

Medicare: Medical Part B Step Therapy Criteria

| Drug Class | Non-Preferred Product(s) | Preferred Product(s) |
|--|--|---|
| Autoimmune Infused Infliximab | Infliximab (J1745) Remicade (J1745) | Avsola (Q5121) Inflectra (Q5103) Renflexis (Q5104) |
| Autoimmune Infused/Other | Actemra (J3262, J3490, J3590) Cimzia (J0717) Ilumya (J3245) Orencia (J0129) Skyrizi (J2327, J3590) Stelara (J3357, J3358) | Entyvio (J3380) Simponi Aria (J1602) |
| Avastin/Biosimilars (Oncology) | Alymsys (Q5126) Avastin (J9035) Vegzelma (Q5129) | Mvasi (Q5107) Zirabev (Q5118) |
| Hematologic, Erythropoiesis - Stimulating Agents (ESA) | Epogen (J0885, Q4081) Mircera (J0887, J0888) Procrit (J0885, Q4081) | Aranesp (J0881, J0882) Retacrit (Q5105, Q5106) |
| Hematologic, Colony Stimulating Factors – Long Acting | Fynetra (Q5130) Neulasta (J2506) Nyvepria (Q5122) Rolvedon (J1449) Stimufend (Q5127) Udenyca (Q5111) | Fulphila (Q5108) Ziextenzo (Q5120) |
| Hematopoietic Agents - Iron | Feraheme (Q0138) Ferumoxytol (Q0138) Injectafer (J1439) Monoferric (J1437) | Ferrlecit (J2916) Infed (J1750) Sodium Ferric Gluconate (J2916) Venofer (J1756) |
| Lysosomal Storage Disorders (Gaucher Disease) | VPRIV (J3385) | Cerezyme (J1786) Elelyso (J3060) |
| Multiple Sclerosis (Infused) | Briumvi (J2329) Lemtrada (J0202) | Ocrevus (J2350) Tysabri (J2323) |
| Osteoarthritis, Viscosupplements – Multi Injections | Euflexxa (J7323) Gelsyn- 3 (J7328) Genvisc 850 (J7320) Hyalgan (J7321) Hymovis (J7322) Supartz FX (J73210) | Orthovisc (J7324) Synvisc (J7325) |

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|---|--|---|
| | Synojoynt (J7331) Triluron (J7332) Trivisc (J7329) Visco – 3 (J7321) | |
| Osteoarthritis, Viscosupplements – Single Injections | Gel – One (J7326) Monovisc (7327) | Durolane (J7318) Synvisc One (J7325) |
| Osteoporosis – Bone Density | Evenity (J3111) Reclast (J3489) | Prolia (C9272, J0897) Zoledronic Acid (J3489) |
| Rituximab | Riabni (Q5123) Rituxan (J9312) Rituxan Hycela (J9311) | Ruxience (Q5119) Truxima (Q5115) |
| Trastuzumab | Herceptin (J9355) Herceptin Hylecta (J9356) Herzuma (Q5113) Ontruzant (Q5112) | Kanjinti (Q5117) Ogivri (Q5114) Trazimera (Q5116) |

Molina Healthcare is a DSNP and HMO plan with a Medicare contract. DSNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

<https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx>



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Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

Phone: (866) 606-3889, Monday – Friday, 8 a.m. to 8 p.m., local time, TTY:
711 Fax: (562) 499-0610
Email: civil.rights@MolinaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

916-440-7370 (or 711 for Telecommunications Relay Service)
CivilRights@dhcs.ca.gov

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx

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<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room
509F HHH Building
Washington, DC 20201

1-800-868-1019 or 800-537-7697 (TDD)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.