

## 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.

Drug Class	Drug Name	HCPCS	Preferred Status
<b>Colony Stimulating Factors Short-Acting</b>	<b>Zarxio</b>	<b>Q5101</b>	<b>Preferred</b>
	Granix	J1447	Non-Preferred
	Neupogen	J1442	Non-preferred
	Nivestym	Q5110	Non-preferred
	Releuko	Q5125	Non-preferred
<b>Colony Stimulating Factors Long Acting</b>	<b>Neulasta</b>	<b>J2506</b>	<b>Preferred</b>
	Ziextenzo	Q5120	<b>Preferred</b>
	Udenyca	<b>Q5111</b>	Non-preferred
	Fulphila	Q5108	Non-preferred
	Nyvepria	Q5122	Non-Preferred
	Fylnetra	J3590	Non-Preferred
	Rolvedon	J1449	Non-Preferred
	Stimufend	Q5127	Non-Preferred
<b>Anti-Inflammatory (infliximab)</b>	<b>Remicade/ Unbranded Infliximab</b>	<b>J1745</b>	<b>Preferred</b>
	<b>Inflectra</b>	<b>Q5103</b>	<b>Preferred</b>
	Renflexis	Q5104	Non-Preferred
	Avsola	Q5121	Non-Preferred
<b>Antineoplastic (bevacizumab)</b>	<b>Mvasi</b>	<b>Q5107</b>	<b>Preferred</b>
	<b>Zirabev</b>	<b>Q5118</b>	<b>Preferred</b>
	Avastin*	J9035	Non-Preferred
	Allymsys	Q5126	Non-Preferred
<b>Antineoplastic (rituximab)</b>	<b>Truxima</b>	<b>Q5115</b>	<b>Preferred</b>
	<b>Ruxience</b>	<b>Q5119</b>	<b>Preferred</b>
	Riabni	Q5123	Non-Preferred
	Rituxan	J9312	Non-Preferred
	Rituxan Hycela	J9311	Non-Preferred

(Continued)

Drug Class	Drug Name	HCPCS	Preferred Status
<b>Antineoplastic (trastuzumab)</b>	<b>Trazimera</b>	<b>Q5116</b>	<b>Preferred</b>
	<b>Kanjinti</b>	<b>Q5117</b>	<b>Preferred</b>
	Ogivri	Q5114	Non-Preferred
	Herzuma	Q5113	Non-preferred
	Ontruzant	Q5112	Non-preferred
	Herceptin	J9355	Non-preferred
	Herceptin Hylecta	J9356	Non-preferred
<b>Hyaluronic Acid Injections</b>	<b>Euflexxa</b>	<b>J7323</b>	<b>Preferred</b>
	Durolane	J7318	Non-Preferred
	Genvisc 850	J7320	Non-Preferred
	Hyalgan	J7321	Non-Preferred
	Supartz	J7321	Non-Preferred
	Hymovis	J7322	Non-Preferred
	Orthovisc	J7324	Non-Preferred
	Synvisc	J7325	Non-Preferred
	Synvisc One	J7325	Non-Preferred
	Gel-One	J7326	Non-Preferred
	Monovisc	J7327	Non-Preferred
	Gelsyn-3	J7328	Non-Preferred
	Trivisc	J7329	Non-Preferred
	Synjoynt	J7331	Non-Preferred
	Triluron	J7332	Non-Preferred
Visco-3	J7333	Non-Preferred	

\*Oncology indications only