

## Medicare Part B Preferred drug list — Aetna Medicare Advantage plans that offer prescription drug coverage (MAPD)

Some medically administered Part B drugs may have additional requirements or limits on coverage. These requirements and limits 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 that condition.

For example, if Drug A and Drug B both treat your medical 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 circumstances that may warrant a need 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](http://aetna.com/partb-step)>. You can also call us using the number on your ID card.

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
<i>Bone Resorption Inhibitors</i> <ul style="list-style-type: none"> <li>Hypercalcemia of malignancy</li> </ul>	Xgeva	Pamidronate Zoledronic acid
<i>Botulinum Toxins</i> <ul style="list-style-type: none"> <li>Cervical dystonia</li> <li>Upper limb spasticity</li> </ul>	Botox Myobloc	Dysport Xeomin
<i>Botulinum Toxins</i> <ul style="list-style-type: none"> <li>Blepharospasm</li> <li>Chronic sialorrhea</li> </ul>	Botox Myobloc	Xeomin
<i>CSF— Leukocyte Growth Factors (filgrastim)</i> <ul style="list-style-type: none"> <li>Prevention of febrile neutropenia</li> <li>Symptomatic neutropenic disorder</li> <li>Harvesting of peripheral blood stem cells</li> </ul>	Granix Neupogen Nivestym	Zarxio
<i>CSF— Leukocyte Growth Factors (pegfilgrastim)</i> <ul style="list-style-type: none"> <li>Prevention of febrile neutropenia</li> </ul>	Nyvepria Ziextenzo	Fulphila Neulasta Neulasta Onpro Udenyca
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> <li>Anemia due to chronic kidney disease</li> </ul>	Epogen Procrit	Aranesp Mircera Retacrit
<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> <li>Anemia due to chemotherapy</li> </ul>		Aranesp Retacrit

<i>Erythropoiesis Stimulating Agents</i> <ul style="list-style-type: none"> <li>Anemia due to Zidovudine use in HIV</li> <li>Transfusion reduction for select surgeries</li> </ul>	Epogen Procrit	Retacrit
<i>Gonadotropin-Releasing Hormone Antagonists</i> <ul style="list-style-type: none"> <li>Advanced prostate cancer</li> </ul>		Firmagon
<i>Immunologics (B through B)</i> <ul style="list-style-type: none"> <li><i>Ulcerative colitis</i></li> </ul>	Avsola Inflectra Stelara	Entyvio Remicade Renflexis
<i>IVIg (intravenous immunoglobulin)*</i> <ul style="list-style-type: none"> <li>Primary immunodeficiency</li> <li>Idiopathic thrombocytopenia purpura</li> <li>Chronic inflammatory demyelinating polyneuropathy</li> </ul>	Asceniv Bivigam Flebogamma Gammagard Gammaked Gammaplex Gamunex-C Octagam Panzyga	Privigen
<i>SCIG (subcutaneous immunoglobulin)*</i> <ul style="list-style-type: none"> <li>Primary immunodeficiency</li> <li>Chronic inflammatory demyelinating polyneuropathy</li> <li>*IVIg and SCIG are one category. Use either preferred product before a non-preferred IVIg or SCIG.</li> </ul>	Cutaquig Cuvitru Gammagard Gammaked Gamunex-C HyQvia Xembify	Hizentra
<i>Multiple Sclerosis</i>	Lemtrada	Tysabri
<i>Oncology (Abraxane)</i> <ul style="list-style-type: none"> <li>Non-small cell lung cancer</li> </ul>	Abraxane	Docetaxel Paclitaxel
<i>Oncology (Herceptin)</i> <ul style="list-style-type: none"> <li>Breast cancer</li> </ul>	Herzuma Ogivri Ontruzant	Herceptin Herceptin Hylecta Kanjinti Trazimera
<i>Oncology (Herceptin)</i> <ul style="list-style-type: none"> <li>Gastrointestinal cancer</li> </ul>		Herceptin Kanjinti Trazimera
<i>Ophthalmic Disorders</i>	Beovu Eylea Lucentis	Avastin Mvasi Zirabev
<i>Pulmonary Arterial Hypertension (Remodulin)</i>	Remodulin	Generic treprostinil

<i>Pulmonary Arterial Hypertension (Flolan/Veletri)</i>	Flolan Veletri	Generic epoprostenol
<i>Viscosupplements (single injection)**</i> • Osteoarthritis	Durolane Monovisc	Gel-One 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 TriVisc	Orthovisc Synvisc Visco-3

For the following two classes, preferred products may be covered under the pharmacy or the medical benefit:

<b>Drug Class</b>	<b>Non-preferred Product(s)</b>	<b>Preferred Product(s)</b>
<i>Bone Resorption Inhibitors</i> • Osteoporosis	Evenity	Forteo Tymlos
<i>Immunologics</i> • Crohn's disease • Pediatric Crohn's disease	Actemra Avsola Entyvio	Humira
<i>Immunologics</i> • Juvenile idiopathic arthritis • Ankylosing spondylitis	Ilumya Inflectra Orencia Remicade	Enbrel Humira
<i>Immunologics</i> • Plaque psoriasis	Renflexis Rituxan Simponi Aria	Enbrel Humira Skyrizi
<i>Immunologics</i> • Psoriatic arthritis	Stelara Truxima Tysabri	Enbrel Humira Xeljanz
<i>Immunologics</i> • Rheumatoid arthritis		Enbrel Humira Rinvoq Xeljanz

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.

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