

**Effective April 1, 2020**  
**Biosimilars Required for Select Medications**  
**for Non-Medicare Plans**

Starting April 1, 2020, we will require the use of biosimilars for Avastin, Herceptin and Rituxan to treat our commercial members' medical conditions the Food and Drug Administration has indicated can be treated by an approved biosimilar. This only applies to our commercial members being newly initiated on treatment. This change does not include Medicare Advantage members.

Members currently approved to receive Avastin, Herceptin or Rituxan may continue therapy until their current authorization expires. Please consider switching current users to a biosimilar alternative prior to the authorization expiration if you deem this appropriate. Switching to a biosimilar may lower our members' out-of-pocket costs for their therapy.

<b>Products not covered beginning April 1, 2020 for selected indications</b>	<b>Preferred Biosimilar Products* (in most cases at a lower cost share)</b>
Avastin	Mvasi, Zirabev
Herceptin	Herzuma, Kanjinti, Ogivri, Trazimera
Rituxan	Ruxience, Truxima

These biosimilar medications will be subject to prior authorization requirements. If you have questions about this change, please call our Provider Contact Center at 800-727-2227.

\*Current as of February 2020. Additional biosimilars will be added when available in the market.