

## Part B Step Therapy Drug List

The following Part B drugs will be subject to step therapy pursuant to CMS sub-regulatory guidance provided in the HPMS memo dated August 7, 2018.<sup>1</sup> In this guidance, CMS is acknowledging that the use of step therapy is a recognized utilization management tool. The allowance of step therapy practices for Part B drugs will help achieve the goal of lower drug prices while maintaining access to covered services and drugs for beneficiaries.

Step therapy prior authorization requirements will apply to “new starts” only and will not apply for customers who are currently and actively receiving medications (members with a paid claim within the past 365 days) on the list.

For dates of service on or after January 1<sup>st</sup>, 2020, we will require step therapy prior authorization for the following Part B medications that are non-preferred products:

Step Therapy Drug Class	Drug Name	Preferred	HCPCS
G-CSF Short-acting	Zarxio	yes	Q5101
	Nivestym	yes	Q5110
	Granix	no	J1447
	Neupogen	no	J1442
Immunomodulators	Renflexis	yes	Q5104
	Inflectra	yes	Q5103
	Remicade	no	J1745

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<sup>1</sup> August 7<sup>th</sup>, 2018, HPMS memo “Prior Authorization and Step Therapy for Part B Drugs in Medicare Advantage.”

This program only applies to Medicare Advantage plans and excludes Leon, Arizona, and both Texas STAR+PLUS and Medicare-Medicaid plans.

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