

FLORIDA HEALTH CARE PLAN, INC.

2450 Mason Avenue, Daytona Beach, FL 32114

POLICY & PROCEDURE NO.:	MCG016	REVISION: 10
SUBJECT:	Medicare Part B Step Therapy	
APPLICABLE PRODUCT TYPE:	<input type="checkbox"/> Federal Health Exchange Marketplace <input type="checkbox"/> Commercial <input type="checkbox"/> ERISA <input checked="" type="checkbox"/> Medicare	
EFFECTIVE DATE:	July 1, 2025	
REVIEW/REVISION DATE:	October 1, 2025	
ATTACHMENT (S):	(1)	
FORMULATED BY:	David Fox, PharmD Administrator Clinical Pharmacy	
LEADERSHIP APPROVAL:	<u>[Approved original maintained within PolicyTech.]</u> Christopher Joseph Smith, M.D., Chief Medical Officer	

POLICY

This policy supplements Medicare NCDs, LCDs, and Chapter 15 of the Medicare manuals for the purpose of determining coverage under Medicare Part B medical benefits. This policy implements a step requirement for Part B medications. A member cannot be required under this policy to change a current drug/product. For the purposes of this policy, a current drug/product means the member has a paid claim for the drug/product within the past 120 days. An existing member currently using a particular drug/product covered under Part B will not be required to change drugs/products in the event this policy is updated.

OVERVIEW

Prior Authorization and Stepped Care are tools in a process to assist in the proper implementation of medication use.

Process for Prior Authorization Request

- Medications which require a step therapy protocol may be requested by the member, prescribing physician, or a member's authorized representative verbally or in writing by contacting the FHCP Central Referrals Department.

FHCP Central Referral Department will gather clinical information to be evaluated. A clinical pharmacist with Doctor of Pharmacy degree will perform the final

determination. Appeals are reviewed by a Utilization Management Physician for final determination.

- For standard requests, FHCP notifies the requesting physician, member or members' representative of its determination as expeditiously as the enrollee's health condition requires, but no later than 72 hours for Medicare members after receipt of the request.
- Medications which are provided and administered by a health care professional incident to a visit are generally part B (unless self-administered greater than fifty percent of the time). If a medication is provided by a pharmacy and administered by a physician, it may be Part D. Further clarification can be found at <https://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/Downloads/determine.pdf>
- For expedited requests, FHCP notifies the requesting physician, member or member's authorized representative' representative of its determination as expeditiously as the enrollee's health condition requires, but no later than 24 hours after receipt of the request and supporting clinical documentation. Should FHCP require additional information or documentation an additional 48 hours will be allowed to obtain the information and evaluate for a determination. Under no circumstances will an expedited request exceed 72 hours.
- Approved prior authorizations must be renewed by the member, or prescribing physician or a member's authorized representative verbally or in writing through the FHCP Central Referrals Department prior to expiration date for continued coverage.
- FHCP Central Referrals Department notifies the requesting Physician, Member or Member's representative of a favorable or an adverse Prior Authorization determination in writing. All adverse determination notices will include the appropriate instructions on how to file an Appeal.
- Once a prior authorization or step therapy request has been approved, coverage will be authorized for up to 12 months for most medications.
- When a request for a step therapy medication is denied FHCP will;
 1. Specify reason for the denial in easily understandable language.
 2. Refer to the policy, LCD, NCD or guideline upon which the decision is based.
 3. Notify the member and requesting physician they may request a copy of any criterion used to make the decision.
 4. Provide member and requesting physician with a description of appeal rights, including the right to submit written comments, documentation or other information relevant to the appeal and the timeframes for deciding appeals.

5. Provide member with a description of the expedited appeal process for urgent pre-service or urgent concurrent denials.

However, certain generic medications may be covered indefinitely at discretion of the clinical reviewer. An enrollee is not required to re-request an approval to continue using the prescription drug, as long as all of the following conditions are met:

- The member's prescribing physician continues to prescribe the drug.
- The drug continues to be considered safe and effective for treating the member's disease or medical condition.

