

Brands with Biosimilars or A-rated Generics

Non-Clinical Policy No. 0001-2

Effective Date: 4/1/2025

Note:

- For non-preferred agents in this class/category, patients must have had an inadequate response to at least TWO* preferred agents, have a documented intolerance due to severe adverse reaction or contraindication.
*If there is only one preferred agent in the class/category documentation of inadequate response to ONE preferred agent is needed
- If a new-to-market drug falls into an existing class/category, the drug will be considered non-preferred and subject to this class/category prior authorization (PA) criteria.

To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: <https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx>

Background:

This is a general pharmacy program policy applicable to brand name products with an A-rated generic, biosimilar, or interchangeable biosimilar available.

Policy:

Criteria	
Initial Authorization	<p>In addition to any drug class or drug specific policy criteria.</p> <p>All criteria must be met to approve.</p> <ol style="list-style-type: none"> 1. Trial of two* preferred products, other than the A-rated generic, biosimilar, or interchangeable biosimilar to the requested brand; AND 2. Trial of an A-rated generic, biosimilar, or interchangeable biosimilar of the product being requested from 5 manufacturers. If fewer than 5 manufacturers, must try all manufacturers. <p>Documentation should include length of trial and outcome. Exceptions to this policy should be made for unique circumstances supported by clinical judgement and documentation.</p> <p>If no additional criteria, Approve for 6 months.</p>
Reauthorization	<p>In addition to any drug class or drug specific policy criteria.</p> <p>All criteria must be met to approve.</p> <ol style="list-style-type: none"> 1. Documentation of positive clinical response to treatment. <p>If no additional criteria, Approve for 12 months.</p>

History

Approved Date	Effective Date	Version	Action and Summary of Changes
2.3.2025	4.1.2025	NC.0001-2	Update to include: <ul style="list-style-type: none"> • A-rated generic, biosimilar or interchangeable biosimilar • Link to the Apple Health Preferred Drug List
3.22.2019	4.1.2019	NC.0001-1	New policy