

## Advanced Biosimilars-First Medical Preferred Drug List Medicare Part B Step Therapy

The CVS Caremark® Advanced Biosimilars-First Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The CVS Caremark Advanced Biosimilars-first 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 CVS Caremark Advanced Biosimilars-first Medical Preferred Drug List.

<b><i>Drug Class</i></b>	<b><i>Non-Preferred Product(s)*</i></b>	<b><i>Preferred Product(s)</i></b>
<b><i>Acromegaly</i></b>	Signifor LAR Somavert	Sandostatin LAR Somatuline Depot
<b><i>Alpha-1 Antitrypsin Deficiency</i></b>	Aralast Glassia Zemaira	Prolastin-C
<b><i>Autoimmune Infused/Infliximab</i></b>	Infliximab Remicade Renflexis	Avsola Inflectra

\*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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<b>Drug Class</b>	<b>Non-Preferred Product(s)*</b>	<b>Preferred Product(s)</b>
<b><i>Autoimmune Infused/Other</i></b>	Actemra Cimzia Ilumya Orencia Stelara	Entyvio Simponi Aria
<b><i>Avastin/Biosimilars (Oncology)</i></b>	Avastin Zirabev	Mvasi
<b><i>Botulinum Toxins</i></b>	Botox Myobloc	Dysport Xeomin
<b><i>Hematologic, Erythropoiesis – Stimulating Agents (ESA)</i></b>	Epogen Mircera Procrit	Aranesp Retacrit
<b><i>Complement Inhibitors (aHUS, gMG, PNH)</i></b>		Soliris Ultomiris
<b><i>Complement Inhibitors (NMOSD)</i></b>	Uplizna	Soliris
<b><i>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</i></b>	Neulasta Nyvepria Udenyca	Fulphila Ziextenzo
<b><i>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</i></b>	Granix Leukine Neupogen	Nivestym Zarxio

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<b><i>Lysosomal Storage Disorders – Gaucher Disease</i></b>	Cerezyme VPRIV	Elelyso
<b><i>Multiple Sclerosis (infused)</i></b>	Lemtrada	Tysabri
<b><i>Osteoarthritis, Viscosupplements – Multi Injection</i></b>	Euflexxa Gelsyn-3 GenVisc Hyalgan Hymovis TriVisc Visco-3	Orthovisc Synvisc
<b><i>Osteoarthritis, Viscosupplements – Single Injection</i></b>	Durolane Gel-One	Monovisc Synvisc-One
<b><i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents</i></b>	Lupron Depot Trelstar Zoladex	Eligard

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<b>Drug Class</b>	<b>Non-Preferred Product(s)*</b>	<b>Preferred Product(s)</b>
<b><i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</i></b>		Firmagon
<b><i>Retinal Disorders Agents</i></b>	Beovu Eylea Lucentis	Avastin Byooviz
<b><i>Rituximab</i></b>	Rituxan Rituxan Hycela Ruxience	Riabni Truxima
<b><i>Severe Asthma</i></b>	Cinqair	Fasenra Nucala Xolair
<b><i>Trastuzumab</i></b>	Herceptin Herceptin Hylecta Herzuma Ontruzant	Kanjinti Ogivri Trazimera

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