

## 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
Abatacept (Orencia <sup>®</sup> )
Ado-trastuzumab emtansine (Kadcyla <sup>®</sup> )
Aflibercept (Eylea <sup>®</sup> , Eylea <sup>®</sup> HD)
Atezolizumab (Tecentriq <sup>®</sup> )
Axicabtagene ciloleucel (Yescarta <sup>®</sup> )
Bevacizumab (Avastin <sup>®</sup> , Alymsys <sup>®</sup> , Mvasi <sup>®</sup> , Vegzelma <sup>™</sup> , Zirabev <sup>™</sup> )
Brentuximab vedotin (Adcetris <sup>®</sup> )
Brexucabtagene autoleucel (Tecartus <sup>™</sup> )
Brolucizumab-dblb (Beovu <sup>®</sup> )
Cabotegravir (Apretude <sup>™</sup> )
Cemiplimab-rwlc (Libtayo <sup>®</sup> )
Certolizumab (Cimzia <sup>®</sup> )
Ciltacabtagene autoleucel (Carvykti <sup>™</sup> )
Corticosteroid intravitreal implants: dexamethasone (Ozurdex <sup>®</sup> ), fluocinolone acetonide (Iluvien <sup>®</sup> )
Corticotropin (H.P. Acthar <sup>®</sup> , Purified Cortrophin <sup>™</sup> Gel)
Daratumumab (Darzalex <sup>®</sup> ), daratumumab/hyaluronidase-fihj (Darzalex Faspro <sup>™</sup> )
Darbepoetin alfa (Aranesp <sup>®</sup> )
Efbemalenograstim alfa-vuxw (Ryzneuta <sup>®</sup> )
Eflapegrastim-xnst (Rolvedon <sup>™</sup> )
Elranatamab-bcmm (Elrexfio <sup>™</sup> )
Elotuzumab (Empliciti <sup>®</sup> )
Emapalumab-lzsg (Gamifant <sup>™</sup> )
Emtricitabine/tenofovir alafenamide (Descovy <sup>®</sup> )
Epoetin alfa (Epogen <sup>®</sup> , Procrit <sup>®</sup> )
Faricimab-svoa (Vabysmo <sup>®</sup> )
Ferric carboxymaltose (Injectafer <sup>®</sup> )
Ferric derisomaltose (Monoferric <sup>®</sup> )
Ferric pyrophosphate (Triferic <sup>®</sup> , Triferic Avnu <sup>®</sup> )
Ferumoxytol (Feraheme <sup>®</sup> )

Drug Name
Fidanacogene elaparvovec-dzkt (Beqvez™)
Filgrastim (Neupogen®, Zarxio®, Nivestym™, Granix®, Releuko®)
Golimumab (Simponi®, Simponi Aria®)
Hyaluronate derivatives: sodium hyaluronate (Euflexxa®, Gelsyn-3™, GenVisc®850, Hyalgan®, Supartz FX™, Synjoynt™, 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-ayyb (Zymfentra®)
Lanreotide (Somatuline® Depot)
Lisocabtagene maraleucel (Breyanzi®)
Lurbinectedin (Zepzelca™)
Luspatercept-aamt (Reblozyl®)
Lutetium Lu 177 dotatate (Lutathera®)
Mirikizumab-mrkz (Omvoh™)
Motixafortide (Aphexda®)
Nadofaragene firadenovec-vncg (Adstiladrin®)
Natalizumab (Tysabri®, Tyruko®)
Nivolumab (Opdivo®)
Pasireotide (Signifor® LAR)
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®)
Romozumab-aqqg (Evenity™)
Sargramostim (Leukine®)
Sipuleucel-T (Provenge®)
Talquetamab-tgvs (Talvey™)
Teclistamab-cqyv (Tecvayli®)
Teprotumumab-trbw (Tepezza™)
Tisagenlecleucel (Kymriah®)
Tocilizumab (Actemra®, Tofidence™, Tyenne®)
Trastuzumab (Herceptin®, Ontruzant®, Herzuma®, Ogivri™, Trazimera™, Kanjinti™), trastuzumab/hyaluronidase (Herceptin Hylecta™)
Triamcinolone ER injection (Zilretta®)

Drug Name
Vedolizumab (Entyvio <sup>®</sup> )
Verteporfin (Visudyne <sup>®</sup> )

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.

Texas 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 Texas Medicaid. Learn more about providers who participate in Texas Medicaid by visiting <https://www.wellcarefindaprovider.com/navigate-a-network.html>. For detailed information about Texas Medicaid benefits, please visit the Texas Medicaid website at <https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-members/starplus>. To request a written copy of our Medicaid Provider Directory, please contact us.

<https://wellcare.azcompletehealth.com/legal/nondiscrimination-notice.html>

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