

Medicare Part B preferred drug list

Allina Health | Aetna Medicare Advantage plans that offer prescription drug coverage (MAPD)

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				
1 st 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
2 nd 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			

Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Evenity	J3111	Link to criteria	Link to criteria	Link to fax form
Conexence	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

1 st 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			
2 nd 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			Link to fax form
Ultomiris	J1303			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				
1 st 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				
2 nd 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				
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 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 (B through B)				
Indications subject to step therapy: All indications not addressed in the B through D step therapy at the end of this document				
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				
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
Tremfya IV	J1628	Link to criteria	None	Link to fax form
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			
Monoferic	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
Alyqlo	J1552	Link to criteria	Link to criteria	Link to fax form

Asceniv	J1554	Link to criteria	Link to criteria	Link to fax form
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		Link to fax form
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: 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: VEGF inhibitors (ophthalmic)*				
*Preferred product from both tiers required prior to receiving a non-preferred product				
1 st 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.
2 nd 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			
Synjoynt	J7331			
Triluron	J7332			
TriVisc	J7329			
Visco-3	J7321			

For the following classes, preferred products may be covered under the Part D (pharmacy) benefit:

Category: Immunologics (B through D)**Indications subject to step therapy:**

- Crohn's disease
- Ulcerative colitis

Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form	
Hadlima	Not applicable	See Part D benefit	None	Request through Part D	
Rinvoq					
Skyrizi					
Stelara					
Tremfya					
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	
Inflectra	Q5103				
Renflexis	Q5104				
Remicade	J1745				
Unbranded infliximab					
OmvoH	J2267	Link to criteria		Link to fax form	
Cimzia (CD only)	J0717	Link to criteria		Link to fax form	
Tyruko (CD only)	Q5134	Link to criteria		Link to fax form	
Tysabri (CD only)	J2323				
Indications subject to step therapy: Ankylosing spondylitis					
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form	
Bimzelx	Not applicable	See Part D benefit	None	Request through Part D	
Enbrel					
Hadlima					
Rinvoq					
Xeljanz/Xeljanz XR					
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	
Inflectra	Q5103				
Renflexis	Q5104				
Remicade	J1745				
Unbranded infliximab					
Cimzia	J0717	Link to criteria		Link to fax form	
Simponi Aria	J1602	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
Enbrel	Not applicable	See Part D benefit	None	Request through Part D	
Hadlima					
Tyenne					
Xeliaz/Xeliaz XR					

Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Actemra	J3262	Link to criteria	Link to criteria	Link to fax form
Avsola	Q5121	Link to criteria		Link to fax form
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to fax form		
Orencia	J0129	Link to fax form		
Indications subject to step therapy: Psoriasis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Bimzelx	Not applicable	See Part D benefit	None	Request through Part D
Enbrel				
Hadlima				
Skyrizi				
Sotyktu				
Stelara				
Tremfya				
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
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to fax form		
Ilumya	J3245	Link to fax form		
Indications subject to step therapy: Psoriatic arthritis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Bimzelx	Not applicable	See Part D benefit	None	Request through Part D
Enbrel				
Hadlima				
Rinvoq				
Skyrizi				
Stelara				
Tremfya				
Xeljanz/Xeljanz XR				
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
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria	Link to criteria	Link to fax form
Orencia	J0129	Link to criteria		Link to fax form
Simponi Aria	J1602	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
Enbrel	Not applicable	See Part D benefit	None	Request through Part D
Hadlima				
Rinvoq				
Tyenne				
Xeljanz/Xeljanz XR				
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Actemra	J3262	Link to criteria	Link to criteria	Link to fax form
Avsola	Q5121	Link to criteria		Link to fax form
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form
Orencia	J0129	Link to criteria		Link to fax form
Simponi Aria	J1602	Link to criteria		Link to fax form
Riabni	Q5123	Link to criteria		Link to fax form
Rituxan	J9312			
Ruxience	Q5119			
Truxima	Q5115			
Category: PCSK9 inhibitors				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Repatha	Not applicable	See Part D benefit	None	Request through Part D
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Leqvio	J1306	Link to criteria	Link to criteria	Link to fax form
Category: Anti-CGRP drugs				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form

Aimovig	Not applicable	See Part D benefit	None	Request through Part D
Qulipta				
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Vyepti	J3032	Link to criteria	Will be posted 1/1/2026	Will be posted 1/1/2026
Category: Severe asthma				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Fasenra	Not applicable	See Part D benefit	None	Request through Part D
Xolair				
Non-preferred 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
Tezspire	J2356	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 IV (Part B)	J0490	Link to criteria	None	Link to fax form
Benlysta SC (Part D)	Not applicable	See Part D benefit	None	Request through Part D
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

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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