

# Step Therapy Part B Drugs

The following list of Part B drugs may be subject to step therapy. For more information, please review your Evidence of Coverage.

PROCEDURE CODE	PROCEDURE DESCRIPTION
C9050	INJECTION, EMAPALUMAB-LZSG, 1 MG
C9061	INJECTION TEPROTUMUMAB-TRBW 10 MG
C9073	BREXUCABTAGENE AUTOLEUCEL UP TO 200 M AUTOLOGOUS
C9072	INJECTION IMMUNE GLOBULIN 500 MG
J0129	ABATACEPT INJECTION
J0178	AFLIBERCEPT INJECTION
J0179	INJECTION BROLUCIZUMAB-DBLL 1 MG
J0585	INJECTION, ONABOTULINUMTOXINA
J0717	CERTOLIZUMAB PEGOL INJ 1MG
J0718	CERTOLIZUMAB PEGOL INJ
J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS
J0896	INJECTION LUSPATERCEPT-AAMT 0.25 MG
J0897	DENOSUMAB INJECTION
J1300	ECULIZUMAB INJECTION
J1442	INJ FILGRASTIM EXCL BIOSIMIL
J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGRAM
J1459	INJ IVIG PRIVIGEN 500 MG
J1555	INJECTION IMMUNE GLOBULIN 100 MG
J1556	INJ, IMM GLOB BIVIGAM, 500MG
J1557	GAMMAPLEX INJECTION
J1558	INJECTION IMMUNE GLOBULIN XEMBIFY 100 MG
J1559	HIZENTRA INJECTION
J1561	GAMUNEX-C/GAMMAKED
J1562	INJECTION; IMMUNE GLOBULIN 10%, 5 GRAMS
J1566	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER)
J1568	OCTAGAM INJECTION
J1569	GAMMAGARD LIQUID INJECTION
J1572	FLEBOGAMMA INJECTION
J1575	INJ IG/HYALURONIDASE 100 MG IG
J1599	IVIG NON-LYOPHILIZED, NOS

PROCEDURE CODE	PROCEDURE DESCRIPTION
J1602	GOLIMUMAB FOR IV USE 1MG
J1745	INJ INFLIXIMAB EXCL BIOSIMILR 10 MG
J2323	NATALIZUMAB INJECTION
J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG
J2505	INJECTION, PEGFILGRASTIM, 6 MG
J2778	RANIBIZUMAB INJECTION
J2796	ROMIPLOSTIM INJECTION
J2820	INJECTION, SARGRAMOSTIM (CM-CSF), 50 MCG
J3111	INJECTION ROMOSOZUMAB-AQQG 1 MG
J3241	INJECTION TEPROTUMUMAB-TRBW 10 MG
J3262	TOCILIZUMAB INJECTION
J3304	INJECT TRIAMCINOLONE ACETONIDE PF ER MS F 1 MG
J3357	USTEKINUMAB FOR SUBQ INJECTION 1 MG
J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG
J3380	INJECTION VEDOLIZUMAB 1 MG
J3396	INJECTION, VERTEPORFIN, 0.1 MG
J7311	INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7312	DEXAMETHASONE INTRA IMPLANT
J7313	INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7314	INJECTION FA INTRAVITREAL IMPL 0.01 MG
J7318	HYALURONAN/DERIVATIVE DUROLANE FOR IA INJ 1 MG
J7320	HYALURONAN/DERIVATIVE GENVISC 850 IA INJ 1 MG
J7321	HYAL HYALGN SUPARTZ/VSCO-3 IA INJ-D
J7322	HYALURONAN/DRIV HYMOVIS IA INJ 1 MG
J7323	EUFLEXXA INJ PER DOSE
J7324	ORTHOVISC INJ PER DOSE
J7325	SYNVISC OR SYNVISC-ONE
J7326	GEL-ONE
J7327	MONOVISC INJ PER DOSE
J7328	HYAL/DERIV GELSYN-3 IA INJ 0.1 MG
J7329	HYALURONAN/DERIVATIVE TRIVISC FOR IA INJ 1 MG
J7331	HYALURONAN/DERIVATIVE SYNOJOYNT IA INJ 1 MG
J7332	HYALURONAN/DERIVATIVE TRILURON IA INJ 1 MG
J7333	HYALURONAN/DERIVATIVE VISCO-3 IA INJ PER DOSE
J9022	INJECTION ATEZOLIZUMAB 10 MG
J9035	INJECTION, BEVACIZUMAB, 10 MG

PROCEDURE CODE	PROCEDURE DESCRIPTION
J9145	INJECTION DARATUMUMAB 10 MG
J9173	INJECTION DURVALUMAB 10 MG
J9176	INJECTION ELOTUZUMAB 1MG
J9308	INJECTION RAMUCIRUMAB 5 MG
J9311	INJECTION RITUXIMAB 10 MG AND HYALURONIDASE
J9312	INJECTION RITUXIMAB 10 MG
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG
J9356	INJECTION TRASTUZUMAB 10 MG AND HYALURONIDASE-OYSK
Q2041	KTE-C19 TO 200 M A ANTI-CD19 CAR POS T CE P TD
Q2042	TISAGENLECLEUCEL TO 600 M CAR-POS VI T CE PER TD
Q2043	SIPLEUCEL-T AUTO CD54+
Q5101	INJECTION, FILGRASTIM-SNDZ, BIOSIMILAR, (ZARXIO)
Q5103	INJECTION, INFLECTRA
Q5104	INJECTION, RENFLEXIS
Q5108	INJ PEGFLGRSTM-JMDB BIOSIMLR 0.5 MG
Q5109	INJECTION INFLIXIMAB-QBTX BIOSIMILAR 10 MG
Q5110	INJECTION, FILGRASTIM-AAFI, BIOSIMILAR, (NIVESTYM), 1 MICROGRAM
Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG
Q5115	INJECTION RITUXIMAB-ABBS BIOSIMILAR 10 MG
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG
Q5119	INJ RITUXIMAB-PVVR BIOSIMILAR RUXIENCE 10 MG
Q5120	INJ PEGFILGRASTIM-BMEZ BIOSIMLR ZIEXTENZO 0.5 MG
Q5121	INJ INFLIXIMAB-AXXQ BIOSIMILAR AVSOLA 10 MG
Q5122	INJECTION PEGFILGRASTIM APGF BIOSIMILAR 0.5 MG

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-877-374-4056** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-374-4056** (TTY: **711**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-374-4056** (TTY: **711**)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-877-374-4056** (TTY: **711**).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

**1-877-374-4056** (TTY: **711**) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-877-374-4056** (TTY: **711**).