

## Medicaid Medical Preferred Drug List-July 2023

| Drug Class  | Non-Preferred Product(s)  | Preferred Product(s)   |
|---|---|--|
| Alpha-1 Antitrypsin Deficiency                            | Aralast <sup>®</sup> (Alpha-1-Proteinase Inhibitor),<br>Glassia <sup>®</sup> (Alpha-1-Proteinase Inhibitor),<br>Zemaira <sup>®</sup> (Alpha-1-Proteinase Inhibitor) | Prolastin C <sup>®</sup><br>(Alpha-1-Proteinase Inhibitor)   |
| Hematologic, Colony Stimulating<br>Factors – Short Acting | Granix <sup>®</sup> (tbo-filgrastum)<br>Leukine <sup>®</sup> (sargramostim)<br>Neupogen <sup>®</sup> (filgrastim)<br>Nivestym <sup>®</sup> (filgrastim-aafi),       | Zarxio <sup>®</sup> (filgrastim-sndz)  |
| Hematologic, Colony Stimulating<br>Factors – Long Acting  | Ziextenzo <sup>®</sup> (pegfilgrastim-bmez),<br>Udenyca <sup>®</sup> (pegfilgrastim-cbqv),<br>Nyvepria™(pegfilgrastim-apgf)   | Fulphila™ (pegfilgrastim-jmdb)<br>Neulasta <sup>®</sup> (pegfilgrastim)  |
| Infliximab  | Remicade <sup>®</sup> (infliximab)  | Inflectra <sup>®</sup> (infliximab-dyyb)<br>Renflexis <sup>®</sup> (infliximab-abda)<br>Avsola™ (infliximab-axxq)  |
| Lysosomal Storage Disorders –<br>Gaucher Disease          | VPRIV <sup>®</sup> (velaglucerase alfa)<br>Elelyso <sup>®</sup> (taliglucerase alfa)  | Cerezyme <sup>®</sup> (imiglucerase)   |
| Multiple Sclerosis (Infused)                              | Lemtrada <sup>®</sup> (alemtuzumab)   | Tysabri <sup>®</sup> (natalizumab)<br>Ocrevus <sup>®</sup> (ocrelizumab)   |
| Osteoarthritis, Viscosupplements                          | Hyalgan <sup>®</sup> (1% sodium hyaluronate)<br>Orthovisc <sup>®</sup> (1% sodium hyaluronate)<br>Supartz <sup>®</sup> FX (1% sodium hyaluronate)                   | Euflexxa <sup>®</sup> (1% sodium hyaluronate)  |
| Oncology  | **Avastin <sup>®</sup> (bevacizumab)  | Mvasi™ (bevacizumab-awwb)<br>Zirabev <sup>®</sup> (bevacizumab-bvzr)   |
|   | Herceptin <sup>®</sup> (trastuzumab)<br>Herceptin Hycelta™ (trastuzumab and<br>hyaluronidase-oysk)  | Herzuma <sup>®</sup> (trastuzumab-pkrb)<br>Kanjinti™(trastuzumab-anns)<br>Ogivri™ (trastuzumab-dkst)<br>Ontruzant <sup>®</sup> (trastuzumab-dttb)<br>Trazimera™ (trastuzumab-qyyp) |

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\*\*Non-preferred product(s) are only available if process exception criteria are met. This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Molina Healthcare, Inc.. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Listed therapeutic classes and specific drug preferred designations are subject to change based on new drug launches, product approvals, drug withdrawals and other market changes.

| Paroxysmal Nocturnal<br>Hemoglobinuria | Ultomiris <sup>®</sup> (ravulizumab-cwvz)   | Empaveli <sup>®</sup> (pegcetacoplan)   |
|--|---|---|
| Rituximab                              | Rituxan <sup>®</sup> (rituximab)<br>Rituxan Hycela <sup>®</sup> (rituximab-hyaluronidase) | Truxima <sup>®</sup> (rituximab-abbs)<br>Ruxience <sup>®</sup> (rituximab-pvvr)<br>Riabni™ (rituximab-arrx) |
| Retinal Disorders (Eye)                | Eylea <sup>®</sup> (aflibercept)<br>Lucentis <sup>®</sup> (ranibizumab)                   | **Avastin <sup>®</sup> (bevacizumab)  |

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