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Brand Name Products with Bioequivalent Generics

Table of Contents

Product Identifier(s)

| National Formulary Medical Necessity | 1 |
|--------------------------------------|---|
| Brands with Bioequivalent Generics | 4 |
| Conditions Not Covered | 9 |
| References | 9 |

INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide quidance in interpreting certain standard benefit plans administered by Cigna Companies, Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment and have discretion in making individual coverage determinations. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment quidelines. In certain markets, delegated vendor quidelines may be used to support medical necessity and other coverage determinations.

New Brand name drugs may be added to this policy as generics become available.

National Formulary Medical Necessity

Cigna covers Brand Name Products with Bioequivalent Generics [see Table 1 below] as medically necessary when the following criteria is met:

1. Approve if the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required].

Cigna covers Brand Name Products with Bioequivalent Generics [see Table 2 below] as medically necessary when ONE of the following criteria is met (1 or 2):

Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.

1. Approve if the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required].

OR

Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.

- 2. Approve if the individual meets one of the following criteria (i or ii):
 - i. The requested brand non-formulary drug is being prescribed primarily for the prevention of pregnancy AND, according to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the individual as the requested brand non-formulary drug; OR
 - ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN primarily for the prevention of pregnancy AND the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required].

Cigna covers Brand Name Products with Bioequivalent Generics [see Table 3 below] as medically necessary when ONE of the following criteria is met (1 or 2):

<u>Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.</u>

1. **Note:** A multisource Brand product is being requested. The patient should use the preferred bioequivalent generic product.

Criteria: Approve if the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required].

OR

Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.

- 2. Approve if the individual meets one of the following criteria (i or ii):
 - i. The requested brand non-formulary drug is being prescribed for HIV Pre-Exposure Prophylaxis (PrEP) in a patient at high risk for HIV infection according to the prescriber AND, according to the prescriber, the brand product is being requested

- because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR
- ii. The requested brand non-formulary drug is being prescribed for a use OTHER THAN HIV Pre-Exposure Prophylaxis (PrEP) in a patient at high risk for HIV infection according to the prescriber AND the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required].

Cigna covers Brand Name Products with Bioequivalent Generics [see Table 4 below] as medically necessary when ONE of the following criteria is met (1 or 2):

Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is NOT required.

1. Approve if the Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required].

OR

Compliance with the Affordable Care Act, HRSA Guidelines, and PHS Act section 2713 is required.

- 2. Approve one of the following (A or B):
 - A. The patient meets both of the following (i and ii):
 - i. The requested brand non-formulary drug is being prescribed for the primary prevention of cardiovascular disease (CVD) for an adult aged 40 to 75 years who has one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD event risk of 10% or greater and who does NOT have a history of (or signs or symptoms of) CVD (for example: symptomatic coronary artery disease, ischemic stroke); AND
 - ii. According to the prescriber, the brand product is being requested because the preferred bioequivalent generic product would not be as medically appropriate for the patient as the requested brand non-formulary drug; OR
 - B. The patient meets both of the following (i and ii):
 - i. The requested brand non-formulary drug is being prescribed for a use OTHER THAN the primary prevention of cardiovascular disease (CVD) for an adult aged 40 to 75 years who has one or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking) and an estimated 10-year CVD event risk of 10% or greater and who does NOT have a history of (or signs or symptoms of) CVD (for example: symptomatic coronary artery disease, ischemic stroke); AND
 - ii. The Brand product is being requested due to a formulation difference in the inactive ingredient(s) [e.g., difference in dyes, fillers, preservatives] between the Brand and the bioequivalent generic product which, per the prescriber, would result in a significant allergy or serious adverse reaction [documentation required].

Cigna covers the following drug(s) or biologic(s) as medically necessary when the following criteria are met:

• [see <u>Table 5 below</u> for Product-Specific Exception Criteria]

