



Provider Notice

April 29, 2026

Medical Benefit Biosimilar Preferences Effective 6/30/2026

Effective June 30, 2026, the following drug products will be updated to designate select biosimilars as preferred, while the reference brand products will become non-preferred. These updates are intended to support clinically appropriate biosimilar utilization.

<u>Preferred</u>	<u>Non-Preferred</u>
Bevacizumab Products**	
Mvasi (bevacizumab-awwb, Q5107) Zirabev (bevacizumab-bvzr, Q5118)	Alymsys (bevacizumab-maly, Q5126) Avastin (bevacizumab, J9035) Vegzelma (bevacizumab-adcd, Q5129)
Infliximab Products	
Inflixtra (infliximab-dyyb, Q5103) Renflexis (infliximab-abda, Q5104)	Avsola (infliximab-axxq, Q5121) Remicade (infliximab, J1745) Zymfentra (infliximab-dyyb, J1748)
Leukocyte Growth Factors**	
Fulphila (pegfilgrastim-jmdb, Q5108) Udenyca (pegfilgrastim-cbqv, Q5111) Udenyca Onbody (pegfilgrastim-cbqv, Q5111)	Fylnetra (pegfilgrastim-pbbk, Q5130) Neulasta (pegfilgrastim, J2506) Neulasta Onpro (pegfilgrastim, J2506) Nyvepria (pegfilgrastim-appf, Q5122) Stimufend (pegfilgrastim-fpgk, Q5127) Ziextenzo (pegfilgrastim-bmez, Q5120)
Rituximab Products**	
Ruxience (rituximab-pvvr, Q5119) Riabni (rituximab-arrx, Q5123) Truxima (rituximab-abbs, Q5115)	Rituxan (rituximab, J9312) Rituxan Hycela (rituximab and hyaluronidase human, J9311)
Trastuzumab Products**	
Ogivri (trastuzumab-dkst, Q5114) Trazimera (trastuzumab-qyyp, Q5116)	Herceptin (trastuzumab, J9355) Herzuma (trastuzumab-pkrb, Q5113) Kanjinti (trastuzumab-anns, Q5117) Ontruzant (trastuzumab-dttb, Q5112)

****Denotes drug products reviewed by Evolent Specialty Service (ESS) for oncology-related diagnoses.**

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What Providers Need to Know:

- All members will be required to utilize a biosimilar product over the reference brand product, unless the member has experienced a therapeutic failure, intolerance or has a contraindication.
- For members currently on reference brand products, biosimilar therapy is preferred at the time of the prior authorization renewal.

Next Steps:

- Continue prescribing these products and transition members to the preferred biosimilar products as clinically appropriate.
- For situations in which the preferred biosimilars would not be clinically appropriate to utilize (e.g., intolerance, contraindication, therapeutic failure), you can request a prior authorization for the reference brand product.
- **If you have questions regarding these changes**, prior authorization requirements, or clinical review processes, please contact the following phone numbers based on your member's diagnosis:
 - **Non-Oncology diagnoses:** 312-864-8200 / 855-444-1661 (toll-free) 711 (TDD/TTY), **option 3**
 - **Oncology diagnoses:** 888-999-7713, **option 7**

We appreciate your continued dedication to patient care and thank you for your attention to this update.

This notice is intended to provide guidance for in-network providers. However, **all** out-of-network provider requests are subject to prior authorization through Evolent Specialty Services (ESS). Out-of-network provider requests may be redirected to an in-network provider whenever possible and will be subject to physician review.

Contact Us

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at countycareproviderservices@cookcountyhhs.org or your assigned Provider Relations Representative.