



## 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 you need to try certain preferred drugs first, before we cover another nonpreferred drug.

For example, 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. There is an exception process for specific cases that may call for a nonpreferred product.

See the list below for drug classes with preferred products. For specific times step therapy is needed, see the corresponding clinical policy bulletin on our 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 member ID card.

| Drug Class/Indication(s)  | Non-Preferred Product(s)         | Preferred Product(s)           |
|---|----------------------------------|--------------------------------|
| <i>Alpha-1 proteinase inhibitors</i>  | Aralast NP<br>Glassia<br>Zemaira | Prolastin-C                    |
| <i>Bone Resorption Inhibitors</i><br>• Hypercalcemia of malignancy  | Xgeva                            | Pamidronate<br>Zoledronic acid |
| <i>Botulinum Toxins</i><br>• Blepharospasm<br>• Cervical dystonia<br>• Chronic sialorrhea<br>• Upper limb spasticity        | Daxxify<br>Dysport<br>Myobloc    | Botox<br>Xeomin                |
| <i>Botulinum Toxins</i><br>• All other indications  |                                  | Botox                          |
| <i>Complement Inhibitors</i><br>• Hemolytic uremic syndrome<br>• Myasthenia gravis<br>• Paroxysmal nocturnal hemoglobinuria |                                  | Soliris<br>Ultomiris           |
| <i>Complement Inhibitors</i><br>• <i>Neuromyelitis optica spectrum disorder</i>   |                                  | Soliris                        |

|   |   |  |
|---|---|--|
| <i>CSF — Leukocyte Growth Factors (filgrastim)</i>  | Granix<br>Leukine<br>Neupogen<br>Nivestym<br>Releuko  | Zarxio   |
| <i>CSF — Leukocyte Growth Factors (pegfilgrastim)</i>   | Fylnetra<br>Nyvepria<br>Rolvedon<br>Stimufend<br>Udenyca<br><br>Udenyca Onbody (effective 4/1/24) | Fulphila<br>Neulasta<br>Neulasta Onpro                   |
| <i>Erythropoiesis Stimulating Agents</i><br><ul style="list-style-type: none"> <li>Anemia due to chronic kidney disease</li> <li>Anemia due to chemotherapy</li> </ul>                | Epogen<br>Retacrit<br>Jesduvroq   | Aranesp<br>Procrit                                       |
| <i>Erythropoiesis Stimulating Agents</i><br><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>Enzyme replacement therapy</i>   | Vpriv   | Cerezyme<br>Elelyso                                      |
| <i>Factor VIII (recombinant)</i><br><ul style="list-style-type: none"> <li>Hemophilia A (prophylaxis)</li> </ul>  | Advate<br>Afstyla<br>Nuwiq<br>NovoEight<br>Xyntha   | Kovaltry   |
| <i>Gonadotropin-Releasing Hormone Agonists</i><br><ul style="list-style-type: none"> <li>Advanced prostate cancer</li> </ul>  | Lupron depot<br>Trelstar<br>Zoladex   | Eligard  |
| <i>Gonadotropin-Releasing Hormone Antagonists</i>   |   | Firmagon   |
| <i>Immunologics (B through B)</i><br><ul style="list-style-type: none"> <li>Ulcerative colitis</li> </ul>   | Avsola<br>Renflexis   | Inflectra<br>Entyvio<br>Remicade<br>Unbranded infliximab |
| <i>Immunologics (B through B)</i><br><ul style="list-style-type: none"> <li>Crohn's disease</li> </ul>  |   | Entyvio  |
| <i>Intravenous iron</i>   | Feraheme  | Ferrlecit  |

Proprietary

|  |   |  |
|--|---|--|
| <ul style="list-style-type: none"> <li>Iron deficiency anemia after intolerance or unsatisfactory response to oral iron</li> </ul> | Injectafer<br>Monoferric  | Sodium ferric gluconate<br>Infed<br>Venofer  |
| <i>IVIG (intravenous immunoglobulin)</i>   | Asceniv<br>Bivigam<br>Flebogamma<br>Gammagard Liquid<br>Gammagard S/D<br>Gammaplex<br>Panzyga | Gammaked<br>Gamunex-C<br>Octagam<br>Privigen |
| <i>SCIG (subcutaneous immunoglobulin)</i>  | Cutaquig<br>Cuvitru<br>Gammagard Liquid<br>HyQvia   | Gammaked<br>Gamunex-C<br>Hizentra<br>Xembify |
| <i>Multiple sclerosis</i>  |   | Tysabri                                      |
| <i>Oncology</i> <ul style="list-style-type: none"> <li>Breast cancer</li> </ul>  | Perjeta   | Phesgo                                       |
| <i>Oncology (Abraxane)</i>   | Abraxane<br>Paclitaxel (protein bound)  | Docetaxel<br>Paclitaxel                      |
| <i>Oncology (Avastin)</i>  | Alymsys<br>Avastin<br>Vegzelma  | Mvasi<br>Zirabev                             |
| <i>Oncology (Herceptin)</i>  | Herceptin<br>Herceptin Hylecta<br>Herzuma<br>Ogivri<br>Ontruzant                              | Kanjinti<br>Trazimera                        |
| <i>Oncology (Multiple myeloma)</i>   | Darzalex<br>Darzalex Faspro<br>Empliciti<br>Kyprolis<br>Sarclisa                              | Bortezomib                                   |
| <i>Oncology (PD1/PDL1)</i> <ul style="list-style-type: none"> <li>Squamous cell carcinoma</li> </ul>                               | Keytruda  | Libtayo                                      |

