Biosimilar and Reference Products Conversion List for Adults

(updated September 2025)

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

Neulasta, Udenyca, and Stimufend 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. 9/2024: Updated Fylnetra to formulary preferred for outpatients. Updated Stimufend with approval for hematopoietic radiation injury syndrome. 9/2025: Changed inpatient formulary to Fylnetra. Updated Fulphila as restricted to outpatient use only (not preferred).

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) Nypozi (filgrastim-txid)	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. 9/2025: Added Nypozi to filgrastim group as formulary, restricted to OP (not preferred).
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) Hercessi (bevacizumab-strf)	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) Avzivi (bevacizumab-tnjn) Jobevne (bevacizumab-nwgd)	Biosimilars	Formulary, restricted to OP (not preferred)		Interchange to Mvasi unless third party payer requires other bevacizumab product
Avastin (bevacizumab)	Reference	Formulary, restricted to OP (not preferred), for intravitreal route, and intralesional/intralaryngeal for recurrent respiratory papillomatosis only	Interchange to Zirabev *unless for approved intravitreal or intralesional/intralaryngeal use*	Interchange to Mvasi unless third party payer requires other bevacizumab product or for intravitreal route (ophthalmic use) / intralesional/intralaryngeal route (recurrent respiratory papillomatosis use)

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. Avastin (only) is approved for intralesional/intralaryngeal injections for recurrent respiratory papillomatosis.

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. 9/2025: Added Hercessi as formulary, restricted to OP (not preferred).

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. 6/2024: Added intralesional/intralaryngeal route to Avastin for recurrent respiratory papillomatosis. Approved by FMOLHS P&T. 9/2024: Updated Zirabev to formulary and Mvasi to formulary, restricted to OP (preferred). Approved by FMOLHS P&T. 9/2025: Added Avzivi and Jobevne as formulary, restricted to OP (not preferred).

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 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**	Use Renflexis	Interchange to generic infliximab unless third party payer requires other infliximab product
Inflectra (infliximab-dyyb) Avsola (infliximab-axxq)	Biosimilars	Formulary, restricted to OP (not preferred)	Interchange to Renflexis	
Remicade (infliximab) brand	Reference			
Generic infliximab	Reference generic	**Formulary, restricted to OP (preferred)**		Use generic infliximab unless third party payer requires other infliximab product

Zymfentra SubQ will be formulary restricted to outpatient use only.

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. 9/2024: Updated Ruxience to formulary and Truxima to formulary, restricted to OP (preferred). 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 infliximab. Approved by FMOLHS P&T. 9/2024: Updated Renflexis to formulary and Remicade to formulary, restricted to OP (preferred). Approved by FMOLHS P&T. 9/2025: Separated brand and generic Remicade products. Updated brand Remicade as not preferred. Added note for Zymfentra SubQ.

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	**Outpatient *New Starts/New Authorizations Only***
Actemra (tocilizumab)	Reference	**Formulary, restricted to OP (preferred) and inpatient use restricted to criteria[3]**	Product selection at the discretion of each facility for restricted indications only[3]	Use Actemra unless third party payer requires other tocilizumab product
Tyenne (tocilizumab-aazg) Avtozma (tocilizumab-anoh) Tofidence (tocilizumab-bavi)	Biosimilars	Formulary, restricted to OP (not preferred) and inpatient use restricted to criteria[3]		Interchange to Actemra unless third party payer requires other tocilizumab product

Actemra and Tyenne are the only tocilizumab products with FDA approval for cytokine release syndrome (chimeric antigen receptor T-cell therapy-associated). Actemra is the only tocilizumab product with FDA approval for systemic sclerosis (scleroderma)-associated interstitial lung disease (SSc-ILD).

[3]Inpatient tocilizumab use restricted to COVID-19 or oncology patients with cytokine release syndrome related to bi-specific T-cell engaging therapy; Chimeric antigen receptor T-cell therapy (CAR T-cell Therapy); or post allogeneic stem cell transplant.

Tocilizumab timeline: 9/2025 Created tocilizumab IV infusion biosimilar group with Actemra, Tofidence, Avtozma, and Tyenne. Actemra is formulary restricted (preferred) to outpatient use and all biosimilars are formulary restricted (not preferred) to outpatient use. Inpatient tocilizumab use will hold additional specialized restrictions and product selection is at the discretion of each facility.

