

## Medicare Part B Drug Step Therapy Program

Refer to the Medicare: Part B step therapy prior authorization requirements notice in the October 2023 Network Bulletin for further information.

Effective Date: Jan. 1, 2024

### Applicable Codes

Effective for dates of service starting Jan. 1, 2024, prior authorization is required for medications included in the Medicare Part B Step Therapy Program. You'll find the latest information in the [Medicare Part B Step Therapy Programs Policy](#).

Drug/Product	HCPSC code	Status
<b>Antiemetics for oncology</b>		
Emend (fosaprepitant)	J1453	Preferred
Kytril (granisetron)	J1626	Preferred
Zofran (ondansetron)	J2405	Preferred
Aloxi (palonosetron)	J2469	Preferred
Ondansetron, oral	Q0162	Preferred
Granisetron, oral	Q0166	Preferred
Cinvanti (aprepitant)	J0185	Non-Preferred
Akynzeo (fosnetupitant and palonosetron)	J1454	Non-Preferred
Sustol (granisetron, extended-release)	J1627	Non-Preferred
<b>Bevacizumab (oncology use)</b>		
Mvasi (bevacizumab-awwb)	Q5107	Preferred
Zirabev (bevacizumab-bvzr)	Q5118	Preferred
Avastin (bevacizumab)	J9035	Non-Preferred
Alymsys (bevacizumab-maly)	Q5126	Non-Preferred
Vegzelma (bevacizumab-adcd)	Q5129	Non-Preferred
<b>Bone Density Agents – oncology and osteoporosis</b>		
Alendronate, Risedronate	N/A	Preferred (Part D benefit)
Ibandronate	J1740	Preferred
Pamidronate	J2430	Preferred
Zoledronic Acid	J3489	Preferred
Prolia (denosumab)	J0897	Non-Preferred
Xgeva (denosumab)	J0897	Non-Preferred
Evenity (romosozumab-aqqg)	J3111	Non-Preferred
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists</b>		
Aimovig (erenumab-aooe)	N/A	Preferred (Part D benefit)
Ajovy (fremanezumab-vfrm)	N/A	Preferred (Part D benefit)
Emgality (galcanezumab-gnlm)	N/A	Preferred (Part D benefit)
Vyepti (eptinezumab-jjmr)	J3032	Non-Preferred

Drug/ Product	HCPCS code	Status
<b>Colony Stimulating Factors – long acting</b>		
<i>Preferred products for non-oncology uses do not require prior authorization</i>		
Neulasta (pegfilgrastim)	J2506	Preferred
Udenyca (pegfilgrastim cbqv)	Q5111	Preferred
Rolvedon (eflapegrastim-xnst)	J1449	Non-Preferred
Fulphila (pegfilgrastim-jmdb)	Q5108	Non-Preferred
Ziextenzo (pegfilgrastim-bmez)	Q5120	Non-Preferred
Nyvepria (pegfilgrastim-apgf)	Q5122	Non-Preferred
Stimufend (pegfilgrastim-fpgk)	Q5127	Non-Preferred
Fylnetra (pegfilgrastim-pbbk)	Q5130	Non-Preferred
<b>Colony Stimulating Factors – short acting</b>		
<i>Preferred products for non-oncology uses do not require prior authorization</i>		
Zarxio (filgrastim-sndz)	Q5101	Preferred
Neupogen (filgrastim)	J1442	Non-Preferred
Granix (tbo-filgrastim)	J1447	Non-Preferred
Nivestym (filgrastim-aafi)	Q5110	Non-Preferred
Releuko (filgrastim-ayow)	Q5125	Non-Preferred
<b>Erythropoiesis-Stimulating agents</b>		
Retacrit (epoetin alfa-epbx)	Q5106	Preferred
Epogen/Procrit (epoetin alfa)	J0885	Non-Preferred
<b>Gemcitabine</b>		
Gemcitabine	J9201	Preferred
Infugem (gemcitabine)	J9198	Non-Preferred
<b>Gonadotropin Releasing Hormone Analogs for oncology</b>		
Leuprolide acetate, per 7.5mg	J9217	Preferred
Leuprolide acetate, per 3.75mg	J1950	Non-Preferred
<b>Gout agents</b>		
Allopurinol tablet	N/A	Preferred (Part D benefit)
Febuxostat tablet	N/A	Preferred (Part D benefit)
Krystexxa (pegloticase)	J2507	Non-Preferred
<b>Hyaluronic Acids</b>		
Durolane	J7318	Preferred
Synvisc or Synvisc-One	J7325	Preferred
Gelsyn-3	J7328	Preferred
GenVisc 850	J7320	Non-Preferred
Hyalgan, Supartz, Supartz FX, Visco-3	J7321	Non-Preferred
Hymovis	J7322	Non-Preferred
Euflexxa	J7323	Non-Preferred
Orthovisc	J7324	Non-Preferred
Gel-One	J7326	Non-Preferred
Monovisc	J7327	Non-Preferred
Trivisc	J7329	Non-Preferred
Synjojoynt	J7331	Non-Preferred
Triluron	J7332	Non-Preferred

