

This document was last updated on: Feb. 18, 2026

To view the full Medicare Part B Step Therapy Preferred Drug list, visit [CarePlus PAL website](#).

This list contains a summary of changes made to the current copy of the Medicare Part B Step Therapy Preferred Drug List.

At CarePlus, we are dedicated to ensuring that every business decision we make reflects our commitment to improving the health and well-being of our members. To that end, we continuously evaluate our clinical programs, current medical literature, legislation and coding practices to help our members achieve their best health.

Medicare Part B Step Therapy Preferred Drug List notifications

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Feb. 18, 2026	April 1, 2026	Multiple sclerosis	Ocrevus	Preferred	J2350
			Ocrevus Zunovo	Preferred	J2350
			Tyruko	Preferred	Q5134
			Briumvi	Nonpreferred	J2329
			Lemtrada	Nonpreferred	J0202
			Tysabri	Nonpreferred	J2323

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Feb. 18, 2026	April 1, 2026	Severe asthma, IL-5 Inhibitors	Fasenra	Preferred	J0517
			Nucala	Preferred	J2182
			Exdensusur	Nonpreferred	C9399, J3490, J3590

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Feb. 11, 2026	Mar. 25, 2026	Neuromyelitis Optica Spectrum Disorder (NMOSD)	Ultomiris	Preferred	J1303
			Bkemv IV	Nonpreferred	Q5139, Q5152

Epysqli IV	Nonpreferred	Q5151
Soliris	Nonpreferred	J1300, J1299
Uplizna	Nonpreferred	J1823

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Feb. 11, 2026	Mar. 25, 2026	Myasthenia gravis	Soliris	Preferred	J1300, J1299
			Ultomiris	Preferred	J1303
			Vyvgart	Preferred	J9332
			Vyvgart Hytrulo	Preferred	C9399, J3490, J3590
			Bkemv IV	Nonpreferred	Q5139, Q5152
			Epysqli IV	Nonpreferred	Q5151
			Imaavy	Nonpreferred	J9256
			Rystiggo	Nonpreferred	C9399, J3490, J3590
			Uplizna	Nonpreferred	J1823

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Oct. 8, 2025	Nov. 12, 2025	Hemophilia A without inhibitors	Advate	Preferred	J7192
			Adynovate	Preferred	J7207
			Afstyla	Preferred	J7210
			Altuviio	Preferred	J7214
			Eloctate	Preferred	J7205
			Esperoct	Preferred	J7204
			Hemofil-M	Preferred	J7190
			Jivi	Preferred	J7208
			Koate-DVI	Preferred	J7190
Kogenate FS	Preferred	J7192			

			Kovaltry	Preferred	J7211
			NovoEight	Preferred	J7182
			Nuwiq	Preferred	J7209
			Recombinate	Preferred	J7192
			Xyntha	Preferred	J7185
			Alhemo	Nonpreferred	J7173
			Hemlibra	Nonpreferred	J7170
			Hypavzi	Nonpreferred	J7172
			Qfitlia	Nonpreferred	J7174

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Oct. 1, 2025	Jan. 1, 2026	Colony-stimulating factors – leukocyte growth factors (short-acting)	Zarxio	Preferred	Q5101
			Granix	Nonpreferred	J1447
			Neupogen	Nonpreferred	J1442
			Nivestym	Nonpreferred	Q5110
			Nypozi	Nonpreferred	Q5148
			Releuko	Nonpreferred	Q5125

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Oct. 1, 2025	Jan. 1, 2026	Bone resorption inhibitors	zoledronic acid	Preferred	J3489
			Xgeva	Preferred - step through zoledronic acid may apply based on diagnosis	J0897
			Wyost	Preferred - step through zoledronic acid may apply based on diagnosis	Q5136

			Bilprevda	Nonpreferred	C9399, J3490, J3590, J9999
			Bomynta	Nonpreferred	Q5158
			Osenvelt	Nonpreferred	Q5157

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Sept. 4, 2025	Oct. 8, 2025	PCSK9s – applies to MAPD plans only	Repatha	Preferred	Part D benefit
			Leqvio	Nonpreferred	J1306

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Sept. 4, 2025	Oct. 8, 2025	CGRPs – applies to MAPD plans only	Emgality	Preferred	Part D benefit
			Qulipta	Preferred	Part D benefit
			Vyepti	Nonpreferred	J3032

