

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	Yes	No, drug is preferred
	Q5121	Avsola	Yes	No, drug is preferred
	Q5103	Infectra	Yes	No, drug is preferred
	J1745	Remicade	Yes	Yes, drug is non-preferred

NEXT STEPS

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

Providers request precertification or step therapy review by:

1. Faxing requests to **860-730-1896**
2. Calling the Precertification team at **800-558-3644** to start a request

If providers need help, call the Precertification team at **800-558-3644**. The most current version of this form can be found by accessing: <https://medicareproviders.Cigna.com/az-region> > Forms > Part B Step Therapy Quick Reference Guide

For medical oncology indications for New Century Health delegated reviews

Providers request precertification or step therapy review by:

Submitting request via New Century Health Provider Portal at: <https://my.newcenturyhealth.com>

