

STEP THERAPY REQUIREMENT FOR PART B DRUGS AND BIOLOGICS

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 prior authorization 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.

The Part B step therapy table below applies to all Cigna Medicare markets.

Part B Step Therapy Drug Class	HCPCS	Drug Name	Part B Prior Authorization Required?	Step Therapy Required?
Bevacizumab (Oncology)	Q5107	Mvasi	Yes	No, drug is preferred
	Q5118	Zirabev	Yes	No, drug is preferred
	J9035	Avastin	Yes	Yes, drug is non-preferred
	Q5126	Alymsys	Yes	Yes, drug is non-preferred
	Q5129	Vegzelma	Yes	Yes, drug is non-preferred
Trastuzumab	Q5116	Trazimera	Yes	No, drug is preferred
	Q5117	Kanjinti	Yes	No, drug is preferred
	J9355	Herceptin IV	Yes	Yes, drug is non-preferred
	J9356	Herceptin Hylecta	Yes	Yes, drug is non-preferred
	Q5112	Ontruzant	Yes	Yes, drug is non-preferred
	Q5113	Herzuma	Yes	Yes, drug is non-preferred
	Q5114	Ogivri	Yes	Yes, drug is non-preferred
Rituximab	Q5119	Ruxience	Yes	No, drug is preferred
	Q5115	Truxima	Yes	No, drug is preferred
	Q5123	Riabni	Yes	No, drug is preferred
	J9312	Rituxan IV	Yes	Yes, drug is non-preferred
	J9311	Rituxan Hycela	Yes	Yes, drug is non-preferred
Viscosupplements	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

Part B Step Therapy Drug Class	HCPCS	Drug Name	Part B Prior Authorization Required?	Step Therapy Required?
Viscosupplements <i>continued</i>	J7328	Gelsyn-3	Yes	Yes, drug is non-preferred
	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	Synojoynt	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 Long-acting	J2506	Neulasta/Neulasta Onpro	Yes	No, drug is preferred
	Q5122	Nyvepria	Yes	No, drug is preferred
	Q5120	Ziextenzo	Yes	No, drug is preferred
	Q5111	Udenyca	Yes	Yes, drug is non-preferred
	Q5108	Fulphila	Yes	Yes, drug is non-preferred
	Q5130	Fylnetra	Yes	Yes, drug is non-preferred
	Q5127	Stimufend	Yes	Yes, drug is non-preferred
	J1449	Rolvedon	Yes	Yes, drug is non-preferred
G-CSF Short-acting	Q5110	Nivestym	No	No, drug is preferred
	Q5101	Zarxio	No	No, drug is preferred
	J1447	Granix	Yes	Yes, drug is non-preferred
	J1442	Neupogen	Yes	Yes, drug is non-preferred
	Q5125	Releuko	Yes	Yes, drug is non-preferred
Immunomodulators	Q5104	Renflexis	Yes	No, drug is preferred
	Q5121	Avsola	Yes	No, drug is preferred
	Q5103	Inflectra	Yes	No, drug is preferred
	J1745	Remicade	Yes	Yes, drug is non-preferred
Ophthalmic Disorders <i>Intravitreal Vascular Endothelial Growth Factor (VEGF) Inhibitors</i>	J9035	Avastin	Yes	No, drug is preferred
	C9257/J7999	Avastin	No	No, drug is preferred
	J0178	Eylea	Yes	Yes, drug is non-preferred
	J2778	Lucentis	Yes	Yes, drug is non-preferred
	J0179	Beovu	Yes	Yes, drug is non-preferred
	J2777	Vabysmo	Yes	Yes, drug is non-preferred
	Q5124	Byooviz	Yes	Yes, drug is non-preferred
	Q5128	Cimerli	Yes	Yes, drug is non-preferred
Intravenous Iron	J1756	Venofer	No	No, drug is preferred
	J1437	Monoferric	Yes	Yes, drug is non-preferred
	Q0138	Feraheme	Yes	Yes, drug is non-preferred
	J1439	Injectafer	Yes	Yes, drug is non-preferred

Part B Step Therapy Drug Class	HCPCS	Drug Name	Part B Prior Authorization Required?	Step Therapy Required?
Antiemetic – Serotonin Receptor Antagonists (Injectable) for Oncology Effective 4/1/2023	J2469	Aloxi	Yes	No, drug is preferred
	J1626	Granisetron	Yes	No, drug is preferred
	J2405	Ondansetron	Yes	No, drug is preferred
	J1627	Sustol	Yes	Yes, drug is non-preferred
Antiemetic – Substance P/Neurokinin-1 Receptor Antagonists (Injectable) for Oncology Effective 4/1/2023	J1453	Emend	Yes	No, drug is preferred
	J1454	Akynzeo	Yes	Yes, drug is non-preferred
	J0185	Cinvanti	Yes	Yes, drug is non-preferred
Paclitaxel Products Effective 4/1/2023	J9267	Paclitaxel	Yes	No, drug is preferred
	J9264	Abraxane, Paclitaxel protein-bound	Yes	Yes, drug is non-preferred

NEXT STEPS

For Medical Non-oncology Indications or for Non-EviCore Delegated Oncology Reviews:

Providers request prior authorization or step therapy review by:

- › Accessing [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com)
 - Prior Authorization Requirements
 - Claims, Appeals, Forms, and Practice Support > Part B Drugs/Biologics for Part B materials
 - Provider Portals to submit requests via HS Connect Provider Portal at [MedicareProviders.Cigna.com](https://www.MedicareProviders.Cigna.com) > [Provider Portal](#)
- › Or faxing requests to **877-730-3858**

Providers requiring help and customers starting a request may contact the Prior Authorization Team at **888-454-0013**.

For Medical Oncology Indications or for EviCore-delegated Reviews:

Providers request prior authorization or step therapy review by:

- › Accessing the prior authorization list at www.evicore.com/resources/healthplan/Cigna-medicare
- › Submitting a request via Providers Hub at www.evicore.com or calling **866-686-4452** (encouraged for urgent treatment requests)

