

Medicare Part B Preferred drug list — Aetna Better Health® Premier Plan (Medicare-Medicaid Plan)

Some medically administered Part B drugs may have additional requirements or limits on coverage. These requirements and limits may include step therapy. This is when we require you to first try certain preferred drugs to treat your medical condition before covering another non-preferred drug for that condition.

For example, if Drug A and Drug B both treat your medical condition, we may prefer Drug A, and require you to try it first. If Drug A does not work for you, we will then cover Drug B. The listed preferred products should be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product.

Drug classes with preferred products are listed below. For specific medical indications subject to step therapy, please see the corresponding clinical policy bulletin on the Aetna website.

To find out more, go to [AetnaBetterHealth.com/Michigan](https://www.aetna.com/betterhealth/michigan). You can also call us using the number on your ID card.

Drug Class/Indication(s)	Non-Preferred Product(s)	Preferred Product(s)
<i>Acromegaly</i>	Signifor LAR Somavert	Sandostatin LAR Somatuline depot
<i>Alpha-1 antitrypsin deficiency</i>	Aralast NP Glassia Zemaira	Prolastin-C
<i>Bone Resorption Inhibitors</i> • Hypercalcemia of malignancy	Xgeva	Pamidronate Zoledronic acid
<i>Botulinum Toxins</i> • Cervical dystonia • Upper limb spasticity	Botox Myobloc	Dysport Xeomin
<i>Botulinum Toxins</i> • Blepharospasm • Chronic sialorrhea		Xeomin
<i>Botulinum Toxins</i> • Lower limb spasticity		Dysport
<i>CSF — Leukocyte Growth Factors (filgrastim)</i> • Prevention of febrile neutropenia • Symptomatic neutropenic disorder • Harvesting of peripheral blood stem cells	Granix Neupogen Nivestym	Zarxio
<i>CSF — Leukocyte Growth Factors (pegfilgrastim)</i> • Prevention of febrile neutropenia	Fulphila Nyvepria Ziextenzo	Neulasta Neulasta Onpro Udenyca

<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> Anemia due to chronic kidney disease Anemia due to chemotherapy 	Epogen Procrit	Aranesp Retacrit
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> Anemia due to Zidovudine use in HIV Transfusion reduction for select surgeries 		Retacrit
<i>Gonadotropin-Releasing Hormone Agonists</i> <ul style="list-style-type: none"> Advanced prostate cancer 	Lupron depot Trelstar Zoladex	Eligard
<i>Gonadotropin-Releasing Hormone Antagonists</i> <ul style="list-style-type: none"> Advanced prostate cancer 		Firmagon
<i>Immunologics (B through B)</i> <ul style="list-style-type: none"> <i>Ulcerative colitis</i> 	Inflectra Renflexis Stelara	Avsola Entyvio Remicade
<i>Intravenous iron</i> <ul style="list-style-type: none"> Iron deficiency anemia after intolerance or unsatisfactory response to oral iron 	Feraheme Injectafer Monoferric	Ferrlecit Sodium ferric gluconate Infed Venofer
<i>IVIg (intravenous immunoglobulin)*</i> <ul style="list-style-type: none"> Primary immunodeficiency Idiopathic thrombocytopenia purpura Chronic inflammatory demyelinating polyneuropathy 	Asceniv Bivigam Flebogamma Gammagard Gammaked Gammaplex Gamunex-C Octagam Panzyga	Privigen
<i>SCIG (subcutaneous immunoglobulin)*</i> <ul style="list-style-type: none"> Primary immunodeficiency Chronic inflammatory demyelinating polyneuropathy *IVIg and SCIG are one category. Use either preferred product before a non-preferred IVIg or SCIG. 	Cutaquig Cuvitru Gammagard Gammaked Gamunex-C HyQvia Xembify	Hizentra
<i>Multiple myeloma</i>	Darzalex Darzalex Faspro Kyprolis	Bortezomib Velcade
<i>Multiple Sclerosis</i>	Lemtrada	Tysabri
<i>Myelodysplastic syndrome</i>	Dacogen Decitabine Vidaza	Azacitidine

<i>Oncology (Abraxane)</i> • Non-small cell lung cancer	Abraxane	Docetaxel Paclitaxel
<i>Oncology (Herceptin)</i> • Breast cancer	Herzuma Ogivri Ontruzant	Herceptin Herceptin Hylecta Kanjinti Trazimera
<i>Oncology (Herceptin)</i> • Gastrointestinal cancer		Herceptin Kanjinti Trazimera
<i>Ophthalmic Disorders</i>	Beovu Eylea Lucentis	Bevacizumab (Avastin)
<i>Pulmonary Arterial Hypertension (Remodulin)</i>	Remodulin	Generic treprostinil
<i>Pulmonary Arterial Hypertension (Flolan/Veletri)</i>	Flolan Veletri	Generic epoprostenol
<i>Rituximab</i> • Non-Hodgkin's lymphoma • Chronic lymphocytic leukemia • Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA)	Riabni Truxima	Rituxan Rituxan Hycela Ruxience
<i>Severe asthma</i>	Cinqair	Fasenra Nucala Xolair
<i>Viscosupplements (single injection)**</i> • Osteoarthritis	Durolane Gel-One Monovisc	Synvisc-One
<i>Viscosupplements (multiple injections)**</i> • Osteoarthritis **Viscosupplements are one category. Use any preferred product before a non-preferred single or multiple injection viscosupplement.	Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis Supartz FX TriVisc Visco-3	Orthovisc Synvisc

For the following classes, preferred products may be covered under the Part D (pharmacy) benefit:

Drug Class	Non-preferred Product(s)	Preferred Product(s)
<i>Bone Resorption Inhibitors</i> • Osteoporosis	Evenity	Forteo
<i>Immunologics</i> • Crohn's disease	Actemra Avsola	Humira
<i>Immunologics</i> • Ankylosing spondylitis	Cimzia Entyvio Ilumya	Enbrel Humira
<i>Immunologics</i> • Psoriatic arthritis • Juvenile idiopathic arthritis	Inflectra Orencia Remicade	Enbrel Humira Xeljanz/Xeljanz XR
<i>Immunologics</i> • Plaque psoriasis	Renflexis Riabni Rituxan	Enbrel Humira Skyrizi
<i>Immunologics</i> • Rheumatoid arthritis	Ruxience Simponi Aria Stelara Tremfya Truxima Tysabri	Enbrel Humira Rinvoq Xeljanz/Xeljanz XR
<i>Multiple Sclerosis (relapsing forms)</i> • Clinically isolated syndrome • Relapsing-remitting disease • Active secondary progressive disease	Ocrevus	Kesimpta

This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. For specific medical indications subject to step therapy, please see the corresponding clinical policy bulletin on the Aetna website.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Aetna. 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. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Aetna Better Health® Premier Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

ATTENTION: If you speak Spanish or Arabic, language assistance services, free of charge, are available to you. Call **1-855-676-5772 (TTY: 711)**, 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla español o árabe, tiene a su disposición servicios de idiomas gratuitos. Llame al **1-855-676-5772 (TTY: 711)**, las 24 horas del día, los 7 días de la semana. Esta llamada es gratuita.

"يرجى الانتباه: إذا كنت تتكلم الإسبانية أو العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بالرقم **1-855-676-5772 (الهاتف النصي: 711)** على مدار الساعة، وطوال أيام الأسبوع. الاتصال بهذا الرقم مجاني.

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