

## Medicare: Medical Part B Step Therapy Criteria

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

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

Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

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