Banner Medicare Advantage

Banner Medicare Advantage DUAL, Prime and Plus

Step Therapy requirements for Medicare outpatient (Part B) medications

Step Therapy will be required for the medications listed in the table below effective **1/1/22**, provided the following are met:

- The requested product meets the definition of a Medicare outpatient (Part B) drug; **AND**
- The proposed use of the requested product has been determined to be a medically accepted indication; **AND**
- The proposed use of the preferred alternative agent has been determined to be a medically accepted indication; **AND**
- The proposed use of the preferred alternative agent will be limited to new starts (365 day lookback period); **AND**
- The dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication

Class	Requested Product	Preferred Alternative Agent(s)
Erythropoiesis-Stimulating Agents	Aranesp (J0881) Epogen/Procrit (J0885) Mircera (J0888)	Retacrit (Q5106)
Bone resorption inhibitors	Denosumab (Xgeva) (J0897) **[Step therapy only applies to bone metastases, multiple myeloma, hypercalcemia (excluding prostate cancer)]** **(Osteoporosis does not require prior authorization)**	Pamidronate (J2430) or Zoledronic Acid (J3489)
Colony-stimulating factors – leukocyte growth factors (short-acting)	Granix (J1447) Neupogen (J1442) Nivestym (Q5110)	Zarxio (Q5101)
Colony Stimulating Factors -Leukocyte Growth Factors (long-acting)	Nyvepria (Q5122) Udenyca (Q5111) Ziextenzo (Q5120)	Fulphila (Q5108) or Neulasta (J2506)
Immunologic drugs – autoimmune	Avsola (Q5121) Ilumya (J3245)	Inflectra (Q5103) or Remicade and Infliximab (J1745)

disorders (arthritis, psoriasis, inflammatory bowel disease)	Orencia IV (J0129) Renflexis (Q5104)	
Immunologic drugs – rheumatoid arthritis	Actemra IV (J3262) **[Step therapy only applies to rheumatoid arthritis]**	Inflectra (Q5103) or Remicade and Infliximab (J1745)
Oncology (Abraxane)	Abraxane (J9264) **[Step therapy only applies to breast cancer (excluding triple negative breast cancer) & non-small cell lung cancer]**	Docetaxel (J9171) or Paclitaxel (J9267)
Vincristine (liposomal)	Marqibo (J9371)	Vincristine sulfate (J9370)
Viscosupplements	Durolane (J7318) Gel-One (J7326) Gelsyn3 (J7328) Genvisc 850 (J7320) Hyalgan (J7321) Hymovis (J7322) Monovisc (J7327) Orthovisc (J7324) Supartz & Supartz FX (J7321) Synvisc & Synvisc- One (J7325) Synojoynt (J3490) Triluron (J7332) TriVisc (J7329) Visco-3 (J7321)	Euflexxa (J7323)
Doxorubicin (liposomal)	Doxil (Q2050)	Doxorubicin, conventional (J9000)
Trastuzumab / Trastuzumab and hyaluronidase-oysk	Herceptin (J9355) Herceptin Hylecta (J9356)	Herzuma (Q5113) or Kanjinti (Q5117) or Ogivri (Q5114) or Ontruzant (Q5112) or Trazimera (Q5116)
Rituximab / Rituximab and hyaluronidase	Rituxan (J9312) Rituxan Hyclea (J9311)	Riabni (Q5123) or Ruxience (Q5119) or Truxima (Q5115)
Ophthalmic disorders	Beovu (J0179) Eylea (J0178), Lucentis (J2778) Macugen (J2503) Visudyne (J3396)	Avastin (J9035 or J7999) or Mvasi (Q5107) or Zirabev (Q5118)

Zilretta	Zilretta (J3304)	Kenalog (J3301) **NAN[2]**
Leucovorin/levoleucovorin	Fusilev (J0641) Khapzory (J0642)	Leucovorin (J0640)
Oncology (Avastin)	Avastin (J9035) (oncology)	Mvasi (Q5107) or Zirabev (Q5118)
Soliris	Soliris (J1300) **[Step therapy only applies for Atypical hemolytic uremic syndrome (aHUS) and Paroxysmal nocturnal hemoglobinuria (PNH)]**	Ultomiris (J1303)

1. **Prior Authorization is required for all medications listed except for Kenalog**
2. **NAN – No Prior Authorization is needed**

References

- Centers for Medicare and Medicaid Services, Health Plan Management System (HPMS), MA_Step_Therapy_HPMS_Memo_8_7_18; available at http://www.cms.gov - last checked August 31, 2018 and found under Medicare > Health Plans > Health Plans - General Information > Downloads.
- Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100- 02, Chapter 15, Sec. 50 (Rev. 241, Feb. 2, 2018); available at http://www.cms.gov - last checked August 31, 2018 and found under Medicare > Regulations and Guidance > Manuals > Internet- Only Manuals (IOMs).
- Local Coverage Determination (LCD). Centers for Medicare & Medicare Services. http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx.
- National Coverage Determination (NCD). Centers for Medicare & Medicare Services. http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx.
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