



# 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 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 [Aetna.com/partb-step](https://www.aetna.com/partb-step)  
You can also call us at the number on your 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 (through 8/31/24) | Prolastin-C<br>Zemaira (effective 9/1/24) |
| <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                                   |

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| <p><i>CSF — Leukocyte Growth Factors (filgrastim)</i></p>   | <p>Granix<br/>Leukine<br/>Neupogen<br/>Nivestym<br/>Releuko</p>  | <p>Zarxio</p>  |
| <p><i>CSF — Leukocyte Growth Factors (pegfilgrastim)</i></p>  | <p>Fylnetra<br/>Nyvepria<br/>Rolvedon<br/>Ryzneuta (effective 9/1/24)<br/>Stimufend<br/>Udenyca<br/>Udenyca Onbody</p> | <p>Fulphila<br/>Neulasta<br/>Neulasta Onpro</p>                    |
| <p><i>Erythropoiesis Stimulating Agents</i></p> <ul style="list-style-type: none"> <li>• Anemia due to chronic kidney disease</li> <li>• Anemia due to chemotherapy</li> </ul>                | <p>Epogen<br/>Retacrit<br/>Jesduvroq</p>   | <p>Aranesp<br/>Procrit</p>   |
| <p><i>Erythropoiesis Stimulating Agents</i></p> <ul style="list-style-type: none"> <li>• Anemia due to Zidovudine use in HIV</li> <li>• Transfusion reduction for select surgeries</li> </ul> |  | <p>Procrit</p>   |
| <p><i>Enzyme replacement therapy</i></p>  | <p>Vpriv</p>   | <p>Cerezyme<br/>Elelyso</p>  |
| <p><i>Factor VIII (recombinant)</i></p> <ul style="list-style-type: none"> <li>• Hemophilia A (prophylaxis)</li> </ul>  | <p>Advate<br/>Afstyla<br/>Nuwiq<br/>NovoEight<br/>Xyntha</p>   | <p>Kovaltry</p>  |
| <p><i>Gonadotropin-Releasing Hormone Agonists</i></p> <ul style="list-style-type: none"> <li>• Advanced prostate cancer</li> </ul>  | <p>Lupron depot<br/>Trelstar<br/>Zoladex</p>   | <p>Eligard</p>   |
| <p><i>Gonadotropin-Releasing Hormone Antagonists</i></p>  |  | <p>Firmagon</p>  |
| <p><i>Immunologics (B through B)</i></p> <ul style="list-style-type: none"> <li>• Ulcerative colitis</li> </ul>   | <p>Avsola<br/>Omvoh (effective 9/1/24)<br/>Renflexis</p>   | <p>Inflectra<br/>Entyvio<br/>Remicade<br/>Unbranded infliximab</p> |
| <p><i>Immunologics (B through B)</i></p> <ul style="list-style-type: none"> <li>• Crohn's disease</li> </ul>  |  | <p>Entyvio</p>   |
| <p><i>Intravenous iron</i></p> <ul style="list-style-type: none"> <li>• Iron deficiency anemia after intolerance or unsatisfactory response to oral iron</li> </ul>                           | <p>Feraheme<br/>Injectafer<br/>Monoferric</p>  | <p>Ferrlecit<br/>Sodium ferric gluconate<br/>Infed<br/>Venofer</p> |

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| <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><br>• Breast cancer                         | Perjeta   | Phesgo                                       |
| <i>Oncology (Abraxane)</i>                                 | Abraxane<br>Paclitaxel (protein bound)  | Docetaxel<br>Paclitaxel                      |
| <i>Oncology (Avastin)</i>                                  | Alymsys<br>Avastin<br>Avzivi (effective 9/1/24)<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><br>• Squamous cell carcinoma    | Keytruda  | Libtayo                                      |
| <i>Oncology (PD1/PDL1)</i><br>• Non-small cell lung cancer | Imfinzi<br>Keytruda<br>Opdivo<br>Tecentriq  | Libtayo                                      |

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|--|--|---|
| <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>Cimerli<br>Lucentis<br>Susvimo<br>Vabysmo   | Bevacizumab (Avastin)<br><br>Byooviz or Eylea/Eylea HD after trial/failure of bevacizumab (Avastin) |
| <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> <ul style="list-style-type: none"> <li>Osteoporosis</li> </ul>  | Evenity  | Teriparatide   |
| <i>Immunologics</i> <ul style="list-style-type: none"> <li>Crohn's disease</li> </ul>   | Actemra<br>Avsola<br>Cimzia<br>Ilumya                                | Humira<br>Rinvoq<br>Skyrizi<br>Stelara   |
| <i>Immunologics</i> <ul style="list-style-type: none"> <li>Ankylosing spondylitis</li> </ul>  | Inflectra<br>Orencia<br>Remicade<br>Renflexis                        | Enbrel<br>Humira<br>Xeljanz/Xeljanz XR<br>Rinvoq   |
| <i>Immunologics</i> <ul style="list-style-type: none"> <li>Juvenile idiopathic arthritis</li> </ul>   | Riabni<br>Rituxan<br>Ruxience  | Enbrel<br>Humira<br>Xeljanz  |
| <i>Immunologics</i> <ul style="list-style-type: none"> <li>Plaque psoriasis</li> </ul>  | Simponi Aria<br>Truxima<br>Tyruko<br>Tysabri<br>Unbranded infliximab | Enbrel<br>Humira<br>Otezla<br>Skyrizi<br>Stelara<br>Tremfya (effective 9/1/24)                                 |
| <i>Immunologics</i> <ul style="list-style-type: none"> <li>Psoriatic arthritis</li> </ul>   |  | Enbrel<br>Humira<br>Otezla<br>Rinvoq<br>Skyrizi<br>Stelara<br>Tremfya (effective 9/1/24)<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)   |



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*\*Additional preferred products through Part D for members with open formularies include Cimzia, Cosentyx, Forteo, Olumiant, Praluent, and Tymlos.*

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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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.

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