

MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective January 1, 2021

Register at <https://myportal.medsolutions.com>. If you have questions, please call (855-727-7444).



Preferred Agents	Non-Preferred Agents	Step Therapy Requirements
Ruxience or Truxima	Rituxan or Rituxan Hyclea	Continuation of therapy (within past 180 days) or trial and failure or contraindication to preferred agents.
Mvasi or Zirabev	Avastin	Continuation of therapy (past 180 days) or trial and failure or contraindication to preferred agents.
Ogivri or Trazimera	Herceptin, Herceptin Hylecta, Herzuma, Kanjinti	Continuation of therapy (past 180 days) or trial and failure or contraindication to preferred agents.
Zarxio or Nivestym	Neupogen or Granix	Continuation of therapy (within past 180 days) or trial and failure or contraindication to preferred agents.

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