

## Part B Step Therapy Program Updates for Medicare Advantage Members

As of **March 15, 2024**, additional drugs (listed below in bold blue font) have been added to the non-preferred products for Part B Step Therapy program for members enrolled in BlueMedicare<sup>SM</sup> Medicare Advantage plans.

### Drug Alternatives

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

### Updates to Existing Categories for Part B Step Therapy Program

#### Cancer and Supportive Therapy

Preferred Products		Non-Preferred Products	
Mvasi	Q5107	Avastin (for oncology diagnosis only)	J9035
Zirabev	Q5118	Alymsys	C9142; Q5126
		Vegzelma	Q5129; C9399
		<b>Avzivi</b>	J3590

#### Colony Stimulating Factors

Preferred Products		Non-Preferred Products	
Fulphila	Q5108	Neulasta	J2506
Udenyca	Q5111	Fynetra	Q5130
Nyvepria	Q5122	Rolvedon	J1449
Ziextenzo	Q5120	Stimufend	Q5127
		<b>Ryzneuta</b>	J3590

**Note:** Step therapy may only be applied to new prescriptions or administrations of Part B drugs for enrollees who are not actively receiving the affected medication.