

Effective December 1st, 2020 certain classes of medical benefit injectables covered under Medicare Part B will require step therapy. Each class of medical injectables will include preferred therapies that do not require prior authorization. Authorization for a non-preferred therapy will generally require history of use of a preferred therapy within the same medical benefit injectable class, among other criteria.

Note: The step therapy requirement does not apply to patients who have already received treatment with the non-preferred drug within the past 365 days.

| Drug Class | Non-Preferred Product(s)* | Preferred Product(s) |
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| Acromegaly | Sandostatin LAR Signifor LAR Somavert | Somatuline Depot |
| Alpha-1 Antitrypsin Deficiency | Aralast Glassia Zemaira | Prolastin-C |
| Autoimmune | Actemra Cimzia Inflectra Orencia Renflexis | Entyvio Ilumya Remicade Simponi Aria Stelara |
| Bevacizumab | | Avastin Mvasi Zirabev |
| Botulinum Toxins | Myobloc | Botox Dysport Xeomin |
| Hematologic, Erythropoiesis – Stimulating Agents (ESA) | Epogen Mircera Procrit | Aranesp Retacrit |
| Hematologic, Neutropenia Colony Stimulating Factors – Short Acting | Granix Leukine Neupogen | Nivestym Zarxio |
| Hematologic, Neutropenia Colony Stimulating Factors – Long Acting | Fulphila Ziextenzo | Neulasta Udenyca |
| Lysosomal Storage Disorders – Gaucher Disease | Elelyso VPRIV | Cerezyme |
| Multiple Sclerosis (Infused) | Lemtrada | Tysabri |
| Osteoarthritis, Viscosupplements – Single Injection | Durolane Gel-One Monovisc | Synvisc-1 |

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| <i>Osteoarthritis, Viscosupplements – Multi Injection</i> | Euflexxa Gelsyn-3 Hyalgan Hymovis Supartz Visco-3 | Orthovisc Synvisc |
| <i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents</i> | Firmagon Lupron Depot Trelstar Zoladex | Eligard |
| <i>Retinal Disorders Agents</i> | Lucentis Macugen Visudyne | Avastin Eylea |
| <i>Rituximab</i> | | Rituxan Rituxan Hycela Ruxience |
| <i>Trastuzumab</i> | Herzuma Ogivri | Herceptin Herceptin Hylecta Kanjinti Trazimera |