



PROVIDENCE

Medicare Advantage Plans

A division of Providence Health Assurance

PROVIDENCE MEDICARE ADVANTAGE PLANS

2022 STEP THERAPY CRITERIA FOR PART B DRUGS

This list pertains to the following Providence Medicare Advantage Plans:

BRIDGE 1 + Rx (HMO-POS), BRIDGE 2 + Rx (HMO-POS), CHOICE + Rx 001 (HMO-POS), CHOICE + Rx 002 (HMO-POS), COMPASS + Rx (HMO-POS), COTTONWOOD + Rx (HMO-POS), DUAL PLUS (HMO D-SNP), ENRICH + Rx (HMO), EXTRA PART B ONLY + Rx (HMO), EXTRA + Rx 001 (HMO), EXTRA + Rx 002 (HMO), FOCUS MEDICAL (HMO), HARBOR + Rx (HMO), LATITUDE +Rx (HMO-POS), PINE + Rx (HMO), PRIME + Rx (HMO), SELECT MEDICAL (HMO-POS), SUMMIT + Rx (HMO-POS), TIMBER + Rx (HMO), ALIGN GROUP PLANS + RX (HMO), DISCOVER GROUP PLAN + RX (HMO-POS), EXPLORE GROUP PLAN + RX (HMO-POS)

Last Updated 11/08/2021

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

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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.

2022 Medicare Part B Step Therapy Drug List

*Prior Authorization required

HCPCS CODE	Non-Preferred Drug	Generic name	Prerequisite Drugs
Allergy And Asthma Agents			
J2357	XOLAIR*	Omalizumab	<p>For Asthma - Step 1: combination of medium/high-dose inhaled corticosteroids AND Step 2: a long-acting inhaled beta2-agonist</p> <p>For Idiopathic urticaria- Step 1: second-generation non-sedating H1 antihistamine AND Step 2: ONE from the following classes: leukotiene receptor antagonists, first generation H1 antihistamine or histamine H2-receptor antagonist</p> <p>For nasal polyps - Step 1: oral systemic corticosteroids OR intranasal corticosteroids</p>
Endocrine Agents			
J2502	SIGNIFOR LAR*	Pasireotide pamoate	Step 1: Octreotide OR Lanreotide SQ Depot*
J1930	SOMATULINE DEPOT*	Lanreotide acetate	Step 1: Short-acting octreotide
J2353	SANDOSTATIN LAR DEPOT*	Octreotide acetate, microspheres	Step 1: Short-acting octreotide
J3490	TESTOPEL*	Testosterone (pellet)	Step 1: Generic topical testosterone 1% and generic testosterone cypionate
J3145	AVEED*	Testosterone undecanoate	Step 1: Generic topical testosterone 1% and generic testosterone cypionate
Hereditary Angioedema Agents			
J0597	BERINERT*	C1 esterase inhibitor	Step 1: Icatibant syringe*
J0596	RUCONEST*	C1 esterase inhibitor, recombinant	Step 1: Icatibant syringe*
J1290	KALBITOR*	Ecallantide	Step 1: Icatibant syringe*
J0598	CINRYZE*	C1 esterase inhibitor	For HAE with normal C1-INH or HAE Type III: Step 1: HAEGARDA*
Migraine Agents			
J3032	VYEPTI*	Eptinezumab-jjmr	Step 1: One of the following categories- Anticonvulsants (i.e, divalproex, valproate, topiramate), Beta-blockers (i.e., metoprolol, propranolol, timolol), Antidepressants (i.e., amitriptyline, venlafaxine) AND, Step 2: TWO preferred CGRP agents (AIMOVIG* and EMGALITY*)

