Medicare Part B preferred drug list
Allina Health | Aetna Medicare Advantage (MA) only plans

Some medically administered Part B drugs may have extra requirements or limits on coverage. These may include step therapy. This is when we require you to first try certain preferred drugs to treat your medical condition before covering another nonpreferred drug.

For example, if drug A and drug B both treat your condition, we may prefer drug A, and require you to try it first. If drug A does not work for you, we will then cover drug B. The preferred products in the list should be used first. An exception process is in place for specific cases that may call for a nonpreferred product.

Drug classes with preferred products are listed below. For specific medical indications subject to step therapy, see the corresponding step therapy criteria document on the Allina Health | Aetna website.

To find out more, go to **AllinaHealthAetnaMedicare.com/partb-step**
You can also call us at the number on your member ID card.

Category: Alpha-1 proteinase inhibitors				
Indications subject to step therapy: • **Alpha-1 antitrypsin deficiency**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Prolastin-C	J0256	Link to criteria	None	Link to fax form
Zemaira	J0256			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Aralast NP	J0256	Link to criteria	Link to criteria	Link to fax form
Glassia	J0257			
Category: Bone resorption inhibitors* *Preferred product from both tiers required prior to receiving a non-preferred product				
Indications subject to step therapy: • **Osteoporosis**				
1st tier preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Zoledronic acid	J3489	Prior authorization is not required	None	Prior authorization is not required
2nd tier preferred drugs after trial/failure of Zoledronic acid	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Jubbonti	Q5136	Link to criteria	Link to criteria	Link to fax form
Prolia	J0897			

Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Evenity	J3111	Link to criteria	Link to criteria	Link to fax form
Conexxence	Q5158	Link to criteria		Link to fax form
Denosumab-bnht				
Ospomyv	Q5159			
Stoboclo	Q5157			

Category: Bone resorption inhibitors*

*Preferred product from both tiers required prior to receiving a non-preferred product

Indications subject to step therapy:

- **Hypercalcemia of malignancy**
- **Prevention of skeletal events in multiple myeloma**
- **Prevention of skeletal events in prostate cancer or solid tumors with bone metastases**
- **Treatment of osteopenia or osteoporosis in systemic mastocytosis**

1st tier preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Pamidronate	J2430	Prior authorization is not required	None	Prior authorization is not required
Zoledronic acid	J3489			
2nd tier preferred drugs after trial/failure of Pamidronate or Zoledronic acid	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Xgeva	J0897	Link to criteria	Link to criteria	Link to fax form
Wyost	Q5136			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Bomyntra	Q5158	Link to criteria	Link to criteria	Link to fax form
Denosumab-bnht				
Osenvelt	Q5157			
Xbryk	Q5159			

Category: Botulinum toxins

Indications subject to step therapy:

- **Blepharospasm**
- **Cervical dystonia**
- **Chronic sialorrhea**
- **Upper limb spasticity**

Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Botox	J0585	Prior authorization is not required (effective 1/1/26)	None	Prior authorization is not required (effective 1/1/26)
Xeomin	J0588			

Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Daxxify	J0589	Link to criteria	Link to criteria	Link to fax form
Dysport	J0586			
Myobloc	J0587			
Indications subject to step therapy: • **All other indications**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Botox	J0585	Prior authorization is not required (effective 1/1/26)	None	Prior authorization is not required (effective 1/1/26)
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Daxxify	J0589	Link to criteria	Link to criteria	Link to fax form
Dysport	J0586			
Myobloc	J0587			
Category: • **Hemolytic uremic syndrome** • **Paroxysmal nocturnal hemoglobinuria**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Bkemv	Q5152	Link to criteria	None	Link to fax form
Non-preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Epysqli	Q5151	Link to criteria	Link to criteria	Link to fax form
Soliris	J1299			
Ultomiris	J1303	Link to criteria		Link to fax form
Indications subject to step therapy: • **Neuromyelitis optica spectrum disorder**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Uplizna	J1823	Link to criteria	None	Link to fax form
Non-preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Bkemv	Q5152	Link to criteria	Link to criteria	Link to fax form
Epysqli	Q5151			
Soliris	J1299			

