

# 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:** Jan. 1, 2025

## Applicable Codes

**Effective for dates of service starting Jan. 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
<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>Antineoplastic Monoclonal Antibodies for Head and Neck Cancers</b>		
Loqtorzi (toripalimab-tpzi)	J3263	Preferred
Keytruda (pembrolizumab)	J9271	Non-Preferred
Opdivo (nivolumab)	J9299	Non-Preferred
<b>Antineoplastic Monoclonal Antibodies for Non-Small Cell Lung Cancers</b>		
Tecentriq (atezolizumab)	J9022	Preferred
Libtayo (cemiplimab-rwlc)	J9119	Preferred
Keytruda (pembrolizumab)	J9271	Preferred
Opdivo (nivolumab) plus Yervoy (ipilimumab)	J9299, J9228	Non-Preferred
<b>Asthma - Immunomodulators</b>		
Fasenra (benralizumab)	J0517	Preferred
Cinqair (reslizumab)	J2786	Non-Preferred
Nucala (mepolizumab)	J2182	Non-Preferred
<b>Bevacizumab (oncology use)</b>		
Mvasi (bevacizumab-awwb)	Q5107	Preferred
Zirabev (bevacizumab-bvzr)	Q5118	Preferred
Avastin (bevacizumab)	J9035	Non-Preferred
Avzivi (bevacizumab-tjnj)	J9999	Non-Preferred
Alymsys (bevacizumab-maly)	Q5126	Non-Preferred
Vegzelma (bevacizumab-adcd)	Q5129	Non-Preferred

<b>Bone Density Agents – oncology and osteoporosis</b>		
<b>Alendronate, Risedronate</b>	<b>N/A</b>	<b>Preferred (Part D benefit)</b>
<b>Ibandronate</b>	<b>J1740</b>	<b>Preferred</b>
<b>Pamidronate</b>	<b>J2430</b>	<b>Preferred</b>
<b>Zoledronic Acid</b>	<b>J3489</b>	<b>Preferred</b>
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>		
<b>Aimovig (erenumab-aooe)</b>	<b>N/A</b>	<b>Preferred (Part D benefit)</b>
<b>Ajovy (fremanezumab-vfrm)</b>	<b>N/A</b>	<b>Preferred (Part D benefit)</b>
<b>Emgality (galcanezumab-gnlm)</b>	<b>N/A</b>	<b>Preferred (Part D benefit)</b>
Vyepti (eptinezumab-jjmr)	J3032	Non-Preferred
<b>Colony Stimulating Factors – long acting</b>		
<i>Preferred products for non-oncology uses do not require prior authorization</i>		
<b>Neulasta (pegfilgrastim)</b>	<b>J2506</b>	<b>Preferred</b>
<b>Udenyca (pegfilgrastim cbqv)</b>	<b>Q5111</b>	<b>Preferred</b>
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>		
<b>Zarxio (filgrastim-sndz)</b>	<b>Q5101</b>	<b>Preferred</b>
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
<b>Gemcitabine</b>		
<b>Gemcitabine</b>	<b>J9201</b>	<b>Preferred</b>
Infugem (gemcitabine)	J9198	Non-Preferred
<b>Gonadotropin Releasing Hormone Analogs for oncology</b>		
<b>Leuprolide Depot (Cipla)</b>	<b>J1954</b>	<b>Preferred</b>
<b>Leuprolide acetate, per 7.5 mg</b>	<b>J9217</b>	<b>Preferred</b>
Leuprolide acetate, per 3.75 mg	J1950	Non-Preferred
<b>Gout agents</b>		
<b>Allopurinol tablet</b>	<b>N/A</b>	<b>Preferred (Part D benefit)</b>
<b>Febuxostat tablet</b>	<b>N/A</b>	<b>Preferred (Part D benefit)</b>
Krystexxa (pegloticase)	J2507	Non-Preferred
<b>Hyaluronic Acids</b>		
<b>Durolane</b>	<b>J7318</b>	<b>Preferred</b>
<b>Synvisc or Synvisc-One</b>	<b>J7325</b>	<b>Preferred</b>
<b>Gelsyn-3</b>	<b>J7328</b>	<b>Preferred</b>
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
Synjoynt	J7331	Non-Preferred
Triluron	J7332	Non-Preferred
<b>Immune Globulins</b>		
<b>Immune Globulin (IgIV)</b>	<b>90283</b>	<b>Preferred</b>
<b>Immune Globulin (SCIg)</b>	<b>90284</b>	<b>Preferred</b>
<b>Privigen</b>	<b>J1459</b>	<b>Preferred</b>
<b>Cuvitru</b>	<b>J1555</b>	<b>Preferred</b>
<b>Bivigam</b>	<b>J1556</b>	<b>Preferred</b>
<b>Gammaplex</b>	<b>J1557</b>	<b>Preferred</b>
<b>Xembify</b>	<b>J1558</b>	<b>Preferred</b>
<b>Hizentra</b>	<b>J1559</b>	<b>Preferred</b>
<b>Gamunex-C / Gammaked</b>	<b>J1561</b>	<b>Preferred</b>
<b>Carimune NF / Gammagard S/D</b>	<b>J1566</b>	<b>Preferred</b>
<b>Octagam</b>	<b>J1568</b>	<b>Preferred</b>
<b>Gammagard Liquid</b>	<b>J1569</b>	<b>Preferred</b>
<b>Flebogamma DIF</b>	<b>J1572</b>	<b>Preferred</b>
<b>HyQvia</b>	<b>J1575</b>	<b>Preferred</b>
Cutaquig	J1551	Non-Preferred
Asceniv	J1554	Non-Preferred
Panzyga	J1576	Non-Preferred
Alyglo	J1599	Non-Preferred
<b>Infliximab</b>		
<b>Inflectra (infliximab-dyyb)</b>	<b>Q5103</b>	<b>Preferred</b>
<b>Renflexis (infliximab-abda)</b>	<b>Q5104</b>	<b>Preferred</b>
<b>Avsola (infliximab-axxq)</b>	<b>Q5121</b>	<b>Preferred</b>
Remicade (infliximab), Infliximab	J1745	Non-Preferred
<b>Intravenous Iron Replacement Therapy</b>		
<b>INFeD (iron dextran)</b>	<b>J1750</b>	<b>Preferred</b>
<b>Venofer (iron sucrose)</b>	<b>J1756</b>	<b>Preferred</b>
<b>Ferlecit (sodium ferric gluconate complex)</b>	<b>J2916</b>	<b>Preferred</b>
<b>Feraheme (ferumoxytol)</b>	<b>Q0138</b>	<b>Preferred</b>
Monoferric (ferric derisomaltose)	J1437	Non-Preferred
Injectafer (ferric carboxymaltose)	J1439	Non-Preferred
<b>Leucovorin/Levoleucovorin</b>		
<b>Leucovorin</b>	<b>J0640</b>	<b>Preferred</b>
Fusilev (levoleucovorin)	J0641	Non-Preferred
Khapzory (levoleucovorin)	J0642	Non-Preferred
<b>Lipid Modifying Agents</b>		
<b>Praluent (alirocumab)</b>	<b>N/A</b>	<b>Preferred (Part D Benefit)</b>
<b>Repatha (evolocumab)</b>	<b>N/A</b>	<b>Preferred (Part D Benefit)</b>
Leqvio (inclisiran)	J1306	Non-Preferred

