

Biosimilar Preferred Product Formulary

Commercial and Medicaid

Effective Date: July 1, 2021

Link to the [Biosimilar Formulary for Medical Drugs](#)

Link to the [May 2021 Medical & Pharmacy Provider Alert](#)

Overview:

Providence Health Plan (PHP) is implementing a biosimilar preferred product formulary strategy for medical benefit drugs. Please see the table below for the affected drugs.

For new starts, this change will be applicable July 1, 2021. Members currently on a non-preferred product will be required to change to a preferred product or submit Prior Authorization (PA) for medical necessity review of the non-preferred product by August 1, 2021.

The biosimilar preferred product formulary strategy was reviewed and approved at the April 2021 Oregon Regional Pharmacy and Therapeutics Committee (ORPTC) meeting.

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 will stratify 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 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?

- Targeted letters mailed to Members and Physicians with patients affected by this change – beginning early June.

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

- NO, 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.

Q: Do I have to wait until August 1, 2021 to switch my patient to a preferred biosimilar product?

- NO, you may switch to a preferred biosimilar product now.

Biosimilar Formulary for Medical Drugs

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

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