

## 2026 Medicare Part B Step Therapy Preferred Drug List

The Part B Step Therapy Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. This list applies to the listed products only and any other product may be available under a plan's medical benefit.

The listed preferred products must be used first and may require authorization. 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 members who are actively receiving treatment (i.e., members with a paid claim within the past 365 days) with a non-preferred product on the Jefferson Health Plans Medicare Part B Step Therapy Preferred Drug List.

| Drug Class                                    | Non-Preferred Product(s)                                    | Preferred Product(s)                               |
|-----------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|
| <b>Acromegaly – Long Acting</b>               | Lanreotide Acetate<br>Sandostatin LAR Depot<br>Signifor LAR | Somatuline Depot                                   |
| <b>Alpha-1 Antitrypsin Deficiency</b>         | Aralast<br>Glassia                                          | Prolastin-C<br>Zemaira                             |
| <b>Autoimmune Infused/Infliximab</b>          | Avsola<br>Infliximab<br>Remicade                            | Inflectra<br>Renflexis                             |
| <b>Autoimmune Infused/Other</b>               | Actemra<br>Cimzia<br>Ilumya<br>Orencia<br>Stelara           | Entyvio<br>Simponi Aria<br>Tremfya                 |
| <b>Avastin/Biosimilars (Oncology)</b>         | Alymsys<br>Avastin<br>Vegzelma                              | Mvasi<br>Zirabev                                   |
| <b>Botulinum Toxins</b>                       | Botox<br>Myobloc                                            | Dysport<br>Xeomin                                  |
| <b>Complement Inhibitors (aHUS, gMG, PNH)</b> |                                                             | Soliris<br>Ultomiris<br>Vyvgart<br>Vyvgart Hytrulo |
| <b>Complement Inhibitors (NMOSD)</b>          |                                                             | Soliris                                            |

Non-preferred product(s) are only available if process exception criteria are met. Preferred products may require authorization.

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 not affiliated with Jefferson Health Plans. 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.

| <b>Drug Class</b>                                                         | <b>Non-Preferred Product(s)</b>                                       | <b>Preferred Product(s)</b>                                |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------|
| <b>Hematologic, Erythropoiesis – Stimulating Agents (ESA)</b>             | Epogen<br>Mircera<br>Procrit                                          | Aranesp<br>Retacrit                                        |
| <b>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</b>  | Neulasta<br>Nyvepria<br>Rolvedon<br>Stimufend<br>Udenyca<br>Ziextenzo | Fulphila<br>Fylnetra                                       |
| <b>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</b> | Granix<br>Leukine<br>Neupogen<br>Nivestym<br>Releuko                  | Zarxio                                                     |
| <b>Hematopoietic Agents - Iron</b>                                        | Feraheme<br>Injectafer<br>Monoferic                                   | Ferrlecit<br>Infed<br>Sodium Ferric Gluconate<br>Venofer   |
| <b>Hereditary Transthyretin Amyloidosis</b>                               |                                                                       | Amvuttra<br>Onpattro                                       |
| <b>Immune Globulin-IV</b>                                                 | Asceniv<br>Bivigam<br>Gammagard Liquid<br>Gammaplex<br>Panzyga        | Flebogamma<br>Gammaked<br>Gamunex-C<br>Octagam<br>Privigen |
| <b>Immune Globulin-SC</b>                                                 | Cutaquig<br>Cuvitru<br>HyQvia<br>Xembify                              | Hizentra                                                   |
| <b>Lysosomal Storage Disorders – Gaucher Disease</b>                      | VPRIV                                                                 | Cerezyme<br>Elelyso                                        |
| <b>Multiple Sclerosis (Infused)</b>                                       | Briumvi<br>Lemtrada<br>Ocrevus Zunovo<br>Tyruko                       | Ocrevus<br>Tysabri                                         |

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| <b>Drug Class</b>                                                                                        | <b>Non-Preferred Product(s)</b>                                                                            | <b>Preferred Product(s)</b>     |                                                 |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------|
| <b>Osteoarthritis,<br/>Viscosupplements –<br/>Multi-Injection</b>                                        | Gelsyn-3<br>GenVisc 850<br>Hyalgan<br>Hymovis<br>Orthovisc<br>Supartz FX<br>Triluron<br>TriVisc<br>Visco-3 | Euflexxa<br>Synvisc             |                                                 |
| <b>Osteoarthritis,<br/>Viscosupplements –<br/>Single Injection</b>                                       | Gel-One<br>Monovisc                                                                                        | Durolane<br>Synvisc-One         |                                                 |
| <b>Prostate Cancer –<br/>Luteinizing Hormone<br/>Releasing Hormone<br/>(LHRH) Agents</b>                 | Camcevi<br>Lupron Depot<br>Trelstar<br>Zoladex                                                             | Eligard                         |                                                 |
| <b>Prostate Cancer – Luteinizing<br/>Hormone Releasing<br/>Hormone<br/>(LHRH) Antagonists<br/>Agents</b> |                                                                                                            | Firmagon                        |                                                 |
| <b>Retinal Disorders Agents -<br/>(ARMD) Age-Related Macular<br/>Degeneration</b>                        | Beovu<br>Byooviz<br>Cimerli<br>Susvimo<br>Vabysmo                                                          | Avastin, then                   | Eylea**<br>Eylea HD**<br>Lucentis**<br>Pavblu** |
| <b>Rituximab</b>                                                                                         | Riabni<br>Rituxan<br>Rituxan Hycela                                                                        | Ruxience<br>Truxima             |                                                 |
| <b>Trastuzumab</b>                                                                                       | Herceptin<br>Herceptin Hylecta<br>Hercessi<br>Herzuma<br>Trazimera                                         | Kanjinti<br>Ogivri<br>Ontruzant |                                                 |

\*\*Avastin Primary Preferred; Single step Eylea, Eylea HD, Lucentis or Pavblu. Everything else double stepped through Eylea/Eylea HD, Lucentis & Pavblu.

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