

**MEDICARE PART B STEP THERAPY REQUIREMENTS
CY2020**

Drug Name	Steps through Part B	Steps through Part D	Part B and Part D Step-through Drugs by Indication <i>(*prior authorization required)</i>
Tocilizumab (Actemra)	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> Rheumatoid arthritis (if request is for IV): infliximab* <p>PART D STEP:</p> <ul style="list-style-type: none"> Rheumatoid arthritis: methotrexate, sulfasalazine, hydroxychloroquine, d-penicillamine, azathioprine or auranofin Rheumatoid arthritis (if request is for IV): infliximab* Giant cell arteritis: methotrexate or azathioprine
OnabotulinumtoxinA (Botox)	No	Yes	<p>PART B STEP: Not applicable</p> <p>PART D STEP:</p> <ul style="list-style-type: none"> Chronic migraine: one migraine preventative therapy (divalproex, topiramate, timolol or propranolol) and one abortive therapy (sumatriptan, rizatriptan, zolmitriptan, naratriptan, almotriptan, frovatriptan, Relpax, ergotamine/caffeine or dihydroergotamine)
Certolizumab (Cimzia)	No	Yes	<p>PART B STEP: Not applicable</p> <p>PART D STEP:</p> <ul style="list-style-type: none"> Rheumatoid arthritis: methotrexate, sulfasalazine, hydroxychloroquine, d-penicillamine, azathioprine, or auranofin Plaque psoriasis: methotrexate, cyclosporine, or acitretin
Eteplirsen (Exondys 51)	No	Yes	<p>PART B STEP: Not applicable</p> <p>PART D STEP:</p> <ul style="list-style-type: none"> Oral corticosteroids
Aflibercept (Eylea)	Yes	No	<p>PART B STEP:</p> <ul style="list-style-type: none"> Intravitreal bevacizumab <p>PART D STEP:</p>

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			Not applicable
Corticotropin (H.P. Acthar)	Yes	Yes	PART B STEP: <ul style="list-style-type: none"> Multiple sclerosis: corticosteroids PART D STEP: <ul style="list-style-type: none"> Multiple sclerosis: corticosteroids, multiple sclerosis treatment* (e.g., Avonex, Betaseron, Copaxone, Gilenya)
Ranibizumab (Lucentis)	Yes	No	PART B STEP: <ul style="list-style-type: none"> Intravitreal bevacizumab PART D STEP: Not applicable
Pegaptanib (Macugen)	Yes	No	PART B STEP: <ul style="list-style-type: none"> Intravitreal bevacizumab PART D STEP: Not applicable
Ocrelizumab (Ocrevus)	No	Yes	PART B STEP: Not applicable PART D STEP: <ul style="list-style-type: none"> Relapsing-remitting multiple sclerosis: one* of the following: Aubagio, Tecfidera, Gilenya, Avonex, Betaseron, Plegridy, glatiramer, Copaxone, Glatopa, Extavia, or Rebif
Infliximab (Remicade, Renflexis, Inflectra)	No	Yes	PART B STEP: Not applicable PART D STEP: <ul style="list-style-type: none"> Rheumatoid arthritis: methotrexate, sulfasalazine, hydroxychloroquine, d-penicillamine, azathioprine, or auranofin Plaque psoriasis: methotrexate, cyclosporine, or acitretin

