

The VIVA HEALTH Medical Preferred Drug program has been developed to encourage the use of Preferred Drugs. For all drugs (Preferred and Non-Preferred), the member is required to meet the respective standard Utilization Review Medical Policy criteria. This program also directs the patient to try a Preferred Product(s) prior to the approval of a Non-Preferred Product(s).

DRUG CLASS	PREFERRED PRODUCT(S)	NON-PREFERRED PRODUCT(S)
Adrenocorticotrophic Hormone	H.P. Acthar	N/A
AHP	Givlaari	N/A
Bevacizumab	Mvasi, Zirabev	Avastin, Alymsys, Vegzelma
Botulinum Toxins	Botox, Xeomin, Dysport, Daxxify	Myobloc
Enzyme Replacement Therapy	Cerezyme	Elelyso, Vpriv
Erythropoiesis Stimulating Agents	Retacrit, Procrit, Aranesp	Epogen
GnRH	Fensolvi, Triptodur	Lupron Depot-Ped, Supprelin LA
GNRH (Gynecological)	Lupron Depot	N/A
hATTR	Onpattro, Amvuttra	N/A
Hemophilia A	Kogenate, Kovaltry, Jivi, Altuviio	N/A
Hyaluronic Acid Derivatives (Commercial Only. Step Therapy in this category does not apply for Medicare)	Monovisc, Orthovisc, Synvisc, Synvisc-One	Durolane, Gelsyn 3, Supartz FX, Euflexxa, Hyalgan, Hymovis, Triluron, Trivisc, Gel-One, Visco-3, GenVisc 850, Synjoynt/ sodium hyaluronate injection
Inflammatory Conditions	Entyvio, Simponi Aria, Stelara, Cimzia, Ilumya, Skyrizi, Tyenne, Actemra, Omvoh, Cosentyx IV	Orencia
Infliximab	Avsola, Inflectra	Remicade/infliximab, Renflexis
IUD	Kyleena, Mirena, Skyla, Liletta	N/A
IVIG	Asceniv, Bivigam, Alyglo	N/A
IV Iron	Ferrlecit, INFeD, Venofer	Feraheme, Injectafer, Monoferic
Keratolytic	Ycanth	N/A
LA- GCSF (pegfilgrastim)	Neulasta, Udenyca, Nyvepria	Ziextenzo, Fylnetra, Stimufend, Fulphila
LA- GCSF (eflapegrastim)	Rolvedon	N/A
Migraine*	Ajovy, Aimovig, Emgality	Vyepti
MS	Ocrevus, Tysabri, Briumvi	N/A
Neurology	Soliris, Ultomiris, Vyvgart, Vyvgart Hytrulo, Rystiggo	N/A
Oncology- Monoclonal Antibody Combination Products	Phesgo	N/A
PCSK9*	Praluent, Repatha	Leqvio

*Refer to the pharmacy benefit for a subcutaneous Calcitonin Gene-Related Peptide Inhibitor and PCSK9.

DRUG CLASS	PREFERRED PRODUCT(S)	NON-PREFERRED PRODUCT(S)
PH1	Oxlumo	N/A
Rituximab	Ruxience, Truxima	Rituxan, Rituxan Hycela, Riabni
SA- GCSF	Zarxio, Nivestym	Neupogen, Granix, Releuko
SCIG	Cutaquig, Hizentra, Xembify	Cuvitru
SLE	Benlysta	Saphnelo
Somatostatin Analogs	Somatuline Depot	Sandostatin LAR Depot, lanreotide
Specialty Asthma – IL-5's	Fasenra, Nucala	Cinqair
Specialty Asthma – Other	Xolair, Tezspire	N/A
Trastuzumab	Kanjinti, Trazimera, Ogivri	Herceptin, Herceptin Hylecta, Ontruzant, Herzuma
VEGF	Lucentis, Byooviz, Vabysmo, Cimerli	N/A

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