

## Medical Benefit Therapeutic Alternatives Summary

Certain prescription drugs given to you by a health care provider in a clinical or professional setting have therapeutic equivalents or therapeutic alternatives that are used to treat the same condition. Your health plan benefits may only cover select therapeutic equivalent or therapeutic alternative drugs (“Medical Benefit Therapeutic Alternatives”).

This list identifies those non-covered products and their Medical Benefit Therapeutic Alternatives. It is regularly reviewed and updated. Drugs listed as a Medical Benefit Therapeutic Alternative have been reviewed and determined to work just as well (be clinically effective) as the non-covered product.

The drugs listed as therapeutic equivalents or therapeutic alternatives may be covered through your prescription drug benefit, depending on your benefit plan. Check your plan benefits.

If your medication is a non-covered product on your medical benefits, talk to your health care provider about your treatment options. You, an authorized representative or your provider can also ask for a coverage exception. To start this process, call Customer Service at the toll-free telephone number on your member ID card. You and your provider will be told if the request is approved or denied.

<b>Non-Covered Product</b>	<b>Medical Benefit Therapeutic Alternative</b>
<b>Alyglo™</b>	Gammagard®, Gammaked™, Gamunex-C®, Octagam®, Privigen®
<b>Alymsys®</b>	Mvasi®, Zirabev™
<b>Asceniv™</b>	Gammagard®, Gammaked™, Gamunex-C®, Octagam®, Privigen®
<b>Avastin®</b>	Mvasi®, Zirabev™
<b>Avzivi®</b>	Mvasi®, Zirabev™
<b>Bivigam®</b>	Gammagard®, Gammaked™, Gamunex-C®, Octagam®, Privigen®

<b>Non-Covered Product</b>	<b>Medical Benefit Therapeutic Alternative</b>
<b>Cerezyme®</b>	Vpriv®
<b>Cuvitru®</b>	Cutaquig®, Hizentra®, HyQvia®, Xembify®
<b>Elelyso®</b>	Vpriv®
<b>Flebogamma®</b>	Gammagard®, Gammaked™, Gamunex-C®, Octagam®, Privigen®
<b>Fylnetra®</b>	Fulphila®, Neulasta®, Neulasta® Onpro®
<b>Gammagard® S/D</b>	Gammagard®, Gammaked™, Gamunex-C®, Octagam®, Privigen®
<b>Gammaplex®</b>	Gammagard®, Gammaked™, Gamunex-C®, Octagam®, Privigen®
<b>Granix®</b>	Nivestym®, Zarxio®
<b>Herceptin®</b>	Kanjinti®, Ogivri®, Trazimera™
<b>Herceptin Hylecta™</b>	Kanjinti®, Ogivri®, Trazimera™
<b>Herzuma®</b>	Kanjinti®, Ogivri®, Trazimera™
<b>Hercessi™</b>	Kanjinti®, Ogivri®, Trazimera™
<b>Ixifi™</b>	Avsola®, Inflectra®
<b>Jobevne®</b>	Mvasi®, Zirabev™
<b>Neupogen®</b>	Nivestym®, Zarxio®
<b>Nypozi™</b>	Nivestym®, Zarxio®
<b>Nyvepria™</b>	Fulphila®, Neulasta®, Neulasta® Onpro®
<b>Ontruzant®</b>	Kanjinti®, Ogivri®, Trazimera™
<b>Panzyga®</b>	Gammagard®, Gammaked™, Gamunex-C®, Octagam®, Privigen®
<b>Releuko®</b>	Nivestym®, Zarxio®

Non-Covered Product	Medical Benefit Therapeutic Alternative
Renflexis®	Avsola®, Inflectra®
Remicade® Unbranded Infliximab	Avsola®, Inflectra®
Rituxan®	Riabni™, Ruxience®, Truxima®
Rituxan Hycela®	Riabni™, Ruxience®, Truxima®
Rolvedon®	Fulphila®, Neulasta®, Neulasta® Onpro®
Ryzneuta®	Fulphila®, Neulasta®, Neulasta® Onpro®
Stimufend®	Fulphila®, Neulasta®, Neulasta® Onpro®
Udenyca®	Fulphila®, Neulasta®, Neulasta® Onpro®
Udenyca® On-Body	Fulphila®, Neulasta®, Neulasta® Onpro®
Vegzelma®	Mvasi®, Zirabev™
Yimmugo®	Gammagard®, Gammaked™, Gamunex-C®, Octagam®, Privigen®
Ziextenzo™	Fulphila®, Neulasta®, Neulasta® Onpro®

Third-party brand names are the property of their respective owners.

**Please note:** All Medical Benefit Therapeutic Alternative medications listed have an associated BCBSMT medical policy. These drugs may also be subject to a preservice or post-service review. Members and their providers have the responsibility for consulting the member's benefit plan, summary plan description or contract as well as the medical policy to determine if there are any exclusions or other benefit limitations applicable to this service or supply. **If there is a discrepancy between this Summary or a medical policy and a member's benefit plan, summary plan description or contract, then the benefit plan, summary plan description or contract will govern.**

<b>Revision History</b>	
<b>Date</b>	<b>Description of Change</b>
1/1/2026	New Document