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HCPCS CODE	Non-Preferred Drug	Generic name	Prerequisite Drugs
Neurologic Agents			
J0202	LEMTRADA*	Alemtuzumab	Step 1: OCREVUS AND Step 2: One of the following: Interferon-Beta 1a, Interferon-Beta 1b, Generic Dimethyl Fumarate, Copaxone, Tysabri, Aubagio, Gilenya, Vumerity, Zeposia, OR Mayzent
J1300	SOLIRIS*	Eculizumab	For gMG – Step 1: TWO immunosuppressive therapies (ie. azathioprine, mycophenolate mofetil, cyclosporine and tacrolimus, corticosteroids) OR ONE immunosuppressive therapy of either IVIg* or plasma exchange For NMOSD: Step 1: a preferred rituximab product (RUXIENCE*, TRUXIMA*)
J1823	UPLIZNA*	Inebilizumab-cdon	For NMOSD: Step 1: a preferred rituximab product (RUXIENCE*, TRUXIMA*)
J2323	TYSABRI*	Natalizumab	For Multiple Sclerosis - Step 1: ONE of the following: Interferon-Beta 1a, Interferon-Beta 1b, Generic Dimethyl Fumarate, Copaxone, Aubagio, Gilenya, Zeposia, Mayzent OR OCREVUS For Crohn's Disease – Step 1: Humira* or preferred infliximab product (RENFLIXIS*, INFLECTRA*)
Oncology Agents			
J9035	AVASTIN*	Bevacizumab	Step 1: ZIRABEV*, MVASI*
J9355	HERCEPTIN*	Trastuzumab	Step 1: KANJINTI*, OGIVRI*
Q5112	ONTRUZANT*	Trastuzumab-dttb	Step 1: KANJINTI*, OGIVRI*
J9356	HERCEPTIN* HYLECTA	Trastuzumab-hyaluronidase- oysk	Step 1: KANJINTI*, OGIVRI*
Q5113	HERZUMA*	Trastuzumab-pkrb	Step 1: KANJINTI*, OGIVRI*
Q5116	TRAZIMERA*	Trastuzumab-qyyp	Step 1: KANJINTI*, OGIVRI*
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Ophthalmic Agents			
J7351	DURYSTA*	Bimatoprost	Two ophthalmic products from TWO different pharmacological classes, one of which is an ophthalmic prostaglandin Step 1 Drugs: Ophthalmic prostaglandins: bimatoprost, latanoprost, travoprost, LUMIGAN, VYZULTA XELPROS Step 2 Drugs: Ophthalmic beta-adrenergic blocking agents: betaxolol, BETIMOL, carteolol, levobunolol, timolol maleate Ophthalmic intraocular pressure lowering agents, other: ALPHAGAN P, apraclonidine, brimonidine tartrate, brinzolamide, dorolamide, methazolamide, PHOSPHOLINE IODIDE, pilocarpine hcl, RHOPRESSA, SIMBRINZA
J0178	EYLEA*	Aflibercept	Step 1: Bevacizumab (For Ophthalmology Use)
J0179	BEOVU*	Brolucizumab-dbll	Step 1: Bevacizumab (For Ophthalmology Use) And Step 2: Eylea* (Aflibercept)
J2503	MACUGEN*	Pegaptanib sodium	Step 1: Bevacizumab (For Ophthalmology Use) And Step 2: Eylea* (Aflibercept)
J2778	LUCENTIS*	Ranibizumab	Step 1: Bevacizumab (For Ophthalmology Use) And Step 2: Eylea* (Aflibercept)
Rare Disease Agents			
J0224	OXLUMO*	Lumasiran sodium	Step 1: Pyridoxine
J0791	ADAKVEO*	Crizanlizumab-tmca	Step 1: Hydroxyurea
Rituximab			
J9312	RITUXAN*	Rituximab	For Oncology use - Step 1: a preferred rituximab product (RUXIENCE*, TRUXIMA*) For Rheumatology use - Step 1: Enbrel*, Humira, or preferred infliximab product (RENFLEXIS*, INFLECTRA*)
J9311	RITUXAN HYCELA*	Rituximab/hyaluronidase, human recombinant	For Oncology use - Step 1: a preferred rituximab product (RUXIENCE*, TRUXIMA*)
Q5123	RIABNI*	Rituximab-arrx	For Oncology use - Step 1: a preferred rituximab product (RUXIENCE*, TRUXIMA*) For Rheumatology use - Step 1: Enbrel*, Humira*, or a preferred infliximab product (RENFLEXIS*, INFLECTRA*)
Q5115	TRUXIMA*	Rituximab-abbs	Step 1: Preferred infliximab product (RENFLEXIS*, INFLECTRA*)
Q5119	RUXIENCE*	Rituximab-pvvr	Step 1: Preferred infliximab product (RENFLEXIS*, INFLECTRA*)

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Therapeutic Immunomodulators			
J0638	ILARIS*	Canakinumab/pf	For SJIA and Adult-Onset Still's Disease: Step 1: One of the following conventional therapies (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) AND, Step 2: etanercept* And Step 3: adalimumab* For Familial Mediterranean Fever (FMF) – Step 1: Colchicine
J0129	ORENCIA*	Abatacept/maltose	For Rheumatoid Arthritis and Psoriatic Arthritis – Step 1: At least one conventional therapy (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) AND Step 2: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*)
J1745	REMICADE*	Infliximab	For Rheumatoid Arthritis and Psoriatic Arthritis – Step 1: At least one conventional therapy (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) AND Step 2: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*) For moderate to severe Plaque Psoriasis – Step 1: At least one conventional therapy (e.g., methotrexate tazarotene, topical corticosteroids, calcitriol) AND Step 2: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*) For all other FDA-Approved indications – Step 1: A preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*)
Q5104	RENFLEXIS*	Infliximab-abda	For Rheumatoid Arthritis and Psoriatic Arthritis – Step 1: At least one conventional therapy (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) For moderate to severe plaque psoriasis – Step 1: At least one conventional therapy (e.g., methotrexate, tazarotene, topical corticosteroids, calcitriol)
Q5121	AVSOLA*	Infliximab-axxq	For Rheumatoid Arthritis and Psoriatic Arthritis – Step 1: At least one conventional therapy (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) AND Step 2: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*) For moderate to severe Plaque Psoriasis – Step 1: At least one conventional therapy (e.g., methotrexate tazarotene, topical corticosteroids, calcitriol) AND Step 2: a

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			preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*)
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Therapeutic Immunomodulators			
Q5103	INFLECTRA*	Infliximab-dyyb	For Rheumatoid Arthritis and Psoriatic Arthritis Step 1: At least one conventional therapy (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) For moderate to severe plaque psoriasis – Step 1: At least one conventional therapy (e.g., methotrexate, tazarotene, topical corticosteroids, calcitriol)
J3245	ILUMYA*	Tildrakizumab-asmn	For moderate to severe Plaque Psoriasis – Step 1: At least one conventional therapy (e.g., methotrexate tazarotene, topical corticosteroids, calcitriol) AND Step 2: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*)
J3262	ACTEMRA*	Tocilizumab	For Rheumatoid Arthritis – Step 1: At least one conventional therapy (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) AND Step 2: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*) For Giant cell arteritis – Step 1: At least one conventional therapy (e.g., systemic corticosteroid therapy)
J3380	ENTYVIO*	Vedolizumab	For Crohn's disease only – Step 1: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*)
J1602	SIMPONI ARIA*	Golimumab	For Rheumatoid Arthritis and Psoriatic Arthritis – Step 1: At least one conventional therapy (e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine) AND Step 2: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*) For ankylosing spondylitis – Step 1: a preferred infliximab biosimilar (RENFLEXIS*, INFLECTRA*)

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