

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 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.

The Part B step therapy table below applies to all Cigna Medicare markets except Arizona and Leon health plans.

Part B Step Therapy Drug Class	HCPCS	Drug Name	Precertification Required?	Step Therapy Required?
Bevacizumab - NEW 2021 <i>(step therapy does not apply to bevacizumab ophthalmic indications)</i>	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	Q5114	Ogivri	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
	Q5117	Kanjinti	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
	J9311	Rituxan Hycela	Yes	Yes, drug is non-preferred
Viscosupplements - NEW 2021 <i>For more step therapy drug options, please refer to the back of this flyer.</i>	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

Part B Step Therapy Drug Class	HCPCS	Drug Name	Precertification Required?	Step Therapy Required?
Viscosupplements - NEW 2021 <i>continued</i>	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
	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
	J7333	Visco-3	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
Immunomodulators	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

NEXT STEPS

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

Providers request precertification or step therapy review by:

- › Accessing <https://medicareproviders.cigna.com/>
 - Prior Authorization Requirements for precertification list
 - Forms and Practice Support > Part B Drugs/Biologics for Part B materials
 - Provider Portals to submit requests via HS Connect Provider Portal at <https://www.hsconnectonline.com/login.aspx>
- › Or faxing requests to **877-730-3858**

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

For Medical Oncology Indications or for EviCore-Delegated Reviews:

Providers request precertification or step therapy review by:

- › Accessing the precertification list at <https://www.evicore.com/resources/healthplan/cigna-medicare?solutionid=45FBCF7F-AC58-4BEE-87C4-8F5D8B8F5874#solutiondocs>
- › Submitting a request via Providers Hub at www.evicore.com or calling **866-686-4452** (encouraged for urgent treatment requests)