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.[1]

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[2]	Generic	Brand[2]	Generic
Bone Resorption	Oral/IV Bisphosphonates		Prolia	denosumab
			Xgeva	denosumab
			Evenity	romosozumab-aqqg
Colony Stimulating Factors	Neulasta/Neulasta Onpro	pegfilgrastim	Udenyca	pegfilgrastim-cbqv
	Fulphila	pegfilgrastim-jmdb	Nyvepria	pegfilgrastim-apgf
	Ziextenzo	pegfilgrastim-bmez	Fylnetra	pegfilgrastim-pbbk
			Stimufend Rolvedon Ryzneuta	pegfilgrastim-fpgk eflapegrastim-xnst efbemalenograstim alfa-vuxw
	Zarxio	filgrastim-sndz	Neupogen	filgrastim
	Nivestym	filgrastim-aafi	Relueko	filgrastim-avow
			Granix	tbo-filgrastim
Hypercholesterolemia[3]	Proprotein convertase substilisin kexin 9 (PCSK9) inhibitors		Evkeeza	evinacumab-dgnb
			Leqvio	inclisiran
Intra-Articular Hyaluronan Injections	Euflexxa	1% sodium hyaluronate	Gel-One	cross-linked hyaluronate
	Durolane	hyaluronic acid	GenVisc 850	sodium hyaluronate
	Supartz	sodium hyaluronate	Hyalgan	sodium hyaluronate
	GelSyn-3	hyaluronic acid	Hymovis	high molecular weight viscoelastic hyalyronan
			Monovis	lightly cross-linked high molecular weight hyaluronic acid
			Othovisc	high molecular weight hyalyronan
			Synvisc/Synvisc-One	hylan G-F 20
			Synojoynt	1% sodium hyaluronate
			Triluron	sodium hyaluronate
			TriVisc	sodium hyaluronate
			Visco-3	sodium hyaluronate

Intravitreal Injections for wAMD[3]	Avastin	bevacizumab	Eylea, Eylea HD	andafilbercept
			Lucentis	ranibizumab
			Macugen	pegaptanib
			Beovu	brolucizumab-dbll
			Byooviz	anbizumab-nuna
			Susvimo	ranibizumab ocular implant
			Vabysmo	faricimab-svoa
			Cimerli	ranbizumab-eqrn
Infliximab Biosimilars	Avsola	infliximab-axxq	Remicade	infliximab
			unbranded	infliximab
	Inflectra	infliximab-dyyb	Renflexis	infliximab-abda
Oncology	Mvasi	bevacizumab-awwb	Avastin	bevacizumab
	Zirabev	bevacizumab-bvzr	Alymsys Vegzelma Avzivi	bevacizumab-maly bevacizumab-adcd bevacizumab-tnjn
	Kanjinti	trastuzumab-anns	Herceptin	trastuzumab
			Herceptin Hylecta	trastuzumab and hyaluronidase-oysk
	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	Rituxan Hycela	rituximab and hyaluronidase human
Repository Corticotropin	Oral/IV Corticosteroids		H.P. Acthar	respiratory corticotropin
Severe Eosinophilic or Allergic Asthma[4]	Fasenra	benralizumab	Tezspire	tezepelumab-ekko
	Nucala	mepolizumab		
	Cinqair	reslizumab		
	Xolair	omalizumab		
	Dupixent	dupilumab		

[2]This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Highmark.
[3] Adequate therapeutic trial defined as 3 months from first dose of therapy.
[4] 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.

[1] Title XVIII of the Social Security Act, Section 1852(c)(1)(G), (c)(2)(B)