Medical Preferred Drug List (Medicaid) – January 2025

Prepared for CA, IA, ID, NM, NV, SC, UT, VA, and WI

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Alpha-1 Antitrypsin Deficiency	Aralast® (Alpha-1-Proteinase Inhibitor) Glassia® (Alpha-1-Proteinase Inhibitor) Zemaira® (Alpha-1-Proteinase Inhibitor)	Prolastin C® (Alpha-1-Proteinase Inhibitor)
Autoimmune – Infliximab/Remicade	Remicade (infliximab) Infliximab (unbranded) Renflexis (infliximab-abda) Zymfentra (infliximab-dyyb)	Avsola (infliximab-axxq) Inflectra (infliximab-dyyb)
*Hematologic, Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine®(sargramostim) Neupogen® (filgrastim) Nivestym® (filgrastim-aafi)	Zarxio® (filgrastim-sndz)
*Hematologic, Colony Stimulating Factors – Long Acting	Ziextenzo® (pegfilgrastim-bmez) Udenyca® (pegfilgrastim-cbqv) Nyvepria™ (pegfilgrastim-apgf) Fylnetra (pegfilgrastim-pbbk) Rolvedon (eflapergrastim-xnst) Ryzneuta (efbemalenograstim alfa vuxw) Stimufend (pegflilgrastim-fpgk)	Fulphila™ (pegfilgrastim-jmdb) Neulasta® (pegfilgrastim)
Heme, IV Iron	Feraheme (ferumoxytol) Ferumoxytol (generic) Injectafer (ferric carboxymaltose) Monoferric (ferric derisomaltose)	Ferrlecit (sodium ferric gluconate) Infed (Iron dextran) Venofer (iron sucrose)
Immune Globulin – IV	Asceniv (immune globulin) Carimune (immune globulin) Gammaplex (immune globulin) Panzyga (immune globulin) Vivaglobin (immune globulin)	Bivigam (immune globulin) Flebogamma (immune globulin) Gammagard (immune globulin) Gammagard S/D (immune globulin) Gamunex-C (immune globulin) Gammaked (immune globulin) Octagam (immune globulin) Privigen (immune globulin)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV® (velaglucerase alfa) Elelyso® (taliglucerase alfa)	Cerezyme® (imiglucerase)
Multiple Sclerosis (Infused)	Lemtrada® (alemtuzumab) Briumvi (ublituximab-xiiy) Tyruko (natalizumab)	Tysabri® (natalizumab) Ocrevus® (ocrelizumab)

*In specific states Evolent's preferred drug list will apply prior to Molina's. See New Century Health's Website for the Evolent ODL (oncology drug list). 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.

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Osteoarthritis, Viscosupplements	Gelsyn-3® (sodium hyaluronate) GenVisc® 850 (sodium hyaluronate) Hyalgan® (1% sodium hyaluronate) Hymovis (sodium hyaluronate) Orthovisc® (1% sodium hyaluronate) Supartz® FX (1% sodium hyaluronate) SynoJoynt® (1% sodium hyaluronate) Synvisc® (hylan (Avian) 8 mg/mL) Triluron® (sodium hyaluronate) TriVisc®(sodium hyaluronate) Visco-3® (1% sodium hyaluronate)	Euflexxa® (1% sodium hyaluronate)
***Oncology**	Alymsys (bevacizumab-maly) **Avastin® (bevacizumab) Vegzelma (bevacizumab-adcd)	Mvasi™ (bevacizumab-awwb) Zirabev® (bevacizumab-bvzr)
	Herceptin® (trastuzumab) Herceptin Hycelta™ (trastuzumab and hyaluronidase-oysk) Hercessi (trastuzumab-strf) Herzuma® (trastuzumab-pkrb) Ogivri™ (trastuzumab-dkst) Ontruzant® (trastuzumab-dttb) Trazimera™ (trastuzumab-qyyp)	Kanjinti™(trastuzumab-anns)
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris® (ravulizumab-cwvz)	Empaveli® (pegcetacoplan)
***Rituximab**	Rituxan® (rituximab) Rituxan Hycela®(rituximab-hyaluronidase) Riabni™ (rituximab-arrx) Truxima®(rituximab-abbs)	Ruxience®(rituximab-pvvr)
Retinal Disorders (Eye)	Eylea®(aflibercept) Lucentis®(ranibizumab) Byooviz®(ranibizumab) Cimerli® (ranibizumab-eqrn) Beovu® (brolucizumab-dbll) Macugen (pegaptanib) Susvimo™ (ranibizumab) Vabysmo™ (faricimab-svoa) Visudyne® (verteporfin)	**Avastin® (bevacizumab)

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