

This document applies to the following:

Product	Applies
Medicare Part B	<input checked="" type="checkbox"/>
Medicare Part B: Advanced Biosimilars First	<input checked="" type="checkbox"/>

Medicare Part B Step Therapy

Mitotic Inhibitors

This document informs prescribers of preferred products and provides an exception process for non-preferred products through prior authorization.

These criteria were developed to align with the following: Medicare Part B and Medicare Part B Advanced Biosimilars First.

Plan Design Summary

This program applies to the Mitotic Inhibitor products specified in this document. Coverage for non-preferred products is provided based on clinical circumstances that would exclude the use of the preferred product and may be based on previous use of a product. The coverage review process will ascertain situations where a clinical exception can be made. This program applies to all members requesting treatment with the non-preferred product.

Step therapy is applied in addition to any applicable National Coverage Determination (NCD), Local Coverage Determination (LCD), and Medicare Part B utilization management (UM) programs implemented for the client.

Table. Mitotic Inhibitors

Medications considered preferred on your plan may still require a clinical prior authorization review.

Reference number(s)
5858-D

	Product(s)
Preferred	<ul style="list-style-type: none"> docetaxel (generic) paclitaxel (generic)
Non-Preferred	<ul style="list-style-type: none"> Abraxane (paclitaxel, albumin-bound)

Step Therapy Criteria

This program applies to members requesting treatment for an indication that is FDA-approved for the preferred product.

Coverage for a non-preferred product is provided when any of the following criteria are met:

- Member has received treatment with the non-preferred product in the past 365 days.
- Member has a documented inadequate response or intolerable adverse event with either of the preferred products, docetaxel or paclitaxel.
- Member has a documented clinical reason to avoid all of the preferred products.

References

1. Abraxane [package insert]. Princeton, NJ: Bristol-Myers Squibb Company; October 2022.
2. docetaxel [package insert]. Lake Forest, IL: Hospira, Inc.; May 2023.
3. paclitaxel [package insert]. Bedminster, NJ: Alembic Pharmaceutical, Inc.; November 2022.