

Security Health Plan adds preferred alternatives for 15 drugs to Medicare Part B step therapy program, effective April 1, 2020

The Centers for Medicare and Medicaid Services (CMS) previously issued guidance that provides Medicare Advantage plans the option of applying step therapy for physician-administered Part B drugs in a way that lowers costs and improves the quality of care for Medicare beneficiaries.

Security Health Plan implemented step therapy requirements on May 1, 2019, for NEW starts of the following drugs:

- aflibercept (Eylea®), ranibizumab (Lucentis®) and pegaptanib (Macugen®) - with bevacizumab as the preferred drug
- epoetin alfa (Epogen®, Procrit®) - with epoetin alfa-epbx (Retacrit®) as the preferred drug

For dates of service on or after April 1, 2020, Security is adding the following drugs to the program. In-scope indications include all medically accepted indications unless otherwise noted in the table below. These step therapy requirements apply to commercial lines of business as well as Medicare.

Requested Product	Preferred Alternative Agent(s)	Special Comments
Beovu® (brolucizumab) (J0179)	Avastin® (bevacizumab) – <i>for ophthalmic indications only</i> (C9257)	N/A
Neupogen® (filgrastim) (J1442), Nivestym® (filgrastim-aafi) (Q5110)	Granix® (tbo-filgrastim) (J1447), Zarxio® (filgrastim-sndz) (Q5101)	N/A
Aloxi® (palonosetron) (J2469)	granisetron injection (J1626), ondansetron injection (J2405)	Step therapy requirements <u>DO NOT APPLY</u> to chemotherapy regimens considered highly emetogenic
Avastin® (bevacizumab) - <i>For oncology indications only</i> (J9035)	Mvasi® (bevacizumab-awwb) (Q5107), Zirabev® (bevacizumab-bvzr) (Q5118)	Step therapy requirements <u>DO NOT APPLY</u> to the following FDA-approved indications: Metastatic colorectal cancer: In combo w/ intravenous fluorouracil-based chemo for 2 nd -line treatment. In combo w/ fluoropyrimidine- irinotecan- or fluoropyrimidine-oxaliplatin-based chemo for 2 nd -line treatment in patients who have progressed on a 1 st -line Avastin-containing regimen.
Fusilev® (levoleucovorin) (J0641), Khapzory® (levoleucovorin) (J0642)	leucovorin (J0640)	N/A

Herceptin® (trastuzumab) (J9355)	Ontruzant® (trastuzumab-dttb) (Q5112), Herzuma® (trastuzumab-pkrb) (Q5113), Ogivri® (trastuzumab-dkst) (Q5114), Trazimera® (trastuzumab-qyyp) (Q5116), Kanjinti® (trastuzumab-anns) (Q5117)	N/A
Herceptin Hylecta® (trastuzumab and hyaluronidase-oysk) (J9356)	Ontruzant® (trastuzumab-dttb) (Q5112), Herzuma® (trastuzumab-pkrb) (Q5113), Ogivri® (trastuzumab-dkst) (Q5114), Trazimera® (trastuzumab-qyyp) (Q5116), Kanjinti® (trastuzumab-anns) (Q5117)	N/A
Rituxan® (rituximab) (J9312)	Truxima® (rituximab-abbs) (Q5115), Ruxience® (rituximab-pvvr)	Step therapy requirements <u>DO NOT APPLY</u> to the following FDA-approved indications: Non-Hodgkin's Lymphoma (NHL): Follicular, CD-20 positive, B-cell NHL in patients achieving a complete or partial response to a rituximab product in combo w/ chemo, as single-agent maintenance therapy. Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after 1st-line cyclophosphamide, vincristine, and prednisone (CVP) chemo. Rheumatoid Arthritis (RA) in combination with methotrexate in adult patients with moderately to severely-active RA who have inadequate response to one or more TNF antagonist therapies.

Rituxan Hycela® (rituximab and hyaluronidase) (J9311)	Truxima® (rituximab-abbs) (Q5115), Ruxience® (rituximab-pvvr)	Step therapy requirements <u>DO NOT APPLY</u> to the following FDA-approved indications: Non-Hodgkin's Lymphoma (NHL): Follicular, CD-20 positive, B-cell NHL in patients achieving a complete or partial response to a rituximab product in combo w/ chemo, as single-agent maintenance therapy. Non-progressing (including stable disease), low-grade, CD20-positive, B-cell NHL as a single agent after 1 st -line cyclophosphamide, vincristine, and prednisone (CVP) chemo.
Sustol® (granisetron extended release injection) (J1627)	Aloxi® (palonosetron) (J2469), granisetron injection (J1626), ondansetron injection (J2405)	N/A
Treanda® (bendamustine) (J9033)	Belrapzo® (bendamustine) (J9036), Bendeka® (bendamustine) (J9034)	Step therapy requirements <u>DO NOT APPLY</u> to the following FDA-approved indications: Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within 6 months of treatment with rituximab or a rituximab-containing regimen
Xgeva® (denosumab) (J0897)	zoledronic acid (J3489)	Step therapy requirements <u>DO NOT APPLY</u> to the following FDA-approved indications: Hypercalcemia of malignancy Skeletal-related events in patients with bone metastases from metastatic breast and metastatic castration-resistant prostate cancers
Zilretta® (triamcinolone acetonide extended release injection) (J3304)	Kenalog® (triamcinolone acetonide) (J3301)	N/A

Implementation will continue to be for new starts only (no use in the previous 365 days), meaning no beneficiaries currently receiving eligible step therapy drugs under Part B will have to change their drug. Step therapy prior authorization will be managed through Security Health Plan's specialty pharmacy medication partner, Magellan. Please call 1-800-424-8243 or access Magellan's website at spcustomer.magellanprovider.com.