Department of Origin: Pharmacy	**Effective Date:** 07/26/2023
Approved by: Chief Medical Officer	**Date Approved:** 07/26/2023
Pharmacy Clinical Policy Document: Therapeutic Equivalence	**Replaces Effective Policy Dated:** 8/8/2022
Reference #: PP/T002	**Page:** 1 of 4

PURPOSE:
The intent of this Therapeutic Equivalence Pharmacy Clinical Policy is to provide coverage guidelines for medications and products that the FDA has determined are *therapeutically equivalent* and therefore approved as a *generic* or *biosimilar*.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

POLICY:
As part of the medication utilization management tools and cost-effective determination, the Plan may designate a preferred medication(s) that is *therapeutically equivalent* to a non-preferred medication(s).

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

COVERAGE:

I. Self-administered medications or products covered under the pharmacy benefit

A. Open formulary products
1. A medication may be added to a formulary at any time as a formulary enhancement when the FDA has determined that the medication or product is *therapeutically equivalent* to a medication or product that is currently approved by the FDA or is a legacy medication or product brought to market before FDA approval was required.

2. The formulary enhancement may result in moving an existing medication or product to a higher cost tier, as allowed by state and/or federal regulations.

B. Closed formulary products
1. A medication may be added to a formulary at any time as a formulary enhancement when the FDA has determined that the medication or product is *therapeutically equivalent* to a medication or product that is currently approved by the FDA or is a legacy medication or product brought to market before FDA approval was required.

2. The formulary enhancement may result in removal of a medication(s) or products. This will generally be considered non-maintenance changes and subject to case-to-case evaluation.

[NOTE: Refer to the member's pharmacy benefit management (PBM) for coverage guidelines]

II. Provider-administered medications or products

A. A preferred medication(s) or product may be required to be trialed before a non-preferred medication(s) when the medication(s) or product is *therapeutically equivalent* and when there is a lower net cost in comparison to its *biosimilar*, *brand, generic*, or *reference product*.

B. Treatment naive members may be required to complete a *standard dosing cycle* of the preferred medication(s), where applicable.

C. Approval of a non-preferred medication(s) or product will require documentation of the following: 1 or 2, and 3
   1. Evidence of inadequate clinical response to preferred therapy and residual disease activity as demonstrated by a disease or condition specific scale or measurement; or

   2. Evidence of intolerance to or adverse event with the preferred medication(s); and

   3. Physician attestation that a superior clinical response would be expected with a non-preferred medication(s) or product, based on any of the following: a – c
      a. A clinical practice guideline; or
      b. A systematic evidence review; or
      c. A high-quality clinical trial.

III. Continuity of Care – Transition of Care

A. Self-administered medications or products – follow Plan requirements for formulary exceptions

B. Provider-administered medications or products – continuation of a non-preferred medication or product may be authorized to allow for transition to a preferred medication or product.

DEFINITIONS:

Biologic (BLA):
Biologic agents are derived from natural sources (human, animal, microorganisms); these are large complex proteins applicable to the prevention, treatment, or cure of a disease or condition of human beings. Given the complexity of the drug and the difficulty to characterize a biologic, the manufacturing process is proprietary. Licensed by the Public Health Services Act (PHS) (section 351), the 351(a) pathway is utilized for the approval of biologics. Examples of biologics include: vaccine, blood products, antitoxin, allergy shots and cellular therapies.

Biosimilar ("abbreviated" BLA):
A biosimilar is a biological product that is highly similar to the reference or innovator product, notwithstanding minor differences in clinically inactive components; and there are no clinically meaningful differences between biological the product and the reference product in terms of the safety, purity, and potency of the product. Created by the Biologics Price Competition and Innovation Act (BPCIA), the 351(k) pathway streamlined the licensure of biologics demonstrated to be biosimilar to a reference product with intentions of creating a low-cost alternative to innovator biologics. A list of licensed biological products with reference product exclusivity and biosimilarity or interchangeability evaluations care be viewed in the Purple Book.

Brand and generic (NDA, ANDA):
Small molecule drugs, or conventional drugs, are pure chemical substances with a unique chemical structure. Licensed by the Food, Drug, and Cosmetic Act (FD&C Act) (section 505), conventional drug approvals occur via either NDA or ANDAs. To better illustrate the differences in each pathway, please note the following examples:

- 505(b)1: Traditional development path for brand name drugs whose active ingredient has not previously been FDA approved

- 505(b)2: Drugs with a new indication, change in dosage form, and combination products of previously FDA approved drugs
- 505(j): Generic version of a previously FDA approved drug with the same dosage form, strength, route of administration, quality, active ingredient, and intended use. Approved drug products with therapeutic equivalence evaluations can be viewed in the Orange Book.

