# 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.

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- 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<br>Epogen<br>Aranesp |
| **Autoimmune Agents** | Avsola, Infliximab<br>Tofidence (Biosimilar of Actemra) | Orencia<br>Actemra<br>Cimzia<br>Ilumya<br>Entyvio<br>Simponi Aria<br>Inflectra<br>Renflexis (Biosimilar of Remicade)<br>Tyenne<br>Remicade |
| **Hyaluronan Agents** | Single Injection: Synvisc-one<br><br>Three injections: Synvisc<br><br>Five injections: Hyalgan | Single injection: Durolane, Gel-one, Monovisc, Hymovis One.<br>Two injections: Hymovis.<br>Three injections: Euflexxa, Orthovisc, Sodium hyaluronate (Synojoynt), Triluron, Trivisc, Gel-Syn.<br>Five injections: Genvisc 850, Visco-3, Supartz. |
| **Hematologic, Neutropenia Colony Stimulating Factors – Short Acting** | Zarxio | Neupogen<br>Nivestym, Granix and Releuko, Filkri (Biosimilars of Neupogen)<br>Leukine |
| **Hematologic, Neutropenia Colony Stimulating Factors – Long Acting** | Fulphila | Neulasta<br>Neulasta OnPro<br>Rolvedon<br>Fylnetra, Nyvepria, Ziextenzo, Udenyca, Stimufend, Armlupeg (Biosimilars of Neulasta) |

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| Drug Class/ Agent | Preferred Drug | Non-Preferred Drug with step therapy |
|---|---|---|
| **Immunoglobulins** | Intravenous: Gamunex-C*, Octagam.<br><br>Subcutaneous: Cutaquig, Hizentra, Xembify.<br><br>*Note: Gamunex-C may be administered IV or subcutaneously. | Intravenous: Qivigy, Asceniv, Bivigam, Flebogamma DIF, Gammaked*, Gammagard*, Gammagard S/D, Gammaplex, Panzyga, Privigen, Alyglo.<br>Subcutaneous: Cuvitru, HyQvia.<br>*Note: Gammaked and Gammagard may be administered IV or subcutaneously. |
| **Dyslipidemics** | Repatha | Leqvio |
| **Gonadotropin-releasing hormone (GnRH) Agonists-Prostate Cancer** | Trelstar<br>Eligard<br>Lupron 3.75mg, 7.5mg, 11.25mg, 30mg, 45mg<br>Lutrate 22.5mg | Lupron 22.5mg<br>Fensolvi<br>Camcevi<br>Triptodur<br>Zoladex |
| **Monoclonal Antibodies; Antineoplastics-Rituximab** | Ruxience<br>(Biosimilar of Rituxan) | Rituxan<br>Riabni, Truxima (Biosimilars of Rituxan) |
| **Vascular Endothelial Growth Factor Inhibitor (Macular Edema)** | Pavblu<br>Yesafili | Eylea<br>Beovu<br>Enzeevu |
| | Byooviz, Cimerli (Biosimilars Interchangeable of Lucentis) | Lucentis<br>Susvimo<br>Nufymco |
| **Vascular Endothelial Growth Factor Inhibitor (Step Therapy do not applies for macular degeneration or macular edema)** | Zirabev, MVASI<br>(Biosimilars of Avastin) | Avastin, Alymsys, Vegzelma, Jobevne<br>(Biosimilars of Avastin) |
| **Trastuzumab Agents** | Ogivri and Trazimera (Biosimilars of Herceptin) | Herceptin<br>Kanjinti, Ontruzant and Herzuma, Hercessi (Biosimilars of Herceptin) |
| **Neuromuscular Agents** | Evrysdi | Spinraza |
| **Antipsoriatics** | Selarsdi | Stelara<br>Wezlana, Otulfi, Pyzchiva, Imuldosa, Yesintek, Steqeyma and Starjemza (Biosimilars of Stelara)<br>Cosentyx<br>Remicade |

| Drug Class/ Agent | Preferred Drug | Non-Preferred Drug with step therapy |
|---|---|---|
| **Monoclonal Antibodies; Endocrine, Antineoplastics- Xgeva** | Bilprevda<br>Xtrenbo | Xgeva<br>Bomyntra, Osenvelt, and Wyost, Aukelso , Jubereq (Biosimilars of Xgeva) |
| **IV Bisphosphonates and Monoclonal Antibodies for Treatment of Osteoporosis and Others** | Bildyos<br>Enoby | Prolia<br>Jubbonti<br>Conexxence<br>Ospomyv<br>Stoboclo<br>Bosaya<br>Osvyrti |
| **Monoclonal Antibodies; Multiple Sclerosis Agents and Others** | Tyruko | Tysabri |

| Changes History | |
|---|---|
| **Date** | **Summary of Changes** |
| 11/05/2026 | Addition of Filkri to non-preferred drug in drug class Hematologic, Neutropenia Colony Stimulating Factors – Short Acting.<br>Addition of Armlupeg to non-preferred drug in drug class Hematologic, Neutropenia Colony Stimulating Factors – Long Acting.<br>Addition of Alyglo to non-preferred drug in drug class Immunoglobulins.<br>Addition of Yesafili to preferred drug and Enzeevu to non-preferred drug in drug class Vascular Endothelial Growth Factor Inhibitor (Macular Edema).<br>Addition of Xtrenbo to preferred drug and Aukelso and Jubereq to non-preferred drug in drug class Monoclonal Antibodies; Endocrine, Antineoplastics- Xgeva.<br>Addition of Enoby to preferred drug and Bosaya and Osvyrti to non-preferred drug in drug class IV Bisphosphonates and Monoclonal Antibodies for Treatment of Osteoporosis and Others.<br>Change Lupron 22.5mg from preferred drug to non-preferred drug and addition of Lutrate 22.5mg to preferred drug in drug class Gonadotropin-releasing hormone (GnRH) Agonists- Prostate Cancer. |
| 9/21/2026 | Addition of Nufymco to non-preferred drug in drug class Vascular Endothelial Growth Factor Inhibitor (Macular Edema).<br>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.<br>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, Conexxence, 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, Bomyntra, Osenvelt, and Wyost are designated as non-preferred. |

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