Keystone 65 Rx HMO

Personal Choice 65SM Rx PPO

Select Option® Rx PDP

2021 Utilization Management Criteria: Step Therapy

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN

This document was updated on 12/1/2021. For more recent information or other questions, please contact our Member Help Team: Keystone 65 at 1-844-352-1699, Personal Choice 65 at 1-888-879-4293, Select Option at 1-888-678-7009 or, for TTY/TDD users, 711, seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit www.ibxmedicare.com to use our *Formulary (List of Covered Drugs)* search tool or view a downloadable document.

When this document refers to "we," "us," or "our," it means Independence Blue Cross. When it refers to "plan" or "our plan," it means Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

Keystone 65: Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Personal Choice 65 and Select Option: Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Group 5-tier closed IBC10364 (12/21)

There may be restrictions to your drug coverage

Some covered drugs may have additional requirements or limits on coverage. We call this "utilization management." These requirements and limits may include:

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug. Drugs that require prior authorization are listed in *2021 Utilization Management Criteria: Prior Authorization*.
- **Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. Drugs that require step therapy are listed in this document.
- **Quantity Limits (QL):** For certain drugs, our plan limits the amount of the drug that our plan will cover. Drugs that have quantity limits are listed in the *Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx Formulary (List of Covered Drugs)*.

You can find out if your drug has any additional requirements or limits by looking in your plan *Formulary (List of Covered Drugs)*. You can also get more information about the restrictions applied to specific covered drugs by visiting www.ibxmedicare.com.

You can ask our plan to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. Your *Formulary (List of Covered Drugs)* and *Evidence of Coverage* will have more information about the exception request process.

How to use this document

This document, along with *2021 Utilization Management Criteria: Prior Authorization*, is intended to be used with your *Formulary (List of Covered Drugs)*. If your prescription drug has the note "ST" in the "Requirements" column of the *Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx Formulary (List of Covered Drugs)*, you can find more information on the restriction(s) in this document.

Locate your drug in the index on page 31. The restriction information includes step therapy criteria.

Be sure to read all the information listed for your affected drug. If you have any questions or need assistance with the information contained in this document, please call our Member Help Team: Keystone 65 at 1-844-352-1699, Personal Choice 65 at 1-888-879-4293, Select Option at 1-888-678-7009.

ALBUTEROL 2021

Products Affected

- PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION

Details	
Criteria	Trial of Proair HFA or Proair Respiclick. Always Applies.

ANTIDEPRESSANTS [SNRIS] 2021

Products Affected

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

Details	
Criteria	Trial of two generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI). Applies to new starts.

BASAGLAR 2021

Products Affected

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS

Details	
Criteria	Trial of two of the following: Lantus, Levemir, Toujeo, Tresiba. Always applies.

BENZODIAZEPINES 2021

Products Affected

- ATIVAN TABLET 0.5 MG ORAL
- ATIVAN TABLET 1 MG ORAL
- ATIVAN TABLET 2 MG ORAL

Details	
Criteria	Trial of two generic formulary benzodiazepines. Always Applies.

BRAND ANTIPSYCHOTICS 2021

Products Affected

- ABILIFY TABLET 10 MG ORAL
- ABILIFY TABLET 15 MG ORAL
- ABILIFY TABLET 2 MG ORAL
- ABILIFY TABLET 20 MG ORAL
- ABILIFY TABLET 30 MG ORAL
- ABILIFY TABLET 5 MG ORAL
- CAPLYTA CAPSULE 42 MG ORAL
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 MG ORAL
- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details	
Criteria	Trial of two generic antipsychotic agents (aripiprazole, asenapine, olanzapine, paliperidone, quetiapine [IR], quetiapine [ER], risperidone, ziprasidone). Applies to new starts.

BRAND BUPROPION PRODUCTS 2021

Products Affected

- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL
- FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL

Details	
Criteria	Trial of one generic formulary bupropion products. Applies to new starts.

BRAND ORAL NSAIDS 2021

Products Affected

- RELAFEN DS TABLET 1000 MG ORAL

Details	
Criteria	Trial of two generic formulary non-steroidal anti-inflammatory drugs (NSAIDs). Always applies.

CUPRIMINE 2021

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details	
Criteria	Trial of penicillamine or brand Depen. Always applies.

DRIZALMA 2021

Products Affected

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL

Details	
Criteria	Trial of duloxetine. Applies to new starts.

DYMISTA 2021

Products Affected

- *azelastine-fluticasone suspension 137-50 mcg/act nasal*

Details	
Criteria	Trial of both generic fluticasone nasal spray and azelastine nasal spray. Always applies.

