



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.

**FHCP: MCG016**

**Review/Revision: 12**

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 Uplizna, ADD Asceniv, UPD Prolia, UPD Xgeva**

**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.

## Contents

Abilify Maintena (ST).....	1
Abraxane (PA) .....	1
Actemra (ST).....	1
Acthar gel and Cortrophin Gel (ST) .....	1
Adcetris (PA) .....	1
Akynzeo (ST).....	2
Aldurazyme (PA) .....	2
Alimta (PA) .....	2
Allymsys (ST) .....	2
Aranesp (ST).....	2
Arzerra (ST) .....	3
Arikayce (ST).....	3
Asceniv (ST).....	3
Auryxia (ST) .....	3
Avastin (ST).....	4
Bavencio (PA) .....	4
Avsola (ST).....	4
Belrapzo (ST) .....	4
Bendeka (ST) .....	4
Benlysta (ST).....	4
Berinert (PA) .....	5
Blinicyto (PA).....	5
Botox (PA) .....	5
Cerezyme (PA).....	5
Cimerli (ST).....	5
Cinacalcet (ESRD) (PA) .....	5
Cinryze (ST) .....	5
Cinvanti (ST) .....	6
Cosentyx (ST).....	6

**FHCP: MCG016**

**Review/Revision: 12**

Cresemba (ST) ..... 6

Cutaquig (ST) ..... 7

Cuvitru (ST)..... 7

Cyramza (PA).....7

Dalvance IV (ST) ..... 7

Darzalex IV /Darzalex Faspro (PA)..... 7

Dextenza (ST) ..... 7

Docivyx (ST)..... 8

Doxil/Lipodox (PA) ..... 8

Dysport (PA) ..... 8

Elaprase (PA) ..... 8

Elitek (PA)..... 8

Empliciti (PA)..... 8

Entyvio IV (ST) ..... 8

Epogen (ST) ..... 8

Erbitux (PA) ..... 8

Enhertu (PA)..... 8

Enzeevu (ST)..... 9

Evenity (ST) ..... 9

Evkeeza (ST) ..... 9

Eylea/Eylea HD (ST)..... 9

Focinvez ..... 9

Fabrazyme (PA) ..... 10

Epoprostenol (ST)..... 10

Fulphila (PA) ..... 10

Levoleucovorin (ST)..... 10

Gammagard (PA)..... 10

Gamunex (PA) ..... 10

Gazyva (ST)..... 10

Geodon (ST) ..... 11

Glassia (ST) ..... 11

Granix (ST)..... 11

**FHCP: MCG016**

**Review/Revision: 12**

Herceptin, Herceptin Hylecta, Kanjinti, Herzuma, Orgivi (ST) ..... 11

Hizentra (ST)..... 11

Hyquvia (ST) ..... 12

Imfinzi (PA)..... 12

Imlygic (PA) ..... 12

Inflectra (ST)..... 12

Injectafer (ST)..... 12

Invega Sustenna (ST)..... 12

Ixempra (PA) ..... 12

Jelmyto (ST)..... 13

Jevtana (PA) ..... 13

Jubbonti (ST) ..... 13

Kadcyla (PA) ..... 13

Keytruda (PA) ..... 13

Khapzory (ST) ..... 13

Krystexxa (ST)..... 13

Kyprolis (PA)..... 14

Levulan (PA) ..... 14

Leqvio (ST)..... 14

Libtayo (PA)..... 14

Lucentis (ST)..... 14

Monoferric (ST)..... 14

myobloc (PA)..... 14

Neulasta, Nyvepria,..... 15

Neupogen (ST)..... 15

Nplate (PA)..... 15

Nulojix (ST)..... 15

Ocrevus (ST) ..... 15

Octogam (PA)..... 15

Ohtuvayre (ST) ..... 16

Omidria (ST) ..... 16

Onivyde (ST)..... 16

**FHCP: MCG016**

**Review/Revision: 12**

Opdivo (PA) ..... 16

Orencia (ST)..... 16

Parsabiv (ST)..... 16

PavBlu ..... 17

Pemfexy (ST) ..... 17

Pemrydi (ST)..... 17

Perjeta (PA) ..... 17

Privigen (PA)..... 17

Procrit (ST) ..... 17

