

09-J3000-39

Original Effective Date: 07/15/19

Reviewed: 02/11/26

Revised: 03/01/26

Subject: Step Therapy Requirements for Medicare Outpatient (Part B) Medications

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[Description](#) [Position Statement](#) [Billing/Coding](#) [Reimbursement](#) [Related Guidelines](#) [References](#) [Updates](#)

DESCRIPTION:

The Centers for Medicare and Medicaid Services (CMS) has authorized Medicare Advantage (MA) plans to use step therapy for Part B drugs as part of a patient-centered care coordination program. Step therapy may include 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. 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. Beneficiaries must also have the opportunity to participate in drug management care coordination activities, including at minimum: interactive medication review and associated consultations for enrollees to discuss all current medications and perform medication reconciliation and implementation medication adherence strategies to help enrollees with their medication regimen.

POSITION STATEMENT:

Step therapy will be required, and **the definition of medical necessity met**, for the medications listed in the Table below provided **ALL** of the following are met (“1” to “4”):

1. The requested product meets the definition of a Medicare outpatient (Part B) drug; **AND**
2. The proposed use of the requested product has been determined to be a medically accepted indication; **AND**
3. The proposed use of the preferred alternative product has been determined to be a medically accepted indication; **AND**
4. The dose, frequency, and duration of use may not exceed the safety and efficacy data supporting the medically accepted indication

For Non-Preferred Drugs:

5. If requested drug is non-preferred, product specific criteria is met (where applicable)
 - **ONE** of the following:

- Adequate trial of preferred alternative product **OR**
- Contraindication to preferred alternative product **OR**
- Continuing therapy of non-preferred product (within 365 days)

Anti-Inflammatory Agents

Preferred Product(s)		Non-preferred Product	
Injectable betamethasone	J0702	Acthar HP	J0801
Injectable methylprednisolone	J1010	Cortrophin	J0802
Injectable dexamethasone	J1100		
Injectable hydrocortisone	J1720		
Injectable triamcinolone	J2919		
	J3301		
	J3303		
Injectable triamcinolone (Kenalog)	J3301	Zilretta	J3304

Asthma Therapy

Preferred Product(s)		Non-preferred Product	
Fasenra	J0517	Cinqair	J2786
Nucala	J2182		

Autoimmune Therapy

Preferred Product(s)		Non-preferred Product	
Cosentyx SC*	C9399 J3590	Cosentyx IV	J3247
Tyenne	Q5135	Actemra Tofidence Avtozma	J3262 Q5133 Q5156
Inflectra	Q5103	Zymfentra	J1748
Infliximab (unbranded)	J1745	Avsola	Q5121
Remicade	J1745		
Renflexis	Q5104		
Ustekinumab-aekn (unbranded)	Q9998	Stelara IV	J3358
Selarsdi	Q9998	Imuldosa	Q5098
Steqeyma	Q5099	Otulfi	Q9999
		Pyzchiva	Q9997
		Starjemza	J3590, C9399
		Wezlana	Q5138
		Yesintek	Q5100

*Covered under Part D benefit (pre-authorization may apply)

Bone Remodeling Agents

Preferred Product(s)		Non-preferred Product (1)		Non-preferred Product (2) *	
Zoledronic acid	J3489	Jubbonti Stoboclo Bildyos	Q5136 Q5157 C9399, J3590	*Prolia *Evenity *Conexence Ospomyv Bosaya Enoby	J0897 J3111 Q5158 Q5159 C9399, J3590 C9399, J3590

*For Prolia, Evenity, Conexence, Ospomyv, Bosaya or Enoby requires trial of preferred product Zoledronic acid **AND** one of the following: Jubbonti, Stoboclo or Bildyos.

Cancer and Supportive Therapy

Preferred Product(s)		Non-preferred Product(s)	
granisetron ondansetron palonosetron	J1626 J2405 J2469	Sustol (for all indications) Posfrea	J1627 J2468
Fosaprepitant	J1453	Focinvez Cinvanti	J1434 J0185
leucovorin	J0640	Fusilev Khapzory	J0641 J0642
Mvasi Zirabev	Q5107 Q5118	Avastin (for oncology diagnosis only) Alymsys Vegzelma Avzivi Jobevne	J9035 Q5126 Q5126 Q5129 J3590 C9399, J9999
Kanjinti Ogivri Trazimera	Q5117 Q5114 Q5116	Herceptin Herceptin Hylecta Hercessi Herzuma Ontruzant	J9355 J9356 Q5146 Q5113 Q5112
Belrapzo Bendeka	J9036 J9034	Treanda	J9033
Camptosar Irinotecan	J9206	Onivyde	J9205

Truxima	Q5115	Rituxan	J9312
Ruxience	Q5119	Rituxan Hycela (for oncology	J9310
Riabni	Q5123	diagnosis only)	J9311

Note: Step Therapy also applies for non-cancer indications aligned with CMS coverage and Compendia supported indications.

Preferred Product(s)		Non-preferred Product (1)		Non-Preferred Product (2)*	
Zoledronic acid	J3489	Wyost	Q5136	*Xgeva	J0897
		Osenvelt	Q5157	*Bomyntra	Q5158
		Bilprevda	J9999, C9399	Xbryk	Q5159
				Aukelso	C9399, J3590
				Xtrenbo	C9399, J3590

*For Xgeva, Bomyntra, Xbryk, Aukelso or Xtrenbo requires trial of preferred product Zoledronic acid AND one of the following: Wyost, Osenvelt or Bilprevda.

Cardiovascular/Cholesterol Lowering Agents

Preferred Product(s)		Non-preferred Product	
Repatha*	J3590	Leqvio	J1306
Praluent*	C9399	Evkeeza	J1305

*Covered under Part D benefit (pre-authorization may apply)

Colony Stimulating Factors

Preferred Product(s)		Non-preferred Product	
Fulphila	Q5108	Neulasta	J2506
Udenyca	Q5111	Rolvedon	J1449
Fynetra	Q5130	Stimufend	Q5127
		Ryzneuta	J9361
		Nypozi	Q5148
		Ziextenzo	Q5120
		Nyvepria	Q5122
Granix	J1447	Neupogen	J1442
Zarxio	Q5101	Releuko	Q5125
Nivestym	Q5110	Leukine	J2820

Complement Inhibitors

Preferred Product(s)	Indication	Non-preferred Product
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Ultomiris Vyvgart Vyvgart Hytrulo ⁺ Rystiggo Epysqli	J1303 J9332 J9334 J9333 Q5151	Myasthenia gravis (gMG)	Soliris PiaSky Bkemv Imaavy [^]	J1300,J1299 J1307 Q5152 J3490 J3590 C9399
Empaveli Ultomiris Epysqli	C9399 J3490 J1303 Q5151	Paroxysmal Nocturnal Hemoglobinuria (PNH)		
Ultomiris Epysqli	J1303 Q5151	Hemolytic uremic syndrome, atypical (aHUS)		
Enspryng Uplizna Ultomiris	C9399 J1823 J1303	Neuromyelitis optica spectrum disorder (NMOSD)		

*ST does not apply for other orphan indications – only medical necessity criteria for **Soliris** as per CMS guidance.

*Other orphan indications: dermatomyositis, shiga-toxin producing E. coli HUS, idiopathic membranous glomerular nephropathy, prevention of delayed graft rejection in renal transplant

+Vyvgart Hytrulo is non-preferred for CIDP indication.

[^]Imaavy is currently indicated for Myasthenia gravis (gMG).

Immune Globulins

Preferred Product(s)			Non-preferred Product	
IVIG	Gammagard liquid	J1569	Alyglo	J1599
	Gammaked [®] Gamunex-C	J1561	Asceniv	J1554
	Privigen	J1459	Bivigam	J1556
	Octagam	J1568	Gammagard S/D	J1566
SCIG	Cutaquig	J1551	Panzyga	J1576
	Hizentra	J1559	Yimmugo	J3590
	HyQvia	J1575	Cuvitru	J1555
			Xembify	J1558

Immune Globulin Antibody Agents

Preferred Product(s)	Indication	Non-preferred Product
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Gammaked Gamunex	J1561	Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)	Vyvgart Hytrulo	J9334
Privigen	J1459			
Hizentra	J1559			
Note: Other IVIG products not listed here, but with a recognized medical indication for CIDP, may also be applicable.				

