



Part B Step Therapy Preferred Drug List

The following Medicare Part B (medical) drugs will be subject to step therapy pursuant to CMS sub-regulatory guidance provided in the HPMS memo dated August 7, 2018.¹ In the referenced guidance, CMS acknowledges that the use of step therapy is a recognized utilization management tool for Medicare Part B drugs.

CMS allowance of step therapy practices for Part B drugs will help achieve goals of lowering drug prices and improving the quality of care, while still maintaining access to covered services and drugs provided to Commonwealth Care Alliance (CCA) members: Medicare Part B Step Therapy MNG

NOTE:

1. Step therapy prior authorization requirements will apply to “NEW STARTS ONLY”
2. Step Therapy will **NOT** apply to members who are currently and actively receiving a non-preferred medication.
 - Defined as members with a paid claim within the past 365 days on the drug list.
 - Clinical documentation of the member utilizing the non-preferred drug
 - Drug samples are excluded

DRUG LIST:

HCPC Code	Drug Name		Preferred (Yes or No)
J9035	Avastin®	bevacizumab	No
Q5107	Mvasi	bevacizumab-awwb	Yes
Q5118	Zirabev	bevacizumab-bvzr	Yes
J1745	Remicade®	Infliximab	No
Q5103	Inflectra	infliximab-dyyb	Yes
Q5104	Renflexis	infliximab-abda	Yes
Q5121	Avsola	infliximab-axxq	No
J1442	Neupogen®	filgrastim (G-CSF)	No
J1447	Granix	filgrastim-tbo	No
Q5101	Zarxio	filgrastim-sndz	Yes
Q5110	Nivestym	filgrastim-aafi	Yes
J2505	Neulasta®	filgrastim	No
Q5108	Fulphila	pegfilgrastim-jmdb	Yes
Q5111	Udenyca	pegfilgrastim-cbqv	No
Q5120	Ziextenzo	pegfilgrastim-bmez	No
J9355	Herceptin®	trastuzumab	No
Q5112	Ontruzant	trastuzumab-dttb	No
Q5113	Herzuma	trastuzumab-pkrb	No
Q5114	Ogivri	trastuzumab-dkst	Yes
Q5116	Trazimera	trastuzumab-qyyp	No
Q5117	Kanjinti	trastuzumab-anns	No



J9312	Rituxan®	Rituximab	No
Q5115	Truxima	rituximab-abbs	Yes
Q5119	Ruxience	rituximab-pvvr	No

LIMITATIONS/EXCLUSIONS:

- Senior Care Options- Massachusetts Health Only (SCO-MHO)

Drug Revision/Review LOG:

Year	Month(s) reviewed	Description
2020	December 1 st , 2020	Policy and preferred drug list effective date
2021	1/1/21, 3/31/21	Preferred drugs reviewed and updated

REFERENCES:

1. https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/Downloads/MA_Step_Therapy_HPMS_Memo_8_7_2018.pdf
2. <https://www.federalregister.gov/documents/2019/05/23/2019-10521/modernizing-part-d-and-medicare-advantage-to-lower-drug-prices-and-reduce-out-of-pocket-expenses>
3. <https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-prior-authorization-and-step-therapy-part-b-drugs>
4. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/HCPCS-Quarterly-Update>
5. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS>
6. <https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>