Paramount Health Plan Step Therapy requirements for Medicare outpatient (Part B) medications

Step Therapy will be required for the medications listed in the table below 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 dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication; **AND**
- The patient is considered a new start to the non-preferred product (defined as no use in the previous 365 days)
- When there are multiple preferred drugs only one is required prior to approval of the non-preferred drug; **AND**
- Step therapy does not apply to patients using a non-preferred product if an indication is not shared by the preferred product or not supported by treatment guidelines or clinical literature

Non-Preferred Product	Preferred Alternative Agent(s)	Go-live date/Update Date	Special Comments
Avastin (J9035) Alymsys (J9999)	Mvasi (Q5107) Zirabev (Q5118)	7/1/2020/ 8/1/2021	• Step Therapy does not apply to ophthalmic indications

Durolane (J7318) Gel-One (J7326) Gelsyn-3 (J7328) Genvisc 850 (J7320) Hyalgan (J7321) Hymovis (J7322) Monovisc (J7327) Orthovisc (J7324) Supartz (J7321) Sodium hyaluronate/ Synojoynt (J7331) Triluron (J7332) Trivisc (J7329) Visco-3 (J7321)	Synvisc/Synvisc-One (J7325) Euflexxa (J7323)	3/1/2020	
Herceptin (J9355) Ontruzant (Q5112) Herzuma (Q5113) Ogivri (Q5114) Herceptin Hylecta (J9356)	Trazimera (Q5116) Kanjinti (Q5117)	7/1/2020 / 8/1/2021	
Neupogen (J1442) Granix (J1447) Nivestym (Q5110) Leukine (J2820) Releuko (J3590)	Zarxio(Q5101)	11/1/2020	
Procrit/Epogen (J0885)	Retacrit (Q5106)	11/1/2020	This requirement is waived if the preferred agent is in shortage
Udenyca (Q5111) Nyvepria (Q5122) Ziextenzo (Q5120)	Fulphila (Q5108) Neulasta (J2505)	7/1/2020	
Rituxan (J9312) Truxima (Q5115) Rituxan Hycela (J9311)	Ruxience (Q5119) Riabni (Q5123)	7/1/2020/ 8/1/2021	• Step therapy does not apply to pemphigus diagnosis
Beovu (J0179) Eylea (J0178) Lucentis (J2778)	Avastin (C9257)	7/1/2021	

Aloxi (J2469)	Granisetron (J1626) Ondansetron (J2405)	10/1/2021	Step Therapy does not apply to Highly Emetogenic Chemotherapy Regimens
Prolia / Xgeva (J0897)	Zoledronic acid (J3489)	10/1/2021	Xgeva only: Step Therapy does not apply to patients with metastatic breast cancer, metastatic castration-resistant prostate cancer, or metastatic lung cancer (both SCLC and NSCLC)
Zilretta (J3304)	Triamcinolone inj. (J3301)	10/1/2021	
Fusilev (J0641)	Leucovorin (J0640)	10/1/2021	
Khapzory (J0642)	Leucovorin (J0640)	10/1/2021	
Sustol (J1627)	Granisetron (J1626) Ondansetron (J2405) Aloxi (J2469)	10/1/2021	Step Therapy does not apply to Highly Emetogenic Chemotherapy Regimens
Abraxane (J9264)	Taxol (J9267)	10/1/2021	Step Therapy excludes patients with pancreatic adenocarcinoma
Remicade (J1745) Infliximab (J1745) Inflectra (Q5103) Avsola (Q5121)	Renflexis (Q5104)	10/1/2021	
Injectafer (J1439) Feraheme (Q0138) Monoferric (J1437)	Venofer (J1756) Infed (J1750) Ferrlecit (J2916)	10/1/2021	
Entyvio (J3380)	Renflexis (Q5104)	10/1/2021	
Evenity (J3111)	Zoledronic acid (J3489)	10/1/2021	Step Therapy does not apply to patients with extremely low BMD (T<-3.5) or a T<-2.5 with a history of fragility fractures.

Soliris (J1300)	Ultomiris (J1303) Ruxience (Q5119) OR Riabni (Q5123) OR Uplizna (J1823)	1/1/2022	For Atypical Hemolytic Uremic Syndrome (aHUS) and Paroxysmal Nocturnal Hemoglobinuria (PNH): • Step through Ultomiris For Neuromyelitis Optica Spectrum Disorders (NMOSD): • Step through Ruxience or Riabni or Uplizna
Simponi Aria (J1602)	Renflexis (Q5104)	1/1/2022	Step Therapy does not apply to Polyarticular Juvenile Idiopathic Arthritis
Cimzia (J0717)	Renflexis (Q5104)	1/1/2022	Step Therapy does not apply for non-radiographic axial spondyloarthritis
Treanda (J9033)	Bendeka (J9034) OR Belrapzo (J9036)	1/1/2022	N/A
Ocrevus (J2350)	Generic glatiramer acetate	1/1/2022	For relapsing multiple sclerosis: • Step through generic glatiramer acetate
Actemra (J3262)	Renflexis (Q5104)	8/1/2022	
Ilumya (J3245)	Renflexis (Q5104)	8/1/2022	
Orencia (J0129)	Renflexis (Q5104)	8/1/2022	
Stelara (J3358/J3357)	Renflexis (Q5104)	8/1/2022	
Susvimo (J3590)	Avastin (C9257)	8/1/2022	
Vabysmo (J3590)	Avastin (C9257)	8/1/2022	

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. 10002, 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 > InternetOnly 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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