

Advanced Biosimilars-first Medical Preferred Drug List-Commercial

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 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.

<i>Drug Class</i>	<i>Non-Preferred Product(s)*</i>	<i>Preferred Product(s)</i>
<i>Acromegaly</i>	Lanreotide Acetate Signifor LAR Somavert	Sandostatin LAR Somatuline Depot
<i>Alpha-1 Antitrypsin Deficiency</i>	Aralast Glassia	Prolastin-C Zemaira
<i>Autoimmune Infused Infliximab</i>	Infliximab Remicade Renflexis	Avsola Inflectra
<i>Autoimmune Infused Other</i>	Actemra Cimzia Orencia Skyrizi (IV & SC)	Entyvio Ilumya Simponi Aria Stelara
<i>Avastin/Biosimilars (Oncology)</i>	Avastin Vegzelma	Alymsys 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.

©2021 CVS Caremark. All rights reserved. 106-51759C 062921

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
<i>Botulinum Toxins</i>	Myobloc	Botox Dysport Xeomin
<i>Breast Cancer- MAb</i>	Margenza	Enhertu Kadcyla Perjeta Phesgo
<i>Enzyme Replacement Therapy- Fabry Disease</i>	Fabrazyme	Elfabrio
<i>Fertility Regulators - FSH</i>	Follistim AQ	Gonal-F
<i>Hematologic, Erythropoiesis – Stimulating Agents (ESA)</i>	Epogen Mircera Procrit	Aranesp Retacrit
<i>Hemophilia – Factor VIII- Long Acting</i>	Esperoct	Adynovate Eloctate Jivi
<i>Hemophilia- Factor VIII- Recombinant</i>	Recombinate	Advate Afstyla Kogenate Kovaltry Novoeight Nuwiq Xyntha

*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.

©2021 CVS Caremark. All rights reserved. 106-51759C 062921

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
<i>Hemophilia – Factor IX-Recombinant</i>	Benefix Ixinity Rixubis	Alprolix Idelvion Rebinyn
<i>Hematologic, Neutropenia Colony Stimulating Factors – Long Acting</i>	Fylnetra Neulasta Stimufend Udenyca Ziextenzo	Fulphila Nyvepria
<i>Hematologic, Neutropenia Colony Stimulating Factors – Short Acting</i>	Granix Leukine Neupogen	Nivestym Releuko Zarxio
<i>Hereditary Angioedema</i>	Berinert	Ruconest
<i>Hereditary Transthyretin Amyloidosis</i>	Amvuttra Tegsedi	Onpattro
<i>Long-Acting Reversible Contraceptives</i>		Kyleena Liletta Mirena Nexplanon Paragard Intrauterine-Copper Device Skyla
<i>Lysosomal Storage Disorders – Gaucher Disease</i>	Cerezyme VPRIV	Elelyso

*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.

©2021 CVS Caremark. All rights reserved. 106-51759C 062921

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Multiple Myeloma Proteasome Inhibitors	Kyprolis Velcade	Bortezomib Ninlaro
Multiple Sclerosis (Infused)	Briumvi Lemtrada	Ocrevus Tysabri
Myasthenia Gravis		Soliris Ultomiris
Ophthalmic Geographic Atrophy	Izervay	Syfovre
Osteoarthritis, Viscosupplements – Single Injection	Durolane Gel-One	Monovisc Synvisc-One
Osteoarthritis, Viscosupplements – Multi Injection	Euflexxa Gelsyn-3 GenVisc 850 Hyalgan Hymovis Supartz FX SynoJoynt Synvisc Triluron TriVisc Visco-3	Orthovisc
Osteoporosis Injectable	Evenity	Prolia

*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.

©2021 CVS Caremark. All rights reserved. 106-51759C 062921

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
<i>Paroxysmal Nocturnal Hemoglobinuria (PNH)</i>	Empaveli	Soliris Ultomiris
<i>Prostate Cancer – Luteinizing Hormone Releasing Hormone (LHRH) Agents and Antagonist Agents</i>	Camcevi Firmagon Lupron Depot Trelstar Zoladex	Eligard
<i>Retinal Disorders Agents- (ARMD) Age-Related Macular Degeneration</i>	Eylea Lucentis Vabysmo	Avastin Byooviz Cimerli
<i>Rituximab</i>	Riabni Rituxan Rituxan Hycela	Ruxience Truxima
<i>Severe Asthma</i>	Cinqair	Dupixent Fasenra Nucala Tezspire Xolair
<i>Spinal Muscular Atrophy</i>		Zolgensma
<i>Systemic Lupus Erythematosus/Lupus Nephritis</i>	Saphnelo	Benlysta

*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.

©2021 CVS Caremark. All rights reserved. 106-51759C 062921

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
<i>Trastuzumab</i>	Herceptin Herceptin Hylecta Ontruzant Trazimera	Herzuma Kanjinti 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.

©2021 CVS Caremark. All rights reserved. 106-51759C 062921