



Injectable Drugs and Biologics Step Therapy Requirement for Medicare Advantage Plans

Effective Date: Jan. 1, 2022

Revision Date: July 6, 2022

In August 2018, the Centers for Medicare & Medicaid Services (CMS) provided Medicare Advantage plans the option of applying step therapy for physician-administered and other Part B drugs.¹ Due to this change, CarePlus added step therapy requirements in 2019 for some drugs on our preauthorization list.

CMS issued a final ruling on May 16, 2019, that improves the Medicare Advantage program.² These changes finalized CMS requirements for the Part B Step Therapy program and were implemented Jan. 1, 2020.

If providers do 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). A list of specialty and mail-order pharmacies can be found in the Provider Directories located on our website at www.careplushealthplans.com/members/pharmacy-directories. A full list of pharmacies is also available via the Pharmacy Finder Tool at www.careplushealthplans.com/pharmacy-finder, or by calling Member Services at 1-800-794-5907; TTY: 711. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

This step therapy requirement will not apply to patients who already are actively receiving treatment with a nonpreferred drug (have a paid drug claim within the past 365 days).

Medicare Advantage Prescription Drug (MAPD) 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.

Effective Jan. 1, 2020, CarePlus does not offer a Drug Management Care Coordination Program (DM-CCP) for patients subject to step therapy and/or taking a preferred drug on the Part B Step Therapy Drug List. In 2020, health plans will not be required to combine step therapy with rewards and incentives program. Instead, MAPD plans must incorporate anticipated savings from implementing Part B step therapy to provide supplemental benefits and/or lower premiums to the plans' enrollees.

If you have questions or concerns, please call Member Services at 1-800-794-5907; TTY: 711. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday -

¹<https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-prior-authorization-and-step-therapy-part-b-drugs>

²<https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-and-part-d-drug-pricing-final-rule-cms-4180-f>

Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within one business day.

Continued on following page

Drug Class	Drug Name	Status	Billing Code
Alpha-1s	Prolastin-C	Preferred	J0256
	Aralast	Nonpreferred	J0256
	Glassia	Nonpreferred	J0257
	Zemaira	Nonpreferred	J0256
Bevacizumab (oncology)	Avastin	Preferred	J9035
	Mvazi	Preferred	Q5107
	Zirabev	Preferred	Q5118
	Alymsys	Nonpreferred	C9399, J3490, J3590, J9999
Bone resorption inhibitors	pamidronate	Preferred	J2430
	zoledronic acid	Preferred	J3489
	Xgeva	Nonpreferred	J0897
Cervical Cancer	Keytruda	Preferred	J9271
	Tivdak	Nonpreferred	J9273
Colony Stimulating Factors -Leukocyte Growth Factors (long-acting)	Fulphila	Preferred	Q5108
	Neulasta / Neulasta Onpro	Preferred	J2506
	Udenyca	Preferred	Q5111
	Nyvepria	Nonpreferred	Q5122
	Ziextenzo	Nonpreferred	Q5120
Colony-stimulating factors – leukocyte growth factors (short-acting)	Nivestym	Preferred	Q5110
	Zarxio	Preferred	Q5101
	Granix	Nonpreferred	J1447
	Neupogen	Nonpreferred	J1442

	Releuko	Nonpreferred	C9096, J3490, J3590, J9999
COPD	Perforomist	Preferred	J7606
	Brovana	Nonpreferred	J7605
Doxorubicin (liposomal)	doxorubicin conventional	Preferred	J9000
	epirubicin	Preferred	J9178
	Doxil	Nonpreferred	Q2050
Erythropoiesis-stimulating agents	Retacrit	Preferred	Q5106
	Procrit	Preferred	J0885
	Aranesp	Nonpreferred	J0881
	Epogen	Nonpreferred	J0885
Gaucher's disease	Cerdelga	Preferred	J8499
	Cerezyme	Preferred	J1786
	Elelyso	Preferred	J3060
	Vpriv	Nonpreferred	J3385
	Zavesca	Nonpreferred	J8499
Hemophilia A	Advate	Preferred	J7192
	Adynovate	Preferred	J7207
	Afstyla	Preferred	J7210
	Eloctate	Preferred	J7205
	Esperoct	Preferred	J7204
	Helixate FS	Preferred	J7192
	Hemofil-M	Preferred	J7190
	Jivi	Preferred	J7208

	Koate-DVI	Preferred	J7190
	Kogenate FS	Preferred	J7192
	Kovaltry	Preferred	J7211
	Monoclate-P	Preferred	J7190
	NovoEight	Preferred	J7182
	Nuwiq	Preferred	J7209
	Recombinate	Preferred	J7192
	Xyntha	Preferred	J7185
	Hemlibra	Nonpreferred	J7170
Hereditary angioedema – acute use	icatibant	Preferred	J1744
	Berinert	Nonpreferred	J0597
	Firazyr	Nonpreferred	J1744
	Kalbitor	Nonpreferred	J1290
	Ruconest	Nonpreferred	J0596
Hereditary angioedema – prophylaxis	Haegarda	Preferred	J0599
	Cinryze	Nonpreferred	J0598
	Takhzyro	Nonpreferred	J0593
Homozygous familial hypercholesterolemia (HoFH)	Repatha	Preferred	C9399, J3590
	Evkeeza	Nonpreferred	J1305
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Inflectra	Preferred	Q5103
	Infliximab	Preferred	J1745
	Remicade	Preferred	J1745
	Simponi Aria	Preferred	J1602

