Health Alliance Plan®
by Henry Ford Health

Pharmacy Updates Coming Soon!

Effective January 1, 2027, the changes below apply to Health Alliance Plan Commercial and Medicare Advantage members.

Biosimilar Formulary Changes

We recognize the importance of biosimilar agents in providing safe and effective therapy while lowering overall cost of care. We select certain biosimilar agents as preferred products. Tables 1 and 2 below outline specific codes in **orange** with changes effective January 1, 2027.

Table 1: NO PRIOR AUTHORIZATION (PA) REQUIRED

Medication	Product / billing code	Provider quick reference
Bevacizumab	Q5129 — bevacizumab-adcd (Vegzelma), biosimilar, 10 mg Q5107 — bevacizumab-awwb (Mvasi), biosimilar, 10 mg Q5118 — bevacizumab-bvzr (Zirabev), biosimilar, 10 mg	**Q5129 newly covered (no PA)** Q5107 and Q5118 remain covered (no PA)
Rituximab	Q5123 — rituximab-arrx (Riabni), biosimilar, 10 mg Q5115 — rituximab-abbs (Truxima), biosimilar, 10 mg Q5119 — rituximab-pvvr (Ruxience), biosimilar, 10 mg	**Q5123 newly covered (no PA)** Q5115 and Q5119 remain covered (no PA)
Tocilizumab	J3262 — tocilizumab, 1 mg Q5133 — tocilizumab-bavi (Tofidence), biosimilar, 1 mg Q5135 — tocilizumab-aazg (Tyenne), biosimilar, 1 mg Q5156 — tocilizumab-anoh (Avtozma), biosimilar, 1 mg	**No prior authorization for intravenous administration**
Trastuzumab	Q5114 — trastuzumab-dkst (Ogivri), biosimilar, 10 mg Q5116 — trastuzumab-qyyp (Trazimera), biosimilar, 10 mg	**Q5114 newly covered (no PA)** Q5116 remains covered (no PA)
Pegfilgrastim	Q5108 — pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg Q5111 — pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg (including Udenyca Onbody)	**Q5108 newly covered (no PA)** Q5111 remains covered (no PA)

Table 2: PRIOR AUTHORIZATION REQUIRED

Medication	Product / billing code	Provider quick reference
Tocilizumab	Self-administered subcutaneous products	No changes. Prior authorization required for self-administration
Trastuzumab	Q5117 — trastuzumab-anns (Kanjinti), biosimilar, 10 mg	**Non-preferred code requires failure of covered trastuzumab products.**
Pegfilgrastim	J2506 — pegfilgrastim, excludes biosimilar, 0.5 mg (Neulasta, including Neulasta Onpro) Q5122 — pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg	**Non-preferred codes require failure of preferred pegfilgrastim products.**

Pharmacy Updates Effective January 1, 2027, for Our Commercial and Qualified Health Plan Product Lines

30-Day Supply Initial Fills *NEW* January 1, 2027

- Select higher cost branded drugs (see Table 3) will be limited to a 30-day supply for the first three fills until the member has accumulated 90 days of therapy, after which 90-day fills may be allowed at mail order pharmacy.
- Applies only to members who are ***new starts*** to therapy on the targeted drug list.
- Formulary and relevant member materials will be updated to identify drugs with the three-fill limitation.

Table 3: Select Drugs for 30-Day Supply Initial Fills

Medication	Strength	Dosage Form
Creon	ALL	Capsule, delayed release (enteric coated)
JARDIANCE	ALL	Tablet
MOUNJARO	ALL	Pen injector (mL)
OZEMPIC	ALL	ALL
RYBELSUS	ALL	Tablet
SYNJARDY	ALL	Tablet
SYNJARDY XR	ALL	Tablet, immediate and extended-release biphasic 24 hr
TRULICITY	ALL	Pen injector (mL)

Table 4: Non-Medicare Formulary Updates effective January 1, 2027

Medication	Change	Members Affected
Nexplanon	Covered Under Medical	Commercial Qualified Health Plans
Cladribine	Up-Tier to Tier 6	Commercial Qualified Health Plans
Estring	Down-Tier to Tier 3	Commercial Qualified Health Plans
Pretomanid	Added to Formulary	Qualified Health Plans
Amphetamine Sulfate	Added to formulary with Step Therapy	Qualified Health Plans
Crotan	Added to formulary with Prior Authorization	Qualified Health Plans
Ivermectin	Added to Formulary	Qualified Health Plans
Luliconazole	Added to Formulary	Qualified Health Plans
Sulconazole Nitrate	Added to Formulary	Qualified Health Plans
Zerviate	Added to formulary with Prior Authorization	Qualified Health Plans

Reminders

Providers can access Health Alliance Plan by Henry Ford Health prescription resources online. Visit https://www.hap.org/providers/formularies for information on topics including:

- Medications, restrictions, and preferred products
- Using pharmaceutical management procedures and the formulary search tool
- Quantity limits
- Submitting supporting information for exception requests
- Generic substitution and step-therapy protocols