

Medicare Part B Preferred drug list — Aetna Assure Premier Plus (HMO D-SNP)

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 **[AetnaBetterHealth.com/NewJersey-hmosnp](https://www.aetna.com/betterhealth/newjersey-hmosnp)**. You can also call us at 1-844-362-0934 (TTY: 711), 8 a.m. to 8 p.m., 7 days a week.

Drug Class/Indication(s)	Non-Preferred Product(s)	Preferred Product(s)
<i>Acromegaly</i>	Signifor LAR Somavert	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>CSF — Leukocyte Growth Factors (filgrastim)</i> • Prevention of febrile neutropenia • Symptomatic neutropenic disorder • Harvesting of peripheral blood stem cells	Granix Neupogen Nivestym Releuko	Zarxio

Proprietary

<i>CSF — Leukocyte Growth Factors (pegfilgrastim)</i> <ul style="list-style-type: none"> Prevention of febrile neutropenia 	Nyvepria Ziextenzo	Fulphila Neulasta Neulasta Onpro Udenyca
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> Anemia due to chronic kidney disease Anemia due to chemotherapy 	Epogen	Aranesp Procrit Retacrit
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> Anemia due to Zidovudine use in HIV Transfusion reduction for select surgeries 		Procrit Retacrit
<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"> Ulcerative colitis 	Inflectra Renflexis Stelara	Avsola Entyvio Remicade
<i>Immunologics (B through B)</i> <ul style="list-style-type: none"> Crohn's disease 		Entyvio
<i>Intravenous iron</i> <ul style="list-style-type: none"> Iron deficiency anemia after intolerance or unsatisfactory response to oral iron 	Feraheme Injectafer Monoferic	Ferrlecit Sodium ferric gluconate Infed Venofer
<i>IVIG (intravenous immunoglobulin)*</i> <ul style="list-style-type: none"> Primary immunodeficiency Idiopathic thrombocytopenia purpura Chronic inflammatory demyelinating polyneuropathy 	Asceniv Bivigam Flebogamma Gammagard Gammaked Gammaplex Gamunex-C Octagam Panzyga	Privigen

<i>SCIG (subcutaneous immunoglobulin)*</i> <ul style="list-style-type: none"> 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
<i>Multiple myeloma</i>	Darzalex Darzalex Faspro Kyprolis	Bortezomib Velcade
<i>Multiple Sclerosis</i>	Lemtrada	Tysabri
<i>Myelodysplastic syndrome</i>	Dacogen Decitabine Vidaza	Azacitidine
<i>Oncology (Abraxane)</i> <ul style="list-style-type: none"> Non-small cell lung cancer 	Abraxane Paclitaxel (protein bound)	Docetaxel Paclitaxel
<i>Oncology (Herceptin)</i> <ul style="list-style-type: none"> Breast cancer 	Herzuma Ogivri Ontruzant	Herceptin Herceptin Hylecta Kanjinti Trazimera
<i>Oncology (Herceptin)</i> <ul style="list-style-type: none"> Gastrointestinal cancer 		Herceptin Kanjinti Trazimera
<i>Ophthalmic Disorders</i>	Beovu Byooviz Eylea Lucentis Susvimo Vabysmo	Bevacizumab (Avastin)
<i>Pulmonary Arterial Hypertension (Remodulin)</i>	Remodulin	Generic treprostinil
<i>Pulmonary Arterial Hypertension (Flolan/Veletri)</i>	Flolan Veletri	Generic epoprostenol
<i>Rituximab</i> <ul style="list-style-type: none"> Non-Hodgkin's lymphoma Chronic lymphocytic leukemia Granulomatosis with polyangiitis (GPA) and microscopic polyangiitis (MPA) 	Riabni	Rituxan Rituxan Hycela Ruxience Truxima

<i>Severe asthma</i>	Cinqair	Fasenra Nucala Xolair
<i>Viscosupplements (single injection)**</i> • Osteoarthritis	Durolane Gel-One Monovisc	Synvisc-One
<i>Viscosupplements (multiple injections)**</i> • 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 FX TriVisc Visco-3	Orthovisc 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> • Osteoporosis	Evenity	Forteo
<i>Immunologics</i> • Crohn's disease	Actemra Avsola	Humira
<i>Immunologics</i> • Ankylosing spondylitis • Juvenile idiopathic arthritis	Cimzia Ilumya Inflectra	Enbrel Humira Xeljanz/Xeljanz XR
<i>Immunologics</i> • Plaque psoriasis	Orencia Remicade Renflexis Riabni	Enbrel Humira Otezla Skyrizi
<i>Immunologics</i> • Psoriatic arthritis	Rituxan Ruxience Simponi Aria Stelara Tremfya Truxima	Enbrel Humira Otezla Rinvoq Skyrizi Xeljanz/Xeljanz XR
<i>Immunologics</i> • Rheumatoid arthritis	Tysabri	Enbrel Humira 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 	Ocrevus	Kesimpta
<i>PCSK9 inhibitors</i> <ul style="list-style-type: none"> Lowering of LDL cholesterol 	Leqvio	Praluent*
*Repatha is also a preferred product on open formularies		

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.

Aetna Assure Premier Plus (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Aetna Assure Premier Plus depends on contract renewal.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage.

If you speak a language other than English, free language assistance services are available. Visit our website at **AetnaBetterHealth.com/New-Jersey-hmosnp** or call **1-844-362-0934 (TTY: 711)**, 8 AM to 8 PM, 7 days a week.

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(CHINESE) 傳統漢語(中文)如果您講英語以外的語言,則提供免費語言援助服務。

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