



**MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST**

**Effective July 1, 2024**

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



| <b>DRUG CLASS</b>                            | <b>PREFERRED AGENTS</b>                           | <b>NON-PREFERRED AGENTS</b>                   | <b>STEP THERAPY REQUIREMENTS</b>                          | <b>LINE OF BUSINESS</b>            |
|--|---|---|---|------------------------------------|
| Bevacizumab *                                | Mvasi<br>Zirabev                                  | Alymsys<br>Avastin<br>Vegzelma                | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Botulinum Toxins                             | Botox<br>Dysport<br>Daxxify<br>Xeomin             | Myobloc                                       | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Colony Stimulating Factors – filgrastims*    | Nivestym<br>Zarxio                                | Granix<br>Neupogen<br>Releuko                 | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Colony Stimulating Factors – pegfilgrastims* | Neulasta<br>Neulasta Onpro<br>Nyvepria<br>Udenyca | Fulphila<br>Fynetra<br>Stimufend<br>Ziextenzo | Use of 2 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Erythroid Stimulating Agents*                | Aranesp<br>Procrit<br>Retacrit                    | Epogen  | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Immunologicals                               | Fasenra<br>Nucala                                 | Cinqair                                       | Use of 2 of the preferred drugs before non-preferred drug | 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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|---|--|--------------------------------------|---|------------------------------------|
| Inflammatory Conditions                         | Actemra<br>Cimzia<br>Cosentyx IV<br>Entyvio<br>Ilumya<br>Omvoh<br>Simponi Aria<br>Skyrizi<br>Stelara<br>Tyenne | Orencia                              | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Inflammatory Conditions–<br>infliximab products | Avsola<br>Inflectra  | Remicade<br>Infliximab<br>Renflexis  | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| IV Iron Replacement Products                    | Ferrlecit<br>INFed<br>Venofer  | Feraheme<br>Injectafer<br>Monoferric | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Enzyme Replacement Products                     | Nexviazyme   | Lumizyme                             | Use of the 1 preferred drug before non-preferred drug     | Commercial, Exchange, and Medicare |
| Migraines                                       | Aimovig<br>Ajovy<br>Emgality   | Vyepti                               | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Ophthalmic VEGF Products                        | compounded bevacizumab   | Beovu<br>Byooviz<br>Eylea            | Use of bevacizumab before non-preferred drug              | Commercial, Exchange, and Medicare |

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|-----------------------|---------------------------------|--|---|------------------------------------|
|                       |                                 | Cimerli<br>Lucentis<br>Vabysmo   |   |                                    |
| Rituximab Products*   | Ruxience<br>Truxima             | Rituxan<br>Rituxan Hycela<br>Riabni  | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |
| Somatostatin analogs* | Somatuline Depot                | Sandostatin LAR Depot<br>lanreotide<br><br>Preferencing only applies to the following oncology indications:<br>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<br>Ogivri<br>Trazimera | Herceptin<br>Herceptin Hylecta<br>Herzuma<br>Ontruzant   | Use of 1 of the preferred drugs before non-preferred drug | Commercial, Exchange, and Medicare |

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

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