Category: Myasthenia gravis				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Vyvgart	J9332	Link to criteria	None	Link to fax form
Vyvgart Hytrulo	J9334			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Bkemv	Q5152	Link to criteria	Link to criteria	Link to fax form
Epysqli	Q5151			
Soliris	J1299			
Rystiggo	J9333	Link to criteria		Link to fax form
Ultomiris	J1303	Link to criteria		Link to fax form
Category: Colony stimulating factors (short-acting)				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Zarxio	Q5101	Prior authorization is not required	None	Prior authorization is not required
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Granix	J1447	Link to criteria	Link to criteria	Link to fax form
Neupogen	J1442			
Nivestym	Q5110			
Nypozi	Q5148			
Releuko	Q5125			
Leukine	J2820	Link to criteria		
Category: Colony stimulating factors (long-acting)* *Preferred product from both tiers required prior to receiving a non-preferred product				
1st tier preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Neulasta	J2506	Prior authorization is not required (effective 1/1/26)	None	Prior authorization is not required (effective 1/1/26)
Neulasta Onpro	J2506			
2nd tier preferred drugs after trial/failure of Neulasta or Neulasta Onpro	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Ziextenzo	Q5120	Link to criteria	Link to criteria	Link to fax form

Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Fulphila	Q5108	Link to criteria	Link to criteria	Link to fax form
Fylnetra	Q5130			
Nyvepria	Q5122			
Stimufend	Q5127			
Udenyca	Q5111			
Udenyca On-body				
Ziextenzo	Q5120			
Ryzneuta	J9361	Link to criteria		
Rolvedon	J1449	Link to criteria		
Category: Erythropoiesis stimulating agents				
Indications subject to step therapy: • **Anemia due to Zidovudine use in HIV** • **Transfusion reduction for select surgeries**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Procrit	J0885	Prior authorization is not required (effective 1/1/26)	None	Prior authorization is not required (effective 1/1/26)
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Epogen	J0885	Link to criteria	Link to criteria	Link to fax form
Retacrit	Q5106			
Indications subject to step therapy: • **All other indications**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Aranesp	J0882/J0881	Prior authorization is not required (effective 1/1/26)	None	Prior authorization is not required (effective 1/1/26)
Procrit	Q4081/J0885			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Epogen	Q4081/J0885	Link to criteria	Link to criteria	Link to fax form
Retacrit	Q5105/Q5106			
Jesduvroq	J0889	Link to criteria		
Vafseo	J0901	Link to criteria		
Category: Reblozyl				
Indications subject to step therapy: • **Very low to intermediate-risk Myelodysplastic Syndromes (MDS) related anemia**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Aranesp	J0881	Prior authorization is not required (effective 1/1/26)	None	Prior authorization is not required (effective 1/1/26)
Procrit	J0885			

Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Reblozyl	J0896	Link to criteria	Link to criteria	Link to fax form
Category: Enzyme replacement therapy				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Cerezyme	J1786	Link to criteria	None	Link to fax form
Elelyso	J3060	Link to criteria		Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Vpriv	J3385	Link to criteria	Link to criteria	Link to fax form
Category: Factor VIII (recombinant)				
Indications subject to step therapy: • **Hemophilia A (prophylaxis)**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Kovaltry	J7211	Link to criteria	None	Link to fax form
Nuwiq	J7209			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Advate	J7192	Link to criteria	Link to criteria	Link to fax form
Afstyla	J7210			
NovoEight	J7182			
Xyntha	J7185			
Category: Geographic atrophy				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Izervay	J2782	Link to criteria	Link to criteria	Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Syfovre	J2781	Link to criteria	None	Link to fax form
Category: Gonadotropin-releasing hormone agonists				
Indications subject to step therapy: • **Advanced prostate cancer** • **Gender dysphoria** • **Recurrent androgen receptor positive salivary gland tumors**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Eligard	J9217	Prior authorization is not required	None	Prior authorization is not required
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Lupron depot	J9217/J1950	Link to criteria	Link to criteria	Link to fax form

