

HAP Medicare Part B Drugs Requiring Step Therapy

Last update 6/21/23

NON-Preferred Part B Drugs Step Therapy Required	Generic/Biosimilar name	Preferred Part B Drugs alternatives NO Auth needed	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
Nyvepria Fulphila Ziextenzo Rolvedon Stimufed Fylnetra	Pegfilgrastim-apgf Pegfilgrastim-jmbd Pegfilgrastim-bmez Eflapegrastim-xnst Pegfilgrastim-fpgk Pegfilgrastim-pbbk	Neulasta Udenyca	Pegfilgrastim Pegfilgrastim-cbqv
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
Vygart	Efgartigimod-fcab	One of the following: azathioprine,	Azathioprine, mycophenolate, cyclosporine, or tacrolimus

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		mycophenolate, cyclosporine, or tacrolimus	

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.