The member continues to remain eligible under the plan.

SUMMARY OF CHANGES FROM PREVIOUS VERSION

Add Alymsys, Add Aurixia, Add Avsola, Add Belranzo, Add Cimrelia, Add Cosentyx, Add Cutaquig, Add Darzalex Faspro, Add Enhertu, Add Enzeevu, Add Evenity, Add Evkeeza, UPD injectifer, Add Jubbonti, Add Khapzory, Add Monoferic, Add Onivyde, Add Pemfexy, Add Pemrydi, Add Riabni, Add Saphnolo, UPD Skyrizi, UPD Stelara, Add Stoboclo, Add Tofidence, Add Tyenne, UPD Tysabri, Add Vegzelma, Add Velphoro, Add Vivimusta, Add Vyalev, , Update Vyxepti, update Vyvgart, Add Xembify, Add Xphozah, Add Yesintek,

PROCEDURE BY MEDICATION (See Attachment 1)

PART B Prior Authorization and Step Therapy Drug List

The Centers for Medicare and Medicaid Services (CMS) has authorized Medicare Advantage (MA) plans to use step therapy for Part B drugs. Step therapy may require a Part B drug before Part B drug and Part D drug before Part B drug. Existing drug therapy must be grandfathered in, therefore, the step therapy program applies to new starts only. Existing drug therapy means that the drug was covered under Part B in the previous 120 days. Medicare Advantage plans are permitted to require trial/failure of drugs supported only by off-label indication if well supported in accordance with CMS-approved compendia.

The following list of medications needs authorization through the FHCP referrals department prior to administration in the outpatient setting.

Drugs denoted as **Step Therapy (ST)** have FHCP plan specific criteria which require the use of other medications prior to the coverage of that medication.

Drugs denoted as **Prior Authorization (PA)** have CMS criteria that must be met prior to coverage; this may include NCD, LCD, CMS approved drug compendia, or general statutory requirements.

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Medicare Part B Step Therapy

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Abilify Maintena (ST)	Generic Name: aripiprazole injection J/Q Code: J0401 Step Requirements: oral aripiprazole Step J/Q Code:
Abraxane (PA)	Generic Name: paclitaxel protein bound J/Q Code: J9264
Actemra (ST)	Generic Name: tocilizumab J/Q Code: J3262 Step Requirements: Tyenne And Renflexis or adalimumab And Xeljanz, Step J/Q Code: Q5104, J1602, Q5135
Acthar gel and Cortrophin Gel (ST)	Generic Name: repository corticotropin J/Q Code: J0801 J0802 Step Requirements: two high potency injectable corticosteroids. For Multiple Sclerosis 2 high potency disease modifying therapies (Gilenya, Ocrevus, Tysabri, rituximab) Step J/Q Code: J0702, J1020, J1030, J1040, J1100, J1720, J2920, J2930, J3301, J3303, J2350, J2323
Adcetris (PA)	Generic Name: brentuximab vedotin J/Q Code: J9042

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Akynzeo (ST)	Generic Name: netupitant/ fosnetupitant; palonosetron J/Q Code: J8655 Step Requirements: generic ondansetron (IV/oral), generic granisetron (oral/IV), aprepitant, fosaprepitant, Aloxi, and low-dose olanzapine (when supported by NCCN guidelines) Step J/Q Code: J1626, J2405, J2469
Aldurazyme (PA)	Brand Name: Aldurazyme Generic Name: laronidase J/Q Code: J1931
Alimta (PA)	Generic Name: premetrexed J/Q Code: J9305
Alymsys (ST)	Generic Name: bevacizumab J/Q Code: Q5126 Step Requirements: Zirabev , MVASI (preferred biosimilars) Step J/Q Code: Q5107, Q5118
Aranesp (ST)	Generic Name: Darbepoetin alfa J/Q Code: J0881 J0882 Step Requirements: Retacrit Step J/Q Code: Q5106