Trelstar	J3315	Link to criteria	Link to criteria	Link to fax form
Zoladex	J9202	Link to criteria		Link to fax form
Category: Gonadotropin-releasing hormone antagonists				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Firmagon	J9155	Prior authorization is not required.	None	Prior authorization is not required.
Category: Immunologics				
Indications subject to step therapy: • **Crohn's disease** • **Ulcerative colitis**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Entyvio IV	J3380	Link to criteria	None	Link to fax form
Inflectra	Q5103	Link to criteria		Link to fax form
Renflexis	Q5104			
Tremfya IV	J1628	Link to criteria		Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Avsola	Q5121	Link to criteria	Link to criteria	Link to fax form
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form
Tyruko	Q5134	Link to criteria		Link to fax form
Tysabri	J2323			
Indications subject to step therapy: • **Psoriasis**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Inflectra	Q5103	Link to criteria	None	Link to fax form
Renflexis	Q5104			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Avsola	Q5121	Link to criteria	Link to criteria	Link to fax form
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form
Ilumya	J3245	Link to criteria		Link to fax form
Indications subject to step therapy: • **Rheumatoid arthritis**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**

Inflectra	Q5103	Link to criteria	None	Link to fax form
Renflexis	Q5104			
Simponi Aria	J1602	Link to criteria		Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Actemra IV	J3262	Link to criteria	Link to criteria	Link to fax form
Tofidence IV	Q5133			
Avsola	Q5121	Link to criteria		Link to fax form
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form
Orencia	J0129	Link to criteria		Link to fax form
Riabni	Q5123	Link to criteria		Link to fax form
Rituxan	J9312			
Ruxience	Q5119			
Truxima	Q5115			
Indications subject to step therapy: • **Ankylosing spondylitis**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Inflectra	Q5103	Link to criteria	None	Link to fax form
Renflexis	Q5104			
Simponi Aria	J1602	Link to criteria		Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Avsola	Q5121	Link to criteria	Link to criteria	Link to fax form
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form
Indications subject to step therapy: • **Juvenile idiopathic arthritis**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Inflectra	Q5103	Link to criteria	None	Link to fax form
Renflexis	Q5104			
Simponi Aria	J1602	Link to criteria		Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Actemra IV	J3262	Link to criteria	Link to criteria	Link to fax form
Tofidence IV	Q5133			
Avsola	Q5121	Link to criteria		Link to fax form
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form

Orencia	J0129	Link to criteria	Link to criteria	Link to fax form
Indications subject to step therapy: • **Psoriatic arthritis**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Inflectra	Q5103	Link to criteria	None	Link to fax form
Renflexis	Q5104			
Simponi Aria	J1602	Link to criteria		Link to fax form
Non-preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Avsola	Q5121	Link to criteria	Link to criteria	Link to fax form
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form
Orencia	J0129	Link to criteria		Link to fax form
Category: Remicade and biosimilars (all other indications)				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Inflectra	Q5103	Link to criteria	None	Link to fax form
Renflexis	Q5104			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Avsola	Q5121	Link to criteria	Link to criteria	Link to fax form
Remicade	J1745			
Unbranded infliximab				
Category: Intravenous iron				
Indications subject to step therapy: • **Iron deficiency anemia** - **After intolerance to oral iron or unsatisfactory response to oral iron OR** - **Who have chronic kidney disease**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Ferrlecit	J2916	Prior authorization is not required	None	Prior authorization is not required
Sodium ferric gluconate				
Infed	J1750			
Venofer	J1756			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Feraheme	Q0139/Q0138	See step therapy criteria	Link to criteria	Link to fax form
Injectafer	J1439			
Monoferric	J1437			

