

Date: June 10, 2025

To: MCO Contractor Pharmacy Directors  
MCO Contractor Medical Directors  
MCO Contractor Compliance Officers  
Optum FFS PBM Staff

From: Suzi Berman, RPh

Subject: AHCCCS Drug List Preferred Medications

This memo is to provide notice on the preferred drugs that were recommended at the May 21, 2025, AHCCCS Pharmacy & Therapeutics (P&T) Committee. There were twenty supplemental rebate classes reviewed. The preferred agent recommendations for each of the classes have been accepted by AHCCCS and will be effective beginning on October 1, 2025. The preferred agents must be added to Contractors Drug Lists in accordance with AHCCCS 310-V Policy Section III. A.

1. Preferred Drugs:

*The AHCCCS Drug Lists designate medications that are preferred drugs for specific therapeutic classes. Contractors are required to maintain preferred drug lists that include each and every drug exactly as listed on the AHCCCS Drug Lists, as applicable. When the AHCCCS Drug Lists specify a preferred drug(s) in a particular therapeutic class, Contractors are not permitted to add other preferred drugs to their preferred drug lists in those therapeutic classes.*

*Contractors shall inform their Pharmacy Benefit Managers (PBM) of the preferred drugs and shall require the PBM to institute point-of-sale edits that communicate back to the pharmacy the preferred drug(s) of a therapeutic class whenever a claim is submitted for a non-preferred drug. Preferred drugs recommended by the AHCCCS P&T Committee and approved by AHCCCS are effective on the first day of the first month of the quarter following the P&T Meeting unless otherwise communicated by AHCCCS, which for the May 2025 meeting, the effective date is October 1, 2025.*

*Contractors shall approve the preferred drugs listed for the therapeutic classes contained on the AHCCCS Drug Lists, as appropriate, before approving a non-preferred drug unless:*

*a. The member has previously completed step therapy using the preferred drug(s), or b. The member's prescribing clinician supports the medical necessity of the non-preferred drug over the preferred drug for the particular member.*

The following is a synopsis of the voting that was completed for the recommendations proposed by the Committee. The Committee reviewed nineteen supplemental classes and four new drugs. To review the actual P&T recommendations, the AHCCCS P&T Recommendations document is available on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agendas & Meeting Minutes.

The AHCCCS recommendation's excel spreadsheet for preferred agents in each class is also located on the AHCCCS website. The excel spreadsheet is located on the AHCCCS website under Pharmacy/ Pharmacy & Committee/Agenda & Meeting Minutes.

## **SUPPLEMENTAL REBATE CLASS REVIEWS: UMANG PATEL, PHARMD, PRIME THERAPEUTICS**

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**Supplemental Rebate Drug Class Review:** Clinical review by Umang Patel, PharmD, Magellan/Prime Therapeutics

- 1. Analgesics, Long-Acting Narcotic**
  - a. Public Testimony: None
- 2. Antibiotics, Inhaled**
  - a. Public Testimony – Oral:
    - i. Michelle Ratkiewicz
- 3. Antimigraine Agents, Other**
  - a. Public Testimony – Written:
    - i. Mandeep Sohal
- 4. Antipsychotics, Atypical Long-Acting Injectable**
  - a. Public Testimony – Oral:
    - i. Stefan Luft
    - ii. Mandeep Sohal
  - b. Public Testimony – Written:
    - i. Carrie Bowman
    - ii. Josie Cooper
    - iii. Casey Hollingsworth
    - iv. Tammy Hostetler
    - v. Miguel Tosado
- 5. Antipsychotics, Oral Atypical (2nd Gen Only)**
  - a. Public Testimony – Oral:
    - i. Amy Filleman
    - ii. Scott Gilman
    - iii. Chung Trinh
  - b. Public Testimony – Written:
    - i. David Delawder
    - ii. Christine Gonzalez
    - iii. Cindy Komar
    - iv. Kristen Pyland
    - v. Kristina Sabetta
    - vi. Tabitha Salzer
- 6. Colony Stimulating Factors**
  - a. Public Testimony: None
- 7. COPD Agents**
  - a. Public Testimony: None
- 8. Cytokine and CAM Antagonists**
  - a. Public Testimony – Oral:
    - i. Amy Hale
  - b. Public Testimony – Written:
    - i. Mandeep Sohal
- 9. Glucagon Agents**
  - a. Public Testimony – Written:
    - i. Rachel Shubitz
- 10. Glucocorticoids, Inhaled**
  - a. Public Testimony – Oral:
    - i. Christine Dube
- 11. Growth Hormone**
  - a. Public Testimony – Written:
    - i. Joel Hahnke
    - ii. Chirag Kapadia

