Biosimilar and Reference Products Conversion List for Adults

(updated April 2024)

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	**Outpatient**
Fulphila (pegfilgrastim-jmdb)	Biosimilar	**Formulary, inpatient use restricted to criteria[2] (preferred)**	Use Fulphila when criteria[2] met or recommend Granix	Use Fulphila unless third party payer requires other pegfilgrastim product
Udenyca (pegfilgrastim-cbqv) Ziextenzo (pegfilgrastim-bmez) Nyvepria (pegfilgrastim-apgf) Fylnetra (pegfilgrastim-pbbk) Stimufend (pegfilgrastim-fpgk)	Biosimilars	Formulary, restricted to OP (not preferred)	Interchange to Fulphila	Interchange to Fulphila unless third party payer requires other pegfilgrastim product
Neulasta (pegfilgrastim)	Reference			

Neulasta and Udenyca are the only pegfilgrastim products with approval for hematopoietic radiation injury syndrome. Pegfilgrastim On-body will remain restricted to outpatient use only.

[2]Inpatient Pegfilgrastim Criteria:
1. Prescribed by hematology/oncology.
2. Patient received myelosuppressive therapy within 24-72 hours prior to pegfilgrastim.
3. Patient will not be able to receive pegfilgrastim in outpatient setting 24-72 hours after completion of chemotherapy but anticipated discharged within 5 days after chemotherapy.

Inpatient pegfilgrastim reminders: Patients meeting criteria will receive the formulary inpatient pegfilgrastim product. The NFT process must be completed for other inpatient pegfilgrastim products. Filgrastim is the preferred WBC growth factor for inpatient use; only a small number of patients will meet criteria for inpatient pegfilgrastim use.

Pegfilgrastim timeline: 10/2019: Created group. 8/2020: Switched preferred agent from Neulasta to Fulphila preferred. 2/2021: Added inpatient pegfigrastim criteria and reminders. 7/2021: added Ziextenzo (formulary, restricted) to pegfilgrastim group. Approved by FMOLHS P&T. 9/2021 Added Nyvepria (formulary, restricted) to pegfilgrastim group. FMOLHS P&T addendum. 10/2023: Added Fylnetra and Stimuend (both formulary, restricted to OP) to pegfilgrastim group. Updated Udenyca with approval for hematopoietic radiation injury syndrome. Approved by FMOLHS P&T.

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient
Granix (tbo-filgrastim)	Biologic (US); biosimilar in Europe	**Formulary (preferred)**	Use Granix	Use Granix unless third party payer requires other filgrastim product
Zarxio (filgrastim-sndz) Nivestym (filgrastim-aafi) Releuko (filgrastim-ayow)	Biosimilars	Formulary, restricted to OP (not preferred)	Interchange to Granix	Interchange to Granix unless third party payer requires other filgrastim product
Neupogen (filgrastim)	Reference			

Neupogen is the only filgrastim product with approval for hematopoietic radiation injury syndrome.

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient
Retacrit (epoetin alfa-epbx)	Biosimilar	**Formulary (preferred)**	Use Retacrit	Use Retacrit unless third party payer requires other epoetin product
Procrit (epoetin alfa)	Reference	Formulary, restricted to OP (not preferred)	Interchange to Retacrit	Interchange to Retacrit unless third party payer requires other epoetin product. If Epogen is required, NFT is needed.
Epogen (epoetin alfa)	Reference	Non-formulary		

Filgrastim timeline: Created group in 10/19. 2/2021 Updates: filgrastim group to preferred Granix. 7/21: Added Nivestym to filgrastim group (not preferred); added acute radiation injury exception. Approved by FMOLHS P&T. 9/2022: Added Releuko to filgrastim group (non-formulary). Approved by FMOLHS P&T. 10/2023: Updated Releuko to formulary, restricted to OP (not preferred). Approved by FMOLHS P&T.
Epoetin timeline: 2/2020: Switched from Procrit to Retacrit preferred. 7/2021: added Epogen (non-formulary). Approved by FMOLHS P&T.

