

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	Fylmetra (Q5130) Neulasta (J2506) Nyvepria (Q5122) Rolvedon (J1449) Stimufend (Q5127) Udenyca (Q5111)	Fulphila (Q5108) Ziextenzo (Q5120)
Hematopoietic Agents - Iron	Feraheme (Q0138) Ferumoxytol (Q0138) Injectafer (J1439) Monoferic (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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	Synjoynt (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>.