Medicare Part B preferred drug list – Aetna Better Health® Premier Plan (Medicare-Medicaid)

Some medically administered Part B drugs may have additional requirements or limits on coverage. These requirements and limits may include step therapy, where Aetna requires 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, Aetna may prefer Drug A, and require you to try it first. If Drug A does not work for you, Aetna 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.

To find out more, go to **AetnaBetterHealth.com/Michigan**. You can also call us using the number on your ID card.

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Bone Resorption Inhibitors • *Hypercalcemia of malignancy*	Xgeva	Pamidronate Zoledronic acid
Botulinum Toxins	Botox Myobloc	Dysport Xeomin
CSF - Leukocyte Growth Factors (pegfilgrastim)	Fulphila Nyvepria Ziextenzo	Neulasta Neulasta Onpro Udenyca
CSF - Leukocyte Growth Factors (filgrastim)	Granix Neupogen Nivestym	Zarxio
Erythropoiesis Stimulating Agents	Epogen Procrit	Aranesp Mircera Retacrit
IVIG/SQIG	Bivigam Carimune NF Cuvitru Flebogamma Gammagard Gammaked Gammaplex Gamunex-C	Hizentra Privigen

	Hyqvia Octagam Panzyga	
Multiple Sclerosis	Lemtrada	Tysabri
Oncology (Abraxane) • *Non-small cell lung cancer*	Abraxane	Docetaxel Paclitaxel
Oncology (Herceptin)		Herceptin Herceptin Hylecta Herceptin biosimilar
Ophthalmic Disorders	Beovu Eylea Lucentis	Avastin Bevacizumab biosimilar
Pulmonary arterial hypertension	Remodulin	Generic Remodulin
Viscosupplements	Durolane Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis Monovisc Supartz TriVisc	Gel-One Orthovisc Synvisc Synvisc-One Visco-3

For the following two classes, preferred products may be covered under the pharmacy or the medical benefit:

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Bone Resorption Inhibitors • *Osteoporosis*	Evenity	Forteo Tymlos
Immunologics	Actemra Avsola Entyvio Ilumya Inflectra Orencia Remicade Renflexis Rituxan Stelara Truxima Tysabri	Enbrel Humira Rinvoq Skyrizi Xeljanz

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, 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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MI-20-10-05
H8026_20PDL ACCEPTED