Follow-On Biologic (NDA):
Follow-on biologic agents are highly similar to innovator biologic drugs, where the innovator biologic drug was approved via section 505 of the FD&C Act, and not through the 351(a) pathway. For example, historically hormones (ie, insulins) have been regulated as drugs, under section 505 of the FD&C Act, and not as biologics under the PHS Act. Once BPCIA phase-in is complete, this pathway will no longer exist.

Interchangeable:
Interchangeable products are both biosimilar to an FDA-approved reference product, and can be expected to produce the same clinical result as the reference product in any given patient. An interchangeable product may be substituted for the reference product without the intervention of the health care provider who prescribed the reference product.

Reference product:
The single biological product licensed by the FDA under section 351(a) of the PHS Act, against which a proposed biosimilar biological product is evaluated in its biosimilar application.

Specialty Drugs:
Injectable and non-injectable *prescription drugs* as determined by PCHP, PIC, or PAS which have one or more of the following key characteristics:
1. Frequent dosing adjustments and intensive clinical monitoring are required to decrease the potential for drug toxicity and to increase the probability for beneficial outcomes;
2. Intensive patient training and compliance assistance are required to facilitate therapeutic goals;
3. There is limited or exclusive product availability and/or distribution;
4. There are specialized product handling and/or administration requirements; or
5. Are produced by living organisms or their products.

Standard Dosing Cycle:
A period of dosing, including induction (higher dose and/or at closer intervals), and at least one maintenance (repeated on a regular schedule) and as described in the prescribing information on the package insert.

Therapeutically Equivalent:
Medications that produce the same or comparable therapeutic outcome and adverse event profile.

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REFERENCES:

1. Medical Management Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C009 Coverage Determination Guidelines
3. Pharmacy Clinical Policy: PC/F002 Formulary Exceptions
4. Pharmacy Clinical Policy: PP/F002 Formulary Development, Structure, and Management
5. Pharmacy Clinical Policy: PP/Q003 Quantity Limits
6. Pharmacy Clinical Policy: PP/S001 Step Therapy
7. Minnesota State Statute 151.21 Substitution
8. Minnesota State Statute 62Q.56 Continuity of Care
9. Minnesota State Statute 62Q.527 Nonformulary Antipsychotic Drugs; Required Coverage
10. FDA/Vaccines, Blood and Biologics main page. Food and Drug Administration Web site. http://www.fda.gov/BiologicsBloodVaccines/default.htm. Accessed 07-20-23.
11. Richardson, E. Biosimilars. Health Policy Briefs. 10/10/13. Retrieved from http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=100. Accessed 07-20-23.
12. US Food and Drug Administration. New Drug Application (NDA). Content current as of 01/21/22. Retrieved from https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/NewDrugApplicationNDA/default.htm.Accessed 07-20-23.
13. US Food and Drug Administration. Abbreviated New Drug Application: Generics (ANDA). Content current as of 12/16/22. Retrieved from https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/AbbreviatedNewDrugApplicationANDAGenerics/default.htm . Accessed 07-20-23.
14. US Food and Drug Administration. Therapeutic Biologics Application (BLA). Content current as of 02/24/20. Retrieved from https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/default.htm. Accessed 07-20-23.
15. US Food and Drug Administration. Biosimilars. Content current as of 03/01/23. Retrieved from https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/TherapeuticBiologicApplications/Biosimilars/default.htm Accessed 07-20-23.
16. US Food and Drug Administration. Draft Guidance Document. Applications Covered by Section 505(b)(2). December 1999. Content current as of 04/27/20. Retrieved from https://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/guidances/ucm079345.pdf. Accessed 07-20-23.
17. US Food and Drug Administration. Guidance Document. Considerations in Demonstrating Interchangeability with a Reference Product Guidance for the Industry. May 2019. Content current as of 05/06/20. Retrieved from https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM537135.pdf. Accessed 07-20-23.

DOCUMENT HISTORY:

Created Date: 04/18/19
Reviewed Date: 04/07/20, 04/07/21, 04/07/22, 2/27/2023
Revised Date: 08/05/22

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:
Provide free aids and services to people with disabilities to communicate effectively with us, such as:
- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:
- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1.866.631.5404 (TTY: 711)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1.866.631.5404 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً . اتصل بن اعلى رقم الهاتف 1.866.631.5404(رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_: य_द आप ि◌हंदी बोलते ह_ तो आपके ि◌लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請 致電 1.866.631.5404 (TTY:711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັ້ງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.866.631.5404 (TTY:711).