2026 Simpra Advantage Part B Drug Step Therapy Guide

Drug Class	Preferred Drug	Non-preferred Drug	Prior Authorization
Anti-neoplastic (off-label use to treat eye disease)	**Bevacizumab (Avastin)**	Eyelea Lucentis Macugen Visudyne	**Yes**
Viscosupplement	**Monovisc**	Orthovisc Durolane Euflexxa Gel-One Gelsyn-3 Genvisc 850 Hylagan Hymovis Supartz Supartz FX Synvisc Synvisc-One TriVisc Visco-3	**Yes**

We are here to support you!

Contact us today with questions.

1-844-637-4770 (TTY/TDD 1-833-312-0044)

SimpraAdvantage
Alabama's Healthplan