

# FLORIDA HEALTH CARE PLAN, INC.

2450 Mason Avenue, Daytona Beach, FL 32114

**POLICY & PROCEDURE NO.:** MCG016 **REVISION:** 8  
**SUBJECT:** Medicare Part B Step Therapy  
**APPLICABLE PRODUCT TYPE:**  Federal Health Exchange Marketplace  
 Commercial  
 ERISA  
 Medicare

**EFFECTIVE DATE:** January 1, 2025  
**REVIEW/REVISION DATE:** September 1, 2024  
**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.

**FHCP: MCG016**

**Review/Revision: 8**

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**

**Update Add Yupelri, Ohtuvayre, Eylea HD, Qtenza, focinvez,**

**Update Acthar, Parsibiv, Ocrevus, Leqvio**

**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 (ST)	1
Adcetris (PA)	1
Akynzeo (ST)	1
Aldurazyme (PA)	1
Alimta (PA)	1
Aranesp (ST)	2
Arzerra (ST)	2
Avastin (ST)	2
Bavencio (PA)	2
Bendeka (PA)	2
Benlysta (ST)	2
Berinert (PA)	2
Blincyto (PA)	2
Botox (PA)	2
Cerezyme (PA)	2
Cinacalcet (ESRD) (PA)	3
Cinryze (ST)	3
Cinvanti (ST)	3
Cresemba (ST)	3
Cuvitru (ST)	3
Cyramza (PA)	3
Dalvance IV (ST)	4
Darzalex IV (PA)	4
Dextenza (ST)	4
Doxil/Lipodox (PA)	4
Dysport (PA)	4

**FHCP: MCG016**

**Review/Revision: 8**

Elaprase (PA)	4
Elitek (PA)	4
Empliciti (PA)	4
Entyvio IV (ST)	4
Epogen (ST)	4
Erbix (PA)	4
Eylea (ST)	4
Fabrazyme (PA)	5
Epoprostenol (ST)	5
Fulphila (PA)	5
Levoleucovorin (ST)	5
Gammagard (PA)	5
Gamunex (PA)	5
Gazyva (ST)	5
Geodon (ST)	5
Glassia (ST)	5
Granix (ST)	6
Herceptin, Herceptin Hylecta, Kanjinti, Herzuma, Orgivi (ST)	6
Hizentra (ST)	6
Hyquvia (ST)	6
Imfinzi (PA)	6
Imlygic (PA)	6
Inflectra (ST)	6
Injectafer (ST)	6
Invega Sustenna (ST)	7
Ixempra (PA)	7
Jevtana (PA)	7
Kadcyla (PA)	7
Keytruda (PA)	7
Krystexxa (ST)	7
Kyprolis (PA)	7
Levulan (PA)	7

**FHCP: MCG016****Review/Revision: 8**

Libtayo (PA)	7
Lucentis (ST)	7
myobloc (PA)	7
Neulasta, Nyvepria,	8
Neupogen (ST)	8
Nplate (PA)	8
Nulojix (ST)	8
Ocrevus (ST)	8
Octogam (PA)	8
Omidria (ST)	8
Opdivo (PA)	8
Orencia (ST)	9
Parsabiv (ST)	9
Perjeta (PA)	9
Privigen (PA)	9
Procrit (ST)	9
Prolastin, Aralast, Zemaira (PA)	9
Prolia (ST)	9
Provenge (PA)	9
Pulmozyme (PA)	9
Radicava (PA)	9
Remicade (ST)	10
Remodulin (ST)	10
Renflexis (ST)	10
Rituxan, Rituxan Hycela, Truxima (ST)	10
Rituxan Hycela (ST)	10
Ruxience (PA)	10
Sancuso (ST)	11
Sandostatin LAR (ST)	11
Simponi ARIA (ST)	11
Sinuva (ST)	11
Soliris (ST)	11

