



## **Injectable Drugs and Biologics Step Therapy Requirement for Medicare Advantage Plans**

**Effective Date: Jan. 1, 2020**

**Revision Date: Dec. 16, 2020**

In August 2018, the Centers for Medicare & Medicaid Services (CMS) rescinded its September 2012 memo “Prohibition on Imposing Mandatory Step Therapy for Access to Part B Drugs and Services,” which provided Medicare Advantage plans the option of applying step therapy for physician-administered and other Part B drugs.<sup>1</sup> Due to this change, Humana added step therapy requirements in 2019 for some drugs on our preauthorization list.

CMS issued a final ruling on May 16, 2019, that modernizes and improves the Medicare Advantage program.<sup>2</sup> These changes finalized CMS requirements for the Part B Step Therapy program, enabling Medicare Advantage plans to negotiate better prices for physician-administered medicines in Part C. The changes as a result of this final ruling will be implemented Jan. 1, 2020.

Affected drugs are noted with a step therapy indicator on the Medicare preauthorization list posted at <http://Humana.com/PAL>.

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). 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 also is available via the Pharmacy Finder Tool at <https://www.humana.com/finder/pharmacy/>, or by calling customer care at 1-800-457-4708 (TTY: 711) for a full list of in-network pharmacies. During annual election period (or AEP, Oct. 15 through Dec. 7, 2019) and open enrollment period (or OEP, Jan. 1 through March 31, 2020), our hours of operation are 8 a.m. to 8 p.m. local time seven days a week. Otherwise, hours of operation are Monday through Friday, 8 a.m. to 8 p.m. local time.

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 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, Humana no longer will 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. Per CMS guidance, in 2020, health plans will not be required to couple step therapy with a rewards and incentives program. Instead, MA plans must incorporate anticipated savings from implementing Part B step therapy into their bid amounts for each plan, which, in turn, may be used to provide supplemental benefits and/or lower premiums to the plans' enrollees.

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

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

**Important note:**

- **Humana MA health maintenance organization (HMO):** HMO members serviced by **HealthCare Partners of Nevada** (HCP) should refer to their primary care physician (PCP), and might have different Part B step therapy requirements than those listed below. HCP's current Part B step therapy policy is at <https://hcpnv.com/patient-information/biosimilar-medication-policy/>.

If you have questions, please call 1-800-457-4708. During annual election period (or AEP, Oct. 15 through Dec. 7, 2020) and open enrollment period (or OEP, Jan. 1 through March 31, 2020), our hours of operation are 8 a.m. to 8 p.m. local time seven days a week. Otherwise, hours of operation are Monday through Friday, 8 a.m. to 8 p.m. local time.

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<b>Drug Class</b>	<b>Drug Name</b>	<b>Status</b>	<b>Billing Code</b>
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
	<b>Ziextenzo</b>	<b>Preferred</b>	Q5120
	Nyvepria	Nonpreferred	Q5122
Colony-stimulating factors – leukocyte growth factors (short-acting)	<b>Neupogen</b>	<b>Preferred</b>	J1442
	<b>Nivestym</b>	<b>Preferred</b>	Q5110
	<b>Zarxio</b>	<b>Preferred</b>	Q5101
	Granix	Nonpreferred	J1447
COPD	<b>Perforomist</b>	<b>Preferred</b>	J7606
	Brovana	Nonpreferred	J7605
Doxorubicin (liposomal)	<b>doxorubicin conventional</b>	<b>Preferred</b>	J9000
	<b>epirubicin</b>	<b>Preferred</b>	J9178
	Doxil	Nonpreferred	Q2050
Erythropoiesis-stimulating agents	<b>Retacrit</b>	<b>Preferred</b>	Q5106
	Aranesp	Nonpreferred	J0881
	Epogen	Nonpreferred	J0885
	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>Esperoct</b>	<b>Preferred</b>	J7204
	<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>Monoclate-P</b>	<b>Preferred</b>	J7190
	<b>NovoEight</b>	<b>Preferred</b>	J7182
	<b>Nuwiq</b>	<b>Preferred</b>	J7209
	<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

	Firazyr	Nonpreferred	J1744
	icatibant	Nonpreferred	J1744
	Kalbitor	Nonpreferred	J1290
Hereditary angioedema – prophylaxis	<b>Haegarda</b>	<b>Preferred</b>	J0599
	Cinryze	Nonpreferred	J0598
	Takhzyro	Nonpreferred	J0593
Immunologic drugs – autoimmune 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
	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
Myelodysplastic syndrome	<b>azacitidine</b>	<b>Preferred</b>	J9025
	Dacogen	Nonpreferred	J0894
	decitabine	Nonpreferred	J0894

Neoplasms (excluding pancreatic)	<b>docetaxel</b>	<b>Preferred</b>	J9171
	<b>paclitaxel</b>	<b>Preferred</b>	J9267
	Abraxane	Nonpreferred	J9264
Ophthalmic disorders - photodynamic therapy	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035
	Visudyne	Nonpreferred	J3396
Ophthalmic disorders - VEGF inhibitors	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035
	Beovu	Nonpreferred	J0179
	Eylea	Nonpreferred	J0178
	Lucentis	Nonpreferred	J2778
	Macugen	Nonpreferred	J2503
Osteoporosis	<b>zoledronic acid</b>	<b>Preferred</b>	J3489
	Prolia	Nonpreferred	J0897
Rituximab and hyaluronidase	<b>Rituxan IV</b>	<b>Preferred</b>	J9312
	<b>Ruxience</b>	<b>Preferred</b>	C9399, J9999
	Truxima	Nonpreferred	J9311
	Rituxan Hycela	Nonpreferred	J9311
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
Trastuzumab and hyaluronidase-oysk	<b>Herceptin (IV)</b>	<b>Preferred</b>	J9355
	<b>Kanjinti</b>	<b>Preferred</b>	Q5117

	<b>Trazimera</b>	<b>Preferred</b>	Q5116
	Herceptin Hylecta	Nonpreferred	J9356
	Herzuma	Nonpreferred	Q5113
	Ogivri	Nonpreferred	Q5114
	Ontruzant	Nonpreferred	Q5112
Vincristine (liposomal)	<b>vincristine sulfate</b>	<b>Preferred</b>	J9370
	Marqibo	Nonpreferred	J9371
Viscosupplements	<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	J7333	