



Medicare Part B preferred drug list — Aetna Medicare Advantage (MA) only plans

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 that 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 Glassia Zemaira	Prolastin-C
<i>Bone Resorption Inhibitors*</i> <ul style="list-style-type: none"> Osteoporosis *Both preferred products required prior to receiving non-preferred product	Evenity	Prolia AND Zoledronic acid
<i>Bone Resorption Inhibitors</i> <ul style="list-style-type: none"> Hypercalcemia of malignancy 	Xgeva	Pamidronate Zoledronic acid
<i>Botulinum Toxins</i> <ul style="list-style-type: none"> Blepharospasm Cervical dystonia Chronic sialorrhea Upper limb spasticity 	Daxxify Dysport Myobloc	Botox Xeomin
<i>Botulinum Toxins</i> <ul style="list-style-type: none"> All other indications 		Botox
<i>Complement Inhibitors</i> <ul style="list-style-type: none"> Hemolytic uremic syndrome Myasthenia gravis Paroxysmal nocturnal hemoglobinuria 		Soliris Ultomiris
<i>Complement Inhibitors</i> <ul style="list-style-type: none"> Neuromyelitis optica spectrum disorder 		Soliris

<i>CSF — Leukocyte Growth Factors (filgrastim)</i>	Granix Leukine Neupogen Nivestym Releuko	Zarxio
<i>CSF — Leukocyte Growth Factors (pegfilgrastim)</i>	Fylnetra Nyvepria Rolvedon Stimufend Udenyca Udenyca Onbody (effective 4/1/24)	Fulphila Neulasta Neulasta Onpro
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> Anemia due to chronic kidney disease Anemia due to chemotherapy 	Epogen Retacrit Jesduvroq	Aranesp Procrit
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> Anemia due to Zidovudine use in HIV Transfusion reduction for select surgeries 		Procrit
<i>Enzyme replacement therapy</i>	Vpriv	Cerezyme Elelyso
<i>Factor VIII (recombinant)</i> <ul style="list-style-type: none"> Hemophilia A (prophylaxis) 	Advate Afstyla Nuwiq NovoEight Xyntha	Kovaltry
<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</i> <ul style="list-style-type: none"> Crohn's disease Ulcerative colitis 	Actemra Avsola Cimzia Ilumya Orencia Renflexis Riabni Rituxan Ruxience Stelara Truxima Tyruko Tysabri	Entyvio Inflectra Remicade Unbranded infliximab
<i>Immunologics</i> <ul style="list-style-type: none"> Psoriasis 		Inflectra Remicade Unbranded infliximab
<i>Immunologics</i> <ul style="list-style-type: none"> Ankylosing spondylitis Psoriatic arthritis Rheumatoid arthritis 		Inflectra Remicade Simponi Aria Unbranded infliximab

<i>Intravenous iron</i> <ul style="list-style-type: none"> 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> <ul style="list-style-type: none"> Breast cancer 	Perjeta	Phesgo
<i>Oncology (Abraxane)</i>	Abraxane Paclitaxel (protein bound)	Docetaxel Paclitaxel
<i>Oncology (Avastin)</i>	Alymsys Avastin Vegzelma	Mvasi Zirabev
<i>Oncology (Herceptin)</i>	Herceptin Herceptin Hylecta Herzuma Ogivri Ontruzant	Kanjinti Trazimera
<i>Oncology (Multiple myeloma)</i>	Darzalex Darzalex Faspro Empliciti Kyprolis Sarclisa	Bortezomib
<i>Oncology (PD1/PDL1)</i> <ul style="list-style-type: none"> Squamous cell carcinoma 	Keytruda	Libtayo
<i>Oncology (PD1/PDL1)</i> <ul style="list-style-type: none"> Non-small cell lung cancer 	Imfinzi Keytruda Opdivo Tecentriq	Libtayo

<i>Oncology (Pemetrexed)</i>	Pemfexy	Alimta Pemetrexed
<i>Oncology (Rituximab)</i> • All requests except rheumatoid arthritis	Riabni Rituxan Rituxan Hycela	Ruxience Truxima
<i>Osteoarthritis</i>	Zilretta	Kenalog Depo-medrol Triamcinolone acetonide Methylprednisolone acetate
<i>Severe asthma</i>	Cinqair Nucala Xolair	Fasenra
<i>Somatostatin analogues</i>	Lanreotide (Cipla) Signifor LAR	Sandostatin LAR Somatuline depot
<i>Systemic lupus erythematosus</i>	Saphnelo	Benlysta
<i>VEGF inhibitors (ophthalmic)*</i> *Both preferred products required prior to receiving a non-preferred product	Beovu Cimerli Eylea (through 3/31/24) Eylea HD (through 3/31/24) Lucentis Susvimo Vabysmo	Bevacizumab (Avastin) Byooviz after trial/failure of bevacizumab (Avastin) (Eylea/Eylea HD will also be preferred after trial/failure of bevacizumab effective 4/1/24)
<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

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.



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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 may change at any time. You will receive notice when necessary.

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