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient *New Starts/New Authorizations Only*
Stelara (brand) or generic ustekinumab	Reference	**Formulary, restricted to OP (preferred)**	NFT approval is needed	Use Stelara (brand or generic) unless third party payer requires other ustekinumab product
Wezlana (ustekinumab-auub) Pyzchiva (ustekinumab-ttwe) Selarsdi (ustekinumab-aekn) Steqeyma (ustekinumab-stba) Yesintek (ustekinumab-kfce) Otulfi (ustekinumab-aauz) Imuldosa (ustekinumab-srlf) Starjemza (ustekinumab-hmny)	Biosimilars	Formulary, restricted to OP (not preferred)		Interchange to Stelara (brand or generic) unless third party payer requires other ustekinumab product

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient *New Starts/New Authorizations Only*
Soliris (eculizumab)	Reference	**Formulary, restricted to OP (preferred) and inpatient use restricted to aHUS[4]**	Use Soliris for aHUS only or recommend Ultomiris if ISP qualified[5]	Use Soliris unless third party payer requires other eculizumab product or recommend Ultomiris[5]
Bkemv (eculizumab-aeeb) Epysqli (eculizumab-aagh)	Biosimilars	Formulary, restricted to OP (not preferred)	Interchange to Soliris for aHUS only or recommend Ultomiris if ISP qualified[5]	Contact provider to change to Soliris unless third party payer requires other eculizumab product or recommend Ultomiris[5]

Ensure patient and provider is enrolled in the appropriate REMS program. Separate REMS program required for each product.

[4]Inpatient eculizumab use restricted for atypical hemolytic uremic syndrome only.

[5]Ultomiris is preferred over Soliris in the outpatient setting and for inpatient use if patient qualifies for the inpatient support program (ISP).

Ustekinumab timeline: 9/2024: Created ustekinumab IV infusion biosimilar group with Stelara and Wezlana. Stelara will be formulary restricted to outpatient use only. Wezlana will be non-formulary. Approved by FMOLHS P&T. 9/2025: Added generic ustekinumab and updated Stelara to formulary restricted (preferred) to outpatient use only. Updated Wezlana and added Pyzchiva, Selarsdi, Steqeyma, Yesintek, Otulfi, Imuldosa, and Starjemza as formulary restricted (not preferred) to outpatient use only.

Eculizumab timeline: 9/2025: Created eculizumab biosimilar group with Soliris, Bkemv, and Epysqli. Soliris will be formulary restricted to outpatient use (preferred) and inpatient use for aHUS only. Bkemv and Epysqli will be formulary restricted to outpatient use only (not preferred). Ultomiris is preferred over Soliris in the outpatient setting and for inpatient use if patient qualifies for ISP.

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient *New Starts/New Authorizations Only*
Xgeva (denosumab)	Reference	**Formulary, restricted to OP (preferred)**	NFT approval is needed	Use Xgeva unless third party payer requires other denosumab product
Wyost (denosumab-bbdz) Osenvelt (denosumab-bmwo) Bomyntra (denosumab-bnht) Xbryk (denosumab-dssb)	Biosimilars	Formulary, restricted to OP (not preferred)		Interchange to Xgeva unless third party payer requires other denosumab product

Medication	Reference Drug or Biosimilar	Formulary Status	Automatic Therapeutic Interchange	
			Inpatient[1]	Outpatient *New Starts/New Authorizations Only*
Prolia (denosumab)	Reference	**Formulary, restricted to OP (preferred)**	NFT approval is needed	Use Prolia unless third party payer requires other denosumab product
Jubbonti (denosumab-bbdz) Stoboclo (denosumab-bmwo) Conexxence (denosumab-bnht) Ospomyv (denosumab-dssb)	Biosimilars	Formulary, restricted to OP (not preferred)		Interchange to Prolia unless third party payer requires other denosumab product

[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.

Denosumab timeline: 9/2025: Created denosumab biosimilar groups for Xgeva (Wyost, Osenvelt, Bomyntra, Xbryk) and Prolia (Jubbonti, Stoboclo, Conexxence, Ospomyv). Xgeva and Prolia will be formulary restricted (preferred) to outpatient use only and their associated biosimilars will be formulary restricted (not preferred) to outpatient use only.