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Arzerra (ST)	Generic Name: ofatuzumab J/Q Code: J9302 Step Requirements: Ruxience (preferred), Rituxan Step J/Q Code: J9312
Arikayce (ST)	Generic name (Amikaycin) J/Q code- Nebulized N/A Step Requirements: Amikacin injectible nebulized Step J/Q Code: J0278
Auryxia (ST)	Generic Name: ferric citrate J/Q Code: J0609 Step Requirements: Calcium Acetate, Sevelamer Carbonate, Lanthanum Carbonate Step J/Q Code: J0615, J0601, J0607
Avastin (ST)	Generic Name: bevacizumab J/Q Code: J9035 Step Requirements: Zirabev MVASI (preferred biosimilars) Step J/Q Code: Q5107, Q5118
Bavencio (PA)	Generic Name: avelumab J/Q Code: J9023
Avsola (ST)	Generic Name: infliximab Step Requirements: Renflexis J/Q Code: Q5104

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Belrapzo (ST)	Generic Name: bendamustine J/Q Code: J9036 Step Requirements: Treanda Step J/Q Code: J9033
Bendeka (ST)	Generic Name: bendamustine J/Q Code: J9034 Step Requirements: Treanda Step J/Q Code: J9033
Benlysta (ST)	Generic Name: belimumab J/Q Code: J0490 Step Requirements: Corticosteroids, Antimalarials (Hydroxychloroquine), AND Methotrexate AND Azathioprine AND Mycophenolate OR Tacrolimus
Berinert (PA)	Generic Name: C1 esterase inhibitor (Human) J/Q Code: J0597
Blincyto (PA)	Generic Name: blimatumomab J/Q Code: J9039
Botox (PA)	Generic Name: onabotulinum J/Q Code: j0585
Cerezyme (PA)	Generic Name: imiglucerase J/Q Code: J1786

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Cimerli (ST)	Generic Name: ranibizumab J/Q Code: Q5128 Step Requirements: Avastin Step J/Q Code: J9035
Cinacalcet (ESRD) (PA)	Brand Name: Sensipar Generic Name: cinacalcet J/Q Code: J0604
Cinryze (ST)	Generic Name: C1 esterase inhibitor (Human) J/Q Code: J0598 Step Requirements: danazol, AND aminocaproic acid, AND tranexamic acid Step J/Q Code:
Cinvanti (ST)	Generic Name: Aprepitant J/Q Code: J0185 Step Requirements: fosaprepitant Step J/Q Code: J1453

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Cosentyx (ST)	<p>Generic Name: secukinumab</p> <p>J/Q Code: J3247</p> <hr/> <p>Step Requirements: HS: Adalimumab AND Renflexis PP: Renflexis, Adalimumab AND Yesintek PsA: Renflexis, Adalimumab, Xeljanz AND Yesintek; AS: Renflexis AND Adalimumab</p> <p>Step J/Q Code: Q5104, J1602, J3380, Q5100</p>
Cresemba (ST)	<p>Generic Name: isavuconazole</p> <p>J/Q Code:</p> <hr/> <p>Step Requirements: invasive aspergillosis: voriconazole, invasive mucormycosis: Amphotericin B</p> <p>Step J/Q Code:</p>
Cutaquig (ST)	<p>Generic Name: Subcutaneous Immune Globulin</p> <p>J/Q Code: J1551</p> <hr/> <p>Step Requirements: Gammagard, Gammunex</p> <p>Step J/Q Code: J1569, J1561</p>
Cuvitru (ST)	<p>Generic Name: Subcutaneous Immune Globulin</p> <p>J/Q Code: J1555</p> <hr/> <p>Step Requirements: Gammagard, Gammunex</p> <p>Step J/Q Code: J1569, J1561</p>

