

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®)
Ado-trastuzumab emtansine (Kadcyla®)
Afamitresgene autoleucel (Tecelra®)
Aflibercept (Eylea®, Eylea® HD, Ahzantive™, Enzeevu™, Eydenzelt®, Opuviz™, Pavblu™, Yesafili™)
Atezolizumab (Tecentriq®), atezolizumab/hyaluronidase-tqjs (Tecentriq Hybreza™)
Axicabtagene ciloleucel (Yescarta®)
Bevacizumab (Avastin®, Alymsys®, Mvasi®, Jobevne™, Vegzelma™, Zirabev™)
Brentuximab vedotin (Adcetris®)
Brexucabtagene autoleucel (Tecartus™)
Brolucizumab-dbl (Beovu®)
Cemiplimab-rwlc (Libtayo®)
Certolizumab (Cimzia®)
Ciltacabtagene autoleucel (Carvykti™)
Corticosteroid intravitreal implants: dexamethasone (Ozurdex®), fluocinolone acetonide (Iluvien®)
Corticotropin (H.P. Acthar®, Purified Cortrophin™ Gel)
Daratumumab (Darzalex®), daratumumab/hyaluronidase-fihj (Darzalex Faspro™)
Darbepoetin alfa (Aranesp®)
Denosumab (Prolia®, Xgeva®, Aukelso™, Boncresa®, Bosaya™, Enoby™, Jubbonti®, Jubreq®, Osponyv™, Osvyrti®, Oziltus®, Wyost®, Xbryk™, Xtrenbo™)
Eculizumab (Soliris®, Bkerv™, Epysqli®)
Efbemalenograstim alfa-vuxw (Ryzneuta®)
Eflapegrastim-xnst (Rolvedon™)
Elranatamab-bcmm (Elrexio™)
Elotuzumab (Empliciti®)
Emapalumab-lzsg (Gamifant™)
Epoetin alfa (Epogen®, Procrit®)

Drug Name
Faricimab-svoa (Vabysmo [®])
Ferric carboxymaltose (Injectafer [®])
Ferric derisomaltose (Monoferric [®])
Ferumoxytol (Feraheme [®])
Fidanacogene elaparovovec-dzkt (Beqvez [™])
Filgrastim (Neupogen [®] , Zarxio [®] , Nivestym [™] , Granix [®] , Releuko [®] , Nypozi [™])
Golimumab (Simponi [®] , Simponi Aria [®])
Hyaluronate derivatives: sodium hyaluronate (Euflexxa [®] , Gelsyn-3 [™] , GenVisc [®] 850, Hyalgan [®] , Supartz FX [™] , Synjoyn [™] , 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 [™])
Imetelstat (Rytelo [™])
Immune globulins (Alyglo [™] , Asceniv [™] , Bivigam [®] , Cutaquig [®] , Cuvitru [™] , Flebogamma [®] DIF, GamaSTAN [®] , GamaSTAN [®] S/D, Gammagard [®] liquid, Gammagard [®] S/D, Gammaked [™] , Gammaplex [®] , Gamunex [®] -C, Hizentra [®] , HyQvia [®] , Octagam [®] , Panzyga [®] , Qivigy [®] , Privigen [®] , Yimmugo [®] , 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 [®]), nivolumab/hyaluronidase-nvhy (Opdivo Qvantig [™])
Obecabtagene autoleucel (Aucatzyl [®])
Pasireotide (Signifor [®] LAR)
Pegfilgrastim (Neulasta [®] , Armlupeg [®] , Fulphila [™] , Fylnetra [®] , Nyvepria [™] , Stimufend [®] , Udenyca [™] , Ziextenzo [™])
Pembrolizumab (Keytruda [®]), pembrolizumab/berahyaluronidase alfa-pmph (Keytruda Qlex [™])
Polatuzumab vedotin-piiq (Polivy [™])
Ramucirumab (Cyramza [®])
Ranibizumab (Lucentis [®] , Byooviz [®] , Cimerli [™] , Nufymco [™] , Susvimo [™])
Remestemcel-L-rknd (Ryoncil [®])
RimabotulinumtoxinB (Myobloc [®])
Rituximab (Rituxan [®] , Riabni [™] , Ruxience [™] , Truxima [®]), rituximab/hyaluronidase (Rituxan Hycela [™])
Romiplostim (Nplate [®])
Romosozumab-aqqg (Evenity [™])
Sargramostim (Leukine [®])
Sipuleucel-T (Provenge [®])

Drug Name
Talquetamab-tgvs (Talvey [™])
Teclistamab-cqyv (Tecvayli [®])
Teprotumumab-trbw (Tepezza [™])
Tisagenlecleucel (Kymriah [®])
Tocilizumab (Actemra [®] , Avtozma [®] , Tofidence [™] , Tyenne [®])
Trastuzumab (Herceptin [®] , Ontruzant [®] , Herzuma [®] , Ogivri [™] , Trazimera [™] , Kanjinti [™] , Hercessi [™]), trastuzumab/hyaluronidase (Herceptin Hylecta [™])
Triamcinolone ER injection (Zilretta [®])
Vedolizumab (Entyvio [®])
Verteporfin (Visudyne [®])

H1032 This information is available for free in other languages. Please contact our Member Services number at 1-855-445-3578 (TTY: 711). From October 1 – March 31, hours are 8 a.m. to 8 p.m. From April 1 – September 30, hours are Monday to Friday, 8 a.m. to 8 p.m.

Spanish: Esta información está disponible de manera gratuita en otros idiomas. Comuníquese con nuestro número de Servicios para Miembros al 1-855-445-3578 (TTY: 711). Desde el 1 de Octubre hasta el 31 de Marzo, el horario es de 8 a.m. a 8 p.m. Desde el 1 de Abril hasta el 30 de Septiembre, el horario es de Lunes a Viernes, de 8 a.m. a 8 p.m.

Creole: Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri kontakte nimewo Sèvis pou Manm nou yo nan 1-855-445-3578 (TTY: 711). Apati 1 Oktòb – 31 Mas, lè fonksyònman yo se 8 a.m. rive 8 p.m. Apati 1 Avril – 30 Septanm, lè fonksyònman yo se Lendi rive Vandredi, 8 a.m. rive 8 p.m.

H0029 Washington residents: “Wellcare” is issued by Coordinated Care of Washington, Inc.

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

H2491 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.

H1416 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.

H0174 Texas D-SNP members: As a Wellcare HMO D-SNP member, you have coverage for both Medicare and Medicaid. You will receive your Medicare health care and prescription drug benefits through Wellcare. You are also eligible to receive additional health care benefits through STAR+PLUS Medicaid. You can learn more about providers who participate in Wellcare and Medicaid by visiting <https://www.wellcarefindaprovider.com/navigate-a-network.html>. To request written copies of our Medicare and Medicaid Provider Directories, please contact us at 1-833-444-9089 (TTY: 711), or reach out to your STAR+PLUS Managed Care Organization (MCO).