Iron Supplementation Agents

Preferred Product(s)		Non-preferred Product	
Feraheme	Q0138	Injectafer	J1439
Ferumoxytol	Q0139		
Ferrlecit	J2916	Monoferric	J1437
Sodium ferric gluconate			
Infed	J1750		
Triferic	J1443		
	J1444		
	J1445		
Venofer	J1756		

Ophthalmic Agents

Preferred Product(s)		Non-preferred Product (1)		Non-preferred Product (2)*	
Bevacizumab	J3490	Byooviz	Q5124	Beovu	J0179
	C9257	Cimerli	Q5128		
		Eylea	J0178		
		Eylea HD	J0177		
		Lucentis	J2778		
		Vabysmo	J2777		
		Visudyne	J3396		
		Pavblu	Q5147		
		Enzeevu	Q5149		
		Ahzantive	Q5150		
		Opuviz	Q5153		
		Yesafili	Q5155		
		Eydenzelt	C9399,		
			J3590		

*For Beovu or Susvimo, require trial of preferred product bevacizumab AND one of the following: Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Vabysmo, Visudyne, Pavblu, Enzeevu, Ahzantive, Opuviz, Yesafili or Eydenzelt.

Preferred Product(s)		Non-preferred Product(s)	
Syfovre	J2781	Izervay	J2782

Systemic Lupus Erythematosus (SLE) Agents

Preferred Product(s)		Non-preferred Product	
Benlysta (IV)	J0490	Saphnelo*	J0491
Benlysta (SC)	C9399 J3590	-	-

*ST Exception: Saphnelo non-preferred status does not apply if member has history of serious depression, serious psychiatric disorders or is at risk for suicidal behavior.

Viscosupplements

Preferred Product(s)		Non-preferred Product	
Synvisc/Synvisc One	J7325	Durolane	J7318
Orthovisc	J7324	Euflexxa	J7323
		Gel-One	J7326
		Gelsyn-3	J7328
		Genvisc-850	J7320
		Hyalgan	J7321
		Hymovis	J7322
		Monovisc	J7327
		Supartz	J7321
		Supartz FX	J7321
		Synojynt	J7331
		Triluron	J7332
		Trivisc	J7329
		Visco-3	J7321

Note: Step therapy may only be applied to new prescriptions or administrations of Part B drugs for enrollees that are not actively receiving the affected medication.

LEC = low emetogenic chemotherapy, MinEC = minimal emetogenic chemotherapy

Exceptions

- Medicare Advantage Products: Medical necessity is determined using any applicable NCD or LCD and then Step therapy Requirements for Medicare Outpatient (Part B) Medications (09-J3000-39).
- Enrollees must be able to request an exception from the plan's step therapy requirement in order to access a Part B covered drug. The ability to request such an exception is consistent with current Part D rules involving exceptions related to the application of utilization management tools, such as step therapy requirements. 42 CFR § 423.578(b)
- CMS considers plan decisions involving requests for exceptions to be pre-service organization determinations because they involve an MA plan's refusal to provide or pay for services that the

enrollee believes should be furnished or arranged by the MA plan. 42 CFR § 422.566(b)(3)

- As a result, exception requests are subject to applicable adjudication timeframes and notice requirements in 42 CFR §§ 422.568 and 422.572. Organization determination timeframes require that MA plans make determinations as expeditiously as the enrollee's health condition requires, but no later than 72 hours (24 hours for expedited requests) after the date the organization receives the request.

Approval duration: 1 year

BILLING/CODING INFORMATION:

The following codes may be used to describe:

HCPCS Coding

C9142	Injection, bevacizumab-maly, biosimilar, (alymysys), 10 mg
C9166	Injection, secukinumab, intravenous, 1 mg
C9257	Injection, bevacizumab, 0.25 mg
J0177	Injection, aflibercept hd, 1 mg
J0178	Injection, aflibercept, 1 mg
J0179	Injection, brolocizumab-dbl, 1 mg
J0185	Injection, aprepitant, 1 mg
J0490	Injection, belimumab, 10 mg
J0491	Injection, anifrolumab-fnia, 1 mg
J0517	Injection, benralizumab, 1 mg
J0640	Injection, leucovorin calcium, per 50 mg
J0641	Injection, levoleucovorin calcium, 0.5 mg
J0642	Injection, levoleucovorin, 0.5mg
J0702	Injection, betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
J0801	Injection, corticotropin (acthar gel), up to 40 units
J0802	Injection, corticotropin (ani), up to 40 units
J0897	Injection, denosumab, 1 mg
J1010	Injection, methylprednisolone acetate, 1 mg
J1100	Injection, dexamethasone sodium phosphate, 1 mg
J1299	Injection, eculizumab, 2 mg
J1300	Injection, eculizumab, 10 mg
J1303	Injection, ravulizumab-cwvz, 10 mg
J1305	Injection, evinacumab-dgnb, 5mg
J1306	Injection, inclisiran, 1 mg
J1434	Injection, fosaprepitant (focinvez), 1 mg
J1437	Injection, ferric derisomaltose, 10 mg
J1439	Injection, ferric carboxymaltose, 1 mg
J1443	Injection, ferric pyrophosphate citrate solution (triferic), 0.1 mg of iron
J1444	Injection, ferric pyrophosphate citrate powder, 0.1 mg of iron
J1445	Injection, ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron
J1447	Injection, tbo-filgrastim, 1 microgram

J1449	Injection, eflapegrastim-xnst, 0.1 mg
J1459	Injection, immune globulin (Privigen), intravenous, non-lyophilized (e.g liquid), 500 mg
J1551	Injection, immune globulin (cutaquist), 100 mg
J1554	Injection, immune globulin (asceniv), 500 mg
J1555	Injection, immune globulin (Cuvitru), 100 mg
J1556	Injection, immune globulin (Bivigam), 500 mg
J1558	Injection, immune globulin (xembify), 100 mg
J1559	Injection, immune globulin (Hizentra), 100 mg
J1561	Injection, immune globulin, (Gamunex-C/Gammaked), non-lyophilized (e.g. liquid), 500 mg
J1566	Injection, immune globulin, intravenous, lyophilized (e.g powder), not otherwise specified, 500 mg (Only Carimune NF, Panglobulin NF and Gammagard S/D should be billed using this code)
J1568	Injection, immune globulin, (Octagam), intravenous, non-lyophilized (e.g. liquid), 500 mg
J1569	Injection, immune globulin, (Gammagard liquid), non-lyophilized, (e.g. liquid), 500 mg
J1575	Injection, immune globulin/hyaluronidase, (Hyqvia), 100 mg immune globulin
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
J1626	Injection, granisetron hydrochloride, 100 mcg
J1627	Injection, granisetron, extended release, 0.1 mg
J1720	Injection, hydrocortisone sodium succinate, up to 100 mg
J1745	Injection, infliximab, excludes biosimilar, 10 mg
J1748	Injection, infliximab-dyyb (zymfentra), 10 mg
J1750	Injection, iron dextran, 50 mg
J1756	Injection, iron sucrose, 1 mg
J1823	Injection, inebilizumab-cdon, 1 mg
J2182	Injection, mepolizumab, 1 mg
J2405	Injection, ondansetron hydrochloride, per 1 mg
J2468	Injection, palonosetron hydrochloride (posfrea), 25 micrograms
J2469	Injection, palonosetron HCl, 25 mcg
J2503	Injection, pegaptanib sodium, 0.3 mg
J2506	Injection, pegfilgrastim, 6 mg
J2777	Injection, faricimab-svoa, 0.1 mg
J2778	Injection, ranibizumab, 0.1 mg
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
J2782	Injection, avacincaptad pegol, 0.1 mg
J2786	Injection, reslizumab, 1 mg
J2820	Injection, sargramostim (GM-CSF), 50 mcg
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
J2919	Injection, methylprednisolone sodium succinate, 5 mg
J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
J3111	Injection, romosozumab-aqqg, 1 mg

