



## Medicare Part B step therapy requirement for Medicare Advantage plans

**Effective date:** 01/01/2026

**Revision date:** 05/27/2026

**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*



**Medicare Part B step therapy requirement for MA plans:**

<b>Drug Class</b>	<b>Status</b>	<b>Drug Name</b>	<b>Billing Code</b>
Alpha-1s	<b>Preferred</b>	<b>Zemaira</b>	J0256
	Nonpreferred	Aralast	J0256
		Glassia	J0257
		Prolastin-C	J0256
Atypical Hemolytic Uremic Syndrome (aHUS)	<b>Preferred</b>	<b>Ultomiris</b>	J1303
	Nonpreferred	Bkemv IV	Q5139; Q5152
		Epysqli IV	Q5151
		Soliris	J1300, J1299
Bevacizumab (oncology)	<b>Preferred</b>	<b>Mvasi</b>	Q5107
		<b>Zirabev</b>	Q5118
	Nonpreferred	Alymsys	Q5126
		Avastin	J9035
		Jobevne	Q5160
		Vegzelma	Q5129
Bone resorption inhibitors	<b>Preferred</b>	<b>Xgeva</b>	J0897
		<b>zoledronic acid</b>	J3489
	Nonpreferred	Aukelso	Q5161
		Bilprevda	C9399, J3490, J3590, J9999
		Bomynta	C9399, J3490, J3590, J9999
		Osenvelt	C9399, J3490, J3590, J9999
Cervical cancer	<b>Preferred</b>	<b>Keytruda</b>	J9271
	Nonpreferred	Tivdak	J9273
CGRPs - applies to MAPD plans only	<b>Preferred</b>	<b>Emgality</b>	Part D benefit
		<b>Qulipta</b>	Part D benefit
	Nonpreferred	Vyepti	J3032
Colony Stimulating Factors - Leukocyte Growth Factors (long-acting)	<b>Preferred</b>	<b>Fulphila</b>	Q5108
		<b>Neulasta / Neulasta Onpro</b>	J2506
		<b>Udenyca</b>	Q5111
		<b>Udenyca Autoinjector</b>	Q5111

Colony Stimulating Factors - Leukocyte Growth Factors (long- acting)	<b>Preferred</b>	<b>Udenyca Onbody</b>	Q5111
	Nonpreferred	Fylnetra	Q5130
		Nyvepria	Q5122
		Rolvedon	J1449
		Ryzneuta	C9399, J3490, J3590, J9999
		Stimufend	Q5127
		Ziextenzo	Q5120
Colony-stimulating factors – leukocyte growth factors (short- acting)	<b>Preferred</b>	<b>Zarxio</b>	Q5101
	Nonpreferred	Filkri	C9399, J3490, J3590, J9999
		Granix	J1447
		Neupogen	J1442
		Nivestym	Q5110
		Nypozi	Q5148
		Releuko	Q5125
Erythropoiesis-stimulating agents	<b>Preferred</b>	<b>Procrit</b>	J0885
		<b>Retacrit</b>	Q5106
	Nonpreferred	Aranesp	J0881
		Epogen	J0885
Gaucher's disease	<b>Preferred</b>	<b>Elelyso</b>	J3060
	Nonpreferred	Cerezyme	J1786
		Vpriv	J3385
Hemophilia A without inhibitors	<b>Preferred</b>	<b>Advate</b>	J7192
		<b>Adynovate</b>	J7207
		<b>Afstyla</b>	J7210
		<b>Altuviiio</b>	C9399, J3490, J3590, J7199
		<b>Eloctate</b>	J7205
		<b>Esperoct</b>	J7204
		<b>Hemofil-M</b>	J7190
		<b>Jivi</b>	J7208
		<b>Koate-DVI</b>	J7190
		<b>Kogenate FS</b>	J7192
		<b>Kovaltry</b>	J7211
		<b>NovoEight</b>	J7182

Hemophilia A without inhibitors	<b>Preferred</b>	<b>Nuwiq</b>	J7209
		<b>Recombinate</b>	J7192
		<b>Xyntha</b>	J7185
	Nonpreferred	Alhemo	J7173
		Hemlibra	J7170
		Hypavzi	J7172
		Qfitlia	J7174
Hereditary angioedema – acute use	<b>Preferred</b>	<b>icatibant</b>	J1744
	Nonpreferred	Berinert	J0597
		Firazyr	J1744
		Kalbitor	J1290
		Ruconest	J0596
Hereditary angioedema – prophylaxis	<b>Preferred</b>	<b>Haegarda</b>	J0599
	Nonpreferred	Cinryze	J0598
		Dawnzera	C9399, J3490
		Takhzyro	J0593
Homozygous familial hypercholesterolemia (HoFH)	<b>Preferred</b>	<b>Repatha</b>	Part D
	Nonpreferred	Evkeeza	J1305
Immune globulin	<b>Preferred</b>	<b>Flebogamma DIF</b>	J1572
		<b>Gammagard</b>	J1569
		<b>Gammagard ERC</b>	J1566, J1569
		<b>Gammagard S/D</b>	J1566
		<b>Gammaked</b>	J1561
		<b>Gamunex-C</b>	J1561
		<b>Hizentra</b>	J1559
		<b>Octagam</b>	J1568
		<b>Privigen</b>	J1459
		<b>Xembify</b>	J1558
	Nonpreferred	Alyglo	J1599, C9399
		Asceniv	J1554
		Bivigam	J1556
		Cutaquig	C9399, J3490, J3590
		Cuvitru	J1555

