

Please review the list 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 Jefferson Health Plans' PreCert Department at 215-967-4690 or use the [Provider Portal](#).

Policy Bulletins: [Policy Bulletin Library](#)

Medicare Part B Step Therapy: [Step Therapy](#)

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.
C9305	Injection, nipocalimab-aahu, 3 mg	Auth required	PreCert Dept.
C9257	Injection, bevacizumab, 0.25 mg (AVASTIN)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J0129	Injection, abatacept, 10 mg (ORENCIA)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J0172	Injection, aducanumab-avwa, 2 mg (Aduhelm)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J0174	Injection, lecanemab-irmb, 1mg (Leqembi)	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.
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.
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	PreCert Dept.
J0525	Injection, cefotetan disodium, 10 mg	Auth required	PreCert Dept.

J0585	Injection, Onabotulinumtoxin A, 1 unit (BOTOX)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J0586	Injection, Abobotulinumtoxin A, 5 Unit (DYSPORT)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.

Code	Description	Comments	Reviewer
J0587	Injection, Rimabotulinumtoxin B inj, 100 UNITS (MYOBLOC)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J0588	Injection, Incobotulinumtoxin A, 1 UNIT (XEOMIN)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J0681	Injection, ceftobiprole medocaryl sodium, 3 mg	Auth required	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 microgram, (for ESRD on dialysis) (MIRCERA)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use) (MIRCERA)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J1299	Injection, eculizumab, 10 mg (SOLIRIS)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1303	Injection, ravulizumab-cwvz, 10 mg (ULTOMIRIS)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1307	Injection, crovalimab-akkz, 10 mg (PIASKY)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose (Hemgenix)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.

J1412	Injection, valoctocogene roxaparvovecrvox, 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 moxeparvovecrokl, 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.

Code	Description	Comments	Reviewer
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 JHP Medical Drug Policy link	PreCert Dept.
J1552	Injection, immune globulin (Alyglo), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1554	Injection, immune globulin (Asceniv), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1556	Injection, immune globulin (Bivigam), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1557	Injection, immune globulin (Gammaplex), intravenous, non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1569	Injection, immune globulin, (Gammagard liquid), intravenous, non-lyophilized, (e.g., liquid), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.

J1576	Injection, immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J1602	Injection, golimumab, 1 mg, for intravenous use (SIMPONI ARIA)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J1628	Injection, guselkumab, for intravenous injection, 1 mg (TREMFA IV)	Auth required, refer to Medicare Part B Step Therapy 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.
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.

Code	Description	Comments	Reviewer
J1809	Injection, fosdenopterin, 0.1 mg	Auth required	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	PreCert Dept.
J1930	Injection, lanreotide, 1 mg (SOMATULINE)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
J1932	Injection, lanreotide, (cipl), 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.
J2291	Injection, nafcillin sodium (baxter), 20 mg	Auth required	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 JHP Medical Drug Policy and Part B ST link	PreCert Dept.
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq (OCREVUS ZUNOVO)	Auth required, refer to JHP Medical Drug Policy and Part B ST 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.
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.
Code	Description	Comments	Reviewer
J2779	Injection, ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	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.
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.
J3391	<u>Injection, atidarsagene autotemcel, per treatment (Lenmeldy)</u>	Auth Required	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, lovotibeglogene autotemcel, per treatment (Lyfgenia)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.

J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes (ZOLGENSMA)	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
J3403	Revakinagene taroretcel-lwey, per implant	Auth required	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.
J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose (MONOVISC)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.

Code	Description	Comments	Reviewer
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.
J3402	Injection, remestemcel-l-rknd, per therapeutic dose	Auth required	PreCert Dept.
J7173	Injection, concizumab-mtci, 0.5 mg	Auth required	PreCert Dept.

J7174	Injection, fitusiran, 0.04 mg	Auth required	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.
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	Auth Required	PreCert Dept.
J9334	Injection, Efgartigimod alfa-fcab, 2mg and hyaluronidase-qvfc	Auth Required	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.

Code	Description	Comments	Reviewer
Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Auth required	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.
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, 0.5 mg (FULPHILA)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
Q5109	Injection, infliximab-qbtx, biosimilar, 10 mg (IXIFI)	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.

Code	Description	Comments	Reviewer
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.
Q5122	Injection, pegfilgrastim-apgf, biosimilar, 0.5 mg (NYVEPRIA)	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.
Q5123	Injection, rituximab-arrr, 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.
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 10 mg	Auth required, refer to JHP Medical Drug Policy link	PreCert Dept.
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg	Auth required, refer to Medicare Part B Step Therapy link	PreCert Dept.