J3247	Injection, secukinumab, intravenous, 1 mg
J3262	Injection, tocilizumab, 1 mg
J3301	Injection, triamcinolone acetonide, Not Otherwise Specified, per 10 mg
J3304	Injection, triamcinolone acetonide, preservative-free, extended release, microsphere formulation, 1 mg
J3358	Ustekinumab, for intravenous injection, 1 mg
J3396	Injection, verteporfin, 0.1 mg
J3489	Injection, zoledronic acid, 1 mg
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 mg
J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose (20 mg/2 mL)
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose (30 mg/2 mL)
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg
J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose
J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
J7331	Hyaluronan or derivative, synjoynt, for intra-articular injection, 1 mg
J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
J9033	Injection, bendamustine HCL, 1 mg
J9034	Injection, bendamustine HCl (Bendeka), 1 mg
J9035	Injection, bevacizumab, 10mg
J9036	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg
J9205	Injection, irinotecan liposome, 1 mg
J9206	Injection, irinotecan, 20 mg
J9311	Injection, rituximab, 10mg and hyaluronidase
J9312	Injection, rituximab, 10mg
J9332	Injection, efgartigimod alfa-fcab, 2mg
J9333	Injection, rozanolixizumab-noli, 1 mg
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
J9355	Injection, trastuzumab 10 mg
J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
J9361	Injection, Efbemalenograstim alfa-vuxw, 0.5 mg
Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
Q0139	Injection, ferumoxytol for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio), 1 microgram
Q5103	Injection, infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Q5104	Injection, infliximab-abda, biosimilar, (Renflexis), 10 mg
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg

Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym), 1 microgram
Q5111	Injection, Pegfilgrastim-cbqv, biosimilar, (udenyca), 0.5 mg
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Q5119	Injection, rituximab-pvvr, biosimilar, (ruxience), 10 mg
Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ziextenzo), 0.5 mg
Q5121	Injection, infliximab-axxq, biosimilar, (avsola), 10 mg
Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 mg
Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Q5126	Injection, bevacizumab-maly, biosimilar, (alymSYS), 10 mg
Q5127	Injection, pegfilgrastim-fpgk (stimufendbiosimilar), 0.5 mg
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
Q5133	Injection, tocilizumab-bavi (tofidence), biosimilar, 1 mg
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg
Q5138	Injection, ustekinumab-auub (weziana), biosimilar, intravenous, 1 mg
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
Q5147	Injection, aflibercept-ayyh (pavblu), biosimilar, 1 mg
Q5148	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram
Q5149	Injection, aflibercept-abzv (enzeevu), biosimilar, 1 mg
Q5150	Injection, aflibercept-mrbb (ahzantive), biosimilar, 1 mg
Q5151	Injection, eculizumab-aagh (epysqli), biosimilar, 2 mg
Q5152	Injection, eculizumab-aeeb (bkemv), biosimilar, 2 mg
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg
Q5155	Injection, aflibercept-jbvf (yesafili), biosimilar, 1 mg
Q5156	Injection, tocilizumab-anoh(avtozma), biosimilar, 1 mg
Q5157	Injection, denosumab-bmwo (stoboclo/osenvelt), biosimilar, 1 mg
Q5158	Injection, denosumab-bnht (bomynta/conexence), biosimilar, 1 mg
Q5159	Injection, denosumab-dssb (ospomyv/xbryk), biosimilar, 1 mg
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg
Q9999	Injection, ustekinumab-aaaz (otulfi), biosimilar, 1 mg

ICD-10 Diagnosis Codes That Support Medical Necessity

Acthar, Cortrophin	
A15.0 – A15.9	Respiratory tuberculosis
A17.0	Tuberculous meningitis
B02.39	Other herpes zoster eye disease
B75	Trichinellosis
C81.00 – C96.9	Malignant neoplasm of lymphatic and hematopoietic tissue
D59.00 – D59.9	Acquired hemolytic anemias
D61.01	Constitutional (pure)red cel aplasia
D61.89	Other aplastic anemias and other bone marrow failure syndromes
D69.59	Other secondary thrombocytopenia
D86.0 – D86.9	Sarcoidosis
E06.1	Subacute thyroiditis
E83.52	Hypercalcemia
G12.21	Amyotrophic lateral sclerosis
G35	Multiple sclerosis
H10.001 – H10.44	Conjunctivitis
H16.001 – H16.299	Keratitis
H20.00 – H20.9	Iridocyclitis
H30.001 – H30.93	Chorioretinal inflammations
H44.11 – H44.19	Other endophthalmitis
H44.131 – H44.139	Sympathetic uveitis
H46.00 – H46.9	Optic neuritis
I100 – I02.9	Acute rheumatic fever
J30.01 – J30.9	Allergic rhinitis
J45.20 – J45.998	Asthma
J63.2	Berylliosis
J68.0	Bronchitis and pneumonitis due to chemicals, gases, fumes and vapors
J69.0 – J69.8	Pneumonitis due to inhalation of food or vomit
J82	Pulmonary eosinophilia
K29.60 – K29.61	Other gastritis
K50.00 – K50.919	Chron's disease
K51.00 – K51.919	Ulcerative colitis
K52.21 – K52.29	Allergic and dietary gastroenteritis and colitis
L10.0 – L10.9	Pemphigus
L13.0	Dermatitis herpetiformis
L21.8 – L21.9	Seborrheic dermatosis
L24.0 – L24.9	Irritant contact dermatitis
L27.0 – L27.9	Dermatitis due to substances taken internally
L40.0 – L40.9	Psoriasis
L50.0 – L50.9	Urticaria
L51.1	Stevens-Johnson syndrome
M05.00 – M14.89	Inflammatory polyarthropathies

M10.00 – M10.09	Idiopathic gout
M15.0 – M19.93	Osteoarthritis
M32.0 – M32.9	Systemic lupus erythematosus
M45.0 – M45.9	Ankylosing spondylitis
M75.00 – M77.9	Shoulder lesions
N04.0 – N04.9	Nephrotic syndrome
T50.905	Adverse effect of unspecified drugs, medicaments, and biological substances
T78.3	Angioneurotic edema
T78.40	Allergy, unspecified
T80.51 – T80.59	Anaphylactic reaction due to serum
T80.61 – T80.69	Other serum reaction

Aloxi	
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
T66.xxxS	Radiation sickness, unspecified, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic chemotherapy

Bendamustine HCL	
B20	Human immunodeficiency virus (HIV) disease
C81.00 – C81.09	Nodular lymphocyte predominant Hodgkin lymphoma
C81.10 – C81.19	Nodular sclerosis classical Hodgkin lymphoma
C81.20 – C81.29	Mixed cellularity classical Hodgkin lymphoma
C81.30 – C81.39	Lymphocyte depleted classical Hodgkin lymphoma
C81.40 – C81.49	Lymphocyte-rich classical Hodgkin lymphoma
C81.70 – C81.79	Other classical Hodgkin lymphoma
C81.90 – C81.99	Hodgkin lymphoma, unspecified

C82.00 – C82.09	Follicular lymphoma grade I
C82.10 – C82.19	Follicular lymphoma grade II
C82.20 – C82.29	Follicular lymphoma grade III, unspecified
C82.30 – C82.39	Follicular lymphoma grade IIIa
C82.40 – C82.49	Follicular lymphoma grade IIIb
C82.50 – C82.59	Diffuse follicle center lymphoma
C82.60 – C82.69	Cutaneous follicle center lymphoma
C82.80 – C82.89	Other types of follicular lymphoma
C82.90 – C82.99	Follicular lymphoma, unspecified
C83.00 – C83.09	Small B-cell lymphoma
C83.10 – C83.19	Mantle cell lymphoma
C83.30 – C83.39	Diffuse large B-cell lymphoma
C83.50 – C83.59	Lymphoblastic (diffuse) lymphoma
C83.80 – C83.89	Other non-follicular lymphoma
C83.90 – C83.99	Non-follicular (diffuse) lymphoma, unspecified
C84.00 – C84.09	Mycosis fungoides
C84.40 – C84.49	Peripheral T-cell lymphoma, not classified
C84.60 – C84.69	Anaplastic large cell lymphoma, ALK-positive
C84.70 – C84.79	Anaplastic large cell lymphoma, ALK-negative
C84.90 – C84.99	Mature T/NK-cell lymphomas, unspecified
C84.Z0 – C84.Z9	Other mature T/NK-cell lymphomas
C85.20 – C85.29	Mediastinal (thymic) large B-cell lymphoma
C85.80 – C85.89	Other specified types of non-Hodgkin lymphoma
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenström macroglobulinemia
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C90.00	Multiple myeloma not having achieved remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated), not having achieved remission

