Providence
Medicare Advantage Plans

PROVIDENCE MEDICARE ADVANTAGE PLANS

2024 STEP THERAPY CRITERIA FOR PART B DRUGS:

PHIP ALIGN GROUP PLAN + RX (HMO) AND FLEX GROUP PLAN + RX (HMO-POS) PLANS

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For more recent information or other questions, please contact Providence Health Assurance Customer Service at 503-574-8000 or 1-800-603-2340 or, for TTY users, 711, seven days a week, between 8 a.m. and 8 p.m. (Pacific Time), or visit ProvidenceHealthAssurance.com/PHIP.

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Medicare Part B Step Therapy

- Some medically administered Part B medications, like injectable drugs or biologics, may have special requirements or coverage limits, such as step therapy.
- Step therapy requires a trial of a preferred drug to treat a medical condition before covering a non-preferred drug.
- The step therapy requirement does not apply to members who have already received treatment with the non-preferred drug within the past 365 days.
- Both preferred and non-preferred drugs may still be subject to prior authorization or quantity limits.
- The step therapy criteria outlined in this document may also involve a combination of Part B and Part D drugs. For example, we may not cover a Part B drug unless you try a Part D drug first. Or we may not cover a Part D drug unless you try a Part B drug first. This is dependent on the therapy described to treat your medical condition. This document contains the Step Therapy protocols for Medicare Part B drugs that are associated with your plan.

How Step Therapy Works

In the list below, you'll see drugs labeled as either Step 1 (Preferred drug), Step 2 (Non-Preferred drug) or Step 3 (Non-Preferred drug). Step 2 and Step 3 drugs require step therapy.
For example: Before you can get a Step 3 drug, you have to first try a Step 1 and a Step 2 drug.

Step 1 drugs usually require prior authorization. That means before you can take this drug, your doctor has to send us information that explains why you need it. If a Step 1 drug doesn't require prior authorization, we tell you in the list below.

Step 2 drugs always require prior authorization. Your doctor also needs to let us know one of the following:

- Why the Step 1 drug didn't work for you or why you can't take the Step 1 drug
- Why the Step 2 drug is best for your needs
- Details from your doctor to show that you've taken the Step 2 drug in the past 365 days

Step 3 drugs always require prior authorization. Your doctor also needs to let us know one of the following:

- Why the Step 1 and Step 2 drugs didn't work for you or why you can't take them.
- Why the Step 3 drug is best for your needs
- Details from your doctor to show that you've taken the Step 1 and/or the Step 2 drug in the past 365 days

The drugs within this list may change at any time. You will receive notice when necessary.

2024 Medicare Part B Step Therapy Drug List

HCPC Code	Medication Name (click the name to view the policy criteria)
J3262	Actemra (Tocilizumab)
J0791	Adakveo (Crizanlizumab-tmca)
Q5126	Alymsys (Bevacizumab-maly)
J1554	Asceniv (Immune globulin)
J9035	Avastin (Bevacizumab)
J3145	Aveed (Testosterone undecanoate)
Q5121	Avsola (Infliximab-axxq)
J0179	Beovu (Brolucizumab-dbll)
J0597	Berinert (C1 esterase inhibitor)
J1556	Bivigam (Immune globulin)
J2329	Briumvi (Ublituximab)
J3490	Cetrotide (Cetrotide acetate)
J3490	Cimerli (Ranibizumab-eqrn)
Q5128	Cimzia IV (Certolizumab)
J0717	Cinqair (Reslizumab)
J2786	Cinryze (C1 esterase inhibitor)
J0598	Cutaquig (Immune globulin)
J1551	Cuvitru (Immune globulin)
J1555	Durysta (Bimatoprost intracameral implant)
J7351	Evenity (Romosozumab-aqqg)
J3111	Fasenra (Benralizumab)
J0517	Flebogamma (Immune globulin)
J1572	GamaSTAN S/D (Immune globulin)
J1460	Gammagard Liquid (Immune globulin)
J1569	Gammagard S-D (Immune globulin)
J1566	Gammaked (Immune globulin)
J1561	Gammaplex (Immune globulin)
J1557	Gamunex-C (Immune globulin)
J1561	Gonal-F (Follitropin alfa)
J3490	Herceptin (Trastuzumab)
J9355	Herceptin Hylecta (Trastuzumab and hyaluronidase-oysk)
J9356	Herzuma (Trastuzumab-pkrb)
Q5113	Hizentra (Immune globulin)
J1559	Hyqvia (Immune globulin)
J1575	Ilaris (Canakinumab/pf)
J0638	Ilumya (Tildrakizumab-asmn)
J3245	Inflectra (Infliximab-dyyb)
Q5103	infliximab
J1745	Kalbitor (Ecallantide)
Q5117	Kanjinti (Trastuzumab-anns)- Policy change 3/1/2024
J1290	Korsuva (Difelikefalin)
J0879	Lemtrada (Alemtuzumab)
J0202	Lucentis (Ranibizumab)

2024 Medicare Part B Step Therapy Drug List

HCPC Code	Medication Name (click the name to view the policy criteria)
J2778	Nexviazyme (Avalglucosidase alfa)
J0219	Nplate (Romiplostim)
J2796	Nucala (Mepolizumab)
J2182	Ocrevus (Ocrelizumab)
J2350	Octagam (Immune globulin)
J1568	Ontruzant (Trastuzumab-dttb)
Q5112	Orencia (Abatacept/maltose) intravenous solution
J0129	Ovidrel (chrionic gonadotropin)
J0224	Oxlumo(Lumasiran sodium)
J1576	Panzyga (Immune globulin)
J3490	Prevymis (Letermovir)
J1459	Privigen (Immune globulin)
J1745	Remicade (Infliximab)
Q5104	Renflexis (Infliximab-abda)
Q5123	Riabni (Rituximab-arrx)
J9312	Rituxan (Rituximab)
J9311	Rituxan Hycela (Rituximab/hyaluronidase, human recombinant)
J0596	Ruconest (C1 esterase inhibitor, recombinant)
Q5119	Ruxience (Rituximab-pvvr)
J9333	Rystiggo (Rozanolixizumab-noli)
J2353	Sandostatin LAR Depot (Octreotide acetate, microspheres)
J2502	Signifor LAR (Pasireotide pamoate)
J1602	Simponi ARIA (Golimumab)
J2327	Skyrizi Risankizumab-rzaa) intravenous solution
J1300	Soliris (Eculizumab)
G2082, G2083	Spravato (Esketamine) nasal spray
J3358	Stelara (Ustekinumab) intravenous solution
J2779	Susvimo (Ranibizumab injection and implant)
J3241	Tepezza (Teprotumumab-trbw)
J3490, J7999	Testopel (Testosterone pellet)
J2356	Tezspire (Tezepelumab-ekko)
Q5116	Trazimera (Trastuzumab-qyyp) - Policy change 3/1/2024
Q5115	Truxima (Rituximab-abbs)
J2323	Tysabri (Natalizumab)
J1303	Ultomiris (Ravulizumab-cwvz)
J1823	Uplizna (Inebilizumab-cdon)
J2777	Vabysmo (Faricimab)
Q5129	Vegzelma (Bevacizumab-adcd)
J3032	Vyepti (Eptinezumab-jjmr)
J9332	Vyvgart (Efgartigimod alfa-fcab)
J1558	Xembify (Immune globulin)
J2357	Xolair (Omalizumab)
A4253	Diabetic Durable Medical Equipment (DME) - Test Strips
E0607	Diabetic Durable Medical Equipment (DME) - Glucose Meters