



Please review the list of Medicare drugs below. It is updated frequently. If the drug you are searching for is newly FDA approved and/or does not appear on this list, please contact JHP's PreCert Dept at 215-967-4690 or use the Provider Portal.

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Code	Description	Comments	Reviewer
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding (Relizorb)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
C9257	Injection, bevacizumab, 0.25 mg (AVASTIN)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
C9309	Injection, onasemnogene abeparvovec-brve, per treatment	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0013	Esketamine, nasal spray, 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0129	Injection, abatacept, 10 mg (ORENCIA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0174	Injection, lecanemab-irmb, 1mg (Leqembi)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0175	Injection, donanemab-azbt, 2 mg (KISUNLA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0177	Injection, aflibercept HD, 1 mg (Eylea HD)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0178	Injection, aflibercept, 1 mg (Eylea)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept

Code	Description	Comments	Reviewer
J0179	Injection, brolocizumab-dbl, 1 mg (BEOVU)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0202	Injection, alemtuzumab, 1 mg (LEMTRADA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0222	Injection, patisiran, 0.1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0225	Injection, vutrisiran, 1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0256	Injection, alpha-1 proteinase inhibitor (human), not otherwise specified, 10 mg (ZEMAIRA, ARALAST NP, PROLASTIN-C)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0257	Injection, alpha-1 proteinase inhibitor (human), (GLASSIA), 10 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0458	Injection, aztreonam/avibactam, 7.5 mg/2.5 mg (10 mg)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0525	Injection, cefotetan disodium, 10 mg (CEFOTAN)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0585	Injection, Onabotulinumtoxina, 1 unit (BOTOX)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0586	Injection, Abobotulinumtoxina, 5 Unit (DYSPOBT)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0587	Injection, rimabotulinumtoxinB, 100 units (MYOBLOC)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0588	Injection, incobotulinumtoxinA, 1 unit (XEOMIN)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0654	Injection, liothyronine, 1 mcg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept

Code	Description	Comments	Reviewer
J0681	Injection, ceftobiprole medocaril sodium, 3 mg (ZEVTERA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0717	Injection, certolizumab pegol, 1 mg (CIMZIA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg (Xiaflex)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0791	Injection, crizanlizumab-tmca, 5 mg (ADAKVEO)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use) (ARANESP)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis) (ARANESP)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units (EPOGEN/PROCRIT)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0887	Injection, epoetin beta, 1 mcg, (for ESRD on dialysis) (MIRCERA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J0888	Injection, epoetin beta, 1 mcg, (for non-ESRD use) (MIRCERA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1073	Testosterone pellet, implant, 75 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1299	Injection, eculizumab, 10 mg (SOLIRIS)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1303	Injection, ravulizumab-cwvz, 10 mg (ULTOMIRIS)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1307	Injection, crovalimab-akkz, 10 mg (PIASKY)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept

Code	Description	Comments	Reviewer
J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose (HEMGENIX)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1412	Injection, valoctocogene roxaparovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes (ROCTAVIAN)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1413	Injection, delandistrogene moxeparovecokl, per therapeutic dose (ELEVIDYS)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1427	Injection, Viltolarsen, 10 mg (VILTEPSO)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1437	Injection, ferric derisomaltose (MONOFERRIC), 10 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1439	Injection, ferric carboxymaltose (INJECTAFER), 1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 mcg (NEUPOGEN)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1447	Injection, tbo-filgrastim, 1 mcg (GRANIX)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1449	Injection, eflapegrastim-xnst, 0.1 mg (ROLVEDON)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1459	Injection, immune globulin (PRIVIGEN), intravenous, non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1551	Injection, immune globulin (Cutaquig), 100 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1552	Injection, immune globulin (ALYGLO), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1553	Injection, immune globulin (yimmugo), 100 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept

Code	Description	Comments	Reviewer
J1554	Injection, immune globulin (ASCENIV), 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1555	Injection, immune globulin (Cuvitru), 100 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1556	Injection, immune globulin (BIVIGAM), 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1557	Injection, immune globulin (GAMMAPLEX), intravenous, non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1558	Injection, immune globulin (xembify), 100 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1559	Injection, immune globulin (Hizentra), 100 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1561	Injection, immune globulin, (GAMUNEX-C/GAMMAKED), non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1568	Injection, immune globulin, (OCTOGAM), intravenous, non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1569	Injection, immune globulin, (GAMMAGARD liquid), intravenous, non-lyophilized, (e.g., liquid), 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1575	Injection, immune globulin/hyaluronidase, 100 mg immunoglobulin	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1576	Injection, immune globulin (PANZYGA), intravenous, non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1602	Injection, golimumab, 1 mg, for intravenous use (SIMPONI)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept