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Cyramza (PA)	Generic Name: ramucirumab J/Q Code: J9308
Dalvance IV (ST)	Generic Name: Dalbavancin J/Q Code: J0875 Step Requirements: Failure of Linezolid and daptomycin or vancomycin if clinically supported
Darzalex IV /Darzalex Faspro (PA)	Generic Name: daratumumab J/Q Code: J9145, J9144
Dextenza (ST)	Generic Name: dexamethasone insert J/Q Code: J1096 Step Requirements: Failure Pred Forte and FML STEP J/Q Code J3490
Doxil/Lipodox (PA)	Generic Name: doxorubicin Liposomal J/Q Code: Q2050
Dysport (PA)	Generic Name: abobotulinum J/Q Code: j0586
Elaprase (PA)	Generic Name: idursulfase J/Q Code: J1743
Elitek (PA)	Generic Name: rasburicase J/Q Code: J2783
Empliciti (PA)	Generic Name: elotuzumab J/Q Code: J9176

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Entyvio IV (ST)	Generic Name: vedolizumab J/Q Code: J3380 Step Requirements: Renflexis AND Adalimumab AND Ustekinumab Yesintek Step J/Q Code: Q5104
Epogen (ST)	Generic Name: Epoetin alfa J/Q Code: J0885, Q4081 Step Requirements: Retacrit Step J/Q Code: Q5106
Erbitux (PA)	Generic Name: cetuximab J/Q Code: J9055
Enhertu (PA)	Generic Name: Trastuzumab deruxtecan J/Q Code: J9358
Enzeevu (ST)	Generic Name: aflibercept J/Q Code: Q5149 Step Requirements: bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart Step J/Q Code: J9035
Evenity (ST)	Generic Name: romosozumab J/Q Code: J3111 Step Requirements: Teriparatide Step J/Q Code:
Evkeeza (ST)	Generic Name: evinacumab J/Q Code: J1305 Step Requirements: Repatha Step J/Q Code:

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Eylea/Eylea HD (ST)	Generic Name: aflibercept J/Q Code: J0178, J0177 Step Requirements: bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart Step J/Q Code: J9035
Focinvez Fosaprepitant (Teva) (ST)	Generic Name: fosaprepitant J/Q Code: J1434, 1456 Step Requirements: aprepitant or fosaprepitant Step J/Q Code: J0185 or J1453
Fabrazyme (PA)	Generic Name: agalsidase beta J/Q Code: J0180
Epoprostenol (ST)	Brand Name: Flolan Generic Name: epoprostenol J/Q Code: J1325 Step Requirements: ambrisentan, tadalafil, sildenafil Step J/Q Code:
Fulphila (PA)	Biosimilar for: Neulasta Generic Name: Peg-Filgrastim J/Q Code: Q5108
Levoleucovorin (ST)	Brand Name: Fusilev Generic Name: levoleucovorin J/Q Code: J0641 Step Requirements: leucovorin Step J/Q Code: J0640
Gammagard (PA)	Generic Name: Intravenous Immune Globulin J/Q Code: J1569

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Gamunex (PA)	Generic Name: Intravenous Immune Globulin J/Q Code: J1561
Gazyva (ST)	Generic Name: obinutuzumab J/Q Code: J9301
	Step Requirements: Ruxience (preferred), Rituxan Step J/Q Code: J9312
Geodon (ST)	Generic Name: ziprasidone injection J/Q Code: J3486
	Step Requirements: oral ziprasidone Step J/Q Code:
Glassia (ST)	Generic Name: alpha-1 proteinase inhibitor J/Q Code: J0257
	Step Requirements: Prolastin Step J/Q Code: J0256
Granix (ST)	Biosimilar For: Neupogen Generic Name: filgrastim J/Q Code: j1447
	Step Requirements: Zarzio, Nivestym Step J/Q Code:
Herceptin, Herceptin Hylecta, Kanjinti, Herzuma, Orgivi (ST)	Generic Name: trastuzumab J/Q Code: J9355, J9356, Q5117, Q5114, Q5113
	Step Requirements: Trazimera Ontruzant (preferred biosimilars) Step J/Q Code: Q5116, Q5112