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Sept. 3, 2025	Oct. 8, 2025	Somatostatin analogs (Lutathera) – Drug class will be removed from Step therapy requirements	Sandostatin LAR	Preferred	J2353
			Somatuline Depot	Preferred	J1930
			Lutathera	Nonpreferred	A9513

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Aug. 27, 2025	Oct. 1, 2025	Ophthalmic disorders - VEGF inhibitors	Avastin	Preferred	C9257, J9035
			Byooviz	Preferred – Requires step through Avastin	Q5124
			Cimerli	Preferred – Requires step through Avastin	Q5128
			Eylea	Preferred – Requires step through Avastin	J0178

			Eylea HD	Preferred – Requires step through Avastin	J0177
			Lucentis	Preferred – Requires step through Avastin	J2778
			Pavblu	Preferred – Requires step through Avastin	Q5147
			Vabysmo	Preferred – Requires step through Avastin	J2777
			Susvimo	Nonpreferred	C9093, J3490

Notification date	Effective date	Drug class	Drug name	Status	Billing code
July 23, 2025	Aug. 27, 2025	Bone resorption inhibitors	pamidronate	Preferred	J2430
			zoledronic acid	Preferred	J3489
			Xgeva	Preferred – Requires step through zoledronic acid may apply based on diagnosis	J0897
			Wyost	Preferred – Requires step through zoledronic acid may apply based on diagnosis	Q5136
			Osenvelt	Nonpreferred – Step through zoledronic and/or Preferred based on diagnosis	C9399, J3490, J3590, J9999

Notification date	Effective date	Drug class	Drug name	Status	Billing code
July 2, 2025	Aug. 1, 2025	Onivyde (liposomal irinotecan) – Drug class will be removed from Step therapy requirements	Irinotecan	Preferred	J9206
			Onivyde	Nonpreferred	J9205

Notification date	Effective date	Drug class	Drug name	Status	Billing code
July 2, 2025	Aug. 1, 2025	Bone resorption inhibitors	zoledronic acid	Preferred	J3489
			Xgeva	Preferred – Requires step through zoledronic acid may apply based on diagnosis	J0897
			Wyost	Preferred – Requires step through zoledronic acid may apply based on diagnosis	Q5136
			Osenvelt	Nonpreferred – Step through zoledronic and/or Preferred based on diagnosis	C9399, J3490, J3590, J9999
Notification date	Effective date	Drug class	Drug name	Status	Billing code
May 28, 2025	Jul. 1, 2025	Hemophilia A without inhibitors – Drug class name update	Adynovate	Preferred	J7207
			Afstyla	Preferred	J7210
			Altuviiiio	Preferred	C9399, J3490, J3590, J7199
			Altuviiiio	Preferred	C9399, J3490, J3590, J7199
			Eloctate	Preferred	J7205
			Esperoct	Preferred	J7204
			Hemofil-M	Preferred	J7190
			Jivi	Preferred	J7208
			Koate-DVI	Preferred	J7190
			Kogenate FS	Preferred	J7192
			Kovaltry	Preferred	J7211
			NovoEight	Preferred	J7182
			Nuwiq	Preferred	J7209
			Eloctate	Preferred	J7205
			Esperoct	Preferred	J7204
Recombinate	Preferred	J7192			
Xyntha	Preferred	J7185			

Hemlibra	Nonpreferred	J7170
Hympavzi	Nonpreferred	C9304, J3490, J3590
Qfitlia	Nonpreferred	J3490, J3590, J7199

Notification date	Effective date	Drug class	Drug name	Status	Billing code
May 28, 2025	Jul. 1, 2025	Immunologic drugs – autoimmune disorders (arthritis, psoriasis, inflammatory bowel disease)	Inflectra	Preferred	Q5103
			Infliximab (unbranded)	Preferred	J1745
			Otulfy IV	Preferred	Q9999
			Remicade	Preferred	J1745
			Simponi Aria	Preferred	J1602
			Stelara	Preferred	J3358
			Tremfya IV	Preferred	J1628
			Yesintek IV	Preferred	C9399, J3490, J3590
			Actemra IV	Nonpreferred	J3262
			Avsola	Nonpreferred	Q5121
			Cimzia	Nonpreferred	J0717
			Cosentyx IV	Nonpreferred	J3247
			Entyvio	Nonpreferred	J3380
			Ilumya	Nonpreferred	J3245
			OmvoH IV	Nonpreferred	J2267
			Orencia IV	Nonpreferred	J0129
			Pyzchiva IV	Nonpreferred	Q9997
			Renflexis	Nonpreferred	Q5104
			Riabni	Nonpreferred	Q5123
			Rituxan IV	Nonpreferred	J9312
			Ruxience	Nonpreferred	Q5119
			Selarsdi IV	Nonpreferred	Q9998
			Steqeyma IV	Nonpreferred	C9399, J3490, J3590
			Tofidence	Nonpreferred	Q5133
			Truxima	Nonpreferred	Q5115
			Tyenne	Nonpreferred	C9399, J3490, J3590