Brands with Bioequivalent Generics

Table 1

| Non-Covered Brand | Bioequivalent Generic |
|---|--|
| Abilify | aripiprazole tablets and oral solution |
| Abilify Discmelt | aripiprazole orally disintegrating tablets (ODT) |
| Acanya Gel | benzoyl peroxide 2.5% and clindamycin phosphate 1.2% |
| , | gel |
| Aciphex | rabeprazole sodium tablets |
| Adcirca | tadalafil tablets |
| Adderall | dextroamphetamine/amphetamine tablets |
| Adderall XR | dextroamphetamine/amphetamine extended-release |
| | capsules |
| Afinitor Disperz | everolimus tablets for oral suspension |
| Afinitor tablet | everolimus tablets |
| Alinia tablets | nitazoxanide tablets |
| Ambien | zolpidem tablets |
| Ambien CR | zolpidem extended-release tablets |
| Amitiza | lubiprostone capsules |
| Ampyra | dalfampridine extended-release tablets |
| Androgel | testosterone 1% gel packets and pump, 1.62% (2021) |
| Anusol-HC cream | hydrocortisone acetate cream |
| Aptensio XR | methylphenidate hydrochloride XR capsule |
| Arimidex | anastrozole tablets |
| Asacol HD | mesalamine 800 mg delayed release tablet |
| Atacand | candesartan cilexetil tablets |
| Atacand HCT | candesartan/hydrochlorothiazide tablets |
| Atralin | tretinoin gel (0.05%) |
| Atripla | efavirenz 600 mg, emtricitabine 200 mg, tenofovir |
| | disoproxil fumarate 300 mg tablets |
| Avalide | irbesartan/hydrochlorothiazide tablets |
| Avapro | irbesartan tablets |
| Avodart | dutasteride capsules |
| Azopt | brinzolamide 1% ophthalmic suspension |
| AZOR | amlodipine besylate/olmesartan medoxomil tablets |
| Banzel | rufinamide tablets and oral suspension |
| Baraclude tablets | entecavir tablets |
| Benicar | olmesartan medoxomil tablets |
| Benicar HCT | olmesartan/hydrochlorothiazide tablets |
| Bepreve | bepotastine besilate ophthalmic solution |
| BiDil | isosorbide dinitrate and hydralazine tablets |
| BromSite | bromfenac 0.075% ophthalmic solution |
| Butrans | buprenorphine transdermal system |
| Bystolic | nebivolol tablets |
| Canasa | mesalamine rectal suppository |
| Carafate | sulcralfate tablets and oral suspension |
| Celebrex | celecoxib capsules |
| Celexa | citalopram tablets |

| Non-Covered Brand | Bioequivalent Generic |
|---------------------------|--|
| Cialis | tadalafil tablets |
| Clindagel 1% gel | clindamycin 1% gel |
| Colcrys | colchicine tablets |
| Concerta | methylphenidate hcl extended-release tablets |
| Coreg | carvedilol tablet |
| Cosopt/Cosopt PF | dorzolamide 2%/timolol 0.5% ophthalmic solution |
| Cozaar | losartan tablet |
| Cuprimine | penicillamine capsules |
| Cuvposa | glycopyrrolate oral solution |
| Cymbalta | duloxetine HCl capsules |
| Cystadane | betaine trimethylglycine powder for solution |
| Cytomel | liothyronine sodium tablets |
| Daliresp | roflumilast tablets |
| Delzicol | mesalamine delayed-release capsule |
| Detrol | tolterodine tablets |
| Detrol LA | tolterodine, extended-release capsules |
| Diovan | valsartan tablets |
| Diovan HCT | valsartan/hydrochlorothiazide tablets |
| Divigel | estradiol gel 0.1% |
| Doryx 50 mg, 200 mg | doxycycline hyclate delayed-release tablets |
| Duexis | ibuprofen and famotidine tablets |
| Durezol | difluprednate 0.05% ophthalmic emulsion |
| Effexor XR | venlafaxine HCl extended-release capsules |
| Elidel | pimecrolimus cream |
| Emend capsules and Emend | aprepitant oral capsules |
| Trifold Pack | aprepitant oral capsules |
| Epaned | enalapril maleate powder for oral solution, enalapril |
| Lpanea | maleate oral solution |
| Esbriet | pirfenidone tablets and capsules |
| Estrace Cream | estradiol cream |
| Evekeo | amphetamine sulfate tablet |
| Exforge | valsartan/amlodipine tablets |
| Exforge HCT | valsartan/amlodipine/hydrochlorothiazide tablets |
| Exiade | deferasirox tablets for oral suspension |
| Feraheme | ferumoxytol injection |
| Focalin and Focalin XR | dexmethylphenidate tablets and extended-release |
| Tocami and Focami Aix | capsules |
| Fosrenol chewable tablets | lanthanum carbonate chewable tablets |
| ganirelix injection | ganirelix acetate injection |
| Generess FE | norethindrone - ethinyl estradiol -iron chewable tablets |
| Gilenya 0.5 mg | fingolimod capsule |
| Gleevec | imatinib tablets |
| Hyzaar | losartan/hydrochlorothiazide tablets |
| Imitrex injection | sumatriptan succinate solution for injection (injectable |
| 2acx injection | pen/cartridges) |
| Imitrex nasal spray | sumatriptan nasal spray |
| Imitrex tablets | sumatriptan succinate tablets |
| Inderal LA | propranolol HCl capsules |
| Intuniv | guanfacine HCl tablets |
| Istalol | timolol maleate 0.5% ophthalmic solution |
| 13(0)() | Limolor maleace 0.570 opininalinic solution |

