



Medicare Part B Prescription Drugs – Step Therapy

Starting January 1, 2026, Step Therapy will be required for the non-preferred drugs listed in the table below. Part B Step Therapy Preferred Drug list applies to all SCAN plans in California and SCAN Embrace (HMO POS I-SNP), SCAN Embrace Together (HMO POS I-SNP) in Maricopa and Pima Counties. This list is subject to change. To see the most up-to-date information, please visit [SCAN Medicare Advantage Prior Authorization Requirements](#).

Therapeutic Class	Preferred	Non-Preferred
Bevacizumab for cancer BCG0318 Part B Step Therapy Criteria for Bevacizumab Products	Alymsys® (Q5126) Mvasi® (Q5107) Zirabev® (Q5118)	Avastin® (J9035) Vegzelma® (Q5129)
Granulocyte Colony Stimulating Factors (G-CSF), Long-Acting (Pegfilgrastim to boost white blood cells) BCG0320 Part B Step Therapy Criteria for Long-Acting G-CSF	Fulphila® (Q5108) Nyvepria™ (Q5122) Udenyca® (Q5111)	Fylnetra® (Q5130) Neulasta® (J2506) Neulasta Onpro® (J2506) Rolvedon™ (J1449) Stimufend® (Q5127) Ziextenzo® (Q5120)
Granulocyte Colony Stimulating Factors (G-CSF), Short-Acting (Filgrastim to boost white blood cells) BCG0319 Part B Step Therapy Criteria for Short Acting G-CSF	Nivestym® (Q5110) Releuko® (Q5125)	Granix® (J1447) Neupogen® (J1442) Nypozi (Q5148) Zarxio® (Q5101)
Immunoglobulin, intravenous (IVIG) for immune deficiency or neurological disorders BCG0317 Part B Step Therapy Criteria for Intravenous Immunoglobulin IVIG	Gammagard® (J1569) GamunexC® (J1561)	Alyglo™ (J1552) Asceniv™ (J1554) Bivigam® (J1556) Gammaplex® (J1557) Octagam® (J1568) Panzyga® (J1576) Privigen® (J1459)
Immunoglobulin, subcutaneous (SCIG) for immune deficiency or neurological disorders BCG0316 Part B Step Therapy Criteria for Subcutaneous Immunoglobulin (SCIG)	Cutaquig® (J1551) Hizentra® (J1559) Xembify® (J1558)	Cuvitru® (J1555) HyQvia® (J1575)
Infliximab for autoimmune diseases BCG0313 Part B Step Therapy Criteria for Infliximab Products	Avsola® (Q5121) Inflectra® (Q5103)	Remicade® (J1745) Renflexis® (Q5104)
Osteoporosis Treatments BCG0311 Part B Step Therapy Criteria for Evenity	Zoledronic acid (J3489) Jubbonti® (Q5136) Prolia® (J0897)	Evenity® (J3111)
Rituximab for cancer and autoimmune diseases BCG0314 Part B Step Therapy Criteria for Rituximab Products	Riabni™ (Q5123) Ruxience® (Q5119) Truxima® (Q5115)	Rituxan® (J9312) Rituxan Hycela® (J9311)
Trastuzumab for Cancer BCG0312 Part B Step Therapy Criteria for Trastuzumab Products	Kanjinti® (Q5117) Ogivri® (Q5114) Ontruzant® (Q5112) Trazimera® (Q5116)	Herceptin® (J9355) Herceptin Hylecta™ (J9356) Hercessi™ (Q5146) Herzuma® (Q5113)
Vascular Endothelial Growth Factor (VEGF) Inhibitors for macular degeneration and other eye conditions BCG0315 Part B Step Therapy Criteria for Ophthalmologic VEGF Inhibitors	Bevacizumab, Intravitreal Inj (C9257, J9035), then Beovu® (J0179) Byooviz™ (Q5124), Eylea® (J0178) Eylea® HD (J0177)	Cimerli® (Q5128) Lucentis® (J2778) Pavblu™ (Q5147) Susvimo™ (J2779) Vabysmo® (J2777)