

## 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: <b>Avsola</b> (Q5121), <b>Inflectra</b> (Q5103), <b>Renflexis</b> (Q5104), <b>Simponi Aria</b> (J1602)  Temporal arteritis: <b>Avsola</b> (Q5121), <b>Inflectra</b> (Q5103), <b>Renflexis</b> (Q5104)	There are no preferred alternatives for the following diagnoses: COVID-19 (hospitalization/pneumonia) Cytokine Release Syndrome Lung disease with systemic sclerosis
J9035	Avastin	<b>Mvasi</b> (Q5107), <b>Zirabev</b> (Q5118)	Does not apply to ocular diagnoses
J1786	Cerezyme	<b>Elelyso</b> (J3060)	
J0717	Cimzia	Ankylosing spondylitis OR Psoriatic arthritis OR Rheumatoid arthritis, moderate to severe: <b>Avsola</b> (Q5121), <b>Inflectra</b> (Q5103), <b>Renflexis</b> (Q5104), <b>Simponi Aria</b> (J1602)  Crohn's disease, moderate to severe: <b>Avsola</b> (Q5121), <b>Inflectra</b> (Q5102), <b>Renflexis</b> (Q5104), <b>Entyvio</b> (J3380)  Plaque psoriasis, Moderate to severe: <b>Avsola</b> (Q5121), <b>Inflectra</b> (Q5102), <b>Renflexis</b> (Q5104)	There are no preferred alternatives for non-radiographic axial spondyloarthritis
J0885	Epogen	<b>Aranesp</b> (J0881), <b>Retacrit</b> (Q5106)	
J9355	Herceptin	<b>Herzuma</b> (Q5113), <b>Herceptin Hylecta</b> (J9356), <b>Kanjinti</b> (Q5117), <b>Ogivri</b> (Q5114), <b>Ontruzant</b> (Q5112), <b>Trazimera</b> (Q5116)	
J3245	Ilumya	<b>Avsola</b> (Q5121), <b>Inflectra</b> (Q5102), <b>Renflexis</b> (Q5104)	
J0202	Lemtrada	<b>Tysabri</b> (J2323)	

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