Florida Blue | MEDICARE

September 2026

Updated Categories for Medicare Advantage Part B Step Therapy

Florida Blue Medicare has updated its Part B Step Therapy programs. Effective **October 1, 2026**, several categories will be updated for the Part B Step Therapy program for BlueMedicare[SM] Medicare Advantage plans.

Drug Alternatives
Step Therapy is required, and the definition of medical necessity must be met, for certain non-preferred medications. We encourage you to consider prescribing one of the following preferred alternatives (prior authorization may apply) instead of the non-preferred drugs.

Updates to Existing Part B Step Therapy Program Category:

*Additions to non-preferred products are included below in **red**. Products moved from non-preferred to preferred products appear in **blue**.*

Autoimmune Therapy

Preferred Products		Non-Preferred Products	
Tyenne **Avtozma**	Q5135 **Q5156**	Actemra Tofidence	J3262 Q5133
Pyzchiva Steqeyma	**Q9997** Q5099	**Selarsdi** Stelara IV Otulfi	**Q9998** J3358 Q9999

Bone Remodeling Agents

Preferred Product		Non-Preferred Products 1		Non-Preferred Products 2	
Zoledronic acid	J3489	**Enoby** Stoboclo Bildyos	**Q5167** Q5157 Q5162	Prolia Evenity Conexxence Ospomyv Bosaya **Jubbonti** **Osvyrti** **Ponlimsi**	J0897 J3111 Q5158 Q5159 Q5161 **Q5136** **Q5166** **C9399, J3590**

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Cancer and Supportive Therapy

Preferred Products		Non-Preferred Products	
Leucovorin	J0640 **J0643**	Fusilev Khapzory Vykoura **Leucovorin (avyxa)**	J0641 J0642 J3490, **C9310** **J0644**
Mvasi Zirabev	Q5107 Q5118	Avastin (for oncology diagnosis only) Alymsys Vegzelma Avzivi Jobevne	J9035 Q5126 Q5126 Q5129 J3590 **Q5160**
Docetaxel **Docetaxel (hospira)**	J9171 **J9232**	Docivyx Beizray	J9172 J9174

Preferred Product		Non-Preferred Products 1		Non-Preferred Products 2	
Zoledronic acid	J3489	**Xtrenbo** Osenvelt Bilprevda	**Q5167** Q5157 Q5162	Xgeva Bomyntra Xbryk Aukelso Wyost **Jubereq** **Ozitlus** **Boncresa**	J0897 Q5158 Q5159 Q5161 **Q5136** **Q5166** **Q5165** **Q5171**

Colony-Stimulating Factors

Preferred Products		Non-Preferred Products	
Granix Zarxio Nivestym	J1447 Q5101 Q5110	Neupogen Releuko Leukine **Filkri**	J1442 Q5125 J2820 **Q5172**

Complement Inhibitors

Preferred Products		Indication	Non-Preferred Products	
Ultomiris Vyvgart Vyvgart Hytrulo+ Rystiggo Epysqli **Uplizna**	J1303 J9332 J9334 J9333 Q5151 **J1823**	Myasthenia gravis (gMG)	Soliris PiaSky Bkemv Imaavy	J1300,J1299 J1307 Q5152 **J9256**

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Ophthalmic Agents

Preferred Products		Non-Preferred Products 1		Non-Preferred Products 2	
Bevacizumab	J3490, C9257	Byooviz Cimerli Eylea Eylea HD Lucentis Vabysmo Visudyne Pavblu Enzeevu Ahzantive Opuviz Yesafili Eydenzelt **Nufymco**	Q5124 Q5128 J0178 J0177 J2778 J2777 J3396 Q5147 Q5149 Q5150 Q5153 Q5155 Q5170 **Q5168**	Beovu Susvimo	J0179 J2779

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