

Medicare Part B Drug Step Therapy Program

Refer to the **Medicare: Part B step therapy prior authorization** requirements notice in the October 2024 Network News for further information.

Effective Date: Mar. 1, 2025

Applicable Codes

Effective for dates of service starting Mar. 1, 2025, 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
Antiemetics for oncology		
Emend (fosaprepitant)	J1453	Preferred
Fosaprepitant	J1456	Preferred
Kytril (granisetron)	J1626	Preferred
Zofran (ondansetron)	J2405	Preferred
Aloxi (palonosetron)	J2469	Preferred
Ondansetron, oral	Q0162	Preferred
Granisetron, oral	Q0166	Preferred
Akynzeo (fosnetupitant and palonosetron)	J1454	Non-Preferred
Cinvanti (aprepitant)	J0185	Non-Preferred
Focinvez (fosaprepitant)	J1434	Non-Preferred
Posfrea (palonosetron)	J2468	Non-Preferred
Sustol (granisetron, extended-release)	J1627	Non-Preferred
Antineoplastic Monoclonal Antibodies for Head and Neck Cancers		
Loqtorzi (toripalimab-tpzi)	J3263	Preferred
Keytruda (pembrolizumab)	J9271	Non-Preferred
Opdivo (nivolumab)	J9299	Non-Preferred
Antineoplastic Monoclonal Antibodies for Non-Small Cell Lung Cancers		
Tecentriq (atezolizumab)	J9022	Preferred
Libtayo (cemiplimab-rwlc)	J9119	Preferred
Keytruda (pembrolizumab)	J9271	Preferred
Opdivo (nivolumab) plus Yervoy (ipilimumab)	J9299, J9228	Non-Preferred
Asthma - Immunomodulators		
Fasenra (benralizumab)	J0517	Preferred
Cinqair (reslizumab)	J2786	Non-Preferred
Nucala (mepolizumab)	J2182	Non-Preferred

Bevacizumab (oncology use)		
Allysys (bevacizumab-maly)	Q5126	Preferred
Mvasi (bevacizumab-awwb)	Q5107	Preferred
Zirabev (bevacizumab-bvzr)	Q5118	Preferred
Allysys (bevacizumab-maly)	Q5126	Preferred
Avastin (bevacizumab)	J9035	Non-Preferred
Avzivi (bevacizumab-tjnj)	J9999	Non-Preferred
Vegzelma (bevacizumab-adcd)	Q5129	Non-Preferred
Bone Density Agents – oncology and osteoporosis		
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
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
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
Colony Stimulating Factors – long acting		
<i>Preferred products for non-oncology uses do not require prior authorization</i>		
Neulasta (pegfilgrastim)	J2506	Preferred
Fulphila (pegfilgrastim-jmdb)	Q5108	Preferred
Udenyca (pegfilgrastim cbqv)	Q5111	Preferred
Rolvedon (eflapegastim-xnst)	J1449	Non-Preferred
Ziextenzo (pegfilgrastim-bmez)	Q5120	Non-Preferred
Nyvepria (pegfilgrastim-apgf)	Q5122	Non-Preferred
Stimufend (pegfilgrastim-fpgk)	Q5127	Non-Preferred
Fylmetra (pegfilgrastim-pbbk)	Q5130	Non-Preferred
Colony Stimulating Factors – short acting		
<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
Nypozi (filgrastim-txid)	J3490, J3590	Non-Preferred
Releuko (filgrastim-ayow)	Q5125	Non-Preferred
Gemcitabine		
Gemcitabine	J9196, J9201	Preferred
Infugem (gemcitabine)	J9198	Non-Preferred
Gonadotropin Releasing Hormone Analogs for oncology		
Leuprolide Depot (Cipla)	J1954	Preferred
Leuprolide acetate, per 7.5 mg	J9217	Preferred
Leuprolide acetate, per 3.75 mg	J1950	Non-Preferred

