

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, 2024, we will require step therapy for the following Part B medications that are listed as Non-Preferred products.

Drug Class	Drug Name	Status	Billing Code
VEGF Inhibitors	Lucentis	Preferred	J2778
	Eylea	Nonpreferred	J0178
	Beovu	Nonpreferred	J0179
	Macugen	Nonpreferred	J2503
	Byooviz	Nonpreferred	Q5124
	Vabysmo	Nonpreferred	J2777
	Cimerli	Nonpreferred	Q5128
Hyaluronan Injections	Orthovisc	Preferred	J7324
	Synvisc; Synvisc-One	Preferred	J7325
	Monovisc	Nonpreferred	J7327
	Durolane	Nonpreferred	J7318
	Genvisc	Nonpreferred	J7320
	Hyalgan; Supartz	Nonpreferred	J7321
	Hymovis	Nonpreferred	J7322
	Euflexxa	Nonpreferred	J7323
	Gel-One	Nonpreferred	J7326
	Gelsyn-3	Nonpreferred	J7328
	Trivisc	Nonpreferred	J7329
	Visco-3	Nonpreferred	J7333
Bevacizumab (Oncology)	Mvasi	Preferred	Q5107
	Zirabev	Preferred	Q5118
	Avastin*	Nonpreferred	J9035
	Alymsys	Nonpreferred	Q5126
	Vegzelma	Nonpreferred	Q5129

*Oncology indications only



Drug Class	Drug Name	Status	Billing Code
Herceptin and Biosimilars	Kanjinti	Preferred	Q5117
	Ogivri	Preferred	Q5114
	Ontruzant	Preferred	Q5112
	Trazimera	Nonpreferred	Q5116
	Herceptin	Nonpreferred	J9355
	Herzuma	Nonpreferred	Q5113
	Herceptin Hylecta	Nonpreferred	J9356
Filgrastim	Nivestym	Preferred	Q5110
	Zarxio	Preferred	Q5101
	Granix	Nonpreferred	J1447
	Releuko	Nonpreferred	Q5125
Pegfilgrastim	Udenyca	Preferred	Q5111
	Nyvperia	Preferred	Q5122
	Fulphila	Nonpreferred	Q5108
	Fylnetra	Nonpreferred	Q5130
	Neulasta	Nonpreferred	J2506
	Neulasta/Onpro	Nonpreferred	J2506
	Stimufend	Nonpreferred	Q5127
	Ziextenzo	Nonpreferred	Q5120
Infliximab	Avsola	Preferred	Q5121
	Infliximab	Preferred	J1745
	Remicade	Preferred	J1745
	Renflexis	Nonpreferred	Q5104
	Inflectra	Nonpreferred	Q5103
Rituximab and Biosimilars	Truxima	Preferred	Q5115
	Ruxience	Preferred	Q5119
	Riabni	Preferred	Q5123
	Rituxan	Nonpreferred	J9312
	Rituxan Hycela	Nonpreferred	J9311