

## 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 <sup>®</sup> )
Ado-trastuzumab emtansine (Kadcyla <sup>®</sup> )
Afamitresgene autoleucel (Tecelra <sup>®</sup> )
Aflibercept (Eylea <sup>®</sup> , Eylea <sup>®</sup> HD, Ahzantive <sup>™</sup> , Enzeevu <sup>™</sup> , Opuviz <sup>™</sup> , Pavblu <sup>™</sup> )
Atezolizumab (Tecentriq <sup>®</sup> ), atezolizumab/hyaluronidase-tqjs (Tecentriq Hybreza <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> )
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 (Elrexio <sup>™</sup> )
Elotuzumab (Empliciti <sup>®</sup> )
Emapalumab-lzsg (Gamifant <sup>™</sup> )
Epoetin alfa (Epogen <sup>®</sup> , Procrit <sup>®</sup> )
Faricimab-svoa (Vabysmo <sup>®</sup> )
Ferric carboxymaltose (Injectafer <sup>®</sup> )

Drug Name
Ferric derisomaltose (Monoferric <sup>®</sup> )
Ferumoxytol (Feraheme <sup>®</sup> )
Fidanacogene elaparvovec-dzkt (Beqvez <sup>™</sup> )
Filgrastim (Neupogen <sup>®</sup> , Zarxio <sup>®</sup> , Nivestym <sup>™</sup> , Granix <sup>®</sup> , Releuko <sup>®</sup> , Nypozi <sup>™</sup> )
Golimumab (Simponi <sup>®</sup> , Simponi Aria <sup>®</sup> )
Hyaluronate derivatives: sodium hyaluronate (Euflexxa <sup>®</sup> , Gelsyn-3 <sup>™</sup> , GenVisc <sup>®</sup> 850, Hyalgan <sup>®</sup> , Supartz FX <sup>™</sup> , Synojoynt <sup>™</sup> , Triluron <sup>™</sup> , TriVisc <sup>™</sup> , VISCO-3 <sup>™</sup> ), hyaluronic acid (Durolane <sup>®</sup> ), cross-linked hyaluronate (Gel-One <sup>®</sup> ), hyaluronan (Hymovis <sup>®</sup> , Orthovisc <sup>®</sup> , Monovisc <sup>®</sup> ), hylan polymers A and B (Synvisc <sup>®</sup> , Synvisc One <sup>®</sup> )
Idecabtagene vicleucel (Abecma <sup>™</sup> )
Imetelstat (Rytelo <sup>™</sup> )
Immune globulins (Alyglo <sup>™</sup> , Asceniv <sup>™</sup> , Bivigam <sup>®</sup> , Cutaquig <sup>®</sup> , Cuvitru <sup>™</sup> , Flebogamma <sup>®</sup> DIF, GamaSTAN <sup>®</sup> , GamaSTAN <sup>®</sup> S/D, Gammagard <sup>®</sup> liquid, Gammagard <sup>®</sup> S/D, Gammaked <sup>™</sup> , Gammaplex <sup>®</sup> , Gamunex <sup>®</sup> -C, Hizentra <sup>®</sup> , HyQvia <sup>®</sup> , Octagam <sup>®</sup> , Panzyga <sup>®</sup> , Privigen <sup>®</sup> , Xembify <sup>®</sup> )
IncobotulinumtoxinA (Xeomin <sup>®</sup> )
Infliximab-ayyb (Zymfentra <sup>®</sup> )
Lanreotide (Somatuline <sup>®</sup> Depot)
Lisocabtagene maraleucel (Breyanzi <sup>®</sup> )
Lurbinectedin (Zepzelca <sup>™</sup> )
Luspatercept-aamt (Reblozyl <sup>®</sup> )
Lutetium Lu 177 dotatate (Lutathera <sup>®</sup> )
Marstacimab-hncq (Hympavzi <sup>™</sup> )
Mirikizumab-mrkz (Omvoh <sup>™</sup> )
Motixafortide (Aphexda <sup>®</sup> )
Nadofaragene firadenovec-vncg (Adstiladrin <sup>®</sup> )
Natalizumab (Tysabri <sup>®</sup> , Tyruko <sup>®</sup> )
Nivolumab (Opdivo <sup>®</sup> ), nivolumab/hyaluronidase-nvhy (Opdivo Qvantig <sup>™</sup> )
Obecabtagene autoleucel (Aucatzyl <sup>®</sup> )
Pasireotide (Signifor <sup>®</sup> LAR)
Pegfilgrastim (Neulasta <sup>®</sup> , Fulphila <sup>™</sup> , Fylnetra <sup>®</sup> , Nyvepria <sup>™</sup> , Stimufend <sup>®</sup> , Udenyca <sup>™</sup> , Ziextenzo <sup>™</sup> )
Pembrolizumab (Keytruda <sup>®</sup> )
Polatuzumab vedotin-piiq (Polivy <sup>™</sup> )
Ramucirumab (Cyramza <sup>®</sup> )
Ranibizumab (Lucentis <sup>®</sup> , Byooviz <sup>®</sup> , Cimerli <sup>™</sup> , Susvimo <sup>™</sup> )
RimabotulinumtoxinB (Myobloc <sup>®</sup> )
Rituximab (Rituxan <sup>®</sup> , Riabni <sup>™</sup> , Ruxience <sup>™</sup> , Truxima <sup>®</sup> ), rituximab/hyaluronidase (Rituxan Hycela <sup>™</sup> )
Romiplostim (Nplate <sup>®</sup> )
Romozumab-aqqg (Evenity <sup>™</sup> )
Sargramostim (Leukine <sup>®</sup> )
Sipuleucel-T (Provenge <sup>®</sup> )
Talquetamab-tgvs (Talvey <sup>™</sup> )
Teclistamab-cqyv (Tecvayli <sup>®</sup> )
Teprotumumab-trbw (Tepezza <sup>™</sup> )
Tisagenlecleucel (Kymriah <sup>®</sup> )
Tocilizumab (Actemra <sup>®</sup> , Tofidence <sup>™</sup> , Tyenne <sup>®</sup> )
Trastuzumab (Herceptin <sup>®</sup> , Ontruzant <sup>®</sup> , Herzuma <sup>®</sup> , Ogivri <sup>™</sup> , Trazimera <sup>™</sup> , Kanjinti <sup>™</sup> , Hercessi <sup>™</sup> ),

