

Medicare: Medical Part B Step Therapy Criteria

J-code	Drug Name	Preferred Alternatives (diagnosis dependent where noted)	Notes
J3262	Actemra	Rheumatoid arthritis (Moderate to Severe) OR Juvenile rheumatoid arthritis, Polyarticular OR Systemic onset juvenile chronic arthritis: Avsola (Q5121), Inflectra (Q5103), Renflexis (Q5104), Simponi Aria (J1602) Temporal arteritis: Avsola (Q5121), Inflectra (Q5103), Renflexis (Q5104)	There are no preferred alternatives for the following diagnoses: COVID-19 (hospitalization/pneumonia) Cytokine Release Syndrome Lung disease with systemic sclerosis
J9035	Avastin	Mvasi (Q5107), Zirabev (Q5118)	Does not apply to ocular diagnoses
J1786	Cerezyme	Ellelyso (J3060)	
J0717	Cimzia	Ankylosing spondylitis OR Psoriatic arthritis OR Rheumatoid arthritis, moderate to severe: Avsola (Q5121), Inflectra (Q5103), Renflexis (Q5104), Simponi Aria (J1602) Crohn's disease, moderate to severe: Avsola (Q5121), Inflectra (Q5102), Renflexis (Q5104), Entyvio (J3380) Plaque psoriasis, Moderate to severe: Avsola (Q5121), Inflectra (Q5102), Renflexis (Q5104)	There are no preferred alternatives for non-radiographic axial spondyloarthritis
J0885	Epogen	Aranesp (J0881), Retacrit (Q5106)	
J9355	Herceptin	Herzuma (Q5113), Herceptin Hylecta (J9356), Kanjinti (Q5117), Ogivri (Q5114), Ontruzant (Q5112), Trazimera (Q5116)	
J3245	Ilumya	Avsola (Q5121), Inflectra (Q5102), Renflexis (Q5104)	
J0202	Lemtrada	Tysabri (J2323)	

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