Medicare Part B drug step therapy program

Effective 01/01/2022
Refer to the **Medicare: Part B step therapy prior authorization** requirements notice in the **October 2021 *Network Bulletin*** for further information.

Applicable codes

Effective for dates of service starting Jan. 1, 2022, new medications are included in the **Medicare Part B Step Therapy Programs Policy.** Prior authorization is required for medications included in the policy.

Drug or medical device	HCPCS code	Status
Antiemetics for oncology		
Emend (fosaprepitant)	**J1453**	**Preferred**
***Kytril (granisetron)**	**J1626**	**Preferred**
***Zofran (ondansetron)**	**J2405**	**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
Bevacizumab for oncology		
Mvasi (bevacizumab-awwb)	**Q5107**	**Preferred**
Zirabev (bevacizumab-bvzr)	**Q5118**	**Preferred**
Avastin (bevacizumab)	J9035	Non-Preferred
Colony-stimulating factors – long-acting Preferred products for non-oncology uses do not require prior authorization		
Neulasta (pegfilgrastim)	**J2505**	**Preferred**
Ziextenzo (pegfilgrastim-bmez)	**Q5120**	**Preferred**
Fulphila (pegfilgrastim-jmdb)	Q5108	Non-Preferred
Udenyca (pegfilgrastim-cbqv)	Q5111	Non-Preferred
Nyvepria (pegfilgrastim-apgf)	Q5122	Non-Preferred
Colony stimulating factors – short-acting Preferred products for non-oncology uses do not require prior authorization		
Zarxio (filgrastim-sndz)	**Q5101**	**Preferred**
Neupogen (filgrastim)	J1442	Non-Preferred
Granix (tbo-filgrastim)	J1447	Non-Preferred
Nivestym (filgrastim-aafi)	Q5110	Non-Preferred
Erythropoiesis – stimulating agents		
***Retacrit (epoetin alfa-epbx)**	**Q5106**	**Preferred**
Epogen/Procrit (epoetin alfa)	J0885	Non-Preferred

Drug or medical device	HCPCS code	Status
Gemcitabine		
Gemcitabine	**J9201**	**Preferred**
Infugem (gemcitabine)	J9198	Non-Preferred
Hyaluronic acids		
***Durolane**	**J7318**	**Preferred**
***Synvisc or Synvisc-One**	**J7325**	**Preferred**
***Gelsyn-3**	**J7328**	**Preferred**
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
Synojoynt	J7331	Non-Preferred
Triluron	J7332	Non-Preferred
Infliximab		
***Inflectra (infliximab-dyyb)**	**Q5103**	**Preferred**
***Avsola (infliximab-axxq)**	**Q5121**	**Preferred**
Remicade (infliximab)	J1745	Non-Preferred
Renflexis (infliximab-abda)	Q5104	Non-Preferred
Leucovorin/Levoleucovorin		
Leucovorin	**J0640**	**Preferred**
Fusilev (levoleucovorin)	J0641	Non-Preferred
Khapzory (levoleucovorin)	J0642	Non-Preferred
Nebulizer solutions (dispensed at a pharmacy)		
***Perforomist**	**N/A**	**Preferred**
Brovana	N/A	Non-Preferred
Rituximab Preferred products for non-oncology uses do not require prior authorization		
Truxima (rituximab-abbs)	**Q5115**	**Preferred**
Ruxience (rituximab-pvvr)	**Q5119**	**Preferred**
Rituxan Hycela (rituximab and hyaluronidase)	J9311	Non-Preferred
Rituxan (rituximab)	J9312	Non-Preferred
Riabni (rituximab-arrx)	Q5123	Non-Preferred
Trastuzumab		
Trazimera (trastuzumab-qyyp)	**Q5116**	**Preferred**
Kanjinti (trastuzumab-anns)	**Q5117**	**Preferred**
Herceptin (trastuzumab)	J9355	Non-Preferred
Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)	J9356	Non-Preferred
Ontruzant (trastuzumab-dttb)	Q5112	Non-Preferred
Herzuma (trastuzumab-pkrb)	Q5113	Non-Preferred
Ogivri (trastuzumab-dkst)	Q5114	Non-Preferred
Vascular endothelial growth factor (VEGF) inhibitors for ophthalmologic use Step therapy applies for age-related macular degeneration only		
***Compounded Avastin (bevacizumab)**	**J9035/C9257**	**Preferred**
Eylea	J0178	Non-Preferred
Beovu	J0179	Non-Preferred
Lucentis	J2778	Non-Preferred

Healthcare Common Procedure Coding System (HCPCS)

* These preferred medications don't require prior authorization.

PCA-3-21-03201-PH-News_10122021