

Physician Administered Drugs Requiring Step Therapy

- Select provider-administered medications will require step therapy through preferred medications within the same medical 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.
- **The MetroPlus Prior Authorization Form can be found [here](#).**
- Additional codes may require authorization, see [Medical Policies](#).

Medicare Part B – 2026

Medicare Part B - 2026				
Brand	Generic	HCPCS Code	Billing Unit	Status
Acromegaly				
Sandostatin LAR Depot	octreotide	J2353	1 Unit = 1 mg	<i>Non-preferred</i>
Signifor LAR	pasireotide	J2502	1 Unit = 1 mg	<i>Non-preferred</i>
Somatuline Depot	lanreotide	J1930	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Lanreotide Acetate	lanreotide	J1932	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 – No Auth Required</i>
Zemaira	alpha 1 proteinase inhibitor (human)	J0256	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
Autoimmune - Infliximab				
Avsola	Infliximab-axxq	Q5121	1 Unit = 10 mg	<i>Non-preferred</i>
Inflectra	infliximab-dyyb, biosimilar	Q5103	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
infliximab	infliximab	J1745	1 Unit = 10 mg	<i>Non-preferred</i>

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Remicade	infliximab	J1745	1 Unit = 10 mg	<i>Non-preferred</i>
Renflexis	infliximab-abda, biosimilar	Q5104	1 Unit = 10 mg	<i>Preferred – No Auth Required</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 – No Auth Required</i>
Illumya	tildrakizumab	J3245	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Orencia	abatacept	J0129	1 Unit = 10 mg	<i>Non-preferred</i>
Simponi Aria	golimumab	J1602	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Stelara	ustekinumab (intravenous)	J3358	1 Unit = 1 mg	<i>Non-preferred</i>
Tremfya	guselkumab	J1628	1 Unit = 1mg	<i>Preferred – No Auth Required</i>
Avastin/Biosimilars (Oncology)				
Alymsys	bevacizumab-maly	Q5126	1 Unit = 10mg	<i>Non-preferred</i>
Avastin (Oncology Use)	bevacizumab	J9035	1 Unit = 10mg	<i>Non-preferred (For Oncology Use)</i>
Avzivi	bevacizumab-tnjn	J3590	1 Unit = 10mg	<i>Non-preferred</i>
Mvasi	bevacizumab-awwb	Q5107	1 Unit = 10mg	<i>Preferred – No Auth Required</i>
Vegzelma	bevacizumab-adcd	Q5129	1 Unit = 10mg	<i>Non-preferred</i>
Zirabev	Bevacizumab-bvzr	Q5118	1 Unit = 10mg	<i>Preferred – No Auth Required</i>
Botulinum Toxins				
Botox	onabotulinumtoxina	J0585	1 Unit = 1 unit	<i>Non-preferred</i>
Dysport	abobotulinumtoxina	J0586	1 Unit = 5 units	<i>Preferred – Auth Required</i>
Myobloc	rimabotulinumtoxina	J0587	1 Unit = 100 units	<i>Non-preferred</i>
Xeomin	incobotulinumtoxin	J0588	1 Unit = 1 unit	<i>Preferred – Auth Required</i>
Complement Inhibitors				
Soliris	eculizumab	J1300	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
Ultomiris	ravulizumab-cwvz	J1303	1 Unit = 10mg	<i>Preferred – No Auth Required</i>

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Brand	Generic	HCPCS Code	Billing Unit	Status
Vyvgart	efgartigimod alfa-fcab	J9332	1 Unit = 2 mg	Preferred – No Auth Required
Vyvgart Hytrulo	efgartigimod alfa and hyaluronidase-qvfc	J9334	1 Unit = 2 mg	Preferred – No Auth Required
Hematologic Erythropoiesis - Stimulating Agents (ESA)				
Aranesp	darbepoetin alfa (non-esrd use)	J0881	1 Unit = 1 mcg	Preferred – No Auth Required
	darbepoetin alfa (for esrd on dialysis)	J0882		
Epogen	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	Non-preferred
	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	
Procrit	epoetin alfa (for non-esrd use)	J0885	1 Unit = 1000 units	Preferred – No Auth Required
	epoetin alfa (for esrd on dialysis)	Q4081	1 Unit = 100 units	
Mircera	epoetin beta (for esrd on dialysis)	J0887	1 Unit = 1 mcg	Non-preferred
	epoetin beta (for non-esrd use)	J0888		
Retacrit	epoetin alfa, biosimilar (for esrd on dialysis)	Q5105	1 Unit = 100 units	Non-preferred
	epoetin alfa, biosimilar (for non-esrd use)	Q5106	1 Unit = 1000 units	
Hematologic, Neutropenia Colony Stimulating Factors - Short Acting				
Granix	TBO-filgrastim	J1447	1 Unit = 1 mcg	Non-preferred
Leukine	sargramostim	J2820	1 Unit = 50mcg	Non-preferred
Neupogen	filgrastim	J1442	1 Unit = 1 mcg	Non-preferred
Nivestym	filgrastim-aafi, biosimilar	Q5110	1 Unit = 1 mcg	Non-preferred
Releuko	filgrastim-ayow, biosimilar	Q5125	1 Unit = 1 mcg	Non-preferred
Zarxio	filgrastim-sndz, biosimilar	Q5101	1 Unit = 1 mcg	Preferred – No Auth Required
Hematopoietic Agents - Iron				
Feraheme	ferumoxytol (non-esrd use)	Q0138	1 Unit = 1 mg	Non-preferred
	ferumoxytol (for esrd on dialysis)	Q0139	1 Unit = 1 mg	

