

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 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) (Must try one of the following unless otherwise noted)	Codes
Alpha-1 Antitrypsin Deficiency Aralast NP Glassia	J0256 J0257	Prolastin C Zemaira	J0256 J0256
Atypical Hemolytic-Uremic Syndrome (aHUS) Soliris	J1299	Bkemv Epysqli Ultomiris	Q5152 Q5151 J1303
Autoimmune Infused/Other Actemra IV Avtozma IV tocilizumab-anoh IV Cosentyx IV OmvoH IV Otulfi IV ustekinumab-aaaz IV Pyzchiva IV ustekinumab-ttwe IV ustekinumab-aekn IV Starjemza IV Stelara IV ustekinumab IV Steqeyma IV ustekinumab-stba IV Tyenne IV tocilizumab-aazg IV Wezlana IV ustekinumab-auub IV	J3262 Q5156 Q5156 J3247 J2267 Q9999 Q9999 Q9997 Q9997 Q9998 Q5164 J3358 J3358 Q5099 Q5099 Q5135 Q5135 Q5138 Q5138	Cimzia Entyvio IV Ilumya Imuldosa IV Orencia IV Selarsdi IV Simponi Aria Skyrizi IV Tofidence IV Tremfya IV Yesintek IV	J0717 J3380 J3245 Q5098 J0129 Q9998 J1602 J2327 Q5133 J1628 Q5100

Bevacizumab Products Alymsys Avastin Avzivi Jobevne Vegzelma Zirabev	Q5126 J9035 TBD Q5160 Q5129 Q5118	» For oncology indications only – Mvasi Vegzelma Zirabev	 Q5107 Q5129 Q5118
Botulinum Toxins Dysport Myobloc	J0586 J0587	» For non-cosmetic* indications only – Botox Daxxify Xeomin	 J0585 J0589 J0588
Denosumab Products – Bone Density Boncrea Bosaya Conexence Enoby Ospomyv Osvyrti Prolia Stoboclo	Q5171 Q5161 Q5158 Q5167 Q5159 Q5166 J0897 Q5157	 Bildyos Jubbonti	 Q5162 Q5136
Denosumab Products – Hypercalcemia of Malignancy Aukelso Bomynta Jubereq Osenvelt Oziltus Xbryk Xgeva Xtrenbo	Q5161 Q5158 Q5166 Q5167 Q5165 Q5139 J0897 Q5167	 Bilprevda Wyost	 Q5162 Q5136
Generalized Myasthenia Gravis Bkemv Epysqli Imaavy Rystiggo Soliris Ultomiris Uplizna	Q5152 Q5151 J9256 J9333 J1299 J1303 J1823	 Vyvgart Vyvgart Hytrulo	 J9332 J9334
Hyaluronic Acid Derivatives Durolane Gel-One	J7318 J7326	Synvisc/Synvisc One Euflexxa	J7325 J7323

Gelsyn-3 GenVisc 850 Hyalgan Hymovis Hymovis One Monovisc Orthovisc Supartz FX Synojoynt Triluron TriVisc Visco-3	J7328 J7320 J7321 J7322 J7322 J7327 J7324 J7321 J7331 J7332 J7329 J7321		
Infliximab Products Avsola Remicade Renflexis infliximab-abda Zymfentra	Q5121 J1745 Q5104 Q5104 J1748	infliximab Inflectra	J1745 Q5103
Long-acting Growth Colony Stimulating Products Armlupeg Ennumo Fylnetra Nyvepria Rolvedon Ryzneuta Stimufend Udenyca Udenyca Onbody Ziextenzo	Q5169 TBD Q5130 Q5122 J1449 J9361 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 Neulasta/Neulasta Onpro	Q5108 J2506
Lysosomal Storage Disorder Agents VPRIV	J3385	Cerezyme Elelyso	J1786 J3060
Multiple Sclerosis (Infused) Lemtrada Ocrevus Zunovo Tyruko	J0202 J2351 Q5134	Briumvi Ocrevus Tysabri	J2329 J2350 J2323
Neuromyelitis Optica Spectrum Disorder (NMOSD) Soliris Ultomiris	J1299 J1303	Riabni Rituxan Ruxience Truxima Uplizna	Q5123 J9312 Q5119 Q5115 J1823

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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