Step therapy for Medicare Part B prescription drugs

Applies only to Blue Shield Medicare (PPO) plan in Alameda County

Medicare Part B medications are:

- Drugs that you normally would not take yourself. These include drugs that are injected or infused or taken while you visit your physician, outpatient hospital, or ambulatory center or given at home by a visiting nurse.
- Certain outpatient prescription drugs. Examples include:
  - Clotting factors you give yourself by injection if you have hemophilia
  - Immunosuppressive drugs if Medicare helped pay for your transplanted organ
  - Injectable osteoporosis drugs if you are homebound
  - Certain oral anti-cancer drugs if there is also an injectable form
  - Oral anti-nausea drugs when used as a full replacement to injectable anti-nausea drugs
  - Certain drugs for home dialysis such as erythropoiesis-stimulating agents (such as Epogen, Procrit, Epoetin Alfa, Aranesp, or Darbepoetin Alfa)

These medications are covered under the Part B benefit. Please refer to your Evidence of Coverage, Chapter 4.

Certain Medicare Part B drugs require a step therapy during the prior authorization review. A step therapy requires you to first try certain drugs to treat your medical condition before another drug is covered. For example, if Drug A and Drug B both treat your medical condition, Blue Shield of California may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Shield of California will then cover Drug B.

If you have any questions please call Member Services at (800) 776-4466 (TTY: 711), 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30.
Below is the list of medications for your condition that would require step therapy.

<table>
<thead>
<tr>
<th>Requested drugs</th>
<th>Step therapy</th>
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</thead>
<tbody>
<tr>
<td><strong>Red blood cell stimulators</strong></td>
<td></td>
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<tr>
<td>Procrit*</td>
<td>Requires a trial of Retacrit*</td>
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<tr>
<td>Epogen*</td>
<td>Requires a trial of Retacrit*</td>
</tr>
<tr>
<td>Aranesp*</td>
<td>Requires a trial of Retacrit*</td>
</tr>
<tr>
<td>Mircera</td>
<td>Requires a trial of Retacrit*</td>
</tr>
<tr>
<td><strong>White blood cell stimulators</strong></td>
<td></td>
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<tr>
<td>Neupogen</td>
<td>Requires a trial of Zarxio</td>
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<tr>
<td>Granix</td>
<td>Requires a trial of Zarxio</td>
</tr>
<tr>
<td>Nivestym</td>
<td>Requires a trial of Zarxio</td>
</tr>
<tr>
<td><strong>Drugs to suppress the immune system (Anti-TNF)</strong></td>
<td>Requires a trial of Remicade or Inflectra</td>
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<tr>
<td>Rentflexis</td>
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<tr>
<td><strong>Enzyme replacement (Gaucher Disease)</strong></td>
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<tr>
<td>VPRIV</td>
<td>Requires a trial of Cerezyme</td>
</tr>
<tr>
<td>Elelyso</td>
<td>Requires a trial of Cerezyme</td>
</tr>
</tbody>
</table>

* Medicare national and local coverage guideline requirements also apply in addition to the step therapy requirement.