Sentara® Health Plans

SENTARA HEALTH PLANS MEDICARE PART B STEP THERAPY CRITERIA

(01/01/2027 – 01/31/2027)

Certain covered drugs may have additional requirements or limitations regarding coverage. We have made available documentation that outlines our criteria for Step Therapy requirements.

PLEASE READ: This document contains information about some of the drugs we cover in this plan.

The Step Therapy Criteria was updated on 11/25/2026

2027
DRUGS REQUIRING STEP THERAPY

Step Therapy will be required for the medications listed in the table below, provided the following are met for the requested drug:

- Meets the definition of a Medicare Part B medication.
- New for the patient, as defined by no use in the last 365 days.
- Proposed use of the requested/and or alternative drug has been determined to be a medically accepted indication under Medicare rules.
- Dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication.

Exceptions

- Members (enrollees) may request an exception from the plan's step therapy requirement to access a Part B covered drug, which is reviewed through our organization's determination process.

***PA may still be required for the preferred product. See the PAL Tool to Search PAL List: Sentara Health Plans**
***Trial and failure of 2 or more preferred alternative(s) required where more than 1 alternative is given**

Product Class	Requested Product	J Code	Preferred Alternative(s)	J Code
Macular Degeneration Drugs	Beovu	J0179	Avastin/bevacizumab	J9035
	Byooviz	Q5124		
	Cimerli	Q5128		
	Eylea/HD	J0178		
	Lucentis	J2778		
	Nufymco	Q5168		
	Pavblu	J3590		
	Susvimo	J2779		
	Vabysmo	J2777		
Hyaluronic Acids	Durolane	J7318	Euflexxa Synvisc/Synvisc-One	J7323 J7325
	Gel-One	J7326		
	Gel-Syn	J7328		
	Genvisc 850	J7320/Q9980		
	Hyalgan	J7321		
	Hymovis/One	J7322/C9471		
	Orthovisc	J7324		
	Monovisc	J7327		
	Supartz/FX	J7321		
	SynoJoynt	J7331		
	Triluron	J7332		
	Trivisc	J7329		
	Visco-3	J7321		
Tocilizumab Intravenous	Tolfidence IV	Q5133	Actemra Tyenne	J3262 Q5135
Pemetrexed	Pemfexy	J9304	Pemetrexed (Sandoz) Pemetrexed (Hospira) Pemetrexed (Accord) **Generic Pemetrexed** Pemetrexed ditromethamine (Hospira) Pemetrexed (Bluepoint)	J9297 J9294 J9296 **J9305** J9323 J9322
	Alimta	**J9305**		
	Pemrydi RTU	J9324		
	Axtle - Avyxa	J9292		
	Pemetrexed (Teva)	J9314		
Paclitaxel	Paclitaxel Protein-Bound (Abraxane)	J9264	Paclitaxel injection	J9267

Product Class	Requested Product	J Code	Preferred Alternative(s)	J Code
Bortezomib	Boruzu RTU	J9054	Bortezomib Inj. Bortezomib Inj. (Dr. Reddy) Bortezomib Inj. (Fresenius) Bortezomib Inj. (Hospira) Bortezomib Inj. (Maia)	J9041 J9046 J9048 J9049 J9051
Luteinizing Hormone-Releasing Hormone	Vabrinty		Eligard Depot Leuprolide Depot Lupron Depot Lupron Depot	J9217 J1954 J1950 J9217
Denosumab (Osteoporosis)	Prolia Conexxence Bildyos Bosaya Enoby Ospomyv	J0897 Q5158 J3590 J3590 J3590 Q5159	Jubbonti Stoboclo	Q5136 Q5157
Denosumab (Cancer)	Xgeva Bomyntra Aukelso Bilprevda Xbryk Xtrenbo	J0897 Q5158 J3590 J3590 Q5159 J3590	Wyost Osenvelt	Q5136 Q5157
Complement Inhibitors	Bkemv Soliris	Q5152 J1299	Epysqli Ultomiris	Q5151 J1303
IVIG	Alyglo Asceniv Hyqvia Panzyga Yimmugo	J1552 J1554 J1575 J1576 J1599	Bivigam Flebogamma DIF Gammagard Liquid Gammagard S/D Gammaked Gammaplex Gamunex-C Privigen	J1556 J1572 J1569 J1566 J1561 J1557 J1561 J1459
Ustekinumab	Imdulosa Otulfi Pyzchiva Stelara Steqeyma Ustekinumab Ustekinumab-ttwe Wezlana	Q5098 Q9999 Q9997 J3357 Q5099 J3358 Q9996 Q5138	Selarsdi Yesintek	Q9998 Q5100

Bevacizumab (Cancer)	Avastin Alymsys Avzivi Jobevne	J9035 Q5126 J9999 Q5160	Mvasi Vegzelma Zirabev	Q5107 Q5129 Q5118
Filgrastim	Filkri Neupogen Nivestym Nypozi Releuko	Q5172 J1442 Q5110 Q5148 Q5125	Granix Zarxio	J1447 Q5101
Pegfilgrastim	Armlupeg Ennumo Fylnetra Neulasta Nyvepria Stimufend Ziextenzo	Q5169 J3590 Q5130 J2506 Q5122 Q5127 Q5120	Udenyca Fulphila	Q5111 Q5108
Trastuzumab	Herceptin Herceptin Hylecta Hercessi Herzuma Kanjinti	J9355 J9356 Q5146 Q5113 Q5117	Ogivri Ontruzant Trazimera	Q5114 Q5112 Q5116
Rituximab	Rituxan Rituxan Hycela Zimrixby	J9312 J9311 J9999	Riabni Ruxience Truxima	Q5123 Q5119 Q5115
Eosinophilic Asthma	Exdensur SQ	J3590	Dupixent (Pharmacy Benefit) Fasenra SQ Nucala SQ Xolair	 J0517 J2182 J2357
PCSK9 Inhibitors	Leqvio	J1306	Repatha	