Martin's Point

Quick Reference Guide: Biosimilars

PA – Prior Authorization
QL – Quantity Limits
B/D– Covered under Medicare B or D

*All covered reference biologics and preferred biosimilars require PA. Please note, if switching between products, a new PA will be needed.

*Biosimilars are expected to be 15–35% lower in cost than the reference biologics (Feng K, Russo M, Maini L, Kesselheim AS, Rome BN. Patient Out-of-Pocket Costs for Biologic Drugs After Biosimilar Competition. JAMA Health Forum. 2024;5(3):e235429. doi:10.1001/jamahealthforum.2023.5429)

	Reference Biologic		Preferred Biosimilar		
Therapeutic Class	Drug Name	Coverage	Drug Name	Coverage	Indications
Interleukin-6 (IL-6) Inhibitor	Actemra (tocilizumab)	Not covered	Tyenne (tocilizumab-aazg) 162mg/0.9ml PFS, Auto-injector	Tier 5 (PA, QL)	• Rheumatoid Arthritis (RA) • Giant Cell Arteritis (GCA) • Polyarticular Juvenile Idiopathic Arthritis (PJIA) • Systemic Juvenile Idiopathic Arthritis (SJIA) • Cytokine release syndrome (CRS)
			Tyenne (tocilizumab-aazg) 80mg/4ml, 200mg/10ml, 400mg/20ml	Tier 5 (PA)	
Vascular endothelial growth factor (VEGF) inhibitor	Avastin (bevacizumab)	Not covered	Zirabev (bevacizumab-bvzr)	Tier 5 (PA)	• Colorectal cancer • Non-small cell lung cancer • Glioblastoma • Renal cell carcinoma • Cervical cancer • Epithelial ovarian, fallopian tube, or primary peritoneal cancer
HER2/neu receptor antagonist	Herceptin (trastuzumab)	Tier 5 (PA)	Kanjinti (trastuzumab-anns)	Tier 5 (PA)	• Breast cancer • Gastric or gastroesophageal junction adenocarcinoma
			Trazimera (trastuzumab-qyyp)		
			Ontruzant (trastuzumab-dttb)		
			Herzuma (trastuzumab-pkrb)		
			Ogivri (trastuzumab-dkst)		

	Reference Biologic		Preferred Biosimilar		
Therapeutic Class	Drug Name	Coverage	Drug Name	Coverage	Indications
Tumor necrosis factor (TNF) blocker	Humira (adalimumab)	Tier 5 (PA, QL)	Idacio (adalimumab-aacf)	Tier 5 (PA, QL)	• Rheumatoid Arthritis (RA) • Polyarticular Juvenile Idiopathic Arthritis (PJIA) • Psoriatic Arthritis (PsA) • Ankylosing spondylitis • Crohn's disease (CD) • Ulcerative colitis (UC) • Plaque psoriasis • Hidradenitis suppurativa • Panuveitis
			adalimumab-aacf		
	Remicade (infliximab)	Tier 5 (PA)	Renflexis (Infliximab-abda)	Tier 5 (PA)	• Rheumatoid Arthritis (RA) • Psoriatic Arthritis (PsA) • Ankylosing spondylitis • Crohn's disease (CD) • Ulcerative colitis (UC) • Plaque psoriasis
Colony-stimulating factor	Neulasta (pegfilgrastim)	Not covered	Fulphila (pegfilgrastim-jmdb)	Tier 5 (PA, QL)	• Chemotherapy-induced neutropenia prophylaxis • Hematopoietic syndrome of acute radiation syndrome
	Neupogen (filgrastim)	Not covered	Zarxio (Filgrastim-sndz)	Tier 5 (PA)	• Chemotherapy-induced neutropenia prophylaxis • Hematopoietic syndrome of acute radiation syndrome • Peripheral blood stem cell (PBSC) mobilization • Neutropenia
CD20-directed cytolytic antibody	Rituxan (rituximab)	Not covered	Truxima (rituximab-abbs)	Tier 5 (PA)	• Non-Hodgkin's Lymphoma (NHL) • Chronic Lymphocytic Leukemia (CLL) • Rheumatoid Arthritis (RA) • Granulomatosis with Polyangiitis (GPA) • Microscopic Polyangiitis (MPA) • Pemphigus Vulgaris (PV)
Interleukin-23 (IL-23) Inhibitor	Stelara (ustekinumab)	Tier 5 (PA, QL)	Pyzchiva (ustekinumab-ttwe) 45mg/0.5ml PFS	Tier 3 (PA, QL)	• Psoriatic Arthritis (PsA) • Crohn's disease (CD) • Ulcerative colitis (UC) • Plaque psoriasis
			Pyzchiva (ustekinumab-ttwe) 90mg/ml PFS	Tier 5 (PA, QL)	
			Pyzchiva (ustekinumab-ttwe) 130mg/26ml vial	Tier 5 (PA)	
			Yesintek (ustekinumab-kfce) 45mg/0.5ml PFS, vial	Tier 3 (PA, QL)	
			Yesintek (ustekinumab-kfce) 90mg/ml PFS	Tier 5 (PA, QL)	
			Yesintek (ustekinumab-kfce) 130mg/26ml vial	Tier 3 (PA)	