Medicare Part B Step Therapy

PART B STEP THERAPY CRITERIA FOR APPROVAL

The requested Part B medication will be approved when BOTH of the following are met:

1. ONE of the following:
   A. There is an applicable national coverage determination (NCD) or local coverage determination (LCD) from the Medicare Administrative Contractor (MAC) for the jurisdiction and the patient meets all of the requirements listed within the NCD or LCD
   OR
   B. There is NOT an applicable NCD or LCD and the requested medication is being used for an FDA approved indication or in accordance with a CMS supported compendia (i.e., NCCN, Clinical Pharmacology, Lexicomp Lexi-Drugs, Merative Micromedex, & AHFS-DI) or published peer-reviewed literature

   AND
2. ONE of the following:
   A. Information has been provided that indicates the patient has been treated with the requested medication in the past 365 days
   OR
   B. There is documentation that the patient has had an ineffective treatment response to the active ingredient(s) of ALL* preferred medications supported for the diagnosis
   OR
   C. The patient has a documented intolerance, hypersensitivity, or FDA labeled contraindication to the active ingredient(s) of ALL preferred medications supported for the diagnosis
   OR
   D. The prescriber has submitted documentation indicating ALL preferred medications supported for the diagnosis are likely to be ineffective or are likely to cause an adverse reaction or other harm to the patient

Length of Approval: See Table 1 below

*Unless otherwise noted in the preferred medications column of Table 1

NOTES:

- Preferred medication is not required if the indication is not shared by the non-preferred medication in supported compendia or clinical literature.
- Preferred medications may require prior review under Medicare Part D or Medicare Part B. Medicare Part D preferred medications will not be required for Medical Only members.
- Length of approval may be shorter due to provider network participation status.
- Coverage of one Medicare Part B Step Therapy medication could equate to multiple medication authorizations when they share the same Medicare Part B Step Therapy criteria.

Table 1: Part B Step Therapy

HCPCS	Medication	Preferred Medication(s)	Non-Preferred Medication(s)	Length of Approval	NCD/LCD
IL-5 Inhibitors					
J2786	Cinqair	For severe asthma aged 18 years and older with eosinophilic phenotype: **Part D** formulary inhaled corticosteroid		12 months	N/A
J0517	Fasenra	For severe asthma aged 18 years and older with eosinophilic phenotype: **Part D** formulary inhaled corticosteroid		12 months	N/A
J2182	Nucala	For severe asthma aged 18 years and older with eosinophilic phenotype: **Part D** formulary inhaled corticosteroid		12 months	N/A
Anti-Asthmatic Agents					
Q5154	Omlyclo	For moderate to severe persistent asthma aged 18 years and older: **Part D** formulary inhaled corticosteroid		12 months	N/A
J2357	Xolair	For moderate to severe persistent asthma aged 18 years and older: **Part D** formulary inhaled corticosteroid		12 months	N/A
Tezspire					
J2356	Tezspire	**Part D** formulary inhaled corticosteroid		12 months	N/A

HCPCS	Medication	Preferred Medication(s)	Non-Preferred Medication(s)	Length of Approval	NCD/LCD
Ocular Angiogenesis Inhibitors					
Q5150	Ahzantive	**(Part B)** Avastin		12 months	N/A
J0179	Beovu	**(Part B)** Avastin	**ONE of the following:** Ahzantive, Enzeevu, Eydenzelt Eylea, Eylea HD, Opuviz, Pavblu, Yesafili **AND** **ONE of the following:** Byooviz, Cimerli, Lucentis	12 months	N/A
Q5124	Byooviz	**(Part B)** Avastin		12 months	N/A
Q5128	Cimerli	**(Part B)** Avastin		12 months	N/A
Q5149	Enzeevu	**(Part B)** Avastin		12 months	N/A
Q5170	Eydenzelt	**Part B)** Avastin		12 months	N/A
J0178	Eylea	**(Part B)** Avastin		12 months	N/A
J0177	Eylea HD	**(Part B)** Avastin		12 months	N/A
J2778	Lucentis	**(Part B)** Avastin		12 months	N/A
Q5153	Opuviz	**(Part B)** Avastin		12 months	N/A
Q5147	Pavblu	**(Part B)** Avastin		12 months	N/A
J2779	Susvimo	**(Part B)** Avastin	**ONE of the following:** Ahzantive, Enzeevu, Eydenzelt Eylea, Eylea HD, Opuviz, Pavblu, Yesafili **AND** **ONE of the following:** Byooviz, Cimerli, Lucentis	12 months	N/A
J2777	Vabysmo	**(Part B)** Avastin	**ONE of the following:** Ahzantive, Enzeevu, Eydenzelt Eylea, Eylea HD, Opuviz, Pavblu, Yesafili **AND** **ONE of the following:** Byooviz, Cimerli, Lucentis	12 months	N/A
Q5155	Yesafili	**(Part B)** Avastin		12 months	N/A
Healthcare Administered MS Agents					
J0202	Lemtrada	**TWO of the following:** **(Part D)** Avonex, Betaseron, dimethyl fumarate, fingolimod, glatiramer (brand names Glatopa), Plegridy, Vumerity, Kesimpta		12 months	N/A

