

## MEDICAL BENEFIT DRUG MANAGEMENT PROGRAM PREFERRED DRUG LIST

Effective March 1, 2021

Register at [www.express-path.com](http://www.express-path.com). If you have questions, please call 877-787-8705.

### CARECONTINUUM<sup>SM</sup>

DRUG CLASS	PREFERRED AGENTS	NON-PREFERRED AGENTS	STEP THERAPY REQUIREMENTS
Colony Stimulating Factors – filgrastims*	Nivestym Zarxio	Neupogen Granix	Use of 1 of the preferred drugs before non-preferred drug
Erythroid Stimulating Agents*	Procrit Retacrit	Aranesp Epogen Mircera	Use of 1 of the preferred drugs before non-preferred drug
Immunologicals	Fasenra Nucala	Cinqair	Use of 1 of the preferred drugs before non-preferred drug
Inflammatory Conditions – infliximab products	Remicade	Avsola Inflectra Renflexis	Use of Remicade 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
Ophthalmic VEGF Products	compounded bevacizumab	Beovu Eylea Lucentis	Use of bevacizumab before non-preferred drug
Rituximab Products*	Ruxience Truxima	Rituxan Riabni	Use of 1 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](mailto: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.

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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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