

## Medical Preferred Drug List

### Medicare Part B Step Therapy

**Effective 1/1/2022**

The Part B 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.

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

\*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 newdrug 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.

| Drug Class   | Preferred Product(s) | Non-Preferred Product(s)*   |
|--|----------------------|---|
| Hematologic, Erythropoiesis – Stimulating Agents (ESA)             | Aranesp<br>Retacrit  | Epogen<br>Mircera<br>Procrit  |
| Hematologic, Neutropenia Colony Stimulating Factors – Short Acting | Zarxio               | Granix<br>Leukine<br>Neupogen<br>Nivestym                                   |
| Hematologic, Neutropenia Colony Stimulating Factors – Long Acting  | Neulasta<br>Udenyca  | Fulphila<br>Nyvepria<br>Ziextenzo   |
| Lysosomal Storage Disorders – Gaucher Disease                      | Eleyso               | Cerezyme<br>VPRIV   |
| Multiple Sclerosis (Infused)                                       | Tysabri              | Lemtrada  |
| Osteoarthritis, Viscosupplements – Single Injection                | Synvisc-One          | Durolane<br>Gel-One<br>Monovisc   |
| Osteoarthritis, Viscosupplements – Multi Injection                 | Orthovisc<br>Synvisc | Euflexxa<br>Gelsyn-3<br>GenVisc<br>Hyalgan<br>Hymovis<br>TriVisc<br>Visco-3 |

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

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