

Medicare Part B Medications Requiring Step Therapy – 2021 Drug List

- For the 2022 drug list, click [here](#)
- 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.
- Please note, the step therapy requirement does not apply to patients who have received treatment with the non-preferred drug within the past 365 days. Additionally, select preferred products continue to require a prior authorization.
- The Metroplus Prior Authorization Form can be found [here](#).

Brand	Generic	HCPCS Code	Billing Unit	Status
Acromegaly				
Sandostatin	octreotide	J2353	1 Unit = 1 mg	<i>Non-Preferred</i>
Signifor	pasireotide	J2502	1 Unit = 1 mg	<i>Non-Preferred</i>
Somatuline Depot	lanreotide	J1930	1 Unit = 1 mg	<i>Preferred</i>
Somavert	pegvisomant	J3490	1 Unit = 1 mg	<i>Non-Preferred</i>
Alpha-1 Antitrypsin Deficiency				
Aralast	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-Preferred</i>
Glassia	alpha 1 proteinase inhibitor (human) (glassia)	J0257	1 Unit = 10 mg	<i>Non-Preferred</i>
Prolastin-C	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Preferred</i>
Zemaira	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Non-Preferred</i>
Autoimmune				
Actemra	tocilizumab	J3262	1 Unit = 1 mg	<i>Non-Preferred</i>
Cimzia	certolizumab pegol	J0717	1 Unit = 1 mg	<i>Non-Preferred</i>
Entyvio	vedolizumab	J3380	1 Unit = 1 mg	<i>Preferred</i>
Illumya	tildrakizumab	J3245	1 Unit = 1 mg	<i>Preferred</i>

Inflectra	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	<i>Preferred</i>
Orencia	abatacept	J0129	1 Unit = 10 mg	<i>Non-Preferred</i>
Remicade	infliximab	J1745	1 Unit = 10 mg	<i>Non-Preferred</i>
Renflexis	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>Preferred</i>
Simponi	golimumab	J1602	1 Unit = 1 mg	<i>Preferred</i>
Stelara	ustekinumab (intravenous)	J3358	1 Unit = 1 mg	<i>Preferred</i>
Stelara	ustekinumab (subcutaneous)	J3357	1 Unit = 1 mg	<i>Preferred</i>
Botulinum Toxins				
Botox	onabotulinumtoxina	J0585	1 Unit = 1 unit	<i>Preferred</i>
Dysport	abobotulinumtoxina	J0586	1 Unit = 5 units	<i>Preferred</i>
Myobloc	rimabotulinumtoxina	J0587	1 Unit = 100 units	<i>Non-Preferred</i>
Xeomin	incobotulinumtoxin	J0588	1 Unit = 1 unit	<i>Preferred</i>
Hematologic Erythropoiesis - Stimulating Agents (ESA)				
Aranesp	darbepoetin alfa (non-esrd use)	J0881	1 Unit = 1 mcg	<i>Preferred</i>
Aranesp	darbepoetin alfa (for esrd on dialysis)	J0882	1 Unit = 1 mcg	<i>Preferred</i>
Epogen	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	<i>Non-Preferred</i>
Procrit				
Epogen	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	<i>Non-Preferred</i>
Procrit				
Mircera	epoetin beta (for esrd on dialysis)	J0887	1 Unit = 1 mcg	<i>Non-Preferred</i>
Mircera	epoetin beta (for non-esrd use)	J0888	1 Unit = 1 mcg	<i>Non-Preferred</i>
Retacrit	epoetin alfa, biosimilar (for esrd on dialysis)	Q5105	1 Unit = 100 units	<i>Preferred</i>
Retacrit	epoetin alfa, biosimilar (for non-esrd use)	Q5106	1 Unit = 1000 units	<i>Preferred</i>
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting				

