

Medicare Part B Preferred drug list — Aetna Medicare Advantage plans that offer prescription drug coverage (MAPD)

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 nonpreferred 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 nonpreferred 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/Virginia-hmosnp](https://www.aetna.com/betterhealth/virginia-hmosnp).

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

Drug class/indication(s)	Nonpreferred 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		Soliris Ultomiris

Proprietary

<ul style="list-style-type: none"> Paroxysmal nocturnal hemoglobinuria 		
<i>Complement Inhibitors</i> <ul style="list-style-type: none"> <i>Neuromyelitis optica spectrum disorder</i> 		Soliris
<i>CSF — Leukocyte Growth Factors (filgrastim)</i> <ul style="list-style-type: none"> Prevention of febrile neutropenia Symptomatic neutropenic disorder Harvesting of peripheral blood stem cells 	Granix Leukine Neupogen Nivestym Releuko	Zarxio
<i>CSF — Leukocyte Growth Factors (pegfilgrastim)</i> <ul style="list-style-type: none"> Prevention of febrile neutropenia 	Fylnetra Nyvepria Rolvedon Stimufend Udenyca Ziextenzo	Fulphila Neulasta Neulasta Onpro
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> Anemia due to chronic kidney disease Anemia due to chemotherapy 	Epogen Retacrit	Aranesp Procrit
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> Anemia due to Zidovudine use in HIV Transfusion reduction for select surgeries 		Procrit
<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> 	Avsola Stelara	Inflectra Entyvio Remicade
<i>Immunologics (B through B)</i> <ul style="list-style-type: none"> <i>Crohn's disease</i> 		Entyvio
<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

<p><i>IVIg (intravenous immunoglobulin)*</i></p> <ul style="list-style-type: none"> • Primary immunodeficiency • Idiopathic thrombocytopenia purpura • Chronic inflammatory demyelinating polyneuropathy 	<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"> • Primary immunodeficiency • Chronic inflammatory demyelinating polyneuropathy <p>*FOR IVIG AND SCIG: IVIG and SCIG are one category. Use either preferred product before a nonpreferred IVIG or SCIG.</p>	<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"> • Non-small cell lung cancer 	<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"> • Breast cancer 		<p>Phesgo</p>
<p><i>Oncology (Herceptin)</i></p> <ul style="list-style-type: none"> • Breast cancer 	<p>Herzuma Ogivri Ontruzant</p>	<p>Herceptin Herceptin Hylecta Kanjinti Trazimera</p>
<p><i>Oncology (Herceptin)</i></p> <ul style="list-style-type: none"> • Gastrointestinal cancer 		<p>Herceptin Kanjinti Trazimera</p>

<p><i>Ophthalmic Disorders*</i></p> <p>*FOR OPHTHALMIC DISORDERS: Effective 9/1/23 — Trial and failure of both preferred products are required before use of a nonpreferred product (unless other exception criteria are met)</p>	<p>Beovu Byooviz (through 8/31/23) Cimerli Eylea Lucentis Susvimo Vabysmo</p>	<p>Bevacizumab (Avastin)</p> <p>Byooviz after trial/failure of bevacizumab (Avastin) (effective 9/1/23)</p>
<p><i>Rituximab</i></p> <ul style="list-style-type: none"> • Non-Hodgkin's lymphoma • Chronic lymphocytic leukemia • Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA) 	<p>Riabni</p>	<p>Rituxan Rituxan Hycela Ruxience Truxima</p>
<p><i>Severe asthma</i></p>	<p>Cinqair</p>	<p>Fasenra Nucala Xolair</p>
<p><i>Viscosupplements (single injection)*</i></p> <ul style="list-style-type: none"> • Osteoarthritis 	<p>Durolane Gel-One</p>	<p>Synvisc-One Monovisc</p>
<p><i>Viscosupplements (multiple injections)*</i></p> <ul style="list-style-type: none"> • Osteoarthritis <p>*FOR SINGLE AND MULTIPLE INJECTION VISCOSUPPLEMENTS: Viscosupplements are one category. Use any preferred product before a nonpreferred single or multiple injection viscosupplement.</p>	<p>Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis Supartz FX TriVisc Visco-3</p>	<p>Orthovisc Synvisc</p>

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

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

<i>Immunologics</i> <ul style="list-style-type: none"> • Plaque psoriasis 	Rituxan Ruxience Simponi Aria Stelara	Enbrel Humira Otezla Skyrizi
<i>Immunologics</i> <ul style="list-style-type: none"> • Psoriatic arthritis 	Truxima Tysabri Unbranded infliximab	Enbrel Humira Otezla Rinvoq Skyrizi Xeljanz/Xeljanz XR
<i>Immunologics</i> <ul style="list-style-type: none"> • Rheumatoid arthritis 		Enbrel Humira Kevzara Rinvoq Xeljanz/Xeljanz XR
<i>Multiple Sclerosis (relapsing forms)</i> <ul style="list-style-type: none"> • Clinically isolated syndrome • Relapsing-remitting disease • Active secondary progressive disease 	Lemtrada Ocrevus	Kesimpta
<i>PCSK9 inhibitors</i> <ul style="list-style-type: none"> • Lowering of LDL cholesterol <p>*FOR PCSK8 INHIBITOR PREFERRED PRODUCTS: Repatha is also a preferred product on open formularies</p>	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.

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