Prolastin, Aralast, Zemaira (PA) ..... 17

Prolia / Denosumab (ST) ..... 18

Posfrea (ST) ..... 18

Provenge (PA) ..... 18

Pulmozyme (PA)..... 18

Qtenza (ST)..... 18

Radicava (PA) ..... 18

Remicade (ST) ..... 18

Remodulin (ST)..... 19

Renflexis (ST)..... 19

Riabni (ST) ..... 19

Rituxan, Rituxan Hycela, ..... 19

Rituxan Hycela (ST) ..... 20

Ruxience/Truxima (PA) ..... 20

Sancuso (ST) ..... 20

Sandostatin LAR (ST) ..... 20

Saphnelo (ST) ..... 20

Simponi ARIA (ST)..... 21

Sinuva (ST)..... 21

Skyrizi (ST) ..... 21

Soliris (ST)..... 21

Somatuline depot (ST) ..... 22

Stelara (ST) ..... 22

**FHCP: MCG016**

**Review/Revision: 12**

Stimufend (ST)..... 22

Stoboclo (ST) ..... 22

Sustol (ST)..... 23

Sylvant (PA) ..... 23

Tecentriq (PA) ..... 23

Tepezza (ST) ..... 23

Treanda (PA) ..... 23

Triesence (ST)..... 24

Trisenox (PA) ..... 24

Tofidence (ST) ..... 24

Tyenne (ST) ..... 24

Tysabri (ST)..... 25

Udenyca (PA)..... 25

Uplizna (ST) ..... 25

Vabysmo (ST) ..... 26

Varubi (ST)..... 26

Vectibix (PA)..... 26

Vegzelma (ST)..... 26

Velcade (PA)..... 26

Velphoro (ST) ..... 27

Ventavis (PA)..... 27

Vivimusta (ST) ..... 27

Vyalev (ST)..... 27

Vyepti (ST) ..... 27

Vyvgart /Vyvgart Hyrrtulo and Rystiggo (ST) ..... 28

Xembify (ST) ..... 28

Xeomin (PA) ..... 28

Xgeva / Denosumab (ST)..... 28

Xiaflex (PA) ..... 28

Xolair (PA) ..... 28

Xphozah (ST) ..... 29

Yervoy (PA)..... 29

**Medicare Part B Step Therapy**

**Effective Date: 4/1/26**

**FHCP: MCG016**

**Review/Revision: 12**

Yesintek (ST).....	29
Yuperli (ST).....	29
Zaltrap (ST).....	29
Zarxio (PA).....	30
Ziextenzo (PA).....	30
Zilretta (ST).....	30

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)	<p><b>Generic Name:</b> netupitant/ fosnetupitant; palonosetron <b>J/Q Code:</b> J8655, J1454</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>
Alymsys (ST)	<p><b>Generic Name:</b> bevacizumab <b>J/Q Code:</b> Q5126</p> <hr/> <p><b>Step Requirements:</b> Zirabev , MVASI (preferred biosimilars) <b>Step J/Q Code:</b> Q5107, Q5118</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>

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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>
Arikayce (ST)	<p><b>Generic name</b> <b>(Amikaycin)</b> <b>J/Q code- Nebulized N/A</b></p> <hr/> <p><b>Step Requirements:</b> Amikacin injectible nebulized <b>Step J/Q Code:</b> J0278</p>
Asceniv (ST)	<p><b>Generic Name:</b> Intravenous Immune Globulin <b>J/Q Code:</b> J1554</p> <hr/> <p><b>Step Requirements:</b> Gammagard, Gammunex <b>Step J/Q Code:</b> J1569, J1561</p>
Auryxia (ST)	<p><b>Generic Name:</b> ferric citrate <b>J/Q Code:</b> J0609</p> <hr/> <p><b>Step Requirements:</b> Calcium Acetate, Sevelamer Carbonate, Lanthanum Carbonate <b>Step J/Q Code:</b> J0615, J0601, J0607</p>

