



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
Flyneta 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
Bilprevda	Wyost
Bomynta	
Osenvelt	
Xbryk	
Xgeva	
Xtrenbo	
Bildyos	Jubbonti
Enoby	
Conexence	
Ospomyv	
Prolia	
Stoboclo	
Alyglo	Gammagard Liquid, Octagam
Asceniv	
Bivigam	
Cytogam	
Flebogamma DIF	
Gammagard S/D	
Gammunex-C	
Gammaked	
Gammplex	
Panzyga	
Privigen	
Qivigy	