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Hizentra (ST)	Generic Name: Subcutaneous Immune Globulin J/Q Code: J1559 Step Requirements: Gammagard, Gammunex Step J/Q Code: J1569, J1561
Hyquvia (ST)	Generic Name: Subcutaneous Immune Globulin J/Q Code: J1575 Step Requirements: Gammagard, Gammunex Step J/Q Code: J1569, J1561
Imfinzi (PA)	Generic Name: durvalumab J/Q Code: J9173
Imlytic (PA)	Generic Name: talimogene laherparepvec J/Q Code: J9325
Inflectra (ST)	Biosimilar for: Remicade Generic Name: infliximab J/Q Code: Q5103 Step Requirements: Renflexis Step J/Q Code: Q5104
Injectafer (ST)	Generic Name: ferric carboxymaltose J/Q Code: J1439 Step Requirements: Infed, OR Venofer AND Feraheme AND Ferrlecit Step J/Q Code: J1750, J1756, J2916

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Invega Sustenna (ST)	Generic Name: paliperidone J/Q Code: J2426 Step Requirements: aripiprazole, paliperidone, risperidone Step J/Q Code:
Ixempra (PA)	Generic Name: ixabepilone J/Q Code: J9207
Jevtana (PA)	Generic Name: cabazitaxel J/Q Code: J9043
Jubbonti (ST)	Generic Name: denosumab J/Q Code: J9043 Step Requirements: Zoledronic Acid Step J/Q Code: J3489
Kadcyla (PA)	Generic Name: ado-trastuzumab J/Q Code: J9354
Keytruda (PA)	Generic Name: pembrolizumab J/Q Code: J9271
Khapzory (ST)	Generic Name: levoleucovorin J/Q Code: J0642 Step Requirements: Leucovorin Step J/Q Code: J0640

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Krystexxa (ST)	Generic Name: pegloticase J/Q Code: J2507 Step Requirements: allopurinol AND febuxostat, AND With an elevated uric acid after a 3 month trial. Step J/Q Code:
Kyprolis (PA)	Generic Name: carfilzomib J/Q Code: J9047
Levulan (PA)	Generic Name: aminolevulinic acid J/Q Code: J7308
Leqvio (ST)	Generic Name: Inclisiran J/Q Code: J1306 Step Requirements: Repatha Step J/Q Code:
Libtayo (PA)	Generic Name: cemiplimab J/Q Code: J9119
Lucentis (ST)	Generic Name: Ranibizumab J/Q Code: J2778 Step Requirements: bevacizumab ophthalmic Step J/Q Code: J9035
Monoferric (ST)	Generic Name: Ferric Derisomaltose J/Q Code: J1437 Step Requirements: Infed, OR Venofer AND Feraheme AND Ferrlecit Step J/Q Code: J1750, J1756, J2916

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myobloc (PA)	Generic Name: rimabotulinum J/Q Code: j0587
Neulasta, Nyvepria,	Generic Name: Peg-Filgrastim J/Q Code: J2505,Q5122 Step Requirements: Fulphila, Udenyca, ziextenzo Step J/Q Code: Q5108, Q5111,Q5120
Neupogen (ST)	Generic Name: filgrastim J/Q Code: j1442 Step Requirements: Granix, Zarxio, Nivestym (preferred) Step J/Q Code: J1447, Q5101, Q5110
Nplate (PA)	Generic Name: romiplostim J/Q Code: J2796
Nuloxix (ST)	Generic Name: belatacept J/Q Code: J0485 Step Requirements: cyclosporine AND tacrolimus Step J/Q Code:
Ocrevus (ST)	Generic Name: ocrelizumab J/Q Code: J2350 Step Requirements: dimethyl fumarate , Rituxumab or dimethylfumarate Step J/Q Code:

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Octogam (PA)	Generic Name: Intravenous Immune Globulin J/Q Code: J1568
Ohtuvayre (ST)	Generic Name: ensifenterine J/Q Code: Step Requirements: Trelegy AND roflumilast Step J/Q Code:
Omidria (ST)	Generic Name: Ketorolac and phenylephrine J/Q Code: J1097 Step Requirements: failure of phenylephrine and ketorolac as separate ingredients Step J/Q Code: J3490
Onivyde (ST)	Generic Name: irinotecan liposome J/Q Code: J9205 Step Requirements: irinotecan Step J/Q Code: J9206
Opdivo (PA)	Generic Name: nivolumab J/Q Code: J9299
Orencia (ST)	Generic Name: abatacept J/Q Code: J0129 Step Requirements: Renflexis, AND Adalimumab AND Kevzara Step J/Q Code: Q5104

