

Provider-Administered Medications Requiring Step Therapy

- Effective January 1st, 2022 select provider-administered medications will require step therapy through preferred medications within the same medication class.
- Each class of injectable therapies listed below will include preferred therapies that do not require a step therapy, however requests for non-preferred therapies will generally require history of use of a preferred therapy within the same class, among other criteria.
- Select preferred products continue to require a prior authorization.
- For Medicare Part B Step Therapy Guidance click [here](#).
- **The Metroplus Prior Authorization Form can be found [here](#).**

CHP

Brand	Generic	HCPCS Code	Billing Unit	Status
Multiple Sclerosis (Infused)				
Lemtrada	alemtuzumab	J0202	1 Unit = 1 mg	<i>Non-Preferred</i>
Ocrevus	ocrelizumab	J2350		<i>Preferred</i>
Tysabri	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred</i>