

# Injectable drugs and biologics step therapy requirement for Medicare Advantage plans

**Effective Date: Jan. 1, 2019<sup>1</sup>**

**Revision Date: Nov. 27, 2019**

The Centers for Medicare & Medicaid Services (CMS) rescinded its September 2012 memo “Prohibition on Imposing Mandatory Step Therapy for Access to Part B Drugs and Services,” and now allows Medicare Advantage (MA) plans to apply step therapy for physician-administered and other Part B drugs. Humana has opted to apply this new rule, which requires Humana to offer a Drug Management Care Coordination Program (DM-CCP) to eligible patients with the ultimate goal of improving the quality of care for patients on these drugs.

Due to this recent change, Humana will require review of some injectable drugs and biologics for step therapy requirements in addition to current prior authorization review requirements. The affected drugs are indicated on Humana’s preauthorization and notification lists ([www.humana.com/PAL](http://www.humana.com/PAL)) for Humana commercial, Medicare Advantage and dual Medicare-Medicaid plans with a (#) indicator. Additionally, for MA plans, nonpreferred drugs subject to step therapy are listed below, along with the preferred drug alternatives.

If a provider does not stock our preferred drug in their office, they may be able to obtain the preferred drug from a pharmacy (i.e. a pharmacy can ship the medication to the office). Visit our list of specialty and mail order pharmacies at [www.humana.com/mail-order](http://www.humana.com/mail-order) to select a pharmacy that can provide the drug. A full list of pharmacies is also available at The Pharmacy Finder Tool at <https://www.humana.com/finder/pharmacy/> or you may call customer care at 1-800-457-4708 (TTY: 711), 8 a.m. – 8 p.m., seven days a week for a full list of in-network pharmacies that you may use to obtain the medication.

This new step therapy requirement will not apply to patients who are already actively receiving treatment with a nonpreferred drug (have a paid drug claim within the past 108 days).

Medicare Advantage patients subject to the step therapy requirement may:

- Request expedited exception reviews for step therapy prior authorization requests.
- Appeal a denied request for a nonpreferred drug due to step therapy requirements.

Humana is offering DM-CCP services for patients subject to step therapy and/or taking a preferred drug below. The goal of the program is to improve your patients’ health with drug reviews, adherence and education. This program is voluntary for patients who are eligible. Humana will contact eligible patients for a consultation. Once the consult is complete, a summary of the consultation is sent and the patient receives a reward gift card for completing the program. Patients will receive the gift card up to 45 days after the consultation.

Call our provider support number with any questions related to this program at:

- 1-800-457-4708 (available Monday through Friday, 8 a.m. – 8 p.m. Eastern time)

## Reference:

<https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-prior-authorization-and-step-therapy-part-b-drugs>

Drug Classes	Drug Name	Status	Billing Code
Bone Resorption Inhibitors	<b>pamidronate</b>	<b>Preferred</b>	J2430
	<b>zoledronic acid</b>	<b>Preferred</b>	J3489
	Xgeva	Nonpreferred	J0897
Colony Stimulating Factors -Leukocyte Growth Factors (long-acting)	<b>Fulphila</b>	<b>Preferred</b>	Q5108
	<b>Neulasta / Neulasta Onpro</b>	<b>Preferred</b>	J2505
	<b>Udenyca</b>	<b>Preferred</b>	Q5111
	Ziextenzo	Nonpreferred	C9399, J9999
Colony Stimulating Factors -Leukocyte Growth Factors (short-acting)	<b>Neupogen</b>	<b>Preferred</b>	J1442
	<b>Zarxio</b>	<b>Preferred</b>	Q5101
	Granix	Nonpreferred	J1447
	Nivestym	Nonpreferred	Q5110
Doxorubicin (liposomal)	<b>doxorubicin conventional</b>	<b>Preferred</b>	J9000
	Doxil	Nonpreferred	Q2050
Erythropoiesis-Stimulating Agents	<b>Retacrit</b>	<b>Preferred</b>	Q5106
	Aranesp	Nonpreferred	J0881
	Epogen	Nonpreferred	J0885
	Mircera	Nonpreferred	J0888
	Procrit	Nonpreferred	J0885
Gaucher's Disease	<b>Cerdelga</b>	<b>Preferred</b>	J8499
	<b>Cerezyme</b>	<b>Preferred</b>	J1786
	<b>ElELYso</b>	<b>Preferred</b>	J3060
	Vpriv	Nonpreferred	J3385
	Zavesca	Nonpreferred	J8499
Hemophilia A	<b>Advate</b>	<b>Preferred</b>	J7192
	<b>Adynovate</b>	<b>Preferred</b>	J7207
	<b>Afstyla</b>	<b>Preferred</b>	J7210
	<b>Eloctate</b>	<b>Preferred</b>	J7205
	<b>Helixate FS</b>	<b>Preferred</b>	J7192
	<b>Hemofil-M</b>	<b>Preferred</b>	J7190
	<b>Jivi</b>	<b>Preferred</b>	J7208
	<b>Koate-DVI</b>	<b>Preferred</b>	J7190
	<b>Kogenate FS</b>	<b>Preferred</b>	J7192
	<b>Kovaltry</b>	<b>Preferred</b>	J7211
	<b>Monoclalte-P</b>	<b>Preferred</b>	J7190
	<b>NovoEight</b>	<b>Preferred</b>	J7182
	<b>Nuwiq</b>	<b>Preferred</b>	J7209