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Rituximab (Rituxan), rituximab-hyaluronidase (Rituxan Hycela)	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> • If request is for Rituxan Hycela: Rituxan* or Truxima* (at least 1 prior dose) • Rheumatoid arthritis: a tumor factor necrosis inhibitor* • Granulomatosis with polyangiitis (Wegener’s granulomatosis) and microscopic polyangiitis: prescribed in combination with a glucocorticoid <p>PART D STEP:</p> <ul style="list-style-type: none"> • If request is for Rituxan Hycela: Rituxan* or Truxima* (at least 1 prior dose) • Rheumatoid arthritis: a tumor factor necrosis inhibitor* (<i>Enbrel and Humira are preferred</i>), prescribed in combination with methotrexate • Granulomatosis with polyangiitis (Wegener’s granulomatosis) and microscopic polyangiitis: prescribed in combination with a glucocorticoid
Natalizumab (Tysabri)	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> • Crohn’s disease: infliximab* <p>PART D STEP:</p> <ul style="list-style-type: none"> • Crohn’s disease: adalimumab* or infliximab* • Relapsing-remitting multiple sclerosis: one* of the following: Aubagio, Tecfidera, Gilenya, Avonex, Betaseron, Plegridy, glatiramer, Copaxone, Glatopa, Extavia, or Rebif
Verteporfin (Visudyne)	Yes	No	<p>PART B STEP:</p> <ul style="list-style-type: none"> • Intravitreal bevacizumab <p>PART D STEP: Not applicable</p>
Abatacept (Orencia)	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> • Rheumatoid arthritis (if request is for IV): TNF inhibitor* (e.g. infliximab) • Psoriatic arthritis (if request is for SC): TNF inhibitor*

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			<p>PART D STEP:</p> <ul style="list-style-type: none"> Rheumatoid arthritis: methotrexate, sulfasalazine, hydroxychloroquine, d-penicillamine, azathioprine, or auranofin Rheumatoid arthritis (if request is for IV): TNF inhibitor* (e.g., infliximab, Humira, Enbrel) Psoriatic arthritis (if request is for SC): TNF inhibitor* (e.g., Humira, Enbrel)
Atezolizumab (Tecentriq)	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> Breast cancer: prescribed in combination with protein-bound paclitaxel (nab-paclitaxel) Urothelial carcinoma, non-small cell lung cancer: prior platinum-containing chemotherapy* <i>(note some IV chemo may not require prior authorization)</i> Urothelial carcinoma: prescribed in combination with bevacizumab, paclitaxel, and carboplatin Small cell lung cancer: prescribed in combination with carboplatin and etoposide <p>PART D STEP:</p> <ul style="list-style-type: none"> Non-small cell lung cancer: if positive for mutation, ALK-mutation therapy (e.g., Xalkori, Alecensa, Zykadia), EGFR-mutation therapy (e.g., Tarceva, Gilotrif, Iressa)
Cinacalcet (Sensipar)	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> Secondary hyperparathyroidism: vitamin D analog (calcitriol, doxercalciferol) <p>PART D STEP:</p> <ul style="list-style-type: none"> Secondary hyperparathyroidism: vitamin D analog (calcitriol, doxercalciferol, paricalcitol)
Daratumumab (Darzalex)	Yes	Yes	<p>PART B STEP:</p> <p>Multiple myeloma: prior lines of and prescribed in combination with systemic therapy* (IV chemotherapy), prescribed in combination with dexamethasone</p>

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			<p><i>(note some IV chemo may not require prior authorization)</i></p> <p>PART D STEP:</p> <ul style="list-style-type: none"> Multiple myeloma: prior lines of and prescribed in combination with systemic therapy* (Ninlaro, Revlimid, Thalomid), prescribed in combination with prednisone, dexamethasone
Denosumab (Prolia, Xgeva)	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> Prolia, osteoporosis in cancer: prescribed in combination with androgen deprivation therapy (e.g., orchiectomy, Zoladex, Vantas, leuprolide, Trelstar) Xgeva, skeletal-related events in multiple myeloma, bone metastases from solid tumors, hypercalcemia of malignancy: zoledronic acid <p>PART D STEP:</p> <ul style="list-style-type: none"> Prolia, osteoporosis in cancer: prescribed in combination with androgen deprivation therapy (e.g., Zoladex, Vantas, leuprolide, Trelstar, bicalutamide, flutamide, nilutamide, Xtandi, Erleada, Nubeqa, Firmagon) or aromatase inhibitor therapy (e.g., anastrozole, letrozole, exemestane) Xgeva, skeletal-related events in multiple myeloma, bone metastases from solid tumors, hypercalcemia of malignancy: zoledronic acid
Durvalumab (Imfinzi)	Yes	No	<p>PART B STEP:</p> <ul style="list-style-type: none"> Urothelial carcinoma, non-small cell lung cancer: platinum-containing chemotherapy* <i>(note some IV chemo may not require prior authorization)</i> <p>PART D STEP: Not applicable</p>
Eculizumab (Soliris)	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> Generalized myasthenia gravis: one corticosteroid, one cholinesterase inhibitor (e.g., neostigmine), and two immunosuppressive therapies (e.g., rituximab*)

