

# New Categories for Medicare Advantage Part B Step Therapy

Florida Blue Medicare has updated its Part B Step Therapy programs. Effective **October 1**, **2024**, two new categories and one updated category were added to the Part B Step Therapy program for BlueMedicare 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:

#### **New Categories for Part B Step Therapy Program:**

#### **Immune Globulins**

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

#### **Iron Supplementation Agents**

Preferred Produc	Preferred Product		Non-Preferred Products	
Feraheme Ferumoxytol	Q0138, Q0139	Injectafer	J1439	
Ferrlecit Sodium ferric gluconate C	J2916	Monoferric	J1437	
Infed	J1750			
Triferic	J1443, J1444, J1445			
Venofer	J1756			

## **Updates to Existing Part B Step Therapy Program Category:**

## **Complement Inhibitors\***

Preferred Product(s)		Indication	Non-preferred Product	
Empaveli	C9399, J3490	Paroxysmal Nocturnal Hemoglobinuria (PNH)	Soliris	J1300
Ultomiris	J1303	3 ,		
PiaSky	J3590			
Ultomiris	J1303			

**Note:** Added preferred product is included in bold, red font.

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<sup>\*</sup>No changes to preferred/non-preferred products for other indications in Complement Inhibitor Step Therapy program.