



2026 Part B Step Therapy

- This document includes a list of the drugs for which our plan currently requires you to first utilize certain drugs to treat your medical condition before we will cover another drug for that condition, this is called Step Therapy. The step therapy criteria require that a preferred drug be used before covering a non-preferred drug for the same medical condition. The preferred drug has the same indication, is as effective but usually has a lower cost.

Example: Drug A (preferred) and Drug B (non-preferred) are both used to treat the same medical condition. The step therapy requires the utilization of Drug A (preferred) first. If the preferred drug is tried and failed or clinically inappropriate for you, then the non-preferred alternative will be covered.

- Certain medical conditions may be excluded from the step therapy requirement.
- The step therapy requirement will not apply if you are currently taking the non-preferred alternative drug or received treatment within the past 365 days. Part B Step Therapy only applies to patients starting treatment for the first time.
- You can ask our plan to make an exception to our coverage rules. The step therapy process allows the request for coverage of the non-preferred drug through an exception request. Our plan will approve your request for an exception if the preferred drugs listed below would not be as effective in treating your condition and/or would cause you to have adverse medical effects. You or your prescriber should contact us. When you request an exception, you should submit a statement from your prescriber or physician supporting your request. Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously affected by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

- Furthermore, in addition to the step therapy established in this document, medications may be subject to the evaluation criteria defined in the applicable medical policy. For additional information, please refer to the following link: [MMM - Medical policies](#).

2026 Part B Step Therapy Drug List

Drug Class/ Agent	Preferred Drug	Non-Preferred Drug with step therapy
Erythropoiesis Stimulating Agents	Retacrit (Biosimilar of Procrit and Epogen)	Procrit Epogen Aranesp
Autoimmune Agents	Avsola, Infliximab Tofidence (Biosimilar of Actemra)	Orencia Actemra Cimzia Ilumya Entyvio Simponi Aria Inflectra Renflexis (Biosimilar of Remicade) Tyenne Remicade
Hyaluronan Agents	Single Injection: Synvisc-one Three injections: Synvisc Five injections: Hyalgan	Single injection: Durolane, Gel-one, Monovisc, Hymovis One. Two injections: Hymovis. Three injections: Euflexxa, Orthovisc, Sodium hyaluronate (Synjoynt), Triluron, Trivisc, Gel-Syn. Five injections: Genvisc 850, Visco-3, Supartz.
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Zarxio	Neupogen Nivestym, Granix and Releuko (Biosimilars of Neupogen) Leukine
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Fulphila	Neulasta Neulasta OnPro Rolvedon Fylnetra, Nyvepria, Ziextenzo, Udenyca, Stimufend (Biosimilars of Neulasta)

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Drug Class/ Agent	Preferred Drug	Non-Preferred Drug with step therapy
Immunoglobulins	Intravenous: Gamunex-C*, Octagam. Subcutaneous: Cutaquig, Hizentra, Xembify. *Note: Gamunex-C may be administered IV or subcutaneously.	Intravenous: Qivigy, Asceniv, Bivigam, Flebogamma DIF, Gammaked*, Gammagard*, Gammagard S/D, Gammaplex, Panzyga, Privigen. Subcutaneous: Cuvitru, HyQvia. *Note: Gammaked and Gammagard may be administered IV or subcutaneously.
Dyslipidemics	Repatha	Leqvio
Gonadotropin-releasing hormone (GnRH) Agonists- Prostate Cancer	Trelstar Eligard Lupron	Fensolvi Camcevi Triptodur Zoladex
Monoclonal Antibodies; Antineoplastics- Rituximab	Ruxience (Biosimilar of Rituxan)	Rituxan Riabni, Truxima (Biosimilars of Rituxan)
Vascular Endothelial Growth Factor Inhibitor (Macular Edema)	Pavblu	Eylea Beovu
	Byooviz, Cimerli (Biosimilars Interchangeable of Lucentis)	Lucentis Susvimo Nufymco
Vascular Endothelial Growth Factor Inhibitor (Step Therapy do not applies for macular degeneration or macular edema)	Zirabev, MVASI (Biosimilars of Avastin)	Avastin, Alymsys, Vegzelma, Jobevne (Biosimilars of Avastin)
Trastuzumab Agents	Ogivri and Trazimera (Biosimilars of Herceptin)	Herceptin Kanjinti, Ontruzant and Herzuma, Hercessi (Biosimilars of Herceptin)
Neuromuscular Agents	Evrysdi	Spinraza
Antipsoriatics	Selarsdi	Stelara Wezlana, Otulfi, Pyzchiva, Imuldosa, Yesintek, Steqeyma and Starjemza (Biosimilars of Stelara)

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		Cosentyx Remicade
Drug Class/ Agent	Preferred Drug	Non-Preferred Drug with step therapy
Monoclonal Antibodies; Endocrine, Antineoplastics- Xgeva	Bilprevda	Xgeva Bomyntra, Osenvelt, and Wyost (Biosimilars of Xgeva)
IV Bisphosphonates and Monoclonal Antibodies for Treatment of Osteoporosis and Others	Bildyos	Prolia Jubbonti Conexence Ospomyv Stoboclo
Monoclonal Antibodies; Multiple Sclerosis Agents and Others	Tyruko	Tysabri

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Changes History	
Date	Summary of Changes
9/21/2026	Addition of Nufymco to non-preferred drug in drug class Vascular Endothelial Growth Factor Inhibitor (Macular Edema). A new Therapeutic Class or Agent is added: Monoclonal Antibodies; Multiple Sclerosis Agents and Others. Tyruko is designated as the preferred agent, and Tysabri are designated as non-preferred.
6/12/2026	Addition of Zoladex to non-preferred drug in drug class Gonadotropin-releasing hormone (GnRH) Agonists- Prostate Cancer.
4/10/2026	Removed Zoladex from the drug class Gonadotropin-releasing hormone (GnRH) Agonists- Prostate Cancer, because is not covered under Medicare Part B.
4/8/2026	A statement related to the evaluation criteria established in the medical policies is added.
3/4/2026	Addition of Qivigy to non-preferred drug in drug class Immunoglobulins.
1/12/2026	Addition of Hymovis One to non-preferred drug in drug class Hyaluronan Agents. Addition of Jobevne to non-preferred drug in drug class Vascular Endothelial Growth Factor Inhibitor (Step Therapy do not applies for macular degeneration or macular edema).
12/17/2025	A new Therapeutic Class or Agent is added: "IV Bisphosphonates and Monoclonal Antibodies for Treatment of Osteoporosis and Others". Bildyos is designated as the preferred agent, and Prolia, Jubbonti, Connexence, Ospomyv and Stoboclo are designated as non-preferred.
11/07/2025	Removed Vabysmo from the drug class Vascular Endothelial Growth Factor Inhibitor (Macular Edema). Addition of Starjemza to non-preferred drug in drug class Antipsoriatics.
10/27/2025	A new Therapeutic Class or Agent is added: "Monoclonal antibodies; Endocrine, Antineoplastic – Xgeva". Bilprevda is designated as the preferred agent, and Xgeva, Bomynta, Osenvelt, and Wyost are designated as non-preferred.

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