

Part B Drugs Requiring Step Therapy

Some drugs (Part B drugs) that are injected or given in your doctor's office are subject to step therapy. "Step therapy" is when you must first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

In the table below, you can find a list of drugs that require step therapy.

If you are currently taking a non-preferred drug as part of your treatment, we will not disrupt your therapy.

Non-preferred Drug	Preferred Drug	Criteria
Asceniv	Bivigam*, Carimune*, Cuvitru*, GamaStan SD*, Flebogamma*, Gammagard*, Gammalex*, Gamunex*, Gammaked*, Nonlyophilized (NOS)*, Octagam*, Privigen*, Hyqvia*	Failure of two preferred drugs.
Durysta	Latanoprost and travoprost**	Failure of latanoprost prior to travoprost.
Genvisc, Hyalgan, Supartz, Visco, Euflexxa, Orthovisc, Gel-One, Monovisc, Hymovis	Synvisc, SynviscOne, Durolane, and Gelsyn-3	Failure of one of the preferred products.
Ilaris	Methotrexate, infliximab*	ST only required for active Still's disease. Failure of both drugs.
Leqvio	Repatha**, Praluent**	Failure of both Repatha and Praluent.
Lucentis, Eylea, Beovu	Avastin	Failure of Avastin.
Susvimo	Avastin, Lucentis*	Failure of Avastin and Lucentis.
Vabysmo	Avastin, Eylea*	Failure of Avastin and Eylea.
Vyepti	Aimovig** and Emgality**	Failure of both drugs.
Uplinza	Mycophenolate, azathioprine, rituximab, Enspryng**	Failure of 1) mycophenolate or azathioprine and 2) rituximab and 3) Enspryng
Soliris	Mycophenolate, azathioprine, rituximab, Enspryng**	Failure of 1) mycophenolate or azathioprine and 2) rituximab and 3) Uplinza and 4) Enspryng
Qutenza	Gabapentin, pregabalin, tricyclic antidepressants (TCA), lidocaine patches	Failure of 1) gabapentin or pregabalin, 2) a TCA, and 3) lidocaine patches with PA.
Xipere	Yutiq*	Failure of Yutiq.

*Drug also requires prior authorization on the medical benefit.

**Drug available through prescription drug benefit and requires prior authorization.