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

Wellcare Fidelis Dual Align (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 Fidelis Dual Align 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.

If English is not your first language, we can translate for you. We offer no cost language assistance, auxiliary aids and services, larger font materials, oral translation, and other alternative formats. For assistance call 1-866-892-8340 (TTY: 711).

Si su lengua materna es el español, podemos traducir para usted. Ofrecemos sin costo asistencia lingüística, servicios y dispositivos auxiliares, materiales con un tamaño de letra más grande, traducción oral y otros formatos alternativos. Para recibir asistencia, llame al 1-866-892-8340 (TTY: 711).

如果中文是您的母语，我们可以为您翻译。我们提供免费的语言协助、辅助设施与服务、字体较大的材料、口译服务，以及其他替代格式的信息。如需协助，请致电 1-866-892-8340 (TTY: 711)。

如果中文是您的母語，我們可以為您翻譯。我們免費提供語言協助服務、輔助工具和服務、較大的字型、口譯服務，以及其他替代格式。如需協助，請致電 1-866-892-8340 (TTY: 711)。

Se o português for a sua língua materna, podemos traduzir para si. Oferecemos assistência, apoios auxiliares e serviços, materiais com tipos de letra de maior dimensão, tradução oral e outros formatos alternativos no seu idioma e sem custos. Para obter assistência, ligue para 1-866-892-8340 (TTY: 711).

अगर हिंदी आपकी पहली भाषा है तो हम आपके लिए अनुवाद कर सकते हैं। हम निःशुल्क भाषा सहायता, सहायक साधन और सेवाएं, बड़े फ़ॉन्ट वाली सामग्री, मौखिक अनुवाद और अन्य वैकल्पिक फ़ॉर्मेट ऑफ़र करते हैं। सहायता के लिए 1-866-892-8340 (TTY: 711) पर कॉल करें।

જો ગુજરાતી તમારી પ્રથમ (માતૃ) ભાષા હોય, તો અમે તમારા માટે અનુવાદ કરી શકીએ છીએ. અમે કોઈ પણ ખર્ચ વિનાની ભાષા સંબંધી સહાયતા, સહાયક સહાય અને સેવાઓ, વધુ મોટા ફોન્ટની સામગ્રીઓ, મૌખિક અનુવાદ અને અન્ય વૈકલ્પિક ફોર્મેટ ઓફર કરીએ છીએ. સહાયતા માટે, 1-866-892-8340 (TTY: 711) પર કોલ કરો.

إذا كانت العربية لغتك الأولى، فيمكننا تزويدك بخدمة الترجمة. إننا نوفر مجاناً مساعدة لغوية ومساعدات وخدمات إضافية ومواد بخط أكبر وترجمة شفوية وتنسيقات بديلة أخرى. للحصول على المساعدة، اتصل على الرقم 1-866-892-8340 (TTY: 711).

Kung Tagalog ang pangunahin ninyong wika, makakapagsalin kami para sa inyo. Nag-aalok kami ng libreng tulong sa wika, mga karagdagang tulong at serbisyo, mga materyal na may mas malalaking font, pasalitang pagsasalin, at iba pang alternatibong format. Para sa tulong, tumawag sa 1-866-892-8340 (TTY: 711).

한국어가 모국어인 경우 번역 서비스를 제공해 드립니다. 언어 지원, 보조 도구 및 서비스, 큰 글씨 자료, 구두 번역 및 기타 대체 형식을 무료로 제공합니다. 이러한 서비스를 받으려면 1-866-892-8340(TTY: 711) 번으로 전화해 주십시오.

