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Medicare Part B step therapy requirement for Medicare Advantage plans

Effective date: 01/01/2026
Revision date: 10/21/2026

Important note: The designation of preferred status does not mean a prescription drug is always exempt from a step therapy requirement. Please refer to the specific criteria contained in our coverage criteria policies, which is posted on Humana's Medical and Pharmacy Coverage Policies website. Affected prescription drugs are noted with a step therapy indicator on the provider prior authorization notification lists website.

Some step therapy strategies may require a trial of preferred products that cross benefits (e.g., Medicare Part B and Part D). These cross-benefit strategies are summarized in the tables below. Please refer to Humana's coverage policies, which can be found on Humana's Medical and Pharmacy Coverage Policies website, for any additional requirements.

If prescribers do not stock Humana's preferred prescription drug in their office, they may be able to obtain the preferred drug from a pharmacy (i.e., pharmacy can ship prescription drugs to the office). Please visit our list of specialty and mail-order pharmacies at Humana's mail-order webpage to select a pharmacy that can provide the prescription drug. You can access a full list of pharmacies with the pharmacy finder tool or by calling 800-457-4708 (TTY: 711). 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.

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

Medicare Advantage (MA)-covered 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 prescription drug because of 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 prescription drug on the Medicare Part B Step Therapy Drug List.

If you have questions, please call 800-457-4708.

Continued on following page

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Medicare Part B step therapy requirement for MA plans:

Drug Class	Status	Drug Name	Billing Code
Alpha-1s	**Preferred**	**Zemaira**	J0256
	Nonpreferred	Aralast	J0256
		Glassia	J0257
		Prolastin-C	J0256
Atypical Hemolytic Uremic Syndrome (aHUS)	**Preferred**	**Ultomiris**	J1303
	Nonpreferred	Bkemv IV	Q5152
		Epysqli IV	Q5151
		Soliris	J1299
Bevacizumab (oncology)	**Preferred**	**Mvasi**	Q5107
		Zirabev	Q5118
	Nonpreferred	Alymsys	Q5126
		Avastin	C9257, J9035
		Jobevne	Q5160
		Vegzelma	Q5129
Bone resorption inhibitors	**Preferred**	**Xgeva**	J0897
		Xtrenbo	Q5167
		zoledronic acid	J3489
	Nonpreferred	Aukelso	Q5161
		Bilprevda	Q5162, C9399, J3490, J3590, J9999
		Bomyntra	Q5158, C9399, J3490, J3590, J9999
		Jubereq	Q5166
		Osenvelt	Q5157
		Wyost	Q5136
Cervical cancer	**Preferred**	**Keytruda**	J9271
	Nonpreferred	Tivdak	J9273
CGRPs - applies to MAPD plans only	**Preferred**	**Emgality**	Part D benefit
		Qulipta	Part D benefit
	Nonpreferred	Vyepti	J3032

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Colony Stimulating Factors - Leukocyte Growth Factors (long-acting)	**Preferred**	**Fulphila**	Q5108
		Neulasta / Neulasta Onpro	J2506
		Udenyca	Q5111
		Udenyca Autoinjector	Q5111
		Udenyca Onbody	Q5111
	Nonpreferred	Armlupeg	Q5169
		Fylnetra	Q5130
		Nyvepria	Q5122
		Rolvedon	J1449
		Ryzneuta	C9399, J3490, J3590, J9999, J9361
		Stimufend	Q5127
		Ziextenzo	Q5120
Colony-stimulating factors – leukocyte growth factors (short-acting)	**Preferred**	**Zarxio**	Q5101
	Nonpreferred	Filkri	Q5172
		Granix	J1447
		Neupogen	J1442
		Nivestym	Q5110
		Nypozi	Q5148
		Releuko	Q5125
Erythropoiesis-stimulating agents	**Preferred**	**Procrit**	J0885
		Retacrit	Q5106
	Nonpreferred	Aranesp	J0881
		Epogen	J0885
Gaucher's disease	**Preferred**	**Elelyso**	J3060
	Nonpreferred	Cerezyme	J1786
		Vpriv	J3385
Hemophilia A without inhibitors	**Preferred**	**Advate**	J7192
		Adynovate	J7207
		Afstyla	J7210
		Altuviiio	C9399, J3490, J3590, J7199, J7214
		Eloctate	J7205