**12. Hepatitis C Agents**

- a. Public Testimony: None

**13. Hypoglycemics (Insulin and Related Agents)**

- a. Public Testimony: None

**14. Hypoglycemics, Incretin Mimetics/Enhancers**

- a. Public Testimony – Oral:
  - i. Justen Caleca
- b. Public Testimony – Written:
  - i. Lory Baraz
  - ii. Edgardo Laurel

**15. Immunologics (Immunomodulators, Atopic Dermatitis and Immunomodulators, Asthma)**

- a. Public Testimony – Oral:
  - i. Becca Colamarino
  - ii. Carla McSpadden
  - iii. Krystle Thai
- b. Public Testimony – Written:
  - i. Christine Dube

**16. Movement Disorders**

- a. Public Testimony – Oral:
  - i. Ray Kong
- b. Public Testimony – Written:
  - i. Mandeep Sohal

**17. Multiple Sclerosis Agents**

- a. Public Testimony – Oral:
  - i. Shirley Quach
  - ii. Payal Tejani
- b. Public Testimony – Written:
  - i. Stephanie Niemi-Olson
  - ii. Michael Robers
  - iii. Naveed Vehra

**18. Opioid Dependence Treatments**

- a. Public Testimony – Oral:
  - i. Megan Penner

**19. Pancreatic Enzymes**

- a. Public Testimony: None

**20. Stimulants and Related Agents**

- a. Public Testimony – Oral:
  - i. Patrick Harvey
- b. Public Testimony – Written:
  - i. Kristina Sabetta
  - ii. Joseph Werther

**New Drug Reviews UMANG PATEL , PHARMD, MAGELLAN**

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**1. Alyftrek**

**2. Crenessity**

- a. Public Testimony – Written:
  - i. Ray Kong

**3. Tryngolza**

**4. Tryvio**

**Public Therapeutic Class Votes:**

**1. Analgesics, Long-Acting Narcotic**

- a. Preferred Products
  - i. Butrans (Brand is preferred over generic)
  - ii. fentanyl transdermal (not including the 37.5mg, 62.5mg & 87.5 strengths)
  - iii. methadone tablet, methadone sol tablet, methadone solution, methadone concentration (new)
  - iv. morphine ER tablet
  - v. tramadol ER (generic Ultram ER)
- b. Moving to Excluded from CMS Medicaid Drug Coverage
  - i. Manufacturers no longer participating in MDRP
    - 1. Nucynta ER
    - 2. Xtampza ER
- c. Grandfathering - No

## 2. Antibiotics, Inhaled

- a. Preferred Products
  - i. Bethkis
  - ii. Kitabis Pak
- b. Grandfathering - Yes

## 3. Antimigraine Agents, Other

- a. Preferred Products
  - i. Aimovig
  - ii. dihydroergotamine mesylate nasal (AG)
  - iii. Emgality Syringe 120mg
  - iv. Emgality Pen
  - v. Migranal
  - vi. Ubrelvy
- b. Moving to Excluded from CMS Medicaid Drug Coverage:
  - i. Manufacturer no longer participating in MRDP
    - 1. Ergotamine Tartrate/Caffeine
    - 2. Cafergot
- c. Grandfathering - No

## 4. Antipsychotics, Atypical Long-Acting Injectable

- a. Preferred Products
  - i. Abilify Asimtufii
  - ii. Abilify Maintena
  - iii. Aristada
  - iv. Aristada Initio
  - v. Invega Hafyera
  - vi. Invega Sustenna
  - vii. Invega Trinza
  - viii. Perseris - AHCCCS will continue to coverage as long as supplies last
  - ix. Risperdal Consta
- b. Moving to Non-Preferred
  - i. Olanzapine IM
  - ii. Zyprexa IM
- c. Uzedy is under review and a drug list status has not been determined

