

Medicare Part D, Blue Advantage and BlueRx

Step Therapy Criteria (Medicare Part D Step Therapy Policies)

- [Blue Advantage Premier \(PPO\)](#)
- [Blue Advantage Complete \(PPO\)](#)
- [BlueRx Option I \(PDP\)](#)
- [BlueRx Option II \(PDP\)](#)

Prior Authorization Criteria (Medicare Part D Pharmacy Policies)

- [Blue Advantage Premier \(PPO\)](#)
- [Blue Advantage Complete \(PPO\)](#)
- [BlueRx Option I \(PDP\)](#)
- [BlueRx Option II \(PDP\)](#)