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Healthcare Administered MS Agents					
J2350	Ocrevus	**TWO of the following: (Part D)** Avonex, Betaseron, dimethyl fumarate, fingolimod, glatiramer (brand names Glatopa), Plegridy, Vumerity, Kesimpta		12 months	N/A
J2351	Ocrevus Zunovo	**TWO of the following: (Part D)** Avonex, Betaseron, dimethyl fumarate, fingolimod, glatiramer (brand names Glatopa), Plegridy, Vumerity, Kesimpta		12 months	N/A
J2323	Tysabri	**For MS, TWO of the following: (Part D)** Avonex, Betaseron, dimethyl fumarate, fingolimod, glatiramer (brand names Glatopa), Plegridy, Vumerity, Kesimpta **For Crohn's Disease ONE of the following: (Part D)** Corticosteroids, methotrexate, and immunomodulators such as azathioprine or 6-mercaptopurine		12 months	N/A
Q5134	Tyruko	**For MS, TWO of the following: (Part D)** Avonex, Betaseron, dimethyl fumarate, fingolimod, glatiramer (brand names Glatopa), Plegridy, Vumerity Kesimpta **For Crohn's Disease ONE of the following: (Part D)** Corticosteroids, methotrexate, and immunomodulators such as azathioprine or 6-mercaptopurine		12 months	N/A
Intra-articular Hyaluronan Injections					
J7318	Durolane	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7323	Euflexxa	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7326	Gel-One	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260

HCPCS	Medication	Preferred Medication(s)	Non-Preferred Medication(s)	Length of Approval	NCD/LCD
Intra-articular Hyaluronan Injections					
J7328	Gelsyn-3	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7320	GenVisc 850	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7321	Hyalgan	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7322	Hymovis	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7327	Monovisc	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7321	Supartz FX	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7332	Triluron	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7329	TriVisc	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
J7321	Visco-3	**(Part B)** Orthovisc, Synvisc/Synvisc One		6 months	L39260
IV Iron Agents					
J1439	Injectafer (ferric carboxymaltose)**	**TWO of the following:(Part B)** Venofer (iron sucrose), INFeD (iron dextran), Ferrlecit (sodium ferric gluconate complex), Feraheme (ferumoxytol), ferumoxytol		12 months	N/A
J1437	Monoferric (ferric derisomaltose)**	**TWO of the following:(Part B)** Venofer (iron sucrose), INFeD (iron dextran), Ferrlecit (sodium ferric gluconate complex), Feraheme (ferumoxytol), ferumoxytol		12 months	N/A
Bevacizumab (Oncology)					
Q5126	Alymsys	Mvasi, Zirabev		12 months	N/A
J9035	Avastin	Mvasi, Zirabev (only for oncology indications)		12 months	N/A
C9399 J3490 J3590 J9999	Avzivi	Mvasi, Zirabev		12 months	N/A
Q5160	Jobevne	Mvasi, Zirabev		12 months	N/A
Q5129	Vegzelma	Mvasi, Zirabev		12 months	N/A

