



## Medicare Part B Step Therapy requirement for Medicare Advantage plans

**Effective Date: Jan. 1, 2026**

**Revision Date: April 1, 2026**

**Important note:** The designation of preferred status does not mean a drug is always exempt from a step therapy requirement. Please refer to the specific criteria contained in our coverage criteria policies, which is posted at [CarePlusHealthPlans.com/PAL](https://www.CarePlusHealthPlans.com/PAL). Also on that page, you can find the Medicare Preauthorization list which displays step therapy indicators on the drugs that are impacted by a step therapy requirement.

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 [CarePlusHealthPlans.com/PAL](https://www.CarePlusHealthPlans.com/PAL), for any additional requirements.

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., a pharmacy can ship the medication to the office). A list of specialty and mail-order pharmacies can be found in the Provider Directories located on our website at [CarePlusHealthPlans.com/Directories](https://www.CarePlusHealthPlans.com/Directories). A full list of pharmacies is also available via the Pharmacy Finder Tool at [CarePlusHealthPlans.com/PharmacyFinder](https://www.CarePlusHealthPlans.com/PharmacyFinder).

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 may:

- 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, CarePlus no longer offers a Drug Management Care Coordination Program (DM-CCP) for patients subject to step therapy or who take a preferred prescription drug on the Medicare Part B Step Therapy Drug List.

*Continued on following page*

**Medicare Part B Step Therapy requirement for MA plans:**

Drug class	Prescription drug name	Prescription drug status	Billing code
Atypical Hemolytic Uremic Syndrome (aHUS)	<b>Ultomiris</b>	<b>Preferred</b>	<b>J1303</b>
	Bkemv IV	Nonpreferred	Q5152
	Epysqli IV	Nonpreferred	Q5151
	Soliris	Nonpreferred	J1300, J1299
Alpha-1s	<b>Zemaira</b>	<b>Preferred</b>	J0256
	Aralast	Nonpreferred	J0256
	Glassia	Nonpreferred	J0257
	Prolastin-C	Nonpreferred	J0256
Bevacizumab (oncology)	<b>Mvasi</b>	<b>Preferred</b>	Q5107
	<b>Zirabev</b>	<b>Preferred</b>	Q5118
	Avastin	Nonpreferred	J9035
	Alymsys	Nonpreferred	Q5126
	Jobevne	Nonpreferred	C9399, J3490, J3590, J9999
	Vegzelma	Nonpreferred	Q5129
Bone resorption inhibitors	<b>Wyost</b>	<b>Preferred</b>	Q5136
	<b>Xgeva</b>	<b>Preferred</b>	J0897
	<b>zoledronic acid</b>	<b>Preferred</b>	J3489
	Aukelso	Nonpreferred	Q5161
	Bilprevda	Nonpreferred	Q5162
	Bomynta	Nonpreferred	Q5158
	Osenvelt	Nonpreferred	Q5157
	Xtrenbo	Nonpreferred	C9399, J3490, J3590, J9999
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
	Udenyca Onbody	<b>Preferred</b>	Q5111
	Fylnetra	Nonpreferred	Q5130
	Nyvepria	Nonpreferred	Q5122
	Rolvedon	Nonpreferred	J1449
	Ryzneuta	Nonpreferred	C9399, J3490, J3590, J9999
	Stimufend	Nonpreferred	Q5127
Ziextenzo	Nonpreferred	Q5120	
Colony-stimulating factors – Leukocyte Growth factors (short-acting)	<b>Zarxio</b>	<b>Preferred</b>	Q5101
	Granix	Nonpreferred	J1447
	Neupogen	Nonpreferred	J1442
	Nivestym	Nonpreferred	Q5110
	Nypozi	Nonpreferred	Q5148
	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>Elelyso</b>	<b>Preferred</b>	J3060

	Vpriv	Nonpreferred	J3385
	Cerezyme	Nonpreferred	J1786
Hemophilia A without inhibitors	<b>Advate</b>	<b>Preferred</b>	J7192
	<b>Adynovate</b>	<b>Preferred</b>	J7207
	<b>Afstyla</b>	<b>Preferred</b>	J7210
	<b>Altuviio</b>	<b>Preferred</b>	J7214
	<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>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
	Alhemo	Nonpreferred	J7173
	Hemlibra	Nonpreferred	J7170
	Hypnazvi	Nonpreferred	J7172
	Qfitlia	Nonpreferred	J7174
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
	Dawnzera	Nonpreferred	C9399, J3490
	Takhzyro	Nonpreferred	J0593
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 ERC</b>	<b>Preferred</b>	J1566, 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
	Alyglo	Nonpreferred	J1552
	Asceniv	Nonpreferred	J1554
	Bivigam	Nonpreferred	J1556
	Cutaquig	Nonpreferred	J1551
	Cuvitru	Nonpreferred	J1555
	Gammaplex	Nonpreferred	J1557
	Hyqvia	Nonpreferred	J1575
	Panzyga	Nonpreferred	J1576
	Qivigy	Nonpreferred	C9399, J3490, J3590
	Yimmugo	Nonpreferred	J1553
Immunologic drugs – autoimmune	<b>Inflectra</b>	<b>Preferred</b>	Q5103

