

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 Glassia	J0256 J0257	Prolastin C Zemaira	J0256 J0256
Atypical Hemolytic-Uremic Syndrome (aHUS) Soliris	J1299	Bkemv Epysqli Ultomiris	Q5152 Q5151 J1303
Autoimmune Infused/Other Actemra IV Avtozma IV tocilizumab-anoh IV Cosentyx IV Imuldosa IV OmvoH IV Otulfi IV ustekinumab-aauz IV Pyzchiva IV ustekinumab-ttwe IV ustekinumab-aekn IV	J3262 Q5156 Q5156 J3247 Q5098 J2267 Q9999 Q9999 Q9997 Q9997 Q9998	Cimzia Entyvio IV Ilumya Orencia IV Simponi Aria Selarsdi IV Skyrizi IV Stelara IV ustekinumab IV Tofidence IV Tremfya IV	J0717 J3380 J3245 J0129 J1602 Q9998 J2327 J3358 J3358 Q5133 J1628

Starjemza IV Steqeyma IV ustekinumab-stba IV Tyenne IV tocilizumab-aazg IV Wezlana IV	TBD Q5099 Q5099 Q5135 Q5135 Q5138	Yesintek IV	Q5100
Bendamustine Products Vivimusta	J9056	Bendeka Belrapzo Treanda	J9034 J9036 J9033
Bevacizumab Products Alymsys Avastin Avzivi Jobevne Vegzelma	Q5126 J9035 TBD J9999 Q5129	For oncology indications only Mvasi Zirabev	Q5107 Q5118
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	Xyntha Feiba	J7185 J7198
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 FX	J7318 J7326 J7328 J7320 J7321 J7322 J7322 J7327 J7324	Synvisc/Synvisc One Euflexxa	J7325 J7323

Synjoynt Triluron TriVisc Visco-3	J7321J 7331 J7332 J7329 J7321		
Immune Globulin IV Asceniv Bivigam Flebogamma Gammaplex Panzyga Qivigy Yimmugo	J1554 J1556 J1572 J1557 J1576 J3590 J1553	Gammagard Liquid Gammagard Liquid ERC Gammaked Gamunex-C Octagam Privigen	J1569 J1569 J1561 J1561 J1568 J1459
Infliximab Products Remicade/infliximab Renflexis	J1745 Q5104	Avsola Inflectra	Q5121 Q5103
Leqvio	J1306	Repatha**	N/A
Long-acting Growth Colony Stimulating Products Fylnetra Nyvepria Rolvedon Ryzneuta Stimufend Udenyca Udenyca Onbody Ziextenzo	Q5130 Q5122 J1449 J9361 Q5127 Q5111 Q5111 Q5120	Does not apply for patients using a pegfilgrastim biosimilar or Rolvedon for any indication not shared with Fulphila or Neulasta/Neulasta Onpro Fulphila Neulasta/Neulasta Onpro	Q5108 J2506
Lysosomal Storage Disorder Agents VPRIV	J3385	Cerezyme Elelyso	J1786 J3060
Multiple Sclerosis (Infused) Lemtrada Ocrevus Zunovo Tyruko	J0202 J2351 Q5134	Briumvi Ocrevus Tysabri	J2329 J2350 J2323
Neuromyelitis Optica Spectrum Disorder (NMOSD) Soliris Ultomiris	J1299 J1303	Riabni Rituxan Ruxience Truxima Uplizna	Q5123 J9312 Q5119 Q5115 J1823
Osteoporosis - Bone Density Bosaya Bildyos Conexence Enoby Evenity	Q5161 Q5162 Q5158 J3590 J3111	Jubbonti zoledronic acid 5mg	Q5136 J3489

Ospomyv Prolia Stoboclo	Q5159 J0897 Q5157		
Osteoporosis - Hypercalcemia of Malignancy Aukelso Bilprevda Bomynta Osenvelt Xbryk Xgeva Xtrenbo	Q5161 Q5162 Q5158 Q5157 Q5139 J0897 J3590	Pamidronate Wyost zoledronic acid 4mg	J2430 Q5136 J3489
Paroxysmal Nocturnal Hemoglobinuria (PNH) PiaSky Soliris	J1307 J1299	Bkemv Epysqli Ultomiris	Q5152 Q5151 J1303
Retinal Disorder Agents Ahzantive Beovu Cimerli Enzeevu Eydenzelt Lucentis Opuviz Pavblu Susvimo Vabysmo Visudyne Yesafili	Q5150 J0179 Q5128 Q5149 TBD J2778 Q5153 Q5147 J2779 J2777 J3396 Q5155	Avastin Then one of the following: Byooviz Eylea Eylea HD	J9035/ C9257 Q5124 J0178 J0177
Rituximab Products Riabni Rituxan Rituxan Hycela	Q5123 J9312 J9311	Truxima Ruxience	Q5115 Q5119
Severe Asthma Cinqair Nucala Exdensur	J2786 J2182 J3590	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	J1930 J1930 J2353

		octreotide acetate inj. susp.	J2353
Trastuzumab Products			
Herceptin	J9355	Trazimera	Q5116
Herceptin Hylecta	J9356	Kanjinti	Q5117
Hercessi	Q5146		
Herzuma	Q5113		
Ogivri	Q5114		
Ontruzant	Q5112		

***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](https://www.cms.gov/medicare-coverage-database/search.aspx).
- » U.S. Food & Drug Administration. FDA Approved Drug Products. <https://www.accessdata.fda.gov/scripts/cder/daf/>



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