

Medicare Part B Drug Step Therapy List

Effective: January 1st, 2024

Medicare Part B Step Therapy is a program designed to ensure that you receive effective and cost-efficient medications covered by your plan. It works by starting your treatment with a specific medication that's been chosen by your insurance provider as the first option. This initial medication is often a lower-cost or preferred drug.

Medicare Part B covers some drugs such as injections you receive in a doctor's office, some oral anti-cancer drugs, medications used with durable medical equipment, immunosuppressant drugs, among others. In some cases, the plan requires a Step therapy to cover some Part B medications.

What does Step Therapy mean?

Step therapy is a utilization tool that requires you to first try another drug to treat your medical condition before we cover the drug that is not preferred. Trying a different drug first encourages you to try a less costly, but just as effective drug before the plan covers another drug. For example, if Drug A and Drug B treat the same medical condition and Drug A is less costly, the plan may require you to try Drug A first. If Drug A does not work for you, the plan will then cover Drug B.

Drug Class / Indication(s)	Preferred Drug(s)	Non-Preferred Drug(s)
Vascular Endothelial Growth Factor Inhibitor (ophthalmic)	- Byooviz - Lucentis - Eylea	- Cimerli - Beovu - Vabysmo
Long-Acting Colony Stimulating Factor	- Fulphila - Fylnetra	NeulastaNyvepriaUdenyca
Short Acting Colony Stimulating Factor	- Nivestym	NeupogenGranixZarxio
 Botolinum Toxin Cervical Dystonia Upper limb spasticity Lower limb spasticity 	- Dysport - Xeomin	- Botox - Myobloc
Blepharospasm Chronic Sialorrhea	- Xeomin	
Botolinum ToxinOverractive bladderMigraine Headache	- Botox	



Bone Resorption Inhibitor • Osteoporosis	- Zolendronic Acid	- Prolia - Evenity
Bone Resorption Inhibitor	Zolendronic AcidPamidronate	- Xgeva
Hyalorunic Acid Polymers	- Hyalgan - Supartz	EuflexxaOrthoviscSynvisc
IVIG (Intraveneous immunoglobulin) Primary Immunodeficiency Idiopathic Thrombocytopenia purpura Chronic Inflammatory demyelinating polyneuropathy	- Octagam - Gammunex	- Panzyga - Gammaplex - Gammagard
SCIG (Subcutaneous immunoglobulin) Primary Immunodeficiency Chronic Inflammatory demyelinating polyneuropathy	- Hizentra	- Gammagard - Xembify
Herceptin (Oncology)	- Ontruzant	- Herzuma - Herceptin

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with the plan. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Listed therapeutic classes and specific drug preferred designations are subject to change based on new drug launches, product approvals, drug withdrawals and other market changes. See the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.

For specific medical indications subject to step therapy, more recent information or other questions, please contact Leon Health Member Services Department at 844-9-MY-LEON (1-844-969-5366) or local at 305-541-LEON (305-541-5366). TTY users should call 711. Hours are from 8 a.m. to 8 p.m., seven days a week from October 1st through March 31st and Monday through Friday from April 1st through September 30th.