

Updated Categories for Medicare Advantage Part B Step Therapy

Florida Blue Medicare has updated its Part B Step Therapy programs. Effective **July 15, 2026**, several categories will be 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 are included below in a **red, bold font**. Products moved from non-preferred to preferred products are in **blue, bold font**.

Cancer and Supportive Therapy

Preferred Products		Non-Preferred Products	
leucovorin	J0640	Fusilev Khapzory Vykoura	J0641 J0642 J3490
Belrapzo Bendeka Treanda	J9036 J9034 J9033	Vivimusta	J9056

Immune Globulins

Preferred Products		Non-preferred Products		
IVIG	Gammagard liquid	J1569	Alyglo	J1599
	Gammaked, Gamunex-C	J1561	Asceniv	J1554
	Privigen	J1459	Bivigam	J1556
	Octagam	J1568	Gammagard S/D	J1566
			Panzyga	J1576
			Yimmugo	J3590
			Qivigy	J1577
SCIG	Cutaquig	J1551	Cuvitru	J1555
	Hizentra	J1559	Xembify	J1558
	HyQvia	J1575		