

## **Biosimilar Drug Use Criteria**

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Revised:

### **Guideline for Use:**

- 1.** Does the requested biologic agent have an FDA approved biosimilar that is commercially available?
  - a.** If yes, go to #2
  - b.** If no, does not apply. Please see appropriate Drug Use Criteria for requested biologic agent.
- 2.** Is the member currently stable on requested biologic agent?
  - a.** If yes, please see appropriate Drug Use Criteria for requested biologic agent
  - b.** If no, go to #3
- 3.** Is the requested agent less costly than the FDA approved biosimilar?
  - a.** If yes, please see appropriate Drug use Criteria for requested biologic agent.
  - b.** If no, request change to biosimilar agent

### **References:**

- <https://www.fda.gov/drugs/biosimilars/overview-health-care-professionals>