

# FLORIDA HEALTH CARE PLAN, INC.

2450 Mason Avenue, Daytona Beach, FL 32114

**POLICY & PROCEDURE NO.:** MCG016 **REVISION:** 6  
**SUBJECT:** Medicare Part B Step Therapy  
**APPLICABLE PRODUCT TYPE:**  Federal Health Exchange Marketplace  
 Commercial  
 ERISA  
 Medicare

**EFFECTIVE DATE:** April 1, 2022  
**REVIEW/REVISION DATE:** September 1, 2023  
**ATTACHMENT (S):** (1)  
**FORMULATED BY:** David Fox, PharmD Administrator Clinical Pharmacy

**LEADERSHIP APPROVAL:** [Approved original maintained within PolicyTech.]  
**Joseph Zuckerman MD, Chief Medical Officer**

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## 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.

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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**

remove daptomycin, update stelara, orenicia, actemra, ocrevus

Add Vyvgart, Rystiggo, Dalvance, Cynvati, Dextenza, Omidria

**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.

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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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Cinacalcet (ESRD) (PA)	3
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Provenge (PA)	12
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Remodulin (ST)	12
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Xolair (PA)	18	
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Abilify Maintena (ST)	<p>Generic Name: <b>aripiprazole injection</b>  J/Q Code: <b>J0401</b></p> <hr/> <p>Step Requirements: <b>oral aripiprazole</b>  Step J/Q Code:</p>
Abraxane (PA)	<p><b>Generic Name:</b> paclitaxel protein bound  <b>J/Q Code:</b> J9264</p>
Actemra (ST)	<p><b>Generic Name:</b> tocilizumab  <b>J/Q Code:</b> J3262</p> <hr/> <p><b>Step Requirements:</b> Renflexis, adalimumab Xeljanz,  <b>Step J/Q Code:</b> Q5104, J1602</p>
Acthar gel (ST)	<p><b>Generic Name:</b> repository corticotropin  <b>J/Q Code:</b> J0800</p> <hr/> <p><b>Step Requirements:</b> various injectable corticosteroids and disease modifying therapies (Glatopa, Gilenya, Ocrevus, Tecfidera, Aubagio, Tysabri, Avonex, Betaseron, Refbif)  <b>Step J/Q Code:</b> J0702, J1020, J1030, J1040, J1100, J1720, J2920, J2930, J3301, J3303, J2350, J2323</p>
Adcetris (PA)	<p><b>Generic Name:</b> brentuximab vedotin  <b>J/Q Code:</b> J9042</p>

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Akynzeo (ST)	<p><b>Generic Name:</b> netupitant/fosnetupitant; palonosetron <b>J/Q Code:</b> J8655</p> <hr/> <p><b>Step Requirements:</b> generic ondansetron (IV/oral), generic granisetron (oral/IV), aprepitant, fosaprepitant, Aloxi, and low-dose olanzapine (when supported by NCCN guidelines) <b>Step J/Q Code:</b> J1626, J2405, J2469</p>
Aldurazyme (PA)	<p><b>Brand Name:</b> Aldurazyme <b>Generic Name:</b> laronidase <b>J/Q Code:</b> J1931</p>
Alimta (PA)	<p><b>Generic Name:</b> premetrexed <b>J/Q Code:</b> J9305</p>
Aranesp (ST)	<p><b>Generic Name:</b> Darbepoetin alfa <b>J/Q Code:</b> J0881 J0882</p> <hr/> <p><b>Step Requirements:</b> Retacrit <b>Step J/Q Code:</b> Q5106</p>
Arzerra (ST)	<p><b>Generic Name:</b> ofatumumab <b>J/Q Code:</b> J9302</p> <hr/> <p><b>Step Requirements:</b> Ruxience (preferred), Rituxan <b>Step J/Q Code:</b> J9312</p>
Avastin (ST)	<p><b>Generic Name:</b> bevacizumab <b>J/Q Code:</b> J9035</p> <hr/> <p><b>Step Requirements:</b> Zirabev MVASI (preferred biosimilars) <b>Step J/Q Code:</b> Q5107, Q5118</p>
Bavencio (PA)	<p><b>Generic Name:</b> avelumab <b>J/Q Code:</b> J9023</p>
Bendeka (PA)	<p><b>Generic Name:</b> bendamustine <b>J/Q Code:</b> J9034</p>

