



Drugs Subject to Step Therapy (Part B)

Medica may require step therapy on certain drugs covered under Medicare Part B for members new to therapy. The list of drugs that require step therapy are listed below with the effective date included. If you have questions or to confirm the application of step therapy under your benefit contract, please call the number on the back of your Medica ID card.

Brand	Generic	Effective Date
Aloxi	palonosetron	1/1/2020
Epogen	epoetin alfa	1/1/2020
Fusilev	levoleucovorin	1/1/2020
Granix	tbo-filgrastim	1/1/2020
Khapzory	levoleucovorin	1/1/2020
Neupogen	filgrastim	1/1/2020
Nivestym	filgrastim-aafi	1/1/2020
Procrit	epoetin alfa	1/1/2020
Sustol	granisetron extended-release	1/1/2020

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Medica DUAL Solution® and Medica AccessAbility Solution® Enhanced are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide benefits of both programs to enrollees. Enrollment in Medica DUAL Solution and Medica AccessAbility Solution Enhanced depends on contract renewal.

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