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Hemophilia A without inhibitors	**Preferred**	**Esperoct**	J7204
		Hemofil-M	J7190
		Jivi	J7208
		Koate-DVI	J7190
		Kogenate FS	J7192
		Kovaltry	J7211
		NovoEight	J7182
		Nuwiq	J7209
		Recombinate	J7192
		Xyntha	J7185
	Nonpreferred	Alhemo	J7173
		Hemlibra	J7170
		Hympavzi	J7172
		Qfitlia	J7174
Hereditary angioedema – acute use	**Preferred**	**icatibant**	J1744
	Nonpreferred	Berinert	J0597
		Firazyr	J1744
		Kalbitor	J1290
		Ruconest	J0596
Hereditary angioedema – prophylaxis	**Preferred**	**Haegarda**	J0599
	Nonpreferred	Cinryze	J0598
		Dawnzera	C9399, J3490
		Takhzyro	J0593
		Takhzyro Subcutaneous	C9399, J3490, J3590
Homozygous familial hypercholesterolemia (HoFH)	**Preferred**	**Repatha**	Part D
	Nonpreferred	Evkeeza	J1305
Immune globulin	**Preferred**	**Flebogamma DIF**	J1572
		Gammagard	J1569
		Gammagard ERC	J1566, J1569
		Gammagard S/D	J1566
		Gammaked	J1561
		Gamunex-C	J1561
		Hizentra	J1559

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Immune globulin	**Preferred**	**Octagam**	J1568
		Privigen	J1459
		Xembify	J1558
	Nonpreferred	Alyglo	J1599, C9399, J1552
		Asceniv	J1554
		Bivigam	J1556
		Cutaquig	J1551
		Cuvitru	J1555
		Gammaplex	J1557
		Hyqvia	J1575
		Panzyga	J1576
		Qivigy	J1577, J1599
		Yimmugo	J1553
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	**Preferred**	**Inflectra**	Q5103
		Infliximab (unbranded)	J1745
		Otulfi IV	Q9999
		Remicade	J1745
		Simponi Aria	J1602
		Stelara	J3358
		Tremfya IV	J1628
		Yesintek IV	Q5100
	Nonpreferred	Actemra IV	J3262
		Avsola	Q5121
		Avtozma IV	Q5156
		Cimzia	J0717
		Cosentyx IV	C9166, J3247
		Entyvio	J3380
		Ilumya	J3245
		Imuldosa IV	Q5098
		Omvoh IV	J2267
		Orencia IV	J0129
		Pyzchiva IV	Q9997
		Renflexis	Q5104

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Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Nonpreferred	Riabni	Q5123
		Rituxan IV	J9312
		Ruxience	Q5119
		Selarsdi IV	Q9998
		Starjemza IV	Q5164
		Steqeyma IV	Q5099
		Tofidence	Q5133
		Truxima	Q5115
		Tyenne	Q5135
		Tysabri	J2323
		Ustekinumab IV	J3358
		Wezlana IV	Q5138
IV Iron	**Preferred**	**Infed**	J1750
		Venofer	J1756
	Nonpreferred	Feraheme	Q0138
		Injectafer	J1439
		Monoferric	J1437
Multiple sclerosis	**Preferred**	**Ocrevus**	J2350
		Ocrevus Zunovo	J2351
		Tyruko	Q5134
	Nonpreferred	Briumvi	J2329
		Lemtrada	J0202
		Tysabri	J2323
Myasthenia gravis	**Preferred**	**Soliris**	J1299
		Ultomiris	J1303
		Vyvgart	J9332
		Vyvgart Hytrulo	C9399, J3490, J3590, J9334
	Nonpreferred	Bkemv IV	Q5152
		Epysqli IV	Q5151
		Imaavy	J9256
		Rystiggo	J9333
		Uplizna	J1823
Neoplasms (excluding pancreatic)	**Preferred**	**docetaxel**	J9171

