PROVIDER NEWSLETTER

A newsletter for Molina Healthcare Provider Networks

First Quarter 2022

In this issue

Over-the-Counter COVID-19 Tests Covered for Apple Health (Medicaid) members!

In partnership with the Washington State Health Care Authority (HCA), Molina Healthcare is covering over-the-counter (OTC) COVID-19 tests with or without a prescription for members. Members must visit an in-network pharmacy and request the pharmacy to bill Molina. Pharmacies may not bill for test administration of an OTC COVID-19 test; these tests should be used by the patient in the home setting.

Learn more at Apple Health (Medicaid) clinical policy and billing for COVID-19.

MolinaHealthcare.com

Consumer Assessment of Healthcare Providers and Systems / Marketplace Qualified Health Plan Enrollee Experience Survey

What is Consumer Assessment of Healthcare Providers and Systems / Marketplace Qualified Health Plan Enrollee Survey?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey is an industry standard survey tool used to evaluate patient satisfaction. **This survey will be mailed to a random sampling of our members and your patients soon.**

Please encourage your patients who have received the survey to participate. Listed below are several questions asked in the survey regarding patient care:

- When you needed care right away, how often did you get care as soon as you needed?
- When you made an appointment for a check-up or routine care at a doctor's office or clinic, how often did you get an appointment as soon as you needed?
- How often was it easy to get the care, tests, and treatment you needed?
- How often did your personal doctor listen carefully to you?
- How often did your personal doctor spend enough time with you?
- How often did your personal doctor explain things in a way that was easy for you to understand?
- How often did you and your personal doctor talk about all the prescription medicines you were taking?
- How would you rate your personal doctor?

Improving patient satisfaction has many benefits. It not only helps to increase patient retention but can also help increase compliance with physician recommendations and improve patient outcomes.

Focusing together on a positive patient experience will have many important benefits to your practice such as:

- Increased patient retention
- Increased compliance with physician clinical recommendations
- Improved overall wellness and health outcomes for patients
- Ensuring that preventive care needs are addressed more timely
- Reduced no show rates

Additionally, did you know that resources are available for office staff and patients?

- For additional after-hours coverage, Molina members can call the 24-Hour Nurse Advice Line
  - o (888) 275-8750 (English)
  - o (866) 648-3537 (Spanish)
  - o TTY: 711

- Molina members can access Interpreter Services at no cost by calling Member Services
  - **Medicaid**
    (800) 869-7165
    Monday to Friday, from 7:30 a.m. - 6:30 p.m.
  - **Marketplace**
    (888) 858-3492
    Monday – Friday, 8 a.m. – 6 p.m. local time
  - **Medicare**
    (800) 665-1029
    8 a.m. - 8 p.m. local time; 7 days a week
- Providers can access the Provider Web Portal at provider.MolinaHealthcare.com to:
  - Search for patients and check member eligibility
  - Submit service request authorizations and/or claims & check status
  - Review Patient Care Plans
  - Access the CAHPS® annual trend report
  - Participate in online Cultural Competency training (available at MolinaHealthcare.com, under the Health Resources tab)

Molina Healthcare of Washington's 2021 Quality Improvement Results

Molina Healthcare conducts an annual program evaluation to assess how well we meet the performance goals and objectives for improving the quality and safety of clinical care and services specified within the Quality Improvement Program Description and Annual Work Plan. Below are highlights from the 2021 annual evaluation.

CAHPS®/QHP Enrollee Experience 2021 Survey Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®)/Marketplace Qualified Health Plan (QHP) Enrollee Experience Survey assesses Molina members' satisfaction with their health care. It helps us focus our efforts to provide the best possible enrollee experience.

Molina has received the CAHPS®/QHP Enrollee Experience Survey results of how our members rated our providers and our services.

Medicaid: In 2021, Molina improved on the following CAHPS® measures: Getting Needed Care, Customer Service/Plan Administration, Rating of Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often and Rating of Health Plan.

We need to make improvements in: Getting Care Quickly, How Well Doctors Communicate and Coordination of Care.

Medicare: In 2021, Molina improved on the following CAHPS® measures: Rating of Health Plan.

