

## Medicare Part B Preferred drug list — Aetna Better Health® of Ohio, MyCare Ohio (Medicare-Medicaid Plan)

Some medically administered Part B drugs may have extra requirements or limits on coverage. These 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 example, if drug A and drug B both treat your 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 cases that may call 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/Ohio](https://www.aetna.com/ohio). You can also call us at the number on your ID card.

Drug Class/Indication(s)	Non-Preferred Product(s)	Preferred Product(s)
<i>Acromegaly</i>	Lanreotide (Cipla) Signifor LAR	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>Complement Inhibitors</i> • Hemolytic uremic syndrome • Myasthenia gravis • Paroxysmal nocturnal hemoglobinuria		Soliris Ultomiris

Proprietary

<i>Complement Inhibitors</i> <ul style="list-style-type: none"> <li><i>Neuromyelitis optica spectrum disorder</i></li> </ul>		Soliris
<i>CSF — Leukocyte Growth Factors (filgrastim)</i> <ul style="list-style-type: none"> <li>Prevention of febrile neutropenia</li> <li>Symptomatic neutropenic disorder</li> <li>Harvesting of peripheral blood stem cells</li> </ul>	Granix Leukine Neupogen Nivestym Releuko	Zarxio
<i>CSF — Leukocyte Growth Factors (pegfilgrastim)</i> <ul style="list-style-type: none"> <li>Prevention of febrile neutropenia</li> </ul>	Fylnetra Nyvepria Rolvedon Stimufend Udenyca Ziextenzo	Fulphila Neulasta Neulasta Onpro
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> <li>Anemia due to chronic kidney disease</li> <li>Anemia due to chemotherapy</li> </ul>	Epogen Retacrit	Aranesp Procrit
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> <li>Anemia due to Zidovudine use in HIV</li> <li>Transfusion reduction for select surgeries</li> </ul>		Procrit
<i>Gonadotropin-Releasing Hormone Agonists</i> <ul style="list-style-type: none"> <li>Advanced prostate cancer</li> </ul>	Lupron depot Trelstar Zoladex	Eligard
<i>Gonadotropin-Releasing Hormone Antagonists</i> <ul style="list-style-type: none"> <li>Advanced prostate cancer</li> </ul>		Firmagon
<i>Immunologics (B through B)</i> <ul style="list-style-type: none"> <li><i>Ulcerative colitis</i></li> </ul>	Avsola Stelara	Inflectra Entyvio Remicade
<i>Immunologics (B through B)</i> <ul style="list-style-type: none"> <li><i>Crohn's disease</i></li> </ul>		Entyvio
<i>Intravenous iron</i> <ul style="list-style-type: none"> <li>Iron deficiency anemia after intolerance or unsatisfactory response to oral iron</li> </ul>	Feraheme Injectafer Monoferric	Ferrlecit Sodium ferric gluconate Infed Venofer

<p><i>IVIg (intravenous immunoglobulin)*</i></p> <ul style="list-style-type: none"> <li>Primary immunodeficiency</li> <li>Idiopathic thrombocytopenia purpura</li> <li>Chronic inflammatory demyelinating polyneuropathy</li> </ul>	<p>Asceniv Bivigam Flebogamma Gammagard Gammaked (through 8/31/23) Gammaplex Gamunex-C (through 8/31/23) Octagam (through 8/31/23) Panzyga</p>	<p>Privigen</p> <p>Gammaked (effective 9/1/23) Gamunex-C (effective 9/1/23) Octagam (effective 9/1/23)</p>
<p><i>SCIG (subcutaneous immunoglobulin)*</i></p> <ul style="list-style-type: none"> <li>Primary immunodeficiency</li> <li>Chronic inflammatory demyelinating polyneuropathy</li> <li>*IVIg and SCIG are one category. Use either preferred product before a non-preferred IVIG or SCIG.</li> </ul>	<p>Cutaquig Cuvitru Gammagard Gammaked (through 8/31/23) Gamunex-C (through 8/31/23) HyQvia Xembify (through 8/31/23)</p>	<p>Hizentra</p> <p>Gammaked (effective 9/1/23) Gamunex-C (effective 9/1/23) Xembify (effective 9/1/23)</p>
<p><i>Multiple myeloma</i></p>	<p>Darzalex Darzalex Faspro Kyprolis</p>	<p>Bortezomib Velcade</p>
<p><i>Oncology (Abraxane)</i></p> <ul style="list-style-type: none"> <li>Non-small cell lung cancer</li> </ul>	<p>Abraxane Paclitaxel (protein bound)</p>	<p>Docetaxel Paclitaxel</p>
<p><i>Oncology (Avastin)</i></p>	<p>Alymsys Vegzelma</p>	<p>Avastin Mvasi Zirabev</p>
<p><i>Oncology</i></p> <ul style="list-style-type: none"> <li>Breast cancer</li> </ul>		<p>Phesgo</p>
<p><i>Oncology (Herceptin)</i></p> <ul style="list-style-type: none"> <li>Breast cancer</li> </ul>	<p>Herzuma Ogivri Ontruzant</p>	<p>Herceptin Herceptin Hylecta Kanjinti Trazimera</p>
<p><i>Oncology (Herceptin)</i></p> <ul style="list-style-type: none"> <li>Gastrointestinal cancer</li> </ul>		<p>Herceptin Kanjinti Trazimera</p>
<p><i>Ophthalmic Disorders*</i></p> <p>*Effective 9/1/23 - Trial and failure of both preferred products are required before use of a non-preferred product (unless other exception criteria are met)</p>	<p>Beovu Byooviz (through 8/31/23) Cimerli Eylea Lucentis Susvimo</p>	<p>Bevacizumab (Avastin)</p> <p>Byooviz after trial/failure of bevacizumab (Avastin) (effective 9/1/23)</p>

