

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/>]

Some Part B drug preferred products do not require prior authorization (PA). Please verify authorization requirements prior to administration. 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-Long Acting	Somatuline Depot	Lanreotide Acetate Sandostatin LAR Depot Signifor LAR
Alpha-1 Antitrypsin Deficiency	Prolastin-C Zemaira	Aralast Glassia
Antimetabolites	Pemetrexed	Alimta Pemfexy
Autoimmune Infused / Infliximab	Inflectra Renflexis	Avsola Inflixamab

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.

**ARMD: Avastin Primary Preferred; Single step Lucentis, Pavblu, Eylea, and Eylea HD through Avastin and everything else double stepped through Lucentis, Pavblu, Eylea, & Eylea HD

Drug Class	Preferred Products	Non-Preferred Products
		Remicade
Autoimmune Infused / Other	Entyvio Simponi Aria Tremfya	Actemra Cimzia Ilumya Orencia Stelara
Avastin / Biosimilars (Oncology)	Mvasi Zirabev	Alymsys Avastin Vegzelma
Botulinum Toxins	Dysport Xeomin	Botox Myobloc
Breast Cancer MAb	Phesgo	Perjeta
Complement Inhibitors (aHUS, gMG, PNH)	Bkemv Vyvgart Vyvgart Hytrulo	Soliris Ultomiris
Complement Inhibitors (NMOSD)	Bkemv	Soliris
Hematologic, Erythropoiesis – Stimulating Agents (ESA)*	Aranesp Retacrit	Epogen Mircera Procrit
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Fulphila Neulasta	Fylnetra Nyvepria Rolvedon Stimufend Udenyca Ziextenzo

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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
Hemophilia Factor IX – Recombinant	Alprolix Idelvion Rebinyn	
Hemophilia Factor VIII – Long Acting	Adynovate Altuviiio Jivi	
Hemophilia Factor VIII – Recombinant	Afstyla Kovaltry Nuwiq	Advate Kogenate Novoeight Recombinate Xyntha Xyntha Solofuse
Hereditary Transthyretin Amyloidosis	Amvuttra Onpattro	
Immune Globulin – IV	Flebogamma Gammaked Gamunex-C Octagam Privigen	Asceniv Bivigam Gammagard Liquid Gammaplex Panzyga

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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 Ocrevus Zunovo Tyruko
Ophthalmic Geographic Atrophy	Izervay	
Osteoarthritis, Viscosupplements – Multi Injections	Euflexxa Synvisc	Gelsyn-3 GenVisc 850 Hyalgan Hymovis Orthovisc Supartz FX Triluron TriVisc Visco-3
Osteoarthritis, Viscosupplements – Single Injection	Durolane Synvisc-One	Gel-One Monovisc

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Osteoporosis – Bone Density	Jubbonti Zoledronic Acid Prolia	Evenity
Osteoporosis – Hypercalcemia of Malignancy	Pamidronate Wyost Zoledronic Acid	Xgeva
PD1/L1 Immune Checkpoint Inhibitors – Basal Cell & Squamous Cell	Libtayo	Keytruda
PD1/L1 Immune Checkpoint Inhibitors – NSCLC	Libtayo	Imfinzi Keytruda Opdivo 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, then; Lucentis** Pavblu** Eylea** Eylea HD**	Beovu Cimerli Byooviz Susvimo Vabysmo
Rituximab	Ruxience Truxima	Riabni Rituxan Rituxan Hycela
Severe Asthma	Fasenra Tezspire	Cinqair Nucala

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	Xolair	
Trastuzumab	Kanjinti Ogivri Ontruzant	Herceptin Herceptin Hylecta Hercessi Herzuma Trazimera

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