We need to make improvements in: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Flu Vaccinations and Overall Rating of Drug Plan.

Marketplace: In 2021, Molina improved on the following QHP Enrollee Experience Survey measures: Rating of Health Care, Rating of Personal Doctor, Rating of Specialist Seen Most Often, Access to Information, Flu Vaccinations, Medical Assistance w/Smoking/Tobacco Use Cessation, Overall Rating of Drug Plan and Getting Prescriptions Filled Easily.

We need to make improvements in: How Well Doctors Communicate, Cultural Competence, Customer Service/Plan Administration, Coordination of Care and Rating of Health Plan.

HEDIS® 2021 Results

Another tool used to improve member care is the Healthcare Effectiveness Data and Information Set or HEDIS®. HEDIS® scores allow Molina to monitor how many members are receiving the services they need. Measures include immunizations, well-child exams, Pap tests and mammograms. There are also scores for diabetes care, and prenatal and after-delivery care.

Medicaid: In 2021, Molina improved on: Asthma Medication Ratio (AMR) - Total, Antidepressant Medication Management (AMM) - Effective Acute Phase Treatment, Antidepressant Medication Management (AMM) - Effective Continuation Phase Treatment, Follow-Up After Hospitalization for Mental Illness (FUH) - Total 30-Day Follow-Up, Follow-Up After Hospitalization for Mental Illness (FUH) - Total 7-Day Follow-Up, Appropriate Treatment for Upper Respiratory Infection (URI) - Total, Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) - Total Initiation of AOD Treatment, Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET) - Total Engagement of AOD Treatment and Prenatal and Postpartum Care (PPC) - Postpartum Care.

We need to make improvements in: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Childhood Immunization Status (CIS) - Combination #10, Immunizations for Adolescents (IMA) - Combination

#2, Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL) - Total, Appropriate Testing for Pharyngitis (CWP) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Blood Pressure Control (<140/90 mm Hg), Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Initiation Phase, Follow-Up Care for Children Prescribed ADHD Medication (ADD) - Continuation and Maintenance (C&M) Phase and Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care.

Medicare: In 2021, Molina improved on: Colorectal Cancer Screening (COL), Care for Older Adults (COA) - Advance Care Planning and Statin Therapy for Patients with Cardiovascular Disease (SPC) - Total Received Statin Therapy.

We need to make improvements in: Breast Cancer Screening (BCS), Care for Older Adults (COA) - Functional Status Assessment, Care for Older Adults (COA) - Pain Assessment, Comprehensive Diabetes Care (CDC) - HbA1c Control (<8%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy, Controlling High Blood Pressure (CBP) and Statin Therapy for Patients With Cardiovascular Disease (SPC) - Total Statin Adherence 80%.

Marketplace: In 2021, Molina improved on: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - BMI Percentile, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Nutrition, Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) - Counseling for Physical Activity, Childhood Immunization Status (CIS) - Combination #3, Immunizations for Adolescents (IMA) - Combination #2, Colorectal Cancer Screening (COL) and Appropriate Treatment for Upper Respiratory Infection (URI) – Total.

We need to make improvements in: Breast Cancer Screening (BCS), Cervical Cancer Screening (CCS), Chlamydia Screening in Women (CHL) - Total, Controlling High Blood Pressure (CBP), Comprehensive Diabetes Care (CDC) - HbA1c Control (<8.0%), Comprehensive Diabetes Care (CDC) - Eye Exam (Retinal) Performed, Comprehensive Diabetes Care (CDC) - Medical Attention for Nephropathy, Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care and Prenatal and Postpartum Care (PPC) - Postpartum Care.

Culturally and Linguistically Appropriate Services/Disability 2021 Overview

Molina also assesses the cultural, ethnic, racial and linguistic needs and preferences of members on an ongoing basis. Information gathered during regular monitoring and annual network assessment is used to identify and eliminate cultural and/or linguistic barriers to care through the implementation of programs and interventions.

Medicaid: The majority of Medicaid members specified English as their preferred language (90%). Spanish as a preferred language was identified by 7% of Medicaid members. Spanish was the most requested language among Medicaid members through Molina's interpreter services, followed by Russian and Arabic.