HCPCS	Medication	Preferred Medication(s)	Non-Preferred Medication(s)	Length of Approval	NCD/LCD
Trastuzumab					
J9355	Herceptin	Kanjinti, Ogivri,Trazimera		12 months	N/A
J9356	Herceptin Hylecta	Kanjinti, Ogivri,Trazimera		12 months	N/A
Q5146	Hercessi	Kanjinti, Ogivri,Trazimera		12 months	N/A
Q5113	Herzuma	Kanjinti, Ogivri,Trazimera		12 months	N/A
Q5112	Ontruzant	Kanjinti, Ogivri,Trazimera		12 months	N/A
Rituximab					
J9312	Rituxan	Ruxience, Riabni, Truxima		12 months	L35026
J9311	Rituxan Hycela	Ruxience, Riabni, Truxima		12 months	L35026
Long-Acting Colony Stimulating Factors					
Q5130	Fylnetra	Fulphila, Udenyca/Udenyca Onbody		12 months	A56748
J2506	Neulasta, Neulasta OnPro	Fulphila, Udenyca/Udenyca Onbody		12 months	L37176
J1449	Rolvedon	Fulphila, Udenyca/Udenyca Onbody		12 months	A56748
Q5122	Nyvepria	Fulphila, Udenyca/Udenyca Onbody		12 months	A56748
Q5127	Stimufend	Fulphila, Udenyca/Udenyca Onbody		12 months	A56748
Q5120	Ziextenzo	Fulphila, Udenyca/Udenyca Onbody		12 months	A56748
Short-Acting Colony Stimulating Factors					
J1447	Granix	Zarxio, Nivestym		12 months	L37176
Q5125	Releuko	Zarxio, Nivestym		12 months	L37176
J1442	Neupogen	Zarxio, Nivestym		12 months	L37176
Q5148	Nypozi	Zarxio, Nivestym		12 months	L37176
Complement C5 Inhibitors					
J1307	Piasky	**For paroxysmal nocturnal hemoglobinuria:** Ultomiris, Empaveli, Epysqli		12 months	N/A

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Complement C5 Inhibitors					
J1299	Soliris	**For paroxysmal nocturnal hemoglobinuria:** Ultomiris, Empaveli, Epysqli **For atypical hemolytic uremic syndrome**: Ultomiris, Epysqli **For generalized myasthenia gravis:** Rystiggo, Epysqli, Ultomiris, Vyvgart, Vyvgart Hytrulo **For neuromyelitis optica spectrum disorder:** Enspryng, Uplizna, Ultomiris		12 months	N/A
Q5152	Bkemv	**For paroxysmal nocturnal hemoglobinuria:** Ultomiris, Empaveli, Epysqli **For atypical hemolytic uremic syndrome**: Ultomiris, Epysqli **For generalized myasthenia gravis:** Rystiggo, Epysqli, Ultomiris, Vyvgart, Vyvgart Hytrulo		12 months	N/A
Neonatal Fc Receptor (FcRn) Blockers					
J9256	Imaavy	**For generalized myasthenia gravis:** Rystiggo, Epysqli, Ultomiris, Vyvgart, Vyvgart Hytrulo		12 months	N/A
Infliximab					
J1745	Remicade	**(Part B)** Avsola, Inflectra,		12 months	L35677
Q5104	Renflexis	**(Part B)** Avsola, Inflectra,		12 months	L35677
Immune Globulin (SC)					
J1555	Cuvitru	HyQvia, Hizentra, Xembify, Cutaquig		12 months	L33794
Immune Globulin (IV)					
J1552	Alyglo	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen		12 months	A56718 L34580
J1554	Asceniv	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen		12 months	L34580
J1556	Bivigam	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen		12 months	L34580

HCPCS	Medication	Preferred Medication(s)	Non-Preferred Medication(s)	Length of Approval	NCD/LCD
J1572	Flebogamma	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen		12 months	L34580
J1557	Gammaplex	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen		12 months	L34580
J1576	Panzyga	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen		12 months	L34580
J1577	Qivigy	Gammagard, Gammaked, Gamunex-C, Octagam, Privigen		12 months	N/A

**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.

Please refer to separate medical drug policies for the following medications: Aukelso, Bomyntra, Bosaya, Conexxence, Enoby, Ospomyv, Prolia, Xbryk, Xgeva and Xtrenbo.

Revision History

Date	Summary of Changes
2/5/2026	• **Changes to Step Therapy:** ○ Added HCPCS code J9256 for Imaavy to Step Therapy ○ Added the following drugs to Step Therapy: Aukelso, Bomyntra, Bosaya, Conexxence, Enoby, Ospomyv, Prolia, Xbryk, Xgeva and Xtrenbo (refer to separate medical drug policies)
7/1/2026	• **Code Updates:** ○ The HCPCS code for Qivigy updated to J1577. ○ The HCPCS code for Eydenzelt updated to Q5170.