



Providence

Medicare Advantage Plans

PROVIDENCE MEDICARE ADVANTAGE PLANS

2026 STEP THERAPY CRITERIA FOR PART B DRUGS:

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

Last updated 4/1/2026

If you have any questions, please call Providence Medicare Advantage Plans at 503-574-8000 or 1-800-603-2340. TTY users should call 711. We are open seven days a week, between 8 a.m. and 8 p.m. (Pacific Time). Between April 1st and September 30th we are closed Saturdays and Sundays. Or visit [ProvidenceHealthAssurance.com/PHIP](https://www.ProvidenceHealthAssurance.com/PHIP).

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.

Procedure Code(s)	Medication Name	Document Link (click to view the policy criteria)	Effective Date (if after 1/1/2026)
J3262	Actemra (Tocilizumab)	Click to view	
J0791	Adakveo (Crizanlizumab-tmca)	Click to view	
J7173	Alhemo (Concizumab-mtci)	Click to view	
J1552	Alyglo (Immune globulin, gamma(IgG)-stwk)	Click to view	
Q5126	Alymsys (Bevacizumab-maly)	Click to view	
J1554	Asceniv (Immune globulin)	Click to view	
J9035	Avastin (Bevacizumab)	Click to view	
J3145	Aveed (Testosterone undecanoate)	Click to view	
Q5121	Avsola (Infliximab-axxq)	Click to view	
Q5156	Avtozma (Tocilizumab-anoh)	Click to view	2/1/2026
J0179	Beovu (Brolucizumab-dbll)	Click to view	
J0597	Beriner (C1 esterase inhibitor)	Click to view	
J1556	Bivigam (Immune globulin)	Click to view	
Q5152	Bkemv (Eculizumab-aeeb)	Click to view	
Q5158	Bomynta/Conexence (Denosumab-bnht)	Click to view	
J9054	Boruzu (Bortezomib)	Click to view	
J2329	Briumvi (Ublituximab)	Click to view	
J3392	Casgevy (Exagamglogene autotemcel)	Click to view	
J3490	Cetrotide (Cetrotide acetate)	Click to view	
J0717	Cimzia IV (Certolizumab)	Click to view	
J2786	Cinqair (Reslizumab)	Click to view	
J0598	Cinryze (C1 esterase inhibitor)	Click to view	
J3247	Cosentyx IV (Secukinumab)	Click to view	
J1551	Cutaquig (Immune globulin)	Click to view	
J1555	Cuvitru (Immune globulin)	Click to view	
E0607	Diabetic Durable Medical Equipment (DME) - Glucose Meters	Click to view	
A4253	Diabetic Durable Medical Equipment (DME) - Test Strips	Click to view	
J9172	Docivyx (Docetaxel)	Click to view	
J7351	Durysta (Bimatoprost intracameral implant)	Click to view	
Q5151	Epysqli (Eculizumab-aagh)	Click to view	
J3111	Evenity (Romosozumab-aqqg)	Click to view	
J0177	Eylea HD (Aflibercept)	Click to view	
J0517	Fasenra (Benralizumab)	Click to view	
J1572	Flebogamma (Immune globulin)	Click to view	
Q5130	Fylneta (Pegfilgrastim-pbbk)	Click to view	
J1460/J1560	GamaSTAN S/D (Immune globulin)	Click to view	
J1569	Gammagard Liquid (Immune globulin)	Click to view	
J1566	Gammagard S-D (Immune globulin)	Click to view	
J1561	Gammaked (Immune globulin)	Click to view	
J1557	Gammplex (Immune globulin)	Click to view	
J1561	Gamunex-C (Immune globulin)	Click to view	

Procedure Code(s)	Medication Name	Document Link (click to view the policy criteria)	Effective Date (if after 1/1/2026)
J3490, S0126	Gonal-F (Follitropin alfa)	Click to view	
J9355	Herceptin (Trastuzumab)	Click to view	
J9356	Herceptin Hylecta (Trastuzumab/hyaluronidase-oysk)	Click to view	
Q5146	Hercessi (Trastuzumab-strf)	Click to view	
Q5113	Herzuma (Trastuzumab-pkrb)	Click to view	
J1559	Hizentra (Immune globulin)	Click to view	
J7172	Hympavzi (Marstacimab-hncq)	Click to view	
J1575	Hyqvia (Immune globulin)	Click to view	
J7355	iDose TR (Travoprost intracameral implant)	Click to view	
J0638	Ilaris (Canakinumab/pf)	Click to view	
J3245	Ilumya (Tildrakizumab-asmn)	Click to view	
J9256	Imaavy (Nipocalimab-aahu)	Click to view	
J1599	immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified	Click to view	
Q5103	Inflectra (Infliximab-dyyb)	Click to view	
J0889	Jesduvroq (Daprodustat)	Click to view	
J1290	Kalbitor (Ecallantide)	Click to view	
Q5117	Kanjinti (Trastuzumab-anns)	Click to view	
J0202	Lemtrada (Alemtuzumab)	Click to view	
J3394	Lyfgenia (Lovotibeglogene autotemcel)	Click to view	
J0888	Mircera (Epoetin beta), non-ESRD use	Click to view	
J0219	Nexviazyme (Avalglucosidase alfa)	Click to view	
J9038	Niktimvo (Axaltimab-csfr)	Click to view	
J2802	Nplate (Romiplostim)	Click to view	
J2182	Nucala (Mepolizumab)	Click to view	
Q5122	Nyvepria (Pegfilgrastim-apgf)	Click to view	
J2350	Ocrevus (Ocrelizumab)	Click to view	
J2351	Ocrevus Zunovo (Ocrelizumab-hyaluronidase-ocsq)	Click to view	
J1568	Octagam (Immune globulin)	Click to view	
J7601	Ohtuvayre (Ensifentrine)	Click to view	
J2267	Omvoh (Mirikizumab-mrkz)	Click to view	
J0129	Orencia (Abatacept/maltose) intravenous solution	Click to view	
Q9999	Otulfi (Ustekinumab-aauz)	Click to view	
J3490	Ovidrel (chroric gonadotropin)	Click to view	
J0224	Oxlumo(Lumasiran sodium)	Click to view	
J1576	Panzyga (Immune globulin)	Click to view	
J1307	PiaSky (Crovalimab-akkz)	Click to view	
J3490	Prevymis (Letermovir)	Click to view	
J1459	Privigen (Immune globulin)	Click to view	