GIMOTI 2021

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

Details	
Criteria	Trial of generic oral metoclopramide. Always applies.

GLOPERBA 2021

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML ORAL

Details	
Criteria	Trial of generic colchicine.

GOUT AGENTS 2021

Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details	
Criteria	Trial of allopurinol. Always applies.

IMPETIGO AGENTS 2021

Products Affected

- ALTABAX OINTMENT 1 % EXTERNAL

Details	
Criteria	Trial of mupirocin ointment. Always applies

LONHALA STEP THERAPY 2021

Products Affected

- LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION

Details	
Criteria	Trial of Spiriva or Spiriva Respimat or Incruse Ellipta. Always applies.

MIGRAINE AGENTS 2021

Products Affected

- NURTEC TABLET DISPERSIBLE 75 MG ORAL
- TOSYMRA SOLUTION 10 MG/ACT NASAL
- UBRELVY TABLET 100 MG ORAL
- UBRELVY TABLET 50 MG ORAL

Details	
Criteria	Trial of two generic formulary triptans. Always applies.

MULTIPLE SCLEROSIS AGENTS 2021

Products Affected

- BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL
- COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS
- COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS
- KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL
- MAYZENT TABLET 0.25 MG ORAL
- MAYZENT TABLET 2 MG ORAL
- PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL
- PONVORY TABLET 20 MG ORAL
- VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL
- ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL
- ZEPOSIA CAPSULE 0.92 MG ORAL
- ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL

Details	
Criteria	Trial of two of the following medications: (1) Avonex (interferon beta-1a), (2) Plegridy (peginterferon beta-1a), (3) Betaseron (interferon beta-1b), (4) Glatopa (glatiramer acetate), (5) Tecfidera (Dimethyl Fumarate), (6) Gilenya (fingolimod), (7) Aubagio (teriflunomide), or (8) Rebif (interferon beta 1a) or trial of two of the following medications: (1) Humira, and (2) Xeljanz/Xeljanz XR. Applies to new starts.

OIC AGENTS 2021

Products Affected

- RELISTOR TABLET 150 MG ORAL

Details	
Criteria	Trial of Amitiza (lubiprostone). Always Applies.

ORTIKOS 2021

Products Affected

- ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL
- ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL

Details	
Criteria	Trial of budesonide cap 3mg DR (generic Entocort EC)

PROTON PUMP INHIBITORS (PPIs) 2021

Products Affected

- ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL
- *omeprazole-sodium bicarbonate packet 20-1680 mg oral*
- *omeprazole-sodium bicarbonate packet 40-1680 mg oral*
- *rabeprazole sodium tablet delayed release 20 mg oral*

Details	
Criteria	Trial of two generic formulary proton pump inhibitors. Always applies.

RELTONE 2021

Products Affected

- RELTONE CAPSULE 200 MG ORAL
- RELTONE CAPSULE 400 MG ORAL

Details	
Criteria	Trial of generic formulary ursodiol capsules. Always applies.

RENIN INHIBITORS 2021

Products Affected

- TEKTURNA HCT TABLET 150-12.5 MG ORAL
- TEKTURNA HCT TABLET 150-25 MG ORAL
- TEKTURNA HCT TABLET 300-12.5 MG ORAL
- TEKTURNA HCT TABLET 300-25 MG ORAL

Details	
Criteria	Trial of Aliskiren or two from the following: generic formulary Angiotensin-converting-enzyme (ACE) inhibitors OR generic formulary angiotensin II receptor blockers (ARB). Always Applies.

SANCUSO 2021

Products Affected

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

Details	
Criteria	Trial of (a) ondansetron or granisetron and (b) aprepitant

SAVELLA 2021

Products Affected

- SAVELLA TABLET 100 MG ORAL
- SAVELLA TABLET 12.5 MG ORAL
- SAVELLA TABLET 25 MG ORAL
- SAVELLA TABLET 50 MG ORAL
- SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL

Details	
Criteria	Trial of generic duloxetine. Applies to new starts.

TRINTELLIX/VIIBRYD 2021

Products Affected

- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL
- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details	
Criteria	Trial of two generic formulary selective serotonin reuptake inhibitors or serotonin norepinehprine reuptake inhibitors. Applies to new starts.

TRULANCE 2021

Products Affected

- TRULANCE TABLET 3 MG ORAL

Details	
Criteria	Trial of both of the following: (1) lactulose and (2) Linzess or Amitiza (lubiprostone). Always applies.

XCOPRI 2021

Products Affected

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
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- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL

Details	
Criteria	Trial of two generic formulary anticonvulsants. Applies to new starts.

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