

This document was last updated on Feb. 26, 2025.

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

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

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 PDL notifications

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Feb. 26, 2024	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

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Oct. 1, 2024	Jan. 1, 2025	Ophthalmic disorders – VEGF inhibitors	Avastin	Preferred	C9257, J9035
			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

Notification date	Effective date	Drug class	Drug name	Status	Billing code
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 hemoglobinuria	Ultomiris	Preferred	J1303
			PiaSky	Nonpreferred	J1307
			Soliris	Nonpreferred	J1300

Notification date	Effective date	Drug class	Drug name	Status	Billing code
Nov. 20, 2024	Jan. 1, 2025	Atypical hemolytic uremic syndrome	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	Ultomiris	Preferred	J1303
			Soliris	Nonpreferred	J1300