Gout agents		
Allopurinol tablet	N/A	Preferred (Part D benefit)
Febuxostat tablet	N/A	Preferred (Part D benefit)
Krystexxa (pegloticase)	J2507	Non-Preferred
Hyaluronic Acids		
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
Immune Globulins		
Immune Globulin (IgIV)	90283	Preferred
Immune Globulin (SCIg)	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
Gammagard S/D	J1566	Preferred
Octagam	J1568	Preferred
Gammagard Liquid	J1569	Preferred
Flebogamma DIF	J1572	Preferred
HyQvia	J1575	Preferred
Cutaquig	J1551	Non-Preferred
Asceniv	J1554	Non-Preferred
Panzyga	J1576	Non-Preferred
Alyglo	J1599	Non-Preferred
Infliximab		
Inflectra (infliximab-dyyb)	Q5103	Preferred
Renflexis (infliximab-abda)	Q5104	Preferred
Avsola (infliximab-axxq)	Q5121	Preferred
Remicade (infliximab), Infliximab	J1745	Non-Preferred
Intravenous Iron Replacement Therapy		
INFeD (iron dextran)	J1750	Preferred
Venofer (iron sucrose)	J1756	Preferred
Ferrlecit (sodium ferric gluconate complex)	J2916	Preferred
Feraheme (ferumoxytol)	Q0138	Preferred
Monoferic (ferric derisomaltose)	J1437	Non-Preferred

Injectafer (ferric carboxymaltose)	J1439	Non-Preferred
Leucovorin/Levoleucovorin		
Leucovorin	J0640	Preferred
Fusilev (levoleucovorin)	J0641	Non-Preferred
Khapzory (levoleucovorin)	J0642	Non-Preferred
Lipid Modifying Agents		
Praluent (alirocumab)	N/A	Preferred (Part D Benefit)
Repatha (evolocumab)	N/A	Preferred (Part D Benefit)
Leqvio (inclisiran)	J1306	Non-Preferred
Pemetrexed		
Pemetrexed	J9294, J9296, J9297, J9314	Preferred
Alimta (pemetrexed)	J9305	Preferred
Axtle (pemetrexed)	J9292	Non-Preferred
Pemfexy (pemetrexed)	J9304	Non-Preferred
Pemrydi RTU (pemetrexed)	J9324	Non-Preferred
Rituximab		
<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
Systemic Lupus Erythematosus agents		
Benlysta (belimumab)	J0490	Preferred
Saphnelo (anifrolumab-fnia)	J0491	Non-Preferred
Tocilizumab (Immunomodulators)		
Tofidence (tocilizumab-bavi)	Q5133	Preferred
Tyenne (tocilizumab-aazg)	Q5135	Preferred
Actemra (tocilizumab)	J3262	Non-Preferred
Trastuzumab		
Ogivri (trastuzumab-dkst)	Q5114	Preferred
Trazimera (trastuzumab-qyyp)	Q5116	Preferred
Kanjinti (trastuzumab-anns)	Q5117	Preferred
Herceptin (trastuzumab)	J9355	Non-Preferred
Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)	J9356	Non-Preferred
Hercessi (trastuzumab-strf)	J9999	Non-Preferred
Ontruzant (trastuzumab-dttb)	Q5112	Non-Preferred
Herzuma (trastuzumab-pkrb)	Q5113	Non-Preferred
Vascular Endothelial Growth Factor (VEGF) inhibitors for ophthalmologic use		
<i>For Neovascular (Wet) Age-Related Macular Degeneration</i>		
Re-packaged Avastin (bevacizumab)	J9035/C9257	Preferred
Eylea (aflibercept)	J0178	Preferred, after re-packaged Avastin
Eylea HD (aflibercept)	J0177	Preferred, after re-packaged Avastin
Pavblu (aflibercept-ayyh)	Q5147	Preferred, after re-packaged 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
Vascular Endothelial Growth Factor (VEGF) inhibitors for ophthalmologic use <i>For Retinal Conditions other than Neovascular (Wet) Age-Related Macular Degeneration</i>		
Eylea (aflibercept)	J0178	Preferred
Eylea HD (aflibercept)	J0177	Preferred
Pavblu (aflibercept-ayyh)	Q5147	Preferred
Beovu (brolucizumab-dbll)	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