

# 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:** ☐ Federal Health Exchange Marketplace  
☐ Commercial  
☐ ERISA  
☒ 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:** [Approved original maintained within PolicyTech.]  
**Christopher Joseph Smith, M.D., 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**

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 Monoferric, Add Onivyde, Add Pemfexy, Add Pemrydi, Add Riabni, Add Saphnelo, UPD Skyrizi, UPD Stelara, Add Stoboclo, Add Tofidence, Add Tyenne, UPD Tysabri, Add Vegzelma, Add Velphoro, Add Vivimusta, Add Vyalev, , Update Vyepti, 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.

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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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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> Tyenne And Renflexis or adalimumab And Xeljanz, <b>Step J/Q Code:</b> Q5104, J1602, Q5135</p>
Acthar gel and Cortrophin Gel (ST)	<p><b>Generic Name:</b> repository corticotropin <b>J/Q Code:</b> J0801 J0802</p> <hr/> <p><b>Step Requirements:</b> two high potency injectable corticosteroids. For Multiple Sclerosis 2 high potency disease modifying therapies ( Gilenya, Ocrevus, Tysabri, rituximab) <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)	<b>Generic Name:</b> netupitant/ fosnetupitant; palonosetron <b>J/Q Code:</b> J8655  <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
Aldurazyme (PA)	<b>Brand Name:</b> Aldurazyme <b>Generic Name:</b> laronidase <b>J/Q Code:</b> J1931
Alimta (PA)	<b>Generic Name:</b> premetrexed <b>J/Q Code:</b> J9305
Alymsys (ST)	<b>Generic Name:</b> bevacizumab <b>J/Q Code:</b> Q5126  <b>Step Requirements:</b> Zirabev , MVASI (preferred biosimilars) <b>Step J/Q Code:</b> Q5107, Q5118
Aranesp (ST)	<b>Generic Name:</b> Darbepoetin alfa <b>J/Q Code:</b> J0881 J0882  <b>Step Requirements:</b> Retacrit <b>Step J/Q Code:</b> Q5106

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

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

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

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

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Cyramza (PA)	<b>Generic Name:</b> ramucirumab <b>J/Q Code:</b> J9308
Dalvance IV (ST)	<b>Generic Name:</b> Dalbavancin <b>J/Q Code:</b> J0875  <b>Step Requirements:</b> <b>Failure of Linezolid and daptomycin or vancomycin if clinically supported</b>
Darzalex IV /Darzalex Faspro (PA)	<b>Generic Name:</b> daratumumab <b>J/Q Code:</b> J9145, J9144
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

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Entyvio IV (ST)	<b>Generic Name:</b> vedolizumab <b>J/Q Code:</b> J3380 <hr/> <b>Step Requirements:</b> Renflexis AND Adalimumab AND Ustekinumab Yesintek <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
Enhertu (PA)	<b>Generic Name:</b> Trastuzumab deruxtecan <b>J/Q Code:</b> J9358
Enzeevu (ST)	<b>Generic Name:</b> aflibercept <b>J/Q Code:</b> Q5149 <hr/> <b>Step Requirements:</b> bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart <b>Step J/Q Code:</b> J9035
Evenity (ST)	<b>Generic Name:</b> romosozumab <b>J/Q Code:</b> J3111 <hr/> <b>Step Requirements:</b> Teriparatide <b>Step J/Q Code:</b>
Evkeeza (ST)	<b>Generic Name:</b> evinacumab <b>J/Q Code:</b> J1305 <hr/> <b>Step Requirements:</b> Repatha <b>Step J/Q Code:</b>

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Eylea/Eylea HD (ST)	<b>Generic Name:</b> aflibercept <b>J/Q Code:</b> J0178, J0177  <b>Step Requirements:</b> bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart <b>Step J/Q Code:</b> J9035
Focinvez Fosaprepitant (Teva) (ST)	<b>Generic Name:</b> fosaprepitant <b>J/Q Code:</b> J1434, 1456 <b>Step Requirements:</b> aprepitant or fosaprepitant <b>Step J/Q Code:</b> J0185 or J1453
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</b> <b>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

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

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

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Invega Sustenna (ST)	<b>Generic Name:</b> paliperidone <b>J/Q Code:</b> J2426 <hr/> <b>Step Requirements:</b> aripiprazole, paliperidone, risperidone <b>Step J/Q Code:</b>
Ixempra (PA)	<b>Generic Name:</b> ixabepilone <b>J/Q Code:</b> J9207
Jevtana (PA)	<b>Generic Name:</b> cabazitaxel <b>J/Q Code:</b> J9043
Jubbonti (ST)	<b>Generic Name:</b> denosumab <b>J/Q Code:</b> J9043 <hr/> <b>Step Requirements:</b> Zoledronic Acid <b>Step J/Q Code:</b> J3489
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
Khapzory (ST)	<b>Generic Name:</b> levoleuovorin <b>J/Q Code:</b> J0642 <hr/> <b>Step Requirements:</b> Leucovorin <b>Step J/Q Code:</b> J0640

