

Medicare Part B Preferred drug list — Aetna Better Health® Premier Plan (Medicare-Medicaid Plan)

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/Michigan](https://www.aetna.com/betterhealth/michigan). You can also call us at the number on your ID card.

| 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 |

| | | |
|--|--|--|
| <p><i>CSF — Leukocyte Growth Factors (filgrastim)</i></p> <ul style="list-style-type: none"> Prevention of febrile neutropenia Symptomatic neutropenic disorder Harvesting of peripheral blood stem cells | <p>Granix Neupogen Nivestym Releuko</p> | <p>Zarxio</p> |
| <p><i>CSF — Leukocyte Growth Factors (pegfilgrastim)</i></p> <ul style="list-style-type: none"> Prevention of febrile neutropenia | <p>Nyvepria Ziextenzo</p> | <p>Fulphila Neulasta Neulasta Onpro Udenyca</p> |
| <p><i>Erythropoiesis Stimulating Agents</i></p> <ul style="list-style-type: none"> Anemia due to chronic kidney disease Anemia due to chemotherapy | <p>Epogen</p> | <p>Aranesp Procrit Retacrit</p> |
| <p><i>Erythropoiesis Stimulating Agents</i></p> <ul style="list-style-type: none"> Anemia due to Zidovudine use in HIV Transfusion reduction for select surgeries | | <p>Procrit Retacrit</p> |
| <p><i>Gonadotropin-Releasing Hormone Agonists</i></p> <ul style="list-style-type: none"> Advanced prostate cancer | <p>Lupron depot Trelstar Zoladex</p> | <p>Eligard</p> |
| <p><i>Gonadotropin-Releasing Hormone Antagonists</i></p> <ul style="list-style-type: none"> Advanced prostate cancer | | <p>Firmagon</p> |
| <p><i>Immunologics (B through B)</i></p> <ul style="list-style-type: none"> <i>Ulcerative colitis</i> | <p>Inflectra Renflexis Stelara</p> | <p>Avsola Entyvio Remicade</p> |
| <p><i>Immunologics (B through B)</i></p> <ul style="list-style-type: none"> <i>Crohn's disease</i> | | <p>Entyvio</p> |
| <p><i>Intravenous iron</i></p> <ul style="list-style-type: none"> Iron deficiency anemia after intolerance or unsatisfactory response to oral iron | <p>Feraheme Injectafer Monoferric</p> | <p>Ferrlecit Sodium ferric gluconate Infed Venofer</p> |
| <p><i>IVIg (intravenous immunoglobulin)*</i></p> <ul style="list-style-type: none"> Primary immunodeficiency Idiopathic thrombocytopenia purpura Chronic inflammatory demyelinating polyneuropathy | <p>Asceniv Bivigam Flebogamma Gammagard Gammaked Gammaplex Gamunex-C Octagam Panzyga</p> | <p>Privigen</p> |

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

| | | |
|--|---|----------------------|
| | | 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> • Clinically isolated syndrome | Ocrevus | Kesimpta |

| | | |
|---|--------|----------|
| <ul style="list-style-type: none"> Relapsing-remitting disease Active secondary progressive disease | | |
| <i>PCSK9 inhibitors</i> <ul style="list-style-type: none"> <i>Lowering of LDL cholesterol</i> | Leqvio | Praluent |

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 o árabe, 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."

©2022 Aetna Inc.