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	J0256	Prolastin C	J0256
Glassia	J0257	Zemaira	J0256
Atypical Hemolytic-Uremic Syndrome (aHUS)			
~~Bkemv~~	~~Q5152~~	Bkemv	Q5152
~~Epysqli~~	~~Q5151~~	Epysqli	Q5151
Soliris	J1299	Ultomiris	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
Otulfi IV	Q9999	Ilumya	J3245
ustekinumab-aauz 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	TBD	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	Q5126	**» For oncology indications only –**	
Avastin	J9035		
Avzivi	TBD	Mvasi or	Q5107
Jobevne	J9999	Zirabev	Q5118
Vegzelma	Q5129		
Botulinum Toxins		**» For non-cosmetic* indications only –**	
Dysport	J0586		
Myobloc	J0587	Botox	J0585
		Daxxify	J0589
		Xeomin	J0588
Generalized Myasthenia Gravis			
Bkemv	Q5152		
Epysqli	Q5151	Vyvgart	J9332
Imaavy	J3590	Vyvgart Hytrulo	J9334
Rystiggo	J9333		
Soliris	J1299		
Ultomiris	J1303		
Hyaluronic Acid Derivatives			
Durolane	J7318		
Gel-One	J7326		
Gelsyn	J7328		
GenVisc 850	J7320		
Hyalgan	J7321		
Hymovis	J7322	Synvisc/Synvisc One	J7325
Monovisc	J7327	Euflexxa	J7323
Orthovisc	J7324		
Supartz FX	J7321		
Synojoynt	J7331		
Triluron	J7332		
TriVisc	J7329		
Visco-3	J7321		
Infliximab Products			
Avsola	Q5121		
Remicade	J1745	infliximab	J1745
Renflexis	Q5104	Inflectra	Q5103
Zymfentra	J1748		

Long-acting Growth Colony Stimulating Products		**» Does not apply for patients using a pegfilgrastim biosimilar or Rolvedon™ for any indication not shared with Fulphila® or Neulasta®/Neulasta Onpro®**	
Fylnetra	Q5130		
Nyvepria	Q5122		
Rolvedon	J1449		
Ryzneuta	J9361		
Stimufend	Q5127		
Udenyca	Q5111	Fulphila	Q5108
Udenyca Onbody	Q5111	Neulasta/Neulasta Onpro	J2506
Ziextenzo	Q5120		
Lysosomal Storage Disorder Agents		Cerezyme	J1786
~~Cerezyme~~	~~J1786~~	Elelyso	J3060
VPRIV	J3385		
Multiple Sclerosis (Infused)		Briumvi	J2329
Lemtrada	J0202	Ocrevus	J2350
Ocrevus Zunovo	J2351	Tysabri	J2323
Tyruko	Q5134		
Neuromyelitis Optica Spectrum Disorder (NMOSD)		Riabni	Q5123
		Rituxan	J9312
Soliris	J1299	Ruxience	Q5119
		Truxima	Q5115
		Uplizna	J1823
Paroxysmal Nocturnal Hemoglobinuria (PNH)		Bkemv	Q5152
~~Bkemv~~	~~Q5152~~	Epysqli	Q5151
~~Epysqli~~	~~Q5151~~	Ultomiris	J1303
PiaSky	J1307		
Soliris	J1299		
~~**Retinal Disorder Agents - Age Related Macular Degeneration (AMD)**~~			
~~Ahzantive~~	~~Q5150~~		
~~Beovu~~	~~J0179~~		
~~Byooviz~~	~~Q5124~~		
~~Cimerli~~	~~Q5128~~		
~~Enzeevu~~	~~Q5149~~		
~~Eylea~~	~~J0178~~		
~~Eylea HD~~	~~J0177~~		
~~Lucentis~~	~~J2778~~	~~Avastin~~	~~J9035/C9257~~
~~Opuviz~~	~~Q5153~~		
~~Pavblu~~	~~Q5147~~		
~~Vabysmo~~	~~J2777~~		
~~Visudyne~~	~~J3396~~		
~~Yesafili~~	~~Q5155~~		

~~**Retinal Disorder Agents - Diabetic Macular Edema (DME) / Diabetic Retinopathy**~~ ~~Ahzantive~~ ~~Enzeevu~~ ~~Eylea~~ ~~Eylea HD~~ ~~Opuviz~~ ~~Pavblu~~ ~~Yesafili~~	~~Q5150~~ ~~Q5149~~ ~~J0178~~ ~~J0177~~ ~~Q5153~~ ~~Q5147~~ ~~Q5155~~	~~Avastin~~ ~~Lucentis~~	~~J9035/C9257~~ ~~J2778~~
Retinal Disorder Agents Ahzantive Beovu Cimerli Enzeevu Lucentis Opuviz Pavblu Susvimo Vabysmo Visudyne Yesafili	 Q5150 J0179 Q5128 Q5149 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	 J1932 J2502	**» For all indications except Cushing's Disease** Somatuline Depot lanreotide acetate Sandostatin LAR octreotide acetate inj. susp.	 J1930 J1930 J2353 J2353
Trastuzumab Products Herceptin Herceptin Hylecta Hercessi Herzuma Ogivri Ontruzant	 J9355 J9356 Q5146 Q5113 Q5114 Q5112	 Trazimera Kanjinti	 Q5116 Q5117

*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.