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Parsabiv (ST)	Generic Name: etelcalcetide J/Q Code: Step Requirements: cinacalcet, Step J/Q Code:
PavBlu	Generic Name: aflibercept J/Q Code: Q5147 Step Requirements: bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart Step J/Q Code: J9035
Pemfexy (ST)	Generic Name: Pemetrexed J/Q Code: J9304 Step Requirements: Alimta, Pemetrexed Step J/Q Code: J9305, J9294, J9296, J9297, J9314
Pemrydi (ST)	Generic Name: Pemetrexed J/Q Code: J9324 Step Requirements: Alimta, Pemetrexed Step J/Q Code: J9305, J9294, J9296, J9297, J9314
Perjeta (PA)	Generic Name: pertuzumab J/Q Code: J9306
Privigen (PA)	Generic Name: Intravenous Immune Globulin J/Q Code: J1459

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Procrit (ST)	Generic Name: epoetin alpha J/Q Code: J0885 Q4081 Step Requirements: Retacrit Step J/Q Code: Q5106
Prolastin, Aralast, Zemaira (PA)	Generic Name: alpha-1 proteinase inhibitor J/Q Code: J0256
Prolia (ST)	Generic Name: denosumab J/Q Code: J0897 Step Requirements: zoledronic acid Step J/Q Code: J3489
Prosfea (ST)	Generic Name: palonosetron J/Q Code: J2468 Step Requirements: palonosetron Step J/Q Code: J2469
Provenge (PA)	Generic Name: sipuleucel-T J/Q Code: Q2043
Pulmozyme (PA)	Generic Name: dornase alfa J/Q Code: J7639
Qtenza (ST)	Generic Name: capsaicin 8% J/Q Code: J7336 Step Requirements: Failure Gabapentin or Pregabalin AND Failure of a TCA AND Failure of lidocaine patched Step J/Q Code:

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Radicava (PA)	Generic Name: edaravone J/Q Code: J1301
Remicade (ST)	Generic Name: infliximab J/Q Code: J1745 Step Requirements: Renflexis Step J/Q Code: Q5104
Remodulin (ST)	Generic Name: treprostinil J/Q Code: J3285 Step Requirements: ambrisentan, tadalafil, sildenafil Step J/Q Code:
Renflexis (ST)	Biosimilar for: Remicade Generic Name: infliximab J/Q Code: Q5104 Step Requirements: RA: methotrexate, leflunomide, hydroxychloroquine, sulfasalazine PP: MTX, acitretin, topical corticosteroids, topical vitamin D analog PsA: MTX, LEF Crohn's/UC: azathioprine, 6-MP, MTX, 5-asa, sulfasalazine, balsalazide, mesalamine Step J/Q Code:
Riabni (ST)	Generic Name: Rituximab J/Q Code: J9304 Step Requirements: Ruxience Step J/Q Code: Q5119

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Rituxan, Rituxan Hycela, Truxima (ST)	Generic Name: rituximab J/Q Code: J9312, Q5115, J9311 Step Requirements: Ruxience Step J/Q Code:
Rituxan Hycela (ST)	Generic Name: rituximab hyaluronidase J/Q Code: J9311 Step Requirements: Ruxience (preferred), Rituxan Step J/Q Code: J9312
Ruxience (PA)	Brand Name: Ruxience Generic Name: rituximab J/Q Code: Q5119
Sancuso (ST)	Generic Name: granisetron J/Q Code: Step Requirements: generic ondansetron (IV/oral), generic granisetron (oral/IV), aprepitant, fosaprepitant, Aloxi, and low-dose olanzapine (when supported by NCCN guidelines) Step J/Q Code: J1626, J2405, J2469
Sandostatin LAR (ST)	Generic Name: octreotide depot J/Q Code: J2353 Step Requirements: octreotide non-depot Step J/Q Code: J2354

