

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

<b>Minnesota Health Care Programs FFS Biosimilar Reference List Effective: May 1, 2026</b>	
<b>Preferred Biosimilar or Reference</b>	
<b>Avastin</b>	Alymsys, Mvasi, Vegzelma, Zirabev, Jobevne
<b>Neulasta, Neulasta Onpro</b>	Fulphila, Fylnetra, Nyvepria, Stimufend, Udenyca, Ziextenzo
<b>Herceptin</b>	Hercessi, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera
<b>Nivestym, Releuko</b>	Granix, Neupogen, Nypozi, Zarxio
<b>Rituxan</b>	Riabni, Ruxience, Truxima
<b>Infliximab (Janssen)</b>	Avsola*, Inflectra*, Remicade*, Renflexis*
<b>Epogen, Retacrit</b>	Retracrit (Vifor)
<b>Cyltezo, adalimumab-adbm</b>	Humira*, All FDA approved biosimilars to Humira* not listed as preferred
<b>Novolog</b>	Kirsty
<b>Actemra*</b>	Avtozma*, Tolfidence*, Tyenne*
<b>Eylea*</b>	Pavblu*
<b>Lucentis*</b>	Byooviz*, Cimerli*
<b>Yesintek, Steqeyma, Pyzchiva</b>	Stelara*, all other FDA-approved biosimilars to Stelara* not listed as preferred
<b>Prolia*</b>	All FDA approved biosimilars to Prolia*
<b>Xgeva*</b>	All FDA approved biosimilars to Xgeva*
<b>Tysabri*</b>	Tyruko*
<b>Soliris*</b>	Bkemv*, Epysqli*

\*Additional criteria apply, refer to [PA criteria sheets/Minnesota Department of Human Services](#)