

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-Long Acting	Somatuline Depot	Lanreotide Acetate Sandostatin LAR Depot Signifor LAR
Alpha-1 Antitrypsin Deficiency	Prolastin-C Zemaira	Aralast Glassia
Antimetabolites	Pemetrexed	Alimta Pemfexy

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: Single step for Byooviz, Eylea and Eylea HD through Avastin. Everything else double stepped through Byooviz and Eylea/Eylea HD.

Drug Class	Preferred Products	Non-Preferred Products
Autoimmune Infused / Infliximab	Inflectra Renflexis	Avsola Inflixamab Remicade
Autoimmune Infused / Other	Entyvio Simponi Aria	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)	Soliris Ultomiris	
Complement Inhibitors (NMOSD)	Soliris	Uplizna
Geographic Atrophy	Syfovre	Izervay
Hematologic, Erythropoiesis – Stimulating Agents (ESA)*	Aranesp Retacrit	Epogen Mircera Procrit

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Drug Class	Preferred Products	Non-Preferred Products
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Fulphila Ziextenzo	Fylnetra Neulasta Nyvepria Rolvedon Stimufend Udenyca
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Zarxio	Granix Leukine Neupogen Nivestym Releuko
Hematopoietic Agents – Iron	Ferrelecit Infed Sodium Ferric Gluconate Venofer	Feraheme Injectafer Monoferric
Hemophilia Factor VIII – Long Acting	Adynovate Altuviio Jivi	

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Hemophilia Factor VIII – Recombinant	Afstyla Kovaltry	Advate Kogenate Novoeight Nuwiq Recombinate Xyntha Xyntha Solofuse
Hemophilia Factor IX – Recombinant	Alprolix Idelvion	
Hereditary Transthyretin Amyloidosis	Amvuttra Onpattro	
Immune Globulin – IV	Flebogamma Gammaked Gamunex-C Octagam Privigen	Asceniv Bivigam Gammagard Liquid Gammaplex Panzyga
Immune Globulin – SC	Hizentra	Cutaquig Cuvitru HyQvia Xembify
Lysosomal Storage Disorders – Gaucher Disease	Cerezyme Elelyso	VPRIV
Mitotic Inhibitors	Docetaxel Paclitaxel	Abraxane

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Multiple Myeloma Proteasome Inhibitors	Bortezomib	Empliciti Kyprolis Sarclisa Velcade
Multiple Sclerosis (infused)	Ocrevus Tyruko	Briumvi Lemtrada Tysabri
Osteoarthritis, Viscosupplements – Multi Injections	Euflexxa Synvisc	Gelsyn-3 GenVisc Hyalgan Hymovis Orthovisc 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

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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; Byooviz** Eylea** Eylea HD**	Beovu Cimerli Lucentis Susvimo Vabysmo
Rituximab	Ruxience Truxima	Riabni Rituxan Rituxan Hycela
Severe Asthma	Fasenra Xolair	Cinqair Nucala Tezspire
Trastuzumab	Kanjinti Ogivri Trazimera	Herceptin Herceptin Hylecta Herzuma Ontruzant

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