

**Medicare Part B preferred drug list**  
**Aetna® Dual Eligible Special Needs Plans that offer**  
**prescription drug coverage (MAPD) only**

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 clinical policy bulletin on the Aetna® website.

To find out more, go to [Aetna.com/health-care-professionals/medicare/part-b-drug-um](https://www.aetna.com/health-care-professionals/medicare/part-b-drug-um)

You can also call us at the number on your member ID card.

<b>Category: Alpha-1 proteinase inhibitors</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li><b>Alpha-1 antitrypsin deficiency</b></li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Prolastin-C	J0256	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Zemaira	J0256			
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Aralast NP	J0256	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Glassia	J0257			
<b>Category: Bone resorption inhibitors*</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li><b>Osteoporosis</b></li> </ul>				
<i>*Both preferred products required prior to receiving non-preferred product</i>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Prolia	J0897	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Zoledronic acid	J3489	Prior authorization is not required		Prior authorization is not required
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>

Evenity	J3111	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
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**Category: Bone resorption inhibitors**

**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

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			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Xgeva	J0897	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>

**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	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Xeomin	J0588			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Daxxify	J0589	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
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	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Daxxify	J0589	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Dysport	J0586			
Myobloc	J0587			

**Category: Complement inhibitors**

**Indications subject to step therapy:**

- Hemolytic uremic syndrome
- Paroxysmal nocturnal hemoglobinuria

Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Soliris	J1299	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Ultomiris	J1303	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>Neuromyelitis optica spectrum disorder</li> </ul>				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Soliris	J1299	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Category: Myasthenia gravis</b>				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Soliris	J1299	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Ultomiris	J1303	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Vyvgart	J9332	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Vyvgart Hytrulo	J9334			<a href="#">Link to fax form</a>
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Rystiggo	J9333	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
<b>Category: Colony stimulating factors (short-acting)</b>				
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
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Granix	J1447	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Neupogen	J1442			
Nivestym	Q5110			
Releuko	Q5125			
Leukine	J2820			
Nypozi	Q5148			
<b>Category: Colony stimulating factors (long-acting)</b>				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Fulphila	Q5108	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Neulasta	J2506			

Neulasta Onpro				
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Fylmetra	Q5130	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Nyvepria	Q5122			
Stimufend	Q5127			
Udenyca	Q5111			
Udenyca On-body				
Ziextenzo	Q5120			
Ryzneuta	J9361	<a href="#">Link to criteria</a>		
Rolvedon	J1449	<a href="#">Link to criteria</a>		

**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	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>

Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Epogen	J0885	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
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	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Procrit	Q4081/J0885	<a href="#">Link to criteria</a>		

Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Epogen	Q4081/J0885	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Retacrit	Q5105/Q5106			
Jesduvroq	J0889			
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	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Procrit	J0885	<a href="#">Link to criteria</a>		

Non-preferred drugs	HCPCS code	Medical	Step therapy	Fax request form
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		<b>necessity criteria</b>	<b>criteria</b>	
Reblozyl	J0896	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
<b>Category: Enzyme replacement therapy</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Cerezyme	J1786	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Elelyso	J3060	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Vpriv	J3385	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
<b>Category: Factor VIII (recombinant)</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>Hemophilia A (prophylaxis)</li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Kovaltry	J7211	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Advate	J7192	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Afstyla	J7210			
Nuwiq	J7209			
NovoEight	J7182			
Xyntha	J7185			
<b>Category: Geographic atrophy</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Syfovre	J2781	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Izervay	J2782	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
<b>Category: Gonadotropin-releasing hormone agonists</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>Advanced prostate cancer</li> <li>Gender dysphoria</li> <li>Recurrent androgen receptor positive salivary gland tumors</li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Eligard	J9217	Prior authorization is not required	None	Prior authorization is not required
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Lupron depot	J9217/J1950	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Trelstar	J3315	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>

