



Medicare Part B Step Therapy requirement for Medicare Advantage plans

Effective Date: Jan. 1, 2026

Revision Date: May 27, 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) | Ultomiris | Preferred | J1303 |
| | Bkemv IV | Nonpreferred | Q5152 |
| | Epysqli IV | Nonpreferred | Q5151 |
| | Soliris | Nonpreferred | J1300, J1299 |
| Alpha-1s | Zemaira | Preferred | J0256 |
| | Aralast | Nonpreferred | J0256 |
| | Glassia | Nonpreferred | J0257 |
| | Prolastin-C | Nonpreferred | J0256 |
| Bevacizumab (oncology) | Mvasi | Preferred | Q5107 |
| | Zirabev | Preferred | Q5118 |
| | Avastin | Nonpreferred | J9035 |
| | Alymsys | Nonpreferred | Q5126 |
| | Jobevne | Nonpreferred | C9399, J3490, J3590, J9999 |
| | Vegzelma | Nonpreferred | Q5129 |
| Bone resorption inhibitors | Wyost | Preferred | Q5136 |
| | Xgeva | Preferred | J0897 |
| | zoledronic acid | Preferred | J3489 |
| | Aukelso | Nonpreferred | Q5161 |
| | Bilprevda | Nonpreferred | C9399, J3490, J3590, J9999 |
| | Bomynta | Nonpreferred | C9399, J3490, J3590, J9999 |
| | Osenvelt | Nonpreferred | C9399, J3490, J3590, J9999 |
| | Xtrenbo | Nonpreferred | C9399, J3490, J3590, J9999 |

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|---|--|------------------|----------------------------|
| Cervical cancer | Keytruda | Preferred | J9271 |
| | Tivdak | Nonpreferred | J9273 |
| CGRPs - applies to MAPD plans only | Emgality | Preferred | Part D benefit |
| | Qulipta | Preferred | Part D benefit |
| | Vyepti | Nonpreferred | J3032 |
| Colony-stimulating factors – Leukocyte Growth factors (long-acting) | Fulphila | Preferred | Q5108 |
| | Neulasta/Neulasta Onpro | Preferred | J2506 |
| | Udenyca | Preferred | Q5111 |
| | Udenyca autoinjector | Preferred | Q5111 |
| | Udenyca Onbody | Preferred | 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) | Zarxio | Preferred |
| Filkri | | Nonpreferred | C9399, J3490, J3590, J9999 |
| Granix | | Nonpreferred | J1447 |
| Neupogen | | Nonpreferred | J1442 |
| Nivestym | | Nonpreferred | Q5110 |
| Nypozi | | Nonpreferred | Q5148 |

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|-----------------------------------|--------------------|------------------|----------------------------|
| | Releuko | Nonpreferred | Q5125 |
| Erythropoiesis-stimulating agents | Retacrit | Preferred | Q5106 |
| | Procrit | Preferred | J0885 |
| | Aranesp | Nonpreferred | J0881 |
| | Epogen | Nonpreferred | J0885 |
| Gaucher's disease | Elelyso | Preferred | J3060 |
| | Vpriv | Nonpreferred | J3385 |
| | Cerezyme | Nonpreferred | J1786 |
| Hemophilia A without inhibitors | Advate | Preferred | J7192 |
| | Adynovate | Preferred | J7207 |
| | Afstyla | Preferred | J7210 |
| | Altuviio | Preferred | C9399, J3490, J3590, J7199 |
| | Eloctate | Preferred | J7205 |
| | Esperoct | Preferred | J7204 |
| | Hemofil M | Preferred | J7190 |
| | Jivi | Preferred | J7208 |
| | Koate-DVI | Preferred | J7190 |
| | Kogenate FS | Preferred | J7192 |
| | Kovaltry | Preferred | J7211 |
| | NovoEight | Preferred | J7182 |
| | Nuwiq | Preferred | J7209 |
| | Recombinate | Preferred | J7192 |
| | Xyntha | Preferred | J7185 |
| | Alhemo | Nonpreferred | J7173 |
| | Hemlibra | Nonpreferred | J7170 |
| | Hympazvi | Nonpreferred | J7172 |

