



MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective January 1, 2021

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
Colony Stimulating Factors – filgrastims*	Nivestym Zarxio	Neupogen Granix	Use of 1 of the preferred drugs before non-preferred drug	C, E, MA
Erythroid Stimulating Agents*	Procrit Retacrit	Aranesp Epogen Mircera	Use of 1 of the preferred drugs before non-preferred drug	C, E, MA
Hyaluronic Acid Derivatives	Euflexxa Monovisc Orthovisc	Durolane Gel-One Gelsyn-3 GenVisc 850 Hyalgan Hymovis Synvisc Synvisc One Synojoynt Supartz FX Triluron TriVisc Visco-3	Use of 1 of the preferred drugs before non-preferred drug	C, E
Immunologicals	Fasenra Nucala	Cinqair	Use of 1 of the preferred drugs before non-preferred drug	C, E, MA

* 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.

C=Commercial; E=Exchange; MA= Medicare Advantage



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Inflammatory Conditions – infliximab products	Remicade	Avsola Inflectra Renflexis	Use of Remicade before non-preferred drug	C, E, MA
IV Iron Replacement Products	Ferrlecit INFed Venofer	Feraheme Injectafer Monoferric	Use of 1 of the preferred drugs before non-preferred drug	C, E, MA
Ophthalmic VEGF Products	compounded bevacizumab	Beovu Eylea Lucentis	Use of bevacizumab before non-preferred drug	C, E, MA
Rituximab Products*	Ruxience Truxima	Rituxan	Use of 1 of the preferred drugs before non-preferred drug	C, E, MA

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