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Payer-mandated *adalimumab biosimilar substitution* creates *hidden administrative burden* within specialty medication dispensing networks: a retrospective analysis, 2025–2026

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Background

Payer formulary mandates increasingly require non-medical substitution of reference adalimumab with biosimilars.

While designed to reduce drug costs, the operational burden on dispensing-side stakeholders is largely unquantified — including duplicative prior authorization (PA) work and payer-specific formulary navigation.

This study characterizes the PA burden across a community clinic dispensing network.

Objective

To quantify the impact of payer-mandated adalimumab biosimilar substitution on prior authorization workload and time to authorization outcome within specialty medication dispensing programs.

Methods

Retrospective operational data analysis, January 1, 2025 – March 31, 2026.

The cohort included patients on reference adalimumab with a PA linked to a payer-driven trigger: a claim rejection or PA renewal.

PA counts and time to outcome were compared between patients who switched to a biosimilar and those who did not.

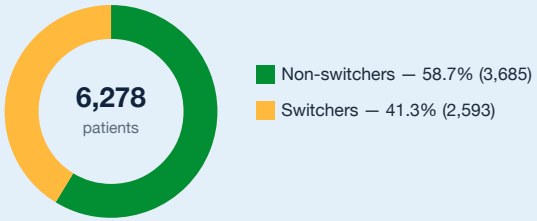
2x

*Care coordinators worked a median of **2 PAs** per switched patient versus **1** for non-switchers.*

Results

The cohort included **6,278** unique patients: **2,593 (41.3%)** switched to a biosimilar and **3,685 (58.7%)** did not.

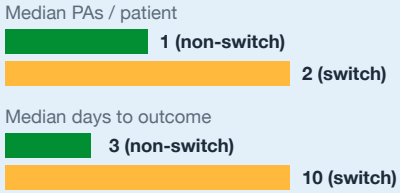
Among non-switchers, **91.1%** had reference adalimumab re-approved; **8.9%** had PA denial, discontinuation, or transitioned off adalimumab.



Cohort composition: biosimilar switch status, Jan 2025–Mar 2026 (n=6,278)

10 days
Median time to outcome — switchers

3 days
Median time to outcome — non-switchers



PA workload and time-to-outcome, switchers vs. non-switchers

Product & Timing Patterns

Switch volume peaked at benefit year resets (1.5–1.7× mid-year volume).

Adalimumab-adaz, adalimumab-adbm, and adalimumab-ryvk accounted for **64%** of switches.

Payer type	Directed biosimilar	Share
Large commercial plan	adalimumab-adaz	**96%**
Regional plan	adalimumab-ryvk	**92%**
Medicare payer	adalimumab-aaty / -adbm	**split**

Mandates were highly product-specific, with limited overlap in directed biosimilar across payer types.

3 sequential PAs

When a payer-mandated pharmacy lacked inventory for the required biosimilar, patients required three sequential PAs — reference, biosimilar, then back to reference — rendering the approved biosimilar PA worthless.

Conclusion

- Payer-mandated adalimumab biosimilar substitution was associated with **doubled PA workload** and prolonged time to authorization outcome.
- Benefit year resets further amplified operational demand.
- Findings identified inefficiencies when formulary requirements and pharmacy network capabilities were misaligned, resulting in redundant authorization cycles.
- These results suggest opportunities for payers to improve formulary and network alignment to reduce administrative burden and treatment disruption.

Methods Note

This analysis is based on existing operational data generated in the course of providing pharmacy services to House Rx clinic customers. PA and outcome timing were derived from records within the House Rx proprietary pharmacy management system.

Disclosures

Janet Ye — Nothing to disclose

Tamiko Yamatani, PharmD — Nothing to disclose