

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)	infliximab-dyyb (Infliximab) (Infliximab)	Pediatric ulcerative colitis	01/01/2021
Infliximab-abda (Renflexis)	infliximab-dyyb (Infliximab) (Infliximab)	Pediatric ulcerative colitis	03/01/2024
Infliximab-axxq (Avsola)	infliximab-dyyb (Infliximab) (Infliximab)	Pediatric ulcerative colitis	03/01/2024
Infliximab-qbtx (Ixifi)	infliximab-dyyb (Infliximab) (Infliximab)	Pediatric ulcerative colitis	03/01/2024
rituximab (Rituxan)	rituximab-arrx (Rituxan) (Rituxan)		09/14/2022
rituximab-pvvr (Ruxience)	rituximab-arrx (Rituxan) (Rituxan)		09/14/2022
bevacizumab (Avastin)	bevacizumab-awwb (Mvasi) (Mvasi)	Ophthalmic diagnoses	01/01/2021
trastuzumab (Herceptin)	trastuzumab-anns (Kanjinti) (Kanjinti)		01/01/2021
ranibizumab (Lucentis)	bevacizumab (Avastin) ranibizumab-nuna (Byooviz) (Byooviz)	Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO)	01/01/2021 TBD for Byooviz requirement
aflibercept (Eylea) aflibercept (Eylea HD)	bevacizumab (Avastin)	Central retinal vein occlusion (CVRO) and branch retinal vein occlusion (BRVO)	01/01/2021
Pegfilgrastim (Neulasta Onpro) [®]	pegfilgrastim (Neulasta) Pegfilgrastim-jmdv (Fulphila) (Fulphila)		05/01/2022 05/01/2023
Pegfilgrastim (Neulasta)	Pegfilgrastim-jmdv (Fulphila) (Fulphila)		05/01/2023
brolucizumab-dbli (Beovu)	bevacizumab (Avastin)		01/01/2021

bevacizumab-bvzr (Zirabev)	bevacizumab-awwb (Mvasi)		05/01/2022
trastuzumab-dkst (Ogivri)	trastuzumab-anns (Kanjinti)		05/01/2022
trastuzumab-dttb (Ontruzant)	trastuzumab-anns (Kanjinti)		05/01/2022
trastuzumab-qyyp (Trazimera)	trastuzumab-anns (Kanjinti)		05/01/2022
trastuzumab-pkrb (Herzuma)	trastuzumab-anns (Kanjinti)		05/01/2022
filgrastim (Neupogen)*	filgrastim-sndz (Zarxio) filgrastim-aafi (Nivestym)		05/01/2022
tbo-filgrastim (Granix)*	filgrastim-sndz (Zarxio) filgrastim-aafi (Nivestym)		05/01/2022
rituximab-abbs (Truxima)	rituximab-arrx (Riabni)		TBD
faricimab-svoa (Vabysmo)	bevacizumab (Avastin)		TBD

* A trial of both filgrastim-sndz (Zarxio) and filgrastim-aafi (Nivestym) is required

@ A trial of both pegfilgrastim (Neulasta) and pegfilgrastim-jmdv (Fulphila) is required effective 5/1/2023

A trial of both bevacizumab (Avastin) and ranibizumab-nuna (Byooviz) is required (Byooviz requirement effective TBD)

NOTE: Some plans are excluded from Part B ST

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

Last Updated: March 1, 2024