

## Medical Preferred Drug List (Medicaid) - October 2024

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)
*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)	Fulphila™ (pegfilgrastim-jmdb) Neulasta® (pegfilgrastim)
Infliximab	Remicade® (infliximab) Renflexis® (infliximab-abda)	Inflectra® (infliximab-dyyb) Avsola™ (infliximab-axxq)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV® (velaglycerase alfa) Elelyso® (taliglycerase alfa)	Cerezyme® (imiglycerase)
Multiple Sclerosis (Infused)	Lemtrada® (alemtuzumab)	Tysabri® (natalizumab) Ocrevus® (ocrelizumab)
Osteoarthritis, Viscosupplements	Gelsyn-3® (sodium hyaluronate 8.4mg/ml) GenVisc® 850 (sodium hyaluronate) Hyalgan® (1% sodium hyaluronate) Hymovis® (hyaluronic acid 8mg/ml) Orthovisc® (1% sodium hyaluronate) Supartz® FX (1% sodium hyaluronate) TriVisc® (sodium hyaluronate) Visco-3® (1% sodium hyaluronate) Synvisc® (hylan (Avian) 8 mg/mL)	Euflexxa® (1% sodium hyaluronate)
*Oncology	**Avastin® (bevacizumab) Zirabev® (bevacizumab-bvzr)	Mvasi™ (bevacizumab-awwb)
	Herceptin® (trastuzumab) Herceptin Hycelta™ (trastuzumab and hyaluronidase-oysk) 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)	**Avastin® (bevacizumab)



**MolinaHealthcare.com**

\*FL, KY, NV, MS, OH, SC, & WA plans: Evolent/New Century Health reviews Medical Oncology prior authorization. For these states, consult the Oncology Drug List (ODL) on Evolent's website under [Medical Policies, Oncology](#).

\*\*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.