## 5. Antipsychotics, Oral Atypical (2nd Generation Only)

- a. Preferred Products
  - i. aripiprazole tablet
  - ii. clozapine ODT

- iii. clozapine tablet
- iv. lurasidone
- v. olanzapine ODT, olanzapine tablet
- vi. quetiapine tablet
- vii. risperidone ODT, risperidone solution, risperidone tablet
- viii. ziprasidone capsule; ziprasidone capsule AG
- b. Moving to Non-Preferred - None

## 6. Colony Stimulating Factors

- a. Preferred Products
  - i. Fulphila (new)
  - ii. Fynetra
  - iii. Nivestym syringe, Nivestym vial
  - iv. Releuko syringe (new)
- b. Moving to Non-Preferred
  - i. Neupogen syringe, Neupogen vial
  - ii. Nyvepria
  - iii. Udenyca autoinjector
  - iv. Ziextenzo
- c. Grandfathering - No

## 7. COPD Agents

- a. Preferred Products
  - i. Antimuscarinics - Short-Acting
    - 1. Atrovent HFA
    - 2. ipratropium nebulizer
  - ii. Antimuscarinics - Long-Acting
    - 1. Tiotropium (Generic Spiriva Handihaler) (new)
    - 2. Spiriva Respimat
    - 3. Tudorza Pressair
  - iii. Beta Agonist/Antimuscarinic Combination - Short-Acting
    - 1. ipratropium/albuterol nebulizer
    - 2. Combivent Respimat
  - iv. Beta Agonist/Antimuscarinic Combination - Long-Acting
    - 1. Anoro Ellipta
    - 2. Stiolto Respimat
- b. Moving to Non-Preferred
  - i. Spiriva Handihaler
- c. Grandfathering – No

## 8. Cytokine and CAM Antagonists - All Require Prior Authorization Approval Prior To Dispensing

- a. Preferred Products
  - i. Enbrel Kit, Enbrel Syringe, Enbrel Pen, Enbrel Mini Cartridge, Enbrel Vial
  - ii. Hadlima (Adalimumab-bwwd), Adalimumab-fkjp (Biocon)(new)
  - iii. Infliximab (Unbranded by J&J)
  - iv. Orencia Clickject, Orencia Syringe
  - v. Otezla
  - vi. Tyenne Autoinjector, Tyenne Syringe, Tyenne Vial (Biosimilar for Actemra) (new)
  - vii. Xeljanz
  - viii. Xeljanz XR
  - ix. Yesintek (Biosimilar for Stelara) (new)
- b. Moving to Non-Preferred

- i. Adalimumab-adbm (Manufactured by Boehringer)
- ii. Simlandi
- c. Grandfathering – No

## 9. Glucagon Agents

- a. Preferred Products
  - i. Baqsimi (Nasal)(new)
  - ii. glucagon injection
  - iii. glucagon emergency kit (by Amphastar)
  - iv. Proglycem Suspension
  - v. Zegalogue Autoinjector, Zegalogue Syringe (new)
- b. Moving to Non-Preferred
  - i. Gvoke Pen, Gvoke Syringe, Gvoke Vial
- c. Grandfathering – No

## 10. Glucocorticoids, Inhaled

- a. Preferred Products
  - i. Single Agent Products
    - 1. Arnuity Ellipta
    - 2. Asmanex
    - 3. budesonide 1 mg respules
    - 4. budesonide 0.25 & 0.5 mg respules
    - 5. Flovent Diskus
    - 6. Flovent HFA
    - 7. fluticasone diskus AG
    - 8. fluticasone HFA AG
    - 9. Pulmicort Flexhaler
    - 10. QVAR Redihaler
  - ii. Combination Products
    - 1. Airduo Respiclick
    - 2. Advair HFA
    - 3. budesonide/formoterol (AG) (new)
    - 4. Dulera
    - 5. Fluticasone/Salmeterol (Advair) (AG) (Inhalation) (new)
    - 6. Fluticasone/Salmeterol (Advair) (Inhalation) (new)
- b. Moving to Non-Preferred
  - i. Advair Diskus
  - ii. Symbicort
- c. Grandfathering – No

## 11. Growth Hormone

- a. Preferred Products
  - i. Genotropin Cartridge (new)
  - ii. Genotropin Disp Syringe
  - iii. Norditropin Pen
- b. Grandfathering- No

## 12. Hepatitis C Agents

- a. Preferred Products
  - i. Mavyret
  - ii. sofosbuvir/velpatasvir (AG) - (Generic Epclusa)

