

## Medicare: Medical Part B Step Therapy Criteria

| Drug Class                                                            | Non-Preferred Product(s)                                                                                             | Preferred Product(s)                                                                     |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Autoimmune Infused<br/>Infliximab</b>                              | Infliximab (J1745)<br>Remicade (J1745)                                                                               | Inflectra (Q5103)<br>Renflexis (Q5104)                                                   |
| <b>Autoimmune<br/>Infused/Other</b>                                   | Actemra (J3262)<br>Cimzia (J0717)<br>Ilumya (J3245)<br>Orencia (J0129)<br>Skyrizi (J2327)<br>Stelara (J3357, J3358)  | Entyvio (J3380)<br>Simponi Aria (J1602)                                                  |
| <b>Avastin/Biosimilars<br/>(Oncology)</b>                             | Alymsys (Q5126)<br>Avastin (J9035)<br>Vegzelma (Q5129)                                                               | Mvasi (Q5107)<br>Zirabev (Q5118)                                                         |
| <b>Hematologic,<br/>Erythropoiesis -<br/>Stimulating Agents (ESA)</b> | Epogen (J0885, Q4081)<br>Mircera (J0887, J0888)<br>Procrit (J0885, Q4081)                                            | Aranesp (J0881, J0882)<br>Retacrit (Q5105, Q5106)                                        |
| <b>Hematologic, Colony<br/>Stimulating Factors - Long<br/>Acting</b>  | Fylnetra (Q5130)<br>Neulasta (J2506)<br>Nyvepria (Q5122)<br>Roveldon (J1449)<br>Stimufend (Q5127)<br>Udenyca (Q5111) | Fulphila (Q5108)                                                                         |
| <b>Hematopoietic Agents -<br/>Iron</b>                                | Feraheme (Q5130)<br>Ferumoxytol (Q0138)<br>Injectafer (J1439)<br>Monoferric (J1437)                                  | Ferrlecit (J2916)<br>Infed (J1750)<br>Sodium Ferric Gluconate (J2916)<br>Venofer (J1756) |
| <b>Lysosomal Storage<br/>Disorders (Gaucher<br/>Disease)</b>          | VPRIV (J3385)                                                                                                        | Cerezyme (J1786)<br>Elelyso (J3060)                                                      |
| <b>Multiple Sclerosis<br/>(Infused)</b>                               | Briumvi (J2329)<br>Lemtrada (J0202)                                                                                  | Ocrevus (J2350)<br>Tysabri (J2323)                                                       |

| Drug Class                                                          | Non-Preferred Product(s)                                                                                                                                                                                  | Preferred Product(s)                                  |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Osteoarthritis,<br/>Viscosupplements – Multi<br/>Injections</b>  | Gelsyn- 3 (J7328)<br>Genvisc 850 (J7320)<br>Hyalgan (J7321)<br>Hymovis (J7322)<br>Orthovisc (J7324)<br>Supartz FX (J7321)<br>Synojynt (J7331)<br>Triluron (J7332)<br>Trivisc (J7329)<br>Visco – 3 (J7321) | Euflexxa (J7323)<br>Synvisc (J7325)                   |
| <b>Osteoarthritis,<br/>Viscosupplements – Single<br/>Injections</b> | Gel – One (J7326)<br>Monovisc (7327)                                                                                                                                                                      | Durolane (J7318)<br>Synvisc One (J7325)               |
| <b>Osteoporosis – Bone<br/>Density</b>                              | Evenity<br>(J3111)<br>Reclast<br>(J3489)                                                                                                                                                                  | Prolia (C9272, J0897)<br>Zoledronic Acid (J3489)      |
| <b>Rituximab</b>                                                    | Riabni (Q5123)<br>Rituxan (J9312)<br>Rituxan Hycela (J9311)                                                                                                                                               | Ruxience (Q5119)<br>Truxima (Q5115)                   |
| <b>Trastuzumab</b>                                                  | Hercep n (J9355)<br>Hercep n Hylecta (J9356)<br>Herzuma (Q5113)<br>Ontruzant (Q5112)                                                                                                                      | Kanjin (Q5117)<br>Ogivri (Q5114)<br>Trazimera (Q5116) |

Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP 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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