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Neoplasms (excluding pancreatic)	**Preferred**	**paclitaxel**	J9267
	Nonpreferred	Abraxane	J9264
		Paclitaxel protein-bound	J9264, J9259
Neuromyelitis Optica Spectrum Disorder (NMOSD)	**Preferred**	**Ultomiris**	J1303
	Nonpreferred	Bkemv IV	Q5152
		Epysqli IV	Q5151
		Soliris	J1299
		Uplizna	J1823
Ophthalmic disorders - VEGF inhibitors	**Preferred**	**Avastin**	C9257, J9035
		Byooviz	Q5124
		Eylea	J0178
		Eylea HD	J0177
		Lucentis	J2778
		Pavblu	Q5147
		Vabysmo	J2777
	Nonpreferred	Beovu	J0179
		Cimerli	Q5128
		Enzeevu	Q5149
		Lytenava	C9399, J3490, J3590
		Nufymco	Q5168
		Susvimo	C9093, J3490, J2779
		Yesafili	Q5155
Osteoarthritis of the knee (intra-articular steroids)	**Preferred**	**betamethasone**	J0702
		dexamethasone	J1094, J1100
		methylprednisolone	J1020, J1030, J1040, J2920, J2930
		triamcinolone	J3301, J3302, J3303
	Nonpreferred	Zilretta	J3304
Osteoporosis	**Preferred**	**Enoby**	Q5167
		Prolia	J0897
		zoledronic acid	J3489
	Nonpreferred	Bildyos	Q5162
		Bosaya	Q5161
		Conexxence	Q5158

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Osteoporosis	Nonpreferred	Evenity	J3111
		Jubbonti	Q5136
		Ospomyv	Q5159
		Osvyrti	Q5166
		Stoboclo	Q5157
Paroxysmal nocturnal hemoglobinuria (PNH)	**Preferred**	**Ultomiris**	J1303
	Nonpreferred	Bkemv IV	Q5152
		Epysqli IV	Q5151
		PiaSky	J1307
		Soliris	J1299
PCSK9s - applies to MAPD plans only	**Preferred**	**Repatha**	Part D benefit
	Nonpreferred	Leqvio	J1306
PD-1/PD-L1 NSCLC	**Preferred**	**Libtayo**	J9119
	Nonpreferred	Imfinzi	J9173
		Imjudo	J9347
		Keytruda	J9271
		Keytruda Qlex	J9277
		Opdivo	J9299
		Tecentriq Hybreza SQ	J9024
		Tecentriq IV	J9022
		Yervoy	J9228
Reblozyl	**Preferred**	**Procrit**	J0885
		Retacrit	Q5106
	Nonpreferred	Reblozyl	J0896
Rituximab and hyaluronidase	**Preferred**	**Riabni**	Q5123
		Ruxience	Q5119
	Nonpreferred	Rituxan Hycela	J9311
		Rituxan IV	J9312
		Truxima	Q5115
Severe asthma, IL-5 Inhibitors	**Preferred**	**Fasenra**	J0517
		Nucala	J2182
	Nonpreferred	Exdensur	J2361
Trastuzumab and hyaluronidase-oysk	**Preferred**	**Ogivri**	Q5114

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Trastuzumab and hyaluronidase-oysk	**Preferred**	**Trazimera**	Q5116
	Nonpreferred	Herceptin (IV)	J9355
		Herceptin Hylecta	J9356
		Hercessi IV	Q5146
		Herzuma	Q5113
		Kanjinti	Q5117
		Ontruzant	Q5112
Viscosupplements	**Preferred**	**Durolane**	J7318
		Monovisc	J7327
		Orthovisc	J7324
		Supartz FX	J7321
		Synvisc One	J7325
	Nonpreferred	Euflexxa	J7323
		Gel-One	J7326
		Gelsyn-3	J7328
		GenVisc 850	J7320
		Hyalgan	J7321
		Hymovis	J7322
		Hymovis ONE	J7322
		SynoJoynt	J7331
		Synvisc	J7325
		Triluron	J7332
		TriVisc	J7329
		Visco-3	J7333, J7321

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For the following drug classes, preferred products may be covered under the Medicare Part D (pharmacy) benefit:

Drug Class	Status	Drug Name	Drug Class
CGRPs - applies to MAPD plans only	**Preferred**	**Emgality**	Part D benefit
		Qulipta	Part D benefit
	Nonpreferred	Vyepti	J3032
PCSK9s - applies to MAPD plans only	**Preferred**	**Repatha**	Part D benefit
	Nonpreferred	Leqvio	J1306