

Part B medications (outpatient)

Coverage information

The information in this document relates to the coverage of outpatient medications covered under Medicare Part B (generally clinic-administered) and is based on existing National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other relevant sources. Adherence to these policies is required when they exist. The table below lists medication names, applicable Medicare policies, and **Step Therapy Program** requirements. There are instances where this document may include a link to a Clinical Resource document as a reference for states which do not have an applicable NCD, LCD, or LCA. **This Clinical Resource document is for reference only and does not constitute prior authorization criteria.** Additionally, in the absence of Medicare coverage guidance (NCDs, LCDs, etc.), the Centers for Medicare & Medicaid Services (CMS) allows Medicare Advantage plans to implement their own criteria for coverage¹. The Quartz Medicare Advantage Part B Prior Authorization criteria can be found at [QuartzBenefits.com/MAPartBPA](https://www.QuartzBenefits.com/MAPartBPA).

Step therapy program

Some Part B medications may require step therapy before they will be covered^{2,3}. In these cases, prior authorization will be required. It will require a history of trial and failure, contraindication, or intolerance to a preferred medication, among other criteria. Step therapy is required when noted in the Step therapy column of the table below.

Medication name	Medicare policies (NCD, LCDs/LCAs)	Clinical resource for states without LCDs/LCAs	Step therapy
Aflibercept <ul style="list-style-type: none"> • Eylea (<i>aflibercept</i>)* 	L33394 (A52451)	None	No
Bevacizumab <ul style="list-style-type: none"> • Avastin (<i>bevacizumab</i>)† • Alymsys (<i>bevacizumab-maly</i>)* • Mvasi (<i>bevacizumab-awwb</i>)* • Vegzelma (<i>bevacizumab-awwb</i>)* • Zirabev (<i>bevacizumab-bvzr</i>)* 	L33394 (A52370)	Clinical resource	Yes
Botulinum toxins <ul style="list-style-type: none"> • Botox (<i>onabotulinumtoxinA</i>)* • Dysport (<i>abobotulinumtoxinA</i>)* • Xeomin (<i>incobotulinumtoxinA</i>)* 	L33646 (A52848)	Clinical resource	No

Medication name	Medicare policies (NCD, LCDs/LCAs)	Clinical resource for states without LCDs/LCAs	Step therapy
Brolicizumab <ul style="list-style-type: none"> • <i>Beovu (brolicizumab-dbll)*</i> 	L33394 (A52451)	None	No
Colony stimulating factors- Short Acting <ul style="list-style-type: none"> • Neupogen (filgrastim) • <i>Granix (tbo-filgrastim)*</i> • <i>Nivestym (filgrastim-aafi)*</i> • <i>Zarxio (filgrastim-sndz)*</i> • <i>Releuko (filgrastim-ayow)*</i> 	None	Clinical resource	Yes
Colony stimulating factors- Long Acting <ul style="list-style-type: none"> • Neulasta (pegfilgrastim) • Fulphila (pegfilgrastim-jmdb) • Nyvepria (pegfilgrastim-apgf) • Stimufend (pegfilgrastim-fpgk) • Udenyca (pegfilgrastim-cbqv) • Fylnetra (pegfilgrastim-pbbk) • <i>Ziextenzo (pegfilgrastim-bmez)*</i> 	None	Clinical resource	Yes
Denosumab <ul style="list-style-type: none"> • <i>Prolia (denosumab)*</i> • <i>Xgeva (denosumab)*</i> 	L33394 (A52399)	None	No
Darbepoetin & Methoxy PEG-epoetin beta for Cancer Related Conditions <ul style="list-style-type: none"> • <i>Aranesp (darbepoetin alfa)*</i> • <i>Mircera (methoxy PEG epoetin beta)*</i> 	NCD for Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions (110.21)	Clinical resource	No
Darbepoetin & Methoxy PEG-epoetin beta for Non-cancer Related Conditions <ul style="list-style-type: none"> • <i>Aranesp (darbepoetin alfa)*</i> • <i>Mircera (methoxy PEG epoetin beta)*</i> 	None	Clinical resource	No
Eculizumab <ul style="list-style-type: none"> • <i>Soliris (eculizumab)*</i> 	L33394 (A54548)	Clinical resource	No