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Saphnelo (ST)	Generic Name: Anifrolumab J/Q Code: J0491 Step Requirements: Benlysta Step J/Q Code:
Simponi ARIA (ST)	Generic Name: golimumab J/Q Code: J1602 Step Requirements: Renflexis, Kevzara Step J/Q Code: Q5104
Sinuva (ST)	Generic Name: Mometasone J7402 Step Requirements Fluticasone, Budesonide neb J7626
Skyrizi (ST)	Generic Name: risankizumab J/Q Code: J2327 Step Requirements: Yesintek (biosim ustekinumab) AND Renflexis, And Vedolizumab Step J/Q Code: J3380, Q5104, Q5100

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Soliris (ST) and Ultomiris	Generic Name: eculizumab and ravulizumab J/Q Code: J1300 J1303 Step Requirements: MG: azathioprine AND mycophenolate AND Rituximab/tacrolimus AND IVIG, SCIG, AND rituximab OR Satralizumab (For NMSOD only) Step J/Q Code: J9312, J1569, J1561, J1559, J1555, J1575
Somatuline depot (ST)	Generic Name: lanreotide J/Q Code: J1930 Step Requirements: octreotide non depot, octreotide depot Step J/Q Code: J2354, J2353
Stelara (ST)	Generic Name: ustekinumab J/Q Code: J3358 Step Requirements: Yesintek Step J/Q Code: Q5100
Stimufend (ST)	Generic Name: pegfilgrastim J/Q Code: Q5127 Step Requirements: Fulphila, AND Udenyca, AND ziextenzo Step J/Q Code: Q5108, Q5111, Q5120

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Stoboclo (ST)	Generic Name: denosumab J/Q Code: Q5157 Step Requirements: Zoledronic Acid Step J/Q Code: J3489
Sustol (ST)	Generic Name: gransetron J/Q Code: J1627 Step Requirements: generic ondansetron (IV/oral), generic granisetron (oral/IV), aprepitant, fosaprepitant, Alox, and low-dose olanzapine (when supported by NCCN guidelines) Step J/Q Code: J1626, J2405, J2469
Sylvant (PA)	Generic Name: siltuximab J/Q Code: J2860
Tecentriq (PA)	Generic Name: atezolizumab J/Q Code: J9022
Tepezza (ST)	Generic Name: Teprotumumab J/Q Code: J3241 Step Requirements J1020, J1030, J1040, AND Q5119 or recent trial of high dose prednisone (100mg) AND Rituximab

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Treanda (PA)	Generic Name: bendamustine J/Q Code: J9033
Trisenox (PA)	Generic Name: arsenic trioxide J/Q Code: J9017
Tofidience (ST)	Generic Name: tocilizumab J/Q Code: Q5133 Step Requirements: Renflexis, adalimumab, Xeljanz, Tyenne Step J/Q Code: Q5104, J1602, Q5135
Tyneen (ST)	Generic Name: tocilizumab J/Q Code: Q5135 Step Requirements: Renflexis, adalimumab, Xeljanz Step J/Q Code: Q5104, J1602
Tysabri (ST)	Generic Name: natalizumab J/Q Code: J2323 Step Requirements: MS: Glatopa, Gilenya (preferred), Ocrevus, Tecfidera Crohn's: Renflexis (preferred over Entyvio and Humira), Entyvio (preferred over Humira), Humira, Yesintek Step J/Q Code: J2350, J3380, Q5100

