

Updated Categories for Medicare Advantage Part B Step Therapy

Florida Blue Medicare has updated its Part B Step Therapy programs. Effective **May 15, 2026**, several categories were updated for the Part B Step Therapy program for BlueMedicareSM 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, and groups 1 and 2 (Asthma Therapy and Hemophilia A Agents) are included below in a **red**, bold font. Products moved from non-preferred to preferred products are in **blue**, bold font.*

Asthma Therapy

Preferred Products		Non-preferred Product 1		Non-Preferred Product 2*	
Fasenra	J0517	Cinqair	J2786	*Exdensur	C9399, J3590
Nucala	J2182				

*For Exdensur requires trial of preferred product Fasenra or Nucala AND Cinqair.

Autoimmune Therapy

Preferred Products		Non-Preferred Product	
Inflectra	Q5103	Orencia IV	J0129
Infliximab (unbranded)	J1745		
Remicade	J1745		
Renflexis	Q5104		
Simponi Aria	J1602		

Cancer and Supportive Therapy

Preferred Products		Non-Preferred Products	
Pemetrexed (Alimta) Pemetrexed (teva) Pemetrexed (hospira) Pemetrexed (accord) Pemetrexed (sandoz) Pemetrexed ditromethamine	J9305 J9314 J9294 J9296 J9297 J9323	Axtle Pemfexy Pemrydi RTU	J9292 J9304 J9324
Gemcitabine IV (accord) Gemcitabine IV	J9196 J9201	Avgemsi	J9184
Bortezomib Bortezomib (hospira) Bortezomib (maia)	J9041 J9049 J9051	Boruzu	J9054
Carboplatin	J9045	Kyxata	J9278
Docetaxel	J9171	Docivyx Beizray	J9172 J9174
Thiotepa, Tepadina	J9342	Tepylute	J9341

Preferred Products		Indication	Non-Preferred Products	
Bortezomib	J9041 J9049 J9051	Primary therapy for newly diagnosed and previously untreated multiple myeloma (MM) Maintenance therapy for MM POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome	Kyprolis⁺	J9047

*Note: Step Therapy applies for indications listed; Step Therapy does not apply for other Compendia supported indications not listed.

Gout Agents

Preferred Products		Non-Preferred Product	
Allopurinol*		Krystexxa	J2507
Febuxostat*			
*Covered under Part D benefit (pre-authorization may apply)			

Hemophilia A Agents

Preferred Products		Non-Preferred Products 1		Non-Preferred Products 2	
Advate	J7192	Alhemo	J7173	Qfitlia	J7174
Adynovate	J7207	Altuviio	J7214	Hympavzi	J7172
Afstyla	J7210	Hemlibra	J7170		
Eloctate	J7205				
Esperoct	J7204				
Hemofil M	J7190				
Humate P	J7187				
Jivi	J7208				
Koate-DVI	J7190				
Kogenate FS	J7192				
Kovaltry	J7211				
NovoEight	J7182				
Recombinate	J7192				
Xyntha	J7185				
For Qfitlia or Hympavzi, requires trial of one preferred product: Advate, Adynovate, Afstyla, Eloctate, Esperoct, Hemofil M, Humate P, Jivi, Koate-DVI, Kogenate FS, Kovaltry, NovoEight, Recombinate, or Xyntha and one of the following: Alhemo, Altuviio or Hemlibra.					

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