New Policy for Coverage of Avastin, Herceptin and Rituxan

(All HAP product lines: Commercial, Medicaid and Medicare members)

Effective May 1, 2020, HAP will prefer biosimilar (generic) products for Avastin, Herceptin and Rituxan for patients starting therapy on these agents. This new policy applies to all HAP commercial, Medicaid and Medicare members.

When patients are starting treatment, providers are encouraged to initiate therapy with biosimilar products. When a biosimilar is not available, authorization will need to be requested for the following codes (brand products):

- J9355 (Herceptin) - Injection, trastuzumab, excludes biosimilar, 10 mg
- J9312 (Rituxan) - Injection, rituximab, 10 mg
- J9035 (Avastin) – Injection, bevacizumab, 10 mg
  (Note: authorization is not required when Avastin (J9035) is used for eye-related diseases (ICD10 codes in the H00011-H5989 range.)

Coverage Policies

Enrollees currently using the branded reference product can continue current therapy until they complete treatment. However, conversion to the biosimilar product can benefit the enrollee with lower out of pocket costs.

You can review the full policy when you log in at **hap.org** and select *Benefit Administration Manual* under *Quick links* and search for biosimilar products.

Prior Authorization Requirements

Remember, it's important to always confirm if a drug requires prior authorization. CMS periodically updates codes and we continuously review and monitor procedures to determine any potential changes in coverage that could affect this list. To view the list:

- Log in at **hap.org**
- Select *Procedure Reference Lists* under *Quick links*
- Select *Services that Require Prior Authorization List*