

Medicare Part B preferred drug list

Aetna Better Health® of Ohio, MyCare Ohio (Medicare-Medicaid Plan)

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 **AetnaBetterHealth.com/Ohio**. 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			
Non-preferred 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*				
Indications subject to step therapy:				
• Osteoporosis				
<i>*Both preferred products required prior to receiving non-preferred product</i>				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Prolia	J0897	Link to criteria	None	Link to fax form
Zoledronic acid	J3489	Prior authorization is not required		Prior authorization is not required
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

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	Link to criteria	Link to criteria	Link to fax form
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	Link to criteria	None	Link to fax form
Xeomin	J0588			
Non-preferred 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	Link to criteria	None	Link to fax form
Non-preferred 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				
Indications subject to step therapy: • Hemolytic uremic syndrome • Paroxysmal nocturnal hemoglobinuria				
Preferred drugs	HCPCS code	Medical	Step therapy	Fax request form

		necessity criteria	criteria	
Soliris	J1299	Link to criteria	None	Link to fax form
Ultomiris	J1303	Link to criteria		Link to fax form
Indications subject to step therapy: Neuromyelitis optica spectrum disorder				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Soliris	J1299	Link to criteria	None	Link to fax form
Category: Myasthenia gravis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Soliris	J1299	Link to criteria	None	Link to fax form
Ultomiris	J1303	Link to criteria		Link to fax form
Vyvgart	J9332	Link to criteria		Link to fax form
Vyvgart Hytrulo	J9334			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Rystiggo	J9333	Link to criteria	Link to criteria	Link to fax form
Category: Colony stimulating factors (short-acting)				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Zarxio	Q5101	Prior authorization is not required	None	Prior authorization is not required
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Granix	J1447	Link to criteria	Link to criteria	Link to fax form
Neupogen	J1442			
Nivestym	Q5110			
Releuko	Q5125			
Leukine	J2820			
Nypozi	Q5148			
Category: Colony stimulating factors (long-acting)				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Fulphila	Q5108	Link to criteria	None	Link to fax form
Neulasta	J2506			
Neulasta Onpro				
Non-preferred drugs	HCPCS code	Medical	Step therapy	Fax request form

		necessity criteria	criteria	
Fylnetra	Q5130	Link to criteria	Link to criteria	Link to fax form
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	Link to criteria	None	Link to fax form
Non-preferred 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	Link to criteria	None	Link to fax form
Procrit	Q4081/J0885	Link to criteria		
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Epogen	Q4081/J0885	Link to criteria	Link to criteria	Link to fax form
Retacrit	Q5105/Q5106			
Jesduvroq	J0889	Link to criteria		
Vafseo	J0901	Link to criteria		

Category: Reblozyl

Indications subject to step therapy:

- Very low to intermediate-risk Myelodysplastic Syndromes (MDS) related anemia

Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Aranesp	J0881	Link to criteria	None	Link to fax form
Procrit	J0885	Link to criteria		
Non-preferred 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
Non-preferred 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
Non-preferred 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			
Nuwiq	J7209			
NovoEight	J7182			
Xyntha	J7185			
Category: Geographic atrophy				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Syfovre	J2781	Link to criteria	None	Link to fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Izervay	J2782	Link to criteria	Link to criteria	Link to fax