Medicare: A majority of Medicare members specified speak English as their preferred language (91%).About 3% of Medicare members identified themselves as Spanish speakers and 1% identified themselves as Russian speakers. Spanish was the most requested language among Medicare members through Molina's interpreter services, followed by Vietnamese and Russian.

Marketplace: The majority of Marketplace members specified English as their preferred language (87%), while 9% of Marketplace members did not specify a preferred language. Spanish as a preferred language was identified by 1% of Marketplace members. Spanish was the most requested language among Marketplace members through Molina's interpreter services, followed by Vietnamese and Mandarin.

Overall, Molina found that the current Culturally and Linguistically Appropriate Services program resources, structure, and practitioner and community participation are sufficient based on member needs. Additionally, Molina has a series of short Culturally Competency training videos (Health Disparities, LGBTQ+, Immigrants/Refugees, etc.) available on the Provider Portal and at MolinaHealthcare.com on the Culturally and Linguistically Appropriate Resources/Disability Resources page listed under Health Resources. Disability resources are also available at this location under Molina Provider Education Series: Americans with Disability Act (ADA), Members who are Blind or have Low Vision, Service Animals and Tips for Communicating with People with Disabilities & Seniors.

The progress related to the goals that Molina has set for the annual CAHPS®/QHP Enrollee Experience Survey results and the annual HEDIS® measures can be viewed in more detail on the Molina Website. You can also view information about the Quality Improvement Program and print a copy if you would like one. Please visit the provider page on Molina's website at MolinaHealthcare.com.

Requirements for Submitting Prior Authorization for Molina

Molina requires prior authorization (PA) for specific services. Molina offers two tools on the MolinaHealthcare.com website to assist you in knowing what services require Prior Authorization: The PA Guide and the PA Code Lookup Tool. The PA Lookup Tool offers detailed information by CPT and HCPCS code regarding PA requirements. The PA Code Lookup Tool is conveniently located on the "home" page of the Provider ('Health Care Professionals') area of MolinaHealthcare.com. **The most efficient prior authorization submission method is through our Provider Portal.**

When submitting a PA request, it is important to include all clinical information and medical records necessary to support the medical necessity of the requested service/item. The following is an example of documentation needed:

- Current (up to six months) patient history related to the requested service/item
- Relevant physical examination that addresses the medical need for the requested service(s)
- Relevant lab or radiology results to support the request (include previous MRI, CT, lab or X-ray report/results)
- Relevant specialty consultation notes
- Any other information or data specific to the request showing the member meets the criteria for approval of the service/item

When receiving all necessary clinical information with the initial request, Molina will be able to make a more timely and complete decision based on the member's current health condition while potentially avoiding the need to request additional supporting documentation. The Urgent/ Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member's health, or the lack of prompt treatment could jeopardize their ability to regain maximum function. Requests outside of this definition will be handled as routine/non-urgent. The goal is for Molina to have all necessary information to make the appropriate decision during the initial review of the service/item and avoid the need for an appeal if the service/item is denied.

NOTE: In the event a denial is issued and subsequently appealed, please be sure to reference the original decision. If the denial was due to missing information needed to justify coverage, not providing that information with your appeal request will not change the decision and could further delay medically necessary covered services/items. Let's work together to ensure timely and appropriate care for your patients.

Strengthening the Primary Care Setting with Trauma-Informed Care

Molina Healthcare is dedicated to promoting the importance of Trauma-Informed Care. According to the National Council for Mental Wellbeing, an "individual's experience of trauma impacts every area of human functioning-physical, mental, behavioral, social, and spiritual." Implementing a Trauma-Informed Care approach in the Primary Care setting can benefit providers, members, and office staff alike. The National Council for Mental Wellbeing reports that Trauma-Informed primary care settings can:

- Create safer spaces for staff
- Improve clinical decision-making
- Equip providers to identify and respond to trauma
- Build collaborative care networks to increase provider capacity to address holistic needs

Molina has adopted the guidelines for Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care from The National Council for Mental Wellbeing. For more information, please review our Clinical Program Guidelines on our provider website or visit the National Council for Mental Wellbeing to access the guidelines here.