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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>
Avsola (ST)	<p><b>Generic Name:</b> infliximab</p> <hr/> <p><b>Step Requirements:</b> Renflexis <b>J/Q Code:</b> Q5104</p>
Belrapzo (ST)	<p><b>Generic Name:</b> bendamustine <b>J/Q Code:</b> J9036</p> <hr/> <p><b>Step Requirements:</b> Treanda <b>Step J/Q Code:</b> J9033</p>
Bendeka (ST)	<p><b>Generic Name:</b> bendamustine <b>J/Q Code:</b> J9034</p> <hr/> <p><b>Step Requirements:</b> Treanda <b>Step J/Q Code:</b> J9033</p>
Benlysta (ST)	<p><b>Generic Name:</b> belimumab <b>J/Q Code:</b> J0490</p> <hr/> <p><b>Step Requirements:</b> Corticosteroids, Antimalarials (Hydroxychloroquine), AND Methotrexate AND Azathioprine AND Mycophenolate OR Tacrolimus</p>

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Berinert (PA)	<b>Generic Name:</b> C1 esterase inhibitor (Human) <b>J/Q Code:</b> J0597
Blincyto (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
Cimerli (ST)	<b>Generic Name:</b> ranibizumab <b>J/Q Code:</b> Q5128  <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  <b>Step Requirements:</b> danazol, AND aminocaproic acid, AND tranexamic acid <b>Step J/Q Code:</b>

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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>
Cosentyx (ST)	<p><b>Generic Name:</b> secukinumab <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 <b>Step J/Q Code:</b> Q5104, J1602, J3380, Q5100</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>

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Cutaquig (ST)	<p><b>Generic Name:</b> Subcutaneous Immune Globulin <b>J/Q Code:</b> J1551</p> <hr/> <p><b>Step Requirements:</b> Gammagard, Gammunex <b>Step J/Q Code:</b> J1569, J1561</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>
Dalvance 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 /Darzalex Faspro (PA)	<p><b>Generic Name:</b> daratumumab <b>J/Q Code:</b> J9145, J9144</p>
Dextenza (ST)	<p><b>Generic Name:</b> dexamethasone insert <b>J/Q Code:</b> J1096</p> <p><b>Step Requirements:</b> Failure Pred Forte and FML <b>STEP J/Q Code J3490</b></p>

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Docivyx (ST)	<b>Generic Name:</b> docetaxel <b>J/Q Code:</b> J9172 <hr/> <b>Step Requirements:</b> docetaxel <b>Step J/Q Code:</b> J9171
Doxil/Lipodox (PA)	<b>Generic Name:</b> doxorubicin Liposomal <b>J/Q Code:</b> 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 <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
Erbix (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

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<p>Enzeevu (ST)</p>	<p><b>Generic Name:</b> aflibercept <b>J/Q Code:</b> Q5149</p> <hr/> <p><b>Step Requirements:</b> bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart <b>Step J/Q Code:</b> J9035</p>
<p>Evenity (ST)</p>	<p><b>Generic Name:</b> romosozumab <b>J/Q Code:</b> J3111</p> <hr/> <p><b>Step Requirements:</b> Teriparatide <b>Step J/Q Code:</b></p>
<p>Evkeeza (ST)</p>	<p><b>Generic Name:</b> evinacumab <b>J/Q Code:</b> J1305</p> <hr/> <p><b>Step Requirements:</b> Repatha <b>Step J/Q Code:</b></p>
<p>Eylea/Eylea HD (ST)</p>	<p><b>Generic Name:</b> aflibercept <b>J/Q Code:</b> J0178, J0177</p> <hr/> <p><b>Step Requirements:</b> bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart <b>Step J/Q Code:</b> J9035</p>
<p>Focinvez Fosaprepitant (Teva) (ST)</p>	<p><b>Generic Name:</b> fosaprepitant <b>J/Q Code:</b> J1434, 1456 _____</p> <p><b>Step Requirements:</b> aprepitant or fosaprepitant <b>Step J/Q Code:</b> J0185 or J1453</p>

