

Part B Drugs Requiring Step Therapy

Some drugs (Part B drugs) that are injected or given in your doctor's office are subject to step therapy. "Step therapy" is when you must first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

In the table below, you can find a list of drugs that require step therapy.

If you are currently taking a non-preferred drug as part of your treatment, we will not disrupt your therapy.

Non-preferred Drug	Preferred Drug	Criteria
Asceniv	Bivigam*, Carimune*, Cuvitru*, GamaStan SD*, Flebogamma*, Gammagard*, Gammaplex*, Gamunex*, Gammaked*, Nonlyophilized (NOS) *, Octagam*, Privigen*, Hyqvia*	Failure of two preferred drugs.
Dextenza	Azelastine and olopatadine	Failure of azelastine and olopatadine.
Durysta	Latanoprost and travoprost**	Failure of latanoprost prior to travoprost.
Dysport, Daxxify, Myobloc	Botox* and Xeomin*	Failure of Botox and Xeomin, both require prior authorization.
Genvisc, Hyalgan, Supartz, Visco, Euflexxa, Orthovisc, Gel-One, Monovisc, Hymovis	Synvisc, SynviscOne, Durolane, and Gelsyn-3	Failure of one of the preferred products.
iDose TR	Latanoprost and travoprost**	Failure of latanoprost prior to travoprost.
Ilaris	Methotrexate, infliximab*	ST only required for active Still's disease. Failure of both drugs.
Imuldosa IV, Otulfi IV, Pyzchiva IV, Selardsi IV, Starjema IV, Stelara IV, Ustekinumab-AEKN IV, Ustekinumab IV, Wezlana IV	Steqeyma IV*, Yesintek IV*	Failure of Steqeyma and Yesintek.
Leqvio	Repatha**, Praluent**	Failure of both Repatha and Praluent.
Lucentis, Byooviz, Cimerli	Avastin	Failure of Avastin.
Eylea, Eylea HD, Beovu, Susvimo, Vabysmo, Pavblu	Avastin, Lucentis, Byooviz or Cimerli*	Failure of 1) Avastin and 2) Lucentis, Byooviz or Cimerli
Niktimvo	Jakafi**, Imbruvica**, Rezurock**	Failure of Jakafi, Imbruvica and then Rezurock. All require PA on the Part D benefit
Qutenza	Gabapentin, pregabalin, tricyclic antidepressants (TCA), lidocaine patches**	Failure of 1) gabapentin or pregabalin, 2) a TCA, and 3) lidocaine patches with PA.
Remicade, Renflexis, Ixifi	Inflectra*, Avsola*	Failure of Inflectra and Avsola.

Soliris	Mycophenolate, azathioprine, rituximab, Uplizna*, Enspryng**	Failure of 1) mycophenolate or azathioprine and 2) rituximab and 3) Uplizna and 4) Enspryng
Tremfya IV	Steqeyma IV*, Yesintek IV*	Failure of Steqeyma and Yesintek.
Ultomiris	Mycophenolate, azathioprine, rituximab, Uplizna*, Enspryng**	Failure of 1) mycophenolate or azathioprine and 2) rituximab and 3) Uplizna and 4) Enspryng
Uplizna	Mycophenolate, azathioprine, rituximab, Enspryng**	Failure of 1) mycophenolate or azathioprine and 2) rituximab and 3) Enspryng (Enspryng not required for treatment of Immunoglobulin G4-related disease)
Vyepti	Aimovig** and Emgality**	Failure of both Aimovig and Emgality.
Xipere	Yutiq*	Failure of Yutiq.
Prolia, Ospomyv, Enoby, Conexence, Bildyos, Bosaya	Stoboclo and Jubbonti	Failure of Stoboclo and Jubbonti.
Xgeva, Xtrenbo, Bomynta, Bilprevda, Aukelso	Wyost and Osenvelt	Failure of Wyost and Osevent.

*Drug also requires prior authorization on the medical benefit.

**Drug available through prescription drug benefit and requires prior authorization.

Changes Effective 04/01/2026

Last Updated 03/24/2026