

STEP THERAPY REQUIREMENT FOR PART B DRUGS AND BIOLOGICS

Arizona Medicare Advantage providers' quick reference guide

The goal of step therapy is to help achieve lower drug prices while maintaining access to drugs for patients. Certain Part B drugs that currently require precertification will also require step therapy.

The list of drugs that require step therapy can change throughout the plan year. Step therapy only applies to patients new to therapy. If a patient has taken a non-preferred drug over the previous 365 days, switching to the preferred drug is not required.

| Part B Step Therapy Drug Class | HCPCS | Drug Name | Precertification Required? | Step Therapy Required? |
|---|-------|-------------------|----------------------------|----------------------------|
| Bevacizumab – NEW 2021 (step therapy does not apply to bevacizumab ophthalmic indications) | Q5107 | Mvasi | Yes | No, drug is preferred |
| | Q5118 | Zirabev | Yes | No, drug is preferred |
| | J9035 | Avastin | Yes | Yes, drug is non-preferred |
| Trastuzumab – NEW 2021 | Q5117 | Kanjinti | Yes | No, drug is preferred |
| | Q5116 | Trazimera | Yes | No, drug is preferred |
| | J9355 | Herceptin IV | Yes | Yes, drug is non-preferred |
| | J9356 | Herceptin Hylecta | Yes | Yes, drug is non-preferred |
| | Q5113 | Herzuma | Yes | Yes, drug is non-preferred |
| | Q5114 | Ogivri | Yes | Yes, drug is non-preferred |
| | Q5112 | Ontruzant | Yes | Yes, drug is non-preferred |
| Rituximab – NEW 2021 | Q5119 | Ruxience | Yes | No, drug is preferred |
| | Q5115 | Truxima | Yes | No, drug is preferred |
| | J9312 | Rituxan IV | Yes | Yes, drug is non-preferred |
| | Q5123 | Riabni | Yes | Yes, drug is non-preferred |
| | J9311 | Rituxan Hycela | Yes | Yes, drug is non-preferred |
| Viscosupplements – NEW 2021 | J7327 | Monovisc | Yes | No, drug is preferred |
| | J7324 | Orthovisc | Yes | No, drug is preferred |
| | J7325 | Synvisc | Yes | No, drug is preferred |
| | J7325 | Synvisc One | Yes | No, drug is preferred |
| | J7318 | Durolane | Yes | Yes, drug is non-preferred |
| | J7323 | Euflexxa | Yes | Yes, drug is non-preferred |
| | J7326 | Gel-One | Yes | Yes, drug is non-preferred |
| | J7328 | Gelsyn-3 | Yes | Yes, drug is non-preferred |

For more step therapy drug options, please refer to the back of this flyer.

| Part B Step Therapy Drug Class | HCPCS | Drug Name | Precertification Required? | Step Therapy Required? |
|---------------------------------------|-------|-----------------------|----------------------------|----------------------------|
| Viscosupplements – NEW 2021 continued | J7320 | GenVisc 850 | Yes | Yes, drug is non-preferred |
| | J7321 | Hyalgan | Yes | Yes, drug is non-preferred |
| | J7322 | Hymovis | Yes | Yes, drug is non-preferred |
| | J7331 | Sodium Hyaluronate 1% | Yes | Yes, drug is non-preferred |
| | J7321 | Supartz FX | Yes | Yes, drug is non-preferred |
| | J7331 | Synojynt | Yes | Yes, drug is non-preferred |
| | J7332 | Triluron | Yes | Yes, drug is non-preferred |
| | J7329 | Trivisc | Yes | Yes, drug is non-preferred |
| | J7321 | Visco-3 | Yes | Yes, drug is non-preferred |
| G-CSF Short-Acting – NEW 2021 | J1447 | Granix | Yes | No, drug is preferred |
| | Q5101 | Zarxio | Yes | No, drug is preferred |
| | Q5110 | Nivestym | Yes | Yes, drug is non-preferred |
| | J1442 | Neupogen | Yes | Yes, drug is non-preferred |
| Immunomodulators – NEW 2021 | Q5104 | Renflexis | No | No, drug is preferred |
| | Q5121 | Avsola | No | No, drug is preferred |
| | Q5103 | Inflectra | No | No, drug is preferred |
| | J1745 | Remicade | Yes | Yes, drug is non-preferred |

How to Request Precertification/Step Therapy Review

For medical non-oncology indications or for non-New Century Health delegated oncology reviews

Providers may request precertification or step therapy review two ways:

- **Online:** [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Forms and Practice Support
 - [Prior Authorization Requirements](#)
 - [Part B Drugs/Biologics](#) (note: the forms that pertain to Arizona are marked “Arizona only.”)
 - HS Connect Provider Portal at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > Provider Portal

➤ **Via fax: 877-730-3858**

For questions or assistance initiating a request, contact the Precertification Team at **888-454-0013**.

For medical oncology indications for New Century Health-delegated reviews

Providers may request precertification or step therapy review online at:

New Century Health Provider Portal My.newcenturyhealth.com

