capsule	3, 4
Zyprexa Relprevv 210 mg intramuscular suspension	4
Zyprexa Relprevv 300 mg intramuscular suspension	4
Zyprexa Relprevv 405 mg intramuscular suspension	4

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 don't 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: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាសេរីដោយគិតគ្រប់គ្រង គឺអាចមានសេវាឯកសារសេរីសេរី 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/हिंदी: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-200-4255 (TTY: 711) पर कॉल करें।

Gujarati/ગુજરાતી: સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરા 1-800-200-4255 (TTY: 711)



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