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Benlysta (ST)	<p><b>Generic Name:</b> belimumab <b>J/Q Code:</b> J0490</p> <hr/> <p><b>Step Requirements:</b> Corticosteroids, Antimalarials (Hydroxychloroquine), Non-steroidal anti-inflammatory drugs (NSAIDs), Immunosuppressants (Methotrexate, Azathioprine, Mycophenolate, Cyclosporine)</p>
Berinert (PA)	<p><b>Generic Name:</b> C1 esterase inhibitor (Human) <b>J/Q Code:</b> J0597</p>
Blinicyto (PA)	<p><b>Generic Name:</b> blinatumomab <b>J/Q Code:</b> J9039</p>
Botox (PA)	<p><b>Generic Name:</b> onabotulinum <b>J/Q Code:</b> j0585</p>
Cerezyme (PA)	<p><b>Generic Name:</b> imiglucerase <b>J/Q Code:</b> J1786</p>
Cinacalcet (ESRD) (PA)	<p><b>Brand Name:</b> Sensipar <b>Generic Name:</b> cinacalcet <b>J/Q Code:</b> J0604</p>
Cinryze (ST)	<p><b>Generic Name:</b> C1 esterase inhibitor (Human) <b>J/Q Code:</b> J0598</p> <hr/> <p><b>Step Requirements:</b> danazol, aminocaproic acid, tranexamic acid <b>Step J/Q Code:</b></p>

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Cinvanti (ST)	<p><b>Generic Name:</b> Aprepitant  <b>J/Q Code:</b> J0185</p> <hr/> <p><b>Step Requirements:</b>  fosaprepitant  <b>Step J/Q Code: J1453</b></p>
Cresemba (ST)	<p><b>Generic Name:</b> isavuconazole  <b>J/Q Code:</b></p> <hr/> <p><b>Step Requirements:</b> invasive aspergillosis: voriconazole, invasive mucormycosis: Amphotericin B  <b>Step J/Q Code:</b></p>
Cuvitru (ST)	<p><b>Generic Name:</b> Subcutaneous Immune Globulin  <b>J/Q Code:</b> J1555</p> <hr/> <p><b>Step Requirements:</b> Gammagard, Gammunex  <b>Step J/Q Code:</b> J1569, J1561</p>
Cyramza (PA)	<p><b>Generic Name:</b> ramucirumab  <b>J/Q Code:</b> J9308</p>
Dalbance IV (ST)	<p><b>Generic Name:</b> Dalbavancin  <b>J/Q Code:</b> J0875</p> <p><b>Step Requirements:</b>  <b>Failure of Linezolid and daptomycin or vancomycin if clinically supported</b></p>
Darzalex IV (PA)	<p><b>Generic Name:</b> daratumumab  <b>J/Q Code:</b> J9145</p>

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Dextenza (ST)	Generic Name: dexamethasone insert J/Q Code: J1096 Step Requirements: Failure Pred Forte and FML <b>STEP J/Q Code J3490</b>
Doxil/Lipodox (PA)	Generic Name: doxorubicin Liposomal J/Q Code: Q2050
Dysport (PA)	<b>Generic Name:</b> abobotulinum <b>J/Q Code:</b> j0586
Elaprase (PA)	<b>Generic Name:</b> idursulfase <b>J/Q Code:</b> J1743
Elitek (PA)	<b>Generic Name:</b> rasburicase <b>J/Q Code:</b> J2783
Empliciti (PA)	<b>Generic Name:</b> elotuzumab <b>J/Q Code:</b> J9176
Entyvio IV (ST)	<b>Generic Name:</b> vedolizumab <b>J/Q Code:</b> J3380  <b>Step Requirements:</b> Renflexis <b>Step J/Q Code:</b> Q5104
Epogen (ST)	<b>Generic Name:</b> Epoetin alfa <b>J/Q Code:</b> J0885, Q4081 <b>Step Requirements:</b> Retacrit <b>Step J/Q Code:</b> Q5106
Erbitux (PA)	<b>Generic Name:</b> cetuximab <b>J/Q Code:</b> J9055