Secure Messaging from Claim Status Screen Enabled in Availity Essentials Portal

Molina Healthcare strives to offer tools to provider partners so you can get more done with less effort. Molina now offers an integrated messaging feature from the Claim Status screen in the Availity Essentials portal.

Here you can submit secure messages from the Claim Status screen directly to Molina using Availity's Messaging Application.

Note: You will need to have the Claim Status and the Messaging App roles to access this function. If you're an administrator for your organization, you can assign roles by selecting Maintain User from your account dashboard. Then, select the user and View/Edit their roles.

Access Secure Messaging: Go to Claims & Payments | Claims Status

1. Initiate a message via the "Message this payer" option on the claim status results page. **Important:** The message must pertain to the current claim listed on the claim status results page.
2. Allow up to two business days for a response.
3. Access the Messaging Queue from the top right corner of your Availity home page.
4. Conversations display as cards. The color of the cards indicates the status.
5. All users have sorting and filtering options. If a message is missing from your queue, clear your filter options.

Availity's Messaging App is a faster, more effective platform for resolving simple queries. The next time you have a question about the status of a claim, try messaging.

Customer Support: If you have questions about Messaging from Claim Status, you can reach Availity Client Services at (800) 282-4548 from 7 a.m. to 7 p.m. CT, Monday through Friday.

Additional Questions? We're here to help. If you have any questions, you can call Molina Provider Services at (855) 322-4082. For help identifying your Provider Service Representative, visit: MolinaHealthcare.com.

Availity Essentials Portal: We continue our transition to the Availity Essentials portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered yet? Click here to get started.

NPI and Taxonomy Requirements

Inactive NPIs: Requirement for Revalidation

Beginning January 1, 2022, Molina Healthcare of Washington will deny all claims submitted with an inactive Rendering, Billing and/or Attending NPI.

The Affordable Care Act (ACA) requires state Medicaid agencies to revalidate the enrollment of all Medicaid providers once every five years. To avoid any potential denials for inactive NPI, providers should ensure they respond to HCA notices to complete revalidation. Upon receipt of a revalidation notification letter, a provider should gather and submit all documents requested on their Revalidation Checklist, complete the online revalidation process, and complete any other documents that may be required specific to their provider type. More information on the HCA revalidation process can be found on the HCA's website, click here.

If a provider's enrollment with the HCA has lapsed or they have never enrolled with the HCA, they should complete the enrollment process specific to their provider type. More information about enrolling as a Medicaid Provider can be found here: https://www.hca.wa.gov/billers-providers-partners/apple-health-medicaid-providers/enroll-provider.

Please note that the HCA will review requests for retro-active registration of providers if a provider's registration has lapsed. A provider would need to complete the Effective Date Change form and other required documentation to be considered for retro-active registration: https://www.hca.wa.gov/billers-providers-partners/forms-and-publications.

If you have any questions about the revalidation process, please reach out to Provider Services Call Center at (855) 322-4082.

Billing Provider Taxonomy Requirements

In accordance with Health Care Authority Guidelines, effective January 1, 2022, Molina Healthcare of Washington will be denying any claims submitted without a billing taxonomy code. Additional information about Taxonomy codes can be found here: https://taxonomy.nucc.org/

Tribal providers should consult the Tribal Billing Guide for more details on billing with a valid taxonomy: https://www.hca.wa.gov/assets/billers-and-providers/Tribal-health-bg-20210701.pdf. Tribal provider claims must include both the appropriate billing taxonomy and the appropriate American Indian/Alaska Native (AI/AN) or non-AI/AN tribal modifier to pay the IHS tribal encounter rate.

Behavioral Health Providers should consult the Mental Health Services Billing Guide for more information on billing and appropriate use of taxonomy codes: https://www.hca.wa.gov/assets/billers-and-providers/mental-health-svcs-bg-20210901.pdf.

If you have questions about billing and rendering taxonomy requirements, please reach out to Provider Services Call Center at (855) 322-4082.

Promoting the Importance of Culturally Appropriate Care for American Indian and Alaska Native members

Molina Healthcare of Washington recognizes that our provider partners are uniquely positioned to care for the health of Washington State's American Indian and Alaska Native (AI/AN) communities. It is our desire to work on closing gaps in care and to support our AI/AN members by bringing forth ongoing education and awareness.

