Clover Health

Medical Preferred Drug List

Medicare Part B Step Therapy

The Clover Health Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Clover Health 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 Clover Health's Medical Preferred Drug List.

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Acromegaly	Signifor LAR	Somatuline Depot
	Somavert	Sandostatin LAR
Alpha-1 Antitrypsin Deficiency	Aralast	Prolastin-C
	Glassia	
	Zemaira	
Autoimmune	Actemra	Avsola
	Cimzia	Entyvio
	Remicade	Ilumya
	Orencia	Inflectra
		Renflexis
		Simponi Aria
		Stelara
Bevacizumab	Avastin	Mvasi
		Zirabev
Botulinum Toxins	Myobloc	Dysport
	Botox	Xeomin
Hematologic, Erythropoiesis –	Epogen	Aranesp
Stimulating Agents (ESA)	Mircera	Retacrit
	Procrit	

^{*}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 Clover 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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Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Hematologic, Neutropenia Colony Stimulating Factors — Short Acting	Granix Leukine Neupogen	Nivestym Zarxio
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Neulasta syringe	Fulphila Nyvepria Udenyca Ziextenzo
Lysosomal Storage Disorders – Gaucher Disease	Cerezyme VPRIV	Elelyso
Multiple Sclerosis (Infused)	Lemtrada	Tysabri
Osteoarthritis, Viscosupplements – Single Injection	Durolane Gel-One Monovisc	Synvisc-1
Osteoarthritis, Viscosupplements – Multi Injection	Euflexxa Gelsyn-3 Hyalgan Hymovis Supartz Supartz FX Visco-3	Orthovisc Synvisc
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents		Firmagon
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents	Lupron Depot Trelstar Zoladex	Eligard

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Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Retinal Disorders Agents	Eylea Lucentis Macugen Visudyne	Avastin
Rituximab	Rituxan	Truxima Rituxan Hycela Ruxience
Trastuzumab	Herceptin	Herzuma Herceptin Hylecta Kanjinti Trazimera Ogivri

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