### 13. Hypoglycemics (Insulin and Related Agents)

- a. Preferred Products
  - i. Rapid-Acting Insulins
    - 1. insulin aspart cartridge (AG)
    - 2. insulin aspart pen (AG)
    - 3. insulin aspart vial (AG)
    - 4. insulin lispro junior kwikpen (AG)
    - 5. insulin lispro pen (AG)
    - 6. insulin lispro vial (AG)
  - ii. Regular Insulins
    - 1. Humulin 500 Pens, Humulin 500 Vials
    - 2. Novolin Vial OTC
  - iii. Long-Acting Insulins
    - 1. insulin degludec pen 100U/mL
    - 2. insulin degludec pen 200U/mL
    - 3. insulin degludec vial
    - 4. Lantus Vial
    - 5. Lantus Solostar Pen
  - iv. Rapid/Intermediate-Acting Combination Insulins
    - 1. insulin aspart/insulin aspart protamine vial (AG)
    - 2. insulin aspart/insulin aspart protamine insulin pen (AG)
    - 3. insulin lispro protamine mix kwikpen (AG)
  - v. Regular/Intermediate-Acting Combination Insulins
    - 1. Humulin Pen 70/30 OTC, Humulin 70/30 Vial OTC
- b. Moving to Non-Preferred
  - i. Humalog Cartridge
  - ii. Humalog Mix Vial
  - iii. Novolin 70/30 Vial OTC
- c. Grandfathering - No

### 14. Hypoglycemics, Incretin Mimetics/Enhancers

- a. Preferred Products
  - i. Dipeptidyl Peptidase-4 Enzyme Inhibitors (DPP-4s)
    - 1. alogliptin (AG)
    - 2. alogliptin/metformin (AG)
    - 3. alogliptin/pioglitazone (AG)
    - 4. Janumet
    - 5. Janumet XR
    - 6. Januvia
    - 7. Jentadueto
    - 8. Jentadueto XR
    - 9. Kombiglyze XR
    - 10. Tradjenta
    - 11. Trijardy XR
  - ii. Glucagon-Like Peptide-1 Receptor Agonists (GLP-1s)
    - 1. Bydureon Pens (Discontinued by manufacturer as supplies last)
    - 2. Byetta Pens (Discontinued by manufacturer as supplies last)
    - 3. Exenatide Pens (Byetta Generic) (new)
    - 4. Trulicity
    - 5. Victoza
    - 6. Liraglutide (AG for Victoza) (new)
  - iii. Amylin Analogues
    - 1. Symlin Pens
- b. Moving to Non-Preferred

- i. Kazano
- ii. Oseni (discontinued)
- c. Grandfathering - No

## 15. Immunologics (Immunomodulators, Atopic Dermatitis and Immunomodulators, Asthma)

- a. Preferred Products
  - i. Adbry Autoinjector
  - ii. Adbry Syringe
  - iii. Elidel
  - iv. Eucrisa
  - v. Fasenra Pen (new)
  - vi. Fasenra Syringe (new)
  - vii. Opzelura
  - viii. pimecrolimus, pimecrolimus (AG)
  - ix. tacrolimus, tacrolimus (AG)
  - x. Vtama Cream 1% (new)
  - xi. Xolair Syringe (new)
  - xii. Xolair Vial (new)
  - xiii. Zoryve 0.15% Cream (new)
- b. Moving to Non-Preferred
  - i. Cinqair
  - ii. Nucala Auto-Injector
  - iii. Nucala Syringe
  - iv. Nucala Vial
  - v. Tezspire Pen
  - vi. Tezspire Syringe
- c. Grandfathering - No

## 16. Movement Disorders

- a. Preferred Products
  - i. Austedo (ORAL)
  - ii. Austedo XR (ORAL)
  - iii. Austedo XR Titration Kit (ORAL)
  - iv. Ingrezza (ORAL)
  - v. Ingrezza Initiation Pack (ORAL)
  - vi. Ingrezza Sprinkle (ORAL)

