

## Part B Preferred Drug List

**Background:** Medicare separates medications into those paid under Medicare Part B (outpatient medical) and those paid under Part D (prescription drug coverage). Part B medications are typically administered by a healthcare provider or through medical equipment at home while Part D covers all other medications captured in a CMS approved formulary.

**This Preferred Drug List below is for Part B medications only.** [Alterwood Advantage's CMS approved Part D formularies can be found at <https://www.alterwoodadvantage.com/find-a-medication/>]

Part B drug preferred products do not require prior authorization (PA). Non-preferred products require prior authorization with clinical documentation of at least one of the following:

- Inability to tolerate the preferred product(s) due to side effects. Dates and duration of previous trials and side effects noted must be clearly documented in the medical record.
- Therapeutic failure of the preferred product(s). Dates and duration of previous trials and evidence of therapeutic failure must be clearly documented in the medical record.
- Statement from prescriber that the preferred product(s) are medically inappropriate with supporting clinical detail.
- Evidence that the member is in an active course of treatment with a non-preferred medication and a statement from the prescriber that transitioning to a preferred medication would be medically inappropriate.

Providers may request a PA for a non-preferred product by completing a [Part B Medication Prior Authorization Form](#) and faxing it along with pertinent medical records to the Alterwood Advantage Health & Quality Management department at **410-801-5701**.

Drug Class	Preferred Product(s)	Non-Preferred Product(s)
Acromegaly	Sandostatin LAR Somatuline Depot	Signifor LAR Somavert
Alpha-1 Antitrypsin Deficiency	Prolastin-C	Aralast Aralast NP Glassia Zemaira
Autoimmune Infused/Infliximab	Avsola Inflectra Renflexis	Infliximab Remicade
Autoimmune Infused/Other	Entyvio	Actemra Actemra Pen Cimzia Ilumya Orencia Simponi Aria Stelara

\*Non-preferred product(s) are subject to step therapy of the preferred products first and prior authorization, which is a clinical review for medical necessity based upon CMS' National Coverage Determination/Analysis (NCD/NCA), Local Coverage Determination/Analysis (LCD/LCA), or MCG. Drugs covered under the Alterwood Advantage medical benefit and not listed on the medical PDL may be subject to a prior authorization for medical necessity. Providers should refer to the Prior authorization Summary and Prior Authorization Cost List at [www.AlterwoodAdvantage.com](http://www.AlterwoodAdvantage.com) (For Providers).

<b>Drug Class</b>	<b>Preferred Product(s)</b>	<b>Non-Preferred Product(s)</b>
<b>Avastin/Biosimilars (Oncology)</b>	Mvasi Zirabev	Avastin
<b>Botulinum Toxins</b>	Dysport Xeomin	Botox Myobloc
<b>Hematologic, Erythropoiesis – Stimulating Agents (ESA)</b>	Aranesp Retacrit	Epogen Mircera Procrit
<b>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</b>	Fulphila Nyvepria Udenyca Ziextenzo	Neulasta
<b>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</b>	Nivestym Zarxio	Granix Leukine Neupogen Releuko
<b>Lysosomal Storage Disorders – Gaucher Disease</b>	Elelyso	Cerezyme VPRIV
<b>Multiple Sclerosis (infused)</b>	Ocrevus Tysabri	Lemtrada
<b>Osteoarthritis, Viscosupplements – Multi Injection</b>	Orthovisc Synvisc	Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis Supartz FX TriVisc Visco-3
<b>Osteoarthritis, Viscosupplements – Single Injection</b>	Monovisc Synvisc-One	Durolane Gel-One
<b>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents</b>	Eligard	Lupron Depot Trelstar Zoladex
<b>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</b>	Firmagon	

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<b>Drug Class</b>	<b>Preferred Product(s)</b>	<b>Non-Preferred Product(s)</b>
<b>Rituximab</b>	Riabni Ruxience Truxima	Rituxan Rituxan Hycela
<b>Severe Asthma</b>	Nucala Xolair	Cinqair Fasenra
<b>Trastuzumab</b>	Herzuma Kanjinti Ogivri Ontruzant Trazimera	Herceptin Herceptin Hylecta

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