

UMP Medical Preferred Drug List

The UMP Medical Preferred Drug List (PDL) helps you understand preferred and non-preferred drugs for certain drug classes and disease states. Drugs may be selected as preferred options due to effectiveness or cost. The UMP Medical Preferred Drug List identifies these preferred medical drug options when they exist.

Preferred status does not change benefit structure, copays/coinsurance, or pre-authorization requirements for coverage. When noted, pre-authorization is still required prior to coverage. In addition, only medical drugs are included in this PDL. Medications solely covered on the pharmacy benefit have not been included.

Disease state	Ingredient	Medication name	Dosage form	Dosage route	Preferred status	Pre-authorization required?	
Multiple sclerosis	alemtuzumab	Lemtrada	SOLN	IV	Non-preferred	Yes	
	ocrelizumab	Ocrevus	SOLN	IV	Preferred	Yes	
	rituximab	Various products	SOLN	IV	See below*	See below*	
	natalizumab	Tysabri	CONC	IV	Preferred	Yes	
Targeted immune modulator	tocilizumab	Actemra Vial	SOLN	IV	Preferred	Yes	
	infliximab-axxq	Avsola	SOLR	IV	Non-preferred	Yes	
	certolizumab	Cimzia Vial	SOLR	SC	Preferred	Yes	
	vedolizumab	Entyvio	SOLR	IV	Preferred	Yes	
	infliximab-dyyb	Inflectra	SOLR	IV	Preferred	Yes	
	abatacept	Orencia Vial	SOLR	IV	Preferred	Yes	
	infliximab	Remicade	SOLR	IV	Non-preferred	Yes	
	infliximab-abda	Renflexis	SOLR	IV	Non-preferred	Yes	
	golimumab	Simponi Aria	SOLN	IV	Preferred	Yes	
	ustekinumab	Stelara	SOLN, SOSY	SC and IV	Preferred	Yes	
	tildrakizumab	Ilumya	SOSY	SC	Preferred	Yes	
	Macular degeneration	bevacizumab	Avastin	SOLN	IVT	Preferred	Yes
		aflibercept	Eylea	SOLN	IVT	Non-preferred	Yes
		ranibizumab	Lucentis	SOLN	IVT	Non-preferred	Yes
Long-acting colony stimulating factors	pegfilgrastim-jmdb	Fulphila	SOSY	SC	Non-preferred	Yes	
	pegfilgrastim	Neulasta Onpro	PSKT	SC	Non-preferred	Yes	
	pegfilgrastim	Neulasta PFS	SOSY	SC	Non-preferred	Yes	
	pegfilgrastim-bmez	Ziextenzo	SOSY	SC	Preferred	No	
	pegfilgrastim-cbqv	Udenyca	SOSY	SC	Preferred	No	
Short-acting colony stimulating factors	filgrastim	Neupogen	SOSY, SOLN	SC	Non-preferred	Yes	
	tbo-filgrastim	Granix	SOSY, SOLN	SC	Preferred	No	
	filgrastim-aafi	Nivestym	SOSY, SOLN	SC	Non-preferred	Yes	
	filgrastim-sndz	Zarxio	SOSY, SOLN	SC	Preferred	No	

*Please refer to the Oncology-Rituximab IV Products section for additional clarity on preferred status and pre-authorization requirements.

