



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, 2023**, 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
Rescue Agent (folate analog)	Leucovorin	J0640	Preferred
	Fusilev	J0641	Non-Preferred
Duchenne muscular dystrophy (DMD)	Viltepso	J1427	Preferred
	Vyondys	J1429	Non-Preferred
Anti-migraine	Botox	J0585	Preferred
	Vyepti	J3032	Non-Preferred

For dates of service on or after **January 1st, 2022**, 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
Colony Stimulating Factors Short-Acting	Zarxio	Q5101	Preferred
	Granix	J1447	Non-Preferred
	Neupogen	J1442	Non-preferred
	Nivestym	Q5110	Non-preferred
	Releuko	J3590	Non-preferred
Colony Stimulating Factors Long Acting	Neulasta	J2506	Preferred
	Udenyca	Q5111	Preferred
	Fulphila	Q5108	Non-preferred
	Ziextenzo	Q5120	Non-preferred
	Nyvepria	Q5122	Non-Preferred
	Fylnetra	J3590	Non-Preferred
Anti-Inflammatory (infliximab)	Remicade/ Unbranded Infliximab	J1745	Preferred
	Inflectra	Q5103	Preferred
	Renflexis	Q5104	Preferred
	Avsola	Q5121	Preferred

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Drug Class	Drug Name	HCPCS	Preferred Status
Antineoplastic (trastuzumab)	Trazimera	Q5116	Preferred
	Kanjinti	Q5117	Preferred
	Ogivri	Q5114	Non-Preferred
	Herzuma	Q5113	Non-preferred
	Ontruzant	Q5112	Non-preferred
	Herceptin	J9355	Non-preferred
	Herceptin Hylecta	J9356	Non-preferred
Antineoplastic (bevacizumab)	Mvasi	Q5107	Preferred
	Zirabev	Q5118	Preferred
	Avastin*	J9035	Non-Preferred
	Alymsys	J9999	Non-Preferred
Antineoplastic (rituximab)	Riabni	Q5123	Preferred
	Truxima	Q5115	Preferred
	Ruxience	Q5119	Non-Preferred
	Rituxan	J9312	Non-Preferred
	Rituxan Hycela	J9311	Non-Preferred

*Oncology indications only