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Udenyca (PA)	Biosimilar for: Neulasta Generic Name: Peg-Filgrastim J/Q Code: Q5111
Vabysmo (ST)	Generic Name: faricimab J/Q Code: J2777 Step Requirements: Step Requirements: bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart Step J/Q Code: J9035
Varubi (ST)	Generic Name: rolapitant J/Q Code: J8670 Step Requirements: generic ondansetron (IV/oral), NAD generic granisetron (oral/IV), AND aprepitant, fosaprepitant, Aloxi, and low-dose olanzapine (when supported by NCCN guidelines) Step J/Q Code: J1626, J2405, J2469
Vectibix (PA)	Generic Name: panitumumab J/Q Code: J9303
Vegzelma (ST)	Generic Name: bevacizumab J/Q Code: Q5129 Step Requirements: Zirabev , MVASI (preferred biosimilars) Step J/Q Code: Q5107, Q5118
Velcade (PA)	Generic Name: bortezomib J/Q Code: J9044

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Velphoro (ST)	Generic Name: sucroferric oxyhydroxide J/Q Code: J0605 Step Requirements: Calcium Acetate, Sevelamer Carbonate, Lanthanum Carbonate, Ferric Citrate Step J/Q Code: J0615, J0601, J0607, J0609
Ventavis (PA)	Generic Name: iloprost J/Q Code: Q4074
Vivimust (ST)	Generic Name: bendamustine J/Q Code: J9056 Step Requirements: Treanda Step J/Q Code: J9033
Vyalev (ST)	Generic Name: foscarbidopa/foslevodopa J/Q Code: J7356 Step Requirements: maximal doses of pramipexole, ropinirole, entacapone, selegiline, rasagiline, carbidopa- levodopa IR/ER, Neupro patch Step J/Q Code:
Vyepti (ST)	Generic Name: eptinezumab J/Q Code: J3032 Step Requirements: Ajovy, Emgality, Aimovig Step J/Q Code:

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Vyvgart /Vyvgart Hyrrtulo and Rystiggo (ST)	Generic Name: efgartigimod / Rozanolixizumab J/Q Code: J9332 J9334/ J9333 Step Requirements: Mycophenolate, AND IVIG, and Azathioprine, and rituximab when appropriate Step J/Q Code: Q5119, J1569, J1561
Xembify (ST)	Generic Name: Subcutaneous Immune Globulin J/Q Code: J1558 Step Requirements: Gammagard, Gammunex Step J/Q Code: J1569, J1561
Xeomin (PA)	Generic Name: incobotulinum J/Q Code: J0588
Xgeva (ST)	Generic Name: denosumab J/Q Code: J0897 Step Requirements: zoledronic acid Step J/Q Code: J3488
Xiaflex (PA)	Generic Name: collagenase J/Q Code: J0775
Xolair (PA)	Generic Name: omalizumab J/Q Code: J2357

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Xphozah (ST)	Generic Name: tenapanor J/Q Code: Step Requirements: Calcium Acetate, Sevelamer Carbonate, Lanthanum Carbonate, Ferric Citrate, Velporo Step J/Q Code: J0615, J0601, J0607, J0609, J0605
Yervoy (PA)	Generic Name: ipilimumab J/Q Code: J9228
Yesintek (ST)	Generic Name: ustekinumab J/Q Code: Q5100 Step Requirements: failure of methotrexate or acitretin and topical for plaque psoriasis, failure of infliximab for Crohns or Ulcerative Colitis. Step J/Q Code: Q5104
Yuperli (ST)	Generic Name: revafenacin J/Q Code: J7677 Step Requirements: Trelegy or, Incruse Ellipta AND Anoro Ellipta Step J/Q Code:
Zaltrap (ST)	Generic Name: ziv- afiblerecept J/Q Code: J9400 Step Requirements: Zirabev, MVASI (preferred), Avastin Step J/Q Code: Q5118, Q5107, J9035

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Zarxio (PA)	Biosimilar for: Neupogen Generic Name: filgrastim J/Q Code: Q5101
Ziextenzo (PA)	Generic Name: Peg-Filgrastim bmez J/Q Code: Q5120
Zilretta (ST)	<p>Generic Name: Triamcinolone extended release J/Q Code: J3304</p> <hr/> <p>Step Requirements: Triamcinolone, Methylprednisolone Step J/Q Code: J3301, J2930</p>

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