Zoladex	J9202	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Category: Gonadotropin-releasing hormone antagonists</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Firmagon	J9155	Prior authorization is not required	None	Prior authorization is not required
<b>Category: Immunologics (B through B)</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>• <b>Ulcerative colitis</b></li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Entyvio	J3380	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Inflectra	Q5103	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Renflexis	Q5104			<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Avsola	Q5121	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Remicade	J1745			
Unbranded infliximab				
OmvoH	J2267			
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>• <b>Crohn's disease</b></li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Entyvio	J3380	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Category: Intravenous iron</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>• <b>Iron deficiency anemia</b> <ul style="list-style-type: none"> <li>○ After intolerance to oral iron or unsatisfactory response to oral iron OR</li> <li>○ Who have chronic kidney disease</li> </ul> </li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Ferrlecit	J2916	Prior authorization is not required	None	Prior authorization is not required
Sodium ferric gluconate				
Infed				
Venofer	J1756			
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Feraheme	Q0139/Q0138	See step therapy criteria	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Injectafer	J1439			

Monoferric	J1437			
<b>Category: IVIG (intravenous immunoglobulin)</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Gammaked	J1561	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Gamunex-C	J1561			
Octagam	J1568			
Privigen	J1459			
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Alyglo	J1552	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Asceniv	J1554			
Bivigam	J1556			
Flebogamma	J1572			
Gammagard Liquid	J1569			
Gammagard S/D				
Gammaplex	J1557			
Panzyga	J1576			
Yimmugo	J3590/C9399 (misc codes)	<a href="#">Link to criteria</a>		
<b>Category: SCIG (subcutaneous immunoglobulin)</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Gammaked	J1561	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Gamunex-C				
Hizentra	J1559	<a href="#">Link to criteria</a>		
Xembify	J1558			
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Cutaquig	J1551	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Cuvitru	J1555			
HyQvia	J1575			
Gammagard Liquid	J1569			
<b>Category: Multiple sclerosis</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Ocrevus	J2350	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Briumvi	J2329	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Lemtrada	J0202	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Category: Multiple sclerosis</b>				

Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Tysabri	J2323	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Category: Breast cancer</b>				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Phesgo	J9316	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Perjeta	J9306	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
<b>Category: Abraxane</b>				
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			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Abraxane	J9264	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Paclitaxel (protein-bound)	J9264			
<b>Category: Avastin and biosimilars (oncology)</b>				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Mvasi	Q5107	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Zirabev	Q5118			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Alymsys	Q5126	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Avastin	J9035			
Avzivi	J3590/C9399 (misc codes)			
Vegzelma	Q5129			
<b>Category: Herceptin and biosimilars</b>				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Kanjinti	Q5117	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Trazimera	Q5116			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Herceptin	J9355	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Herceptin Hycela	J9356			
Herzuma	Q5113			
Ogivri	Q5114			



Ontruzant	Q5112			
Hercessi	Q5146			
<b>Category: Rituxan and biosimilars</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>All requests except rheumatoid arthritis</li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Ruxience	Q5119	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Truxima	Q5115			
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Riabni	Q5123	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Rituxan	J9312			
Rituxan Hycela	J9311			
<b>Category: Multiple myeloma</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Bortezomib	J9046/J9048/J9049	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Darzalex	J9145	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Darzalex Faspro	J9144	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Empliciti	J9176	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Kyprolis	J9047	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Sarclisa	J9227	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Category: PD1/PDL1</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>Squamous cell carcinoma</li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Libtayo	J9119	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Keytruda	J9271	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li>Non-small cell lung cancer</li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>

Libtayo	J9119	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Imfinzi	J9173	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Keytruda	J9271	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Opdivo	J9299	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Tecentriq	J9024	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Category: Pemetrexed</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Alimta	J9305	Prior authorization is not required	None	Prior authorization is not required
Pemetrexed	J9294/J9296/J9297/J9314			
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Pemfexy	J9304	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
<b>Category: Osteoarthritis</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Depo-medrol	J1010	Prior authorization is not required	None	Prior authorization is not required
Methylprednisolone acetate				
Kenalog				
Triamcinolone acetonide	J3300/J3301			
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Zilretta	J3304	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
<b>Category: Severe asthma</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Fasenra	J0517	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Cinqair	J2786	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Nucala	J2182	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Tezspire	J2356	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Xolair	J2357	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Category: Somatostatin analogues</b>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>

Somatuline depot	J1930	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Lanreotide (Cipla)	J1932	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Sandostatin LAR	J2353	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Signifor LAR	J2502	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>

**Category: VEGF inhibitors (ophthalmic)\***  
*\*Preferred product from both tiers required prior to receiving a non-preferred product*