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|---|-----------------------|---------------------|--------------|
| | Qfitlia | Nonpreferred | J7174 |
| Hereditary angioedema – acute use | icatibant | Preferred | J1744 |
| | Berinert | Nonpreferred | J0597 |
| | Firazyr | Nonpreferred | J1744 |
| | Kalbitor | Nonpreferred | J1290 |
| | Ruconest | Nonpreferred | J0596 |
| Hereditary angioedema – prophylaxis | Haegarda | Preferred | J0599 |
| | Cinryze | Nonpreferred | J0598 |
| | Dawnzera | Nonpreferred | C9399, J3490 |
| | Takhzyro | Nonpreferred | J0593 |
| Homozygous familial hypercholesterolemia (HoFH) | Repatha | Preferred | C9399, J3590 |
| | Evkeeza | Nonpreferred | J1305 |
| Immune globulin | Flebogamma DIF | Preferred | J1572 |
| | Gammagard | Preferred | J1569 |
| | Gammagard ERC | Preferred | J1566, J1569 |
| | Gammagard S/D | Preferred | J1566 |
| | Gammaked | Preferred | J1561 |
| | Gamunex-C | Preferred | J1561 |
| | Hizentra | Preferred | J1559 |
| | Octagam | Preferred | J1568 |
| | Privigen | Preferred | J1459 |
| | Xembify | Preferred | J1558 |
| | Alyglo | Nonpreferred | J1599, C9399 |
| | Asceniv | Nonpreferred | J1554 |
| | Bivigam | Nonpreferred | J1556 |
| Cutaquig | Nonpreferred | C9399, J3490, J3590 | |

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|---|---------------------|------------------|------------------------|
| | Cuvitru | Nonpreferred | J1555 |
| | Gammaplex | Nonpreferred | J1557 |
| | Hyqvia | Nonpreferred | J1575 |
| | Panzyga | Nonpreferred | J1599 |
| | Qivigy | Nonpreferred | C9399, J3490, J3590 |
| | Yimmugo | Nonpreferred | J1553 |
| Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease) | Inflectra | Preferred | Q5103 |
| | Infliximab | Preferred | J1745 |
| | Otulfu IV | Preferred | Q9999 |
| | Remicade | Preferred | J1745 |
| | Simponi Aria | Preferred | J1602 |
| | Stelara | Preferred | J3358 |
| | Tremfya IV | Preferred | J1628 |
| | Yesintek IV | Preferred | 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 | |

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| | 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 | Infed | Preferred | J1750 |
| | Venofer | Preferred | J1756 |
| | Feraheme | Nonpreferred | Q0138 |
| | Injectafer | Nonpreferred | J1439 |
| | Monoferric | Nonpreferred | J1437 |
| Multiple sclerosis | Ocrevus | Preferred | J2350 |
| | Ocrevus Zunovo | Preferred | J2350 |
| | Tyruko | Preferred | Q5134 |
| | Briumvi | Nonpreferred | J2329 |
| | Lemtrada | Nonpreferred | J0202 |

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|--|--------------------------|------------------|---------------------|
| | Tysabri | Nonpreferred | J2323 |
| Myasthenia gravis | Soliris | Preferred | J1300, J1299 |
| | Ultomiris | Preferred | J1303 |
| | Vyvgart | Preferred | J9332 |
| | Vyvgart Hytrulo | Preferred | C9399, J3490, J3590 |
| | Bkemv IV | Nonpreferred | Q5139, Q5152 |
| | Epysqli IV | Nonpreferred | Q5151 |
| | Imaavy | Nonpreferred | J9256 |
| | Rystiggo | Nonpreferred | C9399, J3490, J3590 |
| | Uplizna | Nonpreferred | J1823 |
| Neoplasms (excluding pancreatic) | docetaxel | Preferred | J9171 |
| | paclitaxel | Preferred | J9267 |
| | Abraxane | Nonpreferred | J9264 |
| | paclitaxel protein-bound | Nonpreferred | J9264, J9259 |
| Neuromyelitis Optica Spectrum Disorder (NMOSD) | Ultomiris | Preferred | J1303 |
| | Bkemv IV | Nonpreferred | Q5139, Q5152 |
| | Epysqli IV | Nonpreferred | Q5151 |
| | Soliris | Nonpreferred | J1300, J1299 |
| | Uplizna | Nonpreferred | J1823 |
| Ophthalmic disorders - VEGF inhibitors | Avastin | Preferred | C9257, J9035 |
| | Byooviz | Preferred | Q5124 |
| | Eylea | Preferred | J0178 |
| | Eylea HD | Preferred | J0177 |
| | Lucentis | Preferred | J2778 |
| | Pavblu | Preferred | Q5147 |