Category: IVIG (intravenous immunoglobulin)				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Gammaked	J1561	Link to criteria	None	Link to fax form
Gamunex-C	J1561			
Privigen	J1459			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Alyglo	J1552	Link to criteria	Link to criteria	Link to fax form
Asceniv	J1554			
Bivigam	J1556			
Flebogamma	J1572			
Gammagard Liquid	J1569			
Gammagard S/D				
Gammaplex	J1557			
Octagam	J1568			
Panzyga	J1576			
Yimmugo	J3590/C9399 (misc. codes)			
Category: SCIG (subcutaneous immunoglobulin)				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Gammaked	J1561	Link to criteria	None	Link to fax form
Gamunex-C				
Hizentra	J1559	Link to criteria		
Xembify	J1558			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Cutaquig	J1551	Link to criteria	Link to criteria	Link to fax form
Cuvitru	J1555			
HyQvia	J1575			
Gammagard Liquid	J1569	Link to criteria		
Category: Multiple sclerosis				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Ocrevus	J2350	Link to criteria	None	Link to fax form
Ocrevus Zunovo	J2351			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Briumvi	J2329	Link to criteria	Link to criteria	Link to fax form
Lemtrada	J0202	Link to criteria		Link to fax form
Category: Multiple sclerosis				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**

Tysabri	J2323	Link to criteria	None	Link to fax form
Category: Breast cancer				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Phesgo	J9316	Link to criteria	None	Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Perjeta	J9306	Link to criteria	Link to criteria	Link to fax form
Category: Abraxane				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Docetaxel	J9171	Prior authorization is not required.	None	Prior authorization is not required.
Paclitaxel	J9267			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Abraxane	J9264	Link to criteria	Link to criteria	Link to fax form
Paclitaxel (protein-bound)	J9264			
Category: Avastin and biosimilars (oncology)				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Mvasi	Q5107	Link to criteria	None	Link to fax form
Zirabev	Q5118			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Alymsys	Q5126	Link to criteria	Link to criteria	Link to fax form
Avastin	J9035			
Avzivi	J3590/C9399 (misc. codes)			
Jobevne	J3590/C9399 (misc codes)			
Vegzelma	Q5129			
Category: Non-small cell lung cancer				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Mvasi	Q5107	Link to criteria	None	Link to fax form
Zirabev	Q5118			
Non-preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Cyramza	J9308	Link to criteria	Will be posted 1/1/2026	Will be posted 1/1/2026
Category: Bendamustine products				

Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Treanda	J9033	Link to criteria	None	Will be posted 1/1/2026
Non-preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Belrapzo	J9036	Link to criteria	Will be posted 1/1/2026	Will be posted 1/1/2026
Bendeka	J9034			
Bendamustine	J9058			
Category: Docetaxel products				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Docetaxel	J9171	Prior authorization is not required	None	Prior authorization is not required
Non-preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Docivyx	J9172	See step therapy criteria	Will be posted 1/1/2026	Will be posted 1/1/2026
Category: Herceptin and biosimilars				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Kanjinti	Q5117	Link to criteria	None	Link to fax form
Ontruzant	Q5112			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Herceptin	J9355	Link to criteria	Link to criteria	Link to fax form
Herceptin Hycela	J9356			
Hercessi	Q5146			
Herzuma	Q5113			
Ogivri	Q5114			
Trazimera	Q5116			
Category: Rituxan and biosimilars				
Indications subject to step therapy: • **All requests except rheumatoid arthritis**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Ruxience	Q5119	Link to criteria	None	Link to fax form
Truxima	Q5115			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Riabni	Q5123	Link to criteria	Link to criteria	Link to fax form
Rituxan	J9312			
Rituxan Hycela	J9311			

Category: Liposarcoma				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Halaven	J9179	Prior authorization is not required	None	Prior authorization is not required
Non-preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Yondelis	J9352	Link to criteria	Will be posted 1/1/2026	Will be posted 1/1/2026
Category: Multiple myeloma				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Bortezomib	J9046/ J9048/J9049	Link to criteria	None	Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Darzalex	J9145	Link to criteria	Link to criteria	Link to fax form
Darzalex Faspro	J9144	Link to criteria		Link to fax form
Empliciti	J9176	Link to criteria		Link to fax form
Kyprolis	J9047	Link to criteria		Link to fax form
Sarclisa	J9227	Link to criteria		Link to fax form
Category: PD1/PDL1				
Indications subject to step therapy: • **Squamous cell carcinoma**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Libtayo	J9119	Link to criteria	None	Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Keytruda	J9271	Link to criteria	Link to criteria	Link to fax form
Indications subject to step therapy: • **Non-small cell lung cancer**				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Libtayo	J9119	Link to criteria	None	Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Imfinzi	J9173	Link to criteria	Link to criteria	Link to fax form
Keytruda	J9271	Link to criteria		Link to fax form
Opdivo	J9299	Link to criteria		Link to fax form
Opdivo Qvantig	J9289	Link to criteria		
Tecentriq	J9022	Link to criteria		Link to fax form
Tecentriq Hybreza	J9024	Link to criteria		

