

EmblemHealth Step Therapy requirements for Medicare outpatient (Part B) medications

Step Therapy will be required for the medications listed in the table below provided the following are met:

- The requested product meets the definition of a Medicare outpatient (Part B) drug; **AND**
- The proposed use of the requested product has been determined to be a medically accepted indication; **AND**
- The proposed use of the preferred alternative agent has been determined to be a medically accepted indication; **AND**
- The dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication **AND**
- The patient is considered a new start to the non-preferred product (defined as no use in the previous 365 days) **AND**
- The requested product is necessary for treating the enrollee's condition as the preferred drug(s) has(have) been or is(are) likely to be less effective or have adverse effects. **AND**
- When there are multiple preferred drugs, unless otherwise specified, only one is required prior to approval of the non-preferred drug;

Requested Product (Non-Preferred)	Preferred Alternative Agent(s)	Special Comments	Effective Date
Actemra – J3262 Avtozma IV – Q5156 Avtozma SQ – Q5156 Tocilizumab ANOH IV – Q5156 Tocilizumab-ANOH SQ – Q 5156	Tofidence – Q5133 Tyenne IV – Q5135 Tyenne PFS – Q5135		01/01/2026
Allymsys – Q5126 Avastin – J9035 Avzivi – J9999 Jobevine – Q5160 Vegzelma – Q5129	Mvasi – Q5107 Zirabev – Q5118		01/01/2026
Granix – J1447 Neupogen – J1442 Nypozi – Q5148 Releuko – Q5125	Nivestym – Q5110 Zarxio – Q5101		01/01/2026
Fulphila – J1447 Fylnetra – Q5130 Nyvepria – Q5122 Rolvedon – J1449 Stimufend – Q5127 Ziextenzo – Q5120	Neulasta – J2506 Neulasta Onpro – J2506 Udenyca – Q5111		01/01/2026

Rituxan – J9312 Rituxan Hycela – J9311 Truxima – Q5115	Riabni – Q5123 Ruxience – Q5119		01/01/2026
Enhertu – J9358 Herceptin – J9355 Herceptin Hylecta – J9356 Hercessi – Q5146 Herzuma – Q5113 Kadcyla – J9354 Ontruzant – Q5112 Phesgo – J9316 Trazimera – Q5116	Kanjinti – Q5117 Ogivri – Q5114		01/01/2026
Renflexis – Q5104	Avsola – Q5121 Inflectra – Q5103 Remicade – J1745		01/01/2026
Flolan – J1325 Velettri – J1325	Remodulin (treprostinil) – J3285		01/01/2026
Durolane – J7318 Euflexxa – J7323 Gelsyn-3 – J7328 Genvisc 850 – J7320 Hyalgan – J7321 Hymovis – J7322 Monovisc – J7327 Orthovisc – J7324 Supartz – J7321 Synjojoynt – J7331 Triluron – J7332 Trivisc – J7329 Visco-3 – J7321	Gel-One – J7326 Synvisc – J7325 Synvisc-One – J7325	Preferred products do not require Prior Authorization and are Managed via Claims Edits	01/01/2026
Aukelso – J3590 Bomyntra – Q5158 Bosaya – J3590 Conexence – Q5158 Denosumab-BMW – Q5157 Denosumab-BNHT – Q5158 Denosumab-DSSB – Q5159 Enoby – J3590 Osenvelt – Q5157 Ospomyv – Q5159 Prolia – J0897 Stoboclo – Q5157 Xbryk – Q5159 Xgeva – J0897 Xtrenbo – J3590	Bildyos – J3590 Bilprevda – J3590 Jubbonti – Q5136 Wyost – Q5136		01/01/2026

References

1. Centers for Medicare and Medicaid Services, Health Plan Management System (HPMS), MA_Step_Therapy_HPMS_Memo_8_7_18; available at <http://www.cms.gov> - last checked June 13, 2025 and found under Medicare > Enrollment & renewal > Health plans - General Information > Downloads.
2. Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100-02,,; available at <http://www.cms.gov> - last checked June 13, 2025 and found under Medicare > Regulations & guidance > Manuals > Internet-Only Manuals (IOMs).
3. Local Coverage Determination (LCD). Centers for Medicare & Medicare Services. <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>.
4. National Coverage Determination (NCD). Centers for Medicare & Medicare Services. <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>.
5. U.S. Food & Drug Administration. FDA Approved Drug Products. <https://www.accessdata.fda.gov/scripts/cder/daf/>

Drug/Therapy Class	Change or Update	Effective Date
New Document		01/01/26