

## Preferred Products for Medicare Advantage



In accordance with the CMS memo released in 2018, the use of preferred products is a recognized utilization management tool outlined in section 1852 of the Social Security Act that will help achieve the goal of lower drug prices while maintaining access to covered services and drugs.<sup>1</sup>

Coverage for preferred products is applicable to FDA labeled indications when it is determined to be medically necessary, in accordance with CMS guidelines. Certain drugs may require prior authorization to ensure safe and effective use, consistent with Medicare rules defined in CMS National Coverage Determination (NCDs), relevant Local Coverage Determination (LCD) and Local Coverage Article (LCA) guidelines. Preferred products are subject to change based on new product launches, product approvals, drug withdrawals and other market changes.

Highmark's Medicare Advantage products have preferred products for the following categories:

Category	Preferred Product(s)		Non-Preferred Product(s)	
	Brand <sup>2</sup>	Generic	Brand <sup>2</sup>	Generic
Bone Resorption	Oral/IV Bisphosphonates		Prolia	denosumab
			Xgeva	denosumab
			Evenity	romosozumab-aqgg
Colony Stimulating Factors	Neulasta/Neulasta Onpro	pegfilgrastim	Udenyca	pegfilgrastim-cbqv
	Fulphila	pegfilgrastim-jmdb	Nyvepria	pegfilgrastim-apgf
	Ziextenzo	pegfilgrastim-bmez	Fylnetra	pegfilgrastim-pbbk
	Zarxio	filgrastim-sndz	Stimufend	pegfilgrastim-fpgk
	Nivestym	filgrastim-aafi	Neupogen	filgrastim
Hypercholesterolemia <sup>3</sup>	Proprotein convertase substilisin kexin 9 (PCSK9) inhibitors		Relueko	filgrastim-avow
			Granix	tbo-filgrastim
Intra-Articular Hyaluronan Injections	Euflexxa		Evkeeza	evinacumab-dgnb
			Leqvio	inclisiran
	Durolane	1% sodium hyaluronate	Gel-One	cross-linked hyaluronate
	Supartz	hyaluronic acid	GenVisc 850	sodium hyaluronate
	GelSyn-3	sodium hyaluronate	Hyalgan	sodium hyaluronate
			Hymovis	high molecular weight viscoelastic hyalyronan
				Monovis
			Othovisc	high molecular weight hyalyronan
			Synvisc/Synvisc-One	hylan G-F 20
			Synjoynt	1% sodium hyaluronate
			Triluron	sodium hyaluronate
TriVisc	sodium hyaluronate			
Visco-3	sodium hyaluronate			
Intravitreal Injections for wAMD <sup>3</sup>	Avastin		bevacizumab	Eylea, Eylea HD
			afilbercept	
			Lucentis	ranibizumab
			Macugen	pegaptanib
			Beovu	brolucizumab-dbli

			Byooviz	anbimumab-nuna
			Susvimo	ranibizumab ocular implant
			Vabysmo	faricimab-svoa
			Cimerli	ranbizumab-eqrn
Infliximab Biosimilars	Avsola	infliximab-axxq	Remicade	infliximab
	Inflectra	infliximab-dyyb	Renflexis	infliximab-abda
Oncology	Mvasi	bevacizumab-awwb	Avastin	bevacizumab
	Zirabev	bevacizumab-bvzr	Alymsys	bevacizumab-maly
	Kanjinti	trastuzumab-anns	Herceptin	trastuzumab
	Trazimera	trastuzumab-qyyp	Ogivri	trastuzumab-dkst
			Ontruzant	trastuzumab-dttb
			Herzuma	trastuzumab-pkrb
Rituximab Biosimilars	Ruxience	rituximab-pvvr	Rituxan	rituximab
	Riabni	rituximab-arrx	Truxima	rituximab-abbs
Respiratory Corticotropin	Oral/IV Corticosteroids		H.P. Acthar	respiratory corticotropin
Severe Eosinophilic or Allergic Asthma <sup>4</sup>	Fasenra	benralizumab	Tezspire	tezepelumab-ekko
	Nucala	mepolizumab		
	Cinqair	reslizumab		
	Xolair	omalizumab		
	Dupixent	dupilumab		

<sup>2</sup>This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Highmark.

<sup>3</sup> Adequate therapeutic trial defined as 3 months from first dose of therapy.

<sup>4</sup> Adequate therapeutic trial defined as 4 months from first dose of therapy.

In order for a request for a non-preferred to be approved the individual must have had an adequate therapeutic trial and experienced a documented drug therapy failure or intolerance to the preferred products.

Adequate therapeutic trial is typically defined as six months from first dose of therapy at Food and Drug Administration (FDA) or compendia based therapeutic doses of preferred product. However, the trial period may vary based on therapeutic class and is noted in the above chart. New therapy is defined as no previous utilization within the last 365 calendar days.

These preferred products apply to professional providers and facility claims for all Highmark Medicare markets.

<sup>1</sup> Title XVIII of the Social Security Act, Section 1852(c)(1)(G), (c)(2)(B)