

Baylor Scott & White Health Plan

Biosimilars Preferred Program

Biosimilars are safe and effective treatment options available at a lower cost than brand-name expensive biologics. Low-cost, high-value biosimilars are preferred on the BSWHP Group Value and Group Choice formularies. The reference product or brand biologic is excluded as there is no significant clinical benefit.

Preferred biosimilar products are typically available at a low member out-of-pocket cost—as low as \$0/Rx.*

Preferred biosimilars

Biologic	Preferred biosimilars	Effective date
adalimumab (Humira)	• Simlandi (adalimumab-ryvk) • Hadlima (adalimumab-bwwd) • Adalimumab-aaty (unbranded Yuflyma)	01/01/2025
ustekinumab (Stelara)	• Steqeyma (ustekinumab-stba) • Selarsdi (ustekinumab-aekn) • Yesintek (ustekinumab-kfce)	08/01/2025

Biosimilar options are 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, as a best practice. For example, all of the ustekinumab biosimilars are interchangeable, however, the pharmacy will need to know which product the prescriber would prefer to substitute.

Will I need to submit a new prior authorization for new biosimilar prescriptions?

No. Existing reference brand approvals will be applied to all formulary biosimilars; however, all new starts and renewals will require a new prior authorization.

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.

*with manufacturer coupon

Frequently asked questions, cont.

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.

What indications are biosimilars of Stelara approved for?

All biosimilars have been approved for the same indications as the originator Stelara: Crohn's disease in adults, ulcerative colitis in adults, plaque psoriasis (peds and adults), psoriatic arthritis (peds and adults).

What is the coverage status for reference brand Stelara (effective 8/1/2025)?

Brand Stelara is excluded from pharmacy coverage (as of 8/1/2025) as it does not offer significant benefit over ustekinumab biosimilars.

Do I need to order IV ustekinumab under the medical benefit?

Yes, preferred IV biosimilars should be prescribed for loading doses under the medical benefit. BSWHP typically aligns preferred products across medical and pharmacy benefits.

Biosimilars 2025 Formulary Information.

Rx Selection in Epic or EMR	Manufacturer	Group Value/ Group Choice Formulary 2025	Health Insurance Marketplace Formulary 2025
Ustekinumab (Stelara) Biosimilars, Effective 8/1/25			
Selarsdi (ustekinumab-aekn)	Alvotech/Teva	✓	✓
Steqeyma (ustekinumab-stba)	Celltrion	✓	✓
Yesintek (ustekinumab-kfce)	Biocon	✓	✓
Brand Stelara	Janssen	✗ ¹	✓ ²
Adalimumab (Humira) Biosimilars, Effective 1/1/25			
Hadlima (Adalimumab-bwwd)	Organon Samsung Bioepis	✓	✓
Adalimumab-aaty (unbranded Yuflyma)	Celltrion	✓	✓
Simlandi (Adalimumab-ryrk)	Alvotech/Teva	✓	✓
Adalimumab-adaz (unbranded Hyrimoz)	Sandoz	--	✓
Brand Humira	Abbvie	✗ ¹	✓ ³

1 Benefit exclusion on Group Value/Group Choice

2 Available on HIM formulary until 12/31/2025

3 Only available for continuation of therapy for current users