



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.

Drug Class	Preferred Product(s)	Non-Preferred Product(s)*
Acromegaly	Sandostatin LAR	Signifor LAR
	Somatuline Depot	Somavert
Alpha-1 Antitrypsin Deficiency	Prolastin-C	Aralast
		Glassia
		Zemaira
Autoimmune	Entyvio	Actemra
	llumya	Avsola
	Remicade	Cimzia
	Simponi Aria	Inflectra
	Stelara	Orencia
		Renflexis
Bevacizumab	Avastin	
	Mvasi	
	Zirabev	
Botulinum Toxins	Botox	Myobloc
	Dysport	
	Xeomin	

<sup>\*</sup>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.





Drug Class	Preferred Product(s)	Non-Preferred Product(s)*
Hematologic, Erythropoiesis – Stimulating Agents (ESA)	Aranesp Retacrit	Epogen Mircera Procrit
Hemophilia – Factor VIII	Adynovate Jivi Kogenate Kovaltry Novoeight	Eloctate Helixate Nuwiq
Hemophilia – Factor IX	Idelvion Rebinyn	Alprolix
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Nivestym Zarxio	Granix Leukine Neupogen
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Neulasta Udenyca	Fulphila Nyvepria Ziextenzo
Hereditary Angioedema	Ruconest	Berinert
Hereditary Transthyretin Amyloidosis	Onpattro	Tegsedi
Lysosomal Storage Disorders – Gaucher Disease	Elelyso	Cerezyme VPRIV
Multiple Sclerosis(Infused)	Ocrevus Tysabri	Lemtrada

<sup>\*</sup>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. ©2020 CVS Caremark. All rights reserved. 106-40257A 92220





Drug Class	Preferred Product(s)	Non-Preferred Product(s)*
Osteoarthritis, Viscosupplements – Single Injection	Synvisc-1	Durolane Gel-One Monovisc Supartz Supartz FX
Osteoarthritis, Viscosupplements – Multi Injection	Orthovisc Synvisc	Euflexxa Gelsyn-3 Genvisc 850 Hyalgan Hymovis Supartz Supartz FX Visco-3
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents	Eligard	Lupron Depot Trelstar Zoladex
Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents	Firmagon	
Retinal Disorders Agents	Avastin	Eylea Lucentis Macugen Visudyne
Rituximab	Rituxan Rituxan Hycela Ruxience	Truxima

<sup>\*</sup>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. ©2020 CVS Caremark. All rights reserved. 106-40257A 92220





Drug Class	Preferred Product(s)	Non-Preferred Product(s)*
Severe Asthma	Dupixent Fasenra Nucala Xolair	Cinqair
Trastuzumab	Herceptin Herceptin Hylecta Kanjinti Trazimera	Herzuma Ogivri
Spinal Muscular Atrophy	Zolgensma	

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.

<sup>\*</sup>Non-preferred product(s) are only available if process exception criteria are met.