2026 DRUGS REQUIRING STEP THERAPY

Step Therapy will be required for the medications listed in the table below, provided the following are met for the requested drug:

- Meets the definition of a Medicare Part B medication.
- New for the patient, as defined by no use in the last 365 days.
- Proposed use of the requested/and or alternative drug has been determined to be a medically accepted indication under Medicare rules.
- Dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication.

Exceptions

- Members (enrollees) may request an exception from the plan's step therapy requirement to ac cess a Part B covered drug, which is reviewed through our organization's determination process.

***Trial and failure of 2 or more preferred alternative(s) required where more than 1 alternative is given**

Product Class	Requested Product	J Code	Preferred Alternative(s)	J Code
Macular Degeneration Drugs	Beovu	J0179	Avastin	J9035
	Byooviz	Q5124		
	Cimerli	Q5128		
	Eylea	J0178		
	Lucentis	J2778		
	Pavblu	J3590		
	Susvimo	J2779		
	Vabysmo	J2777		
Hyaluronic Acids	Durolane	J7318	Euflexxa Synvisc*/Synvisc-One	J7323 J7325
	Gel-One	J7326		
	Gel-Syn	J7328		
	Genvisc 850	J7320/Q9980		
	Hyalgan	J7321		
	Hymovis	J7322/C9471		
	Orthovisc	J7324		
	Monovisc	J7327		
	Supartz/FX	J7321		
	SynoJoynt	J7331		
	Triluron	J7332		
	Trivisc	J7329		
	Visco-3	J7321		
Tocilizumab Intravenous	Tolfidence IV	Q5133	Actemra Tyenne	J3262 Q5135
Pemetrexed	Pemfexy	J9304	Pemetrexed (Sandoz) Pemetrexed (Hospira) Pemetrexed (Accord) **Generic Pemetrexed** Pemetrexed ditromethamine (Hospira)* Pemetrexed (Bluepoint)*	J9297 J9294 J9296 **J9305** J9323 J9322
	Alimta	**J9305**		
	Pemrydi RTU	J9324		
	Axtle - Avyxa	J9292		
	Pemetrexed (Teva)	J9314		
Paclitaxel	Paclitaxel Protein-Bound (Abraxane)	J9264	Paclitaxel injection	J9267

Product Class	Requested Product	J Code	Preferred Alternative(s)	J Code
Bortezomib	Boruzu RTU	J9054	Bortezomib Inj.* Bortezomib Inj. (Dr. Reddy)* Bortezomib Inj. (Fresenius)* Bortezomib Inj. (Hospira)* Bortezomib Inj. (Maia)*	J9041 J9046 J9048 J9049 J9051
Luteinizing Hormone-Releasing Hormone	Vabrinty		Eligard Depot Leuprolide Depot Lupron Depot Lupron Depot	J9217 J1954 J1950 J9217
Denosumab (Osteoporosis)	Prolia	J0897	Jubbonti Sobolov	Q5136 Q5157
	Conexxence	Q5158		
	Bildyos	J3590		
	Bosaya	J3590		
	Enoby	J3590		
	Ospomyv	Q5159		
Denosumab (Cancer)	Xgeva	J0897	Wyost Osenvelt	Q5136 Q5157
	Bomyntra	Q5158		
	Aukelso	J3590		
	Bilprevda	J3590		
	Xbryk	Q5159		
	Xtrenbo	J3590		
Complement Inhibitors	Bkemv	Q5152	Epysqli Ultomiris	Q5151 J1303
	Soliris	J1299		
IVIG	Alyglo	J1552	Bivigam Flebogamma DIF Gammagard Liquid Gammagard S/D Gammaked Gammaplex Gamunex-C Privigen	J1556 J1572 J1569 J1566 J1561 J1557 J1561 J1459
	Asceniv	J1554		
	Hyqvia	J1575		
	Panzyga	J1576		
	Yimmugo	J1599		
Usekinumab	Imdulosa		Selarsdi Yesintek	
	Otulfi			
	Pyzchiva			
	Stelara			
	Steqeyma			
	Ustekinumab			

Product Class	Requested Product	J Code	Preferred Alternative(s)	J Code
	Ustekinumab-ttwe			
	Wezlana			