Fulphilia	pegfilgrastim-jmdb, biosimilar	Q5108	1 Unit = 0.5 mg	<i>Non-Preferred</i>
Neulasta	pegfilgrastim	J2505	1 Unit = 6 mg	<i>Preferred</i>
Udenyca	pegfilgrastim-cbqv, biosimilar	Q5111	1 Unit = 0.5 mg	<i>Preferred</i>
Ziextenzo	pegfilgrastim-bmez, biosimilar	Q5120	1 Unit = 0.5 mg	<i>Non-Preferred</i>
Hematologic, Neutropenia Colony Stimulating Factors - Short Acting				
Granix	TBO-filgrastim	J1447	1 Unit = 1 mcg	<i>Non-Preferred</i>
Leukine	sargramostim	J2820	1 Unit = 50mcg	<i>Non-Preferred</i>
Neupogen	filgrastim	J1442	1 Unit = 1 mcg	<i>Non-Preferred</i>
Nivestym	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	<i>Preferred</i>
Zarxio	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	<i>Preferred</i>
Trastuzumab Products				
Herceptin	trastuzumab	J9355	1 Unit = 10 mg	<i>Preferred</i>
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	1 Unit = 10mg	<i>Preferred</i>
Herzuma	trastuzumab-pkrb	Q5113	1 Unit = 10mg	<i>Non-Preferred</i>
Kanjinti	trastuzumab-anns	Q5117	1 Unit = 10mg	<i>Preferred</i>
Ogivri	trastuzumab-dkst	Q5114	1 Unit = 10mg	<i>Non-Preferred</i>
Trazimera	trastuzumab-qyyp	Q5116	1 Unit = 10mg	<i>Preferred</i>
Lysosomal Storage Disorders (Gaucher's Disease)				
Cerezyme	imiglucerase	J1786	1 Unit = 10 units	<i>Preferred</i>
Elelyso	taliglucerase alfa	J3060	1 Unit = 10 units	<i>Non-Preferred</i>
VPRIV	velaglucerase alfa	J3385	1 Unit = 100 units	<i>Non-Preferred</i>
Multiple Sclerosis (Infused)				
Lemtrada	alemtuzumab	J0202	1 Unit = 1 mg	<i>Non-Preferred</i>
Tysabri	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred</i>
Osteoarthritis, Viscosupplements				
Durolane	hyaluronan or derivative	C9465	1 Unit = 1 dose	<i>Non-Preferred</i>
Euflexxa	hyaluronan or derivative	J7323	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
Gel-One	hyaluronan or derivative	J7326	1 Unit = 1 dose (30mg/3mL)	<i>Non-Preferred</i>
Gelsyn-3	hyaluronan or derivative	J7328	1 Unit = 0.1mg	<i>Non-Preferred</i>

Genvisc 850	hyaluronan or derivative	J7320	1 Unit = 1 mg	<i>Non-Preferred</i>
Hyalgan	hyaluronan or derivative	J7321	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
Supartz FX			1 Unit = 1 dose (25mg/2.5mL)	<i>Non-Preferred</i>
Hymovis	hyaluronate sodium	J7322	1 Unit = 1mg	<i>Non-Preferred</i>
Monovisc	hyaluronate sodium, stabilized	J7327	1 Unit = 1 dose (88mg/4mL)	<i>Non-Preferred</i>
OrthoVisc	hyaluronate sodium	J7324	1 Unit = 1 dose (30mg/2mL)	<i>Preferred</i>
Synvisc	hyaluronan or derivative	J7325	1 Unit = 1 mg	<i>Preferred</i>
Synvisc-One				
Trivisc	hyaluronan or derivative	J7329	1 Unit = 1 mg	<i>Non-Preferred</i>
Visco-3	hyaluronan or derivative	J7333	1 Unit = 1 dose (25mg/5mL)	<i>Non-Preferred</i>
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents				
Eligard	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Preferred</i>
Eligard	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Preferred</i>
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>Non-Preferred</i>
Lupron Depot	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Non-Preferred</i>
Lupron Depot	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Non-Preferred</i>
Trelstar	triptorelin pamoate	J3315	1 Unit = 3.75 mg	<i>Non-Preferred</i>
Zoladex	goserelin acetate	J9202	1 Unit = 3.6 mg	<i>Non-Preferred</i>
Retinal Disorders Agents				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred</i>
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred</i>
Eylea	aflibercept	J0178	1 Unit = 1 mg	<i>Preferred</i>
Lucentis	ranibizumab	J2778	1 Unit = 0.1 mg	<i>Non-Preferred</i>
Macugen	pegaptanib	J2503	1 Unit = 0.3 mg	<i>Non-Preferred</i>
Visudyne	verteporfin	J3396	1 Unit = 0.1 mg	<i>Non-Preferred</i>
Rituxan Products				
Rituxan	rituximab	J9312	1 Unit = 10 mg	<i>Non-Preferred</i>
Rituxan Hycela	rituximab and hyaluronidase	J9311	1 Unit = 10 mg	<i>Preferred</i>
Ruxience	rituximab-pvvr, biosimilar	Q5119	1 Unit = 10 mg	<i>Preferred</i>

Truxima	rituximab-abbs, biosimilar	Q5115	1 Unit = 10 mg	<i>Preferred</i>
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Updated Drug List - Effective January 1, 2022

