



#### **Advanced Biosimilars-first Medical Preferred Drug List**

Medicare Part B Step Therapy

The Senior Care Plus Advanced Biosimilars-first Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Advanced Biosimilars-first Medical Preferred Drug List applies to the listed products only and any other product may be available under a plan's medical benefit.

The listed preferred products must be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product. For example, this step therapy requirement does not apply to plan's members who are actively receiving treatment (i.e., members with a paid claim within the past 365 days) with non-preferred product on the Advanced Biosimilars-first Medical Preferred Drug List.

| Drug Class                     | Non-Preferred<br>Product(s)*                                | Preferred Product(s)   |
|--------------------------------|---|------------------------|
| Acromegaly-Long Acting         | Lanreotide Acetate<br>Sandostatin LAR Depot<br>Signifor LAR | Somatuline Depot       |
| Alpha-1 Antitrypsin Deficiency | Aralast<br>Glassia  | Prolastin-C<br>Zemaira |
| Antimetabolites                | Alimta<br>Pemfexy   | Pemetrexed             |
| Autoimmune Infused Infliximab  | Avsola<br>Infliximab<br>Remicade                            | Inflectra<br>Renflexis |

\*Non-preferred product(s) are only available if process exception criteria are met.

This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Hometown Health. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Listed therapeutic classes and specific drug preferred designations are subject to change based on new drug launches, product approvals, drug withdrawals and other market changes.



| Drug Class                                | Non-Preferred<br>Product(s)*                      | Preferred Product(s)    |
|---|---|-------------------------|
| Autoimmune Infused Other                  | Actemra<br>Cimzia<br>Ilumya<br>Orencia<br>Stelara | Entyvio<br>Simponi Aria |
| Avastin/Biosimilars (Oncology)            | Alymsys<br>Avastin<br>Vegzelma                    | Mvasi<br>Zirabev        |
| Botulinum Toxins                          | Botox<br>Myobloc                                  | Dysport<br>Xeomin       |
| Breast Cancer MAb                         | Perjeta   | Phesgo                  |
| Complement Inhibitors (aHUS,<br>gMG, PNH) |   | Soliris<br>Ultomiris    |
| Complement Inhibitors (NMOSD)             | Uplizna   | Soliris                 |
| Geographic Atrophy                        | Izervay   | Syfovre                 |

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| Drug Class   | Non-Preferred<br>Product(s)*   | Preferred Product(s)                                     |
|--|--|--|
| Hematologic, Erythropoiesis<br>Stimulating Agents (ESA)                | Epogen<br>Mircera<br>Procrit   | Aranesp<br>Retacrit                                      |
| Hematologic, Neutropenia<br>Colony Stimulating Factors Long<br>Acting  | Fylnetra<br>Neulasta<br>Nyvepria<br>Rolvedon<br>Stimufend<br>Udenyca | Fulphila<br>Ziextenzo                                    |
| Hematologic, Neutropenia<br>Colony Stimulating Factors Short<br>Acting | Granix<br>Leukine<br>Neupogen<br>Nivestym<br>Releuko                 | Zarxio   |
| Hematopoietic Agents Iron  | Feraheme<br>Injectafer<br>Monoferric                                 | Ferrlecit<br>Infed<br>Sodium Ferric Gluconate<br>Venofer |
| Hemophilia Factor VIII Long<br>Acting                                  |  | Adynovate<br>Altuviiio<br>Jivi                           |

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| Drug Class                                      | Non-Preferred<br>Product(s)*   | Preferred Product(s)                                       |
|---|--|--|
| Hemophilia Factor VIII<br>Recombinant           | Advate<br>Kogenate<br>Novoeight<br>Nuwiq<br>Recombinate<br>Xyntha<br>Xyntha Solofuse | Afstyla<br>Kovaltry  |
| Hemophilia Factor IX<br>Recombinant             |  | Alprolix<br>Idelvion                                       |
| Hereditary Transthyretin<br>Amyloidosis         |  | Amvuttra<br>Onpattro                                       |
| Immune Globulin-IV                              | Asceniv<br>Bivigam<br>Gammagard Liquid<br>Gammaplex<br>Panzyga                       | Flebogamma<br>Gammaked<br>Gamunex-C<br>Octagam<br>Privigen |
| Immune Globulin-SC                              | Cutaquig<br>Cuvitru<br>HyQvia<br>Xembify   | Hizentra   |
| Lysosomal Storage Disorders-<br>Gaucher Disease | VPRIV  | Cerezyme<br>Elelyso  |

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|---|--|---------------------------|
| Mitotic Inhibitors                                      | Abraxane   | Docetaxel<br>Paclitaxel   |
| Multiple Myeloma Proteasome<br>Inhibitors               | Empliciti<br>Kyprolis<br>Sarclisa<br>Velcade   | Bortezomib                |
| Multiple Sclerosis (Infused)                            | Briumvi<br>Lemtrada<br>Tysabri   | Ocrevus<br>Tyruko         |
| Osteoarthritis,<br>Viscosupplements Multi<br>Injection  | Gelsyn-3<br>GenVisc<br>Hyalgan<br>Hymovis<br>Orthovisc<br>Supartz FX<br>Triluron<br>TriVisc<br>Visco-3 | Euflexxa<br>Synvisc       |
| Osteoarthritis,<br>Viscosupplements Single<br>Injection | Gel-One<br>Monovisc  | Durolane<br>Synvisc-One   |
| Osteoporosis-Bone Density                               | Evenity  | Prolia<br>Zoledronic Acid |

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| Drug Class   | Non-Preferred<br>Product(s)*                       | Preferred P                    | Product(s)                         |
|--|--|--------------------------------|------------------------------------|
| Osteoporosis-Hypercalcemia of<br>Malignancy  | Xgeva  | Pamidronate<br>Zoledronic Acid |                                    |
| PD1/L1 Immune Checkpoint<br>Inhibitors-Basal Cell & Squamous<br>Cell                           | Keytruda   | Libtayo                        |                                    |
| PD1/L1 Immune Checkpoint<br>Inhibitors-NSCLC   | Imfinzi<br>Keytruda<br>Opdivo<br>Tecentriq         | Libtayo                        |                                    |
| <b>Prostate Cancer-Luteinizing<br/>Hormone Releasing Hormone<br/>(LHRH) Agents</b>             | Camcevi<br>Lupron Depot<br>Trelstar<br>Zoladex     | Eligard                        |                                    |
| <b>Prostate Cancer-Luteinizing<br/>Hormone Releasing Hormone<br/>(LHRH) Antagonists Agents</b> |  | Firmagon                       |                                    |
| Retinal Disorders Agents-<br>(ARMD) Age-Related Macular<br>Degeneration                        | Beovu<br>Cimerli<br>Lucentis<br>Susvimo<br>Vabysmo | Avastin, then                  | Byooviz**<br>Eylea**<br>Eylea HD** |
| Rituximab  | Riabni<br>Rituxan<br>Rituxan Hycela                | Ruxience<br>Truxima            |                                    |

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

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|---------------|------------------------------|----------------------|
| Severe Asthma | Cinqair                      | Fasenra              |
|               | Nucala                       | Xolair               |
|               | Tezspire                     |                      |
| Trastuzumab   | Herceptin                    | Kanjinti             |
|               | Herceptin Hylecta            | Ogivri               |
|               | Herzuma                      | Trazimera            |
|               | Ontruzant                    |                      |

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