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Eylea (ST)	<b>Generic Name:</b> aflibercept <b>J/Q Code:</b> J9400 <hr/> <b>Step Requirements:</b> bevacizumab ophthalmic <b>Step J/Q Code:</b> J9035
Fabrazyme (PA)	<b>Generic Name:</b> agalsidase beta <b>J/Q Code:</b> J0180
Epoprostenol (ST)	<b>Brand Name:</b> Flolan <b>Generic Name:</b> epoprostenol <b>J/Q Code:</b> J1325 <b>Step Requirements:</b> ambrisentan, tadalafil, sildenafil <b>Step J/Q Code:</b>
Fulphila (PA)	<b>Biosimilar for:</b> Neulasta <b>Generic Name:</b> Peg-Filgrastim <b>J/Q Code:</b> Q5108
Levoleucovorin (ST)	<b>Brand Name:</b> Fusilev <b>Generic Name:</b> levoleucovorin <b>J/Q Code:</b> J0641 <b>Step Requirements:</b> leucovorin <b>Step J/Q Code:</b> J0640
Gammagard (PA)	<b>Generic Name:</b> Intravenous Immune Globulin <b>J/Q Code:</b> J1569
Gamunex (PA)	<b>Generic Name:</b> Intravenous Immune Globulin <b>J/Q Code:</b> J1561
Gazyva (ST)	<b>Generic Name:</b> obinutuzumab <b>J/Q Code:</b> J9301 <hr/> <b>Step Requirements:</b> Ruxience (preferred), Rituxan <b>Step J/Q Code:</b> J9312

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Geodon (ST)	<p><b>Generic Name:</b> ziprasidone injection <b>J/Q Code:</b> J3486</p> <hr/> <p><b>Step Requirements:</b> oral ziprasidone <b>Step J/Q Code:</b></p>
Glassia (ST)	<p><b>Generic Name:</b> alpha-1 proteinase inhibitor <b>J/Q Code:</b> J0257</p> <hr/> <p><b>Step Requirements:</b> Prolastin <b>Step J/Q Code:</b> J0256</p>
Granix (ST)	<p><b>Biosimilar For:</b> Neupogen <b>Generic Name:</b> filgrastim <b>J/Q Code:</b> j1447</p> <hr/> <p><b>Step Requirements:</b> Zarzio, Nivestym <b>Step J/Q Code:</b></p>
Herceptin, Herceptin Hylecta, Kanjinti, Herzuma, Orgivi (ST)	<p><b>Generic Name:</b> trastuzumab <b>J/Q Code:</b> J9355, J9356, Q5117, Q5114, Q5113</p> <hr/> <p><b>Step Requirements:</b> Trazimera Ontruzant (preferred biosimilars) <b>Step J/Q Code:</b> Q5116, Q5112</p>
Hizentra (ST)	<p><b>Generic Name:</b> Subcutaneous Immune Globulin <b>J/Q Code:</b> J1559</p> <hr/> <p><b>Step Requirements:</b> Gammagard, Gammunex <b>Step J/Q Code:</b> J1569, J1561</p>

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Hyquvia (ST)	<p><b>Generic Name:</b> Subcutaneous Immune Globulin <b>J/Q Code:</b> J1575</p> <hr/> <p><b>Step Requirements:</b> Gammagard, Gammunex <b>Step J/Q Code:</b> J1569, J1561</p>
Imfinzi (PA)	<p><b>Generic Name:</b> durvalumab <b>J/Q Code:</b> J9173</p>
Imlygic (PA)	<p><b>Generic Name:</b> talimogene laherparepvec <b>J/Q Code:</b> J9325</p>
Inflectra (ST)	<p><b>Biosimilar for:</b> Remicade <b>Generic Name:</b> infliximab <b>J/Q Code:</b> Q5103</p> <hr/> <p><b>Step Requirements:</b> Renflexis <b>Step J/Q Code:</b> Q5104</p>
Injectafer (ST)	<p><b>Generic Name:</b> ferric carboxymaltose <b>J/Q Code:</b> J1439</p> <hr/> <p><b>Step Requirements:</b> Infed, Venofer <b>Step J/Q Code:</b> J1750, J1756</p>
Invega Sustenna (ST)	<p><b>Generic Name:</b> paliperidone <b>J/Q Code:</b> J2426</p> <hr/> <p><b>Step Requirements:</b> aripiprazole, paliperidone, risperidone <b>Step J/Q Code:</b></p>
Ixempra (PA)	<p><b>Generic Name:</b> ixabepilone <b>J/Q Code:</b> J9207</p>

