



Part B Step Therapy Preferred Drug List

EFFECTIVE: DECEMBER 1, 2020

REVISED: SEPTEMBER 29, 2021

The following Medicare Part B (medical) drugs will be subject to step therapy pursuant to CMS sub-regulatory guidance provided in the HPMS memo dated August 7, 2018.¹ In the referenced guidance, CMS acknowledges that the use of step therapy is a recognized utilization management tool for Medicare Part B drugs.

CMS allowance of step therapy practices for Part B drugs will help achieve goals of lowering drug prices and improving the quality of care, while still maintaining access to covered services and drugs provided to Commonwealth Care Alliance (CCA) members.

NOTE:

1. Step therapy prior authorization requirements will apply to “NEW STARTS ONLY”
2. Step Therapy will **NOT** apply to members who are currently and actively receiving a non-preferred medication.
 - Defined as members with a paid claim within the past 365 days on the drug list.
 - Clinical documentation of the member utilizing the non-preferred drug
 - Drug samples are excluded

DRUG LIST:

Class	Drug Name	HCPC Code	Preferred	
Antineoplastic Monoclonal Antibodies Targeting CD20	Rituxan®	rituximab	J9312	No
	Riabni	rituximab-arrx	Q5123	No
	Truxima	rituximab-abbs	Q5115	Yes
	Ruxience	rituximab-pvvr	Q5119	Yes
Antineoplastic Monoclonal Antibodies Targeting HER2/neu	Herceptin®	trastuzumab	J9355	No
	Ontruzant	trastuzumab-dttb	Q5112	No
	Herzuma	trastuzumab-pkrb	Q5113	No
	Ogivri	trastuzumab-dkst	Q5114	Yes
	Trazimera	trastuzumab-qyyp	Q5116	No
	Kanjinti	trastuzumab-anns	Q5117	No
Colony Stimulating Factors (long acting)	Fulphila	pegfilgrastim-jmdb	Q5108	Yes
	Nyvepria	pegfilgrastim-apgf	Q5122	No
	Udenyca	pegfilgrastim-cbqv	Q5111	No
	Ziextenzo	pegfilgrastim-bmez	Q5120	Yes
Colony Stimulating Factors (short acting)	Neupogen®	filgrastim (G-CSF)	J1442	No
	Granix	filgrastim-tbo	J1447	No
	Zarxio	filgrastim-sndz	Q5101	Yes
	Nivestym	filgrastim-aafi	Q5110	Yes



	Neulasta®	filgrastim	J2505	No
Erythropoiesis-Stimulating Agents	Procrit®	epoetin alfa	J0885	No
	Epogen®	epoetin alfa	J0885	No
	Retacrit	epoetin alfa-epbx	Q5106	Yes
Hyaluronic Acid Derivatives	Durolane	Sodium hyaluronate	J7318	Yes
	Euflexxa	Sodium hyaluronate	J7323	Yes
	Gelsyn-3	Sodium hyaluronate	J7328	Yes
	Supartz	Sodium hyaluronate	J7321	Yes
	Gel-One	Cross-linked hyaluronate	J7326	No
	GenVisc 850	Sodium hyaluronate	J7320	No
	Hyalgan	Sodium hyaluronate	J7321	No
	Hymovis	High Molecular Weight Viscoelastic Hyaluron	J7322	No
	Monovisc	High Molecular Weight Viscoelastic Hyaluron	J7327	No
	Orthovisc	High Molecular Weight Viscoelastic Hyaluron	J7324	No
	Synjoynt	Hyaluronan	J7331	No
	Synvisc	Hylan G-F 20	J7325	No
	Synvisc One	Hylan G-F 20	J7325	No
	Triluron	Hyaluronan	J7332	No
Trivisc	Hyalruonic Acid	J7329	No	
VISCO-3	Sodium hyaluronate	J7333	No	
Tumor Necrosis Factor (TNF) Blockers	Remicade®	infliximab	J1745	No
	Inflectra	infliximab-dyyb	Q5103	No
	Renflexis	infliximab-abda	Q5104	Yes
	Avsola	infliximab-axxq	Q5121	No
Vascular Endothelial Growth Factor (VEGF) Inhibitors	Avastin®	bevacizumab	J9035	No
	Mvasi	bevacizumab-awwb	Q5107	Yes
	Zirabev	bevacizumab-bvzr	Q5118	Yes



LIMITATIONS/EXCLUSIONS:

- This Part B Step Therapy MNG does not apply to CCA members who have Senior Care Options - Massachusetts Health Only (SCO-MHO)

REVISION LOG:

REVISION DATE	DESCRIPTION
2/4/2021	Hyaluronic Acid Derivatives added
9/23/2021	Nyvepria and Riabni added to policy (new biosimilars) Changed Inflectra from preferred to non-preferred Changed Ziextenzo and Ruxience from non-preferred to preferred Added epoetin alfa (Epogen/Procrit) and Retacrit to policy

REFERENCES:

1. https://www.cms.gov/Medicare/Health-Plans/HealthPlansGenInfo/Downloads/MA_Step_Therapy_HPMS_Memo_8_7_2018.pdf
2. <https://www.federalregister.gov/documents/2019/05/23/2019-10521/modernizing-part-d-and-medicare-advantage-to-lower-drug-prices-and-reduce-out-of-pocket-expenses>
3. <https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-prior-authorization-and-step-therapy-part-b-drugs>
4. <https://www.cms.gov/Medicare/Coding/HCPSCReleaseCodeSets/HCPSC-Quarterly-Update>
5. <https://www.cms.gov/Medicare/Coding/HCPSCReleaseCodeSets/Alpha-Numeric-HCPSC>
6. <https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>