Biosimilar Preferred Product Formulary
Commercial, Medicaid and Medicare Part B

Date: November 1, 2021

Link to the Biosimilar Formulary for Medical Drugs
Link to the May 2021 Medical & Pharmacy Provider Alert
Link to the November 2021 Medical & Pharmacy Provider Alert

Overview:

Providence Health Plan (PHP) implemented a biosimilar preferred product formulary strategy for medical benefit drugs effective July 1, 2021.

The October 2021 Oregon Regional Pharmacy and Therapeutics Committee (ORPTC) voted to approve expansion of the biosimilar preferred product formulary to include infliximab products. Please refer to **Table 1** below for the up-to-date drug list.

Members currently on a non-preferred infliximab product will be required to change to a preferred product or submit Prior Authorization (PA) for medical necessity review of the non-preferred product for January 1, 2022.

PHP currently requires a PA for all the affected reference drugs and their biosimilars to assess clinical appropriateness and medical necessity. This formulary change to medical benefit drugs stratifies agents into preferred and non-preferred categories, requiring preferred products to be used or medical rationale for use of non-preferred products. Refer to the Medically Infused Therapeutic Immunomodulators (TIMs), Therapeutic Immunomodulators (TIMs) Policy – Medicaid, Injectable Anti-Cancer Medications and Rituximab policies for clinical criteria.

Q: Who is excluded from the biosimilar preferred products policy?

- Members receiving Avastin® when used as intravitreal injection for the treatment of macular degeneration.
- Members established on Herceptin Hylecta® or Rituxan Hycela® prior to July 1, 2021.

Q: How will affected members and providers be notified of the change to infliximab products?

- Targeted letters mailed to Members and Physicians with patients affected by this change – beginning November 1, 2021.

Q: If my patient is currently approved for a non-preferred product (i.e., Avsola® or Remicade®), will I have to submit a new prior-authorization for the preferred biosimilar?

- NO, Commercial Members with a current authorization for the non-preferred reference or biosimilar medications will be automatically transitioned to the new preferred biosimilar products without needing to submit a new prior authorization.
- NO, for Medicare Part B, this change applies as step therapy for New Starts Only (NSO) effective January 1, 2022. Medicare members currently receiving affected reference drugs on the biosimilar preferred product formulary (i.e., Remicade®, Avastin®, Rituxan®, Herceptin®) will be grandfathered.

Biosimilar Preferred Product Drug List

Product Status	Medication Brand Name	Generic Name	HCPCS Code
Bevacizumab			
Preferred products	Zirabev®	bevacizumab-bvzr	Q5118
	Mvasi®	bevacizumab-awwb	Q5107
Non-preferred product	Avastin®	bevacizumab	J9035
Trastuzumab			
Preferred products	Ogivri®	trastuzumab-dkst	Q5114
	Kanjinti®	trastuzumab-anns	Q5117
Non-preferred products	Herceptin®	trastuzumab	J9355
	Herzuma®	trastuzumab-pkrb	Q5113
	Ontruzant®	trastuzumab-dttb	Q5112
	Trazimera®	trastuzumab-gyyp	Q5116
	Herceptin Hylecta®	trastuzumab and hyaluronidase-oysk	J9356
Rituximab			
Preferred products	Ruxience®	rituximab-pvvr	Q5115
	Truxima®	rituximab-abbs	Q5119
Non-preferred products	Riabni®	rituximab-arrx	Q5123
	Rituxan®	rituximab infusion	J9312
	Rituxan Hycela®	rituximab & hyaluronidase infusion	J9311
InfliximabEffective January 1, 2022**			
Preferred products	Inflectra®	Infliximab-dyyb	Q5103
	Renflexis®	Infliximab-abda	Q5104
Non-preferred products	Avsola®	Infliximab-axxq	Q5121
	Remicade®	Infliximab	J1745

Any additional questions may be directed to the Pharmacy Services Team at 503-574-7400.