Procedure Code(s)	Medication Name	Document Link (click to view the policy criteria)	Effective Date (if after 1/1/2026)
J0897	Prolia/Xgeva (Denosumab)	Click to view	
Q9997	Pyzchiva (ustekinumab-ttwe)	Click to view	
J7174	Qfitlia (Fitusiran)	Click to view	
J1745	Remicade (Infliximab)	Click to view	
Q5104	Renflexis (Infliximab-abda)	Click to view	
Q5123	Riabni (Rituximab-arrx)	Click to view	
J9312	Rituxan (Rituximab)	Click to view	
J9311	Rituxan Hycela (Rituximab/hyaluronidase, human recombinant)	Click to view	
J3490/C9399	Rivfloza (Nedosiran sodium)	Click to view	
J0596	Ruconest (C1 esterase inhibitor, recombinant)	Click to view	
Q5119	Ruxience (Rituximab-pvvr)	Click to view	
J3402	Ryoncil (Remestemcel-l-rknd)	Click to view	
J9333	Rystiggo (Rozanolixizumab-noli)	Click to view	
J0870	Rytelo (Imetelstat)	Click to view	
J9361	Ryzneuta (Efbemalenograstim alfa-vuxw)	Click to view	
J2353	Sandostatin LAR Depot (Octreotide acetate, microspheres)	Click to view	
Q9998	Selarsdi (Ustekinumab-aekn)	Click to view	
J2502	Signifor LAR (Pasireotide pamoate)	Click to view	
J1602	Simponi ARIA (Golimumab)	Click to view	
J1299	Soliris (Eculizumab)	Click to view	
G2082, G2083, J0013	Spravato (Esketamine)	Click to view	
J3358	Stelara (Ustekinumab) intravenous solution	Click to view	
Q5099	SteQeyma (Ustekinumab-stba)	Click to view	
Q5127	Stimufend (Pegfilgrastim-fpgk)	Click to view	
J2779	Susvimo (Ranibizumab injection/implant)	Click to view	
J3241	Tepezza (Teprotumumab-trbw)	Click to view	
J1073	Testopel (Testosterone pellet)	Click to view	
J2356	Tezspire (Tezepelumab-ekko)	Click to view	
Q5133	Tofidence (Tocilizumab-bavi)	Click to view	
Q5115	Truxima (Rituximab-abbs)	Click to view	
Q5134	Tyruko (Natalizumab-sztn)	Click to view	2/1/2026
J2323	Tysabri (Natalizumab)	Click to view	
Q5111	Udenyca and Udenyca Onbody (Pegfilgrastim-cbqv)	Click to view	
J1303	Ultomiris (Ravulizumab-cwvz)	Click to view	
J1823	Uplizna (Inebilizumab-cdon)	Click to view	
J2777	Vabysmo (Faricimab)	Click to view	
J0901	Vafseo (Vadadustat)	Click to view	
Q5129	Vegzelma (Bevacizumab-adcd)	Click to view	
J3032	Vyepti (Eptinezumab-jjmr)	Click to view	
J9332	Vyvgart (Efgartigimod alfa)	Click to view	

Procedure Code(s)	Medication Name	Document Link (click to view the policy criteria)	Effective Date (if after 1/1/2026)
J9334	Vyvgart Hytrulo (Efgartigimod alfa/hyaluronidase)	Click to view	
Q5138	Wezlana (Ustekinumab-auub)	Click to view	
J3490/C9399	Winrevair (Sotatercept-csrk)	Click to view	
J1558	Xembify (Immune globulin)	Click to view	
J2357	Xolair (Omalizumab)	Click to view	
Q5100	Yesintek (Ustekinumab-kfce)	Click to view	
J1553	Yimmugo (immune, globulin (IgG)-dira human)	Click to view	2/1/2026
Q5120	Ziextenzo (Pegfilgrastim-bmez)	Click to view	