



Banner
University Family Care

**Banner – University Family Care (ACC and ALTCS Plans)
Step Therapy Requirements for Medications**

Step Therapy will be required for the medications listed in the table below effective **8/01/2025**, provided the following are met:

- The requested product meets the definition of a step therapy drug; **AND**
- The proposed use of the requested product has been determined to be a medically accepted indication; **AND**
- The proposed use of the preferred alternative agent has been determined to be a medically accepted indication; **AND**
- The proposed use of the preferred alternative agent will be limited to new starts (365-day lookback period); **AND**
- The dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication

Class	Requested Product	Preferred Alternative Agent(s) ¹
Erythropoiesis-Stimulating Agents	Aranesp (J0881) Procrit/Epogen (J0885) Mircera (J0887) Epoetin beta (J0888)	Retacrit (Q5106)
Bone resorption inhibitors	Xgeva, Prolia (J0897) Jubbonti (Q5136) Denosumab biosimilars	Zoledronic Acid (J3489) NAN²
Colony-stimulating factors – leukocyte growth factors (short-acting)	Neupogen (J1442) Granix (J1447) Leukine (J2820) Zarxio (Q5101) Nyzozi (Q5148)	Nivestym (Q5110) Releuko (Q5125)
Colony Stimulating Factors -Leukocyte Growth Factors (long-acting)	Rolvedon (J1449) Neulasta and Neulasta Onpro(J2506)	Fulphila (Q5108) Fylnetra (Q5130)

	Ziextenzo (Q5120) Nyvepria (Q5122) Stimufend (Q5127) Udenyca or Udenyca Onbody (J2506 or Q5111)	
Immunomodulators	Avsola (Q5121) Inflectra (Q5103) Remicade (J1745) Renflexis (Q5104)	Infliximab -Janssen Manufacturer (J1745)
Viscosupplements	Durolane (J7318) Gel-One (J7326) Gelsyn3 (J7328) Genvisc 850 (J7320) Hyalgan (J7321) Hymovis (J7322) Monovisc (J7327) Orthovisc (J7324) Supartz & Supartz FX (J7321) Synojoynt (J3490) Synvisc & Synvisc- One (J7325) Triluron (J7332) TriVisc (J7329) Visco-3 (J7321)	Euflexxa (J7323)
Rituximab / Rituximab and hyaluronidase	Rituxan (J9312) Truxima (Q5115)	Ruxience (Q5119) Riabni (Q5123)
Oncology (Avastin)	Almysis (Q5126) or Vegzelma (Q5129)	Avastin (J9035) NAN ² Mvasi (Q5107) or Zirabev (Q5118)
Ophthalmic (Avastin)	Eylea HD (J0177) Eylea (J0178) Beovu (J0179) Macugen (J2503) Vabysmo (J2777) Lucentis (J2778) Susvimo (J2779) Visudyne (J3396) Byooviz (Q5124) Vegzelma (Q5129) Enzeevu (Q5149)	Avastin (J7999 or J9035) NAN ² Cimerli (Q5128) Pavblu (Q5147)

	Ahzantive (Q5150)	
Immunological Agents	Gamma Globulin (GamaStan) (J1460) Immune Globulin (asceniv) (J1554) Immune Globulin SQ (Cuvitru) (J1555) Immune Globulin (Gammplex) (J1557) Immune Globulin (Vivaglobin) (J1562) Immune Globulin NOS powder (J1566) Immune Globulin NOS non-lyophilized (J1599)	Immune Globulin (Privigen) (J1459) or Immune Globulin (Bivigam) (J1556) or Gamma Globulin (Gammunex, or Immune Globulin (Xembify) (J1558) or Immune Globulin (Hizentra) (J1559) or Gammaked) (J1560) or Immune Globulin (Gamunex/Gamunex-C/Gammaked) (J1561) or Immune Globulin (Octagam) (J1568) or Immune Globulin (Gammagard Liquid) (J1569) or Immune Globulin (Flebogamma/Flebogamma Dif) (J1572) or
Trastuzumab / Trastuzumab and hyaluronidase-oysk	Herceptin (J9355) Herceptin Hylecta (J9356) Ontruzant (Q5112) or Herzuma (Q5113) or Trazimera (Q5116) Kanjinti (Q5117)	Ogivri (Q5114)
Adalimumab	Adalimumab-ryvk (Simlandi) (Q5142) Adalimumab-adbm (Cyltezo) (Q5143) Adalimumab-adaz (Hyrimoz) (J0139) Adalimumab-aacf (Idacio) (Q5131) Adalimumab-aaty (Yuflyma) (Q5141) Humira (J0139)	Adalimumab-fkjp (Hulio) (Q5140) Adalimumab-bwwd (Hadlima) (J3490)
Tocilizumab	Tofidence (Q5133) Actemra (J3262)	Tyenne (Q5135)

1. Prior Authorization is required for all medications listed unless it states NAN

2. NAN = No Prior Authorization is needed

References

- Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100- 02, Chapter 15, Sec. 50 (Rev. 13051, January 16, 2025); available at <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>
- AHCCCS Fee-For-Service Prior Authorization Criteria <https://www.azahcccs.gov/PlansProviders/Pharmacy/> (accessed June 26, 2025)

- U.S. Food & Drug Administration. Drugs@FDA: FDA Approved Drugs. <https://www.accessdata.fda.gov/scripts/cder/daf/>