Molina has created an educational flyer, "Getting to Know Tribal Communities", that provides insights for health care professionals and clinic staff on cultural norms and etiquette to improve cultural competency with regard to our AI/AN members. This material was developed by our tribal liaison, Twila Mallari, with guidance from our Culturally and Linguistically Appropriate Services, tribal communities and the U.S. Department of Health and Human Services—A Guide to Build Cultural Awareness: American Indian and Alaska Native.

2022 Molina Medicaid Member Rewards Program

Molina Healthcare gives members Amazon.com Gift Cards for getting important health screenings. Updated forms for the 2022 Molina Medicaid Member Rewards Program are now available. There have been no changes to the eligibility requirements or reward values from 2021. Please begin using the new forms as they list the updated submission deadline for the 2022 rewards program.

The new forms are posted on our member and provider websites and are included in routine member mailings.

The forms, available in English and Spanish, can be found here:

- Provider Website
- Member Website

Introducing the MyChoice Debit Card for Molina Medicare Members

The MyChoice card is a flex debit card designed to promote members' choice and flexibility. Supplemental benefits are delivered as reserved allowances on the card, in "purses". Purses are unique to a benefit category and are comprised of a set of eligibility requirements, a dollar amount, and specific merchant codes. Members will need to use their MyChoice flex card to pay for any vision or dental services, much like a cash customer would process their payments at a provider's office.

Dental

- Members receive a debit card (MyChoice flex card) with an annual allowance to obtain preventive and comprehensive services, individually or combined. Allowance expires at the end of the calendar year.

Vision

- Members receive a debit card (MyChoice flex card) with an annual allowance to obtain supplemental vision services and/or eyewear. Allowance expires at the end of the calendar year.

How can members check their balance(s) for Dental and/or Vision?

Members are responsible for tracking how much they have left of the yearly allowance for Dental and Vision. Members can call into Member Services to check their balance. The number is listed on the back of their MyChoice flex debit card. Members can also check their balance through the Member Portal flex.molinahealthcare.com.

Molina Member Services is able to assist with MyChoice flex card.

Member Services team can:

- Activate the cards
- View the balances for each allowance
- Check the purchase totals, locations, and decline reasons
- Access card mailing status
- Issue a replacement card
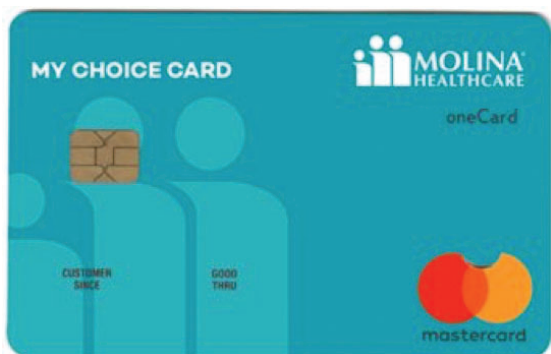
Should providers have additional questions about the MyChoice Debit Card for Molina Medicare Members, please contact Molina Provider Services at (855) 322-4082.

Clinician Administered Preferred Drug List 2022

A clinician-administered drug is an outpatient drug other than a vaccine that is typically administered by a health care provider in a clinician's office or other outpatient clinical setting. For example, drugs that are infused or injected are typically clinician-administered drugs.

The Molina Healthcare, Inc. Medical Preferred Drug List encourages utilization of clinically appropriate and lower net cost products within the following therapeutic drug classes. The Molina Medical Preferred Drug List includes the listed products only and other products may be available under a plan's medical benefit. The listed preferred products must be used first. An exception process is in place for specific circumstances that may warrant a need for a non-preferred product.