Category: Pemetrexed				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Alimta	J9305	Prior authorization is not required	None	Prior authorization is not required
Pemetrexed	J9294/J9296/ J9297/J9314			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Pemfexy	J9304	Link to criteria	Link to criteria	Link to fax form
Axtle	J9292			
Pemrydi RTU	J9324			
Category: Osteoarthritis				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Depo-medrol	J1010	Prior authorization is not required.	None	Prior authorization is not required.
Methylprednisolone acetate				
Kenalog	J3300/J3301			
Triamcinolone acetonide				
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Zilretta	J3304	Link to criteria	Link to criteria	Link to fax form
Category: Severe asthma				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Fasenra	J0517	Link to criteria	None	Link to fax form
Tezspire	J2356	Link to criteria		Link to fax form
Xolair	J2357	Link to criteria		Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Cinqair	J2786	Link to criteria	Link to criteria	Link to fax form
Nucala	J2182	Link to criteria		Link to fax form
Category: Somatostatin analogues				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Somatuline depot	J1930	Link to criteria	None	Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Octreotide acetate depot	J2353	Link to criteria	Link to criteria	Link to fax form
Sandostatin LAR	J2353	Link to criteria		Link to fax form
Signifor LAR	J2502	Link to criteria		Link to fax form

Category: Systemic lupus erythematosus				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Benlysta	J0490	Link to criteria	None	Link to fax form
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Saphnelo	J0491	Link to criteria	Link to criteria	Link to fax form
Category: VEGF inhibitors (ophthalmic)* *Preferred product from both tiers required prior to receiving a nonpreferred product				
1st tier preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Bevacizumab (Avastin)	C9257 J7999	Prior authorization is not required.	None	Prior authorization is not required.
2nd tier preferred drugs *after trial/failure of bevacizumab (Avastin)*	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Byooviz	Q5124	Link to criteria	Link to criteria	Link to fax form
Eylea	J0178	Link to criteria		Link to fax form
Eylea HD	J0177			
Pavblu	Q5147			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Ahzantive	Q5150	Link to criteria	Link to criteria	Link to fax form
Enzeevu	Q5149			
Opuviz	Q5153			
Yesafili	Q5155			
Beovu	J0179	Link to criteria		Link to fax form
Cimerli	Q5128	Link to criteria		Link to fax form
Lucentis	J2778			
Susvimo	J2779	Link to criteria		Link to fax form
Vabysmo	J2777	Link to criteria		Link to fax form
Category: Viscosupplements (single injection)				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Durolane	J7318	Prior authorization is not required	None	Prior authorization is not required
Synvisc-one	J7325			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Gel-one	J7326	Link to criteria	Link to criteria	Link to fax form
Monovisc	J7327			

Category: Viscosupplements (multiple injection)				
Preferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Euflexxa	J7323	Prior authorization is not required	None	Prior authorization is not required
Synvisc	J7325			
Nonpreferred drugs	**HCPCS code**	**Medical necessity criteria**	**Step therapy criteria**	**Fax request form**
Gelsyn-3	J7328	Link to criteria	Link to criteria	Link to fax form
GenVisc	J7320			
Hyalgan	J7321			
Hymovis	J7322			
Orthovisc	J7324			
Supartz FX	J7321			
Synojoynt	J7331			
Triluron	J7332			
TriVisc	J7329			
Visco-3	J7321			

This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. For specific medical indications subject to step therapy, please see the corresponding step therapy criteria documents in the links above.

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See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. The formulary may change at any time. You will receive notice when necessary.

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