



Banner Medicare Advantage Prime HMO
Banner Medicare Advantage Dual HMO D-SNP
Step Therapy Requirements for Medicare Outpatient (Part B) Medications

Step Therapy will be required for the medications listed in the table below effective **1/1/2025**, 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
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 Step Therapy)	Pamidronate (J2430) or Zoledronic Acid (J3489)

Colony-stimulating factors – leukocyte growth factors (short-acting)	Granix (J1447) Neupogen (J1442) Leukine (J2820) Nivestym (Q5110) Releuko (Q5125)	Zarxio (Q5101)
Colony Stimulating Factors -Leukocyte Growth Factors (long-acting)	Rolvedon (J1449) 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) Or Tyenne (Q5135) or Tofidence (Q5133)
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)	Euflexxa (J7323)

	<p>Monovisc (J7327) Orthovisc (J7324) Supartz & Supartz FX (J7321) Synvisc & Synvisc- One (J7325) Synojoynt (J3490) Triluron (J7332) TriVisc (J7329) Visco-3 (J7321)</p>	
Doxorubicin (liposomal)	Doxil (Q2050)	Doxorubicin, conventional (J9000)
Trastuzumab / Trastuzumab and hyaluronidase-oysk	<p>Herceptin (J9355) Herceptin Hylecta (J9356) Ontruzant (Q5112) or Herzuma (Q5113) Ogivri (Q5114) or</p>	<p>Kanjinti (Q5117) or Trazimera (Q5116)</p>
Rituximab / Rituximab and hyaluronidase	<p>Rituxan (J9312) Rituxan Hyclea (J9311) Riabni (Q5123)</p>	<p>Ruxience (Q5119) or Truxima (Q5115)</p>
Ophthalmic disorders	<p>Eylea HD (J0177) Eylea (J0178) Beovu (J0179) Vabysmo (J2777) Lucentis (J2778) Susvimo (J2779) Macugen (J2503) Visudyne (J3396) Byooviz(Q5124) Cimerli (Q5128) Vegzelma (Q5129)</p>	<p>Avastin (J9035 or J7999) NAN² or Mvasi (Q5107) or Zirabev (Q5118)</p>
Zilretta	Zilretta (J3304)	Kenalog (J3301) NAN ²
Leucovorin/levoleucovorin	<p>Fusilev (J0641) Khapzory (J0642)</p>	Leucovorin (J0640)
Oncology (Avastin)	<p>Avastin (J9035) (oncology) Alysys (Q5126)</p>	<p>Mvasi (Q5107) or Zirabev (Q5118)</p>

Trastuzumab	Trastuzumab-dkst (Ontruzant) (Q5112) Trastuzumab-pkrb (Herzuma) (Q5113) Trastuzumab-dkst (Ogivri) (Q5114)	Trastuzumab-qyyp (Trazimera) (Q5116) Trastuzumab-anns (Kanjinti) (Q5117)
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 & 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 & 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 & Medicaid Services. <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>.
- National Coverage Determination (NCD). Centers for Medicare & Medicaid 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/>