2027 Part B Step Therapy

- This document includes a list of the drugs for which our plan currently requires you to first utilize certain drugs to treat your medical condition before we will cover another drug for that condition, this is called Step Therapy. The step therapy criteria require that a preferred drug be used before covering a non-preferred drug for the same medical condition. The preferred drug has the same indication, is as effective but usually has a lower cost.

  Example: Drug A (preferred) and Drug B (non-preferred) are both used to treat the same medical condition. The step therapy requires the utilization of Drug A (preferred) first. If the preferred drug is tried and failed or clinically inappropriate for you, then the non-preferred alternative will be covered.

- Certain medical conditions may be excluded from the step therapy requirement.

- The step therapy requirement will not apply if you are currently taking the non-preferred alternative drug or received treatment within the past 365 days. Part B Step Therapy only applies to patients starting treatment for the first time.

- You can ask our plan to make an exception to our coverage rules. The step therapy process allows the request for coverage of the non-preferred drug through an exception request. Our plan will approve your request for an exception if the preferred drugs listed below would not be as effective in treating your condition and/or would cause you to have adverse medical effects. You or your prescriber should contact us. When you request an exception, you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously affected by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Effective Date: 01/01/2027
Last Updated: 11/11/2026

- Furthermore, in addition to the step therapy established in this document, medications may be subject to the evaluation criteria defined in the applicable medical policy. For additional information, please refer to the following link: MMM - Medical policies.

- If we deny any part of your request for a Part B Step Therapy exception, or if you disagree with our coverage determination, you may ask us to reconsider our decision. This is called an "appeal" or a "request for reconsideration."

  If you want to appeal, you must make your appeal request within 65 calendar days from the date on the written notice we sent informing you of our coverage determination.

  How soon we decide on your appeal depends on the type of appeal. For a standard appeal, we will send you a written decision within 7 calendar days after we receive your physician's or prescriber's supporting statement. For an expedited (fast) appeal, we will provide a decision within 72 hours after we receive your physician's or prescriber's supporting statement.

  You may request a fast appeal if you or your doctor believe that waiting for a standard appeal decision could seriously jeopardize your health.

  You, your appointed representative, or your doctor may submit an appeal by telephone, fax, or mail using the contact information below:

  Phone: 1-866-333-5470 (Toll Free), TTY: 711

  Fax: 787-620-2390

  Mail:

  MMM Healthcare, LLC

  Appeals and Grievances Department

  PO Box 71114

  San Juan, PR 00936-8014.

- For more recent information or other questions, please contact MMM Healthcare, LLC., Member Services at 1-866-333-5470 (TTY users should call 711), Monday through Sunday, from 8:00 a.m. to 8:00 p.m., or visit www.mmmpr.com.

- MMM Healthcare, LLC., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. MMM Healthcare, LLC., cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Y0049_2027 5040 0004 1_C

2027 Part B Step Therapy Drug List

Drug Class/ Agent	Preferred Drug	Non-Preferred Drug with step therapy
Erythropoiesis Stimulating Agents	Retacrit (Biosimilar of Procrit and Epogen)	Procrit Epogen Aranesp
Autoimmune Agents	Avsola, Infliximab Tofidence (Biosimilar of Actemra)	Orencia Actemra Cimzia Ilumya Entyvio Simponi Aria Inflectra Renflexis (Biosimilar of Remicade) Tyenne Remicade
Hyaluronan Agents	Single Injection: Synvisc-one Three injections: Synvisc Five injections: Hyalgan	Single injection: Durolane, Gel-one, Monovisc, Hymovis One. Two injections: Hymovis. Three injections: Euflexxa, Orthovisc, Sodium hyaluronate (Synojoynt), Triluron, Trivisc, Gel-Syn. Five injections: Genvisc 850, Visco-3, Supartz.
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Zarxio	Neupogen Nivestym, Granix and Releuko, Filkri (Biosimilars of Neupogen) Leukine
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Fulphila	Neulasta Neulasta OnPro Rolvedon Fylnetra, Nyvepria, Ziextenzo, Udenyca, Stimufend, Armlupeg (Biosimilars of Neulasta)

Effective Date: 01/01/2027
Last Updated: 11/11/2026

Drug Class/ Agent	Preferred Drug	Non-Preferred Drug with step therapy
Immunoglobulins	Intravenous: Gamunex-C*, Octagam. Subcutaneous: Cutaquig, Hizentra, Xembify. *Note: Gamunex-C may be administered IV or subcutaneously.	Intravenous: Qivigy, Asceniv, Bivigam, Flebogamma DIF, Gammaked*, Gammagard*, Gammagard S/D, Gammaplex, Panzyga, Privigen, Alyglo. Subcutaneous: Cuvitru, HyQvia. *Note: Gammaked and Gammagard may be administered IV or subcutaneously.
Dyslipidemics* *Note: Step therapy for this therapeutic class does not apply to the plan MMM Valiente.	Repatha	Leqvio
Gonadotropin-releasing hormone (GnRH) Agonists- Prostate Cancer	Trelstar Eligard Lupron 3.75mg, 7.5mg, 11.25mg, 30mg, 45mg Lutrate 22.5mg	Lupron 22.5mg Fensolvi Camcevi Triptodur Zoladex
Monoclonal Antibodies; Antineoplastics- Rituximab	Ruxience (Biosimilar of Rituxan)	Rituxan Riabni, Truxima (Biosimilars of Rituxan)
Vascular Endothelial Growth Factor Inhibitor (Macular Edema)	Pavblu Yesafili	Eylea Beovu Enzeevu
	Byooviz, Cimerli (Biosimilars Interchangeable of Lucentis)	Lucentis Susvimo Nufymco
Vascular Endothelial Growth Factor Inhibitor (Step Therapy do not applies for macular degeneration or macular edema)	Zirabev, MVASI (Biosimilars of Avastin)	Avastin, Alymsys, Vegzelma, Jobevne (Biosimilars of Avastin)
Trastuzumab Agents	Ogivri and Trazimera (Biosimilars of Herceptin)	Herceptin Kanjinti, Ontruzant and Herzuma, Hercessi (Biosimilars of Herceptin)
Neuromuscular Agents	Evrysdi	Spinraza

Drug Class/ Agent	Preferred Drug	Non-Preferred Drug with step therapy
Antipsoriatics	Selarsdi	Stelara Wezlana, Otulfi, Pyzchiva, Imuldosa, Yesintek, Steqeyma and Starjemza (Biosimilars of Stelara) Cosentyx Remicade
Monoclonal Antibodies; Endocrine, Antineoplastics- Xgeva	Bilprevda Xtrenbo	Xgeva Bomyntra, Osenvelt, Wyost, Aukelso, Jubereq (Biosimilars of Xgeva)
IV Bisphosphonates and Monoclonal Antibodies for Treatment of Osteoporosis and Others	Bildyos Enoby	Prolia Jubbonti Conexxence Ospomyv Stoboclo Bosaya Osvyrti
Monoclonal Antibodies; Multiple Sclerosis Agents and Others	Tyruko	Tysabri

Changes History	
Date	**Summary of Changes**