



# 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*, 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
<b>Red blood cell stimulators</b>	
Mircera	Requires a trial of 2 of the following: Retacrit*, Procrit*, Epogen*, or Aranesp*
<b>White blood cell stimulators</b>	
Neupogen	Requires a trial of Zarxio and Nivestym
Granix	Requires a trial of Zarxio and Nivestym
Releuko	Requires a trial of Zarxio and Nivestym
Nyvepria	Requires a trial of Neulasta and Udenyca
Ziextenzo	Requires a trial of Neulasta and Udenyca
Fulphila	Requires a trial of Neulasta and Udenyca
Rolvedon	Requires a trial of Neulasta and Udenyca
Flynetra	Requires a trial of Neulasta and Udenyca
Stimufend	Requires a trial of Neulasta and Udenyca
<b>Drugs to suppress the immune system (Anti-TNF)</b>	
Renflexis	Requires a trial of Avsola and Inflectra
Remicade	Requires a trial of Avsola and Inflectra
Infliximab	Requires a trial of Avsola and Inflectra
<b>Enzyme replacement (Gaucher Disease)</b>	
VPRIV	Requires a trial of Cerezyme
ElELYso	Requires a trial of Cerezyme
<b>Drugs used for cancer (anti-VEGF)</b>	
Avastin	Requires a trial of Mvasi and Zirabev
Alymsys	Requires a trial of Mvasi and Zirabev
Vegzelma	Requires a trial of Mvasi and Zirabev
<b>Drugs used for cancer or to suppress the immune system (monoclonal antibody)</b>	
Rituxan	Requires a trial of Ruxience and Truxima
Riabni	Requires a trial of Ruxience and Truxima
<b>Drugs used for cancer - (HER2-targeted therapy)</b>	
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

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

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