C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)

Benlysta	
M32.10-M32.9	Systemic lupus erythematosus, organ or system involvement unspecified

Cinqair	
J82	Pulmonary eosinophilia, not elsewhere classified

Cinvanti	
R11.0	Nausea
R11.10 – R11.12	Vomiting, unspecified
R11.2	Nausea with vomiting, unspecified
T45.1XSA	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1XSD	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1XSS	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
TS0.905A	Adverse effect of unspecified drugs, medicaments and biological substances
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

Cosentyx IV	
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.59	Other psoriatic arthropathy
M45.0 – M45.9	Ankylosing spondylitis
M45.A0 – M45.AB	Non-radiographic axial spondyloarthritis

Evenity	
E28.310	Symptomatic premature menopause
E28.319	Asymptomatic premature menopause
E28.39	Other primary ovarian failure
M80.00XA – M80.00XS M80.011A – M80.011S M80.012A – M80.012S M80.019A – M80.019S M80.021A – M80.021S M80.022A – M80.022S M80.029A – M80.029S M80.031A – M80.031S	Age-related osteoporosis with current pathological fracture

M80.032A – M80.032S	
M80.039A – M80.039S	
M80.041A – M80.041S	
M80.042A – M80.042S	
M80.049A – M80.049S	
M80.051A – M80.051S	
M80.052A – M80.052S	
M80.059A – M80.059S	
M80.061A – M80.061S	
M80.062A – M80.062S	
M80.069A – M80.069S	
M80.071A – M80.071S	
M80.072A – M80.072S	

Evkeeza	
E78.01	Familial hypercholesterolemia

Fasenra	
J82	Pulmonary eosinophilia, not elsewhere classified
M30.1	Polyarteritis with lung involvement [Churg-Strauss]

Focinvez	
R11.0	Nausea
R11.10 – R11.12	Vomiting, unspecified
R11.2	Nausea with vomiting, unspecified
T45.1XSA	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1XSD	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1XSS	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
TS0.905A	Adverse effect of unspecified drugs, medicaments and biological substances
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy

Fusilev	
C15.3 – C15.5	Malignant neoplasm of esophagus
C15.8	
C15.9	
C16.0 – C16.9	Malignant neoplasm of stomach
C17.0 – C17.3	Malignant neoplasm of small intestine
C17.8	
C17.9	
C18.0 – C18.9	Malignant neoplasm of the colon
C19	Malignant neoplasm of rectosigmoid junction

C20	Malignant neoplasm of rectum
C21.0 – C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C25.0 – C25.4 C25.7 – C25.9	Malignant neoplasm of pancreas
C37	Malignant neoplasm of thymus
C40.00 – C40.02	Malignant neoplasm of scapula and long bones of upper limb
C40.10 – C40.12	Malignant neoplasm of short bones of upper limb
C40.20 – C40.22	Malignant neoplasm of long bones of lower limb
C40.30 – C40.32	Malignant neoplasm of short bones of lower limb
C40.80 – C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb
C40.90 – C40.92	Malignant neoplasm of unspecified bones and articular cartilage of limb
C41.0 – C41.4 C41.9	Malignant neoplasm of bone and articular cartilage of other and unspecified sites
C48.1 – C48.8	Malignant neoplasm of retroperitoneum and peritoneum
C53.0 – C53.9	Malignant neoplasm of cervix uteri
C56.1 – C56.9	Malignant neoplasm of ovary
C57.00 – C57.9	Malignant neoplasm of other and unspecified female genital organs
C67.0 – C67.9	Malignant neoplasm of bladder
C78.00 – C78.02	Secondary malignant neoplasm of lung
C78.1	Secondary malignant neoplasm of mediastinum
C78.2	Secondary malignant neoplasm of pleura
C78.30, C78.39	Secondary malignant neoplasm of other and unspecified respiratory organs
C78.4	Secondary malignant neoplasm of small intestine
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
C78.80, C78.89	Secondary malignant neoplasm of other and unspecified digestive organs
C79.31, C79.32	Secondary malignant neoplasm of brain and cerebral meninges
C79.40, C79.49	Secondary malignant neoplasm of other and unspecified parts of nervous system
C79.89, C79.9	Secondary malignant neoplasm of other specified and unspecified site
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C83.00 – C83.09	Small cell b-cell lymphoma
C83.10 – C83.19	Mantle cell lymphoma
C83.30 – C83.39	Diffuse large b-cell lymphoma
C83.50 – C83.59	Lymphoblastic (diffuse) lymphoma
C83.70 – C83.79	Burkitt lymphoma
C83.80 – C83.89	Other non-follicular lymphoma
C83.90 – C83.99	Non-follicular (diffuse) lymphoma, unspecified
C84.40 – C84.49	Mature T/NK-cell lymphomas
C84.60 – C84.69	Anaplastic large cell lymphoma, alk-positive
C84.70 – C84.79	Anaplastic large cell lymphoma, alk-negative

C84.Z0 – C84.Z9	Other mature T/NK-cell lymphomas
C84.90 – C84.99	Mature T/NK-cell lymphomas, unspecified
C85.80 – C85.89	Other specified types of non-hodgkin lymphoma
C86.0 – C86.6	Other specified types of T/NK-cell lymphoma
C91.00 – C91.02	Acute lymphoblastic leukemia [all]
C91.50 – C91.52	Adult T-cell lymphoma/leukemia
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z2	Other lymphoid leukemia, in relapse
D15.0	Benign neoplasm of thymus
D37.1 – D37.9	Neoplasm of uncertain behavior of oral cavity and digestive organs
T36.8X1A, t36.8X1D, T36.8X1S	Poisoning by other systemic antibiotics, accidental (unintentional)
T36.8X2A, T36.8X2D, T36.8X2S	Poisoning by other systemic antibiotics, intentional self-harm
T36.8X3A, T36.8X3D, T36.8X3S	Poisoning by other systemic antibiotics, assault
T36.8X4A, T36.8X4D, 36.8X4S	Poisoning by other systemic antibiotics, undetermined
T37.0X1A, T37.0X1D, T37.0X1S	Poisoning by sulfonamides, accidental (unintentional)
T37.0X2A, T37.0X2D, T37.0X2S	Poisoning by sulfonamides, intentional self-harm
T37.0X3A, T37.0X3D, T37.0X3S	Poisoning by sulfonamides, assault
T37.0X4A, T37.0X4D, T37.0X4S	Poisoning by sulfonamides, undetermined
T37.2X1A, T37.2X1D, T37.2X1S	Poisoning by antimalarials and drugs acting on other blood protozoa, accidental (unintentional)
T37.2X2A, T37.2X2D T37.2X2S	Poisoning by antimalarials and drugs acting on other blood protozoa, intentional self-harm
T37.2X3A, T37.2X3D, T37.2X3S	Poisoning by antimalarials and drugs acting on other blood protozoa, assault
T37.2X4A, T37.2X4D, T37.2X4S	Poisoning by antimalarials and drugs acting on other blood protozoa, undetermined
T39.4X1A, T39.4X1D, T39.4X1S	Poisoning by antirheumatics, not elsewhere classified, accidental (unintentional)
T39.4X2A, T39.4X2D, T39.4X2S	Poisoning by antirheumatics, not elsewhere classified, intentional self-harm
T39.4X3A, T39.4X3D, T39.4X3S	Poisoning by antirheumatics, not elsewhere classified, assault
T39.4X4A, T39.4X4D, T39.4X4S	Poisoning by antirheumatics, not elsewhere classified, undetermined
T45.1X1A, T45.1X1D,	Poisoning by antineoplastic and immunosuppressive drugs, accidental

