

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	Fylnetra (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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	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)

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