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient *New Starts/New Authorizations Only*
Ogivri (trastuzumab-dkst)	Biosimilar	**Formulary (preferred)**	Use Ogivri	Use Ogivri unless third party payer requires other trastuzumab product
Kanjinti (trastuzumab-anns) Ontruzant (trastuzumab-dttb) Herzuma (trastuzumab-pkrb) Trazimera (trastuzumab-qyyp)	Biosimilars	Formulary, restricted to OP (not preferred)	Interchange to Ogivri	Interchange to Ogivri unless third party payer requires other trastuzumab product
Herceptin (trastuzumab)	Reference			

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient *New Starts/New Authorizations Only*
Zirabev (bevacizumab-bvzr)	Biosimilar	**Formulary**	Use Zirabev	Interchange to Mvasi unless third party payer requires other bevacizumab product
Mvasi (bevacizumab-awwb)	Biosimilar	**Formulary, restricted to OP (preferred)**	Interchange to Zirabev	Use Mvasi unless third party payer requires other bevacizumab product
Alymsys (bevacizumab-maly) Vegzelma (bevacizumab-adcd)	Biosimilars	Formulary, restricted to OP (not preferred)	Interchange to Zirabev	Interchange to Mvasi unless third party payer requires other bevacizumab product
Avastin (bevacizumab)	Reference	Formulary, restricted to OP or **intravitreal administration** (not preferred)	Interchange to Zirabev unless for intravitreal route	Interchange to Mvasi unless third party payer requires other bevacizumab product or for intravitreal route

Hepatocellular cancer approval: only Avastin is FDA approved. However, NCCN Guidelines for Hepatocellular Carcinoma state: "an FDA-approved biosimilar is an appropriate substitute for bevacizumab." Avastin is the only bevacizumab product with off-label approval for intravitreal administration in ophthalmic indications.

Trastuzumab timeline: Created 10/2019. Herceptin preferred. 6/2020: Switched from Herceptin to Kanjinti as preferred. 4/2021: trastuzumab biosimilars added to formulary (Ogivri, Ontruzant, Herzuma, Trazimera). Switched from Kanjinti to Ogivri for preferred did not go-live. 8/21: FMOLHS P&T Switch to Ogivri as preferred. Approved by FMOLHS P&T. 5/2023: Switch to Ogivri went live in Epic treatment plans.

Bevacizumab timeline: Created 10/19. 6/2020: Switched from Avastin to Mvasi as preferred. 8/21: added Zirabev; switched from Mvasi to Zirabev as preferred. Added formulary exceptions for bevacizumab. Approved by FMOHS P&T. 9/2022: added Alymsys (non-formulary); switched from Zirabev to Mvasi as preferred. Updated indication specifications for bevacizumab (all 4 approved for GynOnc; NCCN supports biosimilar for hepatocellular). Added exception to Avastin for intravitreal administration. Approved by FMOLHS P&T. 10/2023: Updated Alymsys to formulary, restricted to OP. Added Vegzelma (formulary, restricted to OP). Approved by FMOLHS P&T. 4/2024: Automatic interchange to Zirabev inpatient. Approved by FMOLHS P&T.

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient *New Starts/New Authorizations Only *
Ruxience (rituximab-pvvr)	Biosimilar	**Formulary**	Use Ruxience	Interchange to Truxima unless third party payer requires other rituximab product
Truxima (rituximab-abbs)	Biosimilar	**Formulary, restricted to OP (preferred)**	Interchange to Ruxience	Use Truxima unless third party payer requires other rituximab product
Riabni (rituximab-arrx)	Biosimilar	Formulary, restricted to OP (not preferred)	Interchange to Ruxience	Interchange to Truxima unless third party payer requires other rituximab product
Rituxan (rituximab)	Reference			

Rituxan is the only rituximab product FDA approved for use in pemphigus vulgaris.

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient *New Starts/New Authorizations Only*
Renflexis (infliximab-abda)	Biosimilar	**Formulary (preferred)**	Use Renflexis	Use Renflexis unless third party payer requires other infliximab product
Inflectra (infliximab-dyyb) Avsola (infliximab-axxq)	Biosimilars	Formulary, restricted to OP (not preferred)	Interchange to Renflexis	Interchange to Renflexis unless third party payer requires other infliximab product
Remicade or generic (infliximab)	Reference			

[1] Note: prescribers wishing to use a different biosimilar agent on the inpatient side will use the NFT process.
If a medication is not listed, it has not been formally evaluated by P&T for use. Use the NFT process.

Rituximab timeline: 5/2020 created rituximab biosimilar group. Truxima is preferred; both Truxima and Rituxan available inpatient. 8/21: added Riabni (formulary, restricted). Added formulary exceptions for rituximab. Approved by FMOLHS P&T. 9/2022: Updated indication specifications for rituximab (all 4 approved for rheumatoid arthritis). Approved by FMOLHS P&T. 4/2024: Automatic interchange to Ruxience inpatient. Approved by FMOLHS P&T.
Infliximab timeline: 12/2020: Created infliximab group, made Renflexis preferred agent. 8/2021 added Avsola (formulary, restricted). Approved by FMOLHS P&T. 9/2022: Added generic