<b>Pemetrexed</b>		
<b>pemetrexed</b>	<b>J9294, J9296, J9297, J9314</b>	<b>Preferred</b>
<b>Alimta (pemetrexed)</b>	<b>J9305</b>	<b>Preferred</b>
Pemfexy (pemetrexed)	J9304	Non-Preferred
Pemrydi RTU (pemetrexed)	J9324	Non-Preferred
<b>Rituximab</b>		
<i>Preferred products for non-oncology uses do not require prior authorization</i>		
<b>Truxima (rituximab-abbs)</b>	<b>Q5115</b>	<b>Preferred</b>
<b>Ruxience (rituximab-pvvr)</b>	<b>Q5119</b>	<b>Preferred</b>
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>		
<b>Benlysta (belimumab)</b>	<b>J0490</b>	<b>Preferred</b>
Saphnelo (anifrolumab-fnia)	J0491	Non-Preferred
<b>Tocilizumab (Immunomodulators)</b>		
<b>Tofidence (tocilizumab-bavi)</b>	<b>Q5133</b>	<b>Preferred</b>
<b>Tyenne (tocilizumab-aazg)</b>	<b>Q5135</b>	<b>Preferred</b>
Actemra (tocilizumab)	J3262	Non-Preferred
<b>Trastuzumab</b>		
<b>Ogivri (trastuzumab-dkst)</b>	<b>Q5114</b>	<b>Preferred</b>
<b>Trazimera (trastuzumab-qyyp)</b>	<b>Q5116</b>	<b>Preferred</b>
<b>Kanjinti (trastuzumab-anns)</b>	<b>Q5117</b>	<b>Preferred</b>
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
<b>Vascular Endothelial Growth Factor (VEGF) inhibitors for ophthalmologic use</b>		
<i>For Neovascular (Wet) Age-Related Macular Degeneration</i>		
<b>Compounded Avastin (bevacizumab)</b>	<b>J9035/C9257</b>	<b>Preferred</b>
<b>Eylea (aflibercept)</b>	<b>J0178</b>	<b>Preferred, after Compounded Avastin</b>
Eylea HD (aflibercept)	J0177	Non-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
<b>Vascular Endothelial Growth Factor (VEGF) inhibitors for ophthalmologic use</b>		
<i>For Retinal Conditions other than Neovascular (Wet) Age-Related Macular Degeneration</i>		
<b>Eylea (aflibercept)</b>	<b>J0178</b>	<b>Preferred</b>
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