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.

\*Trial and failure of 2 or more preferred alternative(s) required where more than 1 alternative is given

Requested Product	Preferred Alternative(s)		
Beovu	J0179		
Byooviz	Q5124		
Cimerli	Q5128		
Eylea	J0178		
Lucentis	J2778	Avastin	J9035
Pavblu	J3590		
Susvimo	J2779		
Vabysmo	J2777		
Durolane	J7318	Euflexxa* Synvisc*/Synvisc-One*	J7323 J7325
Gel-One	J7326		
Gel-Syn	J7328		
Genvisc 850	J7320/Q9980		
Hyalgan	J7321		
Hymovis	J7322/C9471		
Orthovisc	J7324		
Monovisc	J7327		
Supartz/FX	J7321		
SynoJoynt	J7331		
Triluron	J7332		
Trivisc	J7329		
Visco-3	J7321		
Tolfidence IV	Q5133	Actemra* Tyenne*	J3262 Q5135
Pemfexy	J9304	Pemetrexed (Sandoz)* Pemetrexed (Hospira)* Pemetrexed (Accord)* Pemetrexed ditromethamine (Hospira)*	J9297
Alimta	J9305		J9294
Pemrydi RTU	J9324		J9296
Axtle - Avyxa	J9292		J9323

## **Step Therapy Requirements for Sentara Medicare Outpatient (Part B) Medications**

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Requested Product		Preferred Alternative(s)	Preferred Alternative(s)	
Pemetrexed (Teva)	J9314	Pemetrexed (Bluepoint)*	J9322	
Paclitaxel Protein-Bound (Abraxane)	J9264	Paclitaxel injection	J9267	
Boruzu RTU	J9054	Bortezomib Inj.* Boretezomib Inj. (Dr. Reddy)* Bortezomib Inj. (Fresenius)* Bortezomib Inj. (Hospira)* Bortezomib Inj. (Maia)*	J9041 J9046 J9048 J9049 J9051	

## References

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