			Tysabri	Nonpreferred	J2323
			Ustekinumab IV	Nonpreferred	J3358
			Wezlana IV	Nonpreferred	Q5138
Notification date	Effective date	Drug class	Drug name	Status	Billing code
May 28, 2025	Jul. 1, 2025	Ophthalmic disorders – VEGF inhibitors	Avastin	Preferred	C9257, J9035
			Byooviz	Preferred	Q5124
			Eylea	Preferred	J0178
			Eylea HD	Preferred	J0177
			Pavblu	Preferred	Q5147
			Vabysmo	Preferred	J2777
			Beovu	Nonpreferred	J0179
			Lucentis	Nonpreferred	J2778
			Susvimo	Nonpreferred	C9093, J3490

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Feb. 26, 2025	April 2, 2025 – Removal of drug class	Melanoma	Keytruda	Preferred	J9271
			Opdivo	Preferred	J9299
			Opdivo plus Yervoy	Preferred	J9299, J9228
			Opdualag	Nonpreferred	J9298

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Oct. 1, 2024	Jan. 1, 2025	PD-1/PD-L1 NSCLC	Libtayo	Preferred	J9119
			Imfinzi	Nonpreferred	J9173
			Imjudo	Nonpreferred	J9347
			Keytruda	Nonpreferred	J9271
			Opdivo	Nonpreferred	J9299
			Tecentriq Hybreza SQ	Nonpreferred	C9399, J3490, J3590, J9999
			Tecentriq IV	Nonpreferred	J9022
			Yervoy	Nonpreferred	J9228

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Oct. 1, 2024	Jan. 1, 2025	Ophthalmic disorders -	Avastin	Preferred	C9257, J9035

		VEGF inhibitors	Byooviz	Preferred	Q5124
			Cimerli	Preferred	Q5128
			Eylea	Preferred	J0178
			Eylea HD	Preferred	J0177
			Vabysmo	Preferred	J2777
			Beovu	Nonpreferred	J0179
			Lucentis	Nonpreferred	J2778
			Susvimo	Nonpreferred	C9093, J3490

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Oct. 1, 2024	Jan. 1, 2025	Hemophilia A	Advate	Preferred	J7192
			Adynovate	Preferred	J7207
			Afstyla	Preferred	J7207
			Altuviiiio	Preferred	C9399, J3490, J3590, J7199
			Eloctate	Preferred	J7205
			Esperoct	Preferred	J7204
			Hemofil-M	Preferred	J7190
			Jivi	Preferred	J7208
			Koate-DVI	Preferred	J7190
			Kogenate FS	Preferred	J7192
			Kovaltry	Preferred	J7211
			NovoEight	Preferred	J7182
			Nuwiq	Preferred	J7209
			Recombinate	Preferred	J7192
		Xyntha	Preferred	J7185	
		Hemlibra	Nonpreferred	J7170	

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Oct. 1, 2024	Jan. 1, 2025	Gaucher's disease	Elelyso	Preferred	J7192
			Vpriv	Preferred	J7207
			Cerezyme	Nonpreferred	J7210

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Nov. 20, 2024	Jan. 1, 2025	Paroxysmal nocturnal	Ultomiris	Preferred	J1303
			PiaSky	Nonpreferred	J1307

		hemoglobinuria (PNH)	Soliris	Nonpreferred	J1300
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Notification date	Effective date	Drug class	Drug name	Status	Billing code
Nov. 20, 2024	Jan. 1, 2025	Atypical Hemolytic Uremic Syndrome (aHUS)	Ultomiris	Preferred	J1303
			Soliris	Nonpreferred	J1300

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Nov. 20, 2024	Jan. 1, 2025	Neuromyelitis Optica Spectrum Disorder (NMOSD)	Ultomiris	Preferred	J1303
			Soliris	Nonpreferred	J1300