Medicare Part B Step Therapy requirement for Medicare Advantage plans

Effective Date: January 1, 2027
Revision Date: November 18, 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. 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, 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. A full list of pharmacies is also available via the Pharmacy Finder Tool at 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.

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Medicare Part B Step Therapy requirement for MA plans:

Drug class	Prescription drug name	Prescription drug status	Billing code
Alpha-1s	**Zemaira**	**Preferred**	J0256
	Aralast	Nonpreferred	J0256
	Glassia	Nonpreferred	J0257
	Prolastin-C	Nonpreferred	J0256
Atypical Hemolytic Uremic Syndrome (aHUS)	**Ultomiris**	**Preferred**	J1303
	Bkemv IV	Nonpreferred	Q5152
	Epysqli IV	Nonpreferred	Q5151
	Soliris	Nonpreferred	J1299, J1300
Bevacizumab (oncology)	**Mvasi**	**Preferred**	Q5107
	Zirabev	**Preferred**	Q5118
	Alymsys	Nonpreferred	Q5126
	Avastin	Nonpreferred	C9257, J9035
	Jobevne	Nonpreferred	Q5160
	Vegzelma	Nonpreferred	Q5129
Bone resorption inhibitors	**Xgeva**	**Preferred**	J0897
	Xtrenbo	**Preferred**	Q5167
	zoledronic acid	**Preferred**	J3489
	Aukelso	Nonpreferred	Q5161
	Bilprevda	Nonpreferred	Q5162
	Bomyntra	Nonpreferred	Q5158
	Jubereq	Nonpreferred	Q5166
	Osenvelt	Nonpreferred	Q5157
	Wyost	Nonpreferred	Q5136

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
	Armlupeg	Nonpreferred	Q5169
	Fylnetra	Nonpreferred	Q5130
	Nyvepria	Nonpreferred	Q5122
	Rolvedon	Nonpreferred	J1449
	Ryzneuta	Nonpreferred	J9361
	Stimufend	Nonpreferred	Q5127
	Ziextenzo	Nonpreferred	Q5120
Colony-stimulating factors – Leukocyte Growth factors (short-acting)	**Zarxio**	**Preferred**	Q5101
	Filkri	Nonpreferred	Q5172
	Granix	Nonpreferred	J1447
	Neupogen	Nonpreferred	J1442
	Nivestym	Nonpreferred	Q5110

	Nypozi	Nonpreferred	Q5148
	Releuko	Nonpreferred	Q5125
Erythropoiesis-stimulating agents	**Procrit**	**Preferred**	J0885
	Retacrit	**Preferred**	Q5106
	Aranesp	Nonpreferred	J0881
	Epogen	Nonpreferred	J0885
Gaucher's disease	**Elelyso**	**Preferred**	J3060
	Cerezyme	Nonpreferred	J1786
	Vpriv	Nonpreferred	J3385
Hemophilia A without inhib**itors**	**Advate**	**Preferred**	J7192
	Adynovate	**Preferred**	J7207
	Afstyla	**Preferred**	J7210
	Altuviiio	**Preferred**	C9399, J3490, J3590, J7199, J7214
	Eloctate	**Preferred**	J7205
	Esperoct	**Preferred**	J7204
	Hemlibra	**Preferred**	J7170
	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
	Hympavzi	Nonpreferred	J7172
	Qfitlia	Nonpreferred	J7174
Homozygous familial hypercholesterolemia (HoFH)	**Repatha**	**Preferred**	Part D
	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	J1552
	Asceniv	Nonpreferred	J1554
	Bivigam	Nonpreferred	J1556
	Cutaquig	Nonpreferred	J1551
	Cuvitru	Nonpreferred	J1555
	Gammaplex	Nonpreferred	J1557
	Hyqvia	Nonpreferred	J1575
	Panzyga	Nonpreferred	J1576
	Qivigy	Nonpreferred	J1577
	Yimmugo	Nonpreferred	J1553

Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	**Avsola**	**Preferred**	Q5121
	Infliximab (unbranded)	**Preferred**	J1745
	Otulfi IV	**Preferred**	Q9999
	Remicade	**Preferred**	J1745
	Simponi Aria	**Preferred**	J1602
	Tremfya IV	**Preferred**	J1628
	Tyenne	**Preferred**	Q5135
	Yesintek IV	**Preferred**	Q5100
	Actemra IV	Nonpreferred	J3262
	Avtozma IV	Nonpreferred	Q5156
	Cimzia	Nonpreferred	J0717
	Cosentyx IV	Nonpreferred	J3247
	Entyvio IV	Nonpreferred	J3380
	Ilumya	Nonpreferred	J3245
	Imuldosa IV	Nonpreferred	Q5098
	Inflectra	Nonpreferred	Q5103
	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	Q5164
	Stelara	Nonpreferred	J3358
	Steqeyma IV	Nonpreferred	Q5099
	Tofidence	Nonpreferred	Q5133
	Truxima	Nonpreferred	Q5115
	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**	J2351
	Tyruko	**Preferred**	Q5134
	Briumvi	Nonpreferred	J2329
	Lemtrada	Nonpreferred	J0202
	Tysabri	Nonpreferred	J2323
Myasthenia gravis	**Ultomiris**	**Preferred**	J1303
	Vyvgart	**Preferred**	J9332
	Vyvgart Hytrulo	**Preferred**	J9334

	Bkemv IV	Nonpreferred	Q5152
	Epysqli IV	Nonpreferred	Q5151
	Imaavy	Nonpreferred	J9256
	Rystiggo	Nonpreferred	J9333
	Soliris	Nonpreferred	J1299
	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	Q5152
	Epysqli IV	Nonpreferred	Q5151
	Soliris	Nonpreferred	J1299, J1300
	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
	Vabysmo	**Preferred**	J2777
	Beovu	Nonpreferred	J0179

	Cimerli	Nonpreferred	Q5128
	Enzeevu	Nonpreferred	Q5149
	Lytenava	Nonpreferred	C9399, J3490, J3590
	Nufymco	Nonpreferred	Q5168
	Susvimo	Nonpreferred	C9093, J2779, J3490
	Yesafili	Nonpreferred	Q5155
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	**Enoby**	**Preferred**	Q5167
	Prolia	**Preferred**	J0897
	Bildyos	Nonpreferred	Q5162
	Bosaya	Nonpreferred	Q5161
	Conexxence	Nonpreferred	Q5158
	Evenity	Nonpreferred	J3111
	Jubbonti	Nonpreferred	Q5136
	Ospomyv	Nonpreferred	Q5159
	Osvyrti	Nonpreferred	Q5166
	Ponlimsi	Nonpreferred	Q5173
	Stoboclo	Nonpreferred	Q5157

Paroxysmal nocturnal hemoglobinuria (PNH)	**Ultomiris**	**Preferred**	J1303
	Bkemv IV	Nonpreferred	Q5152
	Epysqli IV	Nonpreferred	Q5151
	PiaSky	Nonpreferred	J1307
	Soliris	Nonpreferred	J1299, J1300
PCSK9s - applies to MAPD plans only	**Repatha**	**Preferred**	Part D benefit
	Leqvio	Nonpreferred	J1306
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	**Procrit**	**Preferred**	J0885
	Retacrit	**Preferred**	Q5106
	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	J2361

Trastuzumab and hyaluronidase-oysk	**Ogivri**	**Preferred**	Q5114
	Trazimera	**Preferred**	Q5116
	Herceptin (IV)	Nonpreferred	J9355
	Herceptin Hylecta	Nonpreferred	J9356
	Hercessi IV	Nonpreferred	Q5146
	Herzuma	Nonpreferred	Q5113
	Kanjinti	Nonpreferred	Q5117
	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	J7322
	SynoJoynt	Nonpreferred	J7331
	Synvisc	Nonpreferred	J7325
	Triluron	Nonpreferred	J7332
	TriVisc	Nonpreferred	J7329
	Visco-3	Nonpreferred	J7333, J7321

Warm Autoimmune Hemolytic Anemia (wAIHA)	**Riabni**	**Preferred**	Q5123
	Ruxience	**Preferred**	Q5119
	Imaavy	Nonpreferred	J9256

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