



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

**Effective Date: Jan. 1, 2023**

**Revision Date: Nov. 15, 2023**

In August 2018, the Centers for Medicare & Medicaid Services (CMS) rescinded its September 2012 memo “Prohibition on Imposing Mandatory Step Therapy for Access to Part B Drugs and Services,” which provided Medicare Advantage (MA) plans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 for some drugs on our preauthorization list in 2019.

CMS issued a final ruling May 16, 2019, that modernizes and improves the MA program.<sup>2</sup> These changes updated CMS requirements for the Part B Step Therapy program, enabling MA plans to negotiate better prices for physician-administered medicines under Medicare Part C. The changes that resulted from this final ruling were implemented Jan. 1, 2020.

Affected drugs are noted with a step therapy indicator on the Medicare preauthorization list at [Humana.com/PAL](https://www.humana.com/PAL).

If healthcare providers do not stock our preferred drug in their office, they may be able to obtain the preferred drug from a pharmacy (i.e., pharmacy can ship medication to the office). Please visit our list of specialty and mail-order pharmacies at [Humana.com/mail-order](https://www.humana.com/mail-order) to select a pharmacy that can provide the drug. You can access a full list of pharmacies with the Pharmacy Finder Tool at [Humana.com/finder/pharmacy/](https://www.humana.com/finder/pharmacy/) or by calling 800-457-4708 (TTY: 711).

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

MA patients subject to the step therapy requirement can:

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

As of Jan. 1, 2020, Humana no longer offers a Drug Management Care Coordination Program for patients subject to step therapy or who take a preferred drug on the Part B Step Therapy Drug List. Per CMS guidance, health plans do not have 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 may be used to provide supplemental benefits and/or lower premiums to the plans’ enrollees.

### 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 and may have different Part B step therapy requirements than those listed below. View Intermountain’s current Part B step therapy policy at [www.hcpnv.com/patient-information/biosimilar-medication-policy/](https://www.hcpnv.com/patient-information/biosimilar-medication-policy/).

If you have questions, please call 800-457-4708. During Annual Election Period (Oct. 15–Dec. 7) and Open Enrollment Period (Jan. 1–March 31), our hours of operation are daily, 8 a.m. – 8 p.m., Eastern time. Normal hours of operation are Monday – Friday, 8 a.m. – 8 p.m., Eastern time.

1. “Medicare Advantage Prior Authorization and Step Therapy for Part B Drugs,” Centers for Medicare & Medicaid Services, last accessed Sept. 15, 2022, [www.cms.gov/newsroom/fact-sheets/medicare-advantage-prior-authorization-and-step-therapy-part-b-drugs.gov](https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-prior-authorization-and-step-therapy-part-b-drugs.gov).

2. Medicare Advantage and Part D Drug Pricing Final Rule (CMS-4180-F),” Centers for Medicare & Medicaid Services, last accessed Sept. 15, 2022, [www.cms.gov/newsroom/fact-sheets/medicare-advantage-and-part-d-drug-pricing-final-rule-cms-4180-f](https://www.cms.gov/newsroom/fact-sheets/medicare-advantage-and-part-d-drug-pricing-final-rule-cms-4180-f).

*Continued on following page*

Drug Class	Drug Name	Status	Billing Code
Alpha-1s	<b>Prolastin-C</b>	<b>Preferred</b>	J0256
	Aralast	Nonpreferred	J0256
	Glassia	Nonpreferred	J0257
	Zemaira	Nonpreferred	J0256
Bevacizumab (oncology)	<b>Mvazi</b>	<b>Preferred</b>	Q5107
	<b>Zirabev</b>	<b>Preferred</b>	Q5118
	Avastin	Nonpreferred	J9035
	Alymsys	Nonpreferred	Q5126
	Vegzelma	Nonpreferred	Q5129
Bone resorption inhibitors	<b>pamidronate</b>	<b>Preferred</b>	J2430
	<b>zoledronic acid</b>	<b>Preferred</b>	J3489
	Xgeva	Nonpreferred	J0897
Botulinum toxins	<b>Botox</b>	<b>Preferred</b>	J0585
	<b>Dysport</b>	<b>Preferred</b>	J0586
	<b>Myobloc</b>	<b>Preferred</b>	J0587
	<b>Xeomin</b>	<b>Preferred</b>	J0588
	Daxxify	Nonpreferred	C9399, J3490, J3590
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

	<b>Udenyca Autoinjector</b>	<b>Preferred</b>	Q5111
	Fylnetra	Nonpreferred	Q5130
	Nyvepria	Nonpreferred	Q5122
	Rolvedon	Nonpreferred	J1449
	Stimufend	Nonpreferred	Q5127
	Ziextenzo	Nonpreferred	Q5120
Colony-stimulating factors – leukocyte growth factors (short-acting)	<b>Nivestym</b>	<b>Preferred</b>	Q5110
	<b>Zarxio</b>	<b>Preferred</b>	Q5101
	Granix	Nonpreferred	J1447
	Neupogen	Nonpreferred	J1442
	Releuko	Nonpreferred	Q5125
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>Altuviiio</b>	<b>Preferred</b>	C9399, J3490, J3590, J7199
	<b>Eloctate</b>	<b>Preferred</b>	J7205
	<b>Esperoct</b>	<b>Preferred</b>	J7204
	<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

	Takhzyro subcutaneous	Nonpreferred	C9399, J3490, J3590
Homozygous familial hypercholesterolemia (HoFH)	<b>Repatha</b>	<b>Preferred</b>	C9399, J3590
	Evkeeza	Nonpreferred	J1305
Immune Globulin	<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, J1576
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Inflectra</b>	<b>Preferred</b>	Q5103
	<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
	Cosentyx IV	Nonpreferred	C9399, J3490, J3590
	Entyvio IV	Nonpreferred	J3380
	Ilumya	Nonpreferred	J3245
	OmvoH IV	Nonpreferred	C9399, J3490, J3590
	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
	Monoferic	Nonpreferred	J1437
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

	Briumvi	Nonpreferred	J2329
	Tysabri	Nonpreferred	J2323
	Lemtrada	Nonpreferred	J0202
Myasthenia gravis	<b>Soliris</b>	<b>Preferred</b>	J1300
	<b>Ultomiris</b>	<b>Preferred</b>	J1303
	<b>Vyvgart</b>	<b>Preferred</b>	J9332
	<b>Vyvgart Hytrulo</b>	<b>Preferred</b>	C9399, J3490, J3590
	Rystiggo	Nonpreferred	C9399, J3490, J3590
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, J9259
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	Q5128
	Eylea	Nonpreferred	J0178
	Lucentis	Nonpreferred	J2778



	Susvimo	Nonpreferred	J2779
	Eylea HD	Nonpreferred	C9399, J3490
	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
Rituximab and hyaluronidase	<b>Ruxience</b>	<b>Preferred</b>	Q5119
	<b>Riabni</b>	<b>Preferred</b>	Q5123
	Rituxan IV	Nonpreferred	J9312
	Rituxan Hycela	Nonpreferred	J9311
	Truxima	Nonpreferred	Q5155
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>Kanjinti</b>	<b>Preferred</b>	Q5117
	<b>Trazimera</b>	<b>Preferred</b>	Q5116
	Herceptin (IV)	Nonpreferred	J9355
	Herceptin Hylecta	Nonpreferred	J9356
	Herzuma	Nonpreferred	Q5113
	Ogivri	Nonpreferred	Q5114
	Ontruzant	Nonpreferred	Q5112
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