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Jevtana (PA)	<b>Generic Name:</b> cabazitaxel <b>J/Q Code:</b> J9043
Kadcyla (PA)	<b>Generic Name:</b> ado- trastuzumab <b>J/Q Code:</b> J9354
Keytruda (PA)	<b>Generic Name:</b> pembrolizumab <b>J/Q Code:</b> J9271
Krystexxa (ST)	<b>Generic Name:</b> pegloticase <b>J/Q Code:</b> J2507  <b>Step Requirements:</b> allopurinol, febuxostat, Probenecid, colchicine, oral corticosteroids <b>Step J/Q Code:</b>
Kyprolis (PA)	<b>Generic Name:</b> carfilzomib <b>J/Q Code:</b> J9047
Levulan (PA)	<b>Generic Name:</b> aminolevulinic acid <b>J/Q Code:</b> J7308
Libtayo (PA)	<b>Generic Name:</b> cemiplimab <b>J/Q Code:</b> J9119
Lucentis (ST)	<b>Generic Name:</b> Ranibizumab <b>J/Q Code:</b> J2778  <b>Step Requirements:</b> bevacizumab ophthalmic <b>Step J/Q Code:</b> J9035
myobloc (PA)	<b>Generic Name:</b> rimabotulinum <b>J/Q Code:</b> j0587

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Neulasta, Nyvepria,	<b>Generic Name:</b> Peg-Filgrastim <b>J/Q Code:</b> J2505,Q5122 <hr/> <b>Step Requirements:</b> Fulphila, Udenyca, ziextenzo <b>Step J/Q Code:</b> Q5108, Q5111,Q5120
Neupogen (ST)	<b>Generic Name:</b> filgrastim <b>J/Q Code:</b> j1442 <hr/> <b>Step Requirements:</b> Granix, Zarxio, Nivestym (preferred) <b>Step J/Q Code:</b> J1447, Q5101, Q5110
Nplate (PA)	<b>Generic Name:</b> romiplostim <b>J/Q Code:</b> J2796
Nulojix (ST)	<b>Generic Name:</b> belatacept <b>J/Q Code:</b> J0485 <hr/> <b>Step Requirements:</b> cyclosporine, tacrolimus <b>Step J/Q Code:</b>
Ocrevus (ST)	<b>Generic Name:</b> ocrelizumab <b>J/Q Code:</b> J2350 <hr/> <b>Step Requirements:</b> <b>dimethyl fumarate,</b> Rituxumab,teriflunamide <b>Step J/Q Code:</b>
Octagam (PA)	<b>Generic Name:</b> Intravenous Immune Globulin <b>J/Q Code:</b> J1568

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<p>Omidria (ST)</p>	<p>Generic Name: Ketoralac and phenylephrine J/Q Code: J1097</p> <hr/> <p>Step Requirements: failure of phenylephrine and ketorolac as separate ingredients Step J/Q Code: <b>J3490</b></p>
<p>Opdivo (PA)</p>	<p>Generic Name: nivolumab J/Q Code: J9299</p>
<p>Orencia (ST)</p>	<p><b>Generic Name:</b> abatacept <b>J/Q Code:</b> J0129</p> <hr/> <p><b>Step Requirements:</b> Renflexis, Kevzara, Xeljanz, Adalimumab <b>Step J/Q Code:</b> Q5104</p>
<p>Parsabiv (ST)</p>	<p><b>Generic Name:</b> etelcalcetide <b>J/Q Code:</b></p> <hr/> <p><b>Step Requirements:</b> calcitriol, cinacalcet, paracalcitol <b>Step J/Q Code:</b> J0604, J2501</p>
<p>Perjeta (PA)</p>	<p><b>Generic Name:</b> pertuzumab <b>J/Q Code:</b> J9306</p>
<p>Privigen (PA)</p>	<p><b>Generic Name:</b> Intravenous Immune Globulin <b>J/Q Code:</b> J1459</p>
<p>Procrit (ST)</p>	<p><b>Generic Name:</b> epoetin alpha <b>J/Q Code:</b> j0885 Q4081</p> <hr/> <p><b>Step Requirements:</b> Retacrit <b>Step J/Q Code:</b> Q5106</p>

