Step Therapy Requirements for Medicare Outpatient (Part B) Medications

The medications in the table below need step therapy. But, they'll need to meet the following criteria:

- The medication is a Medicare Part B drug.
- The medication is a new drug for the member, meaning they haven't used it in the last 365 days.
- The drug is being used to treat a medically accepted indication under Medicare rules.
- The dose, frequency and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication.

Requested Product	Codes	Preferred Alternative Agent(s) (Must try one of the following unless otherwise noted)	Codes
Alpha-1 Antitrypsin Deficiency			
Aralast	J0256	Prolastin C	J0256
Glassia	J0257	Zemaira	J0256
Atypical Hemolytic-Uremic Syndrome (aHUS)			
Soliris	J1299	Bkemv	Q5152
		Epysqli	Q5151
		Ultomiris	J1303
Autoimmune Infused/Other			
Actemra IV	J3262	Cimzia	J0717
Avtozma IV	Q5156	Entyvio IV	J3380
tocilizumab-anoh IV	Q5156	Ilumya	J3245
Cosentyx IV	J3247	Orencia IV	J0129
Imuldosa IV	Q5098	Simponi Aria	J1602
Omvoh IV	J2267	Selarsdi IV	Q9998
Otulfi IV	Q9999	Skyrizi IV	J2327
ustekinumab-aauz IV	Q9999	Stelara IV	J3358
Pyzchiva IV	Q9997	ustekinumab IV	J3358
ustekinumab-ttwe IV	Q9997	Tofidence IV	Q5133
ustekinumab-aekn IV	Q9998	Tremfya IV	J1628
Starjemza IV	Q5164	Yesintek IV	Q5100

Steqeyma IV ustekinumab-stba IV Tyenne IV tocilizumab-aazg IV Wezlana IV ustekinumab-auub	Q5099 Q5099 Q5135 Q5135 Q5138 Q5138		
Bendamustine Products Vivimusta	J9056	Belrapzo Bendeka Treanda	J9036 J9034 J9033
Bevacizumab Products Alymsys Avastin Avzivi Jobevne Zirabev	Q5126 J9035 TBD J9999 Q5118	**For oncology indications only** Mvasi Vegzelma	Q5107 Q5129
Botulinum Toxins Dysport Myobloc	J0586 J0587	**For non-cosmetic* indications only** Botox Daxxify Xeomin	J0585 J0589 J0588
Generalized Myasthenia Gravis Bkemv Epysqli Imaavy Rystiggo Soliris Ultomiris Uplizna	Q5152 Q5151 J3590 J9333 J1299 J1303 J1823	Vyvgart Vyvgart Hytrulo	J9332 J9334
Hemlibra	J7170	Feiba Xyntha	J7198 J7185
HP Acthar **Cortrophin Gel**	J0801 J0802	**For all indications except infantile spasms** corticosteroids	various
Hyaluronic Acid Derivatives Durolane Gel-One Gelsyn GenVisc 850 Hyalgan Hymovis Hymovis One Monovisc Orthovisc Supartz FXSynojoynt	J7318 J7326 J7328 J7320 J7321 J7322 J7322 J7327 J7324 J7321	Euflexxa Synvisc/Synvisc One	J7323 J7325

Triluron TriVisc Visco-3	J7331 J7332 J7329 J7321		
Immune Globulin IV Asceniv Bivigam Flebogamma Gammaplex Panzyga Qivigy Yimmugo	 J1554 J1556 J1572 J1557 J1576 J1577 J1553	 Gammagard Liquid Gammagard Liquid ERC Gammaked Gamunex-C Octagam Privigen	 J1569 J1569 J1561 J1561 J1568 J1459
Infliximab Products Remicade/infliximab Renflexis Infliximab-abda	 J1745 Q5104 Q5104	 Avsola Inflectra	 Q5121 Q5103
Leqvio	J1306	Repatha**	N/A
Long-acting Growth Colony Stimulating Products Armlupeg Ennumo Fylnetra Nyvepria Rolvedon Ryzneuta Stimufend Udenyca Udenyca Onbody Ziextenzo	 Q5169 TBD Q5130 Q5122 J1449 J9361 Q5127 Q5111 Q5111 Q5120	 Fulphila Neulasta/Neulasta Onpro	 Q5108 J2506
Lysosomal Storage Disorder Agents VPRIV	 J3385	 Cerezyme Elelyso	 J1786 J3060
Multiple Sclerosis (Infused) Lemtrada Tyruko	 J0202 Q5134	 Briumvi Ocrevus Ocrevus Zunovo Tysabri	 J2329 J2350 J2351 J2323
Neuromyelitis Optica Spectrum Disorder (NMOSD) Soliris Ultomiris	 J1299 J1303	 Riabni Rituxan Ruxience Truxima Uplizna	 Q5123 J9312 Q5119 Q5115 J1823

