



# 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 [AetnaMedicare.com/NJDSNP](https://www.aetna.com/NJDSNP).

You can also call us at **1-844-362-0934 (TTY: 711)**, 8 AM to 8 PM, 7 days a week.

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> • Hypercalcemia of malignancy	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
<i>Complement Inhibitors</i> • Hemolytic uremic syndrome • Myasthenia gravis • Paroxysmal nocturnal hemoglobinuria		Soliris Ultomiris
<i>Complement Inhibitors</i> • <i>Neuromyelitis optica spectrum disorder</i>		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"> <li>Anemia due to chronic kidney disease</li> <li>Anemia due to chemotherapy</li> </ul>	Epogen Retacrit Jesduvroq	Aranesp Procrit
<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>		Procrit
<i>Enzyme replacement therapy</i>	Vpriv	Cerezyme Elelyso
<i>Factor VIII (recombinant)</i> <ul style="list-style-type: none"> <li>Hemophilia A (prophylaxis)</li> </ul>	Advate Afstyla Nuwiq NovoEight Xyntha	Kovaltry
<i>Gonadotropin-Releasing Hormone Agonists</i> <ul style="list-style-type: none"> <li>Advanced prostate cancer</li> </ul>	Lupron depot Trelstar Zoladex	Eligard
<i>Gonadotropin-Releasing Hormone Antagonists</i>		Firmagon
<i>Immunologics (B through B)</i> <ul style="list-style-type: none"> <li>Ulcerative colitis</li> </ul>	Avsola Renflexis	Inflectra Entyvio Remicade Unbranded infliximab
<i>Immunologics (B through B)</i> <ul style="list-style-type: none"> <li>Crohn's disease</li> </ul>		Entyvio
<i>Intravenous iron</i>	Feraheme	Ferrlecit

Proprietary

<ul style="list-style-type: none"> <li>Iron deficiency anemia after intolerance or unsatisfactory response to oral iron</li> </ul>	Injectafer Monoferric	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>		Tysabri
<i>Oncology</i> <ul style="list-style-type: none"> <li>Breast cancer</li> </ul>	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"> <li>Squamous cell carcinoma</li> </ul>	Keytruda	Libtayo

<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 Xolair</p>	<p>Fasenra</p>
<p><i>Somatostatin analogues</i></p>	<p>Lanreotide (Cipla) Signifor LAR</p>	<p>Sandostatin LAR Somatuline depot</p>
<p><i>VEGF inhibitors (ophthalmic)</i></p>	<p>Beovu Eylea (through 3/31/24) Eylea HD (through 3/31/24) Cimerli Lucentis Susvimo Vabysmo</p>	<p>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)</p>
<p><i>Viscosupplements (single injection)</i></p>	<p>Gel-One Monovisc</p>	<p>Durolane Synvisc-One</p>

<i>Viscosupplements (multiple injections)</i>	Gelsyn-3 GenVisc Hyalgan Hymovis Orthovisc Supartz FX TriVisc Visco-3	Euflexxa Synvisc
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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	Teriparatide
<i>Immunologics</i> • Crohn's disease	Actemra Avsola Cimzia Ilumya	Humira Rinvoq Skyrizi Stelara
<i>Immunologics</i> • Ankylosing spondylitis	Inflectra Orencia Remicade Renflexis	Enbrel Humira Xeljanz/Xeljanz XR Rinvoq
<i>Immunologics</i> • Juvenile idiopathic arthritis	Riabni Rituxan Ruxience	Enbrel Humira Xeljanz
<i>Immunologics</i> • Plaque psoriasis	Simponi Aria Truxima Tyruko Tysabri Unbranded infliximab	Enbrel Humira Otezla Skyrizi Stelara
<i>Immunologics</i> • Psoriatic arthritis		Enbrel Humira Otezla Rinvoq Skyrizi Stelara Xeljanz/Xeljanz XR

<p><i>Immunologics</i></p> <ul style="list-style-type: none"> <li>Rheumatoid arthritis</li> </ul>		<p>Enbrel Humira Kevzara Rinvoq Xeljanz/Xeljanz XR</p>
<p><i>Multiple Sclerosis (relapsing forms)</i></p> <ul style="list-style-type: none"> <li>Clinically isolated syndrome</li> <li>Relapsing-remitting disease</li> <li>Active secondary progressive disease</li> </ul>	<p>Briumvi Lemtrada Ocrevus</p>	<p>Kesimpta</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>

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.

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.

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](https://www.aetna.com/better-health/new-jersey-hmosnp) or call **1-844-362-0934 (TTY: 711)**, 8 AM to 8 PM, 7 days a week.

ESPAÑOL (SPANISH): Si habla un idioma que no sea el inglés, los servicios gratuitos de asistencia en idiomas están disponibles. Visite nuestro sitio web en [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/better-health/new-jersey-hmosnp) o llame al **1-844-362-0934 (TTY: 711)**, de 8 AM a 8 PM, los 7 días de la semana.

(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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請造訪我們的網站 [AetnaBetterHealth.com/New-Jersey-hmosnp](https://www.aetna.com/BetterHealth.com/New-Jersey-hmosnp) 或致電, **1-844-362-0934 (TTY:711)**, 上午 8 時至下午 8 時, 每週 7 天

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