



Healthfirst Medicare Advantage Plans — Part B Step Therapy Drug List

The following list of non-preferred Part B drugs will be subject to step therapy in accordance with the Centers for Medicare & Medicaid Services (CMS) guidance. Step therapy requires a trial of a preferred drug to treat a medical condition before covering a non-preferred drug. The allowance of step therapy practices for Part B drugs will help achieve the goal of lower drug prices while maintaining access to covered services and drugs for members.

Step therapy requirements will apply to **“new starts”** only and will not apply to members who are currently and actively receiving therapy with a non-preferred product (subject to a 365-day lookback period).

For prior authorization with dates of service on or after **January 1, 2022**, we will require step therapy for the following Part B medications that are listed as non-preferred products:

Drug Class	Drug Name	HCPCS	Status
Anti-Inflammatory	Remicade	J1745	Preferred
	Inflectra	Q5103	Preferred
	Avsola	Q5121	Non-preferred
	Renflexis	Q5104	Non-preferred
Antineoplastic	Mvasi	Q5107	Preferred
	Zirabev	Q5118	Preferred
	Avastin*	J9035	Non-preferred
Antineoplastic	Ruxience	Q5119	Preferred
	Truxima	Q5115	Preferred
	Rituxan	J9312	Non-preferred
	Rituxan Hycela	J9311	Non-preferred
	Riabni	Q5123	Non-preferred

*Oncology indications only

Healthfirst Medicare Advantage Plans — Part B Step Therapy Drug List

Drug Class	Drug Name	HCPCS	Status
Antineoplastic	Kanjinti	Q5117	Preferred
	Trazimera	Q5116	Preferred
	Herceptin	J9355	Non-preferred
	Herceptin Hylecta	J9356	Non-preferred
	Ogivri	Q5114	Non-preferred
	Ontruzant	Q5112	Non-preferred
	Herzuma	Q5113	Non-preferred
Botulinum Toxins	Botox	J0585	Preferred
	Xeomin	J0588	Preferred
	Dysport	J0586	Non-preferred
	Myobloc	J0587	Non-preferred
Colony Stimulating Factors Long-Acting	Neulasta	J2506	Preferred
	Udenyca	Q5111	Preferred
	Ziextenzo	Q5120	Preferred
	Fulphila	Q5108	Non-preferred
	Nyvepria	Q5122	Non-preferred
Colony Stimulating Factors Short-Acting	Zarxio	Q5101	Preferred
	Nivestym	Q5110	Preferred
	Neupogen	J1442	Non-preferred
	Granix	J1447	Non-preferred
Erythropoiesis Stimulating Agents	Retacrit	Q5106	Preferred
	Procrit	J0885	Preferred
	Aranesp	J0881	Non-preferred
	Epogen	J0885	Non-preferred
	Mircera	J0888	Non-preferred

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Drug Class	Drug Name	HCPCS	Status
Hyaluronic Acids	Monovisc	J7327	Preferred
	Orthovisc	J7324	Preferred
	Synvisc/Synvisc One	J7325	Preferred
	Durolane	J7318	Non-preferred
	Euflexxa	J7323	Non-preferred
	Gel-One	J7326	Non-preferred
	Gelsyn-3	J7328	Non-preferred
	GenVisc 850	J7320	Non-preferred
	Hyalgan/Supartz FX/ Visco-3	J7321	Non-preferred
	Hymovis	J7322	Non-preferred
	Synjoynt	J7331	Non-preferred
	Trilonon	J7332	Non-preferred
	TriVisc	J7329	Non-preferred
Immunological Agents	Entyvio	J3380	Preferred
	Simponi Aria	J1602	Preferred
	Stelara	J3357	Preferred
	Cimzia	J0717	Preferred
	Ilumya	J3245	Preferred
	Actemra	J3262	Non-preferred
	Orencia	J0129	Non-preferred
Migraine	Ajovy	J3031	Preferred
	Aimovig	J3590	Preferred
	Emgality	J3590	Preferred
	Vyepti	J3032	Non-preferred

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Drug Class	Drug Name	HCPCS	Status
Somatostatin Analogs	Somatuline Depot	J1930	Preferred
	Sandostatin LAR Depot	J2353	Non-preferred
Specialty Asthma – IL-5's	Fasenra	J0517	Preferred
	Nucala	J2182	Preferred
	Cinqair	J2786	Non-preferred

For more information regarding Step Therapy, please see your Healthfirst Medicare Advantage plan's formulary (list of covered drugs).

If you have any questions, please contact Member Services at **1-888-260-1010** (TTY 1-888-542-3821), 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September).

Healthfirst Signature (HMO) members, please call your dedicated Member Services team at **1-855-771-1081** (TTY 1-888-542-3821), 7 days a week, 8am–8pm (October through March), and Monday to Friday, 8am–8pm (April through September).

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