

Medical Preferred Drug List - Medicare Part B Step Therapy

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

<i>Drug Class</i>	Preferred Product(s)	Non-Preferred Product(s)*
<i>Acromegaly</i>	Somatuline Depot Sandostatin LAR	Signifor LAR Somavert
<i>Alpha-1 Antitrypsin Deficiency</i>	Prolastin-C	Aralast Glassia Zemaira
<i>Autoimmune</i>	Entyvio Ilumya Remicade Simponi Aria Stelara	Actemra Avsola Cimzia Inflectra Orencia Renflexis
<i>Bevacizumab</i>	Avastin Mvasi Zirabev	

*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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Medical Preferred Drug List - Medicare Part B Step Therapy

<i>Drug Class</i>	<i>Preferred Product(s)</i>	<i>Non-Preferred Product(s)*</i>
<i>Botulinum Toxins</i>	Dysport Xeomin	Botox Myobloc
<i>Hematologic, Erythropoiesis – Stimulating Agents (ESA)</i>	Aranesp Retacrit	Epogen Mircera Procrit
<i>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</i>	Zarxio	Granix Leukine Neupogen Nivestym
<i>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</i>	Neulasta Udenyca	Fulphila Nyvepria Ziextenzo
<i>Lysosomal Storage Disorders – Gaucher Disease</i>	Elelyso	Cerezyme VPRIV
<i>Multiple Sclerosis (Infused)</i>	Tysabri	Lemtrada
<i>Osteoarthritis, Viscosupplements – Single Injection</i>	Synvisc-1	Durolane Gel-One Monovisc Supartz Supartz FX

*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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Medical Preferred Drug List - Medicare Part B Step Therapy

<i>Drug Class</i>	<i>Preferred Product(s)</i>	<i>Non-Preferred Product(s)*</i>
<i>Osteoarthritis, Viscosupplements – Multi Injection</i>	Orthovisc Synvisc	Euflexxa Gelsyn-3 Hyalgan Hymovis Supartz Supartz FX Visco-3
<i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</i>	Firmagon	
<i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents</i>	Eligard	Lupron Depot Trelstar Zoladex
<i>Retinal Disorders Agents</i>	Avastin	Eylea Lucentis Macugen Visudyne
<i>Rituximab</i>	Rituxan Rituxan Hycela Ruxience	Truxima
<i>Trastuzumab</i>	Herceptin Herceptin Hylecta Kanjinti Trazimera	Herzuma Ogivri

*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.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.