



Banner University Health Plans

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 **1/1/22**, 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	Epogen/Procrit (J0885)	Retacrit (Q5106)
Bone resorption inhibitors	Xgeva (J0897) (Only oncology indications)	Zoledronic Acid (J3489) NAN ²
Colony-stimulating factors – leukocyte growth factors (short-acting)	Granix (J1447) Zarxio (Q5101)	Neupogen (J1442) or Nivestym (Q5110)
Colony Stimulating Factors - Leukocyte Growth Factors (long-acting)	Neulasta (J2505) Ziextenzo (Q5120)	Fulphila (Q5108) or Nyvepria (Q5122) or Udenyca (Q5111)
Immunomodulators	Inflectra (Q5103) Remicade (J1745) Renflexis (Q5104)	Avsola (Q5121)
Viscosupplements	Durolane (J7318) Euflexxa (J7323) Gel-One (J7326) Gelsyn3 (J7328) Genvisc 850 (J7320) Hyalgan (J7321) Hymovis (J7322) Monovisc (J7327)	



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	<p>Orthovisc (J7324)</p> <p>Supartz & Supartz FX (J7321)</p> <p>Synjoynt (J3490)</p> <p>Synvisc & Synvisc- One (J7325)</p> <p>Triluron (J7332)</p> <p>TriVisc (J7329)</p> <p>Visco-3 (J7321)</p>	
Trastuzumab / Trastuzumab and hyaluronidase-oysk	<p>Herzuma (Q5113)</p> <p>Kanjinti (Q5117)</p> <p>Ogivri (Q5114)</p> <p>Ontruzant (Q5112)</p> <p>Trazimera (Q5116)</p>	<p>Herceptin (J9355) NAN² or</p> <p>Herceptin Hylecta (J9356) NAN²</p>
Rituximab / Rituximab and hyaluronidase	<p>Riabni (Q5123)</p> <p>Ruxience (Q5119)</p> <p>Truxima (Q5115)</p>	<p>Rituxan (J9312) NAN²</p>
Immunological Agents	<p>Immune Globulin (asceniv) (J1554)</p> <p>Immune Globulin SQ (Cuvitru) (J1555)</p> <p>Immune Globulin (Gammaplex) (J1557)</p> <p>Gamma Globulin (GamaStan) (J1460)</p> <p>Immune Globulin NOS powder (J1566)</p> <p>Immune Globulin NOS non-lyophilized (J1599)</p> <p>Immune Globulin (Octagam) (J1568)</p> <p>Immune Globulin (Vivaglobin) (J1562)</p> <p>Immune Globulin (Xembify) (J1558)</p>	<p>Immune Globulin (Bivigam) (J1556) or</p> <p>Immune Globulin (Flebogamma/Flebogamma Dif) (J1572) or Gamma Globulin (Gammunex, Gammaked) (J1560) or</p> <p>Immune Globulin (Gamunex/Gamunex-C/Gammaked) (J1561) or</p> <p>Immune Globulin (Gammagard Liquid) (J1569) or</p> <p>Immune Globulin (Hizentra) (J1559) or</p> <p>Immune Globulin (Privigen) (J1459)</p>
Oncology (Avastin)	<p>Mvasi (Q5107) or</p> <p>Zirabev (Q5118)</p>	<p>Avastin (J9035) NAN²</p>
Iron Supplements	<p>Feraheme (Q0138)</p> <p>Injectafer (J1439)</p>	<p>Ferrlecit (J2916) NAN² or</p> <p>Infed (J1750) NAN² or</p> <p>Venofer (J1756) NAN²</p>



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- 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/>