Florida Blue
Your Health Solutions Partner | MEDICARE

July 2025

Updated Categories for Medicare Advantage Part B Step Therapy

Florida Blue Medicare has updated its Part B Step Therapy programs. Effective **July 15, 2025**, one category is removed, and three updated categories are added to the Part B Step Therapy program for BlueMedicare[SM] 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:

Category Removed from Part B Step Therapy Program:

Erythropoiesis Stimulating Agents*

Preferred Products		Non-Preferred Products	
Retacrit*	Q5106	Procrit*/Epogen* Aranesp* Mircera*	J0885 J0881 J0888

***Medical necessity reviews will still apply for each drug.

Updates to Existing Part B Step Therapy Program Categories:

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**

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

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Updates to Existing Part B Step Therapy Program Category: (continued)

Complement Inhibitors

Preferred Product(s)		Indication	Non-preferred Product	
Ultomiris Vyvgart Vyvgart Hytrulo+ Rystiggo	J1303 J9332 J9334 J9333	Myasthenia gravis (gMG)	Soliris PiaSky Bkemv Epysqli **Imaavy^**	J1300, J1299 J1307 Q5152 Q5151 **J3490, J3590, C9399**
Empaveli Ultomiris	C9399, J3490 J1303	Paroxysmal Nocturnal Hemoglobinuria (PNH)		
Ultomiris	J1303	Hemolytic uremic syndrome, atypical (aHUS)		
Enspryng Uplizna Ultomiris	C9399 J1823 J1303	Neuromyelitis optica spectrum disorder (NMOSD)		
*Step Therapy does **not** apply for other orphan indications – only medical necessity criteria for **Soliris** as per the Centers for Medicare & Medicaid Services 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 Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) indication.				
^ Imaavy is currently indicated for Myasthenia gravis (gMG).				

Ophthalmic Agents

Preferred Product(s)		Non-preferred Product	
Syfovre	**J2781**	**Izervay**	**J2782**

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