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Prolastin, Aralast, Zemaira (PA)	<b>Generic Name:</b> alpha-1 proteinase inhibitor <b>J/Q Code:</b> J0256
Prolia (ST)	<b>Generic Name:</b> denosumab <b>J/Q Code:</b> J0897  <b>Step Requirements:</b> zoledronic acid <b>Step J/Q Code:</b> J3489
Provenge (PA)	<b>Generic Name:</b> sipuleucel- T <b>J/Q Code:</b> Q2043
Pulmozyme (PA)	<b>Generic Name:</b> dornase alfa <b>J/Q Code:</b> J7639
Radicava (PA)	<b>Generic Name:</b> edaravone <b>J/Q Code:</b> J1301
Remicade (ST)	<b>Generic Name:</b> infliximab <b>J/Q Code:</b> J1745  <b>Step Requirements:</b> Renflexis <b>Step J/Q Code:</b> Q5104
Remodulin (ST)	<b>Generic Name:</b> treprostinil <b>J/Q Code:</b> J3285  <b>Step Requirements:</b> ambrisentan, tadalafil, sildenafil <b>Step J/Q Code:</b>

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<p>Renflexis (ST)</p>	<p><b>Biosimilar for:</b> Remicade  <b>Generic Name:</b> infliximab  <b>J/Q Code:</b> Q5104</p> <hr/> <p><b>Step Requirements:</b> 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  <b>Step J/Q Code:</b></p>
<p>Rituxan, Rituxan Hycela, Truxima (ST)</p>	<p><b>Generic Name:</b> rituximab  <b>J/Q Code:</b>  J9312,Q5115,J9311</p> <hr/> <p><b>Step Requirements:</b>  Ruxience  <b>Step J/Q Code:</b></p>
<p>Rituxan Hycela (ST)</p>	<p><b>Generic Name:</b> rituximab  hyaluronidase  <b>J/Q Code:</b> J9311</p> <hr/> <p><b>Step Requirements:</b>  Ruxience (preferred),  Rituxan  <b>Step J/Q Code:</b> J9312</p>
<p>Ruxience (PA)</p>	<p><b>Brand Name:</b> Ruxience  <b>Generic Name:</b> rituximab  <b>J/Q Code:</b> Q5119</p>

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<p>Sancuso (ST)</p>	<p><b>Generic Name:</b> granisetron <b>J/Q Code:</b> _____</p> <p><b>Step Requirements:</b> generic ondansetron (IV/oral), generic granisetron (oral/IV), aprepitant, fosaprepitant, Aloxi, and low-dose olanzapine (when supported by NCCN guidelines) <b>Step J/Q Code:</b> J1626, J2405, J2469</p>
<p>Sandostatin LAR (ST)</p>	<p><b>Generic Name:</b> octreotide depot <b>J/Q Code:</b> J2353 _____</p> <p><b>Step Requirements:</b> octreotide non-depot <b>Step J/Q Code:</b> J2354</p>
<p>Simponi ARIA (ST)</p>	<p><b>Generic Name:</b> golimumab <b>J/Q Code:</b> J1602 _____</p> <p><b>Step Requirements:</b> Renflexis, Kevzara <b>Step J/Q Code:</b> Q5104</p>
<p>Sinuva (ST)</p>	<p><b>Generic Name:</b> Mometasone J7402 _____</p> <p><b>Step Requirements</b> Fluticasone, Budesonide neb J7626</p>

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Soliris (ST)	<p><b>Generic Name:</b> eculizumab</p> <p><b>J/Q Code:</b> J1300</p> <hr/> <p><b>Step Requirements: MG:</b> pyridostigmine, corticosteroids, azathioprine, cyclosporine, mycophenolate, tacrolimus, methotrexate, cyclophosphamide, IVIG, SCIG, rituximab, Satralizumab (For NMSOD)</p> <p><b>Step J/Q Code:</b> J9312, J1569, J1561, J1559, J1555, J1575</p>
Somatuline depot (ST)	<p><b>Generic Name:</b> lanreotide</p> <p><b>J/Q Code:</b> J1930</p> <hr/> <p><b>Step Requirements:</b> octreotide non depot, octreotide depot</p> <p><b>Step J/Q Code:</b> J2354, J2353</p>
Stelara (ST)	<p><b>Generic Name:</b> ustekinumab</p> <p><b>J/Q Code:</b> J3357</p> <hr/> <p><b>Step Requirements: PP:</b> Renflexis, Adalimumab PsA: Renflexis, Adalimumab, Xeljanz, Crohn's: Renflexis, Adalimumab (preferred over Entyvio , Entyvio ( UC: Renflexis, adalimumab (preferred over Entyvio , Entyvio Xeljanz, Simponi</p> <p><b>Step J/Q Code:</b> Q5104, J1602, J3380</p>

