



Step Therapy Drug List for 2021*

Brand Name	Generic Name	Therapeutic Category
ESOMEPRA MAG CAP 20MG DR	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)	GASTROINTESTINAL
ESOMEPRA MAG CAP 40MG DR	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)	GASTROINTESTINAL
TOLTERODINE CAP 2MG ER	TOLTERODINE TARTRATE CAP ER 24HR 2 MG	GENITOURINARY
TOLTERODINE CAP 4MG ER	TOLTERODINE TARTRATE CAP ER 24HR 4 MG	GENITOURINARY
TOLTERODINE TAB 1MG	TOLTERODINE TARTRATE TAB 1 MG	GENITOURINARY
TOLTERODINE TAB 2MG	TOLTERODINE TARTRATE TAB 2 MG	GENITOURINARY

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Coverage is available to residents of the service area or members of an employer or union group and separately issued by one of the following plans: Anthem Blue Cross® and Blue Shield® of Connecticut, Blue Cross Blue Shield of Massachusetts, Blue Cross and Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont.

Anthem Insurance Companies, Inc., Blue Cross and Blue Shield of Massachusetts, Inc., Blue Cross & Blue Shield of Rhode Island, and Blue Cross and Blue Shield of Vermont are the legal entities which have contracted as a joint enterprise with the Centers for Medicare & Medicaid Services (CMS) and are the risk-bearing entities for Blue MedicareRx (PDP) plans. The joint enterprise is a Medicare-approved Part D Sponsor. Enrollment in Blue MedicareRx (PDP) depends on contract renewal.

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* Effective 01/01/2021 for Blue MedicareRxSM Premier (PDP)