

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				
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	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form

Zoledronic acid				
Bildyos	Q5162	Link to criteria	Link to criteria	Link to fax form
Jubbonti	Q5136			
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
Boncrese	Q5171	Link to criteria		Link to fax form
Bosaya	Q5161			
Conexence	Q5158			
Denosumab-bnht				
Enoby	Q5167			
Ospomyv	Q5159			
Osvyrti	Q5166			
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
Bilprevda	Q5162	Link to criteria	Link to criteria	Link to fax form
Xgeva	J0897			
Wyost	Q5136			
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Aukelso	Q5161	Link to criteria	Link to criteria	Link to fax form
Bomyntra	Q5158			
Denosumab-bnht				
Jubereq	Q5166			
Osenvelt	Q5157			

Oziltus	Q5165			
Xbryk	Q5159			
Xtrenbo	Q5167			
Indications subject to step therapy: All other indications				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Bilprevda	Q5162	Link to criteria	None	Link to fax form
Xgeva	J0897			
Wyost	Q5136			
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Aukelso	Q5161	Link to criteria	Link to criteria	Link to fax form
Bomyntra	Q5158			
Denosumab-bnht				
Jubereq	Q5166			
Osenvelt	Q5157			
Oziltus	Q5165			
Xbryk	Q5159			
Xtrenbo	Q5167			
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	None	Prior authorization is not required
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	None	Prior authorization is not required
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: Complement inhibitors - Hemolytic uremic syndrome - Paroxysmal nocturnal hemoglobinuria				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Epysqli	Q5151	Link to criteria	None	Link to fax form
Ultomiris	J1303	Link to criteria		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
Soliris	J1299			
Category: 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			
Ultomiris	J1303			
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			
2 nd tier preferred drug after trial/failure of Vyvgart or Vyvgart Hytrulo	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Uplizna	J1823	Link to criteria	Link to criteria	Link to fax form
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			
Imaavy	J9256			
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
Nivestym	Q5110	Prior authorization is not required	None	Prior authorization is not required
Zarxio	Q5101			
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Filkri	J3490 J3590 C9399	Link to criteria	Link to criteria	Link to fax form
Granix	J1447			
Neupogen	J1442			
Nypozi	Q5148			
Releuko	Q5125			
Leukine	J2820	Link to criteria		
Category: Colony stimulating factors (long-acting)				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Fulphila	Q5108	Prior authorization is not required	None	Prior authorization is not required
Neulasta	J2506			
Neulasta Onpro	J2506			
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Armlupeg	Q5169	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	None	Prior authorization is not required
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	None	Prior authorization is not required
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			
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	None	Prior authorization is not required
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	None	Link to fax form
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Syfovre	J2781	Link to criteria	Link to criteria	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				
Indications subject to step therapy: 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
Remicade	J1745			
Unbranded infliximab				
Pyzchiva IV	Q9997	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
Renflexis	Q5104			Link to fax form
Imuldosa IV	Q5098			
Otulfu IV	Q9999			
Selarsdi IV	Q9998			
Starjemza IV	O5164			

Stelara IV	J3358			
Steqeyma IV	Q5099			
Wezlana IV	Q3138			
Unbranded Ustekinumab IV	Multiple			
Yesintek IV	Q5100			
Tremfya IV	J1628	Link to criteria		Link to fax form
Indications subject to step therapy: Crohn's disease				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Cimzia	J0717	Link to criteria	None	Link to fax form
Entyvio IV	J3380	Link to criteria		Link to fax form
Inflectra	Q5103	Link to criteria		Link to fax form
Remicade	J1745			
Unbranded infliximab				
Pyzchiva IV	Q9997	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
Renflexis	Q5104			
Imuldosa IV	Q5098	Link to fax form		
Otulfi IV	Q9999			
Selarsdi IV	Q9998			
Starjemza IV	Q5164			
Stelara IV	J3358			
Steqeyma IV	Q5099			
Wezlana IV	Q3138			
Unbranded Ustekinumab IV	Multiple			
Yesintek IV	Q5100			
Tremfya IV	J1628			Link to criteria
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

Cimzia	J0717	Link to criteria	None	Link to fax form
Inflectra	Q5103	Link to criteria		Link to fax form
Remicade	J1745			
Unbranded infliximab				
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
Renflexis	Q5104			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
Cimzia	J0717	Link to criteria	None	Link to fax form
Inflectra	Q5103	Link to criteria		Link to fax form
Remicade	J1745			
Unbranded infliximab				
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
Avtozma IV	Q5156			
Tofidence IV	Q5133			
Avsola	Q5121	Link to criteria		Link to fax form
Renflexis	Q5104			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
Cimzia	J0717	Link to criteria	None	Link to fax form
Inflectra	Q5103	Link to criteria		Link to fax form
Remicade	J1745			
Unbranded infliximab				
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
Renflexis	Q5104			
Indications subject to step therapy: Juvenile idiopathic arthritis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Cimzia	J0717	Link to criteria	None	Link to fax form
Inflectra	Q5103	Link to criteria		Link to fax form
Remicade	J1745			
Unbranded infliximab				
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
Avtozma IV	Q5156			
Tofidence IV	Q5133			
Avsola	Q5121	Link to criteria		Link to fax form
Renflexis	Q5104			
Orencia	J0129	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
Cimzia	J0717	Link to criteria	None	Link to fax form
Inflectra	Q5103	Link to criteria		Link to fax form
Remicade	J1745			
Unbranded infliximab				
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
Renflexis	Q5104			
Orencia	J0129			
Category: Actemra and biosimilars - Rheumatoid arthritis (if a tocilizumab product is deemed necessary) - Juvenile idiopathic arthritis (if a tocilizumab is deemed necessary) - All other indications				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Avtozma IV	Q5156	Link to criteria	None	Link to fax form
Non-preferred 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			
Tyenne IV	Q5135			
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
Remicade	J1745			
Unbranded infliximab				
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
Renflexis	Q5104			
Category: Intravenous iron				
Indications subject to step therapy: - Iron deficiency anemia - After intolerance to oral iron or unsatisfactory response to oral iron OR - Patients with 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			
2 nd tier preferred drug after trial/failure of Gammaked, Gamunex-C, Privigen	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form