| Non-Covered Brand | Bioequivalent Generic |
|----------------------------------|---|
| Jadenu | deferasirox tablets |
| Jadenu Sprinkles | deferasirox oral granules |
| Keppra | levetiracetam tablets and solution |
| Keppra XR | levetiracetam extended-release tablets |
| Kerydin | tavaborole topical solution, 5% |
| Klonopin | clonazepam tablets |
| Kuvan | sapropterin tablet and powder packet |
| Lamictal | lamotrigine tablets and chewable tablets |
| Lamictal ODT | lamotrigine oral disintegrating tablets |
| Lamictal XR | lamotrigine extended-release tablets |
| Letairis | ambrisentan tablets |
| Lexapro | escitalopram oxalate tablets and oral solution |
| Lialda | mesalamine delayed-release tablet |
| Lidoderm | lidocaine 5% patch |
| Locoid | hydrocortisone butyrate cream, lotion, ointment, solution |
| Locoid Lipocream | hydrocortisone butyrate 0.1% cream |
| Lotrel | amlodipine/benazepril capsules |
| Lotronex | alosetron tablets |
| Lovaza | omega-3 acid ethyl esters capsules |
| Lovenox | enoxaparin sodium injection (syringe/vial) |
| Lunesta | eszopiclone tablets |
| Lyrica | pregabalin capsules |
| Lyrica CR | pregabalin controlled-release capsules |
| Maxalt | rizatriptan tablets |
| Maxalt MLT | rizatriptan orally disintegrating tablets |
| Mestinon | pyridostigmine tablet, solution, extended-release tablet |
| Micardis | telmisartan tablets |
| Micardis HCT | telmisartan/hydrochlorothiazide tablets |
| Minivelle | estradiol transdermal patch |
| MoviPrep | PEG-3350, sodium sulfate, sodium chloride, potassium |
| | chloride, sodium ascorbate, ascorbic acid |
| Nalfon | fenoprofen capsules |
| Namenda XR | memantine extended-release capsule |
| Natroba | spinosad topical suspension |
| Neurontin | gabapentin tablet, capsule and solution |
| Nexium capsules | esomeprazole delayed-release capsules |
| Nexium packet (granules for oral | esomeprazole delayed-release granules for oral |
| suspension) 10 mg, 20 mg, 40 | suspension (packet) |
| mg packet | , |
| Norvasc | amlodipine tablets |
| Noxafil tablets | posaconazole delayed-release tablets |
| Nuvigil | armodafinil tablets |
| Onfi | clobazam tablets and suspension |
| Oxistat Cream | oxiconazole nitrate cream |
| Pennsaid | diclofenac sodium topical solution 2.0% pump |
| Percocet | oxycodone/acetaminophen tablets |
| Perforomist | formoterol fumarate inhalation solution |
| Plaquenil | hydroxychloroquine sulfate tablets |
| Plavix | clopidogrel bisulfaste tablets |
| Prevacid | lansoprazole delayed-release (DR) capsules |

| Non-Covered Brand | Bioequivalent Generic |
|--------------------------------|---|
| Prevacid SoluTab | lansoprazole orally disintegrating tablets |
| | desvenlafaxine succinate tablets |
| Pristiq ProAir HFA | albuterol sulfate inhalation aerosol |
| Protonix | pantoprazole sodium delayed-release (DR) tablets and |
| Protonix | |
| Protonix oral suspension | intravenous (IV) injection pantoprazole delayed-release oral suspension (granules) |
| Proventil HFA | albuterol sulfate inhalation aerosol |
| Provigil | modafinil tablets |
| Prozac | fluoxetine HCl pulvules |
| Pulmicort | budesonide respules |
| Pyridium | phenazopyridine tablets |
| Ranexa | ranolazine tablets |
| Rapaflo | silosodin capsules |
| Relpax | eletriptan tablets |
| Renagel | |
| Retin-A Micro 0.1% & 0.04% gel | sevelamer hydrochloride tablet tretinoin 0.1% & 0.04% gel |
| Ritalin | |
| Ritalii LA | methylphenidate tablets methylphenidate long-acting capsules |
| Rozerem | ramelteon tablets |
| Sabril | |
| Samsca | vigabatrin tablets and powder packet tolvaptan tablets |
| | |
| Saphris | asenapine sublingual tablets cinacalcet tablets |
| Sensipar | |
| Seroquel | quetiapine fumarate tablets |
| Seroquel XR | quetiapine fumarate extended-release tablets |
| Singulair tablets Strattera | montelukast sodium tablets, chewable tablets, granules |
| | atomoxetine HCl capsules |
| Suboxone | buprenorphine/naloxone sublingual film magnesium sulfate; potassium sulfate; sodium sulfate |
| Suprep | solution |
| Synthroid | levothyroxine tablets |
| Targretin capsule | bexarotene capsule |
| Tazorac 0.1% cream | tazarotene 0.1% cream |
| Tazorac gel | tazarotene gel 0.05% and 0.1% |
| Tekturna | aliskiren tablets |
| Testim | testosterone gel |
| Thiola | tiopronin tablets |
| Tikosyn | dofetilide capsules |
| TOBI | tobramycin solution for inhalation |
| Topamax | topiramate tablets |
| Topicort spray | desoximetasone spray |
| Toprol XL | metoprolol succinate extended-release tablets |
| Toviaz | fesoterodine fumarate extended-release tablets |
| Transderm-Scop | scopolamine patches |
| Travatan Z | travoprost 0.004% ophthalmic solution (benzalkonium |
| | chloride-free) |
| Tribenzor | olmesartan/amlodipine/hydrochlorothiazide tablets |
| Tricor | fenofibrate tablets |
| Trileptal | oxcarbazepine tablets and suspension |
| Uloric | febuxostat tablets |

