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;

Drug Class	Drug Name	HCPCS	Preferred Status	Special Comments
Anti-Inflammatory – Infliximabs	**Remicade**	**J1745**	**Preferred**	
	Renflexis	**Q5104**	**Preferred**	
	Avsola	Q5121	Non-preferred	
	Inflectra	Q5103	Non-preferred	
Antineoplastics – Bevacizumabs	**Mvasi**	**Q5107**	**Preferred**	
	Zirabev	**Q5118**	**Preferred**	
	Alymsys	Q5126	Non-preferred	
	Avastin	J9035	Non-preferred	
	Avzivi	J9999	Non-preferred	
	Jobevene	Q5160	Non-preferred	
	Vegzelma	Q5129	Non-preferred	
Antineoplastics – Rituximabs	**Riabni**	**Q5123**	**Preferred**	
	Ruxience	**Q5119**	**Preferred**	
	Rituxan	J9312	Non-preferred	
	Rituxan Hycela	J9311	Non-preferred	
	Truxima	Q5115	Non-preferred	
Antineoplastics – Trastuzumabs	**Ogivri**	**Q5114**	**Preferred**	
	Trazimera	**Q5116**	**Preferred**	
	Herceptin	J9355	Non-preferred	

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Drug Class	Drug Name	HCPCS	Preferred Status	Special Comments
	Hercessi	Q5146	Non-preferred	
	Herzuma	Q5113	Non-preferred	
	Kanjinti	Q5117	Non-preferred	
	Ontruzant	Q5112	Non-preferred	
	Trastuzumab-PKRB	Q5113	Non-preferred	
Colony Stimulating Factors – Long Acting	**Fulphila**	**J1447**	**Preferred**	
	Neulasta	**J2506**	**Preferred**	
	Neulasta Onpro	**J2506**	**Preferred**	
	Udenyca	**Q5111**	**Preferred**	
	Armlupeg	Q5169	Non-preferred	
	Fylnetra	Q5130	Non-preferred	
	Nyvepria	Q5122	Non-preferred	
	Rolvedon	J1449	Non-preferred	
	Stimufend	Q5127	Non-preferred	
	Ziextenzo	Q5120	Non-preferred	
Colony Stimulating Factors – Short Acting	**Nivestym**	**Q5110**	**Preferred**	**Preferred products do not require Prior Authorization Preferred products are Managed via Claims Edits**
	Zarxio	**Q5101**	**Preferred**	
	Filkri	Q5172	Non-preferred	
	Granix	J1447	Non-preferred	
	Neupogen	J1442	Non-preferred	
	Nypozi	Q5148	Non-preferred	
	Releuko	Q5125	Non-preferred	
Hyaluronan Injections	**Gel-One**	**J7326**	**Preferred**	**Preferred products do not require Prior Authorization Preferred products are Managed via Claims Edits**
	Synvisc	**J7325**	**Preferred**	
	Synvisc-One	**J7325**	**Preferred**	
	Durolane	J7318	Non-preferred	
	Euflexxa	J7323	Non-preferred	
	Gelsyn-3	J7328	Non-preferred	
	Genvisc 850	J7320	Non-preferred	
	Hyalgan	J7321	Non-preferred	
Hyaluronan Injections	Hymovis	J7322	Non-preferred	**Preferred products do not require Prior Authorization Preferred products are Managed via Claims Edits**
	Monovisc	J7327	Non-preferred	
	Orthovisc	J7324	Non-preferred	
	Supartz	J7321	Non-preferred	

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Drug Class	Drug Name	HCPCS	Preferred Status	Special Comments
	Synojoynt	J7331	Non-preferred	
	Triluron	J7332	Non-preferred	
	Trivisc	J7329	Non-preferred	
	Visco-3	J7321	Non-preferred	
Monoclonal Antibodies – Denosumabs	**Bildyos**	**J3590**	**Preferred**	
	Bilprevda	**J3590**	**Preferred**	
	Jubbonti	**Q5136**	**Preferred**	
	Wyost	**Q5136**	**Preferred**	
	Aukelso	J3590	Non-preferred	
	Bomyntra	Q5158	Non-preferred	
	Bosaya	J3590	Non-preferred	
	Conexxence	Q5158	Non-preferred	
	Denosumab-BMWO	Q5157	Non-preferred	
	Denosumab-BNHT	Q5158	Non-preferred	
	Denosumab-DSSB	Q5159	Non-preferred	
	Enoby	J3590	Non-preferred	
	Jubereq	Q5166	Non-preferred	
	Osenvelt	Q5157	Non-preferred	
	Ospomyv	Q5159	Non-preferred	
	Osvyrti	Q5166	Non-preferred	
	Ponlimsi	Q5173	Non-preferred	
	Prolia	J0897	Non-preferred	
	Stoboclo	Q5157	Non-preferred	
	Xbryk	Q5159	Non-preferred	
	Xgeva	J0897	Non-preferred	
	Xtrenbo	J3590	Non-preferred	
Monoclonal Antibodies – Eculizumab	**Bkemv**	**Q5152**	**Preferred**	
	Epysqli	**Q5151**	**Preferred**	
	Soliris	J1299	Non-preferred	