Medicaid Medical Preferred Drug List- Through October 2022

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Alpha-1 Antitrypsin Deficiency	Aralast® (Alpha-1-Proteinase Inhibitor), Glassia® (Alpha-1-Proteinase Inhibitor), Zemaira® (Alpha-1-Proteinase Inhibitor)	Prolastin C® (Alpha-1-Proteinase Inhibitor)
Hematologic, Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine® (sargramostim) Neupogen® (filgrastim) Nivestym® (filgrastim-aafi)	Zarxio® (filgrastim-sndz)
Hematologic, Colony Stimulating Factors – Long Acting	Fulphila™ (pegfilgrastim-jmdb), Udenyca® (pegfilgrastim-cbqv), Neulasta® (pegfilgrastim) Nyvepria™ (pegfilgrastim-apgf)	Ziextenzo® (pegfilgrastim-bmez)

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Infliximab	Remicade® (infliximab)	Inflectra® (infliximab-dyyb)) Renflexis® (infliximab-abda) Avsola™ (infliximab-axxq)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV® (velaglucerase alfa) Elelyso® (taliglucerase alfa)	Cerezyme® (imiglucerase)
Multiple Sclerosis (Infused)	Lemtrada® (alemtuzumab)	Tysabri® (natalizumab) Ocrevus® (ocrelizumab)
Osteoarthritis, Viscosupplements	Gelsyn-3® (sodium hyaluronate 8.4mg/ml) GenVisc® 850 (sodium hyaluronate) Hyalgan® (1% sodium hyaluronate) Hymovis® (hyaluronic acid 8mg/ml) Orthovisc® (1% sodium hyaluronate) Supartz® FX (1% sodium hyaluronate) TriVisc®(sodium hyaluronate) Visco-3® (1% sodium hyaluronate) Synvisc® (hylan (Avian) 8 mg/mL)	Euflexxa® (1% sodium hyaluronate)
Oncology	**Avastin® (bevacizumab)	Mvasi™ (bevacizumab-awwb) Zirabev® (bevacizumab-bvzr)
	Herceptin® (trastuzumab) Herceptin Hycelta™ (trastuzumab and hyaluronidase-oysk)	Herzuma® (trastuzumab-pkrb) Kanjinti™(trastuzumab-anns) Ogivri™ (trastuzumab-dkst) Ontruzant® (trastuzumab-dttb) Trazimera™ (trastuzumab-qyyp)
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris® (ravulizumab-cwvz)	Empaveli® (pegcetacoplan)
Rituximab	Rituxan® (rituximab) Rituxan Hycela®(rituximab-hyaluronidase)	Truxima®(rituximab-abbs) Ruxience®(rituximab-pvvr) Riabni™ (rituximab-arrx)
Retinal Disorders (Eye)	Eylea®(aflibercept) Lucentis® (ranibizumab)	**Avastin® (bevacizumab)

Marketplace Medical Preferred Drug List- Through October 2022

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Alpha-1 Antitrypsin Deficiency	Aralast® (Alpha-1-Proteinase Inhibitor), Glassia® (Alpha-1-Proteinase Inhibitor), Zemaira® (Alpha-1-Proteinase Inhibitor)	Prolastin C® (Alpha-1-Proteinase Inhibitor)
Autoimmune	Actemra® (tocilizumab) IV, Cimzia® (certolizumab pegol), Orencia®(abatacept)	Enyvio® (vedolizumab), Ilumya™ (tilgrakizumab-asmn), Simoni Aria® (golimumab), Stelara®(ustekinumab)
Botulinum Toxins	Myobloc® (rimabotulinumtoxin B)	Botox® (onabotulinumtoxin A), Dysport® (abobotulinumtoxin A), Xeomin® (incobotuliniumtoxin A)
Hematologic, Colony Stimulating Factors – Short Acting	Granix® (tbo-filgrastum) Leukine® (sargramostim) Neupogen® (filgrastim)	Nivestym® (filgrastim-aafi), Zarxio® (filgrastim-sndz)
Hematologic, Colony Stimulating Factors – Long Acting	Fulphila™ (pegfilgrastim-jmdb), Udenyca® (pegfilgrastim-cbqv), Nyvepria™(pegfilgrastim-apgf)	Ziextenzo® (pegfilgrastim-bmez), Neulasta® (pegfilgrastim)
Hematologic, Erythropoiesis - Stimulating Agents	Epogen® (epoetin alfa), Mircera® (methoxy polyethylene glycol-epoetin beta), Procrit® (epoetin alfa)	Aranesp® (darbepoetin), Retacrit® (epoetin alfa-epbx)
Hemophilia, Factor VIII	Eloctate® (antihemophilic factor recombinant Fc fusion protein), Helixate® [Antihemophilic Factor (Recombinant), Formulated with Sucrose], Nuwiq® [antihemophilic Factor (recombinant)]	Adynovate®[antihemophilic factor (recombinant), PEGylated], Jivi® [antihemophilic factor (recombinant), PEGylated], Kogenate®[antihemophilic factor (recombinant), Kovaltry®[antihemophilic factor (recombinant), Novoeight® [antihemophilic factor (recombinant)
Infliximab	Remicade® (infliximab)	Inflectra® (infliximab-dyyb) Renflexis® (infliximab-abda) Avsola™ (infliximab-axxq)