|  |   |  |
|--|---|--|
| <i>Oncology (PD1/PDL1)</i> <ul style="list-style-type: none"> <li>Non-small cell lung cancer</li> </ul>                | Imfinzi<br>Keytruda<br>Opdivo<br>Tecentriq  | Libtayo  |
| <i>Oncology (Pemetrexed)</i>   | Pemfexy   | Alimta<br>Pemetrexed   |
| <i>Oncology (Rituximab)</i> <ul style="list-style-type: none"> <li>All requests except rheumatoid arthritis</li> </ul> | Riabni<br>Rituxan<br>Rituxan Hycela   | Ruxience<br>Truxima  |
| <i>Osteoarthritis</i>  | Zilretta  | Kenalog<br>Depo-medrol<br>Triamcinolone acetonide<br>Methylprednisolone acetate  |
| <i>Severe asthma</i>   | Cinqair<br>Nucala<br>Xolair   | Fasenra  |
| <i>Somatostatin analogues</i>  | Lanreotide (Cipla)<br>Signifor LAR  | Sandostatin LAR<br>Somatuline depot  |
| <i>VEGF inhibitors (ophthalmic)</i>  | Beovu<br>Eylea (through 3/31/24)<br>Eylea HD (through 3/31/24)<br>Cimerli<br>Lucentis<br>Susvimo<br>Vabysmo | Bevacizumab (Avastin)<br><br>Byooviz after trial/failure of bevacizumab (Avastin)<br><br>(Eylea/Eylea HD will also be preferred after trial/failure of bevacizumab effective 4/1/24) |
| <i>Viscosupplements (single injection)</i>   | Gel-One<br>Monovisc   | Durolane<br>Synvisc-One  |

|   |  |                     |
|---|--|---------------------|
| <i>Viscosupplements (multiple injections)</i> | Gelsyn-3<br>GenVisc<br>Hyalgan<br>Hymovis<br>Orthovisc<br>Supartz FX<br>TriVisc<br>Visco-3 | Euflexxa<br>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)*  |
|--|--|--|
| <i>Bone Resorption Inhibitors</i><br>• Osteoporosis    | Evenity  | Teriparatide   |
| <i>Immunologics</i><br>• Crohn's disease               | Actemra<br>Avsola<br>Cimzia<br>Ilumya                                | Humira<br>Rinvoq<br>Skyrizi<br>Stelara   |
| <i>Immunologics</i><br>• Ankylosing spondylitis        | Inflectra<br>Orencia<br>Remicade<br>Renflexis                        | Enbrel<br>Humira<br>Xeljanz/Xeljanz XR<br>Rinvoq                                 |
| <i>Immunologics</i><br>• Juvenile idiopathic arthritis | Riabni<br>Rituxan<br>Ruxience  | Enbrel<br>Humira<br>Xeljanz  |
| <i>Immunologics</i><br>• Plaque psoriasis              | Simponi Aria<br>Truxima<br>Tyruko<br>Tysabri<br>Unbranded infliximab | Enbrel<br>Humira<br>Otezla<br>Skyrizi<br>Stelara                                 |
| <i>Immunologics</i><br>• Psoriatic arthritis           |  | Enbrel<br>Humira<br>Otezla<br>Rinvoq<br>Skyrizi<br>Stelara<br>Xeljanz/Xeljanz XR |



|   |                                |   |
|---|--------------------------------|---|
| <i>Immunologics</i> <ul style="list-style-type: none"> <li>Rheumatoid arthritis</li> </ul>  |                                | Enbrel<br>Humira<br>Kevzara<br>Rinvoq<br>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> | Briumvi<br>Lemtrada<br>Ocrevus | Kesimpta  |
| <i>PCSK9 inhibitors</i>   | Leqvio                         | Repatha   |
| <i>Systemic lupus erythematosus</i>   | Saphnelo                       | IV Benlysta (Part B)<br>SC Benlysta (Part D)                |

This list shows 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.

©2024 Aetna Inc.