



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

**Effective Date: Jan. 1, 2022**

**Revision Date: Oct. 19, 2022**

In August 2018, the Centers for Medicare & Medicaid Services (CMS) rescinded its September 2012 memo “Prohibition on Imposing Mandatory Step Therapy for Access to Part B Drugs and Services,” which provided Medicare Advantage plans the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) and open enrollment period (or OEP, Jan. 1 through March 31), 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 Intermountain Healthcare (previously known as Healthcare Partners of Nevada) 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) and open enrollment period (or OEP, Jan. 1 through March 31), 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>
Alpha-1s	<b>Prolastin-C</b>	<b>Preferred</b>	J0256
	Aralast	Nonpreferred	J0256
	Glassia	Nonpreferred	J0257
	Zemaira	Nonpreferred	J0256
Bevacizumab (oncology)	<b>Avastin</b>	<b>Preferred</b>	J9035
	<b>Mvazi</b>	<b>Preferred</b>	Q5107
	<b>Zirabev</b>	<b>Preferred</b>	Q5118
	Alymsys	Nonpreferred	C9142, J3490, J3590, J9999
Bone resorption inhibitors	<b>pamidronate</b>	<b>Preferred</b>	J2430
	<b>zoledronic acid</b>	<b>Preferred</b>	J3489
	Xgeva	Nonpreferred	J0897
Cervical Cancer	<b>Keytruda</b>	<b>Preferred</b>	J9271
	Tivdak	Nonpreferred	J9273
Colony Stimulating Factors -Leukocyte Growth Factors (long-acting)	<b>Fulphila</b>	<b>Preferred</b>	Q5108
	<b>Neulasta / Neulasta Onpro</b>	<b>Preferred</b>	J2506
	<b>Udenyca</b>	<b>Preferred</b>	Q5111
	Fylnetra	Nonpreferred	C9399, J3590, J3490, J9999
	Nyvepria	Nonpreferred	Q5122
	Rolvedon	Nonpreferred	C9399, J3590, J3490, J9999
	Ziextenzo	Nonpreferred	Q5120
	<b>Nivestym</b>	<b>Preferred</b>	Q5110

Colony-stimulating factors – leukocyte growth factors (short-acting)	<b>Zarxio</b>	<b>Preferred</b>	Q5101
	Granix	Nonpreferred	J1447
	Neupogen	Nonpreferred	J1442
	Releuko	Nonpreferred	Q5125
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
	<b>Procrit</b>	<b>Preferred</b>	J0885
	Aranesp	Nonpreferred	J0881
	Epogen	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>icatibant</b>	<b>Preferred</b>	J1744
	Berinert	Nonpreferred	J0597
	Firazyr	Nonpreferred	J1744
	Kalbitor	Nonpreferred	J1290
	Ruconest	Nonpreferred	J0596
Hereditary angioedema – prophylaxis	<b>Haegarda</b>	<b>Preferred</b>	J0599
	Cinryze	Nonpreferred	J0598
	Takhzyro	Nonpreferred	J0593
Homozygous familial hypercholesterolemia (HoFH)	<b>Repatha</b>	<b>Preferred</b>	C9399, J3590
	Evkeeza	Nonpreferred	J1305
	<b>Inflectra</b>	<b>Preferred</b>	Q5103

Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Infliximab</b>	<b>Preferred</b>	J1745
	<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
IV Iron	<b>Infed</b>	<b>Preferred</b>	J1750
	<b>Venofer</b>	<b>Preferred</b>	J1756
	Feraheme	Nonpreferred	Q0138
	Injectafer	Nonpreferred	J1439
	Monoferric	Nonpreferred	J1437
IVIG	<b>Flebogamma DIF</b>	<b>Preferred</b>	J1572
	<b>Gammagard</b>	<b>Preferred</b>	J1569
	<b>Gammagard S/D</b>	<b>Preferred</b>	J1566
	<b>Gammaked</b>	<b>Preferred</b>	J1561
	<b>Gamunex-C</b>	<b>Preferred</b>	J1561

	<b>Hizentra</b>	<b>Preferred</b>	J1559
	<b>Octagam</b>	<b>Preferred</b>	J1568
	<b>Privigen</b>	<b>Preferred</b>	J1459
	<b>Xembify</b>	<b>Preferred</b>	J1558
	Asceniv	Nonpreferred	J1554
	Bivigam	Nonpreferred	J1556
	Cutaquig	Nonpreferred	J1551
	Cuvitru	Nonpreferred	J1555
	Gammaplex	Nonpreferred	J1557
	Hyqvia	Nonpreferred	J1575
	Panzyga	Nonpreferred	J1599
Melanoma	<b>Opdivo</b>	<b>Preferred</b>	J9299
	<b>Keytruda</b>	<b>Preferred</b>	J9271
	<b>Opdivo Plus Yervoy</b>	<b>Preferred</b>	J9299, J9228
	Opdualag	Nonpreferred	J9298
Multiple sclerosis	<b>Ocrevus</b>	<b>Preferred</b>	J2350
	Tysabri	Nonpreferred	J2323
	Lemtrada	Nonpreferred	J0202
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

	paclitaxel protein-bound	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
	Byooviz	Nonpreferred	Q5124
	Cimerli	Nonpreferred	C9399, J3590, J3490
	Eylea	Nonpreferred	J0178
	Lucentis	Nonpreferred	J2778
	Macugen	Nonpreferred	J2503
	Susvimo	Nonpreferred	J2779
	Vabysmo	Nonpreferred	J2777
Osteoarthritis of the knee (intra-articular steroids)	<b>triamcinolone</b>	<b>Preferred</b>	J3301, J3302, J3303
	<b>methylprednisolone</b>	<b>Preferred</b>	J1020, J1030, J1040, J2920, J2930
	<b>betamethasone</b>	<b>Preferred</b>	J0702
	<b>dexamethasone</b>	<b>Preferred</b>	J1094, J1100
	Zilretta	Nonpreferred	J3304
Osteoporosis	<b>zoledronic acid</b>	<b>Preferred</b>	J3489
	Prolia	Nonpreferred	J0897
PD-1/PD-L1	<b>Keytruda</b>	<b>Preferred</b>	J9271



	Jemperli	Nonpreferred	J9272
Rituximab and hyaluronidase	<b>Rituxan IV</b>	<b>Preferred</b>	J9312
	<b>Ruxience</b>	<b>Preferred</b>	Q5119
	<b>Riabni</b>	<b>Preferred</b>	Q5123
	Truxima	Nonpreferred	Q5155
	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
Velcade	<b>Bortezomib (505(b)(2))</b>	<b>Preferred</b>	J9044
	Velcade	Nonpreferred	J9041
	bortezomib	Nonpreferred	J9041
Vincristine (liposomal)	<b>vincristine sulfate</b>	<b>Preferred</b>	J9370

	Marqibo	Nonpreferred	J9371
Viscosupplements	<b>Durolane</b>	<b>Preferred</b>	J7318
	<b>Monovisc</b>	<b>Preferred</b>	J7327
	<b>Orthovisc</b>	<b>Preferred</b>	J7324
	<b>Supartz FX</b>	<b>Preferred</b>	J7321
	<b>Synvisc One</b>	<b>Preferred</b>	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	