

MEDICARE PART B STEP THERAPY DRUG LIST

The chart below lists non-preferred drugs with step therapy under Medicare Part B (medical). Step therapy requires you to try one or more (preferred) drugs first to treat your medical condition before another drug (non-preferred) is covered under your plan. Please refer to the drug specific policy for additional guidance.

Step therapy for Part B drugs applies to new starts only.

Drug Category	Preferred Drugs	Non-Preferred Drugs
Adult-Onset Still's Disease	Tumor Necrosis Factor (TNF) Inhibitors (e.g. adalimumab, etanercept, infliximab)	Ilaris
Ankylosing Spondylitis	Avsola Inflectra Simponi Aria	Cimzia
Blood Disorders	Neulasta Udenyca	Fulphila Fylnetra Nypozi Nyvepria Rolvedon Stimufend Ziextenzo
	Zarxio	Granix Neupogen Nivestym Releuko
Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)	mometasone nasal spray Xhance (Requires Prior Auth)	Nucala Xolair
Crohn's Disease	Avsola Entyvio Inflectra Stelara	Cimzia
Gaucher Disease	Elelyso	VPRIV
Generalized Myasthenia Gravis	Ultomiris Vyvgart Vyvgart Hytrulo	Soliris
	Vyvgart Vyvgart Hytrulo	Ultomiris
Genetic Disease	Prolastin-C	Aralast NP Glassia Zemaira
Hemophilia B	Hemgenix	Beqvez
Hereditary Angioedema	Haegarda Takhzyro	Cinryze
Inflammatory Diseases	Avsola Inflectra	Remicade Reneflexis unbranded infliximab
Juvenile Idiopathic Arthritis	Simponi Aria	Actemra Orencia

*Preferred drugs may vary based on diagnosis

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Drug Category	Preferred Drugs	Non-Preferred Drugs
		Tofidence Tyenne
	Enbrel Hadlima Simlandi	Ilaris
Lupus	Benlysta (SQ administration)	Benlysta (IV administration) Saphnelo
Multiple Sclerosis	dimethyl fumarate fingolimod glatiramer Glatopa Kesimpta Rebif teriflunomide	Briumvi (D-SNP only) Tysabri (D-SNP only)
Neuromyelitis Optica Spectrum Disorder	Enspryng Uplizna Ultomiris	Soliris
	Enspryng Uplizna	Ultomiris
	Enspryng	Uplizna
Oncology	paclitaxel	Abraxane* paclitaxel protein-bound*
	Mvasi Zirabev	Almsys Avastin Vegzelma Zaltrap
	Velcade	Kyprolis
	Eligard Lupron Depot	Camcevi Leuprolide Depot 22.5 mg Vial
	Ruxience (rituximab-pvvr) Truxima (rituximab-abbs)	Riabni Rituxan Rituxan Hycela
	Kanjinti Trazimera	Herceptin Herceptin Hylecta Hercessi Herzuma Ogivri Ontruzant
	zoledronic acid	Xgeva*
	Belrapzo bendamustine Bendeka Treanda	Vivimusta
	Alimta pemetrexed	Axtle Pemfexy Pemrydi RTU
	gemcitabine Gemzar	Infugem

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Drug Category	Preferred Drugs	Non-Preferred Drugs
	Erbitux	Vectibix
	Docetaxel (Taxotere)	Docivyx
	Adstiladrin Keytruda	Anktiva
	Reblozyl	Rytelo
	Velcade Bortezomib (J9041 and J9049)	Boruzu
Ophthalmic Agents	Avastin	Eylea Pavblu
	Avastin Eylea Pavblu	Eylea HD
	Avastin Byooviz Eylea Lucentis Pavblu	Vabysmo
Osteoarthritis	Euflexxa Synvisc Synvisc-One	Durolane Gel-One Gelsyn-3 Hyalgan Hymovis Monovisc Orthovisc Supartz FX Synojoynt Triluron Visco-3
	Depo-Medrol (methylprednisolone acetate) Kenalog (triamcinolone acetonide)	Zilretta
Osteoporosis	biphosphonates (oral or injectable)	Prolia
	teriparatide	Evenity
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris	Soliris
Psoriasis	Avsola Illumya Inflectra Stelara Tremfya	Cimzia
Psoriatic Arthritis	Avsola Inflectra Simponi Aria Stelara Tremfya	Cimzia Orencia
Pulmonary Arterial Hypertension	epoprostenol	Flolan Veletri
	treprostinil	Remodulin

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Drug Category	Preferred Drugs	Non-Preferred Drugs
Rare Diseases	Somatuline Depot/lanreotide acetate (generic Somatuline Depot, J1930)	Lanreotide acetate (505 (b)(2)) (J1932) Sandostatin LAR/octreotide intramuscular injection (generic Sandostatin LAR) Signifor LAR
	Vyvgart	Soliris* Ultomiris*
	Ruxience (rituximab-pvvr) Truxima (rituximab-abbs)	Enjaymo
Rheumatoid Arthritis	Avsola Inflectra Simponi Aria	Actemra Cimzia Orencia Tofidence Tyenne
Sickle Cell Disease	Casgevy	Lyfgenia
For all FDA approved and compendia supported diagnoses for ustekinumab	Stelara	Selarsdi Steqeyma ustekinumab-ttwe (Quallent) Wezlana (Optum-Nuvalia) Yesintek

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