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

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Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Bone Resorption Inhibitors • Hypercalcemia of malignancy	Xgeva	Pamidronate Zoledronic acid
Botulinum Toxins • Blepharospasm • Cervical dystonia • Chronic sialorrhea • Upper limb spasticity	Botox Dysport Myobloc	Xeomin
CSF — Leukocyte Growth Factors (filgrastim) • Prevention of febrile neutropenia • Symptomatic neutropenic disorder • Harvesting of peripheral blood stem cells	Granix Neupogen Nivestym	Zarxio
CSF — Leukocyte Growth Factors (pegfilgrastim) • Prevention of febrile neutropenia	Nyvepria Udenyca Ziextenzo	Fulphila Neulasta Neulasta Onpro
Erythropoiesis Stimulating Agents • Anemia due to chronic kidney disease	Epogen Procrit	Aranesp Mircera Retacrit
Erythropoiesis Stimulating Agents • Anemia due to chemotherapy		Aranesp Retacrit
Erythropoiesis Stimulating Agents		Retacrit

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• Anemia due to Zidovudine use in HIV • Transfusion reduction for select surgeries		
Immunologics • Ulcerative colitis	Avsola Entyvio Inflectra Stelara	Remicade Renflexis
*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 Sclerosis	Lemtrada	Tysabri
Oncology (Abraxane) • Non-small cell lung cancer	Abraxane	Docetaxel Paclitaxel
Oncology (Herceptin) • Breast cancer	Herzuma Ogivri Ontruzant	Herceptin Herceptin Hylecta Kanjinti Trazimera
Oncology (Herceptin) • Gastrointestinal cancer		Herceptin Kanjinti Trazimera
Ophthalmic Disorders	Beovu Eylea Lucentis	Avastin Mvasi Zirabev
Pulmonary Arterial Hypertension (Remodulin)	Remodulin	Generic treprostinil
Pulmonary Arterial Hypertension (Flolan/Veletri)	Flolan Veletri	Generic epoprostenol

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*Viscosupplements (single injection)*** • Osteoarthritis	Durolane Monovisc	Gel-One 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 TriVisc	Orthovisc Synvisc 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 • Crohn's disease • Pediatric Crohn's disease	Actemra Avsola Entyvio Ilumya Inflectra Orencia Remicade Renflexis Rituxan Simponi Aria Stelara Truxima Tysabri	Humira
Immunologics • Juvenile idiopathic arthritis • Ankylosing spondylitis		Enbrel Humira
Immunologics • Plaque psoriasis		Enbrel Humira Skyrizi
Immunologics • Psoriatic arthritis		Enbrel Humira Xeljanz
Immunologics • Rheumatoid arthritis		Enbrel Humira Rinvoq Xeljanz

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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

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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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