The following list contains medications which will be reviewed using the Biosimilars Criteria listed at: PA criteria sheets/Minnesota Department of Human Services

Minnesota Health Care Programs FFS Biosimilar Reference List Effective: November 4, 2026	
Preferred Biosimilar or Reference Biologic Product	**Non-Preferred Biosimilar or Reference Biologic Product**
Avastin	Alymsys, Mvasi, Vegzelma, Zirabev, Jobevne
Neulasta, Neulasta Onpro	Armlupeg, Fulphila, Fylnetra, Nyvepria, Stimufend, Udenyca, Ziextenzo
Herceptin	Hercessi, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera
Nivestym, Releuko	Filkri, Granix, Neupogen, Nypozi, Zarxio
Rituxan	Riabni, Ruxience, Truxima
Infliximab (Janssen)	Avsola*, Inflectra*, Remicade*, Renflexis*
Epogen, Retacrit	Retracrit (Vifor)
Cyltezo, adalimumab-adbm	Humira*, All FDA approved biosimilars to Humira* not listed as preferred
Novolog	Kirsty, Merilog
Tyenne*	Avtozma*, Tolfidence*, Actemra*
Eylea*	Pavblu*, Yesafili*
Lucentis*	Byooviz*, Cimerli* Nufymco*
Starjemza	Stelara*, all other FDA-approved biosimilars to Stelara* not listed as preferred
Prolia*	All FDA approved biosimilars to Prolia*
Xgeva*	All FDA approved biosimilars to Xgeva*
Tysabri*	Tyruko*
Soliris*	Bkemv*, Epysqli*
Xolair*	Omlyclo*

*Additional criteria apply, refer to PA criteria sheets/Minnesota Department of Human Services

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