



## MEDICARE ADVANTAGE PART B DRUG STEP THERAPY PROGRAM

In some cases, our plans require you to first try certain medications to treat your medical condition before we will cover another medication for that condition. For example, if a Step 1 medication and a Step 2 medication both treat your medical condition, our plans may not cover the Step 2 medication unless you try a Step 1 medication first. If a Step 1 medication does not work for you, our plans will then cover the Step 2 medication.

Below is a list of medications that are currently part of the Medicare Advantage Part B Step Therapy program. The list can change from time to time.

 <h3>Step 1 medication</h3> <p>(you must try this medication before a Step 2 medication)</p>	 <h3>Step 2 medication</h3> <p>(you must try a Step 1 medication and receive prior authorization before we'll cover)</p>
Riabni, Ruxience	→ Rituxan, Truxima (non-cancer diagnoses)
Part D oral bisphosphonate (non-cancer diagnoses)	→ Prolia
Euflexxa, Synvisc	→ Durolane, Gel-One, Gelsyn-3, Genvisc, Hyalgan, Hymovis, Monovisc, Orthovisc, Supartz Fx, Triluron, Trivisc, Visco-3
Avastin	→ Beovu, Byooviz, Eylea, Lucentis, Macugen
Zarxio (non-cancer diagnoses)	→ Neupogen, Nivestym
Retacrit	→ Aranesp, Epogen, Mircera, Procrit
Avsola, Inflectra	→ Remicade, Renflexis

For more information on how to get prior authorization, talk to your doctor or call Member Service at 1-800-200-4255 (TTY: 711) from April 1 through September 30, 8:00 a.m. to 8:00 p.m. ET, Monday through Friday, or October 1 through March 31, 8:00 a.m. to 8:00 p.m. ET, seven days a week.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-200-4255** (TTY: **711**).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-200-4255** (TTY: **711**).



**MASSACHUSETTS**

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