## 17. Multiple Sclerosis Agents

- a. Preferred Products
  - i. Avonex (INTRAMUSC.)
  - ii. Avonex Pen (INTRAMUSC.)
  - iii. Briumvi (INTRAV.) (new)
  - iv. Copaxone 20 MG/ML (SUBCUTANE.)
  - v. Copaxone 40 MG/ML (SUBCUTANE.)
  - vi. Dalfampridine ER (ORAL)
  - vii. Dimethyl Fumarate DR (ORAL)
  - viii. Fingolimod (ORAL)
  - ix. Kesimpta (SUBCUTANE.)
  - x. Ocrevus (INTRAV.)
  - xi. Ocrevus Vial (SUBCUTANE.)
  - xii. Rebif (SUBCUTANE.)
  - xiii. Rebif Rebidose Pen Injector (SUBCUTANE.)
  - xiv. Teriflunomide Tablet (ORAL)



xv. Tysabri(INTRAVEN.)

b. Grandfathering - Yes

## 18. Opioid Dependence Treatments

### a. Preferred Products

#### i. Buprenorphine/Naloxone Products

1. buprenorphine/naloxone sublingual tablet
2. Suboxone Film (Brand is preferred over generic)

#### ii. Buprenorphine Products

1. Brixadi – with PA
2. buprenorphine sublingual tablet –PA required unless member is pregnant
3. Sublocade subcutaneous – with PA

#### iii. Alpha Agonist Products

1. clonidine tablet

#### iv. Naloxone Products

1. Kloxxado Spray
2. naloxone syringe, naloxone vials
3. Naloxone Nasal OTC
4. Narcan Nasal
5. Narcan Nasal OTC
6. Rextovy Nasal Spray

#### v. Naltrexone Products

1. naltrexone tablets
2. Vivitrol

## 19. Pancreatic Enzymes

### a. Preferred Products

- i. Creon
- ii. Zenpep

## 20. Stimulants and Related Agents

### a. Preferred Products

- i. amphetamine salt combination
- ii. amphetamine salt combination ER
- iii. amphetamine salt combination ER (AG)
- iv. armodafinil (AG) (new)
- v. atomoxetine, atomoxetine (AG)
- vi. clonidine ER
- vii. Daytrana
- viii. dexamethylphenidate,
- ix. dexamethylphenidate (AG)
- x. dexamethylphenidate ER
- xi. dextroamphetamine tablet
- xii. guanfacine ER
- xiii. Methylin Solution (Brand is Preferred over generic)
- xiv. methylphenidate
- xv. methylphenidate CD, methylphenidate CD (AG)
- xvi. Methylphenidate ER (Concerta) Generic for Concerta
- xvii. modafinil (new)
- xviii. Ritalin LA
- xix. Vyvanse Capsule (Brand is Preferred over generic)

### b. Moving to Non-Preferred

- i. armodafinil

- ii. Concerta
- iii. Nuvigil
- iv. Provigil
- v. Sunosi
- vi. Wakix
- c. Grandfathering - No

**21. The committee voted on all above Supplemental rebate class recommendations**

- a. All present committee members voted in favor of the recommendations.
- b. No committee members voted against the recommendations.
- c. No committee members abstained.

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**New Drug Recommendations and Vote:**

- 1. Alyftrek
- 2. Crenessity
- 3. Tryngolza
- 4. Tryvio

- a. The status recommendation for the New Drugs listed above is Non-Preferred
- b. The committee voted on the above recommendations.
  - i. All present committee members voted in favor of the recommendations.
  - ii. No committee members voted against the recommendations.
- c. No committee members abstained
- d. All CMS covered outpatient drugs not listed on the AHCCCS drug list may be eligible through the prior authorization process based on medical necessity.

**Biosimilar Update**

In accordance with the AHCCCS Medical Policy Manual, Policy 310-V, the agency reviews biosimilars and determines which products are going to be the least costly to the agency. The biosimilar chart presented at the May P&T meeting provides some new preferred biosimilars and biosimilars or branded products moving to non-preferred status and is attached.

- The first column lists the brand name products, and all of these medications will be moving to non-preferred status;
- The 2nd column is the generic name of the brand name product;
- The 3<sup>rd</sup> column includes the biosimilar products' brand names that will be preferred beginning on August 1<sup>st</sup>;
- The 4th column is the preferred biosimilars' chemical names;
- The 5<sup>th</sup> column notates the biosimilars or brand name products moving to non-preferred status; and
- The 6<sup>th</sup> column is the manufacturer of the new preferred biosimilar(s).

These changes will be effective August 1<sup>st</sup> which allows time to notify clinicians and members.

