

Medical Preferred Drug List (Medicaid) – July 2026

Prepared for Nebraska Medicaid

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
<i>Antiviral-MAB-RSV</i>		Beyfortus® (nirsevimab-alip) Enflonsia™ (clesrovimab-cfor)
Autoimmune – Infliximab/Remicade	Remicade (infliximab) Infliximab (unbranded) Renflexis (infliximab-abda) Zymfentra (infliximab-dyyb)	Avsola (infliximab-axxq) Inflectra (infliximab-dyyb)
<i>Denosumab/Prolia/Xgeva Biosimilars</i>	Prolia/Xgeva (denosumab) Aukelso/Bosaya® (denoxumab-kyqq) Bomynta/Conexence (denosumab-bnht) Not covered: Ospomyv/Xbryk (denosumab)	Bildyos/Bilprevda®(denosumab-nxxp) Jubbonti/Wyost (denosumab-bbdz) Stoboclo/Osenvelt (denosumab-bmwo)
<i>Heme, IV Iron</i>	Injectafer (ferric carboxymaltose) Monoferric (ferric derisomaltose)	Ferlecit (sodium ferric gluconate) Infed (iron dextran) Venofer (iron sucrose) Feraheme (ferumoxytol)
<i>Myasthenia Gravis/Paroxysmal Nocturnal Hemoglobinuria (PNH) Biosimilars</i>	Soliris® (eculizumab)	Bkemv®(eculizumab-aeab) Epysqli®(eculizumab-aagh)
<i>Oncology – IV with SC Formulations</i>	Darzalex Faspro® (daratumumab-hyaluronidase-fihj) Keytruda Qlex™ (pembrolizumab-berahyaluronidase alfa-pmph) Opdivo Qvantig™ (nivolumab-hyaluronidase-nvyh) Tecentriq Hybreza™ (atezolizumab-hyaluronidase-tqrs) ***Herceptin Hylecta™ & Rituxan Hycela® (refer to their sections for preferred products)	Darzalex® (daratumumab) Keytruda® (pembrolizumab) Opdivo® (nivolumab) Tecentriq® (atezolizumab)
*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)

*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)
*Rituximab	Riabni™ (rituximab-arrx) Rituxan® (rituximab) Rituxan Hycela® (rituximab-hyaluronidase)	***Ruxience® (rituximab-pvvr) ***Truxima® (rituximab-abbs)
Retinal Disorders (Eye)	Pavblu® (aflibercept) Enzeevu® (aflibercept) Ahzantive® (aflibercept) Opuviz® (aflibercept) Byooviz® (ranibizumab) Cimerli® (ranibizumab-eqrn) Beovu® (brolucizumab-dbll) Macugen (pegaptanib) Susvimo™ (ranibizumab) Vabysmo™ (faricimab-svoa) Visudyne® (verteporfin)	1a – Preferred overall: <ul style="list-style-type: none"> • **Avastin® (bevacizumab) 1b - Preferred over ranibizumab biosimilars & Eylea®: <ul style="list-style-type: none"> • Lucentis® (ranibizumab)
		2 - Preferred over aflibercept biosimilars: <ul style="list-style-type: none"> • Eylea® (aflibercept)

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