

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	J0256	Prolastin C	J0256
Glassia	J0257	Zemaira	J0256
Atypical Hemolytic-Uremic Syndrome (aHUS)			
Soliris	J1299	Bkemv Epysqli Ultomiris	Q5152 Q5151 J1303
Autoimmune Infused/Other			
Actemra IV	J3262		
Avtozma IV	Q5156		
tocilizumab-anoh IV	Q5156		
Cosentyx IV	J3247		
Imuldosa IV	Q5098	Cimzia	J0717
Omvoh IV	J2267	Entyvio IV	J3380
Otulfu IV	Q9999	Ilumya	J3245
ustekinumab-aaaz IV	Q9999	Orencia IV	J0129
Pyzchiva IV	Q9997	Simponi Aria	J1602
ustekinumab-ttwe IV	Q9997	Skyrizi IV	J2327
Selarsdi IV	Q9998	Stelara IV	J3358
ustekinumab-aekn IV	Q9998	ustekinumab IV	J3358
Starjemza IV	J3590	Tofidence IV	Q5133
Steqeyma IV	Q5099	Tremfya IV	J1628
ustekinumab-stba IV	Q5099		
Tyenne IV	Q5135		
tocilizumab-aazg IV	Q5135		
Wezlana IV	Q5138		
Yesintek IV	Q5100		

Bevacizumab Products Alymsys Avastin Avzivi Jobevne Vegzelma	Q5126 J9035 TBD Q5160 Q5129	» For oncology indications only – Mvasio or Zirabev	Q5107 Q5118
Botulinum Toxins Dysport Myobloc	J0586 J0587	» For non-cosmetic* indications only – Botox Daxxify Xeomin	J0585 J0589 J0588
Generalized Myasthenia Gravis Bkemv Epysqli Imaavy Rystiggo Soliris Ultomiris	Q5152 Q5151 J9256 J9333 J1299 J1303	Vyvgart Vyvgart Hytrulo	J9332 J9334
Hyaluronic Acid Derivatives Durolane Gel-One Gelsyn GenVisc 850 Hyalgan Hymovis Hymovis One Monovisc Orthovisc Supartz FX Synojoynt Triluron TriVisc Visco-3	J7318 J7326 J7328 J7320 J7321 J7322 J7322 J7327 J7324 J7321 J7331 J7332 J7329 J7321	Synvisc/Synvisc One Euflexxa	J7325 J7323
Infliximab Products Avsola Remicade Renflexis Zymfentra	Q5121 J1745 Q5104 J1748	infliximab Inflectra	J1745 Q5103

Long-acting Growth Colony Stimulating Products Flynetra Nyvepria Rolvedon Ryzneuta Stimufend Udenyca Udenyca Onbody Ziextenzo	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	J1299	Riabni Rituxan Ruxience Truxima Uplizna	Q5123 J9312 Q5119 Q5115 J1823
Paroxysmal Nocturnal Hemoglobinuria (PNH) PiaSky Soliris	J1307 J1299	Bkemv Epysqli Ultomiris	Q5152 Q5151 J1303
Retinal Disorder Agents Ahzantive Beovu Cimerli Enzeevu Eydenzelt Lucentis Opuviz Pavblu Susvimo Vabysmo Visudyne Yesafili	Q5150 J0179 Q5128 Q5149 TBD J2778 Q5153 Q5147 J2779 J2777 J3396 Q5155	Avastin Then one of the following: Byooviz Eylea Eylea HD	J9035/C9257 Q5124 J0178 J0177
Rituximab Products Riabni Rituxan Rituxan Hycela	Q5123 J9312 J9311	» For Rituxan, step therapy does not apply for Pemphigus Vulgaris— Truxima Ruxience	Q5115 Q5119

Somatostatin Analogues lanreotide acetate Signifor LAR		» For all indications except Cushing's Disease	
	J1932	Somatuline Depot	J1930
	J2502	lanreotide acetate	J1930
		Sandostatin LAR	J2353
		octreotide acetate inj. susp.	J2353
Trastuzumab Products Herceptin Herceptin Hylecta Hercessi Herzuma Ogivri Ontruzant	J9355	Trazimera Kanjinti	Q5116 Q5117
	J9356		
	Q5146		
	Q5113		
	Q5114		
	Q5112		

*Excluded from coverage

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.