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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: Neulasta</b> <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  <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</p> <p><b>J/Q Code:</b> J3486</p> <hr/> <p><b>Step Requirements:</b> oral ziprasidone</p> <p><b>Step J/Q Code:</b></p>
Glassia (ST)	<p><b>Generic Name:</b> alpha-1 proteinase inhibitor</p> <p><b>J/Q Code:</b> J0257</p> <hr/> <p><b>Step Requirements:</b> Prolastin</p> <p><b>Step J/Q Code:</b> J0256</p>
Granix (ST)	<p><b>Biosimilar For:</b> Neupogen</p> <p><b>Generic Name:</b> filgrastim</p> <p><b>J/Q Code:</b> j1447</p> <hr/> <p><b>Step Requirements:</b> Zarzio, Nivestym</p> <p><b>Step J/Q Code:</b></p>
Herceptin, Herceptin Hylecta, Kanjinti, Herzuma, Orgivi (ST)	<p><b>Generic Name:</b> trastuzumab</p> <p><b>J/Q Code:</b> J9355, J9356, Q5117, Q5114, Q5113</p> <hr/> <p><b>Step Requirements:</b> Trazimera Ontruzant (preferred biosimilars)</p> <p><b>Step J/Q Code:</b> Q5116, Q5112</p>
Hizentra (ST)	<p><b>Generic Name:</b> Subcutaneous Immune Globulin</p> <p><b>J/Q Code:</b> J1559</p> <hr/> <p><b>Step Requirements:</b> Gammagard, Gammunex</p> <p><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, OR Venofer AND Feraheme AND Ferrlecit <b>Step J/Q Code:</b> J1750, J1756, J2916</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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Jelmyto (ST)	<b>Generic Name:</b> mitomycin <b>J/Q Code:</b> J9281 <hr/> <b>Step Requirements:</b> mitomycin <b>Step J/Q Code:</b> J9280
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> levoleucovorin <b>J/Q Code:</b> J0642 <hr/> <b>Step Requirements:</b> Leucovorin <b>Step J/Q Code:</b> J0640
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>

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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  <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  <b>Step Requirements:</b> bevacizumab ophthalmic <b>Step J/Q Code:</b> J9035
Monoferric (ST)	<b>Generic Name:</b> Ferric Derisomaltose <b>J/Q Code:</b> J1437  <b>Step Requirements:</b> Infed, OR Venofer AND Feraheme AND Ferrlecit <b>Step J/Q Code:</b> J1750, J1756, J2916
myobloc (PA)	<b>Generic Name:</b> rimabotulinum <b>J/Q Code:</b> j0587

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

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

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PavBlu	<p><b>Generic Name:</b> aflibercept</p> <p><b>J/Q Code:</b> Q5147</p> <hr/> <p><b>Step Requirements:</b> bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart</p> <p><b>Step J/Q Code:</b> J9035</p>
Pemfexy (ST)	<p><b>Generic Name:</b> Pemetrexed</p> <p><b>J/Q Code:</b> J9304</p> <hr/> <p><b>Step Requirements:</b> Alimta, Pemetrexed</p> <p><b>Step J/Q Code:</b> J9305, J9294, J9296, J9297, J9314</p>
Pemrydi (ST)	<p><b>Generic Name:</b> Pemetrexed</p> <p><b>J/Q Code:</b> J9324</p> <hr/> <p><b>Step Requirements:</b> Alimta, Pemetrexed</p> <p><b>Step J/Q Code:</b> J9305, J9294, J9296, J9297, J9314</p>
Perjeta (PA)	<p><b>Generic Name:</b> pertuzumab</p> <p><b>J/Q Code:</b> J9306</p>
Privigen (PA)	<p><b>Generic Name:</b> Intravenous Immune Globulin</p> <p><b>J/Q Code:</b> J1459</p>
Procrit (ST)	<p><b>Generic Name:</b> epoetin alpha</p> <p><b>J/Q Code:</b> j0885 Q4081</p> <hr/> <p><b>Step Requirements:</b> Retacrit</p> <p><b>Step J/Q Code:</b> Q5106</p>
Prolastin, Aralast, Zemaira (PA)	<p><b>Generic Name:</b> alpha-1 proteinase inhibitor</p> <p><b>J/Q Code:</b> J0256</p>

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Prolia / Denosumab (ST)	<b>Generic Name:</b> denosumab <b>J/Q Code:</b> J0897, Q5136, Q5157, Q5158 <hr/> <b>Step Requirements:</b> zoledronic acid, Enoby <b>Step J/Q Code:</b> J3489
Posfrea (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>
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 <hr/> <b>Step Requirements:</b> Renflexis <b>Step J/Q Code:</b> Q5104

