

## Part B Medications Requiring Step Therapy (ST)

**Effective Date: May 1, 2026**

**Policy:**

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 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.

If prior authorization is required for a non-preferred drug listed below, requests for those drugs should be submitted to Prime Therapeutics. Providers can submit a web (or online) request to Prime via the [provider portal](#), by sending a fax [request](#) to (888) 656-6671, or by calling Prime Therapeutics at (833) 895-2611.

**This policy is applicable to the plans listed:**

Mass General Brigham Advantage Secure (HMO-POS)	Mass General Brigham Advantage (PPO)
Mass General Brigham Advantage Premier (PPO)	Mass General Brigham Advantage Signature (PPO)
Mass General Brigham Advantage Group (HMO-POS & PPO)	Mass General Brigham One Care & SCO (HMO D-SNP)

Requested Product (Non-Preferred)	Preferred Alternative Agent(s)	Special Comments	Effective Date
HP Acthar (J0801) Cortrophin (J0802)	Corticosteroids (various)	ST does not apply to infantile spasms	1/1/2026
Avsola (Q5121) Inflectra (Q5103)	Infliximab (J1745) Remicade (J1745) Renflexis (Q5104)		1/1/2026
Cinqair (J2786) Nucala (J2182)	Fasenra (J0517) Xolair (J2357)	Asthma diagnosis only	1/1/2026
Axtle (J9292) Pemrydi RTU (J9324) Pemfexy (J9304)	Pemetrexed (J9305, J9294, J9296, J9297, J9314, J9322, J9323)		1/1/2026
Flynetra (Q5130) Nyvepria (Q5122) Rolvedon (J1449) Ryzneuta (J9361) Stimufend (Q5127) Ziextenzo (Q5120)	Fulphila (Q5108) Neulasta/Neulasta Onpro (J2506) Udenyca/Udenyca Onbody (Q5111)	Oncology use only	1/1/2026
Granix (J1447) Neupogen (J1442) Nivestym (Q5110) Nypozi (Q5148) Releuko (Q5125)	Zarxio (Q5101)		1/1/2026
Herceptin (J9355) Herceptin Hylecta (J9356) Herzuma (Q5113) Ontruzant (Q5112)	Kanjinti (Q5117) Ogivri (Q5114) Trazimera (Q5116)		1/1/2026
Riabni (Q5123) Rituxan (J9312) Rituxan Hyleca (J9311) Ruxience (Q5119)	Truxima (Q5115)	Oncology indications only	1/1/2026
Ahzantive (Q5150) Beovu (J0179) Eylea (J0178) Eylea HD (J0177) Enzeevu (Q5149) Lucentis (J2778) Pavblu (Q5147) Susvimo (J2779) Vabysmo (J2777) Opuviz (Q5153) Yesafili (Q5155)	Avastin – Ophthalmic (C9257) Byooviz (Q5124) Cimerli (Q5128)		1/1/2026

Requested Product (Non-Preferred)	Preferred Alternative Agent(s)	Special Comments	Effective Date
Euflexxa (J7323) Gel-One (J7326) Gelsyn-3 (J7328) Genvisc 850 (J7320) Hyalgan (J7321) Hymovis (J7322) Monovisc (J7327) Orthovisc (J7324) Sodium Hyaluronate (J7331) Supartz (J7321) Synvisc (J7325) Synvisc-One (J7325) Triluron (J7332) Trivisc (J7329)	Durolane (J7318) Visco-3 (J7321)		1/1/2026
Botox (J0585) Daxxify (J0589) Myobloc (J0587)	Dysport (J0586) Xeomin (J0588)	Step applies for overlapping indications only	1/1/2026
Lemtrada (J0202)	Ocrevus (J2350) OR Ocrevus Zunovo (J2351) AND Tysabri (J2323) OR Tyruko (Q5134)	An Ocrevus AND natalizumab product	1/1/2026
Allymsys (Q5126) Avastin (J9035) Avzivi (J9999) Vegzelma (Q5129)	Mvasi (Q5107) Zirabev (Q5118)	Only applies to oncology indications	1/1/2026
Khapzory (J0642)	leucovorin calcium (J0640)		1/1/2026
Conexence (Q5158) Ospomyv (Q5159) Prolia (J0897) Stoboclo (Q5157) Bosaya (Q5161) Enoby (J3590)	Zoledronic acid (J3489) AND Jubbonti (Q5136)		1/1/2026
Jubbonti (Q5136)	Zoledronic acid (J3489)		1/1/2026
Bomynta (Q5158) Osenvelt (Q5157) Xbryk(Q5159) Xgeva (J0897) Aukelso (Q5161) Xtrenbo (J3590)	Zoledronic acid (J3489) AND Wyost (Q5136)	Step through zoledronic acid does not apply to patients with metastatic breast cancer, metastatic CRPC, or metastatic lung cancer	1/1/2026

Requested Product (Non-Preferred)	Preferred Alternative Agent(s)	Special Comments	Effective Date
Wyost (Q5136)	Zoledronic acid (J3489)	Step through zoledronic acid does not apply to patients with metastatic breast cancer, metastatic CRPC, or metastatic lung cancer	1/1/2026
Evenity (J3111)	Zoledronic acid (J3489)	Does not apply to patients with extremely low BMD (T < -3.5) or T < -2.5 and a history of fragility fractures	1/1/2026
Posfrea (J2468) Sustol (J1627)	Palonosetron (J2469) Ondansetron (J2405) Granisetron (J1626)		1/1/2026
Zilretta (J3304)	Triamcinolone (J3301)		1/1/2026
Actemra IV (J3262) Avtozma (Q5156) Tofidence (Q5133)	Tyenne IV (Q5135)		1/1/2026
Imuldosa IV (Q5098) Otulfi IV (Q9999) Pyzchiva IV (Q9997) Selarsdi IV (Q9998) Starjemza IV (J3590) Yesintek IV (Q5100)	Steqeyma IV (Q5099) Wezlana IV (Q5138) Stelara IV (J3358) Ustekinumab IV (J3358)		1/1/2026
Boruzu (J9054)	Bortezomib (J9041, J9046, J9048, J9049, J9051)		1/1/2026

Drug/Therapy Class	Change or Update	Effective Date
Ustekinumab	Add Starjemza as non-preferred	4/1/2026
Ophthalmic Injections	Add Cimerli as preferred	5/1/2026
Prolia	Add Enoby and Bosaya as non-preferred	6/1/2026
Xgeva	Add Xtrenbo and Aukelso as non-preferred	6/1/2026
Ophthalmic Injections	Add Vabysmo, Opuviz, and Yesafili as non-preferred	6/1/2026