Disease state	Ingredient	Medication name	Dosage form	Dosage route	Preferred status	Pre-authorization required?
Hemophilia A	antihemophilic factor (recombinant)	Advate	SOLR	IV	Preferred	No
	antihemophilic factor (recombinant), PEGylated	Adynovate	SOLR	IV	Non-preferred	Yes
	antihemophilic factor (recombinant), single chain	Afstyla	KIT	IV	Non-preferred	Yes
	antihemophilic factor/von Willebrand factor complex (human)	Alphanate	SOLR	IV	Preferred	No
	antihemophilic factor (recombinant), Fc fusion protein	Eloctate	SOLR	IV	Non-preferred	Yes
	antihemophilic factor (recombinant), glycopegylated-exei	Esperoct	SOLR	IV	Non-preferred	Yes
	anti-inhibitor coagulant complex	Feiba [^]	SOLR	IV	Preferred	No
	emicizumab	Hemlibra	SOLN	SC	Non-preferred	Yes
	antihemophilic factor (recombinant)	Helixate FS	KIT	IV	Non-preferred	Yes
	antihemophilic factor (human)	Hemofil M	SOLR	IV	Preferred	No
	antihemophilic factor/von Willebrand factor complex (human)	Humate P	SOLR	IV	Preferred	No
	antihemophilic factor (recombinant), PEGylated	Jivi	SOLR	IV	Non-preferred	Yes
	antihemophilic factor (human)	Koate	SOLR	IV	Preferred	No
	antihemophilic factor (recombinant)	Kogenate	KIT	IV	Preferred	No
	antihemophilic factor (recombinant)	Kovaltry	SOLR	IV	Preferred	No
	antihemophilic factor (human)	Monoclata	KIT	IV	Preferred	No
	antihemophilic factor (recombinant)	NovoEight	SOLR	IV	Preferred	No
	coagulation factor VIIa (recombinant)	NovoSeven [^]	SOLR	IV	Preferred	No
	antihemophilic factor (recombinant)	Nuwiq	SOLR	IV	Preferred	No
	antihemophilic factor (recombinant), porcine sequence	Obizur	SOLR	IV	Preferred	No
antihemophilic factor (recombinant)	Recombinate	SOLR	IV	Preferred	No	
antihemophilic factor (recombinant)	Xyntha	KIT	IV	Preferred	No	

Disease state	Ingredient	Medication name	Dosage form	Dosage route	Preferred status	Pre-authorization required?
Hemophilia B	coagulation factor IX (human)	Alphanine SD	SOLR	IV	Preferred	No
	coagulation factor IX (recombinant), Fc fusion protein	Alprolix	SOLR	IV	Non-preferred	Yes
	coagulation factor IX (recombinant)	Benefix	KIT	IV	Preferred	No
	coagulation factor IX (recombinant), albumin fusion protein	Idelvion	SOLR	IV	Non-preferred	Yes
	coagulation factor IX (recombinant)	Ixinity	SOLR	IV	Preferred	No
	coagulation factor IX (human)	Mononine	SOLR	IV	Preferred	No
	factor IX complex	Profilnine	SOLR	IV	Preferred	No
	coagulation factor IX (recombinant)	Rixubis	SOLR	IV	Preferred	No
	coagulation factor IX (recombinant), GlycoPEGylated	Rebinyn	SOLR	IV	Non-preferred	Yes
Oncology-Bevacizumab IV Products	bevacizumab	Avastin	SOLN	IV	Non-preferred*	Yes
	bevacizumab-awwb	Mvasi	SOLN	IV	Non-preferred	Yes
	bevacizumab-bvzr	Zirabev	SOLN	IV	Preferred	No
Oncology-Trastuzumab IV Products	trastuzumab	Herceptin	SOLR	IV	Non-preferred	Yes
	trastuzumab and hyaluronidase-oysk	Herceptin Hylecta	SOLR	SC	Non-preferred	Yes
	trastuzumab-anns	Kanjinti	SOLR	IV	Non-preferred	Yes
	trastuzumab-dkst	Ogivri	SOLR	IV	Non-preferred	Yes
	trastuzumab-dttb	Ontruzant	SOLR	IV	Non-preferred	Yes
	trastuzumab-pkrb	Herzuma	SOLR	IV	Non-preferred	Yes
	trastuzumab-qyyp	Trazimera	SOLR	IV	Preferred	No
Oncology-Rituximab IV Products	rituximab	Rituxan	SOLN	IV	Non-preferred	Yes
	rituximab-arrx	Riabni	SOLN	IV	Non-preferred	Yes
	rituximab and hyaluronidase	Rituxan Hycela	SOLN	SC	Non-preferred	Yes
	rituximab-pvvr	Ruxience	SOLN	IV	Preferred	No
	rituximab-abbs	Truxima	SOLN	IV	Non-preferred	Yes

^ indicates use in both hemophilia A and hemophilia B

*Avastin is preferred for macular degeneration only, all other conditions, it is non-preferred.

IV: Intravenous **IVT:** Intravitreal **SC:** Subcutaneous