

## 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 Product(s)*	Preferred Product(s)	Note
<b>Acromegaly-Long Acting</b>	Lanreotide Acetate Sandostatin LAR Depot Signifor LAR	Somatuline Depot	
<b>Alpha-1 Antitrypsin Deficiency</b>	Aralast Glassia	Prolastin-C Zemaira	
<b>Antimetabolites</b>	Alimta Pemfexy	Pemetrexed	
<b>Autoimmune Infused Infliximab</b>	Avsola Infliximab Remicade	Inflectra Renflexis	
<b>Autoimmune Infused Other</b>	Actemra Cimzia Ilumya Orencia Stelara IV	Entyvio Simponi Aria Tremfya	
<b>Avastin/Biosimilars (Oncology)</b>	Alymsys Avastin	Mvasi Zirabev	

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

\*\*Avastin Primary Preferred; Single step Byooviz, Eylea, Eylea HD, or Pavblu through Avastin. All other drugs double stepped through Byooviz, Eylea, Eylea HD, or Pavblu.

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.

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<b>Avastin/Biosimilars (Oncology)</b>	Vegzelma		
<b>Botulinum Toxins</b>	Botox Myobloc	Dysport Xeomin	
<b>Breast Cancer MAb</b>	Perjeta	Phesgo	
<b>Complement Inhibitors (aHUS, gMG, PNH)</b>		Bkemv  Soliris  Ultomiris	
<b>Complement Inhibitors (NMOSD)</b>	Uplizna	Bkmev Soliris	
<b>Hematologic, Erythropoiesis Stimulating Agents (ESA)</b>	Epogen  Mircera  Procrit	Aranesp  Retacrit	
<b>Hematologic, Neutropenia Colony Stimulating Factors Long Acting</b>	Fylnetra  Neulasta  Nyvepria  Rolvedon  Stimufend  Udenyca	Fulphila  Ziextenzo	

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<b>Hematologic, Neutropenia Colony Stimulating Factors Short Acting</b>	Granix  Leukine  Neupogen  Nivestym  Releuko	Zarxio	
<b>Hematopoietic Agents Iron</b>	Feraheme Injectafer Monoferic	Ferrlecit Infed Sodium Ferric Gluconate Venofer	
<b>Hemophilia Factor IX Recombinant</b>		Alprolix Idelvion	
<b>Hemophilia Factor VIII Long Acting</b>		Adynovate Altuviiiio Jivi	
<b>Hemophilia Factor VIII Recombinant</b>	Advate Kogenate Novoeight Nuwiq Recombinate Xyntha Xyntha Solofuse	Afstyla Kovaltry	
<b>Hereditary Transthyretin Amyloidosis</b>		Amvuttra Onpattro	
<b>Immune Globulin-IV</b>	Asceniv Bivigam	Flebogamma Gammaked	

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<b>Immune Globulin-IV</b>	Gammagard Liquid Gammaplex Panzyga	Gamunex-C Octagam Privigen	
<b>Immune Globulin-SC</b>	Cutaquig Cuvitru HyQvia Xembify	Hizentra	
<b>Lysosomal Storage Disorders- Gaucher Disease</b>	VPRIV	Cerezyme  Elelyso	
<b>Mitotic Inhibitors</b>	Abraxane	Docetaxel Paclitaxel	
<b>Multiple Myeloma Proteasome Inhibitors</b>	Empliciti  Kyprolis  Sarclisa  Velcade	Bortezomib	
<b>Multiple Sclerosis (Infused)</b>	Briumvi Lemtrada Tysabri	Ocrevus Tyruko	
<b>Ophthalmic Geographic Atrophy</b>	Izervay	Syfovre	
<b>Osteoarthritis, Viscosupplements Multi Injection</b>	Gelsyn-3  GenVisc 850  Hyalgan  Hymovis	Euflexxa  Synvisc	

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<b>Osteoarthritis, Viscosupplements Multi Injection</b>	Orthovisc  Supartz FX  Triluron  TriVisc  Visco-3		
<b>Osteoarthritis, Viscosupplements Single Injection</b>	Gel-One  Monovisc	Durolane  Synvisc-One	
<b>Osteoporosis-Bone Density</b>	Evenity	Prolia Zoledronic Acid	
<b>Osteoporosis-Hypercalcemia of Malignancy</b>	Xgeva	Pamidronate  Zoledronic Acid	
<b>PD1/L1 Immune Checkpoint Inhibitors-Basal Cell &amp; Squamous Cell</b>	Keytruda	Libtayo	
<b>PD1/L1 Immune Checkpoint Inhibitors-NSCLC</b>	Imfinzi  Keytruda  Opdivo  Tecentriq	Libtayo	
<b>Prostate Cancer-Luteinizing Hormone Releasing Hormone (LHRH) Agents</b>	Camcevi  Lupron Depot	Eligard	

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<b>Prostate Cancer-Luteinizing Hormone Releasing Hormone (LHRH)</b>	Trelstar  Zoladex		
<b>Prostate Cancer-Luteinizing Hormone Releasing Hormone (LHRH) Antagonist Agents</b>		Firmagon	
<b>Retinal Disorders Agents-(ARMD) Age-Related Macular Degeneration</b>	Beovu  Cimerli  Lucentis  Susvimo  Vabysmo	Avastin  Byooviz  Eylea  Eylea HD  Pavblu	**
<b>Rituximab</b>	Riabni Rituxan Riituxan Hycela	Ruxience Truxima	
<b>Severe Asthma</b>	Cinqair Nucala	Fasenra Tezspire Xolair	
<b>Trastuzumab</b>	Herceptin Herceptin Hylecta Herzuma	Kanjinti Ogivri Ontruzant Trazimera	

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