

Physician Administered Drug Step Therapy List

The VHP Physician Administered Drug Step Therapy list applies only to the following plans: Employer, Covered California, and Individual & Family plans. The following drugs require prior authorization under the medical benefit. The listed preferred drugs must be used first.

HCPCS	Non-Preferred Drug	HCPCS	Preferred Drugs
J3262	Actemra (tocilizumab) IV	Q5135	Tyenne (tocilizumab-aazg) IV
J9035	Avastin (bevacizumab)	Q5118	Zirabev (bevacizumab-bvzr)
Q5107	Mvasi (Bevacizumab-awwb)	Q5129	Vegzelma (bevacizumab-adcd)
Q5126	Alymsys (bevacizumab-maly)		
J9355	Herceptin (trastuzumab)	Q5116	Trazimera (trastuzumab-qyyp)
Q5112	Ontruzant (trastuzumab-dttb)	Q5114	Ogivri (trastuzumab-dkst)
Q5113	Herzuma (trastuzumab-pkrb)		
J1745	Remicade (infliximab)	Q5121	Avsola (infliximab-axxq)
Q5103	Inflectra (Infliximab-dyyb)	Q5104	Renflexis (Infliximab-abda)
J9312	Rituxan (rituximab)	Q5123	Riabni (rituximab-arrx)
Q5115	Truxima (rituximab-abbs)	Q5119	Ruxience (rituximab-pvvr)
J2506	Neulasta / Neulasta OnPro (pegfilgrastim)	Q5108	Fulphila (pegfilgrastim-jmdb)
		Q5130	Fylnetra (pegfilgrastim-pbbk)
		Q5122	Nyvepria (pegfilgrastim—apgf)
		Q5120	Ziextenzo (pegfilgrastim-bmez)

Pharmacy

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<https://www.valleyhealthplan.org/providers/authorizations-and-referrals>