

New preferred biosimilars for selected oncology and supportive care medications:

Effective Jan. 1, 2020:

Affected Medications:

- **Herceptin (J9355):**
 - Kanjinti (Q5117) will be the preferred trastuzumab product
 - Prior Authorization required
- **Avastin (J9035):**
 - Mvasi (Q5107) will be the preferred bevacizumab product
 - Covered without Prior Authorization
 - **Ophthalmology offices: If administering bevacizumab in the eye with code J3490, all brands covered without authorization**
- **Neupogen:**
 - Nivestym will be the preferred filgrastim product
 - Quantity limits apply: 10 syringes/24 days

If Patients have an active prior authorization for any of the above medications, it will remain in place through the end of the prior authorization period on the authorization letter. Note that providers may submit a prior authorization coverage request for excluded medications for medical necessity review to the PHP pharmacy department.