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Long-Acting Reversible Contraceptives	Liletta® (levonorgestrel-releasing intrauterine system) Nexplanon® (etonogestrel implant)	Kyleena ® (levonorgestrel-releasing intrauterine system), Mirena® (levonorgestrel-releasing intrauterine system) Skyla® (levonorgestrel-releasing intrauterine system)
Lysosomal Storage Disorders – Gaucher Disease	VPRIV® (velaglucerase alfa) Cerezyme® (imiglucerase)	Elelyso® (taliglucerase alfa)
Multiple Sclerosis (Infused)	Lemtrada® (alemtuzumab)	Tysabri® (natalizumab) Ocrevus® (ocrelizumab)
Osteoarthritis, Viscosupplements	Gelsyn-3® (sodium hyaluronate 8.4mg/ml) GenVisc® 850 (sodium hyaluronate) Hyalgan® (1% sodium hyaluronate) Hymovis® (hyaluronic acid 8mg/ml) Supartz® FX (1% sodium hyaluronate) TriVisc®(sodium hyaluronate) Visco-3® (1% sodium hyaluronate) Synvisc® (hylan (Avian) 8 mg/mL)	Euflexxa® (1% sodium hyaluronate) Orthovisc® (1% sodium hyaluronate) Monovisc® (sodium hyaluronate)
Oncology	NA	Firmagon® (degarelix)
	**Avastin® (bevacizumab)	Mvasi™ (bevacizumab-awwb) Zirabev® (bevacizumab-bvzr)
	Herceptin® (trastuzumab) Herzuma® (trastuzumab-pkrb) Herceptin Hycelta™ (trastuzumab and hyaluronidase-oysk) Trazimera™ (trastuzumab-qyyp) Ontruzant® (trastuzumab-dttb)	Kanjinti™(trastuzumab-anns) Ogivri™ (trastuzumab-dkst)
Paroxysmal Nocturnal Hemoglobinuria	Ultomiris® (ravulizumab-cwvz)	Empaveli® (pegcetacoplan)
Retinal Disorder Agents (Eye)	Eylea®(aflibercept) Lucentis® (ranibizumab)	**Avastin® (bevacizumab)

Drug Class	Non-Preferred Product(s)	Preferred Product(s)
Rituximab	Rituxan® (rituximab) Rituxan Hycela®(rituximab-hyaluronidase)	Truxima®(rituximab-abbs) Ruxience®(rituximab-pvvr) Riabni™ (rituximab-arrx)
Severe Asthma	Cinqair® (reslizumab)	Dupixent®(dupilumab) Fasenra®(benralizumab) Nucala®(mepolizumab) Xolair® (omalizumab)

2022 TeleBehavioral Health Training Opportunity

In response to COVID-19 and the impact on the behavioral health provider system, UW Medicine Harborview Behavioral Health Institute is offering a training series titled **TeleBehavioral Health 301.** The training will focus on how TeleBehavioral Health skills can be used to enhance the mental health care for certain populations and on developing TeleBehavioral-specific tools and protocols.

Registration & Information:
https://washington.zoom.us/webinar/register/WN_LgeNo3uRQDWVIkA1nl-S5A

Cost: Free

Credit Designation: Each one-hour webinar is 1.0 continuing medical education credits.

When: The 3rd Friday of each month in 2022 from 11 a.m. -12 p.m. PT.

For more information, please call: **(206) 744-9677**

Thank you for your continued partnership with Molina Healthcare and the valuable care you provide to our members.

MOLINA HEALTHCARE®