Osteoporosis - Bone Density			
Boncresa	Q5171		
Bosaya	Q5161		
Conexxence	Q5158		
Enoby	Q5167	Bildyos	Q5162
Evenity	J3111	Jubbonti	Q5136
Ospomyv	Q5159		
Osvyrti	Q5166		
Ponlimsi	Q5173		
Prolia	J0897		
Stoboclo	Q5157		
Osteoporosis - Hypercalcemia of Malignancy			
Aukelso	Q5161		
Bomyntra	Q5158	Bilprevda	Q5162
Jubereq	Q5166	Pamidronate	J2430
Osenvelt	Q5157	Wyost	Q5136
Oziltus	Q5165		
Xbryk	Q5139		
Xgeva	J0897		
Xtrenbo	Q5167		
Paroxysmal Nocturnal Hemoglobinuria (PNH)			
PiaSky	J1307	Bkemv	Q5152
Soliris	J1299	Epysqli	Q5151
		Ultomiris	J1303
Retinal Disorder Agents			
Ahzantive	Q5150		
Beovu	J0179	Avastin	J9035/ C9257
Byooviz	Q5124		
Enzeevu	Q5149	**Then one of the following:**	
Eydenzelt	TBD	Cimerli	Q5128
Nufymco	Q5168	Eylea	J0178
Opuviz	Q5153	Eylea HD	J0177
Ranluspec	TBD	Lucentis	J2778
Susvimo	J2779	Pavblu	Q5147
Vabysmo	J2777		
Visudyne	J3396		
Yesafili	Q5155		
Rituximab Products			
Riabni	Q5123	Truxima	Q5115
Rituxan	J9312	Ruxience	Q5119
Rituxan Hycela	J9311		
Zimrixby	TBD		

Severe Asthma Cinqair Exdensur Nucala Omlyclo	 J2786 J2361 J2182 Q5154	 Fasenra Tezspire Xolair	 J0517 J3590 J2359
Somatostatin Analogues lanreotide acetate Signifor LAR	 J1932 J2502	**For all indications except Cushing's Disease** Somatuline Depot lanreotide acetate Sandostatin LAR octreotide acetate inj. susp.	 J1930 J1930 J2353 J2353
Trastuzumab Products Herceptin Herceptin Hylecta Hercessi Herzuma Ogivri Ontruzant	 J9355 J9356 Q5146 Q5113 Q5114 Q5112	 Kanjinti Trazimera	 Q5117 Q5116

***Excluded from coverage**
****Available through the Part D prescription drug benefit and requires prior authorization**

Exceptions

Members (enrollees) may request an exception from the plan's step therapy requirement to access a Part B covered drug, which is reviewed through our organization's determination process.

References

- Centers for Medicare and Medicaid Services, Health Plan Management System (HPMS), MA_ Step_Therapy_HPMS_Memo_8_7_18; available at http://www.cms.gov - last checked August 31, 2018 and found under Medicare > Health Plans > Health Plans - General Information > Downloads.
- Centers for Medicare and Medicaid Services, Health Plan Management System (HPMS), Off-Label use of Drugs in Medicare Advantage Step Therapy Programs; available at http://www.cms.gov – last checked November 5, 2021 and found under Medicare > Research, Statistics, Data & Systems > Health Plan Management System (HPMS) > HPMS Memos Archive – Weekly.
- Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100- 02, Chapter 15, Sec. 50 (Rev. 241, Feb. 2, 2018); available at http://www.cms.gov - last checked August 31, 2018 and found under Medicare > Regulations and Guidance > Manuals > Internet- Only Manuals (IOMs).
- Local Coverage Determination (LCD). Centers for Medicare & Medicare Services. https://www.cms.gov/medicare-coverage-database/search.aspx.

- National Coverage Determination (NCD). Centers for Medicare & Medicare Services. https://www. cms.gov/medicare-coverage-database/search.aspx.
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