Code	Description	Comments	Reviewer
J1628	Injection, guselkumab, 1 mg (TREMFYA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1736	Injection, meloxicam (Delova), 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1737	Injection, meloxicam (Azurity), 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1745	Injection, infliximab, excludes biosimilar, 10 mg (REMICADE)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1745	Injection, infliximab, excludes biosimilar, 10 mg (unbranded biologic of REMICADE)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1747	Injection, spesolimab-sbzo, 1 mg (SPEVIGO)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1750	Injection, iron dextran (INFED), 50 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1756	Injection, iron sucrose (VENOFER), 1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1786	Injection, imiglucerase, 10 units (CEREZYME)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1809	Injection, fosdenopterin, 0.1 mg (NULIBRY)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1823	Inebilizumab-cdon inj, 1 mg (UPLIZNA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1834	Injection, isoniazid, 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J1837	Injection, posaconazole, 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept

Code	Description	Comments	Reviewer
J1930	Injection, lanreotide, 1 mg (SOMATULINE)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1932	Injection, lanreotide, (CIPLA), 1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1950	Injection, leuprolide acetate (for depot suspension), per 3.75 mg (LUPRON)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J1952	Leuprolide injectable (CAMCEVI), 1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2267	Injection, mirikizumab-mrkz, 1 mg (OMVOH)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J2291	Injection, nafcillin sodium (Baxter), 20 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J2323	Injection, natalizumab, 1 mg (TYSABRI)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2326	Injection, nusinersen, 0.1 mg (SPINRAZA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J2329	Injection, ublituximab-xiiy, 1 mg (BRIUMVI)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2350	Injection, ocrelizumab, 1 mg (OCREVUS)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq (OCREVUS ZUNOVO)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg (SANDOSTATIN LAR)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg (SANDOSTATIN NON-DEPOT)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept

Code	Description	Comments	Reviewer
J2502	Injection, pasireotide long acting, 1 mg (SIGNIFOR LAR)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg (NEULASTA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2777	Injection, faricimab-svoa inj, 0.1 mg (VABYSMO)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2778	Injection, ranibizumab, 0.1 mg (LUCENTIS)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2820	Injection, sargramostim (gm-csf), 50 mcg (LEUKINE)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J2916	Injection, sodium ferric gluconate complex in sucrose injection (FERRLECIT), 12.5 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J3060	Injection, taliglucerase alfa inj, 10 units (ELELYSO)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J3241	Injection, teprotumumab-trbw, 10 mg (TEPEZZA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3245	Injection, tildrakizumab, 1 mg (ILUMYA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J3262	Injection, tocilizumab, 1 mg (ACTEMRA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J3291	Injection, tranexamic acid in sodium chloride, 5 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3315	Injection, triptorelin pamoate, 3.75 mg (TRELSTAR)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept

Code	Description	Comments	Reviewer
J3357	Ustekinumab, for subcutaneous injection, 1 mg (STELARA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J3358	Ustekinumab, for intravenous injection, 1 mg (STELARA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J3376	Injection, vancomycin HCl (Hikma), not therapeutically equivalent to J3373, 10 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3380	Injection, vedolizumab, 1 mg (ENTYVIO)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J3385	Injection, velaglucerase alfa, 100 units (VPRIV)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J3387	Injection, elivaldogene autotemcel, per treatment	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3389	Topical administration, prademagene zamikeracel, per treatment	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3391	Injection, atidarsagene autotemcel, per treatment (LENMELDY)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3392	Injection, exagamglogene autotemcel, per treatment (CASGEVY)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3393	Injection, betibeglogene autotemcel, per treatment (ZYNTEGLO)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3394	Injection, lovetibeglogene autotemcel, per treatment (LYFGENIA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{15} vector genomes (ZOLGENSMA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3402	Injection, remestemcel-I-rknd, per therapeutic dose (RYONCIL)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept

Code	Description	Comments	Reviewer
J3403	Revakinagene taroretcel-lwey, per implant	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J3404	Injection, zopapogene imadenovec-drba suspension, per therapeutic dose	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J7173	Injection, concizumab-mtci, 0.5 mg (ALHEMO)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J7174	Injection, fitusiran, 0.04 mg (QFITLIA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J7299	Intrauterine copper contraceptive (Miudella)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg (DUROLANE)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg (GENVISC)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7321	Hyaluronan or derivative,hyalgan, supartz or visco-3, for intra-articular injection, per dose(HYALGAN, SUPARTZ, VISCO-3)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg (HYMOVIS)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose (EUFLEXXA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose (ORTHOVISC)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg (SYNVISC/SYNVISC- ONE)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose (GEL-ONE)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept

Code	Description	Comments	Reviewer
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose (MONOVISC)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7328	Hyaluronan or derivative, gelsyn-3, for intraarticular injection, 0.1 mg (GELSYN-3)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7329	Hyaluronan or derivative, trivisc, for intraarticular injection, 1 mg (TRIVISC)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J7332	Hyaluronan or derivative, (TRILURON), for intra- articular injection, 1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9029	Intravesical instillation, nadofaragene firadenovec- vncg, per therapeutic dose (ADSTILADRIN)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J9035	Injection, bevacizumab, 10 mg (AVASTIN)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9155	Injection, degarelix, 1 mg (FIRMAGON)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9202	Goserelin acetate implant, per 3.6 mg (ZOLADEX)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9217	Leuprolide acetate (for depot suspension), 7.5 mg (LUPRON, ELIGARD)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9256	Injection, nipocalimab-aahu, 3 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
J9311	Injection, rituximab 10 mg and hyaluronidase (RITUXAN HYCELA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9312	Injection, rituximab, 10 mg (RITUXAN)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9332	Injection, Efgartigimod alfa-fcab, 2mg (VYVGART)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept

Code	Description	Comments	Reviewer
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc (VYVGART)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg (HERCEPTIN)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
J9356	Injection, trastuzumab, 10 mg and hyaluronidase- oysk (HERCEPTIN HYCELA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, (FERAHEME) 1 mg (nonESRD use)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, (FERAHEME) 1 mg (for ESRD on dialysis)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car + viable t cells, including leukapheresis and dose preparation procedures, per infusion	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis) (EPOGEN, PROCRIT)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5101	Injection, filgrastim-sndz, biosimilar, 1 microgram (ZARXIO)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5103	Injection, infliximab-dyyb, biosimilar, 10 mg (INFLECTRA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5104	Injection, infliximab-abda, biosimilar, 10 mg (RENFLEXIS)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5105	Injection, epoetin alfa-epbx, biosimilar, (RETACRIT) (for ESRD on dialysis), 100 units	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5106	Injection, epoetin alfa-epbx, biosimilar, (RETACRIT) (for non-ESRD use), 1000 units	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5107	Injection, bevacizumab-awwb, biosimilar, 10 mg (MVASI)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept

Code	Description	Comments	Reviewer
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, 0.5 mg (FULPHILA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5110	Injection, filgrastim-aafi, biosimilar, 1 microgram (NIVESTYM)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, 0.5 mg (UDENCYA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5112	Injection, trastuzumab-dttb, biosimilar, 10 mg (ONTRUZANT)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5113	Injection, trastuzumab-pkrb, biosimilar, 10 mg (HERZUMA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5114	Injection, Trastuzumab-dkst, biosimilar, 10 mg (OGIVRI)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg (TRUXIMA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5116	Injection, trastuzumab-qyyp, biosimilar, 10 mg (TRAZIMERA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5117	Injection, trastuzumab-anns, biosimilar, 10 mg (KANJINTI)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5118	Injection, bevacizumab-bvcr, biosimilar, 10 mg (ZIRABEV)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5119	Injection, rituximab-pvvr, biosimilar, 10 mg (RUXIENCE)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5120	Injection, pegfilgrastim-bmez, biosimilar, 0.5 mg (ZIEXTENZO)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5121	Injection, infliximab-axxq, biosimilar, 10 MG (AVSOLA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept

Code	Description	Comments	Reviewer
Q5122	Injection, pegfilgrastim-apgf, biosimilar, 0.5 mg (NYVEPRIA)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5123	Injection, rituximab-arrx, biosimilar, 10 mg (RIABNI)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5124	Injection, ranibizumab-nuna, biosimilar, 0.1 mg (BYOOVIZ)	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5125	Injection, filgrastim-ayow, biosimilar, (RELEUKO), 1 microgram	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5126	Injection, bevacizumab-maly, biosimilar, (ALYMSYS), 10 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5127	Injection, pegfilgrastim-fpgk (STIMUFEND), biosimilar, 0.5 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5128	Injection, ranibizumab-eqrn (CIMERLI), biosimilar, 0.1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5129	Injection, bevacizumab-adcd (VEGZELMA), biosimilar, 10 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5130	Injection, pegfilgrastim-pbbk (FYLNETRA), biosimilar, 0.5 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	Auth required, refer to Medicare Part B Step Therapy Link	PreCert Dept
Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
Q5154	Injection, omalizumab-igec (omlyclo), biosimilar, 5 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept

Code	Description	Comments	Reviewer
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
Q5156	Injection, tocilizumab-anoh (avtozma), biosimilar, 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept