Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

FirstCare HEALTH PLANS
PART OF BAYLOR SCOTT & WHITE HEALTH

MEDICAL COVERAGE POLICY

SERVICE: Biosimilar Medications

Policy Number:	**284**
Effective Date:	**04/01/2021**
Last Review:	**02/25/2021**
Next Review Date:	**02/25/2022**

Important note:
Unless otherwise indicated, this policy will apply to all lines of business.
Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Biosimilar Medications

PRIOR AUTHORIZATION: Varies

POLICY: SWHP/FirstCare covers the following medications with no preferences for the following:

Bevacizumab

1. Avastin (bevacizumab)
2. Mvasi (bevacizumab-awwb)
3. Zirabev (bevacizumab-bvzr)

Filgrastim

1. Granix (tbo-filgrastim)
2. Neupogen (filgrastim)
3. Nivestym (filgrastim-aafi)
4. Zarxio (filgrastim-sndz)

Pegfilgrastim

1. Fulphila (pegfilgrastim-jmdb)
2. Neulasta (pegfilgrastim)
3. Nyvepria (pegfilgrastim-apgf)
4. Udenyca (pegfilgrastim-cbqv)
5. Ziextenzo (pegfilgrastim-bmez)

Rituximab

1. Riabni (rituximab-arrx)
2. Rituxan (rituximab)
3. Rituxan Hycela (rituximab and hyaluronidase)
4. Ruxience (rituximab-pvvr)
5. Truxima (rituximab-abbs)

Trastuzumab

1. Enhertu (fam-trastuzumab deruxtecan-nxki)
2. Herceptin (Trastuzumab)
3. Herceptin Hylecta (trastuzumab and hyaluronidase-oysk)
4. Herzuma (trastuzumab-pkrb)
5. Kadcyla (ado-trastuzumab emtansine)
6. Kanjinti (trastuzumab-anns)
7. Ogivri (trastuzumab-dkst)
8. Ontruzant (trastuzumab-dttb)
9. Phesgo (pertuzumab, trastuzumab, and hyaluronidase-zzxf)
10. Trazimera (trastuzumab-qyyp)

Please refer to medical coverage policy Medications Covered Under Medical Insurance Policy for clinical criteria for coverage. For medications with a non-preferred status, member must meet one of the following criteria with preferred drug(s) in the same class: a) failure of an adequate trial b) clinically significant intolerance c) contraindication.

Please refer to medical coverage policy Infliximab Biosimilar Products for all infliximab containing medications

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	
CPT Not Covered:	
HCPCS Codes:	J9035, Q5107, Q5118, J1442, J1447, Q5101, Q5110, C9399, J9311, J9312, J9999, Q5115, Q5119, J9316, J9354, J9355, J9356, J9358, Q5112, Q5113, Q5114, Q5116, Q5117, J2505, Q5108, Q5111, Q5120, Q5122
ICD10 codes:	
ICD10 Not covered:	

CMS:

POLICY HISTORY:

Status	Date	Action
New	02/25/2021	New policy