



MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective July 1, 2026

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



DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	STEP THERAPY REQUIREMENTS	LINE OF BUSINESS
Alpha-1 Proteinase Inhibitor	Glassia Zemaira	Aralast Prolastin-C	Use of 1 of the preferred drugs before non-preferred drug	Commercial and Exchange
Bevacizumab *	Alymsys Mvasi	Avastin Jobevne Vegzelma Zirabev	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Botulinum Toxins	Botox Daxxify 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 Nypozi Releuko	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Colony Stimulating Factors – pegfilgrastims*	Fulphila Udenyca	Fylnetra Neulasta Neulasta Onpro Nyvepria Stimufend Ziextenzo	Use of 2 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Colony Stimulating Factors eflapegrastim/ efbemalenograstim*	Rolvedon	Ryzneuta	Use of 1 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.



MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective July 1, 2026

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

CARECONTINUUM[™]

Erythroid Stimulating Agents*	Aranesp Procrit Retacrit	Epogen	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Denosumab products*	Jubbonti Osenvelt Prolia Stoboclo Wyost Xgeva	Bildyos Bilprevda Bomynta Conexence	Use of 2 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Immunologicals Allergy	Exdensur Fasenra Nucala Tezspire	Cinqair	Use of 2 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Inflammatory Conditions	Cimzia IV Cosentyx IV Entyvio IV Ilumya Omvoh IV Simponi Aria Skyrizi IV Tremfya IV	Orencia IV	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Inflammatory Conditions – Infliximab Products	Avsola Inflectra	Infliximab Remicade Renflexis	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Inflammatory Conditions – Tocilizumab Products	Avtozma IV Tyenne IV	Actemra IV Tofidence IV	Use of 1 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.



MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective July 1, 2026

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

CARECONTINUUM[®]

Inflammatory Conditions Ustekinumab Products	Selarsdi Yesintek	Imuldosa Otulfi Pyzchiva Stelara Steqeyma Wezlana	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	Eleyso 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
Nasopharyngeal Carcinoma*	Loqtorzi	Keytruda Opdivo	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Neurology - eculizumab products	Bkemv Epysqli Soliris	N/A	Use of 1 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.



MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective July 1, 2026

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

CARECONTINUUMSM

Ophthalmic VEGF Products	Byooviz Cimerli Eylea Eylea HD Lucentis Pavblu Vabysmo	N/A	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Paroxysmal Nocturnal Hemoglobinuria	Bkemv Epysqli Soliris Ultomiris	PiaSky	Use of 1 of the preferred drugs before non-preferred drug	Commercial and Exchange
Rituximab Products*	Riabni Ruxience Truxima	Rituxan Rituxan Hycela	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Trastuzumab Products*	Kanjinti Ogivri Ontruzant	Herceptin Herceptin Hylecta Hercessi Herzuma Trazimera	Use of 1 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.