Prescriber's Quick Reference Guide

Biosimilar Alternatives for Commonly Prescribed Biologics

Biosimilars

SAFE AND EFFECTIVE

Biosimilars are FDA-approved, safe and effective medicines that are highly similar to existing biologic medicines.[1]

The FDA regulates biosimilar manufacturing to ensure they scientifically demonstrate safety and effectiveness while showing no clinically meaningful differences.[1]

INCREASE PATIENT ACCESS

Biosimilar adoption increases access and treatment options for patients as additional agents continue to enter the market.

COST SAVING

With increased availability, healthcare providers can potentially purchase these medicines at wholesale cost.

[1] US Food and Drug Administration. Scientific Considerations in Demonstrating Biosimilarity. URL: https://www.fda.gov/regulatory-information/search-fda-guidance-documents/scientific-considerations-demonstrating-biosimilarity-reference-product

Centene Corporation is a diversified, multi-national healthcare enterprise providing a comprehensive portfolio of innovative services including healthcare coverage for Medicaid, Medicare and the Health Insurance Marketplace. Centene also contracts with other healthcare and commercial organizations to provide specialty services for improved healthcare outcomes. We align the foundation of our purpose, transforming the health of the community, through enhancing patient health outcomes and lowering healthcare costs.

As healthcare expenditures rise, biosimilar drugs represent a clear opportunity to reduce healthcare costs while maintaining patient access to vital therapies. We request providers advocate for the use of biosimilar agents to align with the foundation of our purpose.

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SHP_202512695 REV. 2/26

Medicaid Pharmacy Retail

Reference Product	Reference Product Formulary Status	Biosimilar	Retail Coverage	Interchangeability
Actemra syringes	Preferred	Tofidence	Non-Formulary	No
		Tyenne	Non-Preferred	No
Avastin (bevacizumab)	Non-Formulary	Alymsys	Non-Formulary	No
		Mvasi	Non-Formulary	No
		Vegzelma	Non-Formulary	No
		Zirabev	Non-Formulary	No
Epogen/Procrit (Epoetin)	Preferred	**Retacrit**	**Preferred**	No
Eylea (aflibercept)	Non-Formulary	Pavblu	Non-Formulary	No
Herceptin (trastuzumab)	Non-Formulary	Hercessi	Non-Formulary	No
		Herzuma	Non-Formulary	No
		Kanjinti	Non-Formulary	No
		Ogivri	Non-Formulary	No
		Ontruzant	Non-Formulary	No
		Trazimera	Non-Formulary	No
Humira (adalimumab)	Preferred	Abrilada	Non-Preferred	Yes
		Amjevita	Non-Preferred	Yes
		Cyltezo	Non-Preferred	Yes
		Hadlima	**Preferred**	Yes
		Hulio	**Preferred**	Yes
		Hyrimoz	Non-Preferred	Yes
		Idacio	Non-Preferred	No
		Simlandi	**Preferred**	Yes
		Yuflyma	Non-Preferred	Yes
Neulasta (pegfilgrasim)	Non-preferred	**Fulphila**	**Preferred (Effective 2/1/2026)**	No
		Fylnetra	Non-Preferred	No
		Nyvepria	**Preferred**	No
		Stimufend	Non-Preferred	No
		Udenyca	Non-Preferred	No
		Ziextenzo	Non-Preferred	No
Neupogen (filgrastim)	Non-preferred (Effective 2/1/2026)	**Nivestym**	**Preferred (Effective 2/1/2026)**	No
		Releuko	Non-Preferred	No
		Zarxio	Non-Preferred	No
Remicade (infliximab)	Non-Formulary	Avsola	Non-Formulary	No
		Inflectra	Non-Formulary	No
		Renflexis	Non-Formulary	No
Rituxan (rituximab)	Non-Formulary	Riabni	Non-Formulary	No
		Ruxience	Non-Formulary	No
		Truxima	Non-Formulary	No
Stelara SC (ustekinumab)	Non-preferred	**Pyzchiva**	**Preferred**	Yes
		Selarsdi	**Preferred**	Yes
		Yesintek	Non-Formulary	Yes
Soliris (eculizumab)	Non-Formulary	Epysqli	Non-Formulary	No

Medicaid Pharmacy Medical Benefit

Reference Product	HCPCS Code	Biosimilar	HCPCS Code	Interchangeability
Actemra (tocilizumab)	J3262	Tofidence	Q5133	No
		Tyenne	Q5135	No
Avastin (bevacizumab)	J9035/C9257	Alymsys	Q5126/C9142	No
		Mvasi	Q5107	No
		Vegzelma	Q5129	No
		Zirabev	Q5118	No
Epogen/Procrit (Epoetin)	J0885	Retacrit	Q5106	No
Eylea (aflibercept)	J0177	Pavblu	Q5147	No
Herceptin (trastuzumab)	J9355/J9356	Hercessi	Q5146	No
		Herzuma	Q5113	No
		Kanjinti	Q5117	No
		Ogivri	Q5114	No
		Ontruzant	Q5112	No
		Trazimera	Q5116	No
Humira (adalimumab)	J0135/J0139	Abrilada	Q5145	Yes
		Amjevita	Not covered	Yes
		Cyltezo	Q5143	Yes
		Hadlima	Not covered	Yes
		Hulio	Q5140	Yes
		Hyrimoz	Not covered	Yes
		Idacio	Q5144	No
		Simlandi	Q5142	Yes
		Yuflyma	Q5141	Yes
Neulasta (pegfilgrasim)	J2506	Fulphila	Q5108	No
		Fylnetra	Q5130	No
		Nyvepria	Q5122	No
		Stimufend	Q5127	No
		Udenyca	Q5111	No
		Ziextenzo	Q5120	No
Neupogen (filgrastim)	J1442	Nivestym	Q5110	No
		Releuko	Q5125	No
		Zarxio	Q5101	No
Remicade (infliximab)	J1745	Avsola	Q5121	No
		Inflectra	Q5103	No
		Renflexis	Q5104	No
Rituxan (rituximab)	J9312/J9311	Riabni	Q5123	No
		Ruxience	Q5119	No
		Truxima	Q5115	No
Stelara SC (ustekinumab)	J3358/J3357	Pyzchiva	Q9997/Q9996	Yes
		Selarsdi	Q9998	Yes
		Yesintek	Q5100	Yes
Soliris (eculizumab)	J1299	Epysqli	Q5151	No

Ambetter Pharmacy Retail

Reference Product	Ambetter Coverage	Biosimilar	Ambetter Coverage	Interchangeability
Actemra IV	Tier 4	Tofidence	Non-Formulary	No
Actemra syringes	Tier 4	Tyenne	Non-Formulary	No
Avastin	No	Alymsys	Non-Formulary	No
		Mvasi	**Tier 4**	No
		Vegzelma	Non-Formulary	No
		Zirabev	**Tier 4**	No
Epogen/Procrit	Tier 4	**Retacrit**	**Tier 4**	No
Herceptin	No	Hercessi	Non-Formulary	No
		Herzuma	Non-Formulary	No
		Kanjinti	**Tier 4**	No
		Ogivri	**Tier 4**	No
		Ontruzant	Non-Formulary	No
		Trazimera	**Tier 4**	No
Humira	Tier 4	Abrilada	Non-Formulary	Yes
		Amjevita	Non-Formulary	Yes
		Cyltezo	Non-Formulary	Yes
		Hadlima	Non-Formulary	Yes
		Hulio	Non-Formulary	Yes
		Hyrimoz	Non-Formulary	Yes
		Idacio	Non-Formulary	No
		Simlandi	**Tier 4**	Yes
		Yuflyma	**Tier 4**	Yes
		adalimumab-aaty	**Tier 4**	Yes
		adalimumab-adaz	**Tier 4**	Yes
		adalimumab-adbm	**Tier 4**	Yes
Neulasta	No	Fulphila	Non-Formulary	No
		Fylnetra	Non-Formulary	No
		Nyvepria	**Tier 4**	No
		Stimufend	Non-Formulary	No
		Udenyca	**Tier 4**	No
		Udenyca Onbody	**Tier 4**	No
		Ziextenzo	Non-Formulary	No
Neupogen	No	Nivestym	Non-Formulary	No
		Releuko	Non-Formulary	No
		Zarxio	**Tier 4**	No
Remicade	No	Avsola	Non-Formulary	No
		Inflectra	**Tier 4**	No
		Renflexis	**Tier 4**	No
Rituxan	No	Riabni	Non-Formulary	No
		Ruxience	**Tier 4**	No
		Truxima	**Tier 4**	No
Stelara	Tier 4	**Pyzchiva**	**Tier 4**	Yes
		Selarsdi	Non-Formulary	Yes
		Yesintek	**Tier 4**	Yes
		Steqeyma	**Tier 4**	Yes
Soliris	No	Epysqli	Non-Formulary	No

Tier 4 - Depending on the plan chosen, Marketplace 2026 Tier 4 drugs may be subject to copays ($0 to $500) or co-insurance (20-50%).