



Banner
University Family Care

Banner – University Family Care (ACC and ALTCS Plans) Step Therapy Requirements for Medications

Step Therapy will be required for the medications listed in the table below effective **1/1/2024**, provided the following are met:

- The requested product meets the definition of a step therapy 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 proposed use of the preferred alternative agent will be limited to new starts (365-day lookback period); **AND**
- The dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication

Class	Requested Product	Preferred Alternative Agent(s) ¹
Erythropoiesis-Stimulating Agents	Mircera (J0887)	Retacrit (Q5106) Aranesp (J0881) Procrit (J0885) Epogen (J0885)
Bone resorption inhibitors	Xgeva (J0897) (Only oncology indications)	Zoledronic Acid (J3489) NAN²
Colony-stimulating factors – leukocyte growth factors (short-acting)	Granix (J1447) Leukine (J2820) Zarxio (Q5101) Releuko (Q5125) Neupogen (J1442)	Nivestym (Q5110)
Colony Stimulating Factors -Leukocyte Growth Factors (long-acting)	Rolvedon (J1449) Neulasta and Neulasta Onpro(J2506) Stimufend (Q5127) Udenyca (Q5111) Fulphila (Q5108) or	Ziextenzo (Q5120) Fylnetra (Q5130)

	Nyvepria (Q5122) or	
Immunomodulators	<p>Inflectra (Q5103) Remicade (J1745) Renflexis (Q5104) Avsola (Q5121)</p>	Infliximab (J1745)
Viscosupplements	<p>Durolane (J7318) Gel-One (J7326) Gelsyn3 (J7328) Genvisc 850 (J7320) Hyalgan (J7321) Hymovis (J7322) Monovisc (J7327) Orthovisc (J7324) Supartz & Supartz FX (J7321) Synojoynt (J3490) Synvisc & Synvisc- One (J7325) Triluron (J7332) TriVisc (J7329) Visco-3 (J7321)</p>	Euflexxa (J7323)
Trastuzumab / Trastuzumab and hyaluronidase-oysk	<p>Herceptin (J9355) Herceptin Hylecta (J9356) Ontruzant (Q5112)</p>	<p>Herzuma (Q5113) Kanjinti (Q5117) Ogivri (Q5114) Trazimera (Q5116)</p>
Rituximab / Rituximab and hyaluronidase	Riabni (Q5123)	<p>Ruxience (Q5119) Truxima (Q5115) Rituxan (J9312)</p>
Immunological Agents	<p>Immune Globulin (asceniv) (J1554) Immune Globulin SQ (Cuvitru) (J1555) Immune Globulin (Bivigam) (J1556) Immune Globulin (Gammaplex) (J1557) Gamma Globulin (GamaStan) (J1460) Immune Globulin NOS non-lyophilized (J1599) Immune Globulin (Octagam) (J1568) Immune Globulin (Vivaglobin) (J1562) Immune Globulin (Xembify) (J1558)</p>	<p>Immune Globulin (Flebogamma/Flebogamma Dif) (J1572) or Gamma Globulin (Gammunex, Gammaked) (J1560) or Immune Globulin (Gamunex/Gamunex-C/Gammaked) (J1561) or Immune Globulin NOS powder (J1566) or Immune Globulin (Gammagard Liquid) (J1569) or Immune Globulin (Hizentra) (J1559) or Immune Globulin (Privigen) (J1459)</p>

Oncology (Avastin)	Mvasi (Q5107) or Zirabev (Q5118) or Almysis (Q5126) or Vegzelma (Q5129)	Avastin (J9035) NAN²
Ophthalmic (Avastin)	Beovu (J0179) Byooviz (Q5124) Cimerli (Q5128) Eylea (J0178) Lucentis (J2778) Susvimo (J2779) Vabysmo (J2777)	Avastin (J7999) NAN²
Iron Supplements	Feraheme (Q0138) Injectafer (J1439)	Ferrlecit (J2916) NAN² or Infed (J1750) NAN² or Venofer (J1756) NAN²

1. Prior Authorization is required for all medications listed unless it states NAN

2. NAN = No Prior Authorization is needed

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 & 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/>