MVP Health Care Medical Policy

Medicare Part B Step Therapy

Type of Policy:	**Administrative**
Prior Approval Date:	**04/01/2024**
Approval Date:	**11/01/2024**
Effective Date:	**01/01/2025**

Related Policies:

Pharmacy Programs Administration

Pharmacy Management Programs

Medicare Part B vs. Part D Determination

Medical Drug List

Refer to the MVP Medicare website for the Medicare Part D formulary and Part D policies.

Refer to the MVP website for the Medicare Part B policies for coverage criteria of drugs covered under the medical benefit.

Codes Requiring Prior Authorization: N/A

Overview

Step therapy requires one or more preferred drugs to be trialed to treat a medical condition prior to using a non-preferred/non-covered drug.

The list of drugs that require step therapy may change throughout the plan year. Refer to the MVP Medical Drug List for a complete list of preferred medical drugs.

Part D drugs MAY be preferred over non-preferred Part B drugs in some instances. For a full list of covered drugs, refer to the MVP Medicare website for the Medicare Part D Formulary and Part D policies.

Indications/Criteria

Medicare Part B Step Therapy will be required for the medications listed in this policy, provided the following criteria are met:

- **National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and/or related Policy Articles may exist and compliance with these policies is required where applicable**
- The requested medication meets the definition of a Part B drug
- Step therapy applies to new starts ONLY, as defined by no use in the last 365 days:
    - Members currently established on a non-preferred drug are not required to switch to a preferred drug
    - Supporting documentation must be submitted by the provider stating that the member is currently established on therapy OR there is a paid claim for the non-preferred drug in the past 365 days
- The requested non-preferred drug must be used for a medically accepted indication under Medicare rules.
- Members and/or providers may request an exception to step therapy.
- Documentation of medical necessity must be provided by the prescriber.
- This list includes common uses for which the drug is prescribed. For specific criteria for drug coverage, please refer to the corresponding clinical policy associated with the drug if applicable.

Part B Step Therapy Drug List (non-Oncology)

Drug Category	Preferred Drug(s)	Non-Preferred Drug(s)*
Asthma Agents	Cinqair, Fasenra, Nucala	Tezspire
Central Nervous System	Abilify Asimtufii, Abilify Maintena, Aristada, Invega Hayfera, Invega Sustenna, Invega Trinza, Perseris, Risperdal Consta, Zyprexa Relprevv	Uzedy
Erythropoietic Agents	Retacrit	Procrit
Multiple Sclerosis Agents	Ocrevus	Lemtrada, Tysabri, Briumvi

Not an all-inclusive list and is subject to change at any time

Oncology Medical Drug List

Preferred Oncology Product	Non-Preferred Oncology Product
Zirabev Mvasi	Avastin Alymsys Vegzelma
Herceptin Trazimera Herceptin Hylecta	Kanjinti Ogivri Ontruzant Herzuma Hercessi
Neulasta Udenyca	Fulphila Ziextenzo Fylnetra Rolvedon Stimufend Nyvepria
Nivestym Releuko	Zarxio Neupogen Granix
Ruxience Rituxan Rituxan Hycela	Truxima Riabni
Gemcitabine	Infugem
leucovorin	levoleucovorin
Aranesp Retacrit	Procrit/Epogen
Aloxi Emend Fosaprepitant	Akynzeo Cinvanti Sustol

References

1. Centers for Medicare and Medicaid Services, Health Plan Management System (HPMS), MA_Step_Therapy_HPMS_Memo_8_7_18
2. Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100-02, Chapter 15, Sec. 50. Revised 06/13/2024. Available at:

https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf
3. Local Coverage Determination (LCD). Centers for Medicare & Medicare Services. http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx.
4. National Coverage Determination (NCD). Centers for Medicare & Medicare Services. http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx.
5. Medicare Advantage (MA) and step therapy for Part B drugs. Code of Federal Regulations 422.136. Updated May 23, 2019. Available at: eCFR :: 42 CFR 422.136 -- Medicare Advantage (MA) and step therapy for Part B drugs.