

Step therapy for Medicare Part B prescription drugs

Applies only to CCPOA Medical Plan 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
Red blood cell stimulators	
Mircera	Requires a trial of 2 of the following:
	Retacrit, Procrit, Epogen, or Aranesp
White blood cell stimulators	
Granix	Requires a trial of Zarxio and Nivestym
Neupogen	Requires a trial of Zarxio and Nivestym
Nypozi	Requires a trial of Zarxio and Nivestym
Releuko	Requires a trial of Zarxio and Nivestym
Flynetra	Requires a trial of Nyvepria and Udenyca
Fulphila	Requires a trial of Nyvepria and Udenyca
Neulasta	Requires a trial of Nyvepria and Udenyca
Rolvedon	Requires a trial of Nyvepria and Udenyca
Stimufend	Requires a trial of Nyvepria and Udenyca
Ziextenzo	Requires a trial of Nyvepria and Udenyca
Drugs to suppress the immune system (Anti TNF)	
Remicade	Requires a trial of Avsola and Inflectra
Renflexis	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)	
Alymsys	Requires a trial of Mvasi and Zirabev
Avastin	Requires a trial of Mvasi and Zirabev
Vegzelma	Requires a trial of Mvasi and Zirabev
Drugs used for cancer or to suppress the immune system (monoclonal)	
Riabni	Requires a trial of Ruxience and Truxima
Rituxan	Requires a trial of Ruxience and Truxima
Drugs used for cancer (HER2 targeted)	
Herceptin	Requires a trial of Kanjinti and Trazimera
Hercessi	Requires a trial of Kanjinti and Trazimera
Herzuma	Requires a trial of Kanjinti and Trazimera
Ogivri	Requires a trial of Kanjinti and Trazimera
Ontruzant	Requires a trial of Kanjinti and Trazimera
Drugs to suppress the immune system (Anti TNFs, anti IL inhibitors)	
Imuldosa	Requires a trial of Stelara
Otulfi	Requires a trial of Stelara
Pyzchiva	Requires a trial of Stelara
Selarsdi	Requires a trial of Stelara
Steqeyma	Requires a trial of Stelara
Wezlana	Requires a trial of Stelara
Yesintek	Requires a trial of Stelara

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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