

## New drugs added to Medicare Part B step therapy program

For dates of service on or after Jan. 1, 2024, the following drugs will be added to the Medicare Part B step therapy program. In-scope indications include all medically accepted indications unless otherwise noted in the table below. These step therapy requirements apply to Medicare, individual and family, small and large employer group plans as well as select Security Administrative Services groups managed by Magellan.

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 first implemented step therapy requirements on May 1, 2019, and has added to the program periodically for new starts of certain targeted drugs.

Requested Product	Preferred Alternative Agent(s)	Special Comments
Paclitaxel Protein-Bound (American Regent – J9259), Paclitaxel Protein-Bound (Teva – J9999)	Taxol (J9267)	<p>Step therapy requirements <b>DO NOT APPLY</b> to the following FDA-approved indications:</p> <ul style="list-style-type: none"><li>• Pancreatic Adenocarcinoma</li><li>• Non-small cell lung cancer (NSCLC) when used as first-line treatment in combination with carboplatin for locally advanced or metastatic disease in patients who are not candidates for curative surgery or radiation therapy</li><li>• Breast Cancer when used after failure of combination chemotherapy (which should have included an anthracycline) for metastatic disease or relapse within 6 months of adjuvant chemotherapy</li></ul>

In addition, the following previously preferred drugs will be moved to non-preferred.

Requested Product	Preferred Alternative Agent(s)	Special Comments
Trazimera (Q5116), Ontruzant (Q5112), Herzuma (Q5113)	Ogivri (Q5114), Kanjinti (Q5117)	N/A
Fulphila (Q5108)	Neulasta (J2506), Udenyca (Q5111)	N/A

Lastly, Avsola (Q5121) was previously a non-preferred drug but will be moved to preferred. Renflexis (Q5104) remains a preferred drug.

Requested Product	Preferred Alternative Agent(s)	Special Comments
Remicade (J1745), Infliximab (J1745), Inflectra (Q5103)	Avsola (Q5121), Renflexis (Q5104)	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 their website at [www.mrxgateway.com](http://www.mrxgateway.com).