

Medicare Part B Step Therapy

The drugs on this list require step therapy.

Step therapy means you must try one drug before we will cover another drug. Before we cover certain drugs, you must first try a different or less expensive drug. If the first drug does not work, then we will cover the second drug.

You can ask for an exception if you think you need a step therapy drug. Your prescriber or your authorized representative may also ask for an exception. For information on how to ask, please see your Evidence of Coverage.

Step therapy applies if the drug has not been used in the past 365 days.

| Drug Name |
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| Abatacept (Orencia [®]) |
| Ado-trastuzumab emtansine (Kadcyla [®]) |
| Aflibercept (Eylea [®]) |
| Atezolizumab (Tecentriq [®]) |
| Axicabtagene ciloleucel (Yescarta [®]) |
| Bevacizumab (Avastin [®] , Alymsys [®] , Mvasi [®] , Vegzelma [™] , Zirabev [™]) |
| Brentuximab vedotin (Adcetris [®]) |
| Brexucabtagene autoleucel (Tecartus [™]) |
| Brolucizumab-dbl (Beovu [®]) |
| Cemiplimab-rwlc (Libtayo [®]) |
| Certolizumab (Cimzia [®]) |
| Ciltacabtagene autoleucel (Carvykti [™]) |
| Corticosteroid intravitreal implants: dexamethasone (Ozurdex [®]), fluocionolone acetone (Iluvien [®] , Retisert [®] , Yutiq [™]) |
| Corticotropin (H.P. Acthar [®]) |
| Daratumumab (Darzalex [®]), daratumumab/ hyaluronidase-fihj (Darzalex Faspro [™]) |
| Darbepoetin alfa (Aranesp [®]) |
| Denosumab (Xgeva [®]) |
| Durvalumab (Imfinzi [®]) |
| Eflapegrastim-xnst (Rolvedon [™]) |
| Elotuzumab (Empliciti [®]) |
| Emapalumab-lzsg (Gamifant [™]) |
| Epoetin alfa (Epogen [®] , Procrit [®]) |
| Faricimab-svoa (Vabysmo [™]) |
| Ferric carboxymaltose (Injectafer [®]) |
| Ferric derisomaltose (Monoferric [®]) |
| Ferric pyrophosphate (Triferic [®] , Triferic Avnu [®]) |
| Ferumoxitol (Feraheme [®]) |

| Drug Name |
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| Filgrastim (Neupogen [®] , Zarxio [®] , Nivestym [™] , Granix [®] , Releuko [®]) |
| Golimumab (Simponi [®] , Simponi Aria [®]) |
| Hyaluronate derivatives: sodium hyaluronate (Euflexxa [®] , Gelsyn-3 [™] , GenVisc [®] 850, Hyalgan [®] , Supartz FX [™] , Synojynt [™] , Triluron [™] , TriVisc [™] , VISCO-3 [™]), hyaluronic acid (Durolane [®]), cross-linked hyaluronate (Gel-One [®]), hyaluronan (Hymovis [®] , Orthovisc [®] , Monovisc [®]), hylan polymers A and B (Synvisc [®] , Synvisc One [®]) |
| Idecabtagene vicleucel (Abecma [™]) |
| Immune globulins (Asceniv [™] , Bivigam [®] , Cutaquig [®] , Cuvitru [™] , Flebogamma [®] DIF, GamaSTAN [®] , GamaSTAN [®] S/D, Gammagard [®] liquid, Gammagard [®] S/D, Gammaked [™] , Gammaplex [®] , Gamunex [®] -C, Hizentra [®] , HyQvia [®] , Octagam [®] , Panzyga [®] , Privigen [®] , Xembify [®]) |
| IncobotulinumtoxinA (Xeomin [®]) |
| Infliximab (Remicade [®] , Avsola [™] , Renflexis [™] , Inflectra [®]) |
| Lisocabtagene maraleucel (Breyanzi [®]) |
| Lurbinectedin (Zepzelca [™]) |
| Luspatercept-aamt (Reblozyl [®]) |
| Lutetium Lu 177 dotatate (Lutathera [®]) |
| Natalizumab (Tysabri [®]) |
| Nivolumab (Opdivo [®]) |
| Pegfilgrastim (Neulasta [®] , Fulphila [™] , Fylnetra [®] , Nyvepria [™] , Stimufend [®] , Udenyca [™] , Ziextenzo [™]) |
| Pembrolizumab (Keytruda [®]) |
| Polatuzumab vedotin-piiq (Polivy [™]) |
| Ramucirumab (Cyramza [®]) |
| Ranibizumab (Lucentis [®] , Byooviz [®] , Cimerli [™] , Susvimo [™]) |
| RimabotulinumtoxinB (Myobloc [®]) |
| Rituximab (Rituxan [®] , Riabni [™] , Ruxience [™] , Truxima [®]), rituximab/ hyaluronidase (Rituxan Hycela [™]) |
| Romiplostim (Nplate [®]) |
| Romosuzumab-aqqg (Evenity [™]) |
| Sargramostim (Leukine [®]) |
| Sipuleucel-T (Provenge [®]) |
| Teprotumumab-trbw (Tepezza [™]) |
| Tisagenlecleucel (Kymriah [®]) |
| Tocilizumab (Actemra [®]) |
| Trastuzumab (Herceptin [®] , Ontruzant [®] , Herzuma [®] , Ogivri [™] , Trazimera [™] , Kanjinti [™]), trastuzumab/hyaluronidase (Herceptin Hylecta [™]) |
| Triamcinolone ER injection (Zilretta [®]) |
| Triamcinolone acetone suprachoroidal injection (Xipere [™]) |
| Ustekinumab (Stelara [®]) |
| Vedolizumab (Entyvio [®]) |
| Verteporfin (Visudyne [®]) |

[[‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc]].

[[H5439]] [[Washington residents:]] [[Health Net Life Insurance Company is contracted with Medicare for PPO plans. “Wellcare by Health Net” is issued by Health Net Life Insurance Company]].

[[H1353]] [[Washington residents:]] [[“Wellcare” is issued by Wellcare of Washington, Inc]].

[[H5965]] [[Washington residents:]] [[“Wellcare” is issued by WellCare Health Insurance Company of Washington, Inc]].

[[S4802]] [[“Wellcare” is issued by WellCare Prescription Insurance, Inc]].

[[New Mexico (NM) Dual Eligible Special Needs Plan (D-SNP) Members: As a Wellcare by Allwell D-SNP member, you have coverage from both Medicare and Medicaid. Medicaid services are funded in part by the state of New Mexico. NM Medicaid benefits may be limited to payment of Medicare premiums for some members]].

[[Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or <https://www.louisianahealthconnect.com>. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at <https://ldh.la.gov/medicaid> and select the “Learn about Medicaid Services” link. To request a written copy of our Medicaid Provider Directory, please contact us]].

[[Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits]].

[[NDN/MLI as applicable]]