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			PART D STEP: <ul style="list-style-type: none"> Generalized myasthenia gravis: one corticosteroid, one cholinesterase inhibitor (e.g., pyridostigmine), and two immunosuppressive therapies (e.g., azathioprine, mycophenolate, cyclosporine, rituximab*)
Elotuzumab (Empliciti)	Yes	Yes	PART B STEP: <ul style="list-style-type: none"> Multiple myeloma: prior lines of systemic therapy* (IV chemotherapy), prescribed in combination with dexamethasone and Velcade <i>(note some IV chemo may not require prior authorization)</i> PART D STEP: <ul style="list-style-type: none"> Multiple myeloma: prescribed in combination with dexamethasone and either Pomalyst or Revlimid*
Emapalumab-lzsg (Gamifant)	Yes	Yes	PART B STEP: <ul style="list-style-type: none"> Primary HLH: prior lines of systemic therapy* (IV chemotherapy including etoposide) and dexamethasone <i>(note some IV chemo may not require prior authorization)</i> PART D STEP: <ul style="list-style-type: none"> Primary HLH: dexamethasone
Golimumab (Simponi, Simponi Aria)	No	Yes	PART B STEP: Not applicable PART D STEP: <ul style="list-style-type: none"> Rheumatoid arthritis: methotrexate, sulfasalazine, hydroxychloroquine, d-penicillamine, azathioprine or auranofin
Hyaluronate derivatives	Yes	Yes	PART B STEP: <ul style="list-style-type: none"> Intra-articular glucocorticoid injection, Synvisc*, Euflexxa* PART D STEP:

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			<ul style="list-style-type: none"> • Simple analgesics (e.g., celecoxib, naproxen)
Immune globulins	Yes	Yes	<p>PART B STEP:</p> <ul style="list-style-type: none"> • All indications except viral prophylaxis: Gammagard* • Dermatomyositis, polymyositis: corticosteroids • Idiopathic thrombocytopenic purpura: corticosteroids or Rh₀(D) immune globulin* • Multiple sclerosis: three* FDA-approved disease-modifying MS therapies (e.g., Lemtrada, Tysabri, Ocrevus) • Myasthenia gravis/Lambert Eaton myasthenic syndrome: cholinesterase inhibitor (e.g., neostigmine) and systemic corticosteroid • Opsoclonus-myoclonus syndrome: corticosteroids • Pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, mucous membrane pemphigoid (a.k.a. cicatricial pemphigoid), epidermolysis bullosa acquisita: corticosteroid, one immunosuppressive agent (e.g., cyclophosphamide), and rituximab* • ADA-SCID: Adagen or Revcovi <p>PART D STEP:</p> <ul style="list-style-type: none"> • Dermatomyositis, polymyositis: corticosteroids in combination with one of the following immunosuppressive agents: methotrexate, azathioprine, cyclophosphamide, mycophenolate mofetil, tacrolimus, cyclosporine • Idiopathic thrombocytopenic purpura: corticosteroids • Multiple sclerosis: three* FDA-approved disease-modifying MS therapies (e.g., Aubagio, Tecfidera, Gilenya, Avonex, Betaseron, Plegridy, glatiramer, Copaxone, Glatopa, Extavia, Rebif) • Myasthenia gravis/Lambert Eaton myasthenic syndrome: amifampridine* or cholinesterase inhibitor (e.g., pyridostigmine), and systemic corticosteroid or immunosuppressant (e.g., azathioprine) • Opsoclonus-myoclonus syndrome: corticosteroids • Pemphigus vulgaris, pemphigus foliaceus, bullous pemphigoid, mucous membrane pemphigoid (a.k.a.