Immune globulin	Nonpreferred	Gammaflex	J1557
		Hyqvia	J1575
		Panzyga	J1599
		Qivigy	C9399, J3490, J3590
		Yimmugo	J1553
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Preferred	<b>Inflectra</b>	Q5103
		<b>Infliximab (unbranded)</b>	J1745
		<b>Otulfu IV</b>	Q9999
		<b>Remicade</b>	J1745
		<b>Simponi Aria</b>	J1602
		<b>Stelara</b>	J3358
		<b>Tremfya IV</b>	J1628
		<b>Yesintek IV</b>	Q5100
	Nonpreferred	Actemra IV	J3262
		Avsola	Q5121
		Avtozma IV	Q5156
		Cimzia	J0717
		Cosentyx IV	J3247
		Entyvio	J3380
		Ilumya	J3245
		Imuldosa IV	Q5098
		Omvoh IV	J2267
		Orencia IV	J0129
		Pyzchiva IV	Q9997
		Renflexis	Q5104
		Riabni	Q5123
		Rituxan IV	J9312
		Ruxience	Q5119
		Selarsdi IV	Q9998
		Starjemza IV	C9399, J3490, J3590
		Steqeyma IV	Q5099
		Tofidence	Q5133
Truxima	Q5115		

Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Nonpreferred	Tyenne	Q5135
		Tysabri	J2323
		Ustekinumab IV	J3358
		Wezlana IV	Q5138
IV Iron	Preferred	<b>Infed</b>	J1750
		<b>Venofer</b>	J1756
	Nonpreferred	Feraheme	Q0138
		Injectafer	J1439
		Monoferric	J1437
Multiple sclerosis	Preferred	<b>Ocrevus</b>	J2350
		<b>Ocrevus Zunovo</b>	J2350
		<b>Tyruko</b>	Q5134
	Nonpreferred	Briumvi	J2329
		Lemtrada	J0202
		Tysabri	J2323
Myasthenia gravis	Preferred	<b>Soliris</b>	J1300, J1299
		<b>Ultomiris</b>	J1303
		<b>Vyvgart</b>	J9332
		<b>Vyvgart Hytrulo</b>	C9399, J3490, J3590
	Nonpreferred	Bkemv IV	Q5139; Q5152
		Epysqli IV	Q5151
		Imaavy	J9256
		Rystiggo	C9399, J3490, J3590
		Uplizna	J1823
Neoplasms (excluding pancreatic)	Preferred	<b>docetaxel</b>	J9171
		<b>paclitaxel</b>	J9267
	Nonpreferred	Abraxane	J9264
		Paclitaxel protein-bound	J9264, J9259
Neuromyelitis Optica Spectrum Disorder (NMOSD)	Preferred	<b>Ultomiris</b>	J1303
	Nonpreferred	Bkemv IV	Q5139; Q5152
		Epysqli IV	Q5151
		Soliris	J1300, J1299
		Uplizna	J1823



Ophthalmic disorders - VEGF inhibitors	<b>Preferred</b>	<b>Avastin</b>	C9257, J9035
		<b>Byooviz</b>	Q5124
		<b>Eylea</b>	J0178
		<b>Eylea HD</b>	J0177
		<b>Lucentis</b>	J2778
		<b>Pavblu</b>	Q5147
		<b>Vabysmo</b>	J2777
	<b>Nonpreferred</b>	Beovu	J0179
	Susvimo	C9093, J3490	
Osteoarthritis of the knee (intra-articular steroids)	<b>Preferred</b>	<b>betamethasone</b>	J0702
		<b>dexamethasone</b>	J1094, J1100
		<b>methylprednisolone</b>	J1020, J1030, J1040, J2920, J2930
		<b>triamcinolone</b>	J3301, J3302, J3303
	<b>Nonpreferred</b>	Zilretta	J3304
Osteoporosis	<b>Preferred</b>	<b>Prolia</b>	J0897
		<b>zoledronic acid</b>	J3489
	<b>Nonpreferred</b>	Bildyos	Q5162
		Bosaya	Q5161
		Conexence	Q5158
		Evenity	J3111
		Ospomyv	Q5159
		Stoboclo	Q5157
Paroxysmal nocturnal hemoglobinuria (PNH)	<b>Preferred</b>	<b>Ultomiris</b>	J1303
	<b>Nonpreferred</b>	Bkemv IV	Q5139; Q5152
		Epysqli IV	Q5151
		PiaSky	C9399, J3490, J3590
		Soliris	J1300, J1299
PCSK9s - applies to MAPD plans only	<b>Preferred</b>	<b>Repatha</b>	Part D benefit
	<b>Nonpreferred</b>	Leqvio	J1306
PD-1/PD-L1 NSCLC	<b>Preferred</b>	<b>Libtayo</b>	J9119
	<b>Nonpreferred</b>	Imfinzi	J9173
		Imjudo	J9347
		Keytruda	J9271

PD-1/PD-L1 NSCLC	Nonpreferred	Keytruda Qlex	J9277
		Opdivo	J9299
		Tecentriq Hybreza SQ	J9024
		Tecentriq IV	J9022
		Yervoy	J9228
Reblozyl	Preferred	Procrit	J0885
		Retacrit	Q5106
	Nonpreferred	Reblozyl	J0896
	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	C9399, J3490, J3590
Trastuzumab and hyaluronidase-oysk	Preferred	Kanjinti	Q5117
		Trazimera	Q5116
	Nonpreferred	Herceptin (IV)	J9355
		Herceptin Hylecta	J9356
		Hercessi IV	C9399, J3490, J3590, J9999
		Herzuma	Q5113
		Ogivri	Q5114
		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



Viscosupplements	Nonpreferred	Hyalgan	J7321
		Hymovis	J7322
		Hymovis ONE	C9399, J3490
		SynoJoynt	J7321
		Synvisc	J7325
		Triluron	J7332
		TriVisc	J7329
		Visco-3	J7333



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