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 5/1/2021. 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

IBC10280 (05/21)
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 29. 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 MCG/ACT
  INHALATION

<table>
<thead>
<tr>
<th>Details</th>
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</thead>
</table>

| 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
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Trial of two generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI). Applies to new starts.</th>
</tr>
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72x701

72x675

72x657

72x630

72x603

72x579

72x554

72x541

72x520

72x506

72x492

72x465

72x448

72x431

72x414

72x397

72x380

72x363

72x346

72x330

72x313

72x296

72x280

72x263

72x246

72x230

72x213

72x196

72x180

72x163

72x146

72x130

72x113

72x96

72x80

72x63

72x46

72x29

72x12
# BASAGLAR 2021

## Products Affected
- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR
  100 UNIT/ML SUBCUTANEOUS

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Trial of two of the following: Lantus, Levemir, Toujeo, Tresiba. Always applies.</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>Criteria</th>
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</thead>
<tbody>
<tr>
<td>Trial of one generic formulary bupropion products. Applies to new starts.</td>
</tr>
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</table>
## BRAND ORAL NSAIDS 2021

### Products Affected
- RELAFEN DS TABLET 1000 MG ORAL

<table>
<thead>
<tr>
<th>Details</th>
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<tbody>
<tr>
<td><strong>Criteria</strong></td>
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CUPRIMINE 2021

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

<table>
<thead>
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<tr>
<td>Criteria</td>
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</table>
## DRIZALMA 2021

### Products Affected

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>• DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL</td>
<td>• DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL</td>
</tr>
<tr>
<td>• DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL</td>
<td>• DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL</td>
</tr>
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</table>

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial of duloxetine. Applies to new starts.</td>
<td></td>
</tr>
</tbody>
</table>
# DYMISTA 2021

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

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial of both generic fluticasone nasal spray and azelastine nasal spray. Always applies.</td>
<td></td>
</tr>
</tbody>
</table>
### GIMOTI 2021

**Products Affected**
- GIMOTI SOLUTION 15 MG/ACT NASAL

<table>
<thead>
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## GLOPERBA 2021

### Products Affected
- GLOPERBA SOLUTION 0.6 MG/5ML ORAL

<table>
<thead>
<tr>
<th>Details</th>
</tr>
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<tbody>
<tr>
<td>Criteria</td>
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</table>


# GOUT AGENTS 2021

## Products Affected
- febuxostat tablet 40 mg oral
- febuxostat tablet 80 mg oral

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Trial of allopurinol. Always applies.</th>
</tr>
</thead>
</table>

IMPETIGO AGENTS 2021

Products Affected

- ALTABAX OINTMENT 1% EXTERNAL

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
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<tbody>
<tr>
<td></td>
<td>Trial of mupirocin ointment. Always applies</td>
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</table>
LONHALA STEP THERAPY 2021

Products Affected

- LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria</td>
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</table>
# 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

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial of two generic formulary triptans. Always applies.</td>
</tr>
</tbody>
</table>
# 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 0.25 MG ORAL**
- **MAYZENT TABLET 0.25 MG ORAL**
- **MAYZENT TABLET 2 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).

Applies to new starts.
# OIC AGENTS 2021

**Products Affected**
- RELISTOR TABLET 150 MG ORAL

<table>
<thead>
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<th>Details</th>
</tr>
</thead>
<tbody>
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<td><strong>Criteria</strong></td>
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</tbody>
</table>

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## ORTIKOS 2021

### Products Affected
- ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL
- ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL

<table>
<thead>
<tr>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Criteria</td>
</tr>
</tbody>
</table>
# 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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Trial of two generic formulary proton pump inhibitors. Always applies.</th>
</tr>
</thead>
</table>

22
# 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

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
SANCUSO 2021

Products Affected

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Trial of (a) ondansetron or granisetron and (b) aprepitant</th>
</tr>
</thead>
</table>

Details
## 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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Trial of generic duloxetine. Applies to new starts.</th>
</tr>
</thead>
</table>

## 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

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trial of two generic formulary selective serotonin reuptake inhibitors or serotonin norepinehrine reuptake inhibitors. Applies to new starts.</td>
<td></td>
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</tbody>
</table>
TRULANCE 2021

Products Affected
- TRULANCE TABLET 3 MG ORAL

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trial of both of the following: (1) lactulose and (2) Linzess or Amitiza (lubiprostone). Always applies.</td>
</tr>
</tbody>
</table>
XCOPRI 2021

Products Affected

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

Details

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

Trial of two generic formulary anticonvulsants. Applies to new starts.
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omeprazole-sodium bicarbonate packet 40-1680 mg oral
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ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT INHALATION
rabeprazole sodium tablet delayed release 20 mg oral
RELAFEN DS TABLET 1000 MG ORAL
RELISTOR TABLET 150 MG ORAL
REXULTI TABLET 0.25 MG ORAL
REXULTI TABLET 0.5 MG ORAL
REXULTI TABLET 2 MG ORAL
REXULTI TABLET 3 MG ORAL
REXULTI TABLET 4 MG ORAL
SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
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
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
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
TOSYMRA SOLUTION 10 MG/ACT NASAL
TRINTELLIX TABLET 10 MG ORAL
TRINTELLIX TABLET 20 MG ORAL
TRINTELLIX TABLET 5 MG ORAL
TRULANCE TABLET 3 MG ORAL
UBRELVY TABLET 100 MG ORAL
UBRELVY TABLET 50 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
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
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL
XCOPI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL
XCOPI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
XCOPI TABLET 100 MG ORAL
XCOPI TABLET 150 MG ORAL
XCOPI TABLET 200 MG ORAL
XCOPI TABLET 50 MG ORAL
XCOPI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
XCOPI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL
XCOPI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 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