

Medical Preferred Drug List

Medicare Part B Step Therapy

The CVS Caremark® Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The CVS Caremark 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 with non-preferred product on the CVS Caremark Medical Preferred Drug List.

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

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

^{**}Avastin Primary Preferred; Single step Eylea, Eylea HD, Lucentis or Pavblu. Everything else double stepped through Eylea/Eylea HD, Lucentis & 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 CVS Caremark. 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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|---|---------------------------|----------------------|------|
| Avastin/Biosimilars (Oncology | Vegzelma | | |
| Botulinum Toxins | Botox | Dysport | |
| | Myobloc | Xeomin | |
| Breast Cancer MAb | Perjeta | Phesgo | |
| Complement Inhibitors(aHUS, gMG, PNH) | | Soliris | |
| | | Ultomiris | |
| | | Vyvgart | |
| | | Vyvgart Hytrulo | |
| Complement Inhibitors (NMOSD) | | Soliris | |
| Hematologic,Erythropoiesis | | | |
| Stimulating Agents (ESA) | Epogen | Aranesp | |
| | Mircera | Procrit | |
| | Retacrit | | |
| Hematologic, Neutropenia Colony Stimulating Factors Long Acting | Fylnetra | Fulphila | |
| | Nyvepria | Neulasta | |
| | Rolvedon | | |
| | Stimufend | | |
| | Udenyca | | |
| | Ziextenzo | | |

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|--|---------------------------|-------------------------|------|
| Hematologic, Neutropenia Colony Stimulating Factors Short Acting | Granix | Zarxio | |
| | Leukine | | |
| | Neupogen | | |
| | Nivestym | | |
| | Releuko | | |
| Hematopoietic Agents Iron | Feraheme | Ferrlecit | |
| | Injectafer | Infed | |
| | Monoferric | Sodium Ferric Gluconate | |
| | | Venofer | |
| Hemophilia Factor VIII Long Acting | | Adynovate | |
| | | Altuviiio | |
| | | Jivi | |
| Hemophilia Factor | | AC I | |
| VIII Recombinant | Advate | Afstyla | |
| | Kogenate | Kovaltry | |
| | Novoeight | Nuwiq | |
| | Recombinate | | |
| | Xyntha | | |
| | Xyntha Solofuse | | |
| Hemophilia Factor IX Recombinant | | Alprolix | |
| • | | Idelvion | |
| | | Rebinyn | |

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|--|------------------------------|----------------------|-------|
| HereditaryTransthyretin | Troit i fotoriou i fouuot(e) | | 11010 |
| Amyloidosis | | Amvuttra | |
| | | Onpattro | |
| Immune Globulin-IV | Asceniv | Flebogamma | |
| | Bivigam | Gammaked | |
| | Gammagard Liquid | Gamunex-C | |
| | Gammaplex | Octagam | |
| | Panzyga | Privigen | |
| Immune Globulin-SC | Cutaquig | Hizentra | |
| | Cuvitru | | |
| | HyQvia | | |
| | Xembify | | |
| Lysosomal Storage | | | |
| Disorders-Gaucher Disease | VPRIV | Cerezyme | |
| | | Elelyso | |
| Mitotic Inhibitors | Abraxane | Docetaxel | |
| | | Paclitaxel | |
| Multiple Myeloma | | | |
| Proteasome Inhibitors | Empliciti | Bortezomib | |
| | Kyprolis | | |
| | | | |
| | Sarclisa | | |
| | Valenda | | |
| Multiple Coloresis (Infrasci) | Velcade | Oprovido | |
| Multiple Sclerosis (Infused) | Briumvi | Ocrevus | |
| | Lemtrada Ocrevus Zunovo | Tysabri | |
| | | | |
| | Tyruko | | |
| Ophthalmic Geographic Atrophy | | Izervay | |
| Osteoarthritis, Viscosupplements Multi Injection | Gelsyn-3 | Euflexxa | |
| wata injection | Gelsyll-3 | Euilexxa | ı l |

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|---|---------------------------|------------------------|------|
| Osteoarthritis,Viscosupplements Multi Injection | GenVisc 850 | Synvisc | |
| | | | |
| | Hyalgan | | |
| | Hymovis | | |
| | Orthovisc | | |
| | Supartz FX | | |
| | Triluron | | |
| | TriVisc | | |
| | Visco-3 | | |
| Osteoarthritis, Viscosupplements Single Injection | Gel-One | Durolane | |
| | Monovisc | Synvisc-One | |
| Osteoporosis-Bone Density | Evenity | Jubbonti | |
| | | Prolia Zoledronic Acid | |
| Osteoporosis-Hypercalcemia of Malignancy | | Pamidronate | |
| | | Wyost | |
| | | Xgeva | |
| | | Zoledronic Acid | |
| PD1/L1 Immune Checkpoint Inhibitors-Basal Cell & Squamous | | | |
| Cell | Keytruda | Libtayo | |
| PD1/L1 Immune Checkpoint Inhibitors-NSCLC | Imfinzi | Libtayo | |

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|---|---------------------------|---------------------------------------|------|
| PD1/L1 Immune Checkpoint | Non-Preferred Product(s) | Preferred Product(s) | Note |
| Inhibitors-NSCLC | Keytruda | | |
| | Opdivo | | |
| | Tecentriq | | |
| Prostate Cancer-Luteinizing Hormone Releasing Hormone (LHRH) Agents | Camcevi | Eligard | |
| | Lupron Depot | | |
| | Trelstar | | |
| | Zoladex | | |
| Prostate Cancer-Luteinizing | | | |
| Hormone Releasing Hormone (LHRH) Antagonist Agents | | Firmagon | |
| Retinal Disorders Agents-(ARMD) Age-Related Macular | | · · · · · · · · · · · · · · · · · · · | ** |
| Degeneration | Beovu | Avastin | |
| | Byooviz | Eylea | |
| | Cimerli | Eylea HD | |
| | Susvimo | Lucentis | |
| | Vabysmo | Pavblu | |

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| Rituximab | Riabni | Ruxience | |
| | Rituxan | Truxima | |
| | Rituxan Hycela | | |
| Severe Asthma | Cinqair | Fasenra | |
| | Nucala | Tezspire | |
| | | Xolair | |
| Trastuzumab | Herceptin | Kanjinti | |
| | Herceptin Hylecta | Ontruzant | |
| | Herzuma | | |
| | Hercessi | | |
| | Ogivri | | |
| | Trazimera | | |

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