

## New Categories for Medicare Advantage Part B Step Therapy

Florida Blue Medicare has updated its Part B Step Therapy programs. Effective **May 1, 2025**, a new category and revisions to four categories will be included in the latest Part B Step Therapy program for BlueMedicare<sup>SM</sup> 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.

Additions to non-preferred products are included below in a red, bold font.

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

#### Systemic Lupus Erythematosus (SLE) Agents

Preferred Products			Non-Preferred Products	
	Benlysta (IV) Benlysta (SC)	J0490 C9399 J3590	Saphnelo*	J0491
*Step Therapy Exception: Saphnelo non-preferred status does not apply if member has history of serious depression, serious psychiatric disorders, or is at risk for suicidal behavior.				

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

Cardiovascular/Cholesterol Lowering Agents				
Preferred Products			Non-Preferred Products	
	Repatha* Praluent*	J3590 C9399	Leqvio <b>Evkeeza</b>	J1306 <b>J1305</b>
*Covered under Part D benefit (pre-authorization may apply)				

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

<b>Complement Inhibitors</b>				
<b>Preferred Product(s)</b>		<b>Indication</b>	<b>Non-preferred Product</b>	
Ultomiris Vyvgart Vyvgart Hytrulo** Rystiggo	J1303 J9332 J9334 J9333	Myasthenia gravis (gMG)	Soliris* PiaSky <b>Bkemv</b> <b>Epysqli</b>	J1300, J1299 J1307 <b>Q5152</b> <b>Q5151</b>
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)		
<p>* Step Therapy does <u>not</u> apply for other orphan indications – only medical necessity criteria for <b>Soliris</b> as per the Centers for Medicare and 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.</p>				
**Vyvgart Hytrulo is non-preferred for CIDP indication.				

<b>Ophthalmic Agents</b>			
<b>Preferred Product(s)</b>		<b>Non-preferred Product</b>	
Bevacizumab	J3490 C9257	Beovu Byooviz Cimerli Eylea Eylea HD Lucentis Macugen Susvimo Vabysmo Visudyne Pavblu <b>Enzeevu</b> <b>Ahzantive</b>	J0179 Q5124 Q5128 J0178 J0177 J2778 J2503 J2779 J2777 J3396 Q5147 <b>Q5149</b> <b>Q5150</b>

**Viscosupplements**

	Synvisc/Synvisc One Orthovisc	J7325 J7324	Durolane Euflexxa Gel-One Gelsyn-3 Genvisc-850 Hyalgan Hymovis Monovisc Supartz Supartz FX <b>Synojynt</b> Triluron Trivisc Visco-3	J7318 J7323 J7326 J7328 J7320 J7321 J7322 J7327 J7321 J7321 J7331 J7332 J7329 J7321
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