

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
Acromegaly	Sandostatin LAR Somatuline Depot	Signafor 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 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.

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

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(LHRH) Antagonist Agent		
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Drug Class	Preferred Products	Non-Preferred Products
Rituximab	Riabni Ruxience Truxima	Rituxan Rituxan Hycela
Severe Asthma	Nucala Xolair	Cinqair Fasenra
Trastuzumab	Herzuma Kanjinti Ogivri Ontruzant Trazimera	Herceptin Herceptin Hylecta

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