

## **Medication Policy –Biosimilars (Medical Benefit)**

### **Background**

Biosimilars are FDA approved biologic entities available in the marketplace for most, if not all indications of the reference, or originator biologic. Health Tradition Health Plan will review all available data from various sources in order to make determinations which biosimilars will be covered in preference over the reference biologics, or in exclusion of the reference biologics.

### **Policy**

Review the specialty drug pipeline routinely to identify FDA approved biosimilars and place into production those biosimilars for which the evidence supports use over the reference biologic consistent with ensuring safety, efficacy, and implementation of cost-effectiveness language in the defined benefit and plan language.

### **Procedure**

- 1) Identify biosimilars and associated channel availability.
- 2) Review all evidence to make coverage determinations.
- 3) Present findings to multidisciplinary Quality Medical Management Oversight committee for final determination.
- 4) If biosimilar is to be placed into coverage over that of reference biologic, follow these steps:
  - a. Make determination of conversion date.
  - b. Communicate a 60-day notice in provider newsletter the conversion and coverage determination specifics.
  - c. Identify members for which grandfathering should occur either from absence of indication in FDA approved labeling OR all chemotherapy regimens for cancer treatment that is already in process.
- 5) Notify members of change in coverage status and rights to appeal.

### Health Tradition Health Plan Biosimilars Chart

Originator Product	Health Tradition Health Plan Preferred Biosimilars (PA Required)	Effective Date	Non-Preferred / Requiring PA	Specifically Excluded
Remicade (infliximab) J1745	Renflexis Q5104	4/2019		Remicade J1745 Avsola Q5121 Inflectra Q5103
Neupogen (filgrastim) J1441	Nivestym Q5110	4/2022	Neupogen J1441	Granix J1447 Zarxio Q5101 Releuko J3590
Avastin (bevacizumab) J9035	Mvasi Q5107 Zirabev Q5118 Alymsys	7/2022	Avastin J9035	
Epogen (epoetin alfa) J0885 Procrit (epoetin alfa) J0885	Retacrit Q5106 (covered without PA)	1/2020	Epogen J0885 Procrit J0885	
Herceptin (trastuzumab) J9356	Kanjinti Q5117 Herzuma Q5113 Trazimera Q5116 Ogivri Q5114 Ontruzant Q5112	1/2020	Herceptin J9356	
Neulasta (pegfilgrastim) J2505	Nyvepria Q5122	4/2022		Neulasta J2505 Neulasta OnPro J2505 Ziextenzo J3590 Fulphila Q5108 Udenyca Q5111
Rituxan (rituximab) J9312	Truxima Q5115 Ruxience Q5119 Riabni J3490	4/2020	Rituxan J9312	