

## Step Therapy Requirements for AvMed Medicare Outpatient (Part B) Medications

Pharmacy Update

Step Therapy will be required for the medications listed in the table below, provided the following are met for the requested drug:

- Meets the definition of a Medicare Part B medication.
- New for the patient, as defined by no use in the last 365 days.
- Proposed use of the requested/and or alternative drug has been determined to be a medically accepted indication under Medicare rules.
- Dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication.

### Exceptions

- Members (enrollees) may request an exception from the plan's step therapy requirement to access a Part B covered drug, which is reviewed through our organization's determination process.

Requested Product		Preferred Alternative(s)	
Beovu	J0179	Avastin	J9035
Byooviz	Q5124		
Cimerli	Q5128		
Eylea	J0178		
Lucentis	J2778		
Susvimo	J2779		
Vabysmo	J2777		
Durolane	J7318	Euflexxa Synvisc/Synvisc-One	J7323 J7325
Gel-One	J7326		
Gel-Syn	J7328		
Genvisc 850	J7320/Q9980		
Hyalgan	J7321		
Hymovis	J7322/C9471		
Orthovisc	J7324		
Monovisc	J7327		
Supartz/FX	J7321		
SynoJoynt	J7331		
Triluron	J7332		
Trivisc	J7329		
Visco-3	J7321		
Tolfidance IV	Q5133		

## **References**

Centers for Medicare and Medicaid Services, Health Plan Management System (HPMS), MA\_Step\_Therapy\_HPMS\_Memo\_8\_7\_18; available at <http://www.cms.gov> - last checked August 31, 2018, and found under Medicare > Health Plans > Health Plans - General Information > Downloads.

Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100-02, Chapter 15, Sec. 50 (Rev. 241, Feb. 2, 2018); available at <http://www.cms.gov> - last checked August 31, 2018, and found under Medicare > Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs).

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<http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>.

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