

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 medication is a new drug for the member, meaning they have not used it in the last 365 days.~~
- › 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			
Alymsys [®]	Q5126	» For oncology Indications only – Mvasi [®] or Zirabev [™]	Q5107 Q5118
Avastin [®]	J9035		
Avzivi [®]	TBD		
Vegzelma [®]	Q5129		
Hyaluronic Acid Derivatives			
Durolane [®]	J7318	Synvisc [®] /Synvisc One [®] or Euflexxa [®]	J7325 J7323
Gel-One [®]	J7326		
Gelsyn [™]	J7328		
GenVisc [®] 850	J7320		
Hyalgan [®]	J7321		
Hymovis [®]	J7322		
Monovisc [®]	J7327		
Orthovisc [®]	J7324		
Supartz FX [®]	J7321		
Synjoynt [™]	J7331		
Triluron [®]	J7332		
TriVisc [®]	J7329		
Visco-3 [®]	J7321		

Requested Product	Codes	Preferred Alternative Agent(s)	Codes
Infliximab Products Avsola® Remicade® Renflexis® Zymfentra™	Q5121 J1745 Q5104 J1748	Infliximab® or Inflectra®	J1745 Q5103
Long-acting Growth Colony Stimulating Products Fylintra® Nyvepria™ Rolvedon™ Stimufend® Udenyca® Udenyca® Onbody Ziextenzo®	Q5130 Q5122 J1449 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® or Neulasta®/Neulasta Onpro®	Q5108 J2506
Lysosomal Storage Disorder Agents Cerezyme® VPRIV®	J1786 J3385	Elelyso®	J3060
Retinal Disorder Agents - Age Related Macular Degeneration (AMD) Ahzantive® Beovu® Byooviz® Cimerli® Enzeevu™ Eylea® Eylea® HD Lucentis® Opuviz™ Pavblu™ Vabysmo® Visudyne® Yesafili™	TBD J0179 Q5124 Q5128 TBD J0178 J0177 J2778 TBD J3590 J2777 J3396 TBD	Avastin®	J9035/C9257

Requested Product	Codes	Preferred Alternative Agent(s)	Codes
Retinal Disorder Agents - Diabetic Macular Edema (DME) / Diabetic Retinopathy Ahzantive® Enzeevu™ Eylea® Eylea® HD Opuviz™ Pavblu™ Yesafili™	TBD TBD J0178 J0177 TBD J3590 TBD	Avastin® or Lucentis®	J9035/C9257 J2778
Rituximab Products Riabni™ Rituxan® Rituxan Hycela®	Q5123 J9312 J9311	» For Rituxan®, step therapy does not apply for Pemphigus Vulgaris - Truxima® or Ruxience®	Q5115 Q5119
PiaSky®	J1307	Ultomiris®	J1303
Paroxysmal Nocturnal Hemoglobinuria (PNH) and Atypical Hemolytic-Uremic Syndrome (aHUS) Bkemb™ Epysqli™ Soliris®	Q5139 TBD J1300	Ultomiris®	J1303
Generalized Myasthenia Gravis Soliris®	J1300	Vyvgart® or Vyvgart® Hytrulo	J9332 J9334
Neuromyelitis Optica Spectrum Disorder (NMOSD) Soliris®	J1300	rituximab® products or Uplizna™	J9312/Q5115 Q5119/Q5123 J1823
Somastatin Analogues lanreotide acetate® Signifor LAR® Somavert®	J1932 J2502 J3590	» For all indications except Cushing's Disease Somatuline Depot® Sandostatin LAR® octreotide acetate® inj. susp.	J1930 J2353 J2353
Trastuzumab Products Herceptin® Herceptin Hylecta™ Hernessi™ Herzuma® Ogivri® Ontruzant®	J9355 J9356 Q5146 Q5113 Q5114 Q5112	Trazimera® or Kanjinti®	Q5116 Q5117

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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