

2025 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 only the described products below; other products may be available under one of our plan's medical benefit.

The listed preferred products must 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 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 Part B Step Therapy Preferred Drug List.

Drug Class	Non-Preferred* Product(s)	Preferred Product(s)
Acromegaly – Long Acting	Lanreotide Acetate Sandostatin LAR Depot Signifor LAR	Somatuline Depot
Alpha-1 Antitrypsin Deficiency	Aralast Glassia	Prolastin-C Zemaira
Autoimmune Infused/Infliximab	Avsola Infliximab Remicade	Inflectra Renflexis
Autoimmune Infused/Other	Actemra Cimzia Ilumya Orencia Stelara	Entyvio Simponi Aria Tremfya (effective 10/1/25)
Avastin/Biosimilars (Oncology)	Alymsys Avastin Vegzelma	Mvasi Zirabev
Botulinum Toxins	Botox Myobloc	Dysport Xeomin
Hematologic, Erythropoiesis – Stimulating Agents (ESA)	Epogen Mircera Procrit	Aranesp Retacrit
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Fylnetra Neulasta Nyvepria Rolvedon Stimufend Udenyca	Fulphila Ziextenzo

*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 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.

Drug Class	Non-Preferred* Product(s)	Preferred Product(s)	
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Granix Leukine Neupogen Nivestym Releuko	Zarxio	
Hematopoietic Agents – Iron	Feraheme Injectafer Monoferric	Ferrlecit Infed Sodium Ferric Gluconate Venofer	
Lysosomal Storage Disorders – Gaucher Disease	VPRIV	Cerezyme Elelyso	
Multiple Sclerosis (Infused)	Briumvi Lemtrada	Ocrevus Tysabri	
Osteoarthritis, Viscosupplements – Multi-Injection	Gelsyn-3 GenVisc Hyalgan Hymovis Orthovisc Supartz FX Triluron TriVisc Visco-3	Euflexxa Synvisc	
Osteoarthritis, Viscosupplements – Single Injection	Gel-One Monovisc	Durolane Synvisc-One	
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents	Camcevi Lupron Depot Trelstar Zoladex	Eligard	
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents		Firmagon	
Retinal Disorders Agents - Age-Related Macular Degeneration (ARMD)	Beovu Cimerli Lucentis Susvimo Vabysmo	Avastin**, then	Byooviz** Eylea** Eylea HD** Pavblu** (effective 10/1/25)

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Drug Class	Non-Preferred* Product(s)	Preferred Product(s)
Rituximab	Riabni Rituxan Rituxan Hycela	Ruxience Truxima
Trastuzumab	Herceptin Herceptin Hylecta Herzuma	Kanjinti Ogivri Trazimera Ontruzant (effective 10/1/25)

**Avastin Primary Preferred; Single step Byooviz, Eylea, Eylea HD, or Pavblu through Avastin. All other drugs double stepped through Byooviz, Eylea, Eylea HD, or Pavblu.

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