



Plan Year 2022 (starting 02/2022)

WellFirst Health provided by SSM Health Plan

Step B Therapy Criteria

Step Therapy: In some cases, WellFirst Health requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition WellFirst Health may not cover Drug B unless you try Drug A first. If Drug A does not work for you, WellFirst Health will then cover Drug B.

**PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION ABOUT OUR STEP THERAPY CRITERIA.**

SSM Health Plan is an HMO/HMO-POS with a Medicare contract. Enrollment in SSM Health Plan depends on contract renewal. SSM Health Plan markets under the name WellFirst Health.

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For more recent information or other questions, please contact WellFirst Health at 1-877-301-3326 (TTY: 711), or visit wellfirsthealth.com.

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The following table lists Preferred drug(s) versus Non-preferred drug(s). You may be required to first try a preferred drug before a non-preferred drug to treat your medical condition.

Preferred drug(s) Drug A	Non-Preferred drug(s) Drug B
Herzuma, Trazimera	Herceptin, Kanjinti, Ogivri
Mvasi, Zirabev	Avastin
Truxima, Ruxience	Rituxan, Rituxan hyclea
Renflexis	Inflectra, Avsola, Remicade
Ziextenzo, Fulphila, Udenyca	Neulasta,
Nivestym, Zarxio	Neupogen/Granix
Oral bisphosphonate trial - Part D Medication (alendronate, ibandronate, or risedronate)	Prolia (for a dx of osteoporosis with high risk of fractures)
Synvisc-One ,Hyalagan, Hymovis and Trilon	Durolane, Glesyn-3, Supartz FX, Synvisc, Euflexxa, Gel-one, Genvisc 850, Monovisc, Sodium Hyaluronate, , TriVisc, Visco-3
Zario, Nivestym	Leukine
fulvestrant	Faslodex
Retacrit Emgality or Aimovig Infiximab or Humira Oral Allopurinol or Febuxostat Hydroxurea Oral Hydroxychloroquine, Methotrexate, or Azathioprine, or Mycophenolate mofetil Repatha or Praluent	Procrit, epogen Vyepi Entyvio Krystexxa Adaveko Benlysta Eveeka

For Rheumatoid Arthritis : Humira or Enbrel, Rinvoq, Xeljanz

For Polyarticular Juvenile Idiopathic Arthritis: Enbrel or Humira or Xeljanz

For Psoriatic Arthritis (Need to use 2 agents) : Enbrel or Humira or Otezla or Taltz or Stelara or Tremfya or Xeljanz

For Multiple Sclerosis:

*Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta

**(If member experiences Aggressive Disease Preferred products could be waived)*

For Multiple Sclerosis:

*Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta

**(If member experiences Aggressive Disease Preferred products could be waived)*

For Multiple Sclerosis:

*Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta

Treatment with Aggressive Disease (1) one of the following: Ocrevus Or Tysabri

Orencia

Orencia

Orencia

Ocrevus

Tysabri*

**(members who experience intolerance or label contraindications to preferred agents could not be a candidate for Tysabri)*

Lemtrada

**(members who experience intolerance or label contraindications to preferred agents could not be a candidate for Lemtrada)*