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Remodulin (ST)	<p><b>Generic Name:</b> treprostinil</p> <p><b>J/Q Code:</b> J3285</p> <hr/> <p><b>Step Requirements:</b> ambrisentan, tadalafil, sildenafil</p> <p><b>Step J/Q Code:</b></p>
Renflexis (ST)	<p><b>Biosimilar for:</b> Remicade</p> <p><b>Generic Name:</b> infliximab</p> <p><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</p> <p><b>Step J/Q Code:</b></p>
Riabni (ST)	<p><b>Generic Name:</b> Rituximab</p> <p><b>J/Q Code:</b> J9304</p> <hr/> <p><b>Step Requirements:</b> Ruxience</p> <p><b>Step J/Q Code:</b> Q5119</p>
Rituxan, Rituxan Hycela,	<p><b>Generic Name:</b> rituximab</p> <p><b>J/Q Code:</b> J9312, ,J9311</p> <hr/> <p><b>Step Requirements:</b> Ruxience or Truxima</p> <p><b>Step J/Q Code:</b></p>

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Rituxan Hycela (ST)	<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>
Ruxience/Truxima (PA)	<p><b>Brand Name:</b> Ruxience or Truxima <b>Generic Name:</b> rituximab <b>J/Q Code:</b> Q5119 Q5115</p>
Sancuso (ST)	<p><b>Generic Name:</b> granisetron <b>J/Q Code:</b></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>
Sandostatin LAR (ST)	<p><b>Generic Name:</b> octreotide depot <b>J/Q Code:</b> J2353</p> <hr/> <p><b>Step Requirements:</b> octreotide non-depot <b>Step J/Q Code:</b> J2354</p>
Saphnelo (ST)	<p><b>Generic Name:</b> Anifrolumab <b>J/Q Code:</b> J0491</p> <hr/> <p><b>Step Requirements:</b> Benlysta <b>Step J/Q Code:</b></p>

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Simponi ARIA (ST)	<p><b>Generic Name:</b> golimumab <b>J/Q Code:</b> J1602</p> <hr/> <p><b>Step Requirements:</b> Renflexis, Kevzara <b>Step J/Q Code:</b> Q5104</p>
Sinuva (ST)	<p><b>Generic Name:</b> Mometasone J7402</p> <hr/> <p><b>Step Requirements</b> Fluticasone, Budesonide neb J7626</p>
Skyrizi (ST)	<p><b>Generic Name:</b> risankizumab <b>J/Q Code:</b> J2327</p> <hr/> <p><b>Step Requirements:</b> Yesintek (biosim ustekinumab) AND Renflexis, And Vedolizumab <b>Step J/Q Code:</b> J3380, Q5104, Q5100</p>
Soliris (ST) and Ultomiris	<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 Rituximab, tacrolimus AND IVIG, SCIG, AND rituximab OR Satralizumab (For NMOSD only) <b>Step J/Q Code:</b> J9312, J1569, J1561, J1559, J1555, J1575</p>

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Somatuline depot (ST)	<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>
Stelara (ST)	<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>
Stimufend (ST)	<p><b>Generic Name:</b> pegfilgrastim <b>J/Q Code: Q5127</b></p> <hr/> <p><b>Step Requirements:</b> Fulphila,AND Udenyca, AND ziextenzo <b>Step J/Q Code:</b> Q5108, Q5111,Q5120</p>
Stoboclo (ST)	<p><b>Generic Name:</b> denosumab <b>J/Q Code:</b> Q5157</p> <hr/> <p><b>Step Requirements:</b> Zoledronic Acid <b>Step J/Q Code:</b> J3489</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, AND Q5119 or recent trial of high dose prednisone (100mg) AND Rituximab</p>
Treanda (PA)	<p><b>Generic Name:</b> bendamustine <b>J/Q Code:</b> J9033</p>

