

2024 Jefferson Health Plans Part B Step Therapy Preferred Drug List

The Jefferson Health Plans Part B Step Therapy Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Jefferson Health Plans Part B Step Therapy Preferred Drug 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. 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 Jefferson Health Plans Part B Step Therapy Preferred Drug List.

<i>Drug Class</i>	Non-Preferred Product(s)*	Preferred Product(s)
<i>Alpha-1 Antitrypsin Deficiency</i>	Aralast Glassia	Prolastin-C Zemaira
<i>Autoimmune Infused/Infliximab</i>	Avsola Inflectra	Infliximab Remicade Renflexis
<i>Autoimmune Infused/Other</i>	Actemra Cimzia Ilumya Orencia Stelara	Entyvio Simponi Aria
<i>Avastin/Biosimilars (Oncology)</i>	Alymsys Avastin Vegzelma Zirabev	Mvasi

*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 CVS Caremark. 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)
<i>Botulinum Toxins</i>	Botox Myobloc	Dysport Xeomin
<i>Hematologic, Erythropoiesis - Stimulating Agents (ESA)</i>	Epogen Mircera Procrit	Aranesp Retacrit
<i>Hematologic, Neutropenia Colony Stimulating Factors - Long Acting</i>	Neulasta Rolvedon	Fulphila Fylnetra Nyvepria Stimufend Udenyca Ziextenzo
<i>Hematologic, Neutropenia Colony Stimulating Factors - Short Acting</i>	Granix Leukine Neupogen	Nivestym Releuko Zarxio
<i>Hematopoietic Agents- Iron</i>	Feraheme Injectafer Monoferric	Ferrlecit Infed Sodium Ferric Gluconate Venofer
<i>Lysosomal Storage Disorders - Gaucher Disease</i>	VPRIV	Cerezyme Eleyso
<i>Multiple Sclerosis (Infused)</i>	Briumvi Lemtrada	Ocrevus Tysabri
<i>Osteoarthritis, Viscosupplements - Multi Injection</i>	Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis Supartz FX Triluron TriVisc Visco-3	Orthovisc Synvisc

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Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
<i>Osteoarthritis, Viscosupplements - Single Injection</i>	Gel-One Monovisc	Durolane Synvisc-One
<i>Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Agents</i>	Camcevi Lupron Depot Trelstar Zoladex	Eligard
<i>Prostate Cancer - Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</i>		Firmagon
<i>Retinal Disorders Agents - (ARMD) Age-Related Macular Degeneration</i>	Beovu Eylea Lucentis Susvimo Vabysmo	Avastin Byooviz Cimerli
<i>Rituximab</i>	Rituxan Rituxan Riabni Hycela	Ruxience Truxima
<i>Somatostatin Analogues</i>	Signifor LAR Somatuline Depot	Lanreotide Acetate Sandostatin LAR Depot
<i>Trastuzumab</i>	Herceptin Herceptin Hylecta	Herzuma Kanjinti Ogivri Ontruzant Trazimera

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