



## Part B Step Therapy Drug List

The following list of Non-Preferred Part B drugs will be subject to step therapy pursuant to CMS sub-regulatory guidance provided in the HPMS memo dated August 7, 2018. The allowance of step therapy practices for Part B drugs will help achieve the goal of lower drug prices while maintaining access to covered services and drugs for members.

Step therapy requirements will apply to “new starts” only and will not apply to members who are currently and actively receiving therapy with a Non-Preferred product (members with a paid claim within the past 365 days) on the list.

For dates of service on or after January 1st, 2021, we will require step therapy for the following Part B medications that are listed as Non-Preferred products.

| Drug Class                              | Drug Name                  | HCPCS        | Preferred Status |
|---|----------------------------|--------------|------------------|
| Hyaluronan Injections                   | <b>Gel-One</b>             | <b>J7326</b> | <b>Preferred</b> |
|   | <b>Synvisc/Synvisc-One</b> | <b>J7325</b> | <b>Preferred</b> |
|   | Hyalgan                    | J7321        | Non-preferred    |
|   | Hymovis                    | J7322        | Non-preferred    |
|   | Monovisc                   | J7327        | Non-preferred    |
|   | Orthovisc                  | J7324        | Non-preferred    |
|   | Supartz FX                 | J7321        | Non-preferred    |
|   | Trivisc                    | J7329        | Non-preferred    |
|   | Durolane                   | J7318        | Non-preferred    |
|   | Triluron                   | J7332        | Non-preferred    |
|   | Synojoynt                  | J7331        | Non-preferred    |
|   | Euflexxa                   | J7323        | Non-preferred    |
|   | Gelsyn-3                   | J7328        | Non-preferred    |
|   | GenVisc 850                | J7320        | Non-preferred    |
|   | Visco 3                    | J7321        | Non-preferred    |
| Colony Stimulating Factors Short-Acting | <b>Granix</b>              | <b>J1447</b> | <b>Preferred</b> |
|   | <b>Zarxio</b>              | <b>Q5101</b> | <b>Preferred</b> |
|   | Releuko                    | J3590        | Non-Preferred    |
|   | Neupogen                   | J1442        | Non-preferred    |
|   | Nivestym                   | Q5110        | Non-preferred    |
| Colony Stimulating Factors Long Acting  | <b>Neulasta</b>            | <b>J2506</b> | <b>Preferred</b> |
|   | <b>Udenyca</b>             | <b>Q5111</b> | <b>Preferred</b> |
|   | Nyvepria                   | Q5122        | Non-preferred    |
|   | Flynetra                   | J3590        | Non-preferred    |
|   | Fulphila                   | Q5108        | Non-preferred    |
|   | Ziextenzo                  | Q5120        | Non-preferred    |
|   | Stimufend                  | Q5127        | Non-preferred    |
|   | Rolvedon                   | J1449        | Non-preferred    |
| Erythropoietic Agents                   | <b>Retacrit (non-ESRD)</b> | <b>Q5106</b> | <b>Preferred</b> |
|   | Procrit/Epogen (non-ESRD)  | J0885        | Non-preferred    |

| Anti-Inflammatory | <b>Remicade</b>             | <b>J1745</b> | <b>Preferred</b>        |
|-------------------|-----------------------------|--------------|-------------------------|
|                   | <b>Unbranded Infliximab</b> | <b>J1745</b> | <b>Preferred</b>        |
|                   | <b>Inflectra</b>            | <b>Q5103</b> | <b>Preferred</b>        |
|                   | Renflexis                   | Q5104        | Non-preferred           |
|                   | <b>Avsola</b>               | <b>Q5121</b> | <b>Preferred</b>        |
| <b>Drug Class</b> | <b>Drug Name</b>            | <b>HCPCS</b> | <b>Preferred Status</b> |
| Antineoplastic    | <b>Trazimera</b>            | <b>Q5116</b> | <b>Preferred</b>        |
|                   | <b>Kanjinti</b>             | <b>Q5117</b> | <b>Preferred</b>        |
|                   | Ogivri                      | Q5114        | Non-Preferred           |
|                   | Herceptin                   | J9355        | Non-preferred           |
|                   | Herceptin Hylecta           | J9356        | Non-preferred           |
|                   | Herzuma                     | Q5113        | Non-preferred           |
|                   | Ontruzant                   | Q5112        | Non-preferred           |
| Antineoplastic    | <b>Ruxience</b>             | <b>Q5119</b> | <b>Preferred</b>        |
|                   | <b>Truxima</b>              | <b>Q5115</b> | <b>Preferred</b>        |
|                   | Rituxan                     | J9312        | Non-preferred           |
|                   | Rituxan Hycela              | J9311        | Non-preferred           |
|                   | Riabni                      | Q5123        | Non-preferred           |
| Antineoplastic    | <b>Mvasi</b>                | <b>Q5107</b> | <b>Preferred</b>        |
|                   | <b>Zirabev</b>              | <b>Q5118</b> | <b>Preferred</b>        |
|                   | Alymsys                     | J9999        | Non-preferred           |
|                   | Avastin*                    | J9035        | Non-preferred           |
|                   | Vegzelma                    | Q5129        | Non-preferred           |

\*Preferred products also require prior authorization.

\*\*Oncology indications only