



Step therapy for Medicare Part B prescription drugs

Applies *only* to Blue Shield Select (PPO) and Blue Shield Medicare (PPO) plans

Medicare Part B medications are:

- Drugs that you normally would not take yourself. These include drugs that are infused or taken while you visit your physician, outpatient hospital, or ambulatory center or given at home by a visiting nurse.
- Certain outpatient prescription drugs. Examples include:
 - Clotting factors you give yourself by injection if you have hemophilia
 - Immunosuppressive drugs if Medicare helped pay for your transplanted organ
 - Injectable osteoporosis drugs if you are homebound
 - Certain oral anti-cancer drugs if there is also an injectable form
 - Oral anti-nausea drugs when used as a full replacement to injectable anti-nausea drugs
 - Certain drugs for home dialysis such as erythropoiesis-stimulating agents (such as Epogen, Procrit, Epoetin Alfa, Aranesp, or Darbepoetin Alfa)

These medications are covered under the Part B benefit. Please refer to your *Evidence of Coverage (EOC)*, Chapter 4.

Certain Medicare Part B drugs require a step therapy during the prior authorization review. A step therapy requires you to first try certain drugs to treat your medical condition before another drug is covered. For example, if Drug A and Drug B both treat your medical condition, Blue Shield of California may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Shield of California will then cover Drug B.

If you have any questions, please call Customer Service at the number on your ID card.

Below is the list of medications for your condition that would require step therapy.

| Requested drugs | Step therapy |
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| Red blood cell stimulators | |
| Mircera | Requires a trial of 2 of the following: Retacrit, Procrit, Epogen, or Aranesp |
| White blood cell stimulators | |
| Neupogen | Requires a trial of Zarxio and Nivestym |
| Granix | Requires a trial of Zarxio and Nivestym |
| Releuko | Requires a trial of Zarxio and Nivestym |
| Neulasta | Requires a trial of Nyvepria and Udenyca |
| Ziextenzo | Requires a trial of Nyvepria and Udenyca |
| Fulphila | Requires a trial of Nyvepria and Udenyca |
| Rolvedon | Requires a trial of Nyvepria and Udenyca |
| Flynetra | Requires a trial of Nyvepria and Udenyca |
| Stimufend | Requires a trial of Nyvepria and Udenyca |
| Drugs to suppress the immune system (Anti-TNF) | |
| Renflexis | Requires a trial of Avsola and Inflectra |
| Remicade | Requires a trial of Avsola and Inflectra |
| Enzyme replacement (Gaucher disease) | |
| Elelyso | Requires a trial of Cerezyme and VPRIV |
| Drugs used for cancer (anti-VEGF) | |
| Avastin | Requires a trial of Mvasi and Zirabev |
| Alymsys | Requires a trial of Mvasi and Zirabev |
| Drugs used for cancer or to suppress the immune system (monoclonal) | |
| Rituxan | Requires a trial of Ruxience and Truxima |
| Riabni | Requires a trial of Ruxience and Truxima |
| Drugs used for cancer – (HER2-targeted) | |
| Herceptin | Requires a trial of Kanjinti and Trazimera |
| Ogivri | Requires a trial of Kanjinti and Trazimera |
| Herzuma | Requires a trial of Kanjinti and Trazimera |
| Ontruzant | Requires a trial of Kanjinti and Trazimera |

Blue Shield of California (BSC) follows Medicare statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and policy articles for determining coverage for Part B drug requests when applicable.

BSC Medicare Part B Drug Policies will be used when coverage criteria are not fully established or there is an absence of any applicable Medicare statutes, regulations, NCDs or LCDs.

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