

## 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
<b>Alpha-1 Antitrypsin Deficiency</b>	Prolastin-C Zemaira	Aralast Glassia
<b>Antimetabolites</b>	Pemetrexed	Alimta Pemfexy
<b>Autoimmune Infused / Infliximab</b>	Avsola Inflectra	Inflixamab Remicade Renflexis
<b>Autoimmune Infused / Other</b>	Entyvio Simponi Aria	Actemra Cimzia Ilumya Orencia Stelara

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

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](http://www.AlterwoodAdvantage.com) (For Providers).

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

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

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

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

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