

## Medicare Part B Preferred drug list — Aetna Better Health® of Ohio, MyCare Ohio (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/Ohio](https://www.aetna.com/betterhealth/ohio). 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 Glassia	Prolastin-C Zemaira
<i>Bone Resorption Inhibitors*</i> • Osteoporosis *Both preferred products required prior to receiving non-preferred product	Evenity	Prolia AND Zoledronic acid
<i>Bone Resorption Inhibitors</i> • Hypercalcemia of malignancy • Prevention of skeletal events in multiple myeloma • Prevention of skeletal events in prostate cancer or solid tumors with bone metastases • Treatment of osteopenia or osteoporosis in systemic mastocytosis	Xgeva	Pamidronate Zoledronic acid
<i>Botulinum Toxins</i> • Blepharospasm • Cervical dystonia • Chronic sialorrhea • Upper limb spasticity	Daxxify Dysport Myobloc	Botox Xeomin
<i>Botulinum Toxins</i> • All other indications		Botox

<p><i>Complement Inhibitors</i></p> <ul style="list-style-type: none"> <li>Hemolytic uremic syndrome</li> <li>Paroxysmal nocturnal hemoglobinuria</li> </ul>		<p>Soliris Ultomiris</p>
<p><i>Complement Inhibitors</i></p> <ul style="list-style-type: none"> <li><i>Neuromyelitis optica spectrum disorder</i></li> </ul>		<p>Soliris</p>
<p><i>Myasthenia gravis</i></p>	<p><u>Rystiggo</u></p>	<p>Soliris Ultomiris Vyvgart Vyvgart Hytrulo</p>
<p><i>Colony Stimulating Factors (short-acting)</i></p>	<p>Granix Leukine Neupogen Nivestym Releuko</p>	<p>Zarxio</p>
<p><i>Colony Stimulating Factors (long-acting)</i></p>	<p>Fylnetra Nyvepria Rolvedon Ryzneuta Stimufend Udenyca Ziextenzo</p>	<p>Fulphila Neulasta 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 Retacrit Jesduvroq Vafseo</p>	<p>Aranesp 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 Elelyso</p>
<p><i>Factor VIII (recombinant)</i></p> <ul style="list-style-type: none"> <li>Hemophilia A (prophylaxis)</li> </ul>	<p>Advate Afstyla Nuwiq NovoEight Xyntha</p>	<p>Kovaltry</p>
<p><i>Geographic atrophy</i></p>	<p>Izervay</p>	<p>Syfovre</p>
<p><i>Gonadotropin-Releasing Hormone Agonists</i></p> <ul style="list-style-type: none"> <li>Advanced prostate cancer</li> </ul>	<p>Lupron depot Trelstar Zoladex</p>	<p>Eligard</p>

<i>Gonadotropin-Releasing Hormone Antagonists</i>		Firmagon
<i>Immunologics (B through B)</i> • Ulcerative colitis	Avsola Omvoh Remicade Unbranded infliximab	Entyvio Inflectra Renflexis
<i>Immunologics (B through B)</i> • Crohn's disease		Entyvio
<i>Intravenous iron</i> • Iron deficiency anemia after intolerance or unsatisfactory response to oral iron	Feraheme Injectafer Monoferric	Ferrlecit Sodium ferric gluconate Infed Venofer
<i>IVIG (intravenous immunoglobulin)</i>	Asceniv Bivigam Flebogamma Gammagard Liquid Gammagard S/D Gammaplex Panzyga	Gammaked Gamunex-C Octagam Privigen
<i>SCIG (subcutaneous immunoglobulin)</i>	Cutaquig Cuvitru Gammagard Liquid HyQvia	Gammaked Gamunex-C Hizentra Xembify
<i>Multiple Sclerosis</i>	Briumvi Lemtrada	Ocrevus
		Tysabri
<i>Oncology</i> • Breast cancer	Perjeta	Phesgo
<i>Oncology (Abraxane)</i>	Abraxane Paclitaxel (protein bound)	Docetaxel Paclitaxel
<i>Oncology (Avastin)</i>	Alymsys Avastin Avzivi Vegzelma	Mvasi Zirabev