<b>1<sup>st</sup> tier preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Bevacizumab (Avastin)	C9257 J7999	Prior authorization is not required	None	Prior authorization is not required
<b>2<sup>nd</sup> tier preferred drugs after trial/failure of bevacizumab (Avastin)</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Byooviz	Q5124	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Eylea	J0178	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Eylea HD	J0177	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Beovu	J0179	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Cimerli	Q5128	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Lucentis	J2778	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Susvimo	J2779	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Vabysmo	J2777	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>

**Category: Viscosupplements (single injection)**

<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Durolane	J7318	Prior authorization is not required	None	Prior authorization is not required
Synvisc-one	J7325			
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Gel-one	J7326	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Monovisc	J7327			

**Category: Viscosupplements (multiple injection)**

<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Euflexxa	J7323	Prior authorization	None	Prior authorization

Synvisc	J7325	is not required		is not required
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Gelsyn-3	J7328	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
GenVisc	J7320			
Hyalgan	J7321			
Hymovis	J7322			
Orthovisc	J7324			
Supartz FX	J7321			
TriVisc	J7329			
Visco-3	J7321			

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

<b>Category: Immunologics (B through D)</b>				
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li><b>Crohn's disease</b></li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Humira	Not applicable	See Part D benefit	None	Request through Part D
Idacio				
Rinvoq				
Skyrizi				
Stelara				
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Avsola	Q5121	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717			
Simponi Aria	J1602			
Tyruko	Q5134			
Tysabri	J2323			
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li><b>Ankylosing spondylitis</b></li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Cosentyx	Not applicable	See Part D benefit	None	Request through Part D
Enbrel				
Humira				
Idacio				

Rinvoq				
Xeljanz/Xeljanz XR				
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Avsola	Q5121	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Simponi Aria	J1602	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li><b>Juvenile idiopathic arthritis</b></li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Enbrel	Not applicable	See Part D benefit	None	Request through Part D
Humira				
Idacio				
Tyenne				
Xeljanz/Xeljanz XR				
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Actemra	J3262	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Avsola	Q5121	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Orencia	J0129	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
<b>Indications subject to step therapy:</b>				
<ul style="list-style-type: none"> <li><b>Psoriasis</b></li> </ul>				
<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Cosentyx	Not applicable	See Part D benefit	None	Request through Part D
Enbrel				
Humira				
Idacio				
Skyrizi				
Sotyktu				

Stelara						
Tremfya						
<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>		
Avsola	Q5121	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>		
Inflectra	Q5103					
Renflexis	Q5104					
Remicade	J1745					
Unbranded infliximab						
Cimzia	J0717				<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Ilumya	J3245				<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>

**Indications subject to step therapy:**

- Psoriatic arthritis**

<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Cosentyx	Not applicable	See Part D benefit	None	Request through Part D
Enbrel				
Humira				
Idacio				
Rinvoq				
Skyrizi				
Stelara				
Tremfya				
Xeljanz/Xeljanz XR				

<b>Non-preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>		
Avsola	Q5121	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>		
Inflectra	Q5103					
Renflexis	Q5104					
Remicade	J1745					
Unbranded infliximab						
Cimzia	J0717				<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Orencia	J0129				<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Simponi Aria	J1602	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>			

**Indications subject to step therapy:**

- Rheumatoid arthritis**

<b>Preferred drugs</b>	<b>HCPCS code</b>	<b>Medical necessity criteria</b>	<b>Step therapy criteria</b>	<b>Fax request form</b>
Enbrel	Not applicable	See Part D benefit	None	Request through Part D
Humira				
Idacio				
Rinvoq				

Tyenne				
Xeljanz/Xeljanz XR				
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Avsola	Q5121	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Orencia	J0129	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Simponi Aria	J1602	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
Riabni	Q5123	<a href="#">Link to criteria</a>		<a href="#">Link to fax form</a>
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
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Leqvio	J1306	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>
Category: Systemic lupus erythematosus				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Benlysta IV (Part B)	J0490	<a href="#">Link to criteria</a>	None	<a href="#">Link to fax form</a>
Benlysta SC (Part D)	Not applicable	See Part D benefit	None	Request through Part D
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Saphnelo	J0491	<a href="#">Link to criteria</a>	<a href="#">Link to criteria</a>	<a href="#">Link to fax form</a>

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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April 2025

important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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

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