

Medicare Part B Step Therapy and Prior Authorization Drug List*

HCPCS Code	Medication Name	Requirement	Effective Date
J2786	Cinqair (reslizumab) injection	Step Therapy	01/01/2019
J0517	Fasenra (benralizumab) injection	Step Therapy	12/01/2019
J2182	Nucala (mepolizumab) injection	Step Therapy	01/01/2019
J2356	Tezspire (tezepelumab-ekko) injection	Step Therapy	02/06/2023
J2357	Xolair (omalizumab) injection	Step Therapy	01/01/2019
J0179	Beovu (brolucizumab-dbll) intravitreal	Step Therapy	10/01/2021
Q5124	Byooviz (ranibizumab-nuna) intravitreal	Step Therapy	02/06/2023
Q5128	Cimerli (ranibizumab-eqrn) intravitreal	Step Therapy	06/01/2024
J0178	Eylea (aflibercept) intravitreal	Step Therapy	01/01/2019
J0177	Eylea HD (aflibercept HD) intravitreal	Step Therapy	06/01/2024
J2778	Lucentis (ranibizumab) intravitreal	Step Therapy	01/01/2019
J2779	Susvimo (ranibizumab) intravitreal	Step Therapy	02/06/2023
J2777	Vabysmo (faricimab-svoa) intravitreal	Step Therapy	02/06/2023
J0202	Lemtrada (alemtuzumab) injection	Step Therapy	06/01/2019
J2350	Ocrevus (ocrelizumab) injection	Step Therapy	06/01/2019
J2323	Tysabri (natalizumab) injection	Step Therapy	06/01/2019
J7318	Durolane (hyaluronate sodium) injection	Step Therapy	02/06/2023
J7323	Euflexxa (hyaluronate sodium) injection	Step Therapy	06/01/2019
J7326	Gel-One (hyaluronate sodium) injection	Step Therapy	06/01/2019
J7328	Gelsyn-3 (hyaluronate sodium) injection	Step Therapy	02/06/2023
J7320	GenVisc 850 (hyaluronate sodium) injection	Step Therapy	06/01/2019
J7321	Hyalgan (hyaluronate sodium) injection	Step Therapy	06/01/2019
J7322	Hymovis (hyaluronate acid) injection	Step Therapy	06/01/2019
J7327	Monovisc (hyaluronate acid) injection	Step Therapy	06/01/2019
J7321	Supartz FX (hyaluronate sodium) injection	Step Therapy	06/01/2019
J7332	Triluron (hyaluronate sodium) injection	Step Therapy	04/04/2022
J7329	TriVisc (hyaluronate sodium) injection	Step Therapy	06/01/2019
J7321	Visco-3 (hyaluronate sodium) injection	Step Therapy	06/01/2019
J1439	Injectafer (ferric carboxymaltose) intravenous**	Step Therapy	10/01/2021
J1437	Monoferric (ferric derisomaltose) intravenous**	Step Therapy	10/01/2021
Q5126	Allymsys (bevacizumab-maly) injection	Step Therapy	10/03/2022

HCPCS Code	Medication Name	Requirement	Effective Date
J9035	Avastin (bevacizumab) injection	Step Therapy	10/03/2022
Q5107	Mvasi (bevacizumab-awwb) injection	Prior Authorization	10/03/2022
Q5118	Zirabev (bevacizumab-bvzr) injection	Prior Authorization	10/03/2022
J9355	Herceptin (trastuzumab) injection	Step Therapy	10/03/2022
J9356	Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)	Step Therapy	10/03/2022
Q5113	Herzuma (trastuzumab-pkrb) injection	Step Therapy	10/03/2022
Q5117	Kanjinti (trastuzumab-anns) injection	Prior Authorization	10/03/2022
Q5114	Ogivri (trastuzumab-dkst injection	Prior Authorization	10/03/2022
Q5112	Ontruzant (trastuzumab-dttb) injection	Step Therapy	10/03/2022
Q5116	Trazimera (trastuzumab-qyyp) injection	Step Therapy	10/03/2022
Q5123	Riabni (rituximab-arrx) injection	Step Therapy	10/03/2022
J9312	Rituxan (rituximab) injection	Step Therapy	10/03/2022
J9311	Rituxan Hycela (rituximab and hyaluronidase) injection	Step Therapy	10/03/2022
Q5119	Ruxience (rituximab-pvvr) injection	Prior Authorization	10/03/2022
Q5115	Truxima (rituximab-abbs) injection	Prior Authorization	10/03/2022
Q5108	Fulphila (pegfilgrastim-jmdb) injection	Step Therapy	10/03/2022
J2506	Neulasta, Neulasta OnPro (pegfilgrastim) injection	Step Therapy	10/03/2022
Q5122	Nyvepria (pegfilgrastim-apgf) injection	Step Therapy	10/03/2022
Q5111	Udenyca (pegfilgrastim-cbqv) injection	Prior Authorization	10/03/2022
Q5120	Ziextenzo (pegfilgrastim-bmez) injection	Prior Authorization	10/03/2022
J1447	Granix (tbo-filgrastim) injection	Step Therapy	10/03/2022
J2820	Leukine (sargramostim) injection	Prior Authorization	10/03/2022
J1442	Neupogen (filgrastim) injection	Step Therapy	10/03/2022
Q5110	Nivestym (filgrastim-aafi) injection	Prior Authorization	10/03/2022
Q5125	Releuko (filgrastim-ayow) injection	Step Therapy	10/03/2022
Q5101	Zarxio (filgrastim-sndz) injection	Prior Authorization	10/03/2022
J3490	Empaveli (pegcetacoplan) subcutaneous infusion	Prior Authorization	10/03/2022
J3590 C9399	Enspryng (satralizumab-mwge)	Prior Authorization	10/03/2022

