Florida Blue
Your Health Solutions Partner | MEDICARE

November 2025

Updated Categories for Medicare Advantage Part B Step Therapy

Florida Blue Medicare has updated its Part B Step Therapy programs. Effective **January 1, 2026**, several categories will be updated for 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.

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.*

Anti-Inflammatory Agents

Preferred Products		Non-preferred Products	
Injectable betamethasone	J0702	Acthar HP	J0801
Injectable methylprednisolone	J1010	**Cortrophin**	**J0802**
Injectable dexamethasone	J1100		
Injectable hydrocortisone	J1720		
Injectable triamcinolone	J2919, J3301, J3303		

Autoimmune Therapy

Preferred Products		Non-preferred Products	
Inflectra	Q5103	Zymfentra	J1748
Infliximab (unbranded)	J1745	**Avsola**	**Q5121**
Remicade	J1745		
Renflexis	**Q5104**		
Ustekinumab-aekn (unbranded)	Q9998	**Stelara IV**	**J3358**
		Imuldosa	**Q5098**
Selarsdi	Q9998	**Otulfi**	**Q9999**
Steqeyma	Q5099	**Pyzchiva**	**Q9997**
		Starjemza	**J3590,C9399**
		Wezlana	**Q5138**
		Yesintek	**Q5100**

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Bone Remodeling Agents

Preferred Product		Non-preferred Products (1)		Non-preferred Products (2)*	
Zoledronic acid	J3489	Jubbonti Stoboclo **Bildyos**	Q5136 Q5157 **C9399, J3590**	Prolia***** Evenity***** Conexxence***** **Ospomyv*** **Bosaya*** **Enoby***	J0897 J3111 Q5158 **Q5159** **C9399, J3590** **C9399, J3590**
*****Prolia, Evenity, Conexxence, Ospomyv, Bosaya or Enoby require trial of preferred product Zoledronic acid AND one of the following: Jubbonti, Stoboclo, or Bildyos.					

Cancer and Supportive Therapy

Preferred Products		Non-preferred Products	
granisetron ondansetron palonosetron	J1626 J2405 J2469	Sustol (for all indications) Posfrea	J1627 J2468
Fosaprepitant	J1453	Focinvez Cinvanti	J1434 J0185
leucovorin	J0640	Fusilev Khapzory	J0641 J0642
Mvasi Zirabev	Q5107 Q5118	Avastin (for oncology diagnosis only) Alymsys Vegzelma Avzivi Jobevne	J9035 Q5126 Q5126 Q5129 J3590 C9399, J9999
Kanjinti **Ogivri** **Trazimera**	Q5117 **Q5114** **Q5116**	Herceptin Herceptin Hylecta Hercessi Herzuma **Ontruzant**	J9355 J9356 Q5146 Q5113 **Q5112**
Truxima Ruxience **Riabni**	Q5115 Q5119 **Q5123**	Rituxan Rituxan Hycela (for oncology diagnosis only)	J9312 J9310, J9311
Belrapzo Bendeka	J9036 J9034	Treanda	J9033
Camptosar Irinotecan	J9206	Onivyde	J9205

Cancer and Supportive Therapy (continued)

Preferred Product		Non-preferred Products (1)		Non-Preferred Products (2)*	
Zoledronic acid	J3489	Wyost Osenvelt **Bilprevda**	Q5136 Q5157 **J9999, C9399**	Xgeva* Bomyntra* **Xbryk*** **Aukelso*** **Xtrenbo***	J0897 Q5158 **Q5159** **C9399, J3590** **C9399, J3590**

***Xgeva, Bomyntra, Xbryk, Aukelso or Xtrenbo require trial of preferred product Zoledronic acid AND one of the following: Wyost, Osenvelt, or Bilprevda.

Colony Stimulating Factors

Preferred Products		Non-preferred Products	
Fulphila Udenyca **Fylnetra**	Q5108 Q5111 **Q5130**	Neulasta Rolvedon Stimufend Ryzneuta Nypozi Ziextenzo **Nyvepria**	J2506 J1449 Q5127 J9361 Q5148 Q5120 **Q5122**
Granix Zarxio Nivestym	J1447 Q5101 Q5110	Neupogen Releuko Leukine	J1442 Q5125 J2820

Complement Inhibitors

Preferred Products		Indications	Non-preferred Products	
Ultomiris Vyvgart Vyvgart Hytrulo+ Rystiggo **Epysqli**	J1303 J9332 J9334 J9333 **Q5151**	Myasthenia gravis (gMG)	Soliris* PiaSky Bkemv Imaavy^	J1300, J1299 J1307 Q5152 J3490 J3590 C9399
Empaveli Ultomiris **Epysqli**	C9399 J3490 J1303 **Q5151**	Paroxysmal Nocturnal Hemoglobinuria (PNH)		
Ultomiris **Epysqli**	J1303 **Q5151**	Hemolytic uremic syndrome, atypical (aHUS)		
Enspryng Uplizna Ultomiris	C9399 J1823 J1303	Neuromyelitis optica spectrum disorder (NMOSD)		

***ST does *not* apply for other orphan indications – only medical necessity criteria for **Soliris** as per CMS guidance.
***Other orphan indications: dermatomyositis, shiga-toxin producing E. coli HUS, idiopathic membranous glomerular nephropathy, prevention of delayed graft rejection in renal transplant.
+Vyvgart Hytrulo is non-preferred for CIDP indication.
^Imaavy is currently indicated for Myasthenia gravis (gMG).

Ophthalmic Agents

Preferred Products		Non-preferred Products (1)		Non-preferred Products (2)*	
Bevacizumab	J3490, C9257	Byooviz Cimerli Eylea Eylea HD Lucentis Vabysmo Visudyne Pavblu Enzeevu Ahzantive Opuviz Yesafili **Eydenzelt**	Q5124 Q5128 J0178 J0177 J2778 J2777 J3396 Q5147 Q5149 Q5150 Q5153 Q5155 **C9399, J3590**	**Beovu** **Susvimo**	**J0179** **J2779**
***Beovu or Susvimo require trial of preferred product bevacizumab AND one of the following: Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Vabysmo, Visudyne, Pavblu, Enzeevu, Ahzantive, Opuviz, Yesafili or Eydenzelt.					