	Skyrizi IV	Preferred	C9399, J3490, J3590
	Stelara	Preferred	J3358
	Actemra IV	Nonpreferred	J3262
	Avsola	Nonpreferred	Q5121
	Entyvio	Nonpreferred	J3380
	Ilumya	Nonpreferred	J3245
	Orencia IV	Nonpreferred	J0129
	Renflexis	Nonpreferred	Q5104
	Rituxan IV	Nonpreferred	J9312
	Truxima	Nonpreferred	Q5115
	Tysabri	Nonpreferred	J2323
IV Iron	Infed	Preferred	J1750
	Venofer	Preferred	J1756
	Feraheme	Nonpreferred	Q0138
	Injectafer	Nonpreferred	J1439
	Monoferric	Nonpreferred	J1437
IVIG	Flebogamma DIF	Preferred	J1572
	Gammagard	Preferred	J1569
	Gammagard S/D	Preferred	J1566
	Gammaked	Preferred	J1561
	Gamunex-C	Preferred	J1561
	Hizentra	Preferred	J1559
	Octagam	Preferred	J1568

	Privigen	Preferred	J1459
	Xembify	Preferred	J1558
	Asceniv	Nonpreferred	J1554
	Bivigam	Nonpreferred	J1556
	Cutaquig	Nonpreferred	J1551
	Cuvitru	Nonpreferred	J1555
	Gammaplex	Nonpreferred	J1557
	Hyqvia	Nonpreferred	J1575
	Panzyga	Nonpreferred	J1599
Melanoma	Opdivo	Preferred	J9299
	Keytruda	Preferred	J9271
	Opdivo Plus Yervoy	Preferred	J9299, J9228
	Opdualag	Nonpreferred	C9399, J3490, J3590, J9999
Myelodysplastic syndrome	azacitidine	Preferred	J9025
	Dacogen	Nonpreferred	J0894
	decitabine	Nonpreferred	J0894
Neoplasms (excluding pancreatic)	docetaxel	Preferred	J9171
	paclitaxel	Preferred	J9267
	Abraxane	Nonpreferred	J9264
	paclitaxel protein-bound	Nonpreferred	J9264
Ophthalmic disorders - photodynamic therapy	Avastin	Preferred	C9257, J9035
	Visudyne	Nonpreferred	J3396

Ophthalmic disorders - VEGF inhibitors	Avastin	Preferred	C9257, J9035
	Beovu	Nonpreferred	J0179
	Byooviz	Nonpreferred	Q5124
	Eylea	Nonpreferred	J0178
	Lucentis	Nonpreferred	J2778
	Macugen	Nonpreferred	J2503
	Susvimo	Nonpreferred	J2779
	Vabysmo	Nonpreferred	C9097, J3490
Osteoarthritis of the knee (intra-articular steroids)	triamcinolone	Preferred	J3301, J3302, J3303
	methylprednisolone	Preferred	J1020, J1030, J1040, J2920, J2930
	betamethasone	Preferred	J0702
	dexamethasone	Preferred	J1094, J1100
	Zilretta	Nonpreferred	J3304
Osteoporosis	zoledronic acid	Preferred	J3489
	Prolia	Nonpreferred	J0897
PD-1/PD-L1	Keytruda	Preferred	J9271
	Jemperli	Nonpreferred	J9272
Rituximab and hyaluronidase	Rituxan IV	Preferred	J9312
	Ruxience	Preferred	Q5119
	Riabni	Preferred	Q5123
	Truxima	Nonpreferred	Q5155
	Rituxan Hycela	Nonpreferred	J9311
Somatostatin analogs (Lutathera)	Sandostatin LAR	Preferred	J2353

	Somatuline Depot	Preferred	J1930
	Lutathera	Nonpreferred	A9513
Somatostatin analogs (Signifor LAR)	octreotide acetate	Preferred	J2354
	Sandostatin	Preferred	J2354
	Signifor LAR	Nonpreferred	J2502
Trastuzumab and hyaluronidase-oysk	Herceptin (IV)	Preferred	J9355
	Kanjinti	Preferred	Q5117
	Trazimera	Preferred	Q5116
	Herceptin Hylecta	Nonpreferred	J9356
	Herzuma	Nonpreferred	Q5113
	Ogivri	Nonpreferred	Q5114
	Ontruzant	Nonpreferred	Q5112
Velcade	Bortezomib (505(b)(2))	Preferred	J9044
	Velcade	Nonpreferred	J9041
	bortezomib	Nonpreferred	J9041
Vincristine (liposomal)	vincristine sulfate	Preferred	J9370
	Marqibo	Nonpreferred	J9371
Viscosupplements	Durolane	Preferred	J7318
	Monovisc	Preferred	J7327
	Orthovisc	Preferred	J7324
	Supartz FX	Preferred	J7321
	Synvisc One	Preferred	J7325
	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
Synvisc	Nonpreferred	J7325
SynoJoynt	Nonpreferred	J7331
Triluron	Nonpreferred	J7332
TriVisc	Nonpreferred	J7329
Visco-3	Nonpreferred	J7333