

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Acromegaly	lanreotide acetate Sandostatin® LAR Depot (octreotide acetate) Signifor® LAR (pasireotide) Somavert (pegvisomant)	Somatuline Depot® (Lanreotide)
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	Actemra® (tocilizumab) IV Cimzia® (certolizumab pegol) Orencia®(abatacept)	Enyvio® (vedolizumab) Ilumya™ (tilgrakizumab-asmn) Simoni Aria® (golimumab) Stelara®(ustekinumab)
Botulinum Toxins	Myobloc® (rimabotulinumtoxin B)	Botox® (onabotulinumtoxin A) Dysport® (abobotulinumtoxin A) Xeomin® (incobotulinumtoxin A)
Hematologic, Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastim) Leukine®(sargramostim) Neupogen® (filgrastim) Nivestym®(filgrastim-aafi) Releuko® (filgrastim-ayow)	Zarxio® (filgrastim-sndz)
Hematologic, Colony Stimulating Factors – Long Acting	Fylnetra® (pegfilgrastim-pbbk) Nyvepria™(pegfilgrastim-apgf) Rolvedon® (eflapegrastim-xnst) Stimufend®(pegfilgrastim-fpgk) Udenyca® (pegfilgrastim-cbqv) Ziextenzo®(pegfilgrastim-bmez)	Neulasta® (pegfilgrastim) Fulphila™ (pegfilgrastim-jmdb)
Hematologic, Erythropoiesis - Stimulating Agents	Epogen® (epoetin alfa) Mircera®(methoxy polyethylene glycol- epoetin beta) Retacrit® (epoetin alfa-epbx)	Aranesp® (darbepoetin) Procrit® (epoetin alfa)



## Marketplace Medical Preferred Drug List- January 2024

Hemophilia, Factor VIII	Helixate® [Antihemophilic Factor (recombinant), Formulated with Sucrose] Recombinate® [Antihemophilic Factor (recombinant)]	Advate® [antihemophilic factor (recombinant)] Afstyla® [antihemophilic factor (recombinant)] Adynovate® [antihemophilic factor (recombinant), PEGylated] Eloctate® (antihemophilic factor recombinant Fc fusion protein) Jivi® [antihemophilic factor (recombinant), PEGylated] Kogenate® [antihemophilic factor (recombinant)] Kovaltry® [antihemophilic factor (recombinant)] Novoeight® [antihemophilic factor (recombinant)] Nuwiq® [antihemophilic Factor (recombinant)] Xyntha® [antihemophilic Factor (recombinant)]
Infliximab	Remicade® (infliximab) Renflexis®(infliximab-abda)	Inflectra® (infliximab-dyyb) Avsola™ (infliximab-axxq)
Long-Acting Reversible Contraceptives	Liletta® (levonorgestrel-releasing intrauterine system) Nexplanon® (etonogestrel implant)	Kyleena ® (levonorgestrel-releasing intrauterine system) Mirena® (levonorgestrel-releasing intrauterine system) Skyla® (levonorgestrel-releasing intrauterine system)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV®(velaglucerase alfa) Cerezyme®(imiglucerase)	Elelyso®(taliglucerase alfa)
Multiple Sclerosis (Infused)	Lemtrada® (alemtuzumab) Briumvi® (ublituximab-xiyy)	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) Supartz® FX (1% sodium hyaluronate) TriVisc®(sodium hyaluronate) Visco-3® (1% sodium hyaluronate) Synvisc® (hylian (Avian) 8 mg/mL) SynoJoynt® (1% sodium hyaluronate) Triluron®(sodium hyaluronate) TriVisc® (hyaluronic acid)	Euflexxa® (1% sodium hyaluronate) Orthovisc® (1% sodium hyaluronate) Monovisc® ( sodium hyaluronate)

[MolinaHealthcare.com](http://MolinaHealthcare.com)

\*\*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.



## Marketplace Medical Preferred Drug List- January 2024

<b>Oncology</b>	**Avastin® (bevacizumab) Vegzelma (bevacizumab-adcd) Alymsys® (bevacizumab-maly)	Zirabev® (bevacizumab-bvzr) Mvasi™ (bevacizumab-awwb)
	Herceptin® (trastuzumab) Herceptin Hycelta™ (trastuzumab and hyaluronidase-oysk) Trazimera™ (trastuzumab-qyyp) Ontruzant® (trastuzumab-dttb)	Kanjinti™(trastuzumab-anns) Ogivri™ (trastuzumab-dkst) Herzuma® (trastuzumab-pkrb)
<b>Retinal Disorder Agents (Eye)</b>	Eylea®(afibercept) Lucentis®(ranibizumab) Byooviz® (ranibizumab-nuna) Cimerli® (ranibizumab-eqrn) Beovu® (brolucizumab-dbll) Macugen (pegaptanib) Susvimo™ (ranibizumab injection) Vabysmo™ (faricimab-svoa) Visudyne® (verteporfin for injection) Zirabev™ (bevacizumab-bvzr)	**Avastin® (bevacizumab)
<b>Rituximab</b>	Rituxan®(rituximab) Rituxan Hycela®(rituximab-hyaluronidase) Riabni™ (rituximab-arrx)	Truxima®(rituximab-abbs) Ruxience®(rituximab-pvvr)

[MolinaHealthcare.com](http://MolinaHealthcare.com)

\*\*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.