# New drugs added to Medicare Part B step therapy program

For dates of service on or after April 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 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 |
|---|---|---|
| Avzivi (J3590) | Mvasi (Q5107)<br>Zirabev (Q5118) | N/A |
| Sandostatin LAR (J2353)<br>Signifor LAR (2502) | Somatuline Depot (J1930) | N/A |

In addition, Alyglo (J1599) will be added to the list of preferred agents in the intravenous immune globulin (IVIG) category.

| Requested product | Preferred alternative Agent(s) | Special comments |
|---|---|---|
| Asceniv (J1554) | Alyglo (J1599)<br>Bivigam(J1556)<br>Carimune NF (J1566)<br>Flebogamma (J1572)<br>Gamunex-C (J1561)<br>Gammagard Liquid(J1569) | N/A |

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|---|---|---|
| | Gammagard S/D (J1566)<br>Gammaked (J1561)<br>Gammaplex (J1557)<br>Octagam (J1568)<br>Privigen (J1459)<br>Panzyga (J1599)<br>IV immune globulin (J1599) | |

Lastly, the language regarding the use of Avastin (bevacizumab) prior to other therapies for ophthalmic indications will be updated to the following:

| Requested product | Preferred alternative Agent(s) | Special comments |
|---|---|---|
| Eylea (J0178), Lucentis (J2778), Macugen (J2503), Byooviz (J3590), Cimerli (J3590), Susvimo (J3590), Vabysmo (J3590), Beovu (J0179) | Avastin (bevacizumab) – *for ophthalmic indications only* (C9257) | Patient must try and have an inadequate response (defined as one to two injections in either eye with minimal to no improvement), clinically significant adverse effects, or contraindication to Avastin (bevacizumab) prior to consideration of a non-preferred product. Documentation of contraindication, adverse events, or date(s) of failed therapy to Avastin (bevacizumab) required. |

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.