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

Requested Product	Codes	Preferred Alternative Agent(s)	Codes
Infliximab Products			
Avsola®	Q5121		
Remicade®	J1745	Infliximab® or	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		
Stimufend®	Q5127		
Udenyca®	Q5111	Fulphila® or	Q5108
Udenyca® Onbody	Q5111	Neulasta®/Neulasta Onpro®	J2506
Ziextenzo®	Q5120		
Lysosomal Storage Disorder Agents			
Cerezyme®	J1786	Elelyso®	J3060
VPRIV®	J3385		
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™	TBD		
Pavblu™	Q5147		
Vabysmo®	J2777		
Visudyne®	J3396		
Yesafili™	TBD		

Requested Product	Codes	Preferred Alternative Agent(s)	Codes
Retinal Disorder Agents - Diabetic Macular Edema (DME) / Diabetic Retinopathy			
Ahzantive®	Q5150		
Enzeevu™	Q5149		
Eylea®	J0178	Avastin® or	J9035/C9257
Eylea® HD	J0177	Lucentis®	J2778
Opuviz™	TBD		
Pavblu™	Q5147		
Yesafili™	TBD		
Rituximab Products		**» For Rituxan®, step therapy does not apply for Pemphigus Vulgaris -**	
Riabni™	Q5123		
Rituxan®	J9312	Truxima® or	Q5115
Rituxan Hycela®	J9311	Ruxience®	Q5119
PiaSky®	J1307	Ultomiris®	J1303
Paroxysmal Nocturnal Hemoglobinuria (PNH) and Atypical Hemolytic-Uremic Syndrome (aHUS)			
Bkemv	Q5152		
Epysqli™	Q5151	Ultomiris®	J1303
Soliris®	J1299		
Generalized Myasthenia Gravis			
Soliris®	J1299	Vyvgart® or	J9332
		Vyvgart® Hytrulo	J9334
Neuromyelitis Optica Spectrum Disorder (NMOSD)			
Soliris®	J1299	rituximab® products or	J9312/Q5115 Q5119/Q5123
		Uplizna™	J1823
Somastatin Analogues		**» For all indications except Cushing's Disease**	
lanreotide acetate®	J1932	Somatuline Depot®	J1930
Signifor LAR®	J2502	Sandostatin LAR®	J2353
Somavert®	J3590	octreotide acetate® inj. susp.	J2353
Trastuzumab Products			
Herceptin®	J9355		
Herceptin Hylecta™	J9356		
Hercessi™	Q5146	Trazimera® or	Q5116
Herzuma®	Q5113	Kanjinti®	Q5117
Ogivri®	Q5114		
Ontruzant®	Q5112		

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.