Drug/ Product	HCPCS code	Status
<b>Immune Globulins</b>		
Immune Globulin (IgIV)	90283	Preferred
Immune Globulin (SClg)	90284	Preferred
Privigen	J1459	Preferred
Cuvitru	J1555	Preferred
Bivigam	J1556	Preferred
Gammaplex	J1557	Preferred
Xembify	J1558	Preferred
Hizentra	J1559	Preferred
Gamunex-C / Gammaked	J1561	Preferred
Carimune NF / Gammagard S/D	J1566	Preferred
Octagam	J1568	Preferred
Gammagard Liquid	J1569	Preferred
Flebogamma DIF	J1572	Preferred
HyQvia	J1575	Preferred
Immune Globulin, nonlyophilized	J1599	Preferred
Cutaquig	J1551	Non-Preferred
Asceniv	J1554	Non-Preferred
Panzyga	J1576	Non-Preferred
<b>Infliximab</b>		
Infectra (infliximab-dyyb)	Q5103	Preferred
Avsola (infliximab-axxq)	Q5121	Preferred
Remicade (infliximab), Infliximab	J1745	Non-Preferred
Renflexis (infliximab-abda)	Q5104	Non-Preferred
<b>Intravenous Iron Replacement Therapy</b>		
INFeD (iron dextran)	J1750	Preferred
Venofer (iron sucrose)	J1756	Preferred
Ferlecit (sodium ferric gluconate complex)	J2916	Preferred
Feraheme (ferumoxytol)	Q0138	Preferred
Monoferric (ferric derisomaltose)	J1437	Non-Preferred
Injectafer (ferric carboxymaltose)	J1439	Non-Preferred
<b>Leucovorin/ Levoleucovorin</b>		
Leucovorin	J0640	Preferred
Fusilev (levoleucovorin)	J0641	Non-Preferred
Khapzory (levoleucovorin)	J0642	Non-Preferred
<b>Lipid Modifying Agents</b>		
Praluent (alirocumab)	N/A	Preferred (Part D Benefit)
Repatha (evolocumab)	N/A	Preferred (Part D Benefit)
Leqvio (inclisiran)	J1306	Non-Preferred
<b>Nebulizer Solutions (dispensed at a pharmacy)</b>		
Perforomist (formoterol fumarate)	N/A	Preferred
Brovana (arformoterol tartrate)	N/A	Non-Preferred

Drug/ Product	HCPCS code	Status
<b>Rituximab</b>		
<i>Preferred products for non-oncology uses do not require prior authorization</i>		
Truxima (rituximab-abbs)	Q5115	Preferred
Ruxience (rituximab-pvvr)	Q5119	Preferred
Rituxan Hycela (rituximab and hyaluronidase)	J9311	Non-Preferred
Rituxan (rituximab)	J9312	Non-Preferred
Riabni (rituximab-arrx)	Q5123	Non-Preferred
<b>Systemic Lupus Erythematosus agents</b>		
Benlysta (belimumab)	J0490	Preferred
Saphnelo (anifrolumab-fnia)	J0491	Non-Preferred
<b>Trastuzumab</b>		
Trazimera (trastuzumab-qyyp)	Q5116	Preferred
Kanjinti (trastuzumab-anns)	Q5117	Preferred
Herceptin (trastuzumab)	J9355	Non-Preferred
Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)	J9356	Non-Preferred
Ontruzant (trastuzumab-dttb)	Q5112	Non-Preferred
Herzuma (trastuzumab-pkrb)	Q5113	Non-Preferred
Ogivri (trastuzumab-dkst)	Q5114	Non-Preferred
<b>Vascular Endothelial Growth Factor (VEGF) inhibitors for ophthalmologic use</b>		
<i>For Neovascular (Wet) Age-Related Macular Degeneration</i>		
Compounded Avastin (bevacizumab)	J9035/C9257	Preferred
Eylea (aflibercept)	J0178	Preferred, after Compounded Avastin
Beovu (brolucizumab-dblI)	J0179	Non-Preferred
Vabysmo (faricimab-svoa)	J2777	Non-Preferred
Lucentis (ranibizumab)	J2778	Non-Preferred
Susvimo (ranibizumab)	J2779	Non-Preferred
Byooviz (ranibizumab-nuna)	Q5124	Non-Preferred
Cimerli (ranibizumab-eqrn)	Q5128	Non-Preferred
<b>Vascular Endothelial Growth Factor (VEGF) inhibitors for ophthalmologic use</b>		
<i>For Retinal Conditions other than Neovascular (Wet) Age-Related Macular Degeneration</i>		
Eylea (aflibercept)	J0178	Preferred
Beovu (brolucizumab-dblI)	J0179	Non-Preferred
Vabysmo (faricimab-svoa)	J2777	Non-Preferred
Lucentis (ranibizumab)	J2778	Non-Preferred
Susvimo (ranibizumab)	J2779	Non-Preferred
Byooviz (ranibizumab-nuna)	Q5124	Non-Preferred
Cimerli (ranibizumab-eqrn)	Q5128	Non-Preferred