| Non-Covered Brand | Bioequivalent Generic |
|-----------------------------|---|
| Uroxatral | alfuzosin tablets |
| Vagifem | estradiol vaginal tablet |
| Valium | diazepam tablets |
| Valtrex | valacyclovir HCl caplets |
| Vanos | fluocinonide 0.1% cream |
| Veltin | clindamycin phosphate and tretinoin gel |
| Vesicare | solifenacin succinate tablets |
| Viagra | sildenafil tablets |
| Viibryd (non- starter pack) | vilazodone tablets |
| 10 mg, 20 mg, 40 mg | |
| Vimovo | naproxen and esomeprazole magnesium delayed-release tablets |
| Vimpat | lacosamide tablets and oral solution |
| Vivelle-Dot | estradiol transdermal patch |
| Vytorin | ezetimibe/simvastatin tablets |
| Welchol packets and tablets | colesevelam packets and tablets |
| Wellbutrin SR | bupropion HCl tablets |
| Wellbutrin XL | bupropion XL tablets |
| Xalatan | latanoprost 0.005% ophthalmic solution |
| Xanax | alprazolam tablets |
| Xanax XR | alprazolam extended-release tablets |
| Xenazine | tetrabenazine tablets |
| Zetia | ezetimibe tablets |
| Zioptan | tafluprost 0.0015% ophthalmic solution |
| Zipsor | diclofenac potassium capsule |
| Zoloft | sertraline HCl tablets and oral solution |
| Zomig | zolmitriptan tablets |
| Zonegran | zonisamide capsule |
| Zovirax ointment | acyclovir 5% ointment |
| Zytiga | abiraterone acetate tablets |

Table 2

| Non Consult Durant | Disconsission to Communication |
|--------------------------|---|
| Non-Covered Brand | Bioequivalent Generic |
| Generess FE | norethindrone - ethinyl estradiol -iron chewable tablets |
| Loestrin and Loestrin FE | ethinyl estradiol/norethindrone and ferrous fumarate tablets |
| Loseasonique | levonorgestrel/ethinyl estradiol and ethinyl estradiol tablets |
| Minastrin 24 FE | norethindrone - ethinyl estradiol - iron chewable tablets |
| Mircette | desogestrel - ethinyl estradiol and ethinyl estradiol tablets |
| NuvaRing | etonogestrel/ethinyl estradiol vaginal ring |
| Quartette | levonorgestrel-ethinyl estradiol and ethinyl estradiol tablets |
| Safyral | drospirenone/ethinyl estradiol-levomefolate tablets |
| Seasonique | levonorgestrel-ethinyl estradiol and ethinyl estradiol tablets |
| Taytulla | norethindrone and ethinyl estradiol and ferrous fumarate capsules |

| Non-Covered Brand | Bioequivalent Generic |
|-------------------|---|
| Yasmin | ethinyl estradiol/ drospirenone tablets |

Table 3

| Non-Covered Brand | Bioequivalent Generic |
|-------------------|----------------------------------|
| Truvada | emtricitabine/ tenofovir tablets |

Table 4

| Non-Covered Brand | Bioequivalent Generic |
|-------------------|-----------------------|
| Crestor | rosuvastatin tablets |
| Lipitor | atorvastatin tablets |
| Zocor | simvastatin tablets |

Table 5 - Product-Specific Exception Criteria

| Non-Covered Product | Bioequivalent Generic | Exception Criteria |
|------------------------|--------------------------|---|
| Zavesca | miglustat capsules | NOTE: A multisource Brand product is being requested. See standard Gaucher Disease – Substrate Reduction |
| | | Therapy Preferred Specialty Management Policy criteria |

Conditions Not Covered

Any other exception is considered not medically necessary.

References

1. U.S. Food and Drug Administration. Drugs@FDA. U.S. Department of Health & Human Services: http://www.accessdata.fda.gov/scripts/cder/drugsatfda/

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