

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 includes 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 CVS Caremark Medical Preferred Drug List.

<i>Drug Class</i>	<i>Non-Preferred Product(s)*</i>	<i>Preferred Product(s)</i>
<i>Alpha-1 Antitrypsin Deficiency</i>	Aralast Glassia Zemaira	Prolastin-C
<i>Autoimmune</i>	Actemra Cimzia Inflectra Orencia Renflexis	Entyvio Ilumya Remicade Simponi Aria Stelara
<i>Bevacizumab</i>		Avastin Mvasi Zirabev
<i>Botulinum Toxins</i>	Myobloc	Botox Dysport Xeomin
<i>Hematologic, Erythropoiesis – Stimulating Agents (ESA)</i>	Epogen Mircera Procrit	Aranesp Retacrit
<i>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</i>	Granix Leukine Neupogen	Nivestym Zarxio

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*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 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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Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
<i>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</i>	Fulphila Ziextenzo	Neulasta Udenyca
<i>Lysosomal Storage Disorders – Gaucher Disease</i>	Elelyso VPRIV	Cerezyme
<i>Multiple Sclerosis (Infused)</i>	Lemtrada	Tysabri
<i>Osteoarthritis, Viscosupplements – Single Injection</i>	Durolane Gel-One Monovisc	Synvisc-1
<i>Osteoarthritis, Viscosupplements – Multi Injection</i>	Euflexxa Gelsyn-3 Hyalgan Hymovis Supartz Visco-3	Orthovisc Synvisc
<i>Retinal Disorders Agents</i>	Lucentis Macugen Visudyne	Avastin Eylea
<i>Rituximab</i>		Rituxan Rituxan Hycela Ruxience
<i>Trastuzumab</i>	Herzuma Ogivri	Herceptin Herceptin Hylecta Kanjinti Trazimera

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