

2025 Medicare Part B Step Therapy Drug List

- Step therapy requires a trial of a preferred drug to treat a medical condition before covering other drug therapies.
- The step therapy requirement does not apply to members who have already received treatment with the non-preferred drug within the past 365 days.
- These drugs may also be subject to prior authorization* and/or quantity limitations.

Drug Class	Preferred Product(s)	Non-Preferred Product(s)
Adrenocorticotrophic Hormone Analogue	Oral/IV Corticosteroids	Acthar (corticotropin) Cortrophin Gel (corticotropin)
Alpha-1 Antitrypsin Deficiency	Prolastin-C (alpha-1 proteinase inhibitor)* Zemaira (alpha-1 proteinase inhibitor)*	Aralast (alpha-1 proteinase inhibitor)* Glassia (alpha-1 proteinase inhibitor)*
Asthma Monoclonal Antibodies	Fasenra (benralizumab) Xolair (omalizumab)	Cinqair (reslizumab) Nucala (mepolizumab) Tezspire (Tezepelumab-ekko)
Autoimmune IV Injectables	Entyvio (vedolizumab) Simponi Aria (golimumab)	Actemra (tocilizumab) Cimzia (certolizumab) Ilumya (tildrakizumab-asmn) Orencia (abatacept) Stelara (ustekinumab)
Bevacizumab Products for Oncology	Mvasi (bevacizumab-awwb)* Zirabev (bevacizumab-bvzr)*	Alymsys (bevacizumab-maly)* Avastin (bevacizumab)* Vegzelma (bevacizumab-adcd)*
Bone Density Regulators for Osteoporosis	Prolia (denosumab)* Zoledronic acid*	Evenity (romosozumab-aqqg)* Reclast (zoledronic acid)* Zometa (zoledronic acid)*
Botulinum Toxins	Dysport (abobotulinumtoxinA)* Xeomin (incobotulinumtoxinA)*	Botox (onabulinumtoxinA)* Myobloc (rimabotulinumtoxinB)*
Colony Stimulating Factors - Long Acting	Fulphila (pegfilgrastim-jmdb)* Ziextenzo (pegfilgrastim-bmez)*	Fylneta (pegfilgrastim-pbbk)* Neulasta syringe (pegfilgrastim)* Nyvepria (pegfilgrastim-apgf)* Rolvedon (eflapegrastim-xnst)* Stimufend (pegfilgrastim-fpgk)* Udenyca (pegfilgrastim-cbqv)*
Colony Stimulating Factors - Short Acting	Zarxio (filgrastim-sndz)*	Granix (tbo-filgrastim)* Leukine (sargramostim)* Neupogen (filgrastim)* Nivestym (filgrastim-aafi)* Releuko (filgrastim-ayow)*
Erythropoiesis Stimulating Agents (ESA), non-ESRD	Aranesp (darbepoetin alfa) Retacrit (epoetin alfa-epbx)	Epogen (epoetin alfa) Mircera (methoxy polyethylene glycol-epoetin beta) Procrit (epoetin alfa)
Gaucher Disease	Cerezyme (imiglucerase)* Elelyso (taliglucerase alfa)*	VPRIV (velaglucerase alfa)*

Drug Class	Preferred Product(s)	Non-Preferred Product(s)
Hereditary Angioedema (HAE) Prophylaxis	Haegarda (C1 esterase inhibitor)*	Cinryze (C1 esterase inhibitor)* Takhzyro (lanadelumab-flyo)*
Homozygous Familial Hypercholesterolemia (HoFH)	PCSK9 Inhibitor	Evkeeza (evinacumab-dgnb) Leqvio (inclisiran)
Infliximab Products	Inflectra (infliximab-dyyb) Renflexis (infliximab-abda)	Avsola (infliximab-axxq) Infliximab Ixifi (infliximab-qbtx) Remicade (infliximab)
Iron Products	Ferrlecit (sodium ferric gluconate) Infed (iron dextran) Sodium ferric gluconate Venofer (iron sucrose)	Feraheme (ferumoxytol) Injectafer (ferric carboxymaltose) Monoferric (ferric derisomaltose)
IV Immune Globulins	Flebogamma Gammaked Gamunex-C Octagam Privigen	Asceniv Bivigam Gammagard Gammaplex Panzyga
Lipodystrophy	Insulin, fibrates, or statins	Myalept (metreleptin)*
Migraine Therapy	Oral beta blocker or anticonvulsant	Vyepti (eptinezumab-jjmr)*
Monoclonal Antibodies – Other	Depending on the indication: Soliris (eculizumab)* Ultomiris (ravulizumab-cwvz)* Immunosuppresant Rituximab product	Enspryng (satralizumab-mwge)* Uplizna (inebilizumab-cdon)*
Multiple Sclerosis Infused	Ocrevus (ocrelizumab) Tysabri (natalizumab)	Briumvi (ublituximab-xiiv) Lemtrada (alemtuzumab)
Osteoarthritis, Viscosupplements - Single Injection	Durolane (hyaluronic acid) Synvisc-One (hylan G-F 20)	Gel-One (hyaluronate sodium) Monovisc (hyaluronic acid)
Osteoarthritis, Viscosupplements - Multi Injection	Euflexxa (hyaluronate sodium) Synvisc (hylan G-F 20)	Gelsyn-3 (hyaluronic acid) Genvisc 850 (hyaluronate sodium) Hyalgan (hyaluronate sodium) Hymovis (hyaluronic acid) Orthovisc (hyaluronic acid) Supartz FX (hyaluronate sodium) Triluron (hyaluronate sodium) Trivisc (hyaluronate sodium) Visco-3 (hyaluronate sodium)
Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents	Eligard (leuprolide acetate)*	Camcevi (leuprolide)* Lupron Depot (leuprolide acetate)* Trelstar (triptorelin pamoate)* Zoladex (goserelin acetate)*
Pulmonary Arterial Hypertension (PAH)	For PAH Group 1: Epoprostenol	Remodulin (Treprostinil)* Tyvaso (Treprostinil)*
Retinal Disorders Agents	Avastin (bevacizumab), then Byooviz (anbimizumab-nuna) Eylea and Eylea HD (afibercept)	Beovu (brolocizumab-dbli) Cimerli (ranbizumab-eqrn) Lucentis (ranibizumab) Susvimo (ranibizumab implant) Vabysmo (faricimab-svoa) Visydyne (verteporfin)



Drug Class	Preferred Product(s)	Non-Preferred Product(s)
Rituximab Products	Truxima (rituximab-abbs) Ruxience (rituximab-pvvr)	Riabni (rituximab-arrx) Rituxan (rituximab) Rituxan Hycela (rituximab/hyaluronidase)
Sickle Cell Therapy	Hydroxyurea	Adakveo (crizanlizumab-tmca)*
Somatostatin Analogues	Somatuline Depot (lanreotide acetate)	Lanreotide Sandostatin LAR Depot (octreotide acetate) Signifor LAR (pasireotide)
Trastuzumab Products	Kanjinti (trastuzumab-anns)* Ogivri (trastuzumab-dkst)* Trazimera (trastuzumab-qyyp)*	Herceptin (trastuzumab)* Herceptin Hylecta (trastuzumab/hyaluronidase)* Herzuma (trastuzumab-pkrb)* Ontruzant (trastuzumab-dttb)*

*Prior authorization is required

Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association. Highmark Health Options Duals is offered by Highmark Blue Cross Blue Shield. Highmark BCBSD Inc. d/b/a Highmark Blue Cross Blue Shield offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.