T45.1X1S	(unintentional)
T45.1X2A, T45.1X2D, T45.1X2S	Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm
T45.1X3A, T45.1X3D, T45.1X3S	Poisoning by antineoplastic and immunosuppressive drugs, assault
T45.1X4A, T45.1X4D, T45.1X4S	Poisoning by antineoplastic and immunosuppressive drugs, undetermined
T45.1X5A, T45.1X5D, T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs

Imaavy	
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation

Immune Globulins (IVIG, SCIG)	
A48.3	Toxic shock syndrome
B01.0 – B01.89	Varicella
B05.0 – B05.89	Measles
B06.0 – B06.89	Rubella
B18.2	Chronic viral hepatitis C
B20	Human immunodeficiency virus [HIV] disease
B25.0 – B25.9	Cytomegalovirus disease
B27.00 – B27.99	Infectious mononeucleosis (Epstein Barr virus)
B34.3	Parvovirus infection
B97.4	Respiratory syncytial virus
C82 – C85.9	Lymphomas (nonhodgkins)
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C91.0 – C91.02	Acute lymphoblastic leukemia
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C92.00 – C92.02 C92.40 – C92.42 C92.50 – C92.52 C92.60 – C92.62 C92.A0 – C92.A2	Acute myeloblastic leukemia
C92.1 – C92.12	Chronic myeloblastic leukemia
D59.0	Drug-induced autoimmune hemolytic anemia
D59.1	Other autoimmune hemolytic anemias
D59.11	Warm autoimmune hemolytic anemia
D69.3	Immune thrombocytopenic purpura
D69.41	Evans syndrome
D69.42	Congenital and hereditary thrombocytopenia purpura
D69.49	Other primary thrombocytopenia
D69.51	Posttransfusion purpura
D69.59	Other secondary thrombocytopenia

D69.6	Thrombocytopenia, unspecified
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia (Specific antibody deficiency)
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominant antibody defects
D80.9	Immunodeficiency with predominantly antibody defects, unspecified
D81.0	Severe combined immunodeficiency [SCID] with reticular dysgenesis
D81.1	Severe combined immunodeficiency [SCID] with low T- and B-cell numbers
D81.2	Severe combined immunodeficiency [SCID] with low or normal B-cell numbers
D81.3	Adenosine deaminase deficiency
D81.6	Major histocompatibility complex class I deficiency
D81.7	Major histocompatibility complex class II deficiency
D81.89	Other combined immunodeficiencies
D81.9	Combined immunodeficiency, unspecified
D82.0	Wiskott-Aldrich syndrome
D82.1	DiGeorge Syndrome
D82.3	Immunodeficiency following hereditary defective response to Epstein-Barr virus
D82.4	Hyperimmunoglobulin E (IgE) syndrome
D82.8	Immunodeficiency associated with other specified major defects
D82.9	Immunodeficiency associated with major defect, unspecified
D83.0	Common variable immunodeficiency with predominant abnormalities of B-cell numbers and function
D83.1	Common variable immunodeficiency with prominent immunoregulatory T-cell disorder
D83.2	Common variable immunodeficiency with autoantibodies to B- or T-cells
D83.8	Other common variable immunodeficiencies
D83.9	Common variable immunodeficiency, unspecified
D84.81	Immunodeficiency due to conditions classified elsewhere
D84.821	Immunodeficiency due to drugs
D84.89	Other immunodeficiencies
D84.9	Immunodeficiency unspecified
D89.810	Acute graft-versus-host disease
D89.834 – D89.839	Cytokine release syndrome
G04.00 – G04.02	Acute disseminated encephalitis and encephalomyelitis
G04.81	Other encephalitis and encephalomyelitis
G25.82	Stiff-man syndrome
G60.3	Idiopathic progressive neuropathy
G60.8	Other hereditary and idiopathic neuropathies
G60.9	Hereditary and idiopathic neuropathies, unspecified
G61.0	Guillain-Barre syndrome
G61.81	Chronic inflammatory demyelinating polyneuritis
G61.82	Multifocal motor neuropathy
G61.9	Inflammatory polyneuropathy, unspecified
G62.89	Other specified polyneuropathies
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation
G70.80	Lambert-Eaton syndrome, unspecified
G70.81	Lambert-Eaton syndrome in disease classified elsewhere

J20.5	Acute bronchitis due to RSV
L10.0	Pemphigus vulgaris
L10.2	Pemphigus foliaceus
L12.0	Bullous pemphigoid
L12.1	Cicatricial pemphigoid
L12.30	Acquired epidermolysis bullosa, unspecified
L12.31	Epidermolysis bullosa due to drug
L12.35	Other acquired epidermolysis bullosa
L13.8 – L13.9	Other specified bullous disorders
M30.3	Mucocutaneous lymph node syndrome (Kawasaki)
M33.00 – M33.09	Juvenile dermatomyositis, organ involvement
M33.20 – M33.29	Polymyositis, organ involvement
M33.90 – M33.99	Dermatomyositis, organ involvement unspecified
O98.511 – O98.519	Other viral diseases complicating pregnancy
O98.713	HIV disease complicating pregnancy
P07.00 – P07.30	Disorders relating to short gestation and low birthweight code
P35.0	Congenital rubella syndrome
P35.8	Other congenital viral diseases
P35.9	Congenital viral disease, unspecified
P55.0 – P55.1 P55.8 – P55.9	Hemolytic disease or fetus or newborn due to isoimmunization
P61.0	Transient neonatal thrombocytopenia
T45.1X5A T45.1X5D T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs
T86.00 – T86.99	Complications of transplanted organs
Z20.4	Contact with or exposure to rubella
Z20.820	Contact or exposure to varicella
Z20.828	Contact or exposure to other viral diseases
Z29.9	Encounter for other prophylactic measures
Z41.8	Prophylactic immunotherapy

Infliximab products (Remicade, Inflectra, Renflexis, Avsola) (J1745, Q5103, Q5104, and Q5121)	
D86.0 – D86.9	Sarcoidosis
D89.810	Acute graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.831 – D89.839	Cytokine release syndrome
H20.00 – H20.9	Iridocyclitis
H44.111 – H44.119	Panuveitis
H44.131 – H44.139	Sympathetic uveitis
K31.6	Fistula of stomach and duodenum
K50.00 – K50.919	Crohn's disease (regional enteritis)
K51.00 – K51.919	Ulcerative colitis
K52.3	Indeterminate colitis
K60.30	Anal fistula, unspecified
K60.311 – K60.319	Anal fistula, simple
K60.321 – K60.329	Anal fistula, complex
K60.40	Rectal fistula, unspecified
K60.411 – K60.419	Rectal fistula, simple
K60.421 – K60.429	Rectal fistula, complex
K60.50	Anorectal fistula, unspecified

K60.511 – K60.519	Anorectal fistula, simple
K60.521 – K60.529	Anorectal fistula, complex
K63.2	Fistula of intestine
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.3	Pustulosis palmaris et plantaris
L40.50 – L40.59	Arthropathic psoriasis
L40.8	Other psoriasis [for erythrodermic psoriasis ONLY]
L73.2	Hidradenitis suppurativa
M05.00 – M05.09	Felty's syndrome
M05.10 – M05.19	Rheumatoid lung disease with rheumatoid arthritis
M05.20 – M05.29	Rheumatoid vasculitis with rheumatoid arthritis
M05.30 – M05.39	Rheumatoid heart disease with rheumatoid arthritis
M05.40 – M05.49	Rheumatoid myopathy with rheumatoid arthritis
M05.50 – M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis
M05.60 – M05.69	Rheumatoid arthritis with involvement of other organs and systems
M05.70 – M05.79	Rheumatoid arthritis with rheumatoid factor without organ or systems involvement
M05.80 – M05.89	Other rheumatoid arthritis with rheumatoid factor
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00 – M06.09	Rheumatoid arthritis without rheumatoid factor
M06.20 – M06.29	Rheumatoid bursitis
M06.30 – M06.39	Rheumatoid nodule
M06.4	Inflammatory polyarthropathy
M06.80 – M06.89	Other specified rheumatoid arthritis
M06.9	Rheumatoid arthritis, unspecified
M08.00 – M08.09	Unspecified Juvenile rheumatoid arthritis
M08.1	Juvenile ankylosing spondylitis
M08.20 – M08.29	Juvenile rheumatoid arthritis with systemic onset
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.40 – M08.4A	Pauciarticular juvenile rheumatoid arthritis
M08.80 – M08.89	Other juvenile arthritis
M08.80 – M08.99	Juvenile arthritis, unspecified
M30.3	Mucocutaneous lymph node syndrome [Kawasaki]
M31.30 – M31.31	Wegener's granulomatosis
M31.4	Aortic arch syndrome [Takayasu]
M35.2	Behçet's disease
M35.81	Multisystem inflammatory syndrome
M45.0 – M45.9	Ankylosing spondylitis
M45.A0 – M45.AB	Non-radiographic axial spondyloarthritis
M46.81 – M46.89	Other specified inflammatory spondylopathies
N82.2	Fistula of vagina to small intestine
N82.3	Fistula of vagina to large intestine

