



MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective January 1, 2022

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

CARECONTINUUM™

DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	STEP THERAPY REQUIREMENTS
Avastin*	Mvasi Zirabev	Avastin	Use of 1 of the preferred drugs before non-preferred drug
Botulinum Toxins	Botox Xeomin	Dysport Myobloc	Use of 1 of the preferred drugs before non-preferred drug
Colony Stimulating Factors – filgrastims*	Nivestym Zarxio	Neupogen Granix	Use of 1 of the preferred drugs before non-preferred drug
Colony Stimulating Factors – pegfilgrastims*	Neulasta Neulasta Onpro Udenyca Ziextenzo	Fulphila Nyvepria	Use of 2 of the preferred drugs before non-preferred drug
Erythroid Stimulating Agents*	Procrit Retacrit	Aranesp Epogen	Use of 1 of the preferred drugs before non-preferred drug
Hyaluronic Acid Derivatives	Monovisc Orthovisc Synvisc Synvisc One	Durolane Euflexxa Gel-One Gelsyn-3 GenVisc 850 Hyalgan Hymovis	Use of 2 of the preferred drugs before non-preferred drug

* 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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		Synojynt Supartz FX Triluron TriVisc Visco-3	
Immunologicals	Fasenra Nucala	Cinqair	Use of 2 of the preferred drugs before non-preferred drug
Inflammatory Conditions	Entyvio Simponi Aria Stelara Cimzia Ilumya	Actemra Orencia	Use of 1 of the preferred drugs before non-preferred drug
Inflammatory Conditions– infliximab products	Remicade Inflectra	Avsola Renflexis	Use of 1 of the preferred drugs before non-preferred drug
IV Iron Replacement Products	Ferrlecit INFed Venofer	Feraheme Injectafer Monoferric	Use of 1 of the preferred drugs before non-preferred drug
Enzyme Replacement Products	Nexviazyme	Lumizyme	Use of the 1 preferred drug before non-preferred drug

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Migraines	Aimovig Ajovy Emgality	Vyepti	Use of 1 of the preferred drugs before non-preferred drug
Ophthalmic VEGF Products	compounded Avastin	Beovu Eylea Lucentis	Use of compounded Avastin before non-preferred drug
Rituximab Products*	Ruxience Truxima	Rituxan Rituxan Hycela Riabni	Use of 1 of the preferred drugs before non-preferred drug
Somatostatin analogs*	Somatuline Depot	Sandostatin LAR Depot Preferring 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

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Trastuzumab Products*	Kanjinti Trazimera	Herceptin Herceptin Hylecta Herzuma Ogivri Ontruzant	Use of 1 of the preferred drugs before non-preferred drug

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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, Herxuma, 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.

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