

Medicare Part B Drugs Requiring Step Therapy

Pre-Service Department Toll-free numbers – Fax: 1-888-282-2685 Voice: 1-800-289-1363

Effective January 1, 2021, the following injectable drugs will require step therapy, where Kaiser Permanente Washington requires Medicare patients to first try and fail a preferred drug or have intolerance or contraindication to the preferred drug before covering a non-preferred drug. **Certain diagnoses may be excluded from the step therapy requirement. The step therapy requirement does not apply to patients who have received treatment with the non-preferred drug within the past 365 days. This requirement is NEW starts only.**

Non-preferred drug with ST	Preferred alternatives	Exception	Effective Date
infliximab (Remicade) J1745	infliximab-dyyb (Inflectra) Q5103		01/01/2021
infliximab-abda (Renflexis) Q5104	infliximab-dyyb (Inflectra) Q5103		03/01/2024
infliximab-axxq (Avsola) Q5121	infliximab-dyyb (Inflectra) Q5103		03/01/2024
infliximab-qbtx (Ixifi) Q5109	infliximab-dyyb (Inflectra) Q5103		03/01/2024
rituximab (Rituxan) J9310, J9312	rituximab-arrr (Riabni) Q5123		09/14/2022
bevacizumab (Avastin) C9257, J9035	bevacizumab-awwb (Mvasi) Q5107	Ophthalmic diagnoses	01/01/2021
bevacizumab-bvzr (Zirabev) Q5118	bevacizumab-awwb (Mvasi) Q5107		05/01/2022
trastuzumab (Herceptin) J2778	trastuzumab-anns (Kanjinti) C9257, J9035		01/01/2021
ranibizumab (Lucentis) J2778	bevacizumab (Avastin) C9257, J9035 ranibizumab-nuna (Byooviz) Q5124	Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO)	01/01/2021 Byooviz requirement: 06/01/2024
aflibercept (Eylea) J0178 aflibercept (Eylea HD) J0177	bevacizumab (Avastin) C9257, J9035	Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO)	01/01/2021
brolocizumab-dbll (Beovu) J0179	bevacizumab (Avastin) C9257, J9035		01/01/2021
trastuzumab-dkst (Ogivri) Q5114	trastuzumab-anns (Kanjinti) Q5117		05/01/2022

trastuzumab-dttb (Ontruzant) Q5112	trastuzumab-anns (Kanjinti) Q5117		05/01/2022
trastuzumab-qyyp (Trazimera) Q5116	trastuzumab-anns (Kanjinti) Q5117		05/01/2022
trastuzumab-pkrb (Herzuma) Q5113	trastuzumab-anns (Kanjinti) Q5117		05/01/2022
filgrastim (Neupogen)* J1442	filgrastim-sndz (Zarxio) Q5101 filgrastim-aafi (Nivestym) Q5110 tbo-filgrastim (Granix) J1447		05/01/2022 Granix requirement TBD
pegfilgrastim (Neulasta Onpro) [®] J2505, J2506	pegfilgrastim (Neulasta) J2505, J2506 pegfilgrastim-jmdv (Fulphila) Q5108		05/01/2022 05/01/2023
pegfilgrastim (Neulasta) J2505, J2506	pegfilgrastim-jmdv (Fulphila) Q5108		05/01/2023
rituximab-pvvr (Ruxience) Q5119	rituximab-arrx (Riabni)		09/14/2022
rituximab-abbs (Truxima) Q5115	rituximab-arrx (Riabni) Q5123		06/01/2024
faricimab-svoa (Vabysmo) C9097, J2777	bevacizumab (Avastin) C9257, J9035		06/01/2024

* A trial of filgrastim-sndz (Zarxio), filgrastim-aafi (Nivestym) and tbo-filgrastim (Granix) is required. Granix requirement effective date is TBD.

A trial of both bevacizumab (Avastin) and ranibizumab-nuna (Byooviz) is required (Byooviz requirement effective 06/01/2024)

NOTE: Some plans are excluded from Part B ST

Resources: [Kaiser Permanente Medicare Part B Step Therapy Member Website](#)

Last Updated: June 12, 2024