Jeśli polski jest Twoim ojczystym językiem, możemy zaoferować Ci usługi tłumaczeniowe. Oferujemy pomoc językową, dodatkowe wsparcie i usługi, materiały z większą czcionką, tłumaczenia ustne oraz inne alternatywne formaty bez dodatkowych kosztów. Aby uzyskać pomoc, zadzwoń pod numer 1-866-892-8340 (TTY: 711).

Si Kreyòl Ayisyen se premye lang ou, nou kapab tradui pou ou. Nou ofri asistans lang gratis, aparèy ki bay asistans ak sèvis oksilyè, dokiman ki ekri ak gwo lèt, tradiksyon nan bouch, ak lòt fòm altènatif. Pou jwenn èd, rele nan 1-866-892-8340 (TTY: 711).

Se l'italiano è la tua prima lingua, possiamo occuparci della traduzione per te. Offriamo gratuitamente assistenza linguistica, supporti e servizi ausiliari, materiali con caratteri più grandi, traduzione orale e altri formati alternativi. Per assistenza, chiama il numero 1-866-892-8340 (TTY: 711).

Если вашим родным языком является русский, мы готовы помочь вам с переводом. Мы предлагаем бесплатные услуги языковой поддержки, вспомогательные средства и услуги, включая услуги устного перевода, а также материалы крупным шрифтом и в других альтернативных форматах. Для получения помощи позвоните по номеру 1-866-892-8340 (TTY: 711).

Bí Yorùbá báǵé èdè rẹ̀ àkókó, a leè ṣògbufò rẹ̀ fún ọ̀. À ní fúnni ní ìrànṣọ̀wọ̀ èdè, àwọ̀n ìrànwọ̀ arannilọ̀wọ̀ àti àwọ̀n iṣẹ̀, àwọ̀n èròjà ìkọ̀lẹ̀tà títóbi sílẹ̀, ìtumò-èdè aláfẹ̀nuso, àti àwọ̀n ọ̀nà kíkọ̀sílẹ̀ àfirọ̀pò miìrán láì gba owó rárá. Fún ìrànṣọ̀wọ̀ pe 1-866-892-8340 (TTY: 711).

Se Twi ye kasa a wode twaa wo funuma a, yebetumi akyerε ase ama wo. Yede kasa ho mmoa a wontua hwee, mmoa ne nnwuma a eboa, atweredee akeseε, okasa mu nkyerεaseε, ne akwan afoforo so ma. Se wope mmoa a fre 1-866-892-8340 (TTY: 711).

Ọ̀ búrú na Igbo bú asùsù mbú gị, anyị nwere ike isughari ya maka gị. Anyị na-enye nkwado asùsù na-akwughị ugwo, enyemaka na ọrụ ndị ọzọ, nnukwu ihe ọ̀nụ̀ndèe , nsughari okwu ọ̀nụ̀, na ụ̀dị ndị ọzọ. Maka enyemaka kpọọ 1-866-892-8340 (TTY: 711).

మీ మొదటి భాష తెలుగు అయినట్లయితే, మేము మీ కోసం అనువదించగలము. మేము ఎలాంటి ఛార్జీలు లేకుండా ఉచితంగా భాష సంబంధ సహాయం, సహాయక టూల్స్ మరియు సేవలు, పెద్ద ఫాంట్ మెటీరియల్స్, మౌఖిక అనువాదం, అలాగే ఇతర ప్రత్యామ్నాయ ఫార్మాట్లను అందిస్తాము. సహాయం కోసం, 1-866-892-8340 (TTY: 711) నంబర్ కి కాల్ చేయండి.

اگر اردو آپ کی مادری زبان ہے تو ہم آپ کے لیے ترجمہ کر سکتے ہیں۔ ہم بغیر کسی قیمت کے زبان کی معاونت، معاون امداد اور خدمات، بڑے حروف کے مواد، زبانی ترجمہ اور دیگر متبادل فارمیٹس کی پیشکش کرتے ہیں۔ مدد کے لیے 1-866-892-8340 (TTY: 711) پر کال کریں۔

Si le français est votre langue maternelle, des services de traduction sont disponibles. Nous offrons gratuitement des services d'assistance linguistique, des aides et services auxiliaires, ainsi que l'accès à une traduction orale et à des informations dans une police plus grande ou dans d'autres formats. Pour obtenir de l'aide, appelez le 1-866-892-8340 (TTY : 711).

Nếu tiếng Việt là tiếng mẹ đẻ của quý vị, chúng tôi có hỗ trợ dịch thuật. Chúng tôi cung cấp hỗ trợ ngôn ngữ miễn phí, dịch vụ và trợ giúp bổ trợ, tài liệu khổ chữ lớn, phiên dịch và các định dạng thay thế khác. Để được hỗ trợ, hãy gọi 1-866-892-8340 (TTY: 711).