



# Medicare Part B Step Therapy Preferred Drug List change notifications

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

To view the full Medicare Part B Step Therapy Preferred Drug list, visit Humana's 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 Humana, 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     |                |            | Ultomiris | Preferred | J1303        |

|  |               |  |            |              |              |
|--|---------------|--|------------|--------------|--------------|
|  | Mar. 25, 2026 | Neuromyelitis Optica Spectrum Disorder (NMOSD) | 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 | <b>Soliris</b>         | <b>Preferred</b> | J1300, J1299        |
|                   |                |                   | <b>Ultomiris</b>       | <b>Preferred</b> | J1303               |
|                   |                |                   | <b>Vyvgart</b>         | <b>Preferred</b> | J9332               |
|                   |                |                   | <b>Vyvgart Hytrulo</b> | <b>Preferred</b> | 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        |
|                   |                |                                 | Altuviiiio  | 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        |
|                   |                |                                 | Hympavzi    | 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        |
|                   |                |  | 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        |
|                   |                |  | Beovu     | Nonpreferred                              | J0179        |
|                   |                |  | 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 | J0897        |

|  |  |  |          |  |                            |
|--|--|--|----------|--|----------------------------|
|  |  |  |          | through zoledronic acid may apply based on diagnosis                           |                            |
|  |  |  | 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 | Advate      | Preferred    | J7192                      |
|                   |                |  | Adynovate   | Preferred    | J7207                      |
|                   |                |  | Afstyla     | Preferred    | J7210                      |
|                   |                |  | Altuviio    | 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                      |
| 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               |
|                   |                |   | Otulfu 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                      |

| Notification date | Effective date | Drug class | Drug name | Status    | Billing code |
|-------------------|----------------|------------|-----------|-----------|--------------|
| Oct. 1, 2024      | Jan. 1, 2025   |            | Avastin   | Preferred | C9257, J9035 |
|                   |                |            | Byooviz   | Preferred | Q5124        |

|  |  |  |                 |                  |              |
|--|--|--|-----------------|------------------|--------------|
|  |  | Ophthalmic disorders - VEGF inhibitors | <b>Cimerli</b>  | <b>Preferred</b> | Q5128        |
|  |  |  | <b>Eylea</b>    | <b>Preferred</b> | J0178        |
|  |  |  | <b>Eylea HD</b> | <b>Preferred</b> | <b>J0177</b> |
|  |  |  | <b>Vabysmo</b>  | <b>Preferred</b> | 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     | <b>Advate</b>      | <b>Preferred</b> | J7192                      |
|                   |                |                  | <b>Adynovate</b>   | <b>Preferred</b> | J7207                      |
|                   |                |                  | <b>Afstyla</b>     | <b>Preferred</b> | J7210                      |
|                   |                |                  | <b>Altuviio</b>    | <b>Preferred</b> | C9399, J3490, J3590, J7199 |
|                   |                |                  | <b>Eloctate</b>    | <b>Preferred</b> | J7205                      |
|                   |                |                  | <b>Esperoct</b>    | <b>Preferred</b> | J7204                      |
|                   |                |                  | <b>Hemofil-M</b>   | <b>Preferred</b> | J7190                      |
|                   |                |                  | <b>Jivi</b>        | <b>Preferred</b> | J7208                      |
|                   |                |                  | <b>Koate-DVI</b>   | <b>Preferred</b> | J7190                      |
|                   |                |                  | <b>Kogenate FS</b> | <b>Preferred</b> | J7192                      |
|                   |                |                  | <b>Kovaltry</b>    | <b>Preferred</b> | J7211                      |
|                   |                |                  | <b>NovoEight</b>   | <b>Preferred</b> | J7182                      |
|                   |                |                  | <b>Nuwiq</b>       | <b>Preferred</b> | J7209                      |
|                   |                |                  | <b>Recombinate</b> | <b>Preferred</b> | J7192                      |
|                   | <b>Xyntha</b>  | <b>Preferred</b> | J7185              |                  |                            |
|                   | Hemlibra       | Nonpreferred     | J7170              |                  |                            |

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

| Notification date | Effective date | Drug class                                | Drug name        | Status           | Billing code |
|-------------------|----------------|---|------------------|------------------|--------------|
| Nov. 20, 2024     | Jan. 1, 2025   | Paroxysmal nocturnal hemoglobinuria (PNH) | <b>Ultomiris</b> | <b>Preferred</b> | 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 (aHUS) | <b>Ultomiris</b> | <b>Preferred</b> | 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) | <b>Ultomiris</b> | <b>Preferred</b> | J1303        |
|                   |                |  | Soliris          | Nonpreferred     | J1300        |