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Autoimmune				
Actemra	tocilizumab	J3262	1 Unit = 1 mg	<i>Non-Preferred</i>
Avsola	Infliximab-axxq	Q5121	1 Unit = 10 mg	<i>Preferred</i>
Cimzia	certolizumab pegol	J0717	1 Unit = 1 mg	<i>Non-Preferred</i>
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Procrit				
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Ziextenzo	pegfilgrastim-bmez, biosimilar	Q5120	1 Unit = 0.5 mg	<i>Non-Preferred</i>
Nyvepria	pegfilgrastim-apgf, biosimilar	Q5122	1 Unit = 0.5 mg	<i>Non-Preferred</i>
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Nivestym	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	<i>Non-Preferred</i>
Zarxio	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	<i>Preferred</i>
Lysosomal Storage Disorders (Gaucher’s Disease)				
Cerezyme	imiglucerase	J1786	1 Unit = 10 units	<i>Non-Preferred</i>

Ellelyso	taliglucerase alfa	J3060	1 Unit = 10 units	<i>Preferred</i>
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Euflexxa	hyaluronan or derivative	J7323	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
Gel-One	hyaluronan or derivative	J7326	1 Unit = 1 dose (30mg/3mL)	<i>Non-Preferred</i>
Gelsyn-3	hyaluronan or derivative	J7328	1 Unit = 0.1mg	<i>Non-Preferred</i>
Genvisc 850	hyaluronan or derivative	J7320	1 Unit = 1 mg	<i>Non-Preferred</i>
Hyalgan	hyaluronan or derivative	J7321	1 Unit = 1 dose (20mg/2mL)	<i>Non-Preferred</i>
Supartz FX			1 Unit = 1 dose (25mg/2.5mL)	<i>Non-Preferred</i>
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Monovisc	hyaluronate sodium, stabilized	J7327	1 Unit = 1 dose (88mg/4mL)	<i>Non-Preferred</i>
OrthoVisc	hyaluronate sodium	J7324	1 Unit = 1 dose (30mg/2mL)	<i>Preferred</i>
Synvisc	hyaluronan or derivative	J7325	1 Unit = 1 mg	<i>Preferred</i>
Synvisc-One				
Trivisc	hyaluronan or derivative	J7329	1 Unit = 1 mg	<i>Non-Preferred</i>
Visco-3	hyaluronan or derivative	J7333	1 Unit = 1 dose (25mg/5mL)	<i>Non-Preferred</i>
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents				
Eligard	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Preferred</i>
Eligard	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Preferred</i>
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>Preferred</i>
Lupron Depot	leuprolide acetate	J1950	1 Unit = 3.75 mg	<i>Non-Preferred</i>
Lupron Depot	leuprolide acetate	J9217	1 Unit = 7.5 mg	<i>Non-Preferred</i>
Trelstar	triptorelin pamoate	J3315	1 Unit = 3.75 mg	<i>Non-Preferred</i>
Zoladex	goserelin acetate	J9202	1 Unit = 3.6 mg	<i>Non-Preferred</i>

Retinal Disorders Agents				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred</i>
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred</i>
Beovu	Brolucizumab-dbll	J0179	1 Unit = 1mg	<i>Non-Preferred</i>
Eylea	aflibercept	J0178	1 Unit = 1 mg	<i>Non-Preferred</i>
Lucentis	ranibizumab	J2778	1 Unit = 0.1 mg	<i>Non-Preferred</i>
Rituxan Products				
Rituxan	rituximab	J9312	1 Unit = 10 mg	<i>Preferred</i>
Rituxan Hycela	rituximab and hyaluronidase	J9311	1 Unit = 10 mg	<i>Preferred</i>
Ruxience	rituximab-pvvr, biosimilar	Q5119	1 Unit = 10 mg	<i>Preferred</i>
Riabni	rituximab-arrx	Q5123	1 Unit = 10mg	<i>Non-Preferred</i>
Truxima	rituximab-abbs, biosimilar	Q5115	1 Unit = 10 mg	<i>Non-Preferred</i>
Severe Asthma				
Cinqair	reslizumab	J2786	1 Unit = 1mg	<i>Non-Preferred</i>
Fasenra	benralizumab	J0517	1 Unit = 1mg	<i>Preferred</i>
Nucala	mepolizumab	J2182	1 Unit = 1mg	<i>Preferred</i>
Xolair	omalizumab	J2357	1 Unit = 5mg	<i>Preferred</i>
Trastuzumab Products				
Herceptin	trastuzumab	J9355	1 Unit = 10 mg	<i>Preferred</i>
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	1 Unit = 10mg	<i>Preferred</i>
Herzuma	trastuzumab-pkrb	Q5113	1 Unit = 10mg	<i>Non-Preferred</i>
Kanjinti	trastuzumab-anns	Q5117	1 Unit = 10mg	<i>Preferred</i>
Ogivri	trastuzumab-dkst	Q5114	1 Unit = 10mg	<i>Non-Preferred</i>
Ontruzant	trastuzumab-dttb	Q5112	1 Unit = 10mg	<i>Non-Preferred</i>
Trazimera	trastuzumab-qyyp	Q5116	1 Unit = 10mg	<i>Preferred</i>