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Triesence (ST)	<p><b>Generic Name:</b> triamcinolone PF <b>J/Q Code: J3300</b></p> <hr/> <p><b>Step Requirements:</b> (when used off-label) Triamcinolone, dexamethasone <b>Step J/Q Code:</b> J3301, J1100</p>
Trisenox (PA)	<p><b>Generic Name:</b> arsenic trioxide <b>J/Q Code:</b> J9017</p>
Tofidence (ST)	<p><b>Generic Name:</b> tocilizumab <b>J/Q Code:</b> Q5133</p> <hr/> <p><b>Step Requirements:</b> Renflexis, adalimumab, Xeljanz, Tyenne <b>Step J/Q Code:</b> Q5104, J1602, Q5135</p>
Tyenne (ST)	<p><b>Generic Name:</b> tocilizumab <b>J/Q Code:</b> Q5135</p> <hr/> <p><b>Step Requirements:</b> Renflexis, adalimumab, Xeljanz <b>Step J/Q Code:</b> Q5104, J1602</p>

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Tysabri (ST)	<p><b>Generic Name:</b> natalizumab</p> <p><b>J/Q Code:</b> J2323</p> <hr/> <p><b>Step Requirements: MS:</b> Glatopa, Gilenya (preferred), Ocrevus, Tecfidera <b>Crohn's:</b> Renflexis (preferred over Entyvio and Humira), Entyvio (preferred over Humira), Humira, Yesintek</p> <p><b>Step J/Q Code:</b> J2350, J3380, Q5100</p>
Udenyca (PA)	<p><b>Biosimilar for:</b> Neulasta</p> <p><b>Generic Name:</b> Peg-Filgrastim</p> <p><b>J/Q Code:</b> Q5111</p>
Uplizna (ST)	<p><b>Generic Name:</b> inebilizumab</p> <p><b>J/Q Code:</b> J1823</p> <p><b>Step Requirements: for Myasthenia Gravis –</b> IVIG, mycophenolate, azathioprine <b>AND</b> rituximab if clinically appropriate;</p> <p><b>For NMOSD –</b> mycophenolate, azathioprine, rituximab, satralizumab</p> <p><b>Step J/Q Code:</b> J1569, J1561, Q5119</p>

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Vabysmo (ST)	<p><b>Generic Name:</b> faricimab <b>J/Q Code:</b> J2777</p> <hr/> <p><b>Step Requirements: Step Requirements:</b> bevacizumab ophthalmic 3 doses spaced 4-6 weeks apart <b>Step J/Q Code:</b> J9035</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), 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</p>
Vectibix (PA)	<p><b>Generic Name:</b> panitumumab <b>J/Q Code:</b> J9303</p>
Vegzelma (ST)	<p><b>Generic Name:</b> bevacizumab <b>J/Q Code:</b> Q5129</p> <hr/> <p><b>Step Requirements:</b> Zirabev , MVASI (preferred biosimilars) <b>Step J/Q Code:</b> Q5107, Q5118</p>
Velcade (PA)	<p><b>Generic Name:</b> bortezomib <b>J/Q Code:</b> J9044</p>

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

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Vyvgart /Vyvgart Hyrrtulo and Rystiggo (ST)	<p><b>Generic Name:</b> efgartigimod / Rozanolixizumab</p> <p><b>J/Q Code:</b> J9332 J9334/ J9333</p> <p><b>Step Requirements:</b> Mycophenolate, AND IVIG, and Azathioprine, and rituximab when appropriate</p> <p><b>Step J/Q Code:</b> Q5119, J1569, J1561</p>
Xembify (ST)	<p><b>Generic Name:</b> Subcutaneous Immune Globulin</p> <p><b>J/Q Code:</b> J1558</p> <p><b>Step Requirements:</b> Gammagard, Gammunex</p> <p><b>Step J/Q Code:</b> J1569, J1561</p>
Xeomin (PA)	<p><b>Generic Name:</b> incobotulinum</p> <p><b>J/Q Code:</b> J0588</p>
Xgeva / Denosumab (ST)	<p><b>Generic Name:</b> denosumab</p> <p><b>J/Q Code:</b> J0897, Q5136, Q5157, Q5158</p> <p><b>Step Requirements:</b> zoledronic acid, Xtrenbo</p> <p><b>Step J/Q Code:</b> J3488</p>
Xiaflex (PA)	<p><b>Generic Name:</b> collagenase</p> <p><b>J/Q Code:</b> J0775</p>
Xolair (PA)	<p><b>Generic Name:</b> omalizumab</p> <p><b>J/Q Code:</b> J2357</p>

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

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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
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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