Capital Blue Cross 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
Alymsys (Q5126) Avastin (J9035) Vegzelma (Q5129) Avzivi (J9999) Jobevne (Q5160)	Mvasi (Q5107) Zirabev (Q5118)	Non-oncology indications for Avastin will not require prerequisite agents	1/1/2026
Neupogen (J1442) Releuko (Q5125) Nypozi (Q5148)	Granix (J1447) Nivestym (Q5110) Zarxio (Q5101)		1/1/2026
Armlupeg (Q5169) Fulphila (Q5108) Fylnetra (Q5130)	Neulasta (J2506) Udenyca (Q5111)		1/1/2026

Date created/updated

Nyvepria (Q5122) Rolvedon (J1449) Ryzneuta (J9361) Stimufend (Q5127) Ziextenzo (Q5120)			
Treanda (J9033) Vivimusta (J9056)	Belrapzo (J9036) Bendeka (J9034)		1/1/2026
Avsola (Q5121) Renflexis (Q5104)	Inflectra (Q5103) Infliximab unbranded (J1745) Remicade (J1745)		1/1/2026
Feraheme (Q0138) Injectafer (J1439) Monoferric (J1437)	Ferrlecit (J2916) InFed (J1750) Venofer (J1756)		1/1/2026
Fusilev (J0641) Khapzory (J0642)	Leucovorin (J0640)		1/1/2026
Riabni (Q5123) Rituxan (J9312) Rituxan Hycela (J9311)	Ruxience (Q5119) Truxima (Q5115)		1/1/2026
Soliris (J1299) Bkemv (Q5152) Epysqli (Q5151)	Ultomiris (J1303)		1/1/2026
Hercessi (Q5146) Herceptin (J9355) Herceptin Hylecta (J9356) Herzuma (Q5113) Ogivri (Q5114) Ontruzant (Q5112)	Kanjinti (Q5117) Trazimera (Q5116)		1/1/2026
Durolane (J7318) Gel-One (J7326) Gelsyn-3 (J7328) Genvisc 850 (J7320) Hyalgan (J7328) Hymovis (J7322) Monovisc (J7327) Orthovisc (J7324) Supartx FX (J7321) Synojoynt (J7331) Triluron (J7332) Trivisc (J7329) Visco-3 (J7321)	Euflexxa (J7323) AND Synvisc/Synvisc One(J7325)		1/1/2026
Eylea (J0178) Lucentis (J2778) Beovu (J0179) Byooviz (Q5124) Susvimo (J2779) Vabysmo (J2777) Cimerli (Q5128)	Avastin – ophthalmic use only (C9257)		1/1/2026

Eylea HD (J0177) Yesafili (Q5155) Opuviz (Q5153) Ahzantive (Q5150) Pavblu (Q5147) Enzeevu (Q5149) Nufymco (Q5168) Eydenzelt (Q5170)			
Cinqair (J2786) Exdensur (J2361)	Fasenra (J0517) Nucala (J2182)		1/1/2026

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 August 31, 2018 and found under Medicare > Health Plans > Health Plans - General Information > Downloads.
2. Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100-02, Chapter 15, Sec. 50 (Rev. 241, Feb. 2, 2018); available at http://www.cms.gov - last checked August 31, 2018 and found under Medicare > Regulations and 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
Armlupeg (Q5169)	Updated non-preferred products	9/1/2026
Exdensur (J2361)	Updated non-preferred products	9/1/2026
Nufymco (Q5168) & Eydenzelt (Q5170)	Updated non-preferred products	9/1/2026
Hyaluronic Acid Derivatives	Preferred products updated to Euflexxa (J7323) AND Synvisc/Synvisc One (J7325)	5/1/2026
Jobevne (Q5160)	Require T/F Mvasi (Q5107) or Zirabev (Q5118)	5/1/2026
Ryzneuta (J9361)	Require T/F of Neulasta (J2506) or Udenyca (Q5111)	5/1/2026
Nucala (J2182)	Added to preferred products	5/1/2026
Document created		1/1/2026