Step therapy for Medicare Part B prescription drugs

Applies *only* to Blue Shield Inspire (PPO) plan in Alameda County and Blue Shield Medicare (PPO) plans.

Medicare Part B medications are:

- Drugs that you normally would not take yourself. These include drugs that are injected or 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*, 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 Care at **(800) 776-4466** (TTY: **711**), 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30.

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

Requested drugs	Step therapy
Red blood cell stimulators	
Procrit*	Requires a trial of Retacrit*
Epogen*	Requires a trial of Retacrit*
Aranesp*	Requires a trial of Retacrit*
Mircera	Requires a trial of Retacrit*
White blood cell stimulators	
Neupogen	Requires a trial of Zarxio
Granix	Requires a trial of Zarxio
Nivestym	Requires a trial of Zarxio
Drugs to suppress the immune system (Anti-TNF)	
Renflexis	Requires a trial of Remicade or Inflectra
Avsola	Requires a trial of Remicade or Inflectra
Enzyme replacement (Gaucher Disease)	
VPRIV	Requires a trial of Cerezyme
Elelyso	Requires a trial of Cerezyme
Drugs used for cancer (anti-VEGF)	
Avastin	Requires a trial of Mvasi or Zirabev
Drugs used for cancer or to suppress the immune system (monoclonal antibody)	
Rituxan	Requires a trial of Ruxience or Riabni
Truxima	Requires a trial of Ruxience or Riabni
Drugs used for cancer - (HER2-targeted therapy)	
Herceptin	Requires a trial of Kanjinti or Trazimera
Ogivri	Requires a trial of Kanjinti or Trazimera
Herzuma	Requires a trial of Kanjinti or Trazimera
Ontruzant	Requires a trial of Kanjinti or Trazimera

* Medicare national and local coverage guideline requirements also apply in addition to the step therapy requirement.

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