

Medicare Part B drugs subject to step therapy

In certain drug categories where there are multiple treatment options that have been shown to produce similar clinical results, AmeriHealth may use a process known as **step therapy**. In step therapy, the health plan identifies certain drugs as preferred products. Members must try a preferred product before AmeriHealth will cover treatment with a nonpreferred product. The requirements for preferred products are available in our medical policies. The list is subject to change.

Atypical hemolytic uremic syndrome

Preferred Products	Nonpreferred Products
Ultomiris™	Soliris®

Cancer

Preferred Products	Nonpreferred Products
Eligard®	Camcevi®, Lupron depot®
Mvasi™, Zirabev®	Alymsys®, Avastin®, Vegzelma®
Kanjinti™, Trazimera™	Herceptin®, Herceptin Hylecta™, Herzuma™, Ogivri™, Ontruzant®
Ruxience™, Truxima™	Riabni™, Rituxan®, Rituxan Hycela™

Colony-stimulating factors (long-acting)

Preferred Products	Nonpreferred Products
Neulasta®, Nyvepria®, Ziextenzo™	Fulphila™, Fylnetra™, Rolvedon™, Stimufend®, Udenyca®

Colony-stimulating factors (short-acting)

Preferred Products	Nonpreferred Products
Nivestym®, Zarxio®	Neupogen®, Granix®, Releuko®

Medicare Part B drugs subject to step therapy (continued)

Hyaluronate acid products

Preferred Products	Nonpreferred Products
Monovisc [®] , Orthovisc [®] , Synvisc [®] , Synvisc-One [®]	Durolane [®] , Euflexxa [™] , Gel-One [®] , Gelsyn3 [™] , GenVisc-850 [®] , Hyalgan [®] , Hymovis [®] , Supartz [®] , Synjoynt [™] , Triluron [™] , TriVisc [™] , VISCO-3 [®]

Infliximab products

Preferred Products	Nonpreferred Products
Inflectra [®] , Infliximab (unbranded), Remicade [®]	Avsola [™] , Ixifi [®] , Renflexis [®]

Ophthalmologic conditions treated with vascular endothelial growth factors

Preferred Products	Nonpreferred Products
Alymsys [®] , Avastin [®] , Mvasi [™] , Vegzelma [®] , Zirabev [®]	Beovu [®] , Byooviz [™] , Eylea [®] , Eylea HD [®] , Lucentis [®] , Susvimo [™] , Vabysmo [®]

Paroxysmal nocturnal hemoglobinuria

Preferred Products	Nonpreferred Products
Ultomiris [™]	Soliris [®]

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AmeriHealth offers PPO Medicare Advantage plans with a Medicare contract. Enrollment in AmeriHealth PPO Medicare Advantage plans depends on contract renewal.

This is not a complete list of drugs covered by our plan. For a complete listing, please call the AmeriHealth Help Team at **1-866-569-5190** (TTY/TDD: **711**) or visit **AmeriHealth.com/Medicare**.