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Drug Class	Drug Name	HCPCS	Preferred Status	Special Comments
Monoclonal Antibodies – Natalizumabs	**Tyruko**	**Q5134**	**Preferred**	
	Tysabri	J2323	Non-preferred	
Monoclonal Antibodies – Tocilizumabs	**Avtozma IV**	**Q5156**	**Preferred**	
	Tocilizumab ANOH IV	**Q5156**	**Preferred**	
	Tyenne IV	**Q5135**	**Preferred**	
	Tocilizumab AAZG IV	**Q5135**	**Preferred**	
	Actemra	J3262	Non-preferred	
	Tofidence	Q5133	Non-preferred	
	Tyenne PFS	Q5135	Non-preferred	
Prostacyclin Analogues – Pulmonary Arterial Hypertension	**Remodulin**	**J3285**	**Preferred**	
	Flolan	J1325	Non-preferred	
	Veletri	J1325	Non-preferred	
	Zevaskyn	J3389	Non-preferred	
VEGF-inhibitors – Aflibercepts	**Eylea**	**J0178**	**Preferred**	
	Pavblu	**Q5147**	**Preferred**	
	Ahzantive	Q5150	Non-preferred	
	Enzeevu	Q5149	Non-preferred	
	Eydenzelt	Q5170	Non-preferred	
	Eylea HD	J0177	Non-preferred	
	Opuviz	Q5153	Non-preferred	
	Yesafili	Q5155	Non-preferred	

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.

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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**
Enhertu J9358 **Antineoplastics – Trastuzumabs**	Enhertu was removed from the trastuzumab step	**07/17/26**
Jubereq Q5166 **Osvyrti Q5166** **Monoclonal Antibodies – Denosumabs**	Jubereq and Osvytri added to prior authorization and listed as non-preferred agents in the denosumab class	**09/09/26**
Armlupeg Q5169 **Colony Stimulating Factors – Long Acting**	Armlupeg added to prior authorization and listed as non-preferred agents in the Colony Stimulating Factors – Long Acting	**10/15/26**
Filkri Q5172 **Colony Stimulating Factors – Short Acting**	Filkri added to prior authorization and listed as non-preferred agents in the Colony Stimulating Factors – Short Acting class	**11/10/26**
Ponlimsi Q5173 **Monoclonal Antibodies – Denosumabs**	Ponlimsi added to prior authorization and listed as non-preferred agents in the denosumab class	**11/10/26**
Bkemv Q5152 **Epysqli Q5151** **Soliris J1299** **Monoclonal Antibodies – Eculizumab**	Soliris added as a non-preferred agent in the Monoclonal Antibodies – Eculizumab class	**01/01/27**
Kanjinti Q5117 **Trazimera Q5116** **Antineoplastics – Trastuzumabs**	Trazimera was changed to preferred status Kanjinti was changed to non-preferred status Added Trastuzumab-PKRB Q5113 to the list	**01/01/27**
Fulphila J1447 **Colony Stimulating Factors – Long Acting**	Fulphila added to preferred status	**01/01/27**
Remicade J1745 **Renflexis Q5104** **Anti-Inflammatory – Infliximabs**	Renflexis was changed to preferred status Avsola and Inflectra were changed to non-preferred status	**01/01/27**
Eylea J0178 **Pavblu Q5147** **VEGF-inhibitors – Aflibercepts**	Added VEGF-inhibitors – Afilbercepts class Eylea and Pavblu set to preferred status	**01/01/27**
Avtozma IV Q5156 **Tocilizumab ANOH IV Q5156** **Tyenne IV Q5135** **Tocilizumab AAZG IV Q5135** **Monoclonal Antibodies – Tocilizumabs**	Avtozma IV and Tocilizumab ANOH IV changed to preferred status Tofidence was changed to non-preferred statys	**01/01/27**
Monoclonal Antibodies – Natalizumabs	Added Monoclonal Antibodies – Natalizumabs class Tyruko set to preferred status	**01/01/27**

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