

2025

PART B STEP THERAPY CRITERIA

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KelseyCareAdvantage.com

Medical Preferred Drug List

Medicare Part B Step Therapy

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

<i>Drug Class</i>	Non-Preferred Product(s)*	Preferred Product(s)
<i>Alpha-1 Antitrypsin Deficiency</i>	Aralast Glassia	Prolastin-C Zemaira
<i>Autoimmune Infused Infliximab</i>	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)
<i>Autoimmune Infused Other</i>	Actemra Cimzia Ilumya Orencia Stelara	Entyvio Simponi Aria
<i>Avastin/Biosimilars (Oncology)</i>	Alymsys Avastin Vegzelma	Mvasi Zirabev
<i>Complement Inhibitors (aHUS, gMG, PNH)</i>		Soliris Ultomiris
<i>Complement Inhibitors (NMOSD)</i>	Uplizna	Soliris
<i>Hematologic, Erythropoiesis Stimulating Agents (ESA)</i>	Epogen Mircera Retacrit	Aranesp Procrit
<i>Hematologic, Neutropenia Colony Stimulating Factors Long Acting</i>	Fylnetra Nyvepria Rolvedon Stimufend Udenyca Ziextenzo	Fulphila Neulasta

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<i>Drug Class</i>	<i>Non-Preferred Product(s)*</i>	<i>Preferred Product(s)</i>
<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 Altuviiio Jivi
<i>Hemophilia Factor VIII Recombinant</i>	Advate Kogenate Novoeight Nuwiq Recombinate Xyntha Xyntha Solofuse	Afstyla Kovaltry

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<i>Drug Class</i>	<i>Non-Preferred Product(s)*</i>	<i>Preferred Product(s)</i>
<i>Hemophilia Factor IX Recombinant</i>		Alprolix Idelvion
<i>Hereditary Transthyretin Amyloidosis</i>		Amvuttra Onpattro
<i>Lysosomal Storage Disorders- Gaucher Disease</i>	VPRIV	Cerezyme Elelyso
<i>Multiple Sclerosis (Infused)</i>	Briumvi Lemtrada	Ocrevus Tysabri
<i>Osteoarthritis, Viscosupplements Single Injection</i>	Gel-One Monovisc	Durolane Synvisc-One

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<i>Prostate Cancer-Luteinizing Hormone Releasing Hormone (LHRH) Antagonists Agents</i>		Firmagon
<i>Rituximab</i>	Riabni Truxima	Rituxan Rituxan Hycela Ruxience
<i>Severe Asthma</i>	Cinqair Nucala Tezspire	Fasenra Xolair
<i>Trastuzumab</i>	Herceptin Herceptin Hylecta Herzuma Ogivri Ontruzant	Kanjinti Trazimera

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