

Step Therapy Requirements for AvMed Medicare Outpatient (Part B) Medications

**Pharmacy Update:
April – June 2025**

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.

| Requested Product | | Preferred Alternative(s) | |
|-------------------|-------------|---------------------------------|----------------|
| Beovu | J0179 | Avastin | J9035 |
| Byooviz | Q5124 | | |
| Cimerli | Q5128 | | |
| Eylea | J0178 | | |
| Lucentis | J2778 | | |
| 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 | | |
| Tolfidance IV | Q5133 | Actemra Tyenne | J3262 Q5135 |

References

Centers for Medicare and Medicaid Services, Health Plan Management System (HPMS), MA_Step_Therapy_HPMS_Memo_8_7_18; available at <http://www.cms.gov> - last checked August 31, 2018, and found under Medicare > Health Plans > Health Plans - General Information > Downloads.

Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100-02, Chapter 15, Sec. 50 (Rev. 241, Feb. 2, 2018); available at <http://www.cms.gov> - last checked August 31, 2018, and found under Medicare > Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs).

Local Coverage Determination (LCD). Centers for Medicare & Medicare Services.
<http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>.

National Coverage Determination (NCD). Centers for Medicare & Medicare Services.
<http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>.

U.S. Food & Drug Administration. FDA Approved Drug Products.
<https://www.accessdata.fda.gov/scripts/cder/daf/>