

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 supporting medical necessity and 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 Products	Non-Preferred Products
Alpha-1 Antitrypsin Deficiency	Prolastin-C	Aralast Glassia Zemaira
Antimetabolites	Pemetrexed	Alimta Pemfexy
Autoimmune Infused / Infliximab	Avsola Inflectra	Inflixamab Remicade Renflexis
Autoimmune Infused / Other	Entyvio Simponi Aria	Actemra Cimzia Ilumya Orencia Stelara

IMPORTANT: 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 Part B PDL may be subject to a prior authorization for medical necessity. Providers should refer to the Prior authorization Summary & Code List at www.AlterwoodAdvantage.com (For Providers).

*ESA: No authorization required when administered for a dialysis patient at an outpatient dialysis center.

H9306_24_DRS_028_OE_C

Drug Class	Preferred Products	Non-Preferred Products
Avastin / Biosimilars (Oncology)	Mvasi	Alymsys Avastin Vegzelma Zirabev
Botulinum Toxins	Dysport Xeomin	Botox Myobloc
Breast Cancer MAb	Phesgo	Perjeta
Complement Inhibitors (aHUS, gMG, PNH)	Soliris Ultomiris	
Complement Inhibitors (NMOSD)	Soliris	Uplizna
Hematologic, Erythropoiesis – Stimulating Agents (ESA)*	Aranesp Retacrit	Epogen Mircera Procrit
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Fulphila Ziessenzo	Fylmetra Neulasta Nyvepria Rolvedon Stimufend Udenyca
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Zarxio	Granix Leukine Neupogen Nivestym Releuko
Hematopoietic Agents – Iron	Ferrlecit Infed Sodium Ferric Gluconate Venofer	Feraheme Injectafer Monoferric

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Hemophilia Factor VIII – Recombinant	Kovaltry	Advate Afstyla Kogenate Novoeight Nuwig Recombinate Xyntha Xyntha Solofuse
Hemophilia Factor IX – Recombinant	Alprolix Idelvion	
Immune Globulin – IV	Flebogamma Gammaked Gamunex-C Octagam Privigen	Asceniv Bivigam Gammagard Liq Gammaplex Panzyga
Immune Globulin – SC	Hizentra	Cutaquig Cuvitru HyQvia Xembify
Lysosomal Storage Disorders – Gaucher Disease	Cerezyme Elelyso	VPRIV
Mitotic Inhibitors	Docetaxel Paclitaxel	Abraxane
Multiple Myeloma Proteasome Inhibitors	Bortezomib	Empliciti Kyprolis Sarclisa Velcade
Multiple Sclerosis (infused)	Ocrevus Tysabri	Briumvi Lemtrada

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Osteoarthritis, Viscosupplements – Multi Injections	Orthovisc Synvisc	Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis Supart FX Triluron TriVisc Visco-3
Osteoarthritis, Viscosupplements – Single Injection	Durolane Synvisc-One	Gel-One Monovisc
Osteoporosis – Bone Density	Prolia Zoledronic Acid	Evenity
Osteoporosis – Hypercalcemia of Malignancy	Pamidronate Zoledronic Acid	Xgeva
PD1/L1 Immune Checkpoint Inhibitors – Basal Cell & Squamous Cell	Libtayo	Keytruda
PD1/L1 Immune Checkpoint Inhibitors – NSCLC	Libtayo	Imfinzi Keytruda Optivo Tecentriq
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents	Eligard	Camcevi Lupron Depot Trelstar Zoladex
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonist Agent	Firmagon	
Retinal Disorders Agents – Age-Related Macular Degeneration (ARMD)	Avastin Byooviz	Beovu Cimerli Eylea Lucentis Susvimo Vabysmo

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Rituximab	Ruxience Truxima	Riabni Rituxan Rituxan Hycela
Severe Asthma	Fasenra Xolair	Cinqair Nucala Tezspire
Somatostatin Analogues	Lanreotide Acetate Sandostatin LAR Depot	Signifor LAR Somatuline Depot
Trastuzumab	Kanjinti Ogivri Trazimera	Herceptin Herceptin Hylecta Herzuma Ontruzant

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