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 12/1/2025

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.

H9047_2025RX_PHA1034_C

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-dbll)	
J0597	Berinert (C1 esterase inhibitor)	
J1556	Bivigam (Immune globulin)	
Q5152	Bkemv (Eculizumab-aeeb)	4/1/2025
J9054	Boruzu (Bortezomib)	6/1/2025
J2329	Briumvi (Ublituximab)	
J3392	Casgevy (Exagemglogene 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)	
Q5151	Epysqli (Eculizumab-aagh)	4/1/2025
J3111	Evenity (Romosozumab-aqqg)	
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)	

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)
Q5146	Hercessi (Trastuzumab-strf)	
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)	
J3590/C9305	Imaavy (Nipocalimab-aahu)	10/1/2025
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)	
J9038	Niktimvo (Axaltilimab-csfr)	8/1/2025
J2802	Nplate (Romiplostim)	
J2182	Nucala (Mepolizumab)	
Q5122	Nyvepria (Pegfilgrastim-apgf)	
J2350	Ocrevus (Ocrelizumab)	
J2351	Ocrevus Zunovo (Ocrelizumab-hyaluronidase-ocsq)	6/1/2025
J1568	Octagam (Immune globulin)	
J7601	Ohtuvayre (Ensifentrine)	
Q5112	Ontruzant (Trastuzumab-dttb)	
J0129	Orencia (Abatacept/maltose) intravenous solution	
Q9999	Otulfi (Ustekinumab-aauz)	7/1/2025
J3490	Ovidrel (chrionic gonadotropin)	
J0224	Oxlumo(Lumasiran sodium)	
J1576	Panzyga (Immune globulin)	
J1307	PiaSky (Crovalimab-akkz)	
J3490	Prevymis (Letermovir)	
J1459	Privigen (Immune globulin)	
Q9997	Pyzchiva (ustekinumab-ttwe)	7/1/2025
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)	

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)
Q5119	Ruxience (Rituximab-pvvr)	
J3402	Ryoncil (Remestemcel-l-rknd)	8/1/2025
J9333	Rystiggo (Rozanolixizumab-noli)	
J0870	Rytelo (Imetelstat)	
J9361	Ryzneuta (Efbemalenograstim alfa-vuxw)	10/1/2025
J2353	Sandostatin LAR Depot (Octreotide acetate, microspheres)	
Q9998	Selarsdi (Ustekinumab-aekn)	7/1/2025
J2502	Signifor LAR (Pasireotide pamoate)	
J1602	Simponi ARIA (Golimumab)	
J1299	Soliris (Eculizumab)	
G2082, G2083	Spravato (Esketamine)	
J3358	Stelara (Ustekinumab) intravenous solution	
Q5099	SteQeyma (Ustekinumab-stba)	7/1/2025
Q5127	Stimufend (Pegfilgrastim-fpgk)	
J2779	Susvimo (Ranibizumab injection/implant)	
J3241	Tepezza (Teprotumumab-trbw)	
J3490, 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	Vyepti (Eptinezumab-jjmr)	
J9332	Vyvgart (Efgartigimod alfa)	
J9334	Vyvgart Hytrulo (Efgartigimod alfa/hyaluronidase)	
Q5138	Wezlana (Ustekinumab-auub)	7/1/2025
J3490/C9399	Winrevair (Sotatercept-csrk)	
J1558	Xembify (Immune globulin)	
J2357	Xolair (Omalizumab)	
Q5100	Yesintek (Ustekinumab-kfce)	7/1/2025
Q5120	Ziextenzo (Pegfilgrastim-bmez)	