N82.4	Other female intestinal-genital tract fistulae
T45.AX5A	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, initial encounter
T45.AX5D	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, subsequent encounter
T45.AX5S	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, sequela

Infliximab-dyyb (Zymfentra) (J1748)	
K50.00 – K50.919	Crohn’s disease (regional enteritis)
K51.00 – K51.919	Ulcerative colitis

Injectafer	
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.81	Antineoplastic chemotherapy-induced anemia

Izervay	
H35.3113	Advanced atrophic without subfoveal involvement, right eye
H35.3114	Advanced atrophic with subfoveal involvement, right eye
H35.3123	Advanced atrophic without subfoveal involvement, left eye
H35.3124	Advanced atrophic with subfoveal involvement, left eye
H35.3133	Advanced atrophic without subfoveal involvement, bilateral
H35.3134	Advanced atrophic with subfoveal involvement, bilateral
H35.3113	Advanced atrophic without subfoveal involvement, right eye

Leqvio	
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia
E78.2	Mixed hyperlipidemia
E78.4	Other hyperlipidemia
E78.49	Other hyperlipidemia, familial combined hyperlipidemia
E78.5	Hyperlipidemia, unspecified
E78.9	Disorder of lipoprotein metabolism, unspecified
I20.2	Refractory angina pectoris
I20.8	Other forms of angina pectoris

I20.9	Angina pectoris, unspecified
I21.01 – I21.A9	Acute myocardial infarction
I22.0 – I22.9	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
I23.7	Postinfarction angina
I24.0	Acute coronary thrombosis not resulting in myocardial infarction
I24.8	Other forms of acute ischemic heart disease
I25.10 – I25.9	Chronic ischemic heart disease
I63.00 – I63.9	Cerebral infarction
I65.01 – I65.9	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction
I66.01 – I66.9	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction
I67.2	Cerebral atherosclerosis
I67.81	Acute cerebrovascular insufficiency
I67.82	Cerebral ischemia
I67.89	Other cerebrovascular disease
I67.9	Cerebrovascular disease, unspecified
I68.8	Other cerebrovascular disorders in diseases classified elsewhere
I70.0 – I70.92	Atherosclerosis
I73.89	Other specified peripheral vascular diseases
I73.9	Peripheral vascular disease, unspecified
I74.01 – I74.9	Arterial embolism and thrombosis
I75.011 – I75.89	Atheroembolism
Z95.1	Presence of aortocoronary bypass graft
Z95.5	Presence of coronary angioplasty implant and graft
Z95.820	Peripheral vascular angioplasty status with implants and grafts
Z98.61	Coronary angioplasty status
Z98.62	Peripheral vascular angioplasty status

Macugen	
E08.311	Diabetes mellitus due to underlying condition with unspecified diabetic retinopathy with macular edema
E08.3211 – E08.3219	Diabetes mellitus due to underlying condition with mild nonproliferative diabetic retinopathy with macular edema
E08.3311 – E08.3319	Diabetes mellitus due to underlying condition with moderate nonproliferative diabetic retinopathy with macular edema
E08.3411 – E08.3419	Diabetes mellitus due to underlying condition with severe nonproliferative diabetic retinopathy with macular edema
E08.3511 – E08.3519	Diabetes mellitus due to underlying condition with proliferative diabetic retinopathy with macular edema
E09.311	Drug or chemical induced diabetes mellitus with unspecified diabetic retinopathy with macular edema
E09.3211 – E09.3219	Drug or chemical induced diabetes mellitus with mild nonproliferative diabetic

	retinopathy with macular edema
E09.3311 – E09.3319	Drug or chemical induced diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E09.3411 – E09.3419	Drug or chemical induced diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E09.3511 – E09.3519	Drug or chemical induced diabetes mellitus with proliferative diabetic retinopathy with macular edema
E10.311	Type 1 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E10.3211 – E10.3219	Type 1 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E10.3311 – E10.3319	Type 1 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E10.3411 – E10.3419	Type 1 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E10.3511 – E10.3519	Type 1 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E11.311	Type 2 diabetes mellitus with unspecified diabetic retinopathy with macular edema
E11.3211 – E11.3219	Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E11.3311 – E11.3319	Type 2 diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E11.3411 – E11.3419	Type 2 diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E11.3511 – E11.3519	Type 2 diabetes mellitus with proliferative diabetic retinopathy with macular edema
E13.311	Other specified diabetes mellitus with unspecified diabetic retinopathy with macular edema
E13.3211 – E13.3219	Other specified diabetes mellitus with mild nonproliferative diabetic retinopathy with macular edema
E13.3311 – E13.3319	Other specified diabetes mellitus with moderate nonproliferative diabetic retinopathy with macular edema
E13.3411 – E13.3419	Other specified diabetes mellitus with severe nonproliferative diabetic retinopathy with macular edema
E13.3511 – E13.3519	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema
H35.3210 – H35.3293	Exudative age-related macular degeneration

Monoferric	
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias

D50.9	Iron deficiency anemia, unspecified
D63.0	Anemia in neoplastic disease
D63.1	Anemia in chronic kidney disease
D63.8	Anemia in other chronic diseases classified elsewhere
D64.81	Antineoplastic chemotherapy-induced anemia

Nucala	
D72.1	Eosinophilia
J33.0-J33.9	Nasal polyp
J82	Pulmonary eosinophilia, not elsewhere classified
M30.1	Polyarteritis with lung involvement [Churg-Strauss]

Onivyde	
C25.0- C25.9	Malignant neoplasm of pancreas
C24.1	Malignant neoplasm of ampulla of Vater

Posfrea	
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.2	Nausea with vomiting, unspecified
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela
T45.95XA	Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
T50.905A	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
T50.905S	Adverse effect of unspecified drugs, medicaments and biological substances, sequela
T66.xxxS	Radiation sickness, unspecified, sequela
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic chemotherapy

Prolia	
C50.011 – C50.929	Malignant neoplasm of breast
C61	Malignant neoplasm of prostate
C94.30 – C94.32	Mast cell leukemia

C96.20 – C96.29	Malignant mast cell neoplasm
D47.02	Systemic mastocytosis
M80.00XA – M80.00XS M80.011A – M80.011S M80.012A – M80.012S M80.019A – M80.019S M80.021A – M80.021S M80.022A – M80.022S M80.029A – M80.029S M80.031A – M80.031S M80.032A – M80.032S M80.039A – M80.039S M80.041A – M80.041S M80.042A – M80.042S M80.049A – M80.049S M80.051A – M80.051S M80.052A – M80.052S M80.059A – M80.059S M80.061A – M80.061S M80.062A – M80.062S M80.069A – M80.069S M80.071A – M80.071S M80.072A – M80.072S M80.079A – M80.079S M80.08XA – M80.08XS M80.0AXA – M80.0AXS M80.0B1A – M80.0B1S M80.0B2A – M80.0B2S M80.0B9A – M80.0B9S	Age-related osteoporosis with current pathological fracture
M80.80XA – M80.80XS M80.811A – M80.811S M80.812A – M80.812S M80.819A – M80.819S M80.821A – M80.821S M80.822A – M80.822S M80.829A – M80.829S M80.831A – M80.831S M80.832A – M80.832S M80.839A – M80.839S M80.841A – M80.841S M80.842A – M80.842S M80.849A – M80.849S M80.851A – M80.851S M80.852A – M80.852S	Other osteoporosis with current pathological fracture