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			cicatricial pemphigoid), epidermolysis bullosa acquisita: corticosteroid, one immunosuppressive agent (e.g., azathioprine, mycophenolate mofetil), rituximab* • Stiff person syndrome: benzodiazepine or baclofen
Lanreotide (Somatuline Depot)	Yes	No	PART B STEP: • Acromegaly: pituitary irradiation PART D STEP: Not applicable
Octreotide (Sandostatin, Sandostatin LAR)	Yes	No	PART B STEP: • Acromegaly, meningioma: radiation • Thymoma and thymic carcinoma: prior lines of systemic therapy* (IV chemotherapy) <i>(note some IV chemo may not require prior authorization)</i> PART D STEP: Not applicable
Omalizumab (Xolair)	No	Yes	PART B STEP: Not applicable PART D STEP: • Asthma: inhaled corticosteroid (e.g., beclomethasone, budesonide, flunisolide, fluticasone, mometasone, ciclesonide) • Chronic idiopathic urticaria: H ₁ antihistamine (e.g., levocetirizine or desloratadine)
Ramucirumab (Cyramza)	Yes	Yes	PART B STEP: • Esophageal, esophagogastric junction, and gastric cancer, non-small cell lung cancer, colorectal cancer: prior lines of and prescribed in combination with systemic therapy* (IV chemotherapy) <i>(note some IV chemo may not require prior authorization)</i> PART D STEP: • Hepatocellular carcinoma: Nexavar*

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Sipuleucel-T (Provenge)	Yes	Yes	PART B STEP: <ul style="list-style-type: none"> Hormone therapy* for castration (e.g., orchiectomy, Zoladex, Vantas, leuprolide, Trelstar) PART D STEP: <ul style="list-style-type: none"> Hormone therapy* for castration (e.g., Zoladex, Vantas, leuprolide, Trelstar, bicalutamide, flutamide, nilutamide, Xtandi, Erleada, Nubeqa, Firmagon)
Trastuzumab, biosimilars, trastuzumab-hyaluronidase	Yes	No	PART B STEP: <ul style="list-style-type: none"> Prescribed in combination with systemic chemotherapy* (IV chemotherapy) <i>(note some IV chemo may not require prior authorization)</i> PART D STEP: Not applicable
Triamcinolone ER injection (Zilretta)	Yes	Yes	PART B STEP: <ul style="list-style-type: none"> Intra-articular glucocorticoid injection PART D STEP: <ul style="list-style-type: none"> Oral or topical nonsteroidal anti-inflammatory drug
Ustekinumab (Stelara)	Yes	Yes	PART B STEP: <ul style="list-style-type: none"> Psoriatic arthritis: TNF inhibitor* (e.g., infliximab) Crohn’s disease (if request is for IV): TNF inhibitor* (e.g., infliximab) PART D STEP: <ul style="list-style-type: none"> Psoriatic arthritis: TNF inhibitor* (e.g., infliximab, Humira, Enbrel) Crohn’s disease (if request is for IV): TNF inhibitor* (e.g., infliximab, Humira) Plaque psoriasis: methotrexate, cyclosporine, or acitretin
Vedolizumab (Entyvio)	Yes	Yes	PART B STEP: <ul style="list-style-type: none"> Ulcerative colitis, Crohn’s disease: TNF inhibitor* (e.g., infliximab)

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			PART D STEP: <ul style="list-style-type: none"> • Ulcerative colitis, Crohn’s disease: TNF inhibitor* (e.g., infliximab, Humira, Simponi)

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