Somatuline depot (ST)	11
Stelara (ST)	12
Sustol (ST)	12
Sylvant (PA)	12
Tecentriq (PA)	12
Tepezza (ST)	12
Treanda (PA)	12
Trisenox (PA)	12
Tysabri (ST)	13
Udenyca (PA)	13
Varubi (ST)	13
Vectibix (PA)	13
Velcade (PA)	13
Ventavis (PA)	13
Vyvgart and Rystiggo (ST)	13
Xeomin (PA)	13
Xgeva (ST)	13
Xiaflex (PA)	14
Xolair (PA)	14
Yervoy (PA)	14
Zaltrap (ST)	14
Zarxio (PA)	14
Ziextenzo (PA)	14
Zilretta (ST)	14



Abilify Maintena (ST)	Generic Name: <b>aripiprazole injection</b> J/Q Code: <b>J0401</b>  Step Requirements: <b>oral aripiprazole</b> Step J/Q Code:
Abraxane (PA)	Generic Name: paclitaxel protein bound J/Q Code: J9264
Actemra (ST)	Generic Name: tocilizumab J/Q Code: J3262  Step Requirements: Renflexis, adalimumab Xeljanz, Step J/Q Code: Q5104, J1602
Acthar gel and Cortrophin Gel (ST)	Generic Name: repository corticotropin J/Q Code: J0800 J0802  Step Requirements: two high potency injectable corticosteroids. For Multiple Sclerosis 2 high potency disease modifying therapies ( Gilenya, Ocrevus, Tysabri, rituximab) Step J/Q Code: J0702, J1020, J1030, J1040, J1100, J1720, J2920, J2930, J3301, J3303, J2350, J2323
Adcetris (PA)	Generic Name: brentuximab vedotin J/Q Code: J9042
Akynzeo (ST)	Generic Name: netupitant/ fosnetupitant; palonosetron J/Q Code: J8655  Step Requirements: generic ondansetron (IV/oral), generic granisetron (oral/IV), aprepitant, fosaprepitant, Aloxi, and low-dose olanzapine (when supported by NCCN guidelines) Step J/Q Code: J1626, J2405, J2469
Aldurazyme (PA)	Brand Name: Aldurazyme Generic Name: laronidase J/Q Code: J1931
Alimta (PA)	Generic Name: premetrexed J/Q Code: J9305

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Aranesp (ST)	<b>Generic Name:</b> Darbepoetin alfa <b>J/Q Code:</b> J0881 J0882 <hr/> <b>Step Requirements:</b> Retacrit <b>Step J/Q Code:</b> Q5106
Arzerra (ST)	<b>Generic Name:</b> ofatumumab <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 (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
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
Bendeka (PA)	<b>Generic Name:</b> bendamustine <b>J/Q Code:</b> J9034
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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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>
Cinvanti (ST)	<b>Generic Name:</b> Aprepitant <b>J/Q Code:</b> J0185  <b>Step Requirements:</b> fosaprepitant <b>Step J/Q Code: J1453</b>
Cresemba (ST)	<b>Generic Name:</b> isavuconazole <b>J/Q Code:</b>  <b>Step Requirements:</b> invasive aspergillosis: voriconazole, invasive mucormycosis: Amphotericin B <b>Step J/Q Code:</b>
Cuvitru (ST)	<b>Generic Name:</b> Subcutaneous Immune Globulin <b>J/Q Code:</b> J1555  <b>Step Requirements:</b> Gammagard, Gammunex <b>Step J/Q Code:</b> J1569, J1561
Cyramza (PA)	<b>Generic Name:</b> ramucirumab <b>J/Q Code:</b> J9308

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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 (PA)	<b>Generic Name:</b> daratumumab <b>J/Q Code:</b> J9145
Dextenza (ST)	<b>Generic Name:</b> dexamethasone insert <b>J/Q Code:</b> J1096 <b>Step Requirements:</b> <b>Failure Pred Forte and FML</b> <b>STEP J/Q Code J3490</b>
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  <b>Step Requirements:</b> Renflexis AND Adalimumab <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
Eylea/Eylea HD (ST)	<b>Generic Name:</b> aflibercept <b>J/Q Code:</b> J0178, J0177  <b>Step Requirements:</b> bevacizumab ophthalmic <b>Step J/Q Code:</b> J9035