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Krystexxa (ST)	<b>Generic Name:</b> pegloticase <b>J/Q Code:</b> J2507 <hr/> <b>Step Requirements:</b> allopurinol AND febuxostat, AND <b>With an elevated uric acid after a 3 month trial.</b> <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
Leqvio (ST)	<b>Generic Name:</b> Inclisiran <b>J/Q Code:</b> J1306 <hr/> <b>Step Requirements:</b> Repatha <b>Step J/Q Code:</b>
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 <hr/> <b>Step Requirements:</b> bevacizumab ophthalmic <b>Step J/Q Code:</b> J9035
Monoferric (ST)	<b>Generic Name:</b> <b>Ferric Derisomaltose</b> <b>J/Q Code:</b> J1437 <hr/> <b>Step Requirements:</b> Infed, OR Venofer AND Feraheme AND Ferrlecit <b>Step J/Q Code:</b> J1750, J1756, J2916

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myobloc (PA)	<b>Generic Name:</b> rimabotulinum <b>J/Q Code:</b> j0587
Neulasta, Nyvepria,	<b>Generic Name:</b> Peg- Filgrastim <b>J/Q Code:</b> J2505,Q5122  <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  <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  <b>Step Requirements:</b> cyclosporine AND tacrolimus <b>Step J/Q Code:</b>
Ocrevus (ST)	<b>Generic Name:</b> ocrelizumab <b>J/Q Code:</b> J2350  <b>Step Requirements:</b> <b>dimethyl fumarate,</b> Rituxumab or dimethylfumerate <b>Step J/Q Code:</b>

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

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

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Procrit (ST)	<b>Generic Name:</b> epoetin alpha <b>J/Q Code:</b> j0885 Q4081 <hr/> <b>Step Requirements:</b> Retacrit <b>Step J/Q Code:</b> Q5106
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 <hr/> <b>Step Requirements:</b> zoledronic acid <b>Step J/Q Code:</b> J3489
Prosfea (ST)	<b>Generic Name:</b> palonosetron <b>J/Q Code:</b> J2468 <hr/> <b>Step Requirements:</b> palonosetron <b>Step J/Q Code:</b> J2469
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
Qtenza (ST)	<b>Generic Name:</b> capsaicin 8% <b>J/Q Code:</b> J7336 <hr/> <b>Step Requirements:</b> Failure Gabapentin or Pregablin AND Failure of a TCA AND Failure of lidocaine patched <b>Step J/Q Code:</b>

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<b>Radicava (PA)</b>	<b>Generic Name:</b> edaravone <b>J/Q Code:</b> J1301
<b>Remicade (ST)</b>	<b>Generic Name:</b> infliximab <b>J/Q Code:</b> J1745 <hr/> <b>Step Requirements:</b> Renflexis <b>Step J/Q Code:</b> Q5104
<b>Remodulin (ST)</b>	<b>Generic Name:</b> treprostinil <b>J/Q Code:</b> J3285 <hr/> <b>Step Requirements:</b> ambrisentan, tadalafil, sildenafil <b>Step J/Q Code:</b>
<b>Renflexis (ST)</b>	<b>Biosimilar for:</b> Remicade <b>Generic Name:</b> infliximab <b>J/Q Code:</b> Q5104 <hr/> <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>
<b>Riabni (ST)</b>	<b>Generic Name:</b> Rituximab <b>J/Q Code:</b> J9304 <hr/> <b>Step Requirements:</b> Ruxience <b>Step J/Q Code:</b> Q5119

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Rituxan, Rituxan Hycela, Truxima (ST)	<b>Generic Name:</b> rituximab <b>J/Q Code:</b> J9312,Q5115,J9311 <hr/> <b>Step Requirements:</b> Ruxience <b>Step J/Q Code:</b>
Rituxan Hycela (ST)	<b>Generic Name:</b> rituximab hyaluronidase <b>J/Q Code:</b> J9311 <hr/> <b>Step Requirements:</b> Ruxience (preferred), Rituxan <b>Step J/Q Code:</b> J9312
Ruxience (PA)	<b>Brand Name:</b> Ruxience <b>Generic Name:</b> rituximab <b>J/Q Code:</b> Q5119
Sancuso (ST)	<b>Generic Name:</b> granisetron <b>J/Q Code:</b> <hr/> <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
Sandostatin LAR (ST)	<b>Generic Name:</b> octreotide depot <b>J/Q Code:</b> J2353 <hr/> <b>Step Requirements:</b> octreotide non-depot <b>Step J/Q Code:</b> J2354

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

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

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Stoboclo (ST)	<b>Generic Name:</b> denosumab <b>J/Q Code:</b> Q5157 <hr/> <b>Step Requirements:</b> Zoledronic Acid <b>Step J/Q Code:</b> J3489
Sustol (ST)	<b>Generic Name:</b> granisetron <b>J/Q Code:</b> J1627 <hr/> <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
Sylvant (PA)	<b>Generic Name:</b> siltuximab <b>J/Q Code:</b> J2860
Tecentriq (PA)	<b>Generic Name:</b> atezolizumab <b>J/Q Code:</b> J9022
Tepezza (ST)	<b>Generic Name:</b> Teprotumumab <b>J/Q Code:</b> J3241 <hr/> <b>Step Requirements</b> J1020, J1030, J1040, AND Q5119 or recent trial of high dose prednisone (100mg) AND Rituximab

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

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

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

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

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

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Zarxio (PA)	<b>Biosimilar for:</b> Neupogen <b>Generic Name:</b> filgrastim <b>J/Q Code:</b> Q5101
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

-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.