

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

Bildyos	Q5162	Link to criteria	Link to criteria	Link to fax form
Jubbonti	Q5136			
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
Boncresta	Q5171	Link to criteria		Link to fax form
Bosaya	Q5161			
Conexence	Q5158			
Denosumab-bnht				
Ospomyv	Q5159			
Stoboclo	Q5157			
Enoby	Q5167			
Osvyrti	Q5166			

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			
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			
Non-preferred 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	Link to criteria		Link to fax form
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			Link to fax form
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			
Rystiggo	J9333	Link to criteria		Link to fax form
Ultomiris	J1303	Link to criteria		Link to fax form
Imaavy	J9256	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		
Neulasta	J2506	Prior authorization is not required	None	Prior authorization is not required		
Neulasta Onpro						
Fulphila	Q5108				Nonpreferred drugs	HCPCS code
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	None	Prior authorization

Procrit	Q4081/J0885	is not required		is not required
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			
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 (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
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			
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
Pyzchiva IV	Q9997	Link to criteria		Link to fax form
Yesintek IV	Q5100			
Category: Actemra and biosimilars: All tocilizumab product requests for indications other than rheumatoid arthritis and				

juvenile idiopathic arthritis				
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: 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			
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			
Non-preferred 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				
Cutaquig	J1551			
Hizentra	J1559	Link to criteria		
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	Step therapy	Fax request form

		necessity criteria	criteria	
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
Docivvyx	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
Herceptin Hylecta	J9356			
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				
• Colon cancer				
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	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 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: 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: VEGF inhibitors (ophthalmic)*				
<i>*Preferred product from both tiers required prior to receiving a non-preferred product</i>				
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			
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			Link to fax form
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			

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: Ulcerative colitis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Entyvio SC	Not applicable	See Part D benefit	None	Request through Part D
Hadlima				
Rinvoq				
Skyrizi SC				
Pyzchiva SC				
Yesintek SC				
Tremfya SC				
Unbranded adalimumab-bwwd				
Zymfentra				
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				
Imuldosa IV	Q5098	Link to criteria		Link to fax form
Otulfu IV	Q9999			
Selarsdi IV	Q9998			
Starjemza IV	Q5164			
Stelara IV	J3358			

Steqeyma IV	Q5099					
Wezlana IV	Q5138					
Unbranded ustekinumab IV	Multiple					
OmvoH	J2267	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		
Entyvio SC	Not applicable	See Part D benefit	None	Request through Part D		
Hadlima						
Rinvoq						
Skyrizi SC						
Pyzchiva SC						
Yesintek SC						
Tremfya SC						
Unbranded adalimumab-bwwd						
Zymfentra						
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						
Imuldosa IV	Q5098	Link to criteria		Link to fax form		
Otulfi IV	Q9999					
Selarsdi IV	Q9998					
Starjemza IV	Q5164					
Stelara IV	J3358					
Steqeyma IV	Q5099					
Wezlana IV	Q5138					
Unbranded ustekinumab IV	Multiple					
OmvoH	J2267				Link to criteria	Link to fax form
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: 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					
Unbranded adalimumab-bwwd					
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			Link to fax form	
Unbranded infliximab					
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 SC					
Rinvoq					
Unbranded adalimumab-bwwd					
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	
Avtozma	Q5156				
Tofidence	Q5133				
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	
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					
Otezla					
Skyrizi SC					
Pyzchiva SC					

Yesintek SC				
Tremfya SC				
Unbranded adalimumab-bwwd				
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			Link to fax form	
Cimzia	J0717	Link to criteria		Link to fax form
Ilumya	J3245	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
Bimzelx	Not applicable	See Part D benefit	None	Request through Part D
Enbrel				
Hadlima				
Otezla				
Rinvoq				
Skyrizi SC				
Pyzchiva SC				
Yesintek SC				
Tremfya SC				
Unbranded adalimumab-bwwd				
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
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 SC					
Unbranded adalimumab-bwwd					
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	
Avtozma	Q5156				
Tofidence	Q5133				
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				
Indications subject to step therapy: • Giant cell arteritis					
Preferred drugs	HCPCS code	Medical necessity criteria		Step therapy criteria	Fax request form
Rinvoq	Not applicable	See Part D benefit	None	Request through Part D	
Tyenne SC					
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	
Avtozma	Q5156				
Tofidence	Q5133				
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	Step therapy	Fax request	

		necessity criteria	criteria	form
Aimovig	Not applicable	See Part D benefit	None	Request through Part D
Emgality				
Qulipta				
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Vyepti	J3032	Link to criteria	Link to criteria	Link to fax form
Category: Transthyretin amyloid cardiomyopathy				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Vyndamax	Not applicable	See Part D benefit	None	Request through Part D
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Amvuttra	J0225	Link to criteria	Link to criteria	Link to fax form
Category: Asthma				
• Severe asthma with eosinophilic phenotype				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Dupixent	Not applicable	See Part D benefit	None	Request through Part D
Fasenra				
Nucala				
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
Tezspire	J2356	Link to criteria		Link to fax form
Category: Asthma				
• Allergic asthma				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Xolair	Not applicable	See Part D benefit	None	Request through Part D
Nonpreferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Tezspire	J2356	Link to criteria	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
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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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