

MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective January 1, 2025

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	LINE OF BUSINESS
Bevacizumab *	Alymsys Mvasi Zirabev	Avastin Vegzelma	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Botulinum Toxins	Botox Dysport Daxxify 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 Releuko	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Colony Stimulating Factors – pegfilgrastims*	Neulasta Neulasta Onpro Udenyca Stimufend	Fulphila Fylnetra Nyvepria Ziextenzo	Use of 2 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Erythroid Stimulating Agents*	Aranesp Procrit Retacrit	Epogen	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Immunologicals	Fasenra Nucala	Cinqair	Use of 2 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare

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.

^{*} 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



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DRUG CLASS	PREFERRED	NON-	STEP THERAPY	LINE OF
	AGENTS	PREFERRED	REQUIREMENTS	BUSINESS
		AGENTS		
Inflammatory Conditions	Entyvio IV Simponi Aria Stelara Cimzia Ilumya Skyrizi Omvoh IV Cosentyx Tremfya IV	Orencia	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Inflammatory Conditions— infliximab products	Avsola Inflectra	Remicade Infliximab Renflexis	Use of 1 of the preferred drugs before non-preferred drug	Use of 1 of the preferred drugs before non-preferred drug
Inflammatory Conditions (Tocilizumab Products)	Tyenne IV	Actemra IV Tofidence IV	Use of 1 of the preferred drugs before non-preferred drug	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	Commercial, Exchange, and Medicare
Enzyme Replacement Products	Cerezyme Nexviazyme	Elelyso Lumizyme Vpriv	Use of the 1 preferred drug before non- preferred drug	Commercial, Exchange, and Medicare

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Migraines	Aimovig Ajovy Emgality	Vyepti	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
Ophthalmic VEGF Products	Byooviz Cimerli Eylea Eylea HD Lucentis Vabysmo	N/A	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare
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 Trazimera Ogivri	Herceptin Herceptin Hylecta Hercessi Herzuma Ontruzant	Use of 1 of the preferred drugs before non-preferred drug	Commercial, Exchange, and Medicare

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