

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.

| Drug Class | Non-Preferred Product(s)* | Preferred Product(s) |
|---------------------------------------|---|-----------------------------|
| Acromegaly – Long-Acting | Lanreotide Acetate Sandostatin LAR Depot Signifor LAR | Somatuline Depot |
| Alpha-1 Antitrypsin Deficiency | Aralast Glassia | Prolastin-C Zemaira |
| Antimetabolites | Alimta Pemfexy | Pemetrexed |
| Autoimmune Infused Infliximab | Avsola Infliximab Remicade | Inflectra Renflexis |

*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) |
|---|---|-----------------------------|
| Autoimmune Infused Other | Actemra Cimzia Ilumya Orencia Stelara | Entyvio Simponi Aria |
| Avastin/Biosimilars (Oncology) | Alymsys Avastin Vegzelma | Mvasi Zirabev |
| Botulinum Toxins | Botox Myobloc | Dysport Xeomin |
| Breast Cancer MAb | Perjeta | Phesgo |
| Complement Inhibitors (aHUS, gMG, PNH) | | Soliris Ultomiris |
| Complement Inhibitors (NMOSD) | Uplizna | Soliris |
| Geographic Atrophy | Izervay | Syfovre |

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| Drug Class | Non-Preferred Product(s)* | Preferred Product(s) |
|--|--|--|
| <i>Hematologic, Erythropoiesis Stimulating Agents (ESA)</i> | Epogen Mircera Retacrit | Aranesp Procrit |
| <i>Hematologic, Neutropenia Colony Stimulating Factors Long-Acting</i> | Fylnetra Neulasta Nyvepria Rolvedon Stimufend Udenyca | Fulphila Ziextenzo |
| <i>Hematologic, Neutropenia Colony Stimulating Factors Short-Acting</i> | Granix Leukine Neupogen Nivestym Releuko | Zarxio |
| <i>Hematopoietic Agents Iron</i> | Feraheme Injectafer Monoferric | Ferrlecit Infed Sodium Ferric Gluconate Venofer |
| <i>Hemophilia Factor VIII Long-Acting</i> | | Adynovate Altuviio Jivi |

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|---|--|--|
| <i>Hemophilia Factor VIII Recombinant</i> | Advate Kogenate Novoeight Nuwiq Recombinate Xyntha Xyntha Solofuse | Afstyla Kovaltry |
| <i>Hemophilia Factor IX Recombinant</i> | | Alprolix Idelvion |
| <i>Hereditary Transthyretin Amyloidosis</i> | | Amvuttra Onpattro |
| <i>Immune Globulin-IV</i> | Asceniv Bivigam Gammagard Liquid Gammaplex Panzyga | Flebogamma Gammaked Gamunex-C Octagam Privigen |
| <i>Immune Globulin-SC</i> | Cutaquig Cuvitru HyQvia Xembify | Hizentra |
| <i>Lysosomal Storage Disorders – Gaucher Disease</i> | VPRIV | Cerezyme Elelyso |

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|--|--|-----------------------------|
| Mitotic Inhibitors | Abraxane | Docetaxel Paclitaxel |
| Multiple Myeloma Proteasome Inhibitors | Empliciti Kyprolis Sarclisa Velcade | Bortezomib |
| Multiple Sclerosis (Infused) | Briumvi Lemtrada | Ocrevus Tysabri |
| Osteoarthritis, Viscosupplements Multi Injection | Gelsyn-3 GenVisc Hyalgan Hymovis Orthovisc Supartz FX Triluron TriVisc Visco-3 | Euflexxa Synvisc |
| Osteoarthritis, Viscosupplements Single Injection | Gel-One Monovisc | Durolane Synvisc-One |
| Osteoporosis – Bone Density | Evenity | Prolia Zoledronic Acid |

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|--|--|--------------------------------|------------------------------------|
| Osteoporosis – Hypercalcemia of Malignancy | Xgeva | Pamidronate Zoledronic Acid | |
| PD1/L1 Immune Checkpoint Inhibitors – Basal Cell & Squamous Cell | Keytruda | Libtayo | |
| PD1/L1 Immune Checkpoint Inhibitors – NSCLC | Imfinzi Keytruda Opdivo Tecentriq | Libtayo | |
| Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents | Camcevi Lupron Depot Trelstar Zoladex | Eligard | |
| Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents | | Firmagon | |
| Retinal Disorders Agents – (ARMD) Age-Related Macular Degeneration | Beovu Cimerli Lucentis Susvimo Vabysmo | Avastin, then | Byooviz** Eylea** Eylea HD** |
| Rituximab | Riabni Rituxan Rituxan Hycela | Ruxience Truxima | |

**Single step for Byooviz, Eylea and Eylea HD through Avastin. Everything else double stepped through Byooviz and Eylea/Eylea HD.

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|-----------------------------|--|------------------------------------|
| <i>Severe Asthma</i> | Cinqair Nucala Tezspire | Fasenra Xolair |
| <i>Trastuzumab</i> | Herceptin Herceptin Hylecta Herzuma Ontruzant | Kanjinti Ogivri Trazimera |

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