M80.859A – M80.859S M80.861A – M80.861S M80.862A – M80.862S M80.869A – M80.869S M80.871A – M80.871S M80.872A – M80.872S M80.879A – M80.879S M80.88XA – M80.88XS M80.8AXA – M80.8AXS M80.8B1A – M80.8B1S M80.8B2A – M80.8B2S M80.8B9A – M80.8B9S	
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis (Lequesne)
M81.8	Other osteoporosis without current pathological fracture
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
N95.1	Menopausal and female climacteric states
T38.0X5A – T38.0X5S	Adverse effect of glucocorticoids and synthetic analogues
T38.6X5A – T38.6X5S	Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified
T38.7X5A – T38.7X5S	Adverse effect of androgens and anabolic congeners
Z78.0	Asymptomatic menopausal state
Z79.811	Long term (current) use of aromatase inhibitors
Z79.818	Long term (current) use of other agents affecting estrogen receptors and estrogen levels

Rituxan	
C82.00 – C82.99	Follicular lymphoma, Grades I-IIIb, diffuse follicle center lymphoma, cutaneous follicle center lymphoma, other and unspecified
C83.80 – C83.89	Other non-follicular lymphoma, lymph nodes of specific sites
C85.10 – C85.19	Unspecified B-cell lymphoma
C85.90 – C85.99	Non-Hodgkin's lymphoma, unspecified
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse

Saphnelo	
M32.10-M32.19	Systemic lupus erythematosus with organ or system involvement
M32.8	Other forms of systemic lupus erythematosus
M32.9	Systemic lupus erythematosus, unspecified

Soliris	
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D59.31	Infection-associated hemolytic-uremic syndrome
D59.32	Hereditary hemolytic-uremic syndrome
D59.39	Other hemolytic-uremic syndrome
D59.5	Paroxysmal nocturnal hemoglobinuria [Marchiafava-Micheli]
G36.0	Neuromyelitis optica [Devic]
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation
N00.6	Acute nephritic syndrome with dense deposit disease
N01.6	Rapidly progressive nephritic syndrome with dense deposit disease
N02.6	Recurrent and persistent hematuria with dense deposit disease
N03.6	Chronic nephritic syndrome with dense deposit disease
N04.6	Nephrotic syndrome with dense deposit disease
N07.6	Hereditary nephropathy, not elsewhere classified with dense deposit disease
T86.19	Other complication of kidney transplant

Stelara and injectable biosimilars (J3358, Q5098, Q5099, Q5100, Q5138, Q9997, Q9998, Q9999)	
K50.00 – K50.919	Crohn’s disease [regional enteritis]
K51.00 – K51.919	Ulcerative colitis
T45.AX5A	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, initial encounter
T45.AX5D	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, subsequent encounter
T45.AX5S	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, sequela

Tocilizumab products (Actemra, Tofidence, Tyenne) (J3262, Q5133, Q5135)	
B10.89	Other human herpesvirus infection
D47.22	Castleman disease
D89.810	Acute graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.832	Cytokine release syndrome, grade 2
D89.833	Cytokine release syndrome, grade 3
D89.834	Cytokine release syndrome, grade 4
D89.839	Cytokine release syndrome, grade unspecified
G36.0	Neuromyelitis optica [Devic]
G92.00	Immune effector cell-associated neurotoxicity syndrome, grade unspecified
G92.01	Immune effector cell-associated neurotoxicity syndrome, grade 1
G92.02	Immune effector cell-associated neurotoxicity syndrome, grade 2
G92.03	Immune effector cell-associated neurotoxicity syndrome, grade 3
G92.04	Immune effector cell-associated neurotoxicity syndrome, grade 4
M05.00 – M05.09	Felty’s syndrome
M05.10 – M05.19	Rheumatoid lung disease with rheumatoid arthritis

M05.20 – M05.29	Rheumatoid vasculitis with rheumatoid arthritis
M05.30 – M05.39	Rheumatoid heart disease with rheumatoid arthritis
M05.40 – M05.49	Rheumatoid myopathy with rheumatoid arthritis
M05.50 – M05.59	Rheumatoid polyneuropathy with rheumatoid arthritis
M05.60 – M05.69	Rheumatoid arthritis with involvement of other organs and systems
M05.70 – M05.7A	Rheumatoid arthritis with rheumatoid factor without organ or systems involvement
M05.80 – M05.8A	Other rheumatoid arthritis with rheumatoid factor
M05.9	Rheumatoid arthritis with rheumatoid factor, unspecified
M06.00 – M06.0A	Rheumatoid arthritis without rheumatoid factor
M06.20 – M06.29	Rheumatoid bursitis
M06.30 – M06.39	Rheumatoid nodule
M06.80 – M06.8A	Other specified rheumatoid arthritis
M06.9	Rheumatoid arthritis, unspecified
M08.09	Unspecified juvenile rheumatoid, multiple sites
M08.20 – M08.2A	Juvenile rheumatoid arthritis with systemic onset
M08.3	Juvenile rheumatoid polyarthritis (seronegative)
M08.89	Other juvenile arthritis, multiple sites
M31.5	Giant cell arteritis with polymyalgia rheumatica
M31.6	Other giant cell arteritis
M34.0 – M34.9	Systemic sclerosis [scleroderma]
R59.0 – R59.9	Enlarged lymph nodes
T45.AX5A	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, initial encounter
T45.AX5D	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, subsequent encounter
T45.AX5S	Adverse effect of immune checkpoint inhibitors and immunostimulant drugs, sequela
T80.82XA	Complication of immune effector cellular therapy, initial encounter
T80.82XS	Complication of immune effector cellular therapy, subsequent encounter
U07.1	COVID-19

Trastuzumab products (Herceptin, Herceptin Hylecta, Hercessi, Ogivri) (J9355, J9356, Q5146, Q5113, Q5114)	
C15.3 – C16.9	Malignant neoplasm of esophagus and stomach
C17.0 – C17.2	Malignant neoplasm of duodenum, jejunum, ileum
C17.8	Malignant neoplasm of overlapping sites of small intestine
C18.0-C21.8	Malignant neoplasm of colon, rectosigmoid junction, rectum and anus and anal canal
C25.0 – C25.9	Malignant neoplasm of pancreas
C50.011 – C50.929	Malignant neoplasm of female and male breast

C54.0 – C54.9	Malignant neoplasm of corpus uteri
C55	Malignant neoplasm of uterus, part unspecified
C79.32	Secondary malignant neoplasm of cerebral meninges
C78.00 – C78.02	Secondary malignant neoplasm of unspecified lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
D37.1	Neoplasm of uncertain behavior of stomach
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified

Viscosupplements	
M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee
M17.9	Osteoarthritis of knee, unspecified
M19.011	Primary osteoarthritis, right shoulder
M19.012	Primary osteoarthritis, left shoulder
M19.111	Post-traumatic osteoarthritis, right shoulder
M19.112	Post-traumatic osteoarthritis, left shoulder
M19.211	Secondary osteoarthritis, right shoulder
M19.212	Secondary osteoarthritis, left shoulder
M75.41	Impingement syndrome of right shoulder
M75.42	Impingement syndrome of left shoulder

Visudyne	
B39.4	Histoplasmosis capsulate, unspecified
B39.5	Histoplasmosis duboisii
B39.9	Histoplasmosis, unspecified
H32	Chorioretinal disorders in diseases classified elsewhere
H35.3210 – H35.3293	Exudative age-related macular degeneration
H44.2A1	Degenerative myopia with choroidal neovascularization, right eye
H44.2A2	Degenerative myopia with choroidal neovascularization, left eye
H44.2A3	Degenerative myopia with choroidal neovascularization, bilateral eye
H44.2A9	Degenerative myopia with choroidal neovascularization, unspecified eye

Vyvgart Hytrulo

G70.00 – G70.01	Myasthenia gravis
G61.81	Chronic inflammatory demyelinating polyneuritis

