

## Medicare Part B Step Therapy Policy

**Effective:** January 1, 2022

Applies to the following products:

Harvard Pilgrim Stride HMO (Medicare Advantage)

### OVERVIEW

Some medically administered Part B drugs may have additional requirements or limits on coverage. These requirements and limits may include step therapy. This is when we require you to first try certain preferred drugs to treat your medical condition before we will cover another non-preferred drug for that condition.

This policy supplements Medicare Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs) for the purpose of determining coverage under Medicare Part B medical benefits and applies a step therapy for the following drugs/products.

A Member cannot be required under this policy to change a current drug/product. For the purposes of this policy, a current drug/product means the member has a paid claim for the drug/product within the past 365 days or there is clinical documentation of the member utilizing the non-preferred drug. For example, a new plan Member currently using a particular drug/product will not be required to switch to the preferred drug/product upon enrollment. Similarly, an existing member currently using a particular drug/product will not be required to change drug/products in the event this policy is updated.

This policy applies a step therapy for the following drugs/products. This list indicates the common uses for which the drug is prescribed. This list can change from time to time.

| Drug Class   | Non-preferred Product(s) | Preferred Product(s) |
|--|--------------------------|----------------------|
| <b>Autoimmune</b>  | Avsola                   | Inflectra            |
|  | Renflexis                | Remicade             |
| <b>Bendamustine HCl Injection</b>  | Treanda                  | Bendeka              |
|  |                          | Belrapzo             |
| <b>Bevacizumab – oncology</b>  | Avastin                  | Mvasi                |
|  |                          | Zirabev              |
| <b>Iron Preparation, Parenteral</b>  | Feraheme                 | Ferrlecit            |
|  | Injectafer               | Infed                |
|  | Monoferric               | Venofer              |
| <b>Leucovorin / LEVOleucovorin Injection</b>                                   | Fusilev                  | leucovorin injection |
|  | Khapzory                 |                      |
| <b>Neutropenia Colony Stimulating Agents – long acting</b>                     | Nyvepria                 | Fulphila             |
|  | Udenyca                  | Neulasta             |
|  | Ziextenzo                |                      |
| <b>Neutropenia Colony Stimulating Agents – short acting</b>                    | Granix                   | Zarxio               |
|  | Leukine                  |                      |
|  | Neupogen                 |                      |
|  | Nivestym                 |                      |
| <b>Paroxysmal nocturnal hemoglobinuria, atypical hemolytic uremic syndrome</b> | Soliris                  | Ultomiris            |
| <b>Retinal Disorders</b>   | Beovu                    | Avastin              |
|  | Eylea                    |                      |
|  | Lucentis                 |                      |

|  |                   |                                   |
|--|-------------------|-----------------------------------|
|  | Macugen           |                                   |
|  | Visudyne          |                                   |
| <b>Rituximab</b>                         | Rituxan           | Riabni                            |
|  | Rituxan Hycela    | Ruxience                          |
|  |                   | Truxima                           |
| <b>Trastuzumab</b>                       | Herceptin         | Herzuma                           |
|  | Herceptin Hylecta | Kanjinti                          |
|  |                   | Ogivri                            |
|  |                   | Ontruzant                         |
|  |                   | Trazimera                         |
| <b>Triamcinolone Acetonide Injection</b> | Zilretta          | triamcinolone acetonide injection |
| <b>Viscosupplements</b>                  | Durolane          | Euflexxa                          |
|  | Gel-One           |                                   |
|  | Gel-Syn           |                                   |
|  | Genvisc 850       |                                   |
|  | Hyalgan           |                                   |
|  | Hymovis           |                                   |
|  | Monovisc          |                                   |
|  | Orthovisc         |                                   |
|  | Supartz           |                                   |
|  | Synojoynt         |                                   |
|  | Synvisc           |                                   |
|  | Synvisc One       |                                   |
|  | Triluron          |                                   |
|  | Trivisc           |                                   |
|  | Visco-3           |                                   |

In addition to any LCD/NCD policies required by the Plan, a non-preferred product must satisfy the following criteria. If a provider administers a non-preferred product without obtaining prior authorization, Harvard Pilgrim Healthcare may deny claims for the non-preferred product.

1. Documentation of **one (1)** of the following:
  - a. History of use of at least one preferred product resulting in a substandard response to therapy
  - b. History of intolerance or adverse event to at least one preferred product
  - c. Rationale that the preferred product(s) is not clinically appropriate (**Note:** Convenience does not qualify as clinical rationale for inappropriateness of a preferred product)
  - d. Continuation of prior therapy with the requested non-preferred product within the past 365 days