Step therapy for oncology-related drugs

Applies *only* to Commercial plans

Below is the list of select drugs for oncology-related uses that require step therapy, in accordance with Blue Shield health plan policy.

Requested drug	Step therapy
Mircera	Aranesp, Epogen, Procrit, Retacrit
Granix Leukine Neupogen Nypozi Releuko	Nivestym, Zarxio
Fylnetra Neulasta Nyvepria Rolvedon Ryzneuta Stimufend Ziextenzo	Fulphila, Udenyca
Avastin Alymsys Jobevne Vegzelma	Mvasi , Zirabev
Riabni Rituxan Rituxan Hycela	Ruxience, Truxima
Herceptin Herceptin Hylecta Hercessi Herzuma Ogivri Ontruzant	Kanjinti, Trazimera
Infed Injectafer Monoferric	ferric gluconate (Generic Ferrlecit), iron sucrose (Generic for Venere), ferumoxytol (Generic for Feraheme)

Requested drug	Step therapy
Bomyntra Osenvelt Xgeva	Wyost
Conexxence Prolia Stoboclo	Jubbonti
Alyglo Asceniv Bivigam Cytogam Flebogamma DIF Gammagard S/D Gammunex-C Gammaked Gammaplex Panzyga Privigen	Gammagard Liquid, Octagam