



Providence

Medicare Advantage Plans

PROVIDENCE MEDICARE ADVANTAGE PLANS

2025 STEP THERAPY CRITERIA FOR PART B DRUGS:

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

Last updated 3/1/2025

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.

2025 Medicare Part B Step Therapy Drug List

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J3262	Actemra (Tocilizumab)	
J0791	Adakveo (Crizanlizumab-tmca)	
J1552	Alyglo (Immune globulin, gamma(IGG)-stwk)	
Q5126	Alymsys (Bevacizumab-maly)	
J1554	Asceniv (Immune globulin)	
J9035	Avastin (Bevacizumab)	
J3145	Aveed (Testosterone undecanoate)	
Q5121	Avsola (Infliximab-axxq)	
J0179	Beovu (Brolucizumab-dbli)	
J0597	Berinert (C1 esterase inhibitor)	
J1556	Bivigam (Immune globulin)	
J2329	Briumvi (Ublituximab)	
J3392	Casgevy (Exagamglogene autotemcel)	
J3490	Cetrotide (Cetrotide acetate)	
Q5128	Cimerli (Ranibizumab-eqrn)	
J0717	Cimzia IV (Certolizumab)	
J2786	Cinqair (Reslizumab)	
J0598	Cinryze (C1 esterase inhibitor)	
J3247	Cosentyx IV (Secukinumab)	
J1551	Cutaquig (Immune globulin)	
J1555	Cuvitru (Immune globulin)	
E0607	Diabetic Durable Medical Equipment (DME) - Glucose Meters	
A4253	Diabetic Durable Medical Equipment (DME) - Test Strips	
J9172	Docivyx (Docetaxel)	
J7351	Durysta (Bimatoprost intracameral implant)	
J3111	Evenity (Romosozumab-aqgg)	
J0177	Eylea HD (Aflibercept)	
J0517	Fasenra (Benralizumab)	
J1572	Flebogamma (Immune globulin)	
Q5130	Fylnetra (Pegfilgrastim-pbbk)	
J1460	GamaSTAN S/D (Immune globulin)	
J1569	Gammagard Liquid (Immune globulin)	
J1566	Gammagard S-D (Immune globulin)	
J1561	Gammaked (Immune globulin)	
J1557	Gammaplex (Immune globulin)	
J1561	Gamunex-C (Immune globulin)	
J3490, S0126	Gonal-F (Follitropin alfa)	
J9355	Herceptin (Trastuzumab)	
J9356	Herceptin Hylecta (Trastuzumab/hyaluronidase-oysk)	
Q5146	Hercessi (Trastuzumab-strf)	

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
Q5113	Herzuma (Trastuzumab-pkrb)	
J1559	Hizentra (Immune globulin)	
J1575	Hyqvia (Immune globulin)	
J7355	iDose TR (Travoprost intracameral implant)	
J0638	Ilaris (Canakinumab/pf)	
J3245	Ilumya (Tildrakizumab-asmn)	
J1599	immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified	
Q5103	Inflectra (Infliximab-dyyb)	
J1290	Kalbitor (Ecallantide)	
Q5117	Kanjinti (Trastuzumab-anns)	
J0202	Lemtrada (Alemtuzumab)	
J3394	Lyfgenia (Lovotibeglogene autotemcel)	
J0888	Mircera (Epoetin beta), non-ESRD use	
J0219	Nexviazyme (Avalglucosidase alfa)	
J2802	Nplate (Romiplostim)	
J2182	Nucala (Mepolizumab)	
Q5122	Nyvepria (Pegfilgrastim-apgf)	
J2350	Ocrevus (Ocrelizumab)	
J1568	Octagam (Immune globulin)	
J7601	Ohtuvayre (Ensifentrine)	
J2267	Omvoh (Mirikizumab-mrkz)	
Q5112	Ontruzant (Trastuzumab-dttb)	
J0129	Orencia (Abatacept/maltose) intravenous solution	
J3490	Ovidrel (chrionic gonadotropin)	
J0224	Oxlumo(Lumasiran sodium)	
J1576	Panzyga (Immune globulin)	
J1307	PiaSky (Crovalimab-akkz)	
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)	
J3490	Rivfloza (Nedosiran sodium)	
J0596	Ruconest (C1 esterase inhibitor, recombinant)	
Q5119	Ruxience (Rituximab-pvvr)	
J9333	Rystiggo (Rozanolixizumab-noli)	
J0870	Rytelo (Imetelstat)	
J2353	Sandostatin LAR Depot (Octreotide acetate, microspheres)	
J2502	Signifor LAR (Pasireotide pamoate)	
J1602	Simponi ARIA (Golimumab)	

Procedure Code(s)	Medication Name (click the name to view the policy criteria)	Effective Date (if after 1/1/2025)
J2327	Skyrizi (Risankizumab-rzaa) intravenous solution	
J1300	Soliris (Eculizumab)	
G2082, G2083, S0013	Spravato (Esketamine)	
J3358	Stelara (Ustekinumab) intravenous solution	
Q5127	Stimufend (Pegfilgrastim-fpgk)	
J2779	Susvimo (Ranibizumab injection/implant)	
J3241	Tepezza (Teprotumumab-trbw)	
J3490, J7999, S0189	Testopel (Testosterone pellet)	
J2356	Tezspire (Tezepelumab-ekko)	
Q5133	Tofidence (Tocilizumab-bavi)	
Q5115	Truxima (Rituximab-abbs)	
Q5135	Tyenne (Tocilizumab-aazg)	
J2323	Tysabri (Natalizumab)	
Q5111	Udenyca and Udenyca Onbody (Pegfilgrastim-cbqv)	
J1303	Ultomiris (Ravulizumab-cwvz)	
J1823	Uplizna (Inebilizumab-cdon)	
J2777	Vabysmo (Faricimab)	
Q5129	Vegzelma (Bevacizumab-adcd)	
J3032	Vyepi (Eptinezumab-jjmr)	
J9332	Vyvgart (Efgartigimod alfa)	
J9334	Vyvgart Hytrulo (Efgartigimod alfa/hyaluronidase)	
J3490/C9399	Winrevair (Sotatercept-csrk)	
J1558	Xembify (Immune globulin)	
J2357	Xolair (Omalizumab)	
Q5120	Ziextenzo (Pegfilgrastim-bmez)	