



Banner Medicare Advantage (HMO, PPO, and D-SNP Plans)

Step Therapy Requirements for Medicare Outpatient (Part B) Medications

Step Therapy will be required for the medications listed in the table below effective **8/1/2023**, 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) ¹ |
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| 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)] | Pamidronate (J2430) or Zoledronic Acid (J3489) |
| Colony-stimulating factors – leukocyte growth factors (short- | Granix (J1447) Neupogen (J1442) | Zarxio (Q5101) |

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| acting) | Nivestym (Q5110) Releuko (Q5125) | |
| Colony Stimulating Factors -Leukocyte Growth Factors (long-acting) | Nyvepria (Q5122) Udenyca (Q5111) Ziextenzo (Q5120) Fylnetra (Q5130) Stimufend (Q5127) | Fulphila (Q5108) or Neulasta (J2506) |
| Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease) | Avsola (Q5121) Ilumya (J3245) Orencia IV (J0129) Renflexis (Q5104) | Inflectra (Q5103) or Remicade and Infliximab (J1745) |
| 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) | Euflexxa (J7323) |

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| | Visco-3 (J7321) | |
| 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) Cimerli (Q5128) Vegzelma (Q5129) | Avastin (J9035 or J7999) or Mvasi (Q5107) or Zirabev (Q5118) |
| Zilretta | Zilretta (J3304) | Kenalog (J3301) NAN² |
| 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>.
- U.S. Food & Drug Administration. FDA Approved Drug Products. <https://www.accessdata.fda.gov/scripts/cder/daf/>

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