



Medicare Part B Step Therapy (Effective 1.1.2024)

Step Therapy programs are developed by Wellcare's P&T Committee. They encourage the use of therapeutically equivalent, lower-cost medication alternatives (first-line therapy) before “stepping up” to alternatives that are usually less cost-effective.

Step Therapy programs are intended to be a safe and effective method of reducing the cost of treatment by ensuring that an adequate trial of a proven safe and cost-effective therapy is attempted before progressing to a more costly option. First-line drugs are recognized as safe, effective, and economically sound treatments.

The first-line drugs on Wellcare’s formulary have been evaluated through the use of clinical literature and are approved by Wellcare’s P&T Committee. Step therapy is failure of at least one different or less expensive drug prior to coverage of a drug on this list.

Drugs requiring step therapy effective **January 01, 2024** are listed below. The prescriber, patient, or authorized representative may ask for an exception. Step therapy applies if the drug has not been used in the past 365 days.

Drug Name
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-dblb (Beovu®)
Cemiplimab-rwlc (Libtayo®)
Certolizumab (Cimzia®)
Ciltacabtagene autoleucel (Carvykti™)
Corticosteroid intravitreal implants: dexamethasone (Ozurdex®), fluocinolone acetonide (Iluvien®, Retisert®, Yutiq™)
Corticotropin (H.P. Acthar®, Purified Cortrophin™ Gel)
Daratumumab (Darzalex®), daratumumab/hyaluronidase-fihj (Darzalex Faspro™)
Darbepoetin alfa (Aranesp®)
Denosumab (Xgeva®)
Durvalumab (Imfinzi®)

Drug Name
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®)
Ferumoxytol (Feraheme®)
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®)
Lisocabtagene maraleucel (Breyanzi®)
Lurbinectedin (Zepzelca™)
Luspatercept-aamt (Reblozyl®)
Lutetium Lu 177 dotatate (Lutathera®)
Nadofaragene firadenovec-vncg (Adstiladrin®)
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®)
Teclistamab-cqyv (Tecvayli®)
Teprotumumab-trbw (Tepezza™)
Tisagenlecleucel (Kymriah®)
Tocilizumab (Actemra®)

Drug Name
Trastuzumab (Herceptin [®] , Ontruzant [®] , Herzuma [®] , Ogivri [™] , Trazimera [™] , Kanjinti [™]), trastuzumab/hyaluronidase (Herceptin Hylecta [™])
Triamcinolone ER injection (Zilretta [®])
Triamcinolone acetonide suprachoroidal injection (Xipere [™])
Vedolizumab (Entyvio [®])
Verteporfin (Visudyne [®])

If you have any questions, **please contact your Provider Representative** directly, or you may outreach to our **Provider Services Team** at **1-844-366-2880**. You may also email Provider Relations directly at **NVSS_ProviderRelations@SilverSummitHealthPlan.com**