



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 Chapter 9, Section G3 of your Evidence of Coverage. You may also call Member Services at 1-866-892-8340 (TTY 711) between Oct. 1 and March 31, Monday to Sunday, from 8 a.m. to 8 p.m. or between April 1 and Sept. 30, Monday to Friday, 8 a.m. to 8 p.m.

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 [™] , Opuviz [™] , Pavblu [™])
Atezolizumab (Tecentriq [®]), atezolizumab/hyaluronidase-tqjs (Tecentriq Hybreza [™])
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 [®]), fluocinolone acetonide (Iluvien [®])
Corticotropin (H.P. Acthar [®] , Purified Cortrophin [™] Gel)
Daratumumab (Darzalex [®]), daratumumab/hyaluronidase-fihj (Darzalex Faspro [™])
Darbepoetin alfa (Aranesp [®])
Efbemalenograstim alfa-vuxw (Ryzneuta [®])
Eflapegrastim-xnst (Rolvedon [™])
Elranatamab-bcmm (Elrexio [™])
Elotuzumab (Empliciti [®])
Emapalumab-lzsg (Gamifant [™])
Epoetin alfa (Epogen [®] , Procrit [®])
Faricimab-svoa (Vabysmo [®])
Ferric carboxymaltose (Injectafer [®])

Drug Name
Ferric derisomaltose (Monoferic [®])
Ferumoxytol (Feraheme [®])
Fidanacogene elaparovvec-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 [®] , Privigen [®] , Xembify [®])
IncobotulinumtoxinA (Xeomin [®])
Infliximab-ayyb (Zymfentra [®])
Lanreotide (Somatuline [®] Depot)
Lisocabtagene maraleucel (Breyanzi [®])
Lurbinectedin (Zepzelca [™])
Luspatercept-aamt (Reblozyl [®])
Lutetium Lu 177 dotatate (Lutathera [®])
Marstacimab-hncq (Hympavzi [™])
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 [®] , 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 [®])
Romozozumab-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 [™] , Hercessi [™]),

Drug Name
trastuzumab/hyaluronidase (Herceptin Hylecta [™])
Triamcinolone ER injection (Zilretta [®])
Vedolizumab (Entyvio [®])
Verteporfin (Visudyne [®])

Wellcare Dual Liberty (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellcare Dual Liberty depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations and restrictions may apply. Benefits may change on January 1 of each year.

Wellcare uses a formulary.

Please contact Wellcare for details.

Contamos con los servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para solicitar un intérprete, llámenos al **1-866-892-8340 (TTY: 711)**. Alguien que hable español puede ayudarlo. Este es un servicio gratuito.

我提供免的口服，可解答您对我的健康或物划的有疑。如需，打 **1-866-892-8340 (TTY: 711)**。您将获得中文普通口的帮助。这是一免服。

我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-866-892-8340 (TTY: 711)**。會說廣東話的人員可以幫助您。此為免費服務。

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-866-892-8340 (TTY: 711)**. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

Nous mettons à votre disposition des services d'interprétation gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-866-892-8340 (TTY: 711)**. Un interlocuteur francophone pourra vous aider. Ce service est gratuit.

Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi cho chúng tôi theo số **1-866-892-8340 (TTY: 711)**. Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-866-892-8340 (TTY: 711)**. Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-866-892-8340(TTY: 711)**번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

Если у вас возникли какие-либо вопросы о нашем плане медицинского страхования или плане с покрытием лекарственных препаратов, вам доступны бесплатные услуги переводчика. Если вам нужен переводчик, просто позвоните нам по номеру **1-866-892-8340 (TTY: 711)**. Вам окажет помощь сотрудник, говорящий на русском языке. Данная услуга бесплатна.

نوفر خدمات ترجمة فورية مجانية للإجابة على أي أسئلة قد تكون لديك حول خطة الصحة أو الدواء الخاصة بنا. للحصول على مترجم فوري، ما عليك سوى الاتصال بنا على الرقم **1-866-892-8340 (TTY: 711)**. يمكن أن يساعدك شخص يتحدث العربية. وتتوفر هذه الخدمة بشكل مجاني.

हमारे स्वास्थ्य या ड्रग प्लान के बारे में आपके किसी भी प्रश्न का उत्तर देने के लिए, हम मुफ्त में दुभाषिया सेवाएं देते हैं। दुभाषिया सेवा पाने के लिए, बस हमें **1-866-892-8340 (TTY: 711)** पर कॉल करें। हिंदी बोलने वाला/वाली कोई सहायक आपकी मदद कर सकता/सकती है। यह एक निःशुल्क सेवा है।

Sono disponibili servizi di interpretariato gratuiti per rispondere a qualsiasi domanda possa avere in merito al nostro piano farmacologico o sanitario. Per usufruire di un interprete, è sufficiente contattare il **1-866-892-8340 (TTY: 711)**. Qualcuno la assisterà in lingua italiana. È un servizio gratuito.

Temos serviços de intérprete gratuitos para responder a quaisquer dúvidas que possa ter sobre o nosso plano de saúde ou medicação. Para obter um intérprete, contacte nos através do número **1-866-892-8340 (TTY: 711)**. Um falante de português poderá ajudá-lo. Este serviço é gratuito.

Nou gen sèvis entèprèt gratis pou reponn nenpòt kesyon ou ka genyen sou plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan **1-866-892-8340 (TTY: 711)**. Yon moun ki pale Kreyol Ayisyen ka ede w. Se yon sèvis ki gratis.

Oferujemy bezpłatną usługę tłumaczenia ustnego, która pomoże Państwu uzyskać odpowiedzi na ewentualne pytania dotyczące naszego planu leczenia lub planu refundacji leków. Aby skorzystać z usługi tłumaczenia ustnego, wystarczy zadzwonić pod numer **1-866-892-8340 (TTY: 711)**. Zapewni to Państwu pomoc osoby mówiącej po polsku. Usługa ta jest bezpłatna.

弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、1-866-892-8340（TTY：711）にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。