



MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective January 1, 2024

Register at <https://www.express-path.com>. If you have questions, please call (877) 787-8705.



DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	STEP THERAPY REQUIREMENTS	LINE OF BUSINESS
Bevacizumab *	Mvasi Zirabev	Alymsys Avastin Vegzelma	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Botulinum Toxins	Botox Dysport Xeomin	Myobloc	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Colony Stimulating Factors – filgrastims*	Nivestym Zarxio	Granix Neupogen Releuko	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Colony Stimulating Factors – pegfilgrastims*	Neulasta Neulasta Onpro Nyvepria Udenyca	Fulphila Fylnetra Rolvedon Stimufend Ziextenzo	Use of 2 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Erythroid Stimulating Agents*	Aranesp Procrit Retacrit	Epogen	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Immunologicals	Fasenra Nucala	Cinqair	Use of 2 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Inflammatory Conditions	Actemra Entyvio Simponi Aria	Orencia	Use of 1 of the preferred drugs	Commercial, Exchange, and Medicare

* denotes a drug that may be included in the eviCore Oncology Management Program. If the diagnosis is oncology, please contact eviCore at (855) 727-7444 or myportal@evicore.com

Please note that newly approved specialty drugs, not yet identified on this list, may be subject to prior authorization and step therapy.

Please note line of business excludes Medicare Part D.



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	Stelara Cimzia Ilumya Skyrizi		before non-preferred drug	
Inflammatory Conditions– infliximab products	Avsola Inflectra	Remicade Infliximab Renflexis	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
IV Iron Replacement Products	Ferrlecit INFed Venofer	Feraheme Injectafer Monoferric	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Enzyme Replacement Products	Cerezyme Nexviazyme	Elelyso Lumizyme Vpriv	Use of the 1 preferred drug before non-preferred drug	Commercial, Exchange, and Medicare
Migraines	Aimovig Ajovy Emgality	Vyepti	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Ophthalmic VEGF Products	Byooviz Cimerli Lucentis Vabysmo	N/A	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare

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Rituximab Products*	Ruxience Truxima	Rituxan Rituxan Hycela Riabni	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Somatostatin analogs*	Somatuline Depot	Sandostatin LAR Depot lanreotide Preferencing only applies to the following oncology indications: Neuroendocrine Tumor(s) [NETs] of the Gastrointestinal Tract, Lung, Pancreas, and Thymus (Carcinoid Tumors), Pheochromocytoma and Paraganglioma	Use of the 1 preferred drug before non-preferred drug	Commercial, Exchange, and Medicare
Trastuzumab Products*	Kanjinti Trazimera	Herceptin Herceptin Hylecta Herzuma Ogivri Ontruzant	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare

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Testosterone Products	Depo-Testosterone Delatestryl	Aveed Testopel Xyosted	Use of 1 of the preferred drugs before non-preferred	Commercial, Exchange, and Medicare

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