<p><i>Oncology (Herceptin)</i></p>	<p>Herceptin Herceptin Hylecta Herzuma Ogivri Ontruzant</p>	<p>Kanjinti Trazimera</p>
<p><i>Oncology (Multiple myeloma)</i></p>	<p>Darzalex Darzalex Faspro Empliciti Kyprolis Sarclisa</p>	<p>Bortezomib</p>
<p><i>Oncology (PD1/PDL1)</i></p> <ul style="list-style-type: none"> <li>• Squamous cell carcinoma</li> </ul>	<p>Keytruda</p>	<p>Libtayo</p>
<p><i>Oncology (PD1/PDL1)</i></p> <ul style="list-style-type: none"> <li>• Non-small cell lung cancer</li> </ul>	<p>Imfinzi Keytruda Opdivo Tecentriq</p>	<p>Libtayo</p>
<p><i>Oncology (Pemetrexed)</i></p>	<p>Pemfexy</p>	<p>Alimta Pemetrexed</p>
<p><i>Oncology (Rituximab)</i></p> <ul style="list-style-type: none"> <li>• All requests except rheumatoid arthritis</li> </ul>	<p>Riabni Rituxan Rituxan Hycela</p>	<p>Ruxience Truxima</p>
<p><i>Osteoarthritis</i></p>	<p>Zilretta</p>	<p>Kenalog Depo-medrol Triamcinolone acetonide Methylprednisolone acetate</p>
<p><i>Severe asthma</i></p>	<p>Cinqair Nucala Tezspire Xolair</p>	<p>Fasenra</p>
<p><i>Somatostatin analogues</i></p>	<p>Lanreotide (Cipla) Sandostatin LAR Signifor LAR</p>	<p>Somatuline depot</p>

<i>VEGF inhibitors (ophthalmic)</i>	Beovu Cimerli Lucentis Susvimo Vabysmo	Bevacizumab (Avastin)  Byooviz or Eylea/Eylea HD after trial/failure of bevacizumab (Avastin)
<i>Viscosupplements (single injection)</i>	Gel-One Monovisc	Durolane Synvisc-One
<i>Viscosupplements (multiple injections)</i>	Gelsyn-3 GenVisc Hyalgan Hymovis Orthovisc Supartz FX TriVisc Visco-3	Euflexxa Synvisc

For the following classes, preferred products may be covered under the Part D (pharmacy) benefit:

<b>Drug Class</b>	<b>Non-preferred Product(s)</b>	<b>Preferred Product(s)*</b>
<i>Immunologics</i> • Crohn's disease	Actemra Avsola Cimzia Ilumya Inflectra Orencia	Humira Idacio Rinvoq Skyrizi Stelara
<i>Immunologics</i> • Ankylosing spondylitis	Remicade Renflexis Riabni Rituxan Ruxience Simponi Aria	Cosentyx Enbrel Humira Idacio Rinvoq Xeljanz/Xeljanz XR
<i>Immunologics</i> • Juvenile idiopathic arthritis	Truxima Tyruko Tysabri Unbranded infliximab	Enbrel Humira Idacio Tyenne Xeljanz/Xeljanz XR

<p><i>Immunologics</i></p> <ul style="list-style-type: none"> <li>• Plaque psoriasis</li> </ul>		<p>Cosentyx Enbrel Humira Idacio Skyrizi Sotyktu Stelara Tremfya</p>
<p><i>Immunologics</i></p> <ul style="list-style-type: none"> <li>• Psoriatic arthritis</li> </ul>		<p>Cosentyx Enbrel Humira Idacio Rinvoq Skyrizi Stelara Tremfya Xeljanz/Xeljanz XR</p>
<p><i>Immunologics</i></p> <ul style="list-style-type: none"> <li>• Rheumatoid arthritis</li> </ul>		<p>Enbrel Humira Idacio Rinvoq Tyenne Xeljanz/Xeljanz XR</p>
<p><i>PCSK9 inhibitors</i></p>	<p>Leqvio</p>	<p>Repatha</p>
<p><i>Systemic lupus erythematosus</i></p>	<p>Saphnelo</p>	<p>IV Benlysta (Part B) SC Benlysta (Part D)</p>

*\*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.

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.

Aetna Better Health<sup>®</sup> of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

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