

Effective October 1, 2024
Biosimilar Pegfilgrastim Products Required as First Line
Before Neulasta and Neulasta OnPro Brands
for Commercial Plans

Starting October 1, 2024, our commercial plans will require the use of the preferred biosimilars listed below prior to covering Neulasta or Neulasta OnPro. This only applies to our members in a commercial plan who are newly initiated on treatment. It does not apply to Medicare Advantage plans.

Members currently approved to receive Neulasta or Neulasta OnPro may continue therapy until their current authorization expires. Please consider switching current users to a preferred biosimilar prior to the authorization expiration if you deem this appropriate. **Note:** A new authorization will be needed.

Switching to a preferred biosimilar in most cases may lower our members' out-of-pocket costs for their therapy.

Products Not Covered Beginning October 1, 2024	Preferred Biosimilar Products (In most cases at a lower cost share)
Neulasta, Neulasta OnPro	Fulphila, Fylnetra, Nyvepria, Stimufend, Udenyca, Udenyca On Body, Ziextenzo

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.