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| | Vabysmo | Preferred | J2777 |
| | Beovu | Nonpreferred | J0179 |
| | Susvimo | Nonpreferred | C9093, J3490 |
| Osteoarthritis of the knee (intra-articular steroids) | betamethasone | Preferred | J0702 |
| | dexamethasone | Preferred | J1094, J1100 |
| | methylprednisolone | Preferred | J1020, J1030, J1040, J2920, J2930 |
| | triamcinolone | Preferred | J3301, J3302, J3303 |
| | Zilretta | Nonpreferred | J3304 |
| Osteoporosis | Prolia | Preferred | J0897 |
| | Jubbonti | Preferred | Q5136 |
| | zoledronic acid | Preferred | J3489 |
| | Bildyos | Nonpreferred | Q5162 |
| | Bosaya | Nonpreferred | Q5161 |
| | Conexence | Nonpreferred | Q5158 |
| | Evenity | Nonpreferred | J3111 |
| | Ospomyv | Nonpreferred | Q5159 |
| | Stoboclo | Nonpreferred | Q5157 |
| Paroxysmal nocturnal hemoglobinuria (PNH) | Ultomiris | Preferred | J1303 |
| | Bkemv IV | Nonpreferred | Q5139, Q5152 |
| | Epysqli IV | Nonpreferred | Q5151 |
| | PiaSky | Nonpreferred | C9399, J3490, J3590 |
| | Soliris | Nonpreferred | J1300, J1299 |
| PCSK9s - applies to MAPD plans only | Repatha | Preferred | Part D benefit |
| | Leqvio | Nonpreferred | J1306 |

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| PD-1/PD-L1 NSCLC | Libtayo | Preferred | 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 | Retacrit | Preferred | Q5106 |
| | Procrit | Preferred | J0885 |
| | Reblozyl | Nonpreferred | J0896 |
| Rituximab and hyaluronidase | Riabni | Preferred | Q5123 |
| | Ruxience | Preferred | Q5119 |
| | Rituxan Hycela | Nonpreferred | J9311 |
| | Rituxan IV | Nonpreferred | J9312 |
| | Truxima | Nonpreferred | Q5115 |
| Severe asthma, IL-5 Inhibitors | Fasenra | Preferred | J0517 |
| | Nucala | Preferred | J2182 |
| | Exdensur | Nonpreferred | C9399, J3490, J3590 |
| Trastuzumab and hyaluronidase-oysk | Kanjinti | Preferred | Q5117 |
| | Trazimera | Preferred | Q5116 |
| | Herceptin (IV) | Nonpreferred | J9355 |
| | Herceptin Hylecta | Nonpreferred | J9356 |
| | Hercessi IV | Nonpreferred | C9399, J3490, J3590, J9999 |
| | Herzuma | Nonpreferred | Q5113 |

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| | Ogivri | Nonpreferred | Q5114 |
| | Ontruzant | Nonpreferred | Q5112 |
| Viscosupplements | Durolane | Preferred | J7318 |
| | Monovisc | Preferred | J7327 |
| | Orthovisc | Preferred | J7324 |
| | Supartz FX | Preferred | J7321 |
| | Synvisc-One | Preferred | 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 |
| | SynoJoynt | Nonpreferred | J7321 |
| | Synvisc | Nonpreferred | J7325 |
| | 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:

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

Notice of Availability - Auxiliary Aids and Services Notice

English: Free language, auxiliary aid, and alternate format services are available. Call **1-800-794-5907 (TTY: 711)**.

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This notice is available at [CarePlusHealthPlans.com/MLI](https://www.CarePlusHealthPlans.com/MLI).

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日本語 Japanese: 言語支援サービス、補助支援サービス、代替形式サービスを無料でご利用いただけます。1-800-794-5907 (TTY: 711) までお電話ください。

ភាសាខ្មែរ Khmer: សេវាកម្មផ្នែកភាសា ជំនួយ និង សេវាកម្មជំនួយប្រមូលផ្សេងៗជំនួសអាចរកបាន។ ទូរសព្ទទៅលេខ 1-800-794-5907 (TTY: 711)។

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Diné: Saad t'áá jik'eh, t'áadoole'é binahjí' bee adahodoonígíí diné bich'í' anídahazt'i'í, dóó ahgo át'éego bee hada'dilyaaígíí bee bika'aanída'awo'í dahóló. Kohjí' hodíilnih 1-800-794-5907 (TTY: 711).

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

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

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