

Changes to Preferred Drugs, effective April 1, 2022

Section 1: Preferred product change and reimbursement rate increase for Inflectra and Avsola

What is changing?

Beginning April 1, 2022, the reimbursement rate for preferred infliximab biosimilars, **Inflectra** and **Avsola**, will increase when used for Blue Shield PPO commercial plan members. In addition, **Remicade** will be a non-preferred product requiring the trial and failure of Inflectra and Avsola.

The professional fee schedule for Inflectra and Avsola will reflect a higher reimbursement rate. The reimbursement adjustment will not apply to non-preferred products regardless of approval status and is subject to change as Centers for Medicare & Medicaid Services updates the average sales price.

Please consider prescribing the preferred biosimilar alternatives listed in the table below.

Chemical Name	Preferred Biosimilar Products*	Non-Preferred Products*
infliximab	Inflectra, Avsola	Remicade [^] , Renflexis

[^]Designates the non-preferred originator product effective April 1, 2022

*Prior authorization required

Questions and Answers

1. What is the new reimbursement rate for Inflectra and Avsola?

To obtain CPT code-specific allowances, visit blueshieldca.com/provider and navigate to the [professional fee schedule](#) under the *Claims* tab. Average Sales Price (ASP) Tier A represents professional fees provided in an office setting, while Average Wholesale Price (AWP) Tier B is for professional services provided in a facility setting.

2. Is a prior authorization required for prescribing Inflectra or Avsola?

A prior authorization is still required for all infliximab products. However, patients currently using Remicade or Renflexis will not be required to submit another prior authorization to switch to Inflectra or Avsola.

3. What if the patient is unable to use the preferred biosimilar products (Inflectra and Avsola) and requests Remicade or Renflexis?

In order for Remicade or Renflexis to be covered, the trial and failure of both Inflectra and Avsola is required, along with a medical reason why they cannot be used.

4. Is there a fee increase for the administration of the medication, or only for the medication?

The fee increase applies only to the medication.

5. How does taking a biosimilar help my patient?

Most of your patients have a coinsurance or a percent of the cost that they must pay until they have met their out-of-pocket maximum. Using a cost effective biosimilar means your patient's out of pocket cost will also be reduced.

6. Where can I get additional information about biosimilar products?

The FDA website has information on biosimilars and interchangeable products. Please visit the FDA website at: <https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>

Section 2: Reimbursement increase for bevacizumab, trastuzumab, and rituximab biosimilars for Blue Shield PPO commercial plan members.

Beginning April 1, 2022, the reimbursement rate for **bevacizumab, trastuzumab and rituximab biosimilar preferred alternatives will increase** when used for Blue Shield PPO commercial plan members. In addition, Avastin, Herceptin, Herzuma, Ogivri, Ontruzant, Truxima and Rituxan continue to remain as non-preferred products.

The [professional fee schedule](#) will reflect a higher reimbursement rate for bevacizumab, trastuzumab and rituximab. The reimbursement adjustment will not apply to non-preferred products regardless of approval status and is subject to change as Centers for Medicare & Medicaid Services updates the average sales price.

Please consider prescribing the preferred biosimilar alternatives listed in the table below.

Chemical Name	Preferred Biosimilar Products*	Non-Preferred Products*
bevacizumab	Mvasi, Zirabev	Avastin^
trastuzumab	Kanjinti, Trazimera	Herceptin^, Herzuma, Ogivri, Ontruzant
rituximab	Ruxience, Riabni	Rituxan^, Truxima

^Designates the non-preferred originator product

*Prior authorization required

Questions and Answers

1. What is the reimbursement rate for the preferred biosimilar products? (see names listed in chart above)

To obtain CPT code-specific allowances, visit blueshieldca.com/provider and navigate to the [professional fee schedule](#) under the *Claims* tab. Average Sales Price (ASP) Tier A represents professional fees provided in an office setting, while Average Wholesale Price (AWP) Tier B is for professional services provided in a facility setting.

2. Is a prior authorization required for the preferred biosimilar products?

Prior authorization is still required for all bevacizumab, trastuzumab and rituximab products.

However, patients currently using a non-preferred bevacizumab, trastuzumab or rituximab product will not be required to submit another prior authorization to switch to a preferred biosimilar alternative as listed in the table above.

3. What if the patient is unable to use the preferred biosimilar products and requests the non-preferred product?

In order for the non-preferred product to be covered, a medical reason why the preferred products cannot be used will be required.

4. Will there be an increase to the administration fee, or just to the medication reimbursement?

The increase applies only to the medication.

5. How does taking a biosimilar help my patient?

Most of your patients have a coinsurance or a percent of the cost that they must pay until they have met their out-of-pocket maximum. Using a cost effective biosimilar means your patient's out of pocket cost will also be reduced.

6. Where can I get additional information about biosimilar products?

The FDA website has information on biosimilars and interchangeable products. Please visit the FDA website at: <https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>

Section 3: Fulphila becomes a preferred pegfilgrastim product as Udenyca is moved to a non-preferred status (NO CHANGE TO REIMBURSEMENT for this medication when used for any Blue Shield plan members)

What is changing?

Effective April 1, 2022, **Neulasta, Fulphila and Ziextenzo will be Blue Shield's preferred pegfilgrastim products.** In addition, **Udenyca** and **Nyvepria** will be non-preferred products.

Please consider prescribing the preferred biosimilar alternatives listed in the table below.

Chemical Name	Preferred Products ¹	Non-Preferred Products ²
pegfilgrastim	Neulasta [^] , Fulphila, Ziextenzo	Udenyca, Nyvepria

[^]Designates the originator product

¹ Prior authorization required for patient self-injection

² Prior authorization required for patient self-injection and office administration

Questions and Answers

1. What is the reimbursement rate for Neulasta, Fulphila and Ziextenzo?

To obtain CPT code-specific allowances, visit blueshieldca.com/provider and navigate to the [professional fee schedule](#) under the *Claims* tab. Average Sales Price (ASP) Tier A represents professional fees provided in an office setting, while Average Wholesale Price (AWP) Tier B is for professional services provided in a facility setting.

2. Is a prior authorization required for Neulasta, Fulphila or Ziextenzo?

A prior authorization is still required for all pegfilgrastim products. However, patients currently using a non-preferred pegfilgrastim product, will not be required to submit another prior authorization to switch to Neulasta, Fulphila, or Ziextenzo.

3. What if the patient is unable to use the preferred biosimilar products (Neulasta, Fulphila and Ziextenzo) and requests Udenyca or Nyvepria?

In order for Udenyca and Nyvepria to be covered, a medical reason why Neulasta, Fulphila and Ziextenzo cannot be used will be required.

4. How does taking a biosimilar help my patient?

Most of your patients have a coinsurance or a percent of the cost that they must pay until they have met their out-of-pocket maximum. Using a cost effective biosimilar means your patient's out of pocket cost will also be reduced.

5. Where can I get additional information about biosimilar products?

The FDA website has information on biosimilars and interchangeable products. Please visit the FDA website at: <https://www.fda.gov/drugs/therapeutic-biologics-applications-bla/biosimilars>