

## Preferred Products for Oncology and Oncology Related Indications



Coverage for preferred products is applicable to FDA labeled indications when it is determined to be medically necessary. Certain drugs may require prior authorization to ensure safe and effective use. Preferred products are subject to change based on new product launches, product approvals, drug withdrawals and other market changes.

In order for a request for a non-preferred to be approved the individual must have had an adequate therapeutic trial and experienced a documented drug therapy failure or intolerance to the preferred products.

Adequate therapeutic trial is typically defined as six months from first dose of therapy at Food and Drug Administration (FDA) or compendia based therapeutic doses of preferred product. New therapy is defined as no previous utilization within the last 180 calendar days.

**These preferred products apply to professional providers and facility claims for all Highmark markets.**

Highmark has preferred products for the following categories:

<b>Oncology Plan Preferred Products</b>			
<b>Bevacizumab Products</b>			
<b>Preferred</b>		<b>Non-Preferred</b>	
Q5107	Mvasi (bevacizumab-awwb)	J9035	Avastin (bevacizumab)
Q5118	Zirabev (bevacizumab-bvzr)	Q5126	Alymsys (bevacizumab-maly)
		Q5129	Vegzelma (bevacizumab-adcd)
		Q5160	Jobevne (bevacizumab-nwgd)
		NOC	Avzivi (bevacizumab-tjnj)
<b>Rituximab Products</b>			
<b>Preferred</b>		<b>Non-Preferred</b>	
Q5115	Truxima (rituximab-abbs)	J9312	Rituxan (rituximab)
Q5119	Ruxience (rituximab-pvvr)	J9311	Rituxan Hycela (rituximab and hyaluronidase human)
		Q5123	Riabni (Rituximab-arrx)
<b>Trastuzumab Products</b>			
<b>Preferred</b>		<b>Non-Preferred</b>	
Q5117	Kanjinti (trastuzumab-anns)	J9355	Herceptin (trastuzumab)
Q5116	Trazimera (trastuzumab-qyyp)	J9356	Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)
		Q5113	Herzuma (trastuzumab-pkrb)
		Q5112	Ontruzant (trastuzumab-dttb)
		Q5114	Ogivri (trastuzumab-dkst)
		Q5146	Hercessi (trastuzumab-strf)

<b>Oncology Supportive Care: Colony Stimulating Factors</b>			
<b>Pegfilgrastim Products</b>			
<b>Preferred</b>		<b>Non-Preferred</b>	
J2506	Pegfilgrastim (Neulasta, Neulasta Onpro)	Q5111	Pegfilgrastim-cbqv (Udenyca)
Q5108	Pegfilgrastim-jmdb (Fulphila)	Q5122	Pegfilgrastim-apgf (Nyvepria)
		Q5127	Pegfilgrastim-fpgk (Stimufend)
		Q5130	Pegfilgrastim-pbbk (Fylnetra)
		Q5120	Pegfilgrastim-bmez (Ziextenzo)
		NOC	Pegfilgrastim-unne (Armlupeg)
		J1449	Eflapegrastim-xnst (Rolvedon)
			Efbemalenograstim alfa-vuxw (Ryzneuta)
		J9361	
<b>Filgrastim Products</b>			
<b>Preferred</b>		<b>Non-Preferred</b>	
Q5101	Zarxio (filgrastim-sndz)	J1442	Neupogen (filgrastim)
Q5110	Nivestym (filgrastim-aafi)	Q5125	Releuko (filgrastim-ayow)
		Q1447	Granix (tbo-filgrastim )
		Q5148	Nypozi (filgrastim-txid)
		NOC	Filkri (filgrastim-laha)
<b>Oncology Supportive Care: Skeletal Related Events</b>			
<b>Denosumab Products</b>			
<b>Preferred</b>		<b>Non-Preferred</b>	
J0897	Xgeva (denosumab)	Q5136	Jubbonti (denosumab-bbdz)
		Q5157	Stoboclo (denosumab-bmwo)
		Q5158	Conexxence (denosumab-bnht)
		NOC	Osvyrti (denosumab-desu)
		Q5159	Ospomyv (denosumab-dssb)
		Q5161	Bosaya (denosumab-kyqq)
		NOC	Boncrea (denosumab-mobz)
		Q5162	Bildyos (denosumab-nxxp)
		NOC	Enoby (denosumab-qbde)
		NOC	Ponlimsi (denosumab-adet)
J0897	Prolia (denosumab)	Q5136	Wyost (denosumab-bbdz)
		Q5157	Osenvelt (denosumab-bmwo)
		Q5158	Bomynta (denosumab-bnht)
		NOC	Jubereq (denosumab-desu)
		Q5159	Xbyrk (denosumab-dssb)
		Q5161	Aukelso (denosumab-kyqq)
		NOC	Oziltus (denosumab-mobz)
		Q5162	Bilprevda (denosumab-nxxp)
		NOC	Xtrendo(denosumab-qbde)

<sup>2</sup>This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Highmark.