Preferred Drug List

Massachusetts

WellSense HEALTH PLAN

Policy Topics	Drug Name	Procedure Code	Preferred or Non-Preferred
Rituximab	RUXIENCE	Q5119	PREFERRED
	TRUXIMA	Q5115	PREFERRED
	RITUXAN	J9312	NON-PREFERRED
	RITUXAN HYLECTA	J9311	NON-PREFERRED
	RIABNI	Q5123	NON-PREFERRED
Infliximab	INFLECTRA	Q5103	PREFERRED
	REMICADE	J1745	PREFERRED
	RENFLEXIS	Q5104	NON-PREFERRED
	AVSOLA	Q5121	NON-PREFERRED
Filgrastim	NIVESTYM	Q5110	PREFERRED
	ZARXIO	Q5101	PREFERRED
	NEUPOGEN	J1442	NON-PREFERRED
	GRANIX	J1447	NON-PREFERRED
Asthma	FASENRA	J0517	PREFERRED
	NUCALA	J2182	PREFERRED
	CINQAIR	J2786	NON-PREFERRED
Erythropoiesis Stimulating Agents	PROCRIT	J0885	PREFERRED
	RETACRIT	Q5106	PREFERRED
	EPOGEN	J0885	NON-PREFERRED
	ARANESP	J0881	NON-PREFERRED
	MIRCERA	J0888	NON-PREFERRED
Compliment Inhibitors	SOLIRIS	J1300	PREFERRED
	ULTOMIRIS	J1303	PREFERRED