

HAP Medicare Part B Drugs Requiring Step Therapy

Last update 1/23/24

NON-Preferred Part B Drugs Step Therapy Required	Generic/Biosimilar name	Preferred Part B Drugs alternatives	Generic/Biosimilar Name
Rituxan Riabni Rituxan Hycela	Rituximab Rituximab-arrx Rituximab hyaluronidase	Truxima Ruxience	Rituximab-abbs Rituximab-pvvr
Herceptin Ogivri Ontruzant Herzuma Herceptin Hylecta	trastuzumab trastuzumab-dkst trastuzumab-dttb trastuzumab-pkrb trastuzumab/ hyaluronidase-oysk	Kanjinti Trazimera	Trastuzumab-anns Trastuzumab-qyyp
Remicade Avsola Ixifix	Infliximab Infliximab-axxq Infliximab-qbtx	Renflexis Inflecta	Infliximab-abda Infliximab-dyyb
Fulphila Ziextenzo Rolvedon Stimufed Fylnetra	Pegfilgrastim-jmbd Pegfilgrastim-bmez Eflapegrastim-xnst Pegfilgrastim-fpgk Pegfilgrastim-pbbk	Neulasta Udenyca Nyvepria	Pegfilgrastim Pegfilgrastim-cbqv Pegfilgrastim-apgf
Avastin* *auth not required for eye related conditions Alymsys Vegzelma	Bevacizumab Bevacizumab-maly Bevacizumab-adcd	Mvasi Zirabev	Bevacizumab-awwb Bevacizumab-bvzr
Eylea Lucentis Beovu Byooviz Vabsymo Cimerli	Aflibercept Ranibizumab Brolucizumab Ranibizumab-nuna Faricimab-svoa Ranibizumab-eqrn	Avastin	bevacizumab
Susvimo (implant)	ranibizumab	Lucentis	ranibizumab
Leqvio	Inclisiran	Repatha	evolocumab
Vyvgart Rystiggo	Efgartigimod-fcab Rozanolixizumab-noli	One of the following: azathioprine,	Azathioprine, mycophenolate, cyclosporine, or tacrolimus

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		mycophenolate, cyclosporine, or tacrolimus	
Vyvgart hyrtulo	Efgartigimod alfa and hyaluronidase-qvfc	Vyvgart Rystiggo	Efgartigimod-fcab Rozanolixizumab-noli
Soliris	Eculizumab		
Ultomiris	Ravulizumab		
Izervay	Avacincaptad pegol	Syfovre	Pegcetacoplan
Entyvio Skyrizi Stelara Omvoh Simponi Aria Cosentyx	Vedolizumab Risankizumab Ustekinumab Mirikizumab-mrkz Golimumab Secukinumab	Hadlima	Adalimumab-bwwd

Step Therapy requirements apply to certain Part B drugs. Step Therapy is a utilization tool that requires you to first try other drugs to treat your medical condition before we will cover the drug your physician may have initially prescribed. Currently, the plan has Step Therapy in place for the drugs listed above. The preferred drugs must be tried before the non-preferred product can be authorized or your doctor can tell us the reason the preferred drug is not right for you. The list will be updated as additional drugs are added to the Part B drug Step Therapy program.

Approval of a prior authorization request for a course of treatment is valid for as long as it is medically necessary to avoid disruptions in care. In accordance with applicable coverage criteria, medical history, and the treating provider's recommendation.

A 90-day transition period for any active course(s) of treatment for members new to the plan after starting a course of treatment, even if the service is furnished by an out-of-network provider. This includes enrollees new to a plan and enrollees new to Medicare. HAP will not disrupt or require reauthorization for an active course of treatment for new members for a period of at least 90 days.

Your doctor can submit a prior authorization for a drug on this list using the HAP Provider Portal on www.hap.org.