

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 [™] , Opuviz [™] , Pavblu [™] , Yesafili [™])
Atezolizumab (Tecentriq [®]), atezolizumab/hyaluronidase-tqjs (Tecentriq Hybreza [™])
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 [®])
Corticotropin (H.P. Acthar [®] , Purified Cortrophin [™] Gel)
Daratumumab (Darzalex [®]), daratumumab/hyaluronidase-fihj (Darzalex Faspro [™])
Darbepoetin alfa (Aranesp [®])
Denosumab (Prolia [®] , Xgeva [®])
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 [®] , 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 [®]), 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 [™])
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™)
Tecclistamab-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®)

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For Wellcare CalViva Health Dual Align (HMO D-SNP) members: CalViva Health is a Medi-Cal Managed Care Plan (MCP) and is the Local Initiative Health Plan for Medi-Cal managed care in Fresno, Kings, and Madera Counties. CalViva Health is a full-service health plan contracting with the Department of Health Care Services (DHCS) to provide Medi-Cal Covered Services to Medi-Cal managed care enrollees under the Two-Plan model in all ZIP codes in Fresno, Kings, and Madera Counties. CalViva Health contracts with Health Net Community Solutions, Inc. on a capitated basis to provide and arrange for Medi-Cal Covered Services in all ZIP codes in Fresno, Kings, and Madera Counties. Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation, and is the CalViva Health MCP's Contracted Administrator in all ZIP codes in Fresno, Kings, and Madera Counties.