

## Legacy Health Preferred Biosimilar Products

Updated February 2026

Note: Payor preference may dictate what product is used. If insurance will cover the Legacy preferred medication, this should be the product ordered.

	<b>Outpatient</b>	<b>Inpatient</b>	<b>Implementation</b>
<b>Aflibercept</b>	Pavblu (-ayyh)	N/A	11/2025
<b>Bevacizumab</b>	Zirabev (-bvzr)	Avoid Inpatient	By 5/2022
<b>Denosumab</b>	60 mg: Stoboclo (-bmwo) 120 mg: Osenvelt (-bmwo)	Avoid Inpatient	11/2025
<b>Eculizumab</b>	Epysqli (-aagh)	Formulary Restricted Epysqli (-aagh)	9/2025
<b>Epoetin</b>	Retacrit (-epbx)	Retacrit (-epbx)	12/2020
<b>Filgrastim</b>	Payor preference	Releuko (- ayow) Nivestym (-aafi) vials for pediatrics	1/2025
<b>Infliximab</b>	Inflectra (-dyyb)	Formulary Restricted Inflectra (-dyyb)	8/2023
<b>Pegfilgrastim</b>	Fulphila (-jmdb)	Avoid Inpatient	6/2023
<b>Rituximab</b>	Ruxience (-pvvr)	Minimize Inpatient Ruxience (-pvvr)	> 3 year
<b>Tocilizumab</b>	Tyenne (-aazg)	Formulary Restricted Tyenne (-aazg)	8/2025
<b>Trastuzumab</b>	Trazimera (-qyyp)	Avoid Inpatient	> 3 year