Update to Step Therapy Program

For dates of service on or after April 1, 2025, the following drugs will be removed from the program:

Requested Product	Preferred Alternative Agent(s)	Special Comments
Epogen (epoetin alfa)/Procrit (epoetin alfa) (J0885)	Retacrit (epoetin alfa-epbx) (Q5106)	

For dates of service on or after July 1, 2025, the following drugs will be added to the program as non-preferred agents:

Requested Product	Preferred Alternative Agent(s)	Special Comments
Nypozi (filgrastim-txid) (Q5148)	Granix (tbo-filgrastim) (J1447) Zarxio (filgrastim-sndz) (Q5101)	Granix is not indicated for treatment of severe chronic symptomatic neutropenia (cyclic, congenital, or idiopathic) for a patient not on chemotherapy.
Axtle (pemetrexed) (J9292) Pemfexy (pemetrexed) (J9304) Pemrydi RTU (pemetrexed) (J9324)	Alimta (pemetrexed) (J9305) Pemetrexed - accord (J9296) Pemetrexed - bluepoint(J9322) Pemetrexed - hospira (J9294) Pemetrexed - sandoz (J9297) Pemetrexed - teva (J9314) Pemetrexed ditromethamine (J9323) Pemetrexed (J9999)	
Posfrea (palonosetron) (J2468)	Aloxi (palonosetron) (J2469)	
Vyepti (eptinezumab-jjmr) (J3032)	Aimovig (erenumab) Ajovy (fremanezumab) Emgality (galcanezumab) Qulipta (atogepant) Nurtec ODT (rimegepant)	
Evkeeza (evinacumab-dgnb) (J1305) Leqvio (inclisiran) (J1306)	Praluent (alirocumab) Repatha (evolocumab)	
Krystexxa (pegloticase) (J2507)	allopurinol AND febuxostat	

Benlysta (belimumab) IV (J0490) Saphnelo (anifrolumab-fnia) (J0491)	Benlysta (belimumab) subQ	

For dates of service on or after July 1, 2025, the following drugs will be moved from preferred agent to non-preferred agent:

Requested Product	Preferred Alternative Agent(s)	Special Comments
Belrapzo (bendamustine) (J9036) Bendeka (bendamustine) (J9034)	Treanda (bendamustine) (J9033)	Step therapy requirements **DO NOT APPLY** to the following FDA-approved indications: Indolent B-cell non-Hodgkin lymphoma (NHL) that has progressed during or within 6 months of treatment with rituximab or a rituximab-containing regimen.

For dates of service on or after July 1, 2025, the following drug will be added as a preferred agent:

Requested Product	Preferred Alternative Agent(s)	Special Comments
Asceniv (immune globulin IV) (J1554)	Yimmugo (immune globulin IV) (J1599)	

In-scope indications include all medically accepted indications unless otherwise noted in the table above. These **step therapy requirements** apply to Medicare, individual and family, small and large employer group plans as well as select Insite by Security Health Plan groups managed by Prime Therapeutics. Preferred biosimilars may differ based on the line of business.

Implementation of these **step therapy criteria** will be for new starts only (no use in the previous 365 days), meaning no beneficiaries currently receiving eligible step therapy drugs will have to change their drug. Please note, prior authorization criteria may still apply to these medications. Step therapy and prior authorization will be managed through Security Health Plan's specialty pharmacy medication partner, Prime Therapeutics. Please call 1-800-424-8243 or visit their website for details.