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.** You can also call us at the number on your ID card.

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

CSF — Leukocyte Growth Factors (pegfilgrastim) • Prevention of febrile neutropenia	Nyvepria Ziextenzo	Fulphila Neulasta Neulasta Onpro Udenyca
Erythropoiesis Stimulating Agents • Anemia due to chronic kidney disease • Anemia due to chemotherapy	Epogen	Aranesp Procrit Retacrit
Erythropoiesis Stimulating Agents • Anemia due to Zidovudine use in HIV • Transfusion reduction for select surgeries		Procrit Retacrit
Gonadotropin-Releasing Hormone Agonists • Advanced prostate cancer	Lupron depot Trelstar Zoladex	Eligard
Gonadotropin-Releasing Hormone Antagonists • Advanced prostate cancer		Firmagon
Immunologics (B through B) • *Ulcerative colitis*	Inflectra Renflexis Stelara	Avsola Entyvio Remicade
Immunologics (B through B) • *Crohn's disease*		Entyvio
Intravenous iron • Iron deficiency anemia after intolerance or unsatisfactory response to oral iron	Feraheme Injectafer Monoferric	Ferrlecit Sodium ferric gluconate Infed Venofer
*IVIG (intravenous immunoglobulin)** • Primary immunodeficiency • Idiopathic thrombocytopenia purpura • Chronic inflammatory demyelinating polyneuropathy	Asceniv Bivigam Flebogamma Gammagard Gammaked Gammaplex Gamunex-C Octagam Panzyga	Privigen

*SCIG (subcutaneous immunoglobulin)** • 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
Multiple myeloma	Darzalex Darzalex Faspro Kyprolis	Bortezomib Velcade
Multiple Sclerosis	Lemtrada	Tysabri
Myelodysplastic syndrome	Dacogen Decitabine Vidaza	Azacitidine
Oncology (Abraxane) • Non-small cell lung cancer	Abraxane Paclitaxel (protein bound)	Docetaxel Paclitaxel
Oncology (Herceptin) • Breast cancer	Herzuma Ogivri Ontruzant	Herceptin Herceptin Hylecta Kanjinti Trazimera
Oncology (Herceptin) • Gastrointestinal cancer		Herceptin Kanjinti Trazimera
Ophthalmic Disorders	Beovu Byooviz Eylea Lucentis Susvimo Vabysmo	Bevacizumab (Avastin)
Pulmonary Arterial Hypertension (Remodulin)	Remodulin	Generic treprostinil
Pulmonary Arterial Hypertension (Flolan/Veletri)	Flolan Veletri	Generic epoprostenol
Rituximab • Non-Hodgkin's lymphoma • Chronic lymphocytic leukemia • Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA)	Riabni	Rituxan Rituxan Hycela Ruxience Truxima

Severe asthma	Cinqair	Fasenra Nucala Xolair
*Viscosupplements (single injection)*** • Osteoarthritis	Durolane Gel-One Monovisc	Synvisc-One
*Viscosupplements (multiple injections)*** • 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)
Bone Resorption Inhibitors • Osteoporosis	Evenity	Forteo
Immunologics • Crohn's disease	Actemra Avsola Cimzia Ilumya Inflectra Orencia Remicade Renflexis Riabni Rituxan Ruxience Simponi Aria Stelara Tremfya Truxima Tysabri	Humira
Immunologics • Ankylosing spondylitis • *Juvenile idiopathic arthritis*		Enbrel Humira Xeljanz/Xeljanz XR
Immunologics • Plaque psoriasis		Enbrel Humira Otezla Skyrizi
Immunologics • *Psoriatic arthritis*		Enbrel Humira Otezla Rinvoq Skyrizi Xeljanz/Xeljanz XR
Immunologics • Rheumatoid arthritis		Enbrel Humira Rinvoq Xeljanz/Xeljanz XR

Multiple Sclerosis (relapsing forms) • Clinically isolated syndrome • Relapsing-remitting disease • Active secondary progressive disease	Ocrevus	Kesimpta
PCSK9 inhibitors • *Lowering of LDL cholesterol*	Leqvio	Praluent

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

ATTENTION: If you speak Spanish or Somali, language assistance services, free of charge, are available to you. Call 1-855-364-0974 (TTY: 711), 24 hours a day, 7 days a week. The call is free.

ATENCIÓN: Si habla Español, tiene a sudisposición servicios gratuitos de asistencia lingüística. Llame al 1-855-364-0974 (TTY: 711), durante las 24 horas, loos 7 días de la semana. La llamada es gratuita

FIIRI: Haddii aad ku hadasho Soomaali, adeegyada lluqadda, oo bilaash ah, ayaa laguu heli karaa adiga. Wac 1-855-364-0974 (TTY: 711), 24 saacadood maalintii,7 maalmood todobaadkii. Wicitaanku waa bilaash.

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