



Step Therapy for Oncology-Related Drugs

Applies *only* to Medicare 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 (J0888)	Aranesp (J0881) Epogen (J0885) Procrit (J0885) Retacrit (Q5106)
Filkri (J3590) Granix (J1447) Leukine (J2820) Neupogen (J1442) Nypozi (Q5148) Releuko (Q5125)	Nivestym (Q5110) Zarxio (Q5101)
Armlupeg (J3590 - through 6/30/26) (Q5169 - effective 7/01/26) Flyneta (Q5130) Neulasta (J2506) Nyvepria (Q5122) Rolvedon (J1449) Ryzneuta (J9361) Stimufend (Q5127) Ziextenzo (Q5120)	Fulphila (Q5108) Udenyca (Q5111)
Alymsys (Q5126) Avastin (J9035) Jobevne (J3590 - through 6/30/26) (Q5160 - effective 7/01/26) Vegzelma (Q5129)	Mvasi (Q5107) Zirabev (Q5118)
Riabni (Q5123) Rituxan (J9312) Rituxan Hycela (J9311)	Ruxience (Q5119) Truxima (Q5115)

Requested drug	Step therapy
Herceptin (J9355) Herceptin Hylecta (J9356) Hercessi (Q5146) Herzuma (Q5113) Ogivri (Q5114) Ontruzant (Q5112)	Kanjinti (Q5117) Trazimera (Q5116)
Aukelso (Q5161) Bomynta (Q5158) Osenvelt (Q5157) Xbryk (Q5159) Xgeva (J0897) Xtrenbo (J3590 – through 6/30/26) (Q5167 – effective 7/1/26)	Bilprevda (Q5162) Wyost (Q5136)
Bosaya (Q5161) Connexence (Q5158) Enoby (J3590 – through 6/30/26) (Q5167 – effective 7/1/26) Ospomyv (Q5159) Prolia (J0897) Stoboclo (Q5157)	Bildyos (Q5162) Jubbonti (Q5136)