

Medical Preferred Drug List (Medicaid) – October 2025

Prepared for Washington

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Autoimmune - ustekinumab	Stelara® (ustekinumab)	Selarsdi™ (Ustekinumab-aekn) Steqeyma® (ustekinumab-stba) Yesintek (ustekinumab-kfce)
Antiviral-MAB-RSV	Synagis® (palivizumab)	Beyfortus® (nirsevimab-alip) Enflonsia (clesrovimab-cfor)
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)
*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)
*Rituximab	Rituxan® (rituximab) Rituxan Hycela®(rituximab-hyaluronidase) Riabni™ (rituximab-arrx) Truxima®(rituximab-abbs)	Ruxience®(rituximab-pvvr)

*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)
Retinal Disorders (Eye)	Eylea® (aflibercept) Pavblu® (aflibercept) Enzeevu® (aflibercept) Ahzantive® (aflibercept) Opuviz® (aflibercept) Lucentis® (ranibizumab) Byooviz® (ranibizumab) Cimerli® (ranibizumab-eqrn) Beovu® (brolucizumab-dblI) Macugen (pegaptanib) Susvimo™ (ranibizumab) Vabysmo™ (faricimab-svoa) Visudyne® (verteporfin)	**Avastin® (bevacizumab)

*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.

MHW Part# 0096RX-2511
MHW-11/10/2025