Medication name	Medicare policies (NCD, LCDs/LCAs)	Clinical resource for states without LCDs/LCAs	Step therapy
Erythropoietin for Cancer Related Conditions <ul style="list-style-type: none"> • Procrit (epoetin alfa) • Epogen (epoetin alfa) • <i>Retacrit (epoetin alfa)*</i> 	NCD for Erythropoiesis Stimulating Agents (ESAs) in Cancer and Related Neoplastic Conditions (110.21)	Clinical resource	Yes
Erythropoietin for Non-cancer Related Conditions <ul style="list-style-type: none"> • Procrit (epoetin alfa) • Epogen (epoetin alfa) • <i>Retacrit (epoetin alfa)*</i> 	None	Clinical resource	Yes
Faricimab <ul style="list-style-type: none"> • <i>Vabysmo (faricimab-svoa)*</i> 	L33394 (A52451)	None	No
Infliximab <ul style="list-style-type: none"> • Remicade® (infliximab) • <i>Avsola (infliximab-axxq)*</i> • <i>Inflectra (infliximab-dyyb)*</i> • <i>Infliximab*</i> • <i>Remicade (infliximab)*</i> • <i>Renflexis (infliximab-abda)*</i> 	L33394 (A52423)	Clinical resource	Yes
Intravenous Immune Globulin (IVIG)	L39314 (A59105) DME: L33610 (A52509)	None	No
Luteinizing Hormone-Releasing Hormone (LHRH) Analogs <ul style="list-style-type: none"> • <i>Lupron Depot (leuprolide)*</i> • <i>Camcevi (leuprolide)*</i> • <i>Eligard (leuprolide)*</i> • <i>Leuprolide acetate*</i> • <i>Supprelin LA (histrelin)*</i> • <i>Trelstar (triptorelin)*</i> • <i>Triptodur (triptorelin)*</i> • <i>Vantas (histrelin)*</i> • <i>Zoladex (goserelin)*</i> 	L33394 (A52453)	Clinical resource	No
Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease <ul style="list-style-type: none"> • Aduhelm (aducanumab-avwa) 	CMS Final Decision Memo (CAG-00460N)	N/A	No

Medication name	Medicare policies (NCD, LCDs/LCAs)	Clinical resource for states without LCDs/LCAs	Step therapy
Ranibizumab <ul style="list-style-type: none"> • Lucentis (ranibizumab)* • Byooviz (ranibizumab-nuna)* • Cimerli (ranibizumab-eqrn)* • Susvimo (ranibizumab)* 	L33394 (A52451)	None	No
Rituximab <ul style="list-style-type: none"> • Rituxan (rituximab) • Rituxan Hycela (rituximab and hyaluronidase) • Riabni (rituximab-aarx)* • Ruxience (rituximab-pvvr)* • Truxima (rituximab-abbs)* 	L39297 (A59101)	Clinical resource	Yes
Sodium Hyaluronate Injections <ul style="list-style-type: none"> • Synvisc* • Synvisc-One* • Euflexxa* • Monovisc • Orthovisc • Durolane • Gel-One • Gelsyn-3 • Genvisc • Hyalgan • Hymovis • Supartz • Synjojoynt • Triluron • TriVisc • Visco-3 	L33394 (A52420)	Clinical resource	Yes
Trastuzumab <ul style="list-style-type: none"> • Herceptin (trastuzumab) • Herzuma (trastuzumab-pkrb)* • Kanjinti (trastuzumab-anns)* • Ogivri (trastuzumab-dkst)* • Ontruzant (trastuzumab-dttb)* • Trazimera (trastuzumab-qyyp)* 	None	Clinical resource	Yes

* Prior authorization for this medication is NOT required if use is supported by Medicare guidelines, and claim is submitted accordingly.

† Prior authorization is not required if used for an ophthalmic indication.

Other Medications

For other medications not addressed in this document, search for applicable coverage policies in the [Medicare Coverage Database](#), the [National Coverage NCD Report](#), and the [Quartz Medicare Advantage Part B Prior Authorization](#) page.

References

1. [Medicare Managed Care Manual, Chapter 4, §90.5](#).
2. CMS Memorandum titled [Prior Authorization and Step Therapy for Part B Drugs in Medicare Advantage](#)
3. Medicare Advantage and Part D Drug Pricing Final Rule (CMS-4180-F), [Modernizing Part D and Medicare Advantage To Lower Drug Prices and Reduce Out-of-Pocket Expenses](#)

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