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<b>Focinvez Fosaprepitant (Teva) (ST)</b>	<b>Generic Name: fosaprepitant</b> <b>J/Q Code: J1434, 1456</b> _____ <b>Step Requirements: aprepitant</b> or fosaprepitant <b>Step J/Q Code: J0185 or J1453</b>
<b>Fabrazyme (PA)</b>	<b>Generic Name: agalsidase beta</b> <b>J/Q Code: J0180</b>
<b>Epoprostenol (ST)</b>	<b>Brand Name: Flolan</b> <b>Generic Name: epoprostenol</b> <b>J/Q Code: J1325</b> <b>Step Requirements: ambrisentan, tadalafil, sildenafil</b> <b>Step J/Q Code:</b>
<b>Fulphila (PA)</b>	<b>Biosimilar for: Neulasta</b> <b>Generic Name: Peg-Filgrastim</b> <b>J/Q Code: Q5108</b>
<b>Levoleucovorin (ST)</b>	<b>Brand Name: Fusilev</b> <b>Generic Name: levoleucovorin</b> <b>J/Q Code: J0641</b> <b>Step Requirements: leucovorin</b> <b>Step J/Q Code: J0640</b>
<b>Gammagard (PA)</b>	<b>Generic Name: Intravenous Immune Globulin</b> <b>J/Q Code: J1569</b>
<b>Gamunex (PA)</b>	<b>Generic Name: Intravenous Immune Globulin</b> <b>J/Q Code: J1561</b>
<b>Gazyva (ST)</b>	<b>Generic Name: obinutuzumab</b> <b>J/Q Code: J9301</b> _____ <b>Step Requirements: Ruxience (preferred), Rituxan</b> <b>Step J/Q Code: J9312</b>
<b>Geodon (ST)</b>	<b>Generic Name: ziprasidone injection</b> <b>J/Q Code: J3486</b> _____ <b>Step Requirements: oral ziprasidone</b> <b>Step J/Q Code:</b>
<b>Glassia (ST)</b>	<b>Generic Name: alpha-1 proteinase inhibitor</b> <b>J/Q Code: J0257</b> _____ <b>Step Requirements: Prolastin</b> <b>Step J/Q Code: J0256</b>

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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>
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  <b>Step J/Q Code:</b> J1750, J1756</p>

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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>
Jevtana (PA)	<p><b>Generic Name:</b> cabazitaxel  <b>J/Q Code:</b> J9043</p>
Kadcyla (PA)	<p><b>Generic Name:</b> ado-trastuzumab  <b>J/Q Code:</b> J9354</p>
Keytruda (PA)	<p><b>Generic Name:</b> pembrolizumab  <b>J/Q Code:</b> J9271</p>
Krystexxa (ST)	<p><b>Generic Name:</b> pegloticase  <b>J/Q Code:</b> J2507</p> <hr/> <p><b>Step Requirements:</b> allopurinol AND febuxostat, AND With an elevated uric acid after a 3 month trial.  <b>Step J/Q Code:</b></p>
Kyprolis (PA)	<p><b>Generic Name:</b> carfilzomib  <b>J/Q Code:</b> J9047</p>
Levulan (PA)	<p><b>Generic Name:</b> aminolevulinic acid  <b>J/Q Code:</b> J7308</p>
Leqvio (ST)	<p><b>Generic Name:</b> Inclisiran  <b>J/Q Code:</b> J1306</p> <hr/> <p><b>Step Requirements:</b> Repatha  <b>Step J/Q Code:</b></p>
Libtayo (PA)	<p><b>Generic Name:</b> cemiplimab  <b>J/Q Code:</b> J9119</p>
Lucentis (ST)	<p><b>Generic Name:</b> Ranibizumab  <b>J/Q Code:</b> J2778</p> <hr/> <p><b>Step Requirements:</b> bevacizumab ophthalmic  <b>Step J/Q Code:</b> J9035</p>
myobloc (PA)	<p><b>Generic Name:</b> rimabotulinum  <b>J/Q Code:</b> j0587</p>

