

Step Therapy Requirements for Medicare Outpatient (Part B) Medications

Starting Jan. 1, 2021, the medications in the table below need step therapy. But, they'll need to meet the following criteria:

- The medication is a Medicare Part B drug.
- The medication is a new drug for your patient, meaning they haven't used it in the last 365 days.
- The drug is an accepted indication under Medicare rules. This means that a drug is used to treat one or more diseases.
- The dose, frequency and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication.

Requested Product		Preferred Alternative Agent(s)	
Avastin	J9035	Mvasi Zirabev	Q5107 Q5118
Beovu	J0179	» For Age Related Macular Degeneration (AMD) - Avastin Mvasi Zirabev	J9035 Q5107 Q5118
Cerezyme	J1786	Vpriv	J3385
Eylea	J0178	» For AMD - Avastin Mvasi Zirabev » For Diabetic Macular Edema (DME)/Diabetic Retinopathy (DR) - Avastin Mvasi Zirabev Lucentis	J9035 Q5107 Q5118 J9035 Q5107 Q5118 J2778
Fusilev	J0641	leucovorin	J0640
Hemlibra	J7170	Xyntha Feiba	J7185 J7198
Herceptin	J9355	Trazimera Kanjinti	Q5116 Q5117
Herceptin Hylecta	J9356	Trazimera Kanjinti	Q5116 Q5117
HP Acthar	J0800	» For all indications except infantile spasms - corticosteroids	various
Infugem	J9198	gemcitabine	J9201
Khapzory	J0642	leucovorin	J0640
Lucentis	J2778	» For AMD - Avastin Mvasi Zirabev	J9035 Q5107 Q5118

Requested Product		Preferred Alternative Agent(s)	
Macugen	J2503	» For AMD - Avastin Mvasi Zirabev	J9035 Q5107 Q5118
Margibo	J9371	vincristine	J9370
Prolia	J0897	» For breast and prostate cancers only - zoledronic acid 5 mg	J3489
Renflexis	Q5104	Remicade Inflectra	J1745 Q5103
Rituxan	J9312	Truxima Ruxience	Q5115 Q5119
Rituxan Hycela	J9311	Truxima Ruxience	Q5115 Q5119
Signifor LAR	J2502	Octreotide Acetate Sandostatin Sandostatin LAR	J2354 J2354 J2353
Soliris	J1300	» For paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic-uremic syndrome (aHUS) Ultomiris	J1303
Treanda	J9033	Bendeka Belrapzo	J9034 J9036
Visudyne	J3396	bevacizumab ophthalmic	C9257 J3490
Xgeva	J0897	» For all indications except hypercalcemia of malignancy - zoledronic acid 4 mg	J3489

Exceptions

Members (enrollees) may request an exception from the plan's step therapy requirement to access a Part B covered drug, which is reviewed through our organization's determination process.

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 & 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/>



1 Cameron Hill Circle | Chattanooga, TN 37402 | bcbstmedicare.com

BlueCross BlueShield of Tennessee, Inc., SecurityCare of Tennessee, Inc., and BlueCare Plus Tennessee are Independent Licensees of the Blue Cross Blue Shield Association.