



# Providence

## Medicare Advantage Plans

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### 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](https://www.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	<a href="#">Actemra (Tocilizumab)</a>
J0791	<a href="#">Adakveo (Crizanlizumab-tmca)</a>
Q5126	<a href="#">Alymsys (Bevacizumab-maly)</a>
J1554	<a href="#">Asceniv (Immune globulin)</a>
J9035	<a href="#">Avastin (Bevacizumab)</a>
J3145	<a href="#">Aveed (Testosterone undecanoate)</a>
Q5121	<a href="#">Avsola (Infliximab-axxg)</a>
J0179	<a href="#">Beovu (Brolucizumab-dbli)</a>
J0597	<a href="#">Berinert (C1 esterase inhibitor)</a>
J1556	<a href="#">Bivigam (Immune globulin)</a>
J2329	<a href="#">Briumvi (Ublituximab)</a>
J3490	<a href="#">Cetrotide (Cetrotide acetate)</a>
Q5128	<a href="#">Cimerli (Ranibizumab-eqrn)</a>
J0717	<a href="#">Cimzia IV (Certolizumab)</a>
J2786	<a href="#">Cinqair (Reslizumab)</a>
J0598	<a href="#">Cinryze (C1 esterase inhibitor)</a>
J1551	<a href="#">Cutaquig (Immune globulin)</a>
J1555	<a href="#">Cuvitru (Immune globulin)</a>
J7351	<a href="#">Durysta (Bimatoprost intracameral implant)</a>
J3111	<a href="#">Evenity (Romosozumab-aqqg)</a>
J0517	<a href="#">Fasenra (Benralizumab)</a>
J1572	<a href="#">Flebogamma (Immune globulin)</a>
J1460	<a href="#">GamaSTAN S/D (Immune globulin)</a>
J1569	<a href="#">Gammagard Liquid (Immune globulin)</a>
J1566	<a href="#">Gammagard S-D (Immune globulin)</a>
J1561	<a href="#">Gammaked (Immune globulin)</a>
J1557	<a href="#">Gammaplex (Immune globulin)</a>
J1561	<a href="#">Gamunex-C (Immune globulin)</a>
J3490	<a href="#">Gonal-F (Follitropin alfa)</a>
J9355	<a href="#">Herceptin (Trastuzumab)</a>
J9356	<a href="#">Herceptin Hylecta (Trastuzumab and hyaluronidase-oysk)</a>
Q5113	<a href="#">Herzuma (Trastuzumab-pkrb)</a>
J1559	<a href="#">Hizentra (Immune globulin)</a>
J1575	<a href="#">Hyqvia (Immune globulin)</a>
J0638	<a href="#">Ilaris (Canakinumab/pf)</a>
J3245	<a href="#">Ilumya (Tildrakizumab-asmn)</a>
Q5103	<a href="#">Inflectra (Infliximab-dyyb)</a>
J1745	<a href="#">infliximab</a>
J1290	<a href="#">Kalbitor (Ecallantide)</a>
Q5117	<a href="#">Kanjinti (Trastuzumab-anns)- Policy change 3/1/2024</a>
J0879	<a href="#">Korsuva (Difelikefalin)</a>
J0202	<a href="#">Lemtrada (Alemtuzumab)</a>
J2778	<a href="#">Lucentis (Ranibizumab)</a>

## 2024 Medicare Part B Step Therapy Drug List

HCPC Code	Medication Name (click the name to view the policy criteria)
J0219	<a href="#">Nexviazyme (Avalglucosidase alfa)</a>
J2796	<a href="#">Nplate (Romiplostim)</a>
J2182	<a href="#">Nucala (Mepolizumab)</a>
J2350	<a href="#">Ocrevus (Ocrelizumab)</a>
J1568	<a href="#">Octagam (Immune globulin)</a>
Q5112	<a href="#">Ontruzant (Trastuzumab-dttb)</a>
J0129	<a href="#">Orencia (Abatacept/maltose) intravenous solution</a>
J3590	<a href="#">Ovidrel (chrorionic gonadotropin)</a>
J0224	<a href="#">Oxlumo(Lumasiran sodium)</a>
J1576	<a href="#">Panzyga (Immune globulin)</a>
J3490	<a href="#">Prevymis (Letermovir)</a>
J1459	<a href="#">Privigen (Immune globulin)</a>
J1745	<a href="#">Remicade (Infliximab)</a>
Q5104	<a href="#">Renflexis (Infliximab-abda)</a>
Q5123	<a href="#">Riabni (Rituximab-arrx)</a>
J9312	<a href="#">Rituxan (Rituximab)</a>
J9311	<a href="#">Rituxan Hycela (Rituximab/hyaluronidase, human recombinant)</a>
J0596	<a href="#">Ruconest (C1 esterase inhibitor, recombinant)</a>
Q5119	<a href="#">Ruxience (Rituximab-pvvr)</a>
J9333	<a href="#">Rystiggo (Rozanolixizumab-noli)</a>
J2353	<a href="#">Sandostatin LAR Depot (Octreotide acetate, microspheres)</a>
J2502	<a href="#">Signifor LAR (Pasireotide pamoate)</a>
J1602	<a href="#">Simponi ARIA (Golimumab)</a>
J2327	<a href="#">Skyrizi Risankizumab-rzaa) intravenous solution</a>
J1300	<a href="#">Soliris (Eculizumab)</a>
G2082, G2083	<a href="#">Spravato (Esketamine) nasal spray</a>
J3358	<a href="#">Stelara (Ustekinumab) intravenous solution</a>
J2779	<a href="#">Susvimo (Ranibizumab injection and implant)</a>
J3241	<a href="#">Tepezza (Teprotumumab-trbw)</a>
J3490, J7999	<a href="#">Testopel (Testosterone pellet)</a>
J2356	<a href="#">Tezspire (Tezepelumab-ekko)</a>
Q5116	<a href="#">Trazimera (Trastuzumab-qyyp) - Policy change 3/1/2024</a>
Q5115	<a href="#">Truxima (Rituximab-abbs)</a>
J2323	<a href="#">Tysabri (Natalizumab)</a>
J1303	<a href="#">Ultomiris (Ravulizumab-cwvz)</a>
J1823	<a href="#">Uplizna (Inebilizumab-cdon)</a>
J2777	<a href="#">Vabysmo (Faricimab)</a>
Q5129	<a href="#">Vegzelma (Bevacizumab-adcd)</a>
J3032	<a href="#">Vyepti (Eptinezumab-jjmr)</a>
J9332, J9334	<a href="#">Vyvgart (Efgartigimod alfa)\Vyvgart Hytrulo (Efgartigimod alfa/haluronidase)</a>
J1558	<a href="#">Xembify (Immune globulin)</a>
J2357	<a href="#">Xolair (Omalizumab)</a>
A4253	<a href="#">Diabetic Durable Medical Equipment (DME) - Test Strips</a>
E0607	<a href="#">Diabetic Durable Medical Equipment (DME) - Glucose Meters</a>