A file, as a separate attachment, is attached to this email and contains the preferred and non-preferred drugs by the National Drug Code and the drug label name. Drugs noted as "PDL" have Preferred status and those listed as "NPD" have Non-preferred status. NR means the drug was not previously reviewed at a P&T Committee meeting. New drug market entries will also be listed on the weekly NDC list.

AHCCCS and its Contractors shall communicate the AHCCCS DRUG LISTS preferred drugs to their pharmacy benefit managers and require point-of-sale edits that communicate the preferred drug of a therapeutic class to the pharmacy when a claim is submitted for a drug other than the preferred drug.

AHCCCS and its Contractors are required to list these medications on their drug list exactly as they are listed on the AHCCCS DRUG LIST. Contractors shall not add other drugs to their drug list to therapeutic classes that contain preferred drugs on the AHCCCS DRUG LIST. All Contractors' drug lists, including website listings, must be updated by October 1, 2025, to reflect the May 21, 2025 P&T preferred drug and other changes.

As a reminder, the contract language between AHCCCS and its Contractors prohibits duplicate discounts and is stated as follows:

*"Pharmaceutical Rebates: The Contractor, including the Contractor's Pharmacy Benefit Manager (PBM), is prohibited from negotiating any rebates with drug manufacturers for preferred or other pharmaceutical products when AHCCCS has a supplemental rebate contract for the product(s). A listing of products covered under supplemental rebate agreements will be available on the AHCCCS website under the Pharmacy Information section.*

*If the Contractor or its PBM has an existing rebate agreement with a manufacturer, all outpatient drug claims, including provider-administered drugs for which AHCCCS is obtaining supplemental rebates, must be exempt from such rebate agreements."*

The next AHCCCS P&T Committee Meetings is: October 22, 2025, January 13, 2026, May 19, 2026.

Please contact me at your convenience if you have any questions. I can be reached by email at [Suzanne.Berman@azahcccs.gov](mailto:Suzanne.Berman@azahcccs.gov).

## Biosimilar Update

### Effective Date for Changes: August 1, 2025

Brand Name Product	Generic Name	Preferred Biosimilar Label Name	Preferred Biosimilar Chemical Name	Preferred Products Moving to Non-Preferred Status	Preferred Biosimilar Manufacturer
<b>Eylea</b>	Aflibercept	<b>Pavblu</b>	<b>Aflibercept-ayyh</b>	New Addition	Amgen
<b>Humira</b>	Adalimumab	<b>Unbranded Version</b> <b>Hadlima</b>	<b>Adalimumab-fjkg</b> <b>Adalimumab-bwwd</b>	Simlandi Adalimumab-abdm	Biocon Biologics Organon
<b>Avastin</b>	Bevacizumab	<b>MVASI</b> <b>Zirabev</b>	<b>Bevacizumab-awwb</b> <b>Bevacizumab-bvzr</b>	No Changes	Amgen Pfizer
<b>Soliris</b>	Eculizumab	<b>Epysqli</b>	<b>Eculizumab-aagh</b>	New Addition	Teva
<b>Neupogen</b>	Filgrastim	<b>Releuko</b> <b>Nivestym</b>	<b>Filgrastim-ayow</b> <b>Filgrastim-aafi</b>	Neupogen	Amneal Pfizer
<b>Neulasta</b>	Pegfilgrastim	<b>Fulphila</b> <b>Fylnetra</b>	<b>Pegfilgrastim-jmdb</b> <b>Pegfilgrastim-pbbk</b>	Undenyc Nyvepria Ziextenzo	Mylan Amneal
<b>Lucentis</b>	Ranibizumab	<b>Cimerli</b>	<b>Ranibizumab-eqrn</b>	New Addition	Sandoz
<b>Rituxan</b>	Rituximab	<b>Riabni</b> <b>Ruxience</b>	<b>Rituximab-arx</b> <b>Rituximab-pvvr</b>	Truxima	Amgen Pfizer
<b>Actemra</b>	Tocilizumab	<b>Tyenne</b>	<b>Tocilizumab-aazg</b>	New Addition	Fresenius
<b>Herceptin</b>	Trastuzumab	<b>Ogivri</b>	<b>Trastuzumab-dkst</b>	Kanjinti, Herzuma Trazimera	Mylan-Biocon Biologics
<b>Stelara</b>	Ustekinumab	<b>Yesintek</b>	<b>Ustekinumab-kfce</b>	New Addition	Biocon Biologics