disorders (arthritis, psoriasis, inflammatory bowel disease)	<b>Infliximab</b>	<b>Preferred</b>	J1745
	<b>Otulfu IV</b>	<b>Preferred</b>	Q9999
	<b>Remicade</b>	<b>Preferred</b>	J1745
	<b>Simponi Aria</b>	<b>Preferred</b>	J1602
	<b>Stelara</b>	<b>Preferred</b>	J3358
	<b>Tremfya IV</b>	<b>Preferred</b>	J1628
	<b>Yesintek IV</b>	<b>Preferred</b>	Q5100
	Actemra IV	Nonpreferred	J3262
	Avsola	Nonpreferred	Q5121
	Avtozma IV	Nonpreferred	Q5156
	Cimzia	Nonpreferred	J0717
	Cosentyx	Nonpreferred	J3247
	Entyvio IV	Nonpreferred	J3380
	Ilumya	Nonpreferred	J3245
	Imuldosa IV	Nonpreferred	Q5098
	Omvoh IV	Nonpreferred	J2267
	Orencia IV	Nonpreferred	J0129
	Pyzchiva IV	Nonpreferred	Q9997
	Renflexis	Nonpreferred	Q5104
	Riabni	Nonpreferred	Q5123
Rituxan IV	Nonpreferred	J9312	
Ruxience	Nonpreferred	Q5119	
Selarsdi IV	Nonpreferred	Q9998	

	Starjemza IV	Nonpreferred	C9399, J3490, J3590
	Steqeyma IV	Nonpreferred	Q5099
	Tofidence IV	Nonpreferred	Q5133
	Truxima	Nonpreferred	Q5115
	Tyenne IV	Nonpreferred	Q5135
	Tysabri	Nonpreferred	J2323
	Ustekinumab IV	Nonpreferred	J3358
	Wezlana IV	Nonpreferred	Q5138
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
Multiple sclerosis	<b>Ocrevus</b>	<b>Preferred</b>	J2350
	<b>Ocrevus Zunovo</b>	<b>Preferred</b>	J2350
	<b>Tyruko</b>	<b>Preferred</b>	Q5134
	Briumvi	Nonpreferred	J2329
	Tysabri	Nonpreferred	J2323
	Lemtrada	Nonpreferred	J0202
Myasthenia gravis	<b>Soliris</b>	<b>Preferred</b>	J1300, J1299
	<b>Ultomiris</b>	<b>Preferred</b>	J1303
	<b>Vyvgart</b>	<b>Preferred</b>	J9332
	<b>Vyvgart Hytrulo</b>	<b>Preferred</b>	J9334
	Bkemv IV	Nonpreferred	Q5152

	Epysqli IV	Nonpreferred	Q5151
	Imaavy	Nonpreferred	C9305, J3490, J3590
	Rystiggo	Nonpreferred	J9333
	Uplizna	Nonpreferred	J1823
Neoplasms (excluding pancreatic)	<b>docetaxel</b>	<b>Preferred</b>	J9171
	<b>paclitaxel</b>	<b>Preferred</b>	J9267
	Abraxane	Nonpreferred	J9264
	paclitaxel protein-bound	Nonpreferred	J9258
Neuromyelitis Optica Spectrum Disorder (NMOSD)	<b>Ultomiris</b>	<b>Preferred</b>	<b>J1303</b>
	Bkemv IV	Nonpreferred	Q5152
	Epysqli IV	Nonpreferred	Q5151
	Soliris	Nonpreferred	J1300, J1299
	Uplizna	Nonpreferred	J1823
Ophthalmic disorders - VEGF inhibitors	<b>Avastin</b>	<b>Preferred</b>	C9257, J9035
	<b>Byooviz</b>	<b>Preferred</b>	Q5124
	<b>Eylea</b>	<b>Preferred</b>	J0178
	<b>Eylea HD</b>	<b>Preferred</b>	J0177
	<b>Lucentis</b>	<b>Preferred</b>	J2778
	<b>Pavblu</b>	<b>Preferred</b>	Q5147
	<b>Vabysmo</b>	<b>Preferred</b>	J2777
	Beovu	Nonpreferred	J0179
	Susvimo	Nonpreferred	J2779
Osteoarthritis of the knee (intra-articular steroids)	<b>betamethasone</b>	<b>Preferred</b>	J0702
	<b>dexamethasone</b>	<b>Preferred</b>	J1094, J1100

