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)		Bkemv	Q5152
		Epysqli	Q5151
Soliris	J1299	Ultomiris	J1303
Autoimmune Infused/Other			
Actemra IV	J3262		
Avtozma IV	Q5156		
tocilizumab-anoh IV	Q5156		
Cosentyx IV	J3247		
Omvoh IV	J2267	Cimzia	J0717
Otulfi IV	Q9999	Entyvio IV	J3380
ustekinumab-aauz IV	Q9999	Ilumya	J3245
Pyzchiva IV	Q9997	Imuldosa IV	Q5098
ustekinumab-ttwe IV	Q9997	Orencia IV	J0129
ustekinumab-aekn IV	Q9998	Selarsdi IV	Q9998
Starjemza IV	Q5164	Simponi Aria	J1602
Stelara IV	J3358	Skyrizi IV	J2327
ustekinumab IV	J3358	Tofidence IV	Q5133
Steqeyma IV	Q5099	Tremfya IV	J1628
ustekinumab-stba IV	Q5099	Yesintek IV	Q5100
Tyenne IV	Q5135		
tocilizumab-aazg IV	Q5135		
Wezlana IV	Q5138		
ustekinumab-auub IV	Q5138		

Bevacizumab Products			
Alymsys	Q5126	**» For oncology indications only –**	
Avastin	J9035		
Avzivi	TBD	Mvasi or	Q5107
Jobevne	Q5160	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		
Imaavy	J9256	Vyvgart	J9332
Rystiggo	J9333	Vyvgart Hytrulo	J9334
Soliris	J1299		
Ultomiris	J1303		
Uplizna	J1823		
Hyaluronic Acid Derivatives			
Durolane	J7318		
Gel-One	J7326		
Gelsyn-3	J7328		
GenVisc 850	J7320		
Hyalgan	J7321		
Hymovis	J7322		
Hymovis One	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
infliximab-abda	Q5104		
Zymfentra	J1748		

Long-acting Growth Colony Stimulating Products			
Armlupeg	Q5169	**» Does not apply for patients using a pegfilgrastim biosimilar or Rolvedon for any indication not shared with Fulphila or Neulasta/Neulasta Onpro**	
Ennumo	TBD		
Fylnetra	Q5130		
Nyvepria	Q5122		
Rolvedon	J1449		
Ryzneuta	J9361		
Stimufend	Q5127	Fulphila	Q5108
Udenyca	Q5111	Neulasta/Neulasta Onpro	J2506
Udenyca Onbody	Q5111		
Ziextenzo	Q5120		
Lysosomal Storage Disorder Agents		Cerezyme	J1786
VPRIV	J3385	Elelyso	J3060
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
Ultomiris	J1303	Truxima	Q5115
		Uplizna	J1823
Paroxysmal Nocturnal Hemoglobinuria (PNH)		Bkemv	Q5152
		Epysqli	Q5151
PiaSky	J1307	Ultomiris	J1303
Soliris	J1299		
Retinal Disorder Agents			
Ahzantive	Q5150		
Beovu	J0179		
Cimerli	Q5128		
Enzeevu	Q5149		
Eydenzelt	Q5170	Avastin	J9035/C9257
Lucentis	J2778		
Nufymco	Q5168	**Then one of the following:**	
Opuviz	Q5153	Byooviz	Q5124
Pavblu	Q5147	Eylea	J0178
Ranluspec	TBD	Eylea HD	J0177
Susvimo	J2779		
Vabysmo	J2777		
Visudyne	J3396		
Yesafili	Q5155		

Rituximab Products			
Riabni	Q5123	Truxima	Q5115
Rituxan	J9312	Ruxience	Q5119
Rituxan Hycela	J9311		
Somatostatin Analogues		**» For all indications except Cushing's Disease**	
lanreotide acetate	J1932	Somatuline Depot	J1930
Signifor LAR	J2502	lanreotide acetate	J1930
		Sandostatin LAR	J2353
		octreotide acetate inj. susp.	J2353
Trastuzumab Products			
Herceptin	J9355		
Herceptin Hylecta	J9356	Trazimera	Q5116
Hercessi	Q5146	Kanjinti	Q5117
Herzuma	Q5113		
Ogivri	Q5114		
Ontruzant	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.