

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 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 Jefferson Health Plans Medicare 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
Avastin/Biosimilars (Oncology)	Alymsys Avastin Vegzelma	Mvasi Zirabev
Botulinum Toxins	Botox Myobloc	Dysport Xeomin
Complement Inhibitors (aHUS, gMG, PNH)		Soliris Ultomiris Vyvgart Vyvgart Hytrulo
Complement Inhibitors (NMOSD)		Soliris
Hematologic, Erythropoiesis – Stimulating Agents (ESA)	Epogen Mircera Procrit	Aranesp Retacrit

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 – Long Acting	Neulasta Nyvepria Rolvedon Stimufend Udenyca Ziextenzo	Fulphila Fylnetra
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Granix Leukine Neupogen Nivestym Releuko	Zarxio
Hematopoietic Agents - Iron	Feraheme Injectafer Monoferic	Ferrlecit Infed Sodium Ferric Gluconate Venofer
Hereditary Transthyretin Amyloidosis		Amvuttra Onpattro
Immune Globulin-IV	Asceniv Bivigam Gammagard Liquid Gammaplex Panzyga	Flebogamma Gammaked Gamunex-C Octagam Privigen
Immune Globulin-SC	Cutaquig Cuvitru HyQvia Xembify	Hizentra
Lysosomal Storage Disorders – Gaucher Disease	VPRIV	Cerezyme Elelyso
Multiple Sclerosis (Infused)	Briumvi Lemtrada Ocrevus Zunovo Tyruko	Ocrevus Tysabri
Osteoarthritis, Viscosupplements – Multi-Injection	Gelsyn-3 GenVisc 850 Hyalgan Hymovis Orthovisc Supartz FX Triluron TriVisc Visco-3	Euflexxa Synvisc

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Drug Class	Non-Preferred Product(s)	Preferred Product(s)	
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 - (ARMD) Age-Related Macular Degeneration	Beovu Byooviz Cimerli Suvimo Vabysmo	Avastin, then	Eylea** Eylea HD** Lucentis** Pavblu**
Rituximab	Riabni Rituxan Rituxan Hycela	Ruxience Truxima	
Trastuzumab	Herceptin Herceptin Hylecta Hercessi Herzuma Trazimera	Kanjinti Ogivri 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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