

Medical Preferred Drug List

The KelseyCare Advantage Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Medical Preferred Drug List includes the listed products only and any other product may be available under a plan’s medical benefit.

Some medically administered Part B drugs may have additional requirements or limits on coverage. These requirements and limits may include step therapy. This is when we require you to first try certain preferred drugs to treat your medical condition before covering another non-preferred drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may prefer Drug A, and require you to try it first. If Drug A does not work for you, we will then cover Drug B. The listed preferred products should be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product. The step therapy process is only applicable to those who are new to starting the non-preferred medication and does not include anyone actively using medication (or has used within the past 365 days).

This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition.

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Acromegaly	Signifor LAR Somavert	Sandostatin LAR Somatuline Depot
Alpha-1 Antitrypsin Deficiency	Aralast Glassia Zemaira	Prolastin-C
Asthma	Cinqair	Fasenra Nucala Xolair
Bevacuzimab	Mvasi	Zirabev Avastin
Colony Stimulating Factors – Short Acting	Granix Leukine Neupogen Nivestym	Zarxio
Colony Stimulating Factors – Long Acting	Nyvepria Ziextenzo	Neulasta Udenyca Fulphila

*Non-preferred product(s) are only available if process exception criteria are met.

Drug Class	Non-Preferred Product(s)*	Preferred Product(s)
Disease-Modifying Antirheumatic Drug Products	Actemra Cimzia Ilumya Inflectra Orencia Renflexis Stelara	Avsola Entyvio Remicade Simponi Aria
Erythropoiesis – Stimulating Agents (ESA)	Epogen Mircera Procrit	Aranesp Retacrit
Gaucher Disease	Cerezyme VPRIV	Elelyso
Multiple Sclerosis (Infused)	Lemtrada	Tysabri
Rituximab	Truxima Rituxan Hycela Riabni	Ruxience Rituxan
Trastuzumab	Herzuma Ogivri Ontruzant Herceptin Herceptin Hylecta	Kanjinti Trazimera

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with KelseyCare Advantage. 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.