Step Therapy requirements for Medicare outpatient (Part B) medications

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs) and Articles may exist and compliance with these policies is required where applicable. Step Therapy will be required for the medications listed in the table below effective 8/9/2025, provided the following are met for the requested drug:

- Meets the definition of a Medicare Part B medication.
- New for the patient, as defined by no use in the last 365 days.
- Proposed use of the requested and alternative drug has been determined to be a medically accepted indication under Medicare rules.
- Dose, frequency and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication.

Non-Preferred Drug	HCPCS Code	Preferred Drug	HCPCS Code	Comments
HP Acthar Cortrophin	J0801 J0802	Corticosteroids	multiple	
Remicade/ Infliximab/ Inflectra	J1745/ J1745/ Q5103	Renflexis/ Avsola	Q5104/ Q5121	
Cinqair	J2786	Fasenra/ Nucala	J0517/ J2182	For asthma indication only
Udenyca/ Ziextenzo/ Nyvepria/ Stimufend/ Fylnetra/ Rolvedon/ Ryzneuta	Q5111/ Q5120/ Q5122/ Q5127/ Q5130/ J1449/ J9361	Neulasta/ Fulphila	J2506/ Q5108	Oncology use only
Neupogen/ Granix/ Nivestym/ Releuko/ Nypozi	J1442/ J1447/ Q5110/ Q5125/ Q5148	Zarxio	Q5101	

Non-Preferred Drug	HCPCS Code	Preferred Drug	HCPCS Code	
Herceptin/ Ontruzant/ Herzuma	J9355/ Q5112/ Q5113	Kanjinti/ Ogivri/ Trazimera	Q5117/ Q5114/ Q5116	
Herceptin Hylecta	J9356	Kanjinti/ Ogivri/ Trazimera	Q5117/ Q5114/ Q5116	
Rituxan/ Riabni	J9312/ Q5123	Truxima/ Ruxience	Q5115/Q5119	
Rituxan Hyleca	J9311	Truxima/ Ruxience	Q5115/Q5119	
Beovu	J0179	Avastin - Ophthalmic	C9257, J3590	
Eylea/Eylea HD Ahzantive/ Enzeevu Pavblu	J0178/J0177 Q5150/ Q5149/ Q5147	Avastin - Ophthalmic	C9257, J3590	
Lucentis/ Byooviz/ Cimerli	J2778/ Q5124/ Q5128	Avastin - Ophthalmic	C9257, J3590	
Vabysmo	J2777	Avastin - Ophthalmic	C9257, J3590	
Susvimo	J2779	Avastin - Ophthalmic	C9257, J3590	
Durolane/ Euflexxa/ Gelsyn-3/ Genvisc 850/ Hyalgan/ Hymovis/ Monovisc/ Orthovisc/ Supartz/ Sodium hyaluronate/ Triluron/ Trivisc/ Visco-3	J7318/ J7323/ J7328/ J7320/ J7321/ J7322/ J7327/ J7324/ J7321/ J7331/ J7332/ J7329/ J7321	Gel-One/ Synvisc/ Synvisc-One	J7326/ J7325	
Actemra IV Tofidence IV	J3262 Q5135	Tyenne IV	Q5135	
Lemtrada	J0202	Generic glatiramer acetate	J1595	For MS only

Non-Preferred Drug	***HCPCS Code***	***Preferred Drug***	***HCPCS Code***	
Briumvi	J2329	Generic glatiramer acetate	J1595	
Ocrevus IV/ Ocrevus Zunnovo	J2350/ J2351	Generic glatiramer acetate	J1595	
Tysabri/ Tyruko	J2323/ Q5134	Generic glatiramer acetate	J1595	For MS only
Wezlana Pyzchiva Otulfi Imuldosa Steqemya Ustekinumab-aekn Ustekinumab-ttwe Ustekinumab-aauz Ustekinumab-stba Ustekinumab	Q5138 Q9997 Q9999 Q5098 Q5099 Q9998 Q9997 Q9999 Q5099 J3358	Stelara Yesintek Selarsdi	J3358 Q5100 Q9998	

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, 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. http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx.
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