\*Included in the Drug Management Care Coordination Program (DM-CCP) and reward effective 5/16/2019

Drug Classes	Drug Name	Status	Billing Code
Hemophilia A (continued)	<b>Recombinate</b>	<b>Preferred</b>	J7192
	<b>Xyntha</b>	<b>Preferred</b>	J7185
	Hemlibra	Nonpreferred	J7170
Hereditary Angioedema - Acute use	<b>Ruconest</b>	<b>Preferred</b>	J0596
	Berinert	Nonpreferred	J0597
	icatibant	Nonpreferred	J1744
	Firazyr	Nonpreferred	J1744
	Kalbitor	Nonpreferred	J1290
Hereditary Angioedema - Prophylaxis	<b>Haegarda</b>	<b>Preferred</b>	J0599
	Cinryze	Nonpreferred	J0598
	Takhzyro	Nonpreferred	J0593
Immunologics Drugs - Auto-Immune Disorders (Arthritis, Psoriasis, Inflammatory Bowel Disease)	<b>Inflectra</b>	<b>Preferred</b>	Q5103
	<b>Remicade</b>	<b>Preferred</b>	J1745
	<b>Simponi Aria</b>	<b>Preferred</b>	J1602
	<b>Stelara</b>	<b>Preferred</b>	J3358
	Actemra IV	Nonpreferred	J3262
	Entyvio	Nonpreferred	J3380
	Ilumya	Nonpreferred	J3245
	Orencia IV	Nonpreferred	J0129
	Renflexis	Nonpreferred	Q5104
	Rituxan IV	Nonpreferred	J9312
	Tysabri	Nonpreferred	J2323
Neoplasms (excluding pancreatic)	<b>docetaxel</b>	<b>Preferred</b>	J9171
	<b>paclitaxel</b>	<b>Preferred</b>	J9267
	Abraxane	Nonpreferred	J9264
Ophthalmic Disorders	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035
	Beovu	Nonpreferred	C9399, J3490, J3590
	Eylea	Nonpreferred	J0178
	Lucentis	Nonpreferred	J2778
	Macugen	Nonpreferred	J2503
	Visudyne	Nonpreferred	J3396
Somatostatin Analogs (Lutathera)	<b>Sandostatin LAR</b>	<b>Preferred</b>	J2353
	<b>Somatuline Depot</b>	<b>Preferred</b>	J1930
	Lutathera	Nonpreferred	A9513
Somatostatin Analogs (Signifor LAR)	<b>octreotide acetate</b>	<b>Preferred</b>	J2354
	<b>Sandostatin</b>	<b>Preferred</b>	J2354
	Signifor LAR	Nonpreferred	J2502

\*Included in the Drug Management Care Coordination Program (DM-CCP) and reward effective 5/16/2019

Drug Classes	Drug Name	Status	Billing Code
Trastuzumab	<b>Herceptin (IV)</b>	<b>Preferred</b>	J9355
	<b>Kanjinti</b>	<b>Preferred</b>	Q5117
	<b>Ogivri</b>	<b>Preferred</b>	Q5114
	Herceptin Hylecta	Nonpreferred	C9399, J9999, J9356
Vincristine (liposomal)	<b>vincristine sulfate</b>	<b>Preferred</b>	J9370
	Marqibo	Nonpreferred	J9371
<b>Viscosupplements*</b>	<b>Monovisc</b>	<b>Preferred</b>	J7327
	<b>Orthovisc</b>	<b>Preferred</b>	J7324
	Durolane	Nonpreferred	J7318
	Euflexxa	Nonpreferred	J7323
	Gel-One	Nonpreferred	J7326
	Gelsyn-3	Nonpreferred	J7328
	GenVisc 850	Nonpreferred	J7320
	Hyalgan	Nonpreferred	J7321
	Hymovis	Nonpreferred	J7322
	Sodium Hyaluronate	Nonpreferred	C9399, J3490
	Supartz FX	Nonpreferred	J7321
	Synvisc	Nonpreferred	J7325
	Synvisc One	Nonpreferred	J7325
	Triluron	Nonpreferred	J7332
	TriVisc	Nonpreferred	J7329
	Visco-3	Nonpreferred	J7321

\*Included in the Drug Management Care Coordination Program (DM-CCP) and reward effective 5/16/2019