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Brand	Generic	HCPCS Code	Billing Unit	Status
Ferrlecit	sodium ferric gluconate complex in sucrose injection	J2916	1 Unit = 12.5mg	<i>Preferred – No Auth Required</i>
Infed	iron dextran	J1750	1 Unit = 50mg	<i>Preferred – No Auth Required</i>
Injectafer	ferric carboxymaltose	J1439	1 Unit = 1 mg	<i>Non-preferred</i>
Monoferic	ferric derisomaltose	J1437	1 Unit = 10 mg	<i>Non-preferred</i>
Sodium Ferric Gluconate		J2916	1 Unit = 12.5mg	<i>Preferred – No Auth Required</i>
Venofer	iron sucrose	J1756	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Hemophilia Factor VIII - Recombinant				
Advate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Afstyla	factor viii, (antihemophilic factor, recombinant)	J7210	1 Unit = 1 i. u.	<i>Preferred – No Auth Required</i>
Kogenate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Kovaltry	factor viii, (antihemophilic factor, recombinant)	J7211	1 Unit = 1 i. u.	<i>Preferred – No Auth Required</i>
Novoeight	antihemophilic factor, recombinant	J7182	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Nuwiq	factor viii, (antihemophilic factor, recombinant)	J7209	1 Unit = 1 i. u.	<i>Preferred – No Auth Required</i>
Recombinate	factor viii, (antihemophilic factor, recombinant)	J7192	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Xyntha	factor viii (antihemophilic factor, recombinant)	J7185	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Xyntha Solofuse	coagulation factor VIII (recombinant)	J7185	1 Unit = 1 i. u.	<i>Non-Preferred</i>
Hemophilia Factor IX - Recombinant				
Alprolix	coagulation factor IX (recombinant), Fc fusion protein	J7201	1 Unit = 1 i. u.	<i>Preferred – No Auth Required</i>

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Idelvion	factor ix, albumin fusion protein, (recombinant)	J7202	1 Unit = 1 i. u.	<i>Preferred – No Auth Required</i>
Rebinyn	factor IX, human, recombinant, glycopegylated	J7203	1 Unit = 1 i. u.	<i>Preferred – No Auth Required</i>
Immune Globulin - IV				
Asceniv	immune globulin (human)	J1554	1 Unit = 500mg	<i>Non-Preferred</i>
Bivigam	immune globulin intravenous (Human)	J1556	1 Unit = 500mg	<i>Non-Preferred</i>
Flebogamma	immune globulin intravenous (Human)	J1572	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
Gammagard Liquid	immune globulin infusion (human)	J1569	1 Unit = 500mg	<i>Non-Preferred</i>
Gammaked	immune globulin (human), 10% caprylate/chromatography purified	J1561	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
Gammaplex	immune globulin intravenous (human), 5%, 10% liquid	J1557	1 Unit = 500mg	<i>Non-Preferred</i>
Gamunex-C	immune globulin (human), 10% caprylate/chromatography purified	J1561	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
Octagam	immune globulin intravenous (human)	J1568	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
Panzyga	Immune Globulin (Human)	J1576	1 Unit = 500mg	<i>Non-Preferred</i>
Privigen	immune globulin (human) IV 10% liquid	J1459	1 Unit = 500mg	<i>Preferred – No Auth Required</i>
Immune Globulin - SC				
Cutaquig	immune globulin subcutaneous (human)-hipp	J1551	1 Unit = 100mg	<i>Non-Preferred</i>
Cuvitru	immune globulin Subcutaneous (Human), 20% Solution	J1555	1 Unit = 100mg	<i>Non-Preferred</i>