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Sustol (ST)	<p><b>Generic Name:</b> granisetron <b>J/Q Code:</b> J1627</p> <hr/> <p><b>Step Requirements:</b> generic ondansetron (IV/oral), generic granisetron (oral/IV), aprepitant, fosaprepitant, Aloxi, and low-dose olanzapine (when supported by NCCN guidelines) <b>Step J/Q Code:</b> J1626, J2405, J2469</p>
Sylvant (PA)	<p><b>Generic Name:</b> siltuximab <b>J/Q Code:</b> J2860</p>
Tecentriq (PA)	<p><b>Generic Name:</b> atezolizumab <b>J/Q Code:</b> J9022</p>
Tepezza (ST)	<p><b>Generic Name:</b> Teprotumumab <b>J/Q Code:</b> J3241</p> <hr/> <p><b>Step Requirements</b> J1020, J1030, J1040, or recent trial of high dose prednisone</p>
Treanda (PA)	<p><b>Generic Name:</b> bendamustine <b>J/Q Code:</b> J9033</p>
Trisenox (PA)	<p><b>Generic Name:</b> arsenic trioxide <b>J/Q Code:</b> J9017</p>

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Tysabri (ST)	<p><b>Generic Name:</b> natalizumab <b>J/Q Code:</b> J2323</p> <hr/> <p><b>Step Requirements: MS:</b> Glatopa, Gilenya (preferred), Ocrevus, Tecfidera Crohn's: Renflexis (preferred over Entyvio and Humira), Entyvio (preferred over Humira), Humira <b>Step J/Q Code:</b> J2350, J3380</p>
Udenyca (PA)	<p><b>Biosimilar for:</b> Neulasta <b>Generic Name:</b> Peg-Filgrastim <b>J/Q Code:</b> Q5111</p>
Varubi (ST)	<p><b>Generic Name:</b> rolapitant <b>J/Q Code:</b> J8670</p> <hr/> <p><b>Step Requirements:</b> generic ondansetron (IV/oral), generic granisetron (oral/IV), aprepitant, fosaprepitant, Aloxi, and low-dose olanzapine (when supported by NCCN guidelines) <b>Step J/Q Code:</b> J1626, J2405, J2469</p>
Vectibix (PA)	<p><b>Generic Name:</b> panitumumab <b>J/Q Code:</b> J9303</p>
Velcade (PA)	<p><b>Generic Name:</b> bortezomib <b>J/Q Code:</b> J9044</p>
Ventavis (PA)	<p><b>Generic Name:</b> iloprost <b>J/Q Code:</b> Q4074</p>

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Vyvgart and Rystiggo (ST)	<p><b>Generic Name:</b> efgartigimod / Rozanolixizumab <b>J/Q Code:</b> J9332/ J3590</p> <p><b>Step Requirements</b> <b>Mycophenolate, and</b> <b>Azathioprine, and</b> <b>rituximab (Q5119)</b></p>
Xeomin (PA)	<p><b>Generic Name:</b> incobotulinum <b>J/Q Code:</b> J0588</p>
Xgeva (ST)	<p><b>Generic Name:</b> denosumab <b>J/Q Code:</b> J0897</p> <hr/> <p><b>Step Requirements:</b> zoledronic acid <b>Step J/Q Code:</b> J3488</p>
Xiaflex (PA)	<p><b>Generic Name:</b> collagenase <b>J/Q Code:</b> J0775</p>
Xolair (PA)	<p><b>Generic Name:</b> omalizumab <b>J/Q Code:</b> J2357</p>
Yervoy (PA)	<p><b>Generic Name:</b> ipilimumab <b>J/Q Code:</b> J9228</p>
Zaltrap (ST)	<p><b>Generic Name:</b> ziv- afibercept <b>J/Q Code:</b> J9400</p> <hr/> <p><b>Step Requirements:</b> Zirabev, MVASI (preferred), Avastin <b>Step J/Q Code:</b> Q5118, Q5107, J9035</p>
Zarxio (PA)	<p><b>Biosimilar for:</b> Neupogen <b>Generic Name:</b> filgrastim <b>J/Q Code:</b> Q5101</p>

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Ziextenzo (PA)	<b>Generic Name:</b> Peg- Filgrastim bmez <b>J/Q Code:</b> Q5120 <hr/>
Zilretta (ST)	<b>Generic Name:</b> Triamcinolone extended release <b>J/Q Code:</b> J3304 <hr/> <b>Step Requirements:</b> Triamcinolone, Methylprednisolone <b>Step J/Q Code:</b> J3301, J2930

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