HCPCS Code	Medication Name	Requirement	Effective Date
J1300	Soliris (eculizumab) injection	Step Therapy	10/03/2022
J1303	Ultomiris (ravulizumab-cwvz) intravenous (IV)	Prior Authorization	10/03/2022
J1823	Uplizna (inebilizumab-cdon) intravenous (IV)	Prior Authorization	10/03/2022
J9332	Vyvgart (efgartigimod alfa-fcab) intravenous (IV)	Prior Authorization	10/03/2022
J9334	Vyvgart Hytrulo (efgartigimod alfa/hyaluronidase)	Prior Authorization	06/01/2024
J2507	Krystexxa (pegloticase) injection	Prior Authorization	10/03/2022
J3241	Tepezza (teprotumumab-trbw) intravenous (IV)	Prior Authorization	10/03/2022
J0896	Reblozyl (luspatercept-aamt) injection	Prior Authorization	10/03/2022
J1554	Asceniv (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1556	Bivigam (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1566	Carimune NF (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1551	Cutaquig (immune globulin) subcutaneous (SC)	Prior Authorization	10/03/2022
J1555	Cuvitru (immune globulin) subcutaneous (SC)	Prior Authorization	10/03/2022
J1572	Flebogamma (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1569	Gammagard Liquid (immune globulin) intravenous (IV) or subcutaneous (SC)	Prior Authorization	10/03/2022
J1566	Gammagard S/D (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1561	Gammaked (immune globulin) intravenous (IV) or subcutaneous (SC)	Prior Authorization	10/03/2022
J1557	Gammaplex (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1561	Gamunex-C (immune globulin) intravenous (IV) or subcutaneous (SC)	Prior Authorization	10/03/2022
J1559	Hizentra (immune globulin) subcutaneous (SC)	Prior Authorization	10/03/2022
J1575	HyQvia (immune globulin) subcutaneous (SC)	Prior Authorization	10/03/2022
J1568	Octagam (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1576	Panzyga (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1459	Privigen (immune globulin) intravenous (IV)	Prior Authorization	10/03/2022
J1558	Xembify (immune globulin) subcutaneous (SC)	Prior Authorization	10/03/2022
J1599	Immune Globulin, intravenous, not otherwise specified	Prior Authorization	10/03/2022
Q5121	Avsola (infliximab-axxq) intravenous (IV)	Prior Authorization	02/06/2023
Q5103	Inflectra (infliximab-dyyb) intravenous (IV)	Prior Authorization	02/06/2023
J1745	Remicade (infliximab) intravenous (IV)	Step Therapy	02/06/2023
J1745	Generic infliximab intravenous (IV)	Step Therapy	02/06/2023

HCPCS Code	Medication Name	Requirement	Effective Date
Q5104	Renflexis (infliximab-abda) intravenous (IV)	Step Therapy	02/06/2023

*This list is subject to change.

**These products do not require review for patients on dialysis when submitted for reimbursement as part of the End Stage Renal Disease (ESRD) Prospective Payment System (PPS), or “bundled” PPS amount.

Revision History

April 2024 Coding change: Removed NOC codes J1599 from Asceniv, Bivigam, Carimune NF, Flebogamma, Gammagard Liquid, Gammagard S/D, Gammaked, Gammaplex, Gamunex-C, Octagam, Panzyga, Privigen effective 4/9/2024; Removed HCPCS code J1569 from Gammagard S/D effective 4/9/2024. Added HCPCS code J1576 for Panzyga effective 4/9/2024; Added J1599-Immune Globulin, intravenous, not otherwise specified effective 4/9/2024; Added HCPCS code J0177 for Eylea HD effective 4/9/2024. Added HCPCS code Q5128 for Cimerli effective 4/9/2024. Added HCPCS code J9334 for Vyvgart Hytrulo effective 4/9/2024. Added J1745-Generic infliximab intravenous (IV) to separate line effective 4/9/2024. Added HCPCS code J3490 for Empaveli; Added HCPCS codes J3590 and C9399 for Enspryng effective 4/9/2024.