

Step Therapy Requirements for Provider Administered Specialty Medications

The medications listed in the table below need step therapy. However, the following criteria must be met:

- › The medication is a provider administered specialty drug.
- › The medication is a new drug for the member, meaning they have not used it in the last 365 days.
- › The drug is being used to treat a medically accepted indication.
- › The dose, frequency and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication.

Requested Product	Codes	Preferred Alternative Agent(s)	Codes
Bevacizumab Products		» For oncology Indications only –	
Alymsys®	Q5126	Mvasi® or Zirabev™	Q5107 Q5118
Avastin®	J9035		
Avzivi®	TBD		
Vegzelma®	Q5129		
Hyaluronic Acid Derivatives		Synvisc®/Synvisc One® or Euflexxa®	J7325 J7323
Durolane®	J7318		
Gel-One®	J7326		
Gelsyn™	J7328		
GenVisc® 850	J7320		
Hyalgan®	J7321		
Hymovis®	J7322		
Monovisc®	J7327		
Orthovisc®	J7324		
Supartz®	J7321		
Synjoynt™	J7331		
Triluron®	J7332		
TriVisc®	J7329		
Visco-3®	J7321		
Requested Product	Codes	Preferred Alternative Agent(s)	Codes

Infliximab Products Avsola® Remicade® Renflexis® Zymfentra™	Q5121 J1745 Q5104 J3590	Infliximab or Inflectra®	J1745 Q5103
Long-acting Growth Colony Stimulating Products Fynetra® Nyvepria™ Rolvedon™ Stimufend® Udenyca® Udenyca® Onbody Ziextenzo®	Q5130 Q5122 J1449 Q5127 Q5111 Q5111 Q5120	» Does not apply for patients using a pegfilgrastim biosimilar or Rolvedon™ for any indication not shared with Fulphila® or Neulasta®/Neulasta Onpro® Fulphila® or Neulasta®/Neulasta Onpro®	Q5108 J2506
Lysosomal Storage Disorder Agents Cerezyme® VPRIV®	J1786 J3385	Elelyso®	J3060
Retinal Disorder Agents - Age Related Macular Degeneration (AMD) Beovu® Byooviz® Cimerli® Eylea® Eylea® HD Lucentis® Vabysmo® Visudyne®	J0179 Q5124 Q5128 J0178 J0177 J2778 J2777 J3396	Avastin®	J9035/C9257
Retinal Disorder Agents - Diabetic Macular Edema (DME) / Diabetic Retinopathy Eylea® Eylea® HD	J0178 J0177	Avastin® or Lucentis®	J9035/C9257 J2778
Rituximab Products Riabni™ Rituxan® Rituxan Hycela®	Q5123 J9312 J9311	» For Rituxan®, step therapy does not apply for Pempfigus Vulgaris - Truxima® or Ruxience®	Q5115 Q5119

Requested Product	Codes	Preferred Alternative Agent(s)	Codes
Soliris®	J1300	» For paroxysmal nocturnal hemoglobinuria (PNH) and atypical hemolytic-uremic syndrome (aHUS) Ultomiris® » For generalized Myasthenia Gravis Vyvgart® or Vyvgart® Hytrulo » For neuromyelitis optica spectrum disorder (NMOSD) rituximab products or Uplizna™	J1303 J9332 J9334 J9312/Q5115 Q5119/Q5123 J1823
Somastatin Analogues lanreotide acetate® Signifor LAR® Somavert®	J1932 J2502 J3590	» For all indications except Cushing's Disease Somatuline Depot® Sandostatin LAR®	J1930 J2353
Trastuzumab Products Herceptin® Herceptin Hylecta™ Herzuma® Ogivri® Ontruzant®	J9355 J9356 Q5113 Q5114 Q5112	Trazimera® or Kanjinti®	Q5116 Q5117

Exceptions

Members (enrollees) may request an exception from the plan's step therapy requirement to access a provider administered specialty drug, which is reviewed through our organization's determination process.

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