Adalimumab biosimilar update

Low-cost, high-value Adalimumab biosimilars of Humira preferred on the BSWHP Group Value and Group Choice formulary.

Preferred Adalimumab biosimilar products include: Hadlima, Simlandi, and Adalimumab-aaty (unbranded Yuflyma) and are available at a low member out-of-pocket cost—as low as \$0/Rx*.

As of January 1, 2025, brand Humira (Adalimumab) will be excluded from coverage as it does not offer significant clinical benefit over Adalimumab biosimilars (note: the branded 10mg dose will be available only for pediatric use under a medical necessity review). These new biosimilar options were carefully reviewed and selected to provide choices based on individual product characteristics. See table on the next page for more details. Health Insurance Marketplace (HIM) formulary options have also been included for reference.



Frequently asked questions

Will I need to submit a new prescription for a biosimilar to the pharmacy? Yes.

Will I need to submit a new prior authorization for new biosimilar prescriptions? No. Existing approvals will be applied to all formulary biosimilars; however, all new starts and renewals will require a new prior authorization.

Do I need to wait until January 2025 to change to an Adalimumab biosimilar? No. Biosimilars are available on the formulary now.



What is the easiest way to order a biosimilar?

Select the biosimilar best suited for your patient using the table below. If possible, include the 4-letter suffix to prevent confusion or clarification calls when ordering unbranded products (e.g., Adalimumab-aaty for unbranded Yuflyma).

Will my patient be eligible to obtain the biosimilar product under a manufacturer copay assistance program?

Yes. All new formulary options include manufacturer copay assistance programs with as little as \$0 copays for member out of pocket costs. The patient's current specialty pharmacy can assist with set-up.

What indications are biosimilars of Humira approved for?

All biosimilars have been approved for the following indications: ankylosing spondylitis, Crohn's disease (peds and adults), hidradenitis suppurativa (HS in adults only), juvenile idiopathic arthritis, plaque psoriasis, psoriatic arthritis, rheumatoid arthritis, ulcerative colitis (UC in adults only), and uveitis (adults only).

Three pediatric indications are not included in FDA labeling due to Orphan Drug Exclusivity: pediatric uveitis, adolescent HS, and pediatric UC.

Rx Selection in EPIC or EMR	Concentration	Dosage Forms	Manufacturer's Prescribing Information	Group Value/ Group Choice Formulary 2025⁵	Health Insurance Marketplace Formulary 2025 ⁶
Hadlima (aka Adalimumab-bwwd)	High Low ¹	PFS (40mg) Autoinjector (40mg)	<u>Organon</u> Samsung Bioepis	\checkmark	\checkmark
Adalimumab -aaty (unbranded Yuflyma)²	High	PFS (20,40mgkit) Autoinjector (80mg, 40mg 1-pen kit)	<u>Celltrion</u>	✓	\checkmark
Simlandi (aka Adalimumab-ryvk)	High	Autoinjector (40mg 1-pen, 2-pen kit. 20mg, 80mg coming soon)	<u>Alvotech/Teva</u>	✓	\checkmark
Adalimumab-adaz (unbranded Hyrimoz)²	High	Autoinjector (40mg)	Sandoz	-	\checkmark
Brand Humira	High Low ¹	All available as reference product	<u>Abbvie</u>	X ³	✓ ⁴

2025 Formulary Information

1 Not available in citrate-free.

2 Select unbranded product.

3 Benefit exclusion for Group Value/Group Choice (exception-10mg dose).

4 Only available for continuation of therapy for current users.

5 Large Group Commercial

6 HIM-Small Group/Individual

PFS = prefilled syringe.

