



Medicare Part B Step Therapy requirement for Medicare Advantage plans

Effective Date: January 1, 2027

Revision Date: October 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
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
Bevacizumab (oncology)	Mvasi	Preferred	Q5107
	Zirabev	Preferred	Q5118
	Avastin	Nonpreferred	C9257, J9035
	Alymsys	Nonpreferred	Q5126
	Jobevne	Nonpreferred	Q5160
	Vegzelma	Nonpreferred	Q5129
Bone resorption inhibitors	Xgeva	Preferred	J0897
	Xtrenbo	Preferred	Q5167
	zoledronic acid	Preferred	J3489
	Aukelso	Nonpreferred	Q5161
	Bilprevda	Nonpreferred	C9399, J3490, J3590, J9999, Q5162
	Bomyntra	Nonpreferred	C9399, J3490, J3590, J9999, 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
	Fylintra	Nonpreferred	Q5130
	Nyvepria	Nonpreferred	Q5122
	Rolvedon	Nonpreferred	J1449
	Ryzneuta	Nonpreferred	C9399, J3490, J3590, J9361, J9999
	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
	Vpriv	Nonpreferred	J3385
	Cerezyme	Nonpreferred	J1786
Hemophilia A without inhibitors	Advate	Preferred	J7192
	Adynovate	Preferred	J7207
	Afstyla	Preferred	J7210
	Altuviiio	Preferred	C9399, J3490, J3590, J7199, J7214
	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
	Hypnazvi	Nonpreferred	J7172
	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
	Takhzyro Subcutaneous	Nonpreferred	C9399, J3490, J3590
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	C9399, J1552, J1599
	Asceniv	Nonpreferred	J1554
	Bivigam	Nonpreferred	J1556
	Cutaquig	Nonpreferred	C9399, J3490, J3590
	Cuvitru	Nonpreferred	J1555
	Gammaplex	Nonpreferred	J1557
	Hyqvia	Nonpreferred	J1575
	Panzyga	Nonpreferred	J1576
	Qivigy	Nonpreferred	J1577, J1599
	Yimmugo	Nonpreferred	J1553
Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Avsola	Preferred	Q5121
	Infliximab (unbranded)	Preferred	J1745
	Otulfu IV	Preferred	Q9999
	Remicade	Preferred	J1745
	Simponi Aria	Preferred	J1602
	Tremfya IV	Preferred	J1628
	Tyenne IV	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 IV	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
	Monoferic	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	Soliris	Preferred	J1300, J1299
	Ultomiris	Preferred	J1303
	Vyvgart	Preferred	J9332
	Vyvgart Hytrulo	Preferred	C9399, J3490, J3590, J9334,
	Bkemv IV	Nonpreferred	Q5152
	Epysqli IV	Nonpreferred	Q5151
	Imaavy	Nonpreferred	J9256
	Rystiggo	Nonpreferred	J9333
	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	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
	Vabysmo	Preferred	J2777
	Beovu	Nonpreferred	J0179
	Cimerli	Nonpreferred	Q5128
	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

	zoledronic acid	Preferred	J3489
	Bildyos	Nonpreferred	Q5162
	Bosaya	Nonpreferred	Q5161
	Conexence	Nonpreferred	Q5158
	Evenity	Nonpreferred	J3111
	Jubbonti	Nonpreferred	Q5136
	Ospomyv	Nonpreferred	Q5159
	Osvyrti	Nonpreferred	Q5166
	Stoboclo	Nonpreferred	Q5157
Paroxysmal nocturnal hemoglobinuria (PNH)	Ultomiris	Preferred	J1303
	Bkemv IV	Nonpreferred	Q5152
	Epysqli IV	Nonpreferred	Q5151
	PiaSky	Nonpreferred	J1307
	Soliris	Nonpreferred	J1300, J1299
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
	Exdensusur	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
	SynoJoynt	Nonpreferred	J7321
	Triluron	Nonpreferred	J7332
	TriVisc	Nonpreferred	J7329
	Visco-3	Nonpreferred	J7333, 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