

2022 Medicare Part B Step Therapy Drug List

- Step therapy requires a trial of a preferred drug to treat a medical condition before covering other drug therapies.
- The step therapy requirement does not apply to members who have already received treatment with the non-preferred drug within the past 365 days.
- These drugs may also be subject to prior authorization and/or quantity limitations.

Drug Class	Drug Products Requiring Step Therapy
Acromegaly	Sandostatin LAR Depot Signifor LAR Somavert
Adrenocorticotrophic Hormone Analogue	Acthar Purified Cortrophin Gel
Alpha-1 Antitrypsin Deficiency	Aralast Glassia Zemaira
Autoimmune	Actemra Arcalyst Avsola Cimzia Entyvio Ilaris Ilumya Inflectra Ixifi Orencia Remicade Renflexis Simponi Aria Stelara Skyrizi
Bevacizumab	Avastin

Drug Class	Drug Products Requiring Step Therapy
Bone Density Regulators	Prolia Reclast Zoledronic Acid Zometa
Botulinum Toxins	Botox Myobloc
Chimeric Antigen Receptor Therapy	Yescarta Tecartus Kymriah Abecma Breyanzi
Gout Therapy	Krystexxa
Hematologic, Erythropoiesis – Stimulating Agents (ESA)	Epogen Mircera Procrit
Hematologic, Neutropenia Colony Stimulating Factors – Long Acting	Neulasta syringe
Hematologic, Neutropenia Colony Stimulating Factors – Short Acting	Granix Leukine Neupogen
Hematologic Angioedema (HAE) Prophylaxis	Cinryze Takhzyro
Homozygous Familial Hypercholesterolemia (HoFH)	Evkeeza
Iron Products	Feraheme Injectafer
Lipodystrophy	Myalept
Lysosomal Storage Disorders – Gaucher Disease	Cerezyme VPRIV
Migrane Therapy	Vyepiti
Monoclonal Antibodies - Asthma	Cinqair Fasenra Nucala Xolair
Monoclonal Antibody - Other	Enspryng Soliris Uplizna

Drug Class	Drug Products Requiring Step Therapy
Multiple Sclerosis (Infused)	Lemtrada
Osteoarthritis, Viscosupplements – Single Injection	Durolane Gel-One Monovisc Supartz Supartz FX
Osteoarthritis, Viscosupplements – Multi Injection	Euflexxa Gelsyn-3 Genvisc 850 Hyalgan Hymovis Supartz Supartz FX Trivisc Visco-3
Prostate Cancer – Luteinizing Hormons Releasing Hormone (LHRH) Agents	Lupron Depot Trelstar Zoladex
Pulmonary Arterial Hypertension (PAH)	Remodulin Tyvaso
Retinal Disorders Agents	Beovu Eylea Lucentis Macugen Visudyne Vabysmo Susvimo Byooviz
Rituximab	Rituxan Truxima Ruxience
Sickle Cell Therapy	Adakveo
Systemic Lupus Erythematosus (SLE) Agent	Benlysta Saphnelo
Trastuzumab	Herceptin

Highmark Wholecare offers HMO plans with a Medicare Contract. Enrollment in these plans depends on contract renewal.

Highmark Wholecare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Highmark Wholecare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-685-5209 (TTY 711).

ATENCIÓN: Si usted habla español, tenemos servicios de asistencia lingüística disponibles para usted sin costo alguno. Llame al 1-800-685-5209 (TTY 711).

小小贴士：如果您说普通话，欢迎使用免费语言协助服务。请拨 1-800-685-5209 (TTY 711)。

This information is issued on behalf of Highmark Wholecare, coverage by Gateway Health Plan, which is an independent licensee of the Blue Cross Blue Shield Association. Highmark Wholecare serves a Medicaid plan to Blue Shield members in 13 counties in central Pennsylvania, as well as, to Blue Cross Blue Shield members in 27 counties in western Pennsylvania. Highmark Wholecare serves Medicare Dual Special Needs plans (D-SNP) to Blue Shield members in 14 counties in northeastern Pennsylvania, 12 counties in central Pennsylvania, 5 counties in southeastern Pennsylvania, and to Blue Cross Blue Shield members in 27 counties in western Pennsylvania.