	Vabysmo	
<i>Rituximab</i> <ul style="list-style-type: none"> <li>• Non-Hodgkin’s lymphoma</li> <li>• Chronic lymphocytic leukemia</li> <li>• Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA)</li> </ul>	Riabni	Rituxan Rituxan Hycela Ruxience Truxima
<i>Severe asthma</i>	Cinqair	Fasenra Nucala Xolair
<i>Viscosupplements (single injection)**</i> <ul style="list-style-type: none"> <li>• Osteoarthritis</li> </ul>	Durolane Gel-One	Synvisc-One Monovisc
<i>Viscosupplements (multiple injections)**</i> <ul style="list-style-type: none"> <li>• Osteoarthritis</li> </ul> <p>**Viscosupplements are one category. Use any preferred product before a non-preferred single or multiple injection viscosupplement.</p>	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:

<b>Drug Class</b>	<b>Non-preferred Product(s)</b>	<b>Preferred Product(s)</b>
<i>Bone Resorption Inhibitors</i> <ul style="list-style-type: none"> <li>• Osteoporosis</li> </ul>	Evenity	Forteo
<i>Immunologics</i> <ul style="list-style-type: none"> <li>• Crohn’s disease</li> </ul>	Actemra Avsola	Humira Skyrizi
<i>Immunologics</i> <ul style="list-style-type: none"> <li>• Ankylosing spondylitis</li> </ul>	Cimzia Ilumya Inflectra Orencia	Enbrel Humira Xeljanz/Xeljanz XR Rinvoq
<i>Immunologics</i> <ul style="list-style-type: none"> <li>• Juvenile idiopathic arthritis</li> </ul>	Remicade Renflexis Riabni	Enbrel Humira Xeljanz

<i>Immunologics</i> <ul style="list-style-type: none"> <li>• Plaque psoriasis</li> </ul>	Rituxan Ruxience Simponi Aria Stelara	Enbrel Humira Otezla Skyrizi
<i>Immunologics</i> <ul style="list-style-type: none"> <li>• Psoriatic arthritis</li> </ul>	Truxima Tysabri Unbranded infliximab	Enbrel Humira Otezla Rinvoq Skyrizi Xeljanz/Xeljanz XR
<i>Immunologics</i> <ul style="list-style-type: none"> <li>• Rheumatoid arthritis</li> </ul>		Enbrel Humira Kevzara Rinvoq Xeljanz/Xeljanz XR
<i>Multiple Sclerosis (relapsing forms)</i> <ul style="list-style-type: none"> <li>• Clinically isolated syndrome</li> <li>• Relapsing-remitting disease</li> <li>• Active secondary progressive disease</li> </ul>	Lemtrada Ocrevus	Kesimpta
<i>PCSK9 inhibitors</i> <ul style="list-style-type: none"> <li>• Lowering of LDL cholesterol</li> </ul>	Leqvio	Praluent*
*Repatha is also a preferred product on open formularies		

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.

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. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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