Xgeva	
C33	C33 Malignant neoplasm of trachea
C34.00 – C34.02	C34.00–C34.02 Malignant neoplasm of unspecified main bronchus
C34.10 – C34.12	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30 – C34.32	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.80 – C34.82	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.90 – C34.92	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C41.0 – C41.9	Malignant neoplasm of bone and articular cartilage of other and unspecified sites
C50.011 – C50.929	Malignant neoplasm of breast
C61	Malignant neoplasm of prostate
C64.1 – C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65.1 – C65.9	Malignant neoplasm of unspecified renal pelvis
C73	Malignant neoplasm of thyroid gland
C79.51 – C79.52	Secondary malignant neoplasm of bone and bone marrow
C90.00 – C90.02	Multiple myeloma
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
E83.52	Hypercalcemia

Zilretta	
M17.0	Bilateral primary osteoarthritis of knee
M17.11	Unilateral primary osteoarthritis, right knee
M17.12	Unilateral primary osteoarthritis, left knee
M17.2	Bilateral post-traumatic osteoarthritis of knee
M17.31	Unilateral post-traumatic osteoarthritis, right knee
M17.32	Unilateral post-traumatic osteoarthritis, left knee
M17.4	Other bilateral secondary osteoarthritis of knee
M17.5	Other unilateral secondary osteoarthritis of knee

REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

RELATED GUIDELINES:

[Erythropoiesis Stimulating Agents, 09-J0000-31](#)

[Granulocyte Colony Stimulating Factors, 09-J0000-62](#)

[H.P. Acthar Gel \(Repository corticotropin\), 09-J1000-15](#)

[Levoleucovorin \(Fusilev and Khapzory\) IV, 09-J2000-31](#)

[Palonosetron Hydrochloride \(Aloxi\), 09-J0000-87](#)

[Vascular Endothelial Growth Factor Inhibitors for Ocular Neovascularization, 09-J1000-78](#)

[Bendamustine HCL\(Treanda\), 09-J2000-40](#)

[Denosumab, \(Xgeva\), 09-J1000-25](#)

[Verteprofin, \(Visudyne\), 09-J1000-72](#)

[Eculizumab \(Soliris®\), 09-J1000-17](#)

[Inclisiran \(Leqvio®\), 09-J4000-21](#)

Summary of Evidence:

The Step Therapy programs are evaluated based on a thorough review of the available clinical evidence and standards of care, including clinical trials, observational studies, and other relevant data. The program's step therapy protocol is designed to ensure that beneficiaries receive therapeutically effective for their condition, while managing utilization and promoting high-quality care.

REFERENCES:

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2. Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, CMS Pub. 100-02, Chapter 15, Sec. 50 (Rev. 241, Feb. 2, 2018); available at <http://www.cms.gov> – last checked August 31, 2018, and found under Medicare > Regulations and Guidance > Manuals > Internet-Only Manuals (IOMs).
3. Local Coverage Determination (LCD). Centers for Medicare & Medicare Services. <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>.
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5. U.S. Food & Drug Administration. FDA Approved Drug Products. <https://www.accessdata.fda.gov/scripts/cder/daf/>.
6. Skelly, A., Bezlyak, V., Liew, G., Kap, E., & Sagkriotis, A. (2019). Treat and Extend Treatment Interval Patterns with Anti-VEGF Therapy in nAMD Patients. *Vision (Basel, Switzerland)*, 3(3), 41. <https://doi.org/10.3390/vision3030041>
7. Novartis Pharmaceuticals Corporation. (2024). IV dosing | COSENTYX® (secukinumab) | HCP. [CosentyxHCP.com](https://www.cosentyxhcp.com). Retrieved October 31, 2024 <https://www.cosentyxhcp.com/rheumatology/dosing-and-experience/iv-dosing>

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Pharmacy Policy Committee on 11/12/2025.

GUIDELINE UPDATE INFORMATION:

07/15/19	New Medical Coverage Guideline.
01/01/21	Review and revision to guideline; consisting of updating position statement, HCPCS coding and ICD-10 codes.
06/15/22	Review and revision to guideline; consisting of updating position statement.
08/01/22	Review and revision to guideline.
11/09/22	Review and revision to guideline; updated drug tables format.
01/01/23	Review and revision to guideline, including addition of new ST programs.
05/15/23	Revision to guidelines, consisting of the addition of non-preferred drugs for ST programs: Alymsys, Vegzelma [oncology]; Fylnetra, Rolvedon, Stimufend [pegylated filgrastim- colony stimulating factor]; Releuko, Leukine [filgrastim/ sargramostim – colony stimulating factor]; Aranesp, Mircera [epoetin]; Susvimo [ophthalmic-VEGF].
01/01/24	Review and revision to guideline, including addition of new ST programs.
03/15/24	Review and revision to guidelines, consisting of addition of non-preferred drugs for ST programs: Avzivi [oncology]; Ryzneuta [colony stimulating factors].
06/15/24	Revision to guidelines, consisting of the addition of non-preferred drugs Prolia and Evenity.
10/01/24	Revision to guidelines, consisting of the addition of new ST programs and addition of PiaSky as a preferred complement inhibitor. New HCPCS and ICD-10 codes.
01/01/25	Review and revision to position statement and guidelines, addition of non-preferred drugs for ST programs: Hercessi, Herzuma, Ogivri [Oncology], Nyprozi [Colony Stimulating Factors], Yimmugo [Immune Globulins], Pavblu [Ophthalmic Agents], PiaSky [Complement Inhibitors], remove shortage statement [Erythropoiesis Stimulating Agents], and addition of new ST programs: Asthma Therapy [Cinqair], Immune Globulin Antibody Agents [Vyvgart Hytrulo]; and additional programs to ST categories: Autoimmune Therapy [Actemra, Tofidence, Renflexis, Zymfentra].
05/01/2025	Review and revision to guidelines, consisting of the addition of new ST program: Systemic Lupus Erythematosus (SLE) Agents [Saphnelo], addition of non-preferred drugs for ST programs: Synojoynt [Viscosupplements], Evkeeza [Cardiovascular/Cholesterol Lowering Agents], Soliris, Bkempv, Epysqli [Complement Inhibitors], Enzeevu, Ahzantive [Ophthalmic Agents] update HCPCS codes for Eylea/Eylea HD, Pavblu, Soliris, methylprednisolone, Belrapzo, Vyvgart Hytrulo, Mircera.
07/15/2025	Review and revision to guidelines, consisting of update to existing ST categories: non-preferred drug Izervay [Ophthalmic Agents], non-preferred Focinvez, Cinvanti, Posfrea [Cancer and Supportive Therapy], non-preferred Imaavy [Complement Inhibitors] and removal of ST program [Erythropoiesis Stimulating Agents].
9/15/2025	Review and revision to guidelines, consisting of update to existing ST categories: non-preferred drug Avtozma [Autoimmune Therapy], non-preferred Jubbonti, Stoboclo, Conexence, Prolia [Bone Remodeling Agents], non-preferred Wyost, Osenvelt, Bomynta , Xgeva [Cancer and Supportive Therapy], non-preferred Opuviz, Yesafili

	[Ophthalmic Agents].
10/01/2025	Review and revision to guidelines, consisting of update to existing ST category: non-preferred drug Ziextenzo [Colony Stimulating Factors].
01/01/2026	Review and revision to guidelines consisting of update to existing ST categories: non-preferred Cortrophin [Anti-Inflammatory Agents], non-preferred Avsola and preferred Renflexis [Autoimmune Therapy], non-preferred Stelara IV, Imuldosa, Otulfi, Pyzchiva, Starjemza, Wezlana, Yesintek and preferred Ustekinumab-aekn, Selarsdi, Steqeyma [Autoimmune Therapy], non-preferred (1) Bildyos, non-preferred (2) Ospomyv, Bosaya, Enoby [Bone Remodeling Agents], non-preferred Ontruzant, preferred Ogivri and Trazimera [Cancer and Supportive Therapy], preferred Riabni [Cancer and Supportive Therapy], non-preferred (1) Bilprevda, non-preferred (2) [Cancer and Supportive Therapy], non-preferred Nyvepria and preferred Fylnetra [Colony Stimulating Factors], preferred Epysqli [Complement Inhibitors], non-preferred (1) Eydenzelt, non-preferred (2) Beovu and Susvimo [Ophthalmic Agents].
03/01/2026	Review and revision to guidelines: [Colony Stimulating Factors].