^

hmsa
An Independent Licensee of the Blue Cross and Blue Shield Association

**October 2026**

# Medicare Part B Preferred Drug Program

This preferred drug list encourages utilization of products within the following therapeutic categories. The Preferred Drug List applies to the listed drug classes only.

The listed preferred products should be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product. For example, this step therapy requirement does not apply to plan's members who are actively receiving treatment (i.e., members with a paid claim within the past 365 days) with non-preferred product on the preferred drug list.

| *Drug Class* | Preferred Product(s) | Non-Preferred Product(s)* |
|---|---|---|
| *Bevacizumab (Avastin)* | Mvasi<br>Zirabev | Alymsys<br>Avastin<br>Vegzelma |
| *Botulinum Toxins* | Dysport<br>Xeomin | Botox<br>Daxxify<br>Myobloc |
| *Colony stimulating factor (CSF) Long-Acting* | Fulphila<br>Neulasta (including Onpro kit)<br>Nyvepria | Fylnetra<br>Rolvedon<br>Stimufend<br>Udenyca<br>Ziextenzo |
| *Colony stimulating factor (CSF) Short-Acting* | Zarxio | Granix<br>Leukine<br>Neupogen<br>Nivestym<br>Releuko |

*Non-preferred product(s) are only available if process exception criteria are met.
This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. 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.

hmsa
An Independent Licensee of the Blue Cross and Blue Shield Association

**October 2026**

| *Drug Class* | Preferred Product(s) | Non-Preferred Product(s)* |
|---|---|---|
| *Osteoarthritis, Viscosupplements* | Durolane<br>Euflexxa<br>Gelsyn-3<br>Supartz FX | Gel-One<br>GenVisc 850<br>Hyalgan<br>Hymovis<br>Monovisc<br>Orthovisc<br>Synojoynt<br>Synvisc<br>Synvisc-One<br>Triluron<br>TriVisc<br>Visco-3 |
| *Prolia and Biosimilars* | Bildyos | Bosaya<br>Conexxence<br>Enoby<br>Jubbonti<br>Ospomyv<br>Osvyrti<br>Prolia<br>Stoboclo |
| *Rituximab (Rituxan)* | Riabni<br>Truxima | Rituxan<br>Rituxan-Hycela<br>Ruxience |
| *Trastuzumab (Herceptin)* | Kanjinti<br>Trazimera | Herceptin<br>Herceptin Hylecta<br>Herzuma<br>Ogivri<br>Ontruzant |

The step therapy preferred drug list above does not apply to any new or existing FDA approved product not listed.

*Non-preferred product(s) are only available if process exception criteria are met.
This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. 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.