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Neulasta, Nyvepria,	<p><b>Generic Name:</b> Peg-Filgrastim <b>J/Q Code:</b> J2505,Q5122</p> <p>_____</p> <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> <p>_____</p> <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> <p>_____</p> <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> <p>_____</p> <p><b>Step Requirements:</b> dimethyl fumarate, Rituxumab or dimethylfumerate <b>Step J/Q Code:</b></p>
Octagam (PA)	<p><b>Generic Name:</b> Intravenous Immune Globulin <b>J/Q Code:</b> J1568</p>
Ohtuvayre (ST)	<p>Generic Name: ensifenetrine J/Q Code:</p> <p>_____</p> <p>Step Requirements: Trelegy AND roflumilast Step J/Q Code:</p>
Omidria (ST)	<p>Generic Name: Ketoralac and phenylephrine J/Q Code: J1097</p> <p>_____</p> <p>Step Requirements: failure of phenylephrine and ketoralac as separate ingredients Step J/Q Code: <b>J3490</b></p>
Opdivo (PA)	<p>Generic Name: nivolumab J/Q Code: J9299</p>

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Orencia (ST)	<b>Generic Name:</b> abatacept <b>J/Q Code:</b> J0129 <hr/> <b>Step Requirements:</b> Renflexis,AND Adalimumab AND Kevzara <b>Step J/Q Code:</b> Q5104
Parsabiv (ST)	<b>Generic Name:</b> etelcalcetide <b>J/Q Code:</b> <hr/> <b>Step Requirements:</b> cinacalcet, <b>Step J/Q Code:</b>
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
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
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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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>
Renflexis (ST)	<b>Biosimilar for:</b> Remicade <b>Generic Name:</b> infliximab <b>J/Q Code:</b> Q5104  <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>
Rituxan, Rituxan Hycela, Truxima (ST)	<b>Generic Name:</b> rituximab <b>J/Q Code:</b> J9312,Q5115,J9311  <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  <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

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Sancuso (ST)	<p><b>Generic Name:</b> granisetron</p> <p><b>J/Q Code:</b></p> <p>_____</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)</p> <p><b>Step J/Q Code:</b> J1626, J2405, J2469</p>
Sandostatin LAR (ST)	<p><b>Generic Name:</b> octreotide depot</p> <p><b>J/Q Code:</b> J2353</p> <p>_____</p> <p><b>Step Requirements:</b> octreotide non-depot</p> <p><b>Step J/Q Code:</b> J2354</p>
Simponi ARIA (ST)	<p><b>Generic Name:</b> golimumab</p> <p><b>J/Q Code:</b> J1602</p> <p>_____</p> <p><b>Step Requirements:</b> Renflexis, Kevzara</p> <p><b>Step J/Q Code:</b> Q5104</p>
Sinuva (ST)	<p><b>Generic Name:</b> Mometasone J7402</p> <hr/> <p><b>Step Requirements</b></p> <p>Fluticasone, Budesonide neb J7626</p>
Soliris (ST) and Ultomiris	<p><b>Generic Name:</b> eculizumab and ravulizumab</p> <p><b>J/Q Code:</b> J1300 J1303</p> <p>_____</p> <p><b>Step Requirements:</b> MG: azathioprine AND mycophenolate and Rituximabtacrolimus AND IVIG, SCIG, AND rituximab OR Satralizumab (For NMSOD only)</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> <p>_____</p> <p><b>Step Requirements:</b> octreotide non depot, octreotide depot</p> <p><b>Step J/Q Code:</b> J2354, J2353</p>

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Stelara (ST)	<p><b>Generic Name:</b> ustekinumab  <b>J/Q Code:</b> J3357</p> <hr/> <p><b>Step Requirements:</b> PP: Renflexis AND Adalimumab PsA: Renflexis AND Adalimumab AND Xeljanz, Crohn's: Renflexis AND Adalimumab or ENTYVIO and Adalimumab , UC: Renflexis AND adalimumab AND Entyvio AND Xeljanz  <b>Step J/Q Code:</b> Q5104, J1602, J3380</p>
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>
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:</b> MS: 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), 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>
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>
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 Azathioprine, and 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>

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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
Yervoy (PA)	<b>Generic Name:</b> ipilimumab <b>J/Q Code:</b> J9228
Yuperli (ST)	<b>Generic Name:</b> revefenacin <b>J/Q Code:</b> J7677  <b>Step Requirements:</b> Trelegy or, Incruse Ellipta AND Anoro Ellipta Step J/Q Code:
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
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  <b>Step Requirements:</b> Triamcinolone, Methylprednisolone <b>Step J/Q Code:</b> J3301, J2930

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