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, Polyarticulare 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	**Elelyso** (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), **Renflexi**s (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), **Renflexi**s (Q5104)	
J0202	Lemtrada	**Tysabri** (J2323)	

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