	<b>methylprednisolone</b>	<b>Preferred</b>	J1020, J1030, J1040, J2920, J2930
	<b>triamcinolone</b>	<b>Preferred</b>	J3301, J3302, J3303
	Zilretta	Nonpreferred	J3304
Osteoporosis	<b>Prolia</b>	<b>Preferred</b>	J0897
	<b>Jubbonti</b>	<b>Preferred</b>	Q5136
	<b>zoledronic acid</b>	<b>Preferred</b>	J3489
	Bildyos	Nonpreferred	Q5162
	Bosaya	Nonpreferred	Q5161
	Conexence	Nonpreferred	Q5158
	Evenity	Nonpreferred	J3111
	Enoby	Nonpreferred	C9399, J3490, J3590, J9999
	Ospomyv	Nonpreferred	Q5159
	Stoboclo	Nonpreferred	Q5157
Paroxysmal nocturnal hemoglobinuria (PNH)	<b>Ultomiris</b>	<b>Preferred</b>	J1303
	Bkemv IV	Nonpreferred	Q5152
	Epysqli IV	Nonpreferred	Q5151
	PiaSky	Nonpreferred	J0870
	Soliris	Nonpreferred	J1300, J1299
PD-1/PD-L1 NSCLC	<b>Libtayo</b>	<b>Preferred</b>	J9119
	Imfinzi	Nonpreferred	J9173
	Imjudo	Nonpreferred	J9347
	Keytruda	Nonpreferred	J9271
	Keytruda Qlex	Nonpreferred	J9277
	Opdivo	Nonpreferred	J9299

	Tecentriq Hybreza SQ	Nonpreferred	J9024
	Tecentriq IV	Nonpreferred	J9022
	Yervoy	Nonpreferred	J9228
Reblozyl	<b>Retacrit</b>	<b>Preferred</b>	Q5106
	<b>Procrit</b>	<b>Preferred</b>	J0885
	Reblozyl	Nonpreferred	J0896
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	Q5115
Severe asthma, IL-5 Inhibitors	<b>Fasenra</b>	<b>Preferred</b>	J0517
	<b>Nucala</b>	<b>Preferred</b>	J2182
	Exdensur	Nonpreferred	C9399, J3490, J3590
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
	Hercessi IV	Nonpreferred	Q5146
	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
	Hymovis ONE	Nonpreferred	C9399, J3490
	Synvisc	Nonpreferred	J7325
	SynoJoynt	Nonpreferred	J7321
	Triluron	Nonpreferred	J7332
	TriVisc	Nonpreferred	J7329
	Visco-3	Nonpreferred	J7321

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

<b>Drug class</b>	<b>Prescription drug name</b>	<b>Prescription drug status</b>	<b>Billing code</b>
PCSK9s – applies to MAPD plans	<b>Repatha</b>	<b>Preferred</b>	Part D benefit
	Leqvio	Nonpreferred	J1306
CGRPs – applies to MAPD plans only	<b>Emgality</b>	<b>Preferred</b>	Part D benefit
	<b>Qulipta</b>	<b>Preferred</b>	Part D benefit
	Vyepti	Nonpreferred	J3032

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Español Spanish: Los servicios gratuitos de asistencia lingüística, ayuda auxiliar y servicios en otro formato están disponibles. Llame al 1-800-794-5907 (TTY: 711).

Tagalog Tagalog: Magagamit ang mga libreng serbisyong pangwika, serbisyo o device na pantulong, at kapalit na format. Tumawag sa 1-800-794-5907 (TTY: 711).

தமிழ் Tamil: இலவச மொழி, துணை உதவி மற்றும் மாற்று வடிவ சேவைகள் உள்ளன. 1-800-794-5907 (TTY: 711) ஐ அழைக்கவும்.

తెలుగు Telugu: ఉచిత భాష, సహాయక మద్దతు, మరియు ప్రత్యామ్నాయ ఫార్మాట్ సేవలు అందుబాటులో గలవు. 1-800-794-5907 (TTY: 711) కి కాల్ చేయండి.

اردو Urdu: مفت زبان، معاون امداد، اور متبادل فارمیٹ کی خدمات دستیاب ہیں۔ 1-800-794-5907 (TTY: 711) کال کریں۔

Tiếng Việt Vietnamese: Có sẵn các dịch vụ miễn phí về ngôn ngữ, hỗ trợ bổ sung và định dạng thay thế. Hãy gọi 1-800-794-5907 (TTY: 711).