

New Categories for Medicare Advantage Part B Step Therapy

Florida Blue Medicare has updated five categories of the Part B Step Therapy program. Three new categories have also been added. These changes apply to Florida Blue Medicare plans, effective **January 1, 2025**.

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:

Asthma Therapy

Preferred Products		Non-Preferred Products	
Fasenra Nucala	J0517 J2182	Cinqair	J2786

Autoimmune Therapy

Preferred Products		Non-Preferred Products	
Tyenne	Q5135	Actemra Tofidence	J3262 Q5133
Avsola Inflixtra Infliximab (unbranded) Remicade	Q5121 Q5103 J1745 J1745	Renflexis Zymfentra	Q5104 J1748

Immune Globulin Antibody Agents

Preferred Products		Indication	Non-Preferred Products	
Gammaked Gamunex Privigen Hizentra	J1561 J1459 J1559	Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)	Vyvgart Hytrulo	J9332

Updates to Existing Part B Step Therapy Program Category:

Cancer and Supportive Therapy				
Preferred Products			Non-Preferred Products	
	Ontruzant Trazimera Kanjinti	Q5112 Q5116 Q5117	Herceptin Herceptin Hylecta Hercessi Herzuma Ogivri	J9355 J9356 Q5146 Q5113 Q5114
Colony Stimulating Factors				
	Fulphila Udenyca Nyvepria Ziextenzo	Q5108 Q5111 Q5122 Q5120	Neulasta Fylnetra Rolvedon Stimufend Ryzneuta Nypozi	J2506 Q5130 J1449 Q5127 J9361 C9399, J3590
Complement Inhibitors*				
	Empaveli Ultomiris	C9399, J3490 J1303	Soliris PiaSky	J1300 J1307, J3590
Immune Globulins				
IVIG	Gammagard liquid Gammaked Gamunex-C Privigen Octagam	J1569 J1561 J1459 J1568	Alyglo Asceniv Bivigam Gammagard S/D Panzyga Yimmugo	J1599 J1554 J1556 J1566 J1576 J3590
Ophthalmic Agents				
	Bevacizumab	J3490 C9257	Beovu Byooviz Cimerli Eylea Eylea HD Lucentis Macugen Susvimo Vabysmo Visudyne Pavblu	J0179 Q5124 Q5128 J0177 J0178 J2778 J2503 J2779 J2777 J3396 C9399, J3590

Note: Products added to the non-preferred list are shown in bold, red font above

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

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