

Preferred Medication List for Provider Administered Medications

Applicable for All MercyCare Lines of Business and Health Insurance Plans

Category	Preferred Alternatives	Excluded Medications
bevacizumab	MVASI Q5107 ZIRABEV Q5118	AVASTIN J9035
botulinum toxins	DYSPORT J0586 XEOMIN J0588	MYOBLOC J0587
filgrastim	NIVESTYM Q5110 ZARXIO Q5101	GRANIX J1447 NEUPOGEN J1442
infliximab	AVSOLA Q5121 RENFLEXIS Q5104	INFLECTRA Q5103 REMICADE J1745
pegfilgrastim	FULPHILA Q5108 ZIEXTENZO Q5120	NEULASTA J2505 UDENYCA Q5111
rituximab	RUXIENCE Q5119 TRUXIMA Q5115	RITUXAN J9312 RITUXAN HYCELA J9311
trastuzumab	OGIVRI Q5114 TRAZIMERA Q5116	HERCEPTIN J9355 HERCEPTIN HYLECTA J9356 HERZUMA Q5113 KANJINTI Q5117 ONTRUZANT Q5112
Viscosupplements	DUROLANE J7318 GELSYN-3 J7328 SUPARTZ FX J7321	EUFLEXXA J7323 GEL-ONE J7326 GENVISC 850 J7320 HYALGAN J7321 HYMOVIS J7322 MONOVISC J7327 ORTHOVISC J7324 SODIUM HYALURONATE J7331 SYNVISC J7325 SYNVISC ONE J7325 TRILURON J7332 TRIVISC J7329 VISCO-3 J7333

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