Alyglo	J1552	Link to criteria	Link to criteria	Link to fax form
Bivigam	J1556			
Flebogamma	J1572			
Gammagard Liquid	J1569			
Gammagard Liquid ERC				
Gammagard S/D	J1566			
Gammaplex	J1557			
Octagam	J1568			
Panzyga	J1576			
Qivigy	J1577			
Yimmugo	J1553			
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Asceniv	J1554	Link to criteria	Link to criteria	Link to fax form
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		Link to criteria		
Cutaquig	J1551			
Hizentra	J1559			
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Cuvitru	J1555	Link to criteria	Link to criteria	Link to fax form
HyQvia	J1575			
Xembify	J1558			
Gammagard Liquid	J1569	Link to criteria		
Gammagard Liquid ERC				
Category: Multiple sclerosis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Briumvi	J2329	Link to criteria	None	Link to fax form
Ocrevus	J2350	Link to criteria		Link to fax form
Ocrevus Zunovo	J2351			Link to fax form
Tysabri	J2323	Link to criteria		Link to fax form
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Lemtrada	J0202	Link to criteria	Link to criteria	Link to fax form
Tyruko	Q5134	Link to criteria		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/J9232	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
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	Q5160			
Vegzelma	Q5129			
Zirabev	Q5118			
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
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Cyramza	J9308	Link to criteria	Link to criteria	Link to fax form
Category: Bendamustine products				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Treanda	J9033	Link to criteria	None	Link to fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Belrapzo	J9036	Link to criteria	Link to criteria	Link to fax form
Bendeka	J9034			

Bendamustine	J9058			
Vivimusta	J9056			
Category: Docetaxel products				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Docetaxel	J9171/J9232	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
Beizray	J9174	See step therapy criteria	Link to criteria	Link to fax form
Docivyx	J9172			
Category: Carboplatin products				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Carboplatin	J9045	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
Kyxata	J9278	See step therapy criteria	Link to criteria	Link to fax form
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
Ogivri	Q5114			
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
Hercessi	Q5146			
Herzuma	Q5113			
Ontruzant	Q5112			
Trazimera	Q5116			
Herceptin Hylecta	J9356	Link to criteria		
Category: Rituxan and biosimilars				
Indications subject to step therapy: • Rheumatoid arthritis (if a rituximab product is deemed necessary) • All other indications				
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	Link to criteria		
Category: Irinotecan products				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Camptosar/ generic irinotecan	J9206	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
Onivyde	J9205	Link to criteria	Link to criteria	Link to fax form
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	Link to criteria	Link to fax form
Category: Multiple myeloma				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Bortezomib/Velcade	J9046/ J9048/J9049	Prior authorization is not required	None	Prior authorization is not required
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Boruzu	J9054	Link to criteria	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: Multiple myeloma (BCMA)				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Tecvayli	J9380	Link to criteria	None	Link to fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Elrexio	J1323	Link to criteria	Link to criteria	Link to fax form
Category: EGFR Antagonists				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Erbitux	J9055	Link to criteria	None	Link to fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Vectibix	J9173	Link to criteria	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
Keytruda Qlex	J9277	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
Keytruda Qlex	J9277	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		Link to fax form
Indications subject to step therapy: • Unresectable, inoperable, or metastatic colon cancer • Metastatic rectal 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
Keytruda	J9271	Link to criteria	Link to criteria	Link to fax form
Keytruda Qlex	J9277	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
Indications subject to step therapy: • Recurrent, unresectable, oligometastatic or metastatic nasopharyngeal cancer				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Loqtorzi	J3263	Link to criteria	None	Link to fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Keytruda	J9271	Link to criteria	Link to criteria	Link to fax form
Keytruda Qlex	J9277	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
Tevimbra	J9329	Link to criteria		Link to fax form
Indications subject to step therapy:				
• Unresectable or metastatic melanoma				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Opdivo	J9299	Link to criteria	None	Link to fax form
Opdivo + Yervoy	J9299 + J9228	Link to Opdivo criteria Link to Yervoy criteria		Link to Opdivo fax form Link to Yervoy fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria		Fax request form
Keytruda	J9271	Link to criteria	Link to criteria	Link to fax form
Keytruda Qlex	J9277	Link to criteria		Link to fax form
Opdivo Qvantig	J9289	Link to criteria		Link to fax form
Opdualag	J9298	Link to criteria		Link to fax form
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
Exdensur	J2361	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
Lanreotide acetate (Cipla)	J1932	Link to criteria	Link to criteria	Link to fax form
Octreotide acetate depot	J2353	Link to criteria		Link to fax form
Sandostatin LAR	J2353			
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				
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			
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			
Eydenzelt	Q5170			
Opuviz	Q5153			
Pavblu	Q5147			
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			
Hymovis One	J7322			
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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