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Hizentra	immune globulin subcutaneous (human)	J1559	1 Unit = 100mg	<i>Preferred – No Auth Required</i>
HyQvia	immune globulin infusion 10% (human) with recombinant human hyaluronidase	J1575	1 Unit = 100mg	<i>Non-Preferred</i>
Xembify	immune globulin subcutaneous, human-klhw	J1558	1 Unit = 100mg	<i>Non-Preferred</i>
Lysosomal Storage Disorders (Gaucher's Disease)				
Cerezyme	imiglucerase	J1786	1 Unit = 10 units	<i>Preferred – No Auth Required</i>
ElELYso	taliglucerase alfa	J3060	1 Unit = 10 units	<i>Preferred – No Auth Required</i>
VPRIV	velaglucerase alfa	J3385	1 Unit = 100 units	<i>Non-preferred</i>
Multiple Sclerosis (Infused)				
Briumvi	ublituximab-xiiy	J2329	1 Unit = 1 mg	<i>Non-Preferred</i>
Lemtrada	alemtuzumab	J0202	1 Unit = 1 mg	<i>Non-preferred</i>
Ocrevus	ocrelizumab	J2350	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Ocrevus Zunovo	ocrelizumab and hyaluronidase-ocsq	J2351	1 Unit = 1 mg	<i>Non-preferred</i>
Tyruko	natalizumab-sztn	Q5134	1 Unit = 1 mg	<i>Non-preferred</i>
Tysabri	natalizumab	J2323	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Ophthalmic Geographic Atrophy				
Izervay	avacincaptad pegol	J2782	1 Unit = 0.1 mg	<i>Preferred – No Auth Required</i>
Osteoporosis - Bone Density				
Evenity	romosozumab-aqqg	J3111	1 Unit = 1 mg	<i>Non-preferred</i>
Jubbonti	denosumab-bbdz	Q5136	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Prolia	denosumab	J0897	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Zoledronic Acid	zoledronic acid	J3489	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Osteoporosis-Hypercalcemia of Malignancy				
Pamidronate	pamidronate disodium	J2430	1 Unit = 30 mg	<i>Preferred – No Auth Required</i>

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Brand	Generic	HCPCS Code	Billing Unit	Status
Wyost	denosumab-bbdz	Q5136	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Xgeva	denosumab	J0897	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Zoledronic Acid	zoledronic acid	J3489	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents				
Firmagon	degarelix	J9155	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Retinal Disorders Agents				
Avastin	bevacizumab	J9035	1 Unit = 10 mg	<i>Preferred (Primary) – No Auth Required</i>
Avastin	bevacizumab	C9257	1 Unit = 0.25 mg	<i>Preferred (Primary) – No Auth Required</i>
Beovu	brovacizumab-dbl, biosimilar	J0179	1 Unit = 1mg	<i>Non-preferred</i>
Byooviz	ranibizumab-nuna, biosimilar	Q5124	1 Unit = 0.1mg	<i>Non-preferred</i>
Cimerli	ranibizumab-eqrn, biosimilar	Q5128	1 Unit = 0.1mg	<i>Non-preferred</i>
Eylea	aflibercept	J0178	1 Unit = 1 mg	<i>Preferred (Secondary) – Auth Needed</i>
Eylea HD	aflibercept hd	J0177	1 Unit = 1 mg	<i>Preferred (Secondary) – Auth Needed</i>
Lucentis	ranibizumab	J2778	1 Unit = 0.1 mg	<i>Preferred (Secondary) – Auth Needed</i>
Pavblu	aflibercept-ayh	Q5147	1 Unit = 1 mg	<i>Preferred (Secondary) – Auth Needed</i>
Susvimo	ranibizumab (device)	J2779	1 Unit = 0.1 mg	<i>Non-Preferred</i>
Vabysmo	faricimab-svoa	J2777	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>Non-preferred</i>
Ruxience	rituximab-pvvr, biosimilar	Q5119	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
Riabni	rituximab-arrx	Q5123	1 Unit = 10mg	<i>Non-preferred</i>

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Brand	Generic	HCPCS Code	Billing Unit	Status
Truxima	rituximab-abbs, biosimilar	Q5115	1 Unit = 10 mg	<i>Preferred – No Auth Required</i>
Severe Asthma				
Cinqair	reslizumab	J2786	1 Unit = 1mg	<i>Non-preferred</i>
Fasenra	benralizumab	J0517	1 Unit = 1mg	<i>Preferred – No Auth Required</i>
Nucala	mepolizumab	J2182	1 Unit = 1mg	<i>Non-preferred</i>
Tezspire	tezepelumab-ekko	J2356	1 Unit = 1 mg	<i>Preferred – No Auth Required</i>
Xolair	omalizumab	J2357	1 Unit = 5mg	<i>Preferred – No Auth Required</i>
Trastuzumab Products				
Herceptin	trastuzumab	J9355	1 Unit = 10 mg	<i>Non-preferred</i>
Herceptin Hylecta	trastuzumab and hyaluronidase-oysk	J9356	1 Unit = 10mg	<i>Non-preferred</i>
Hercessi	trastuzumab-strf	Q5146	1 Unit = 10mg	<i>Non-preferred</i>
Herzuma	trastuzumab-pkrb	Q5113	1 Unit = 10mg	<i>Non-preferred</i>
Kanjinti	trastuzumab-anns	Q5117	1 Unit = 10mg	<i>Preferred – No Auth Required</i>
Ogivri	trastuzumab-dkst	Q5114	1 Unit = 10mg	<i>Non-preferred</i>
Ontruzant	trastuzumab-dttb	Q5112	1 Unit = 10mg	<i>Preferred – No Auth Required</i>
Trazimera	trastuzumab-qyyp	Q5116	1 Unit = 10mg	<i>Non-preferred</i>