



Step Therapy for Oncology-Related Drugs

Applies *only* to commercial health plans

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

Requested drug	Step therapy
Mircerca	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

Requested drug	Step therapy
Infed Injectafer Monoferric	ferric gluconate (Generic Ferrlecit), iron sucrose (Generic for Venere), ferumoxytol (Generic for Feraheme)
Bilprevda Bomynta Osenvelt Xbryk Xgeva Xtrenbo	Wyost
Bilydos Enoby Conexence Ospomyv Prolia Stoboclo	Jubbonti
Alyglo Asceniv Bivigam Cytogam Flebogamma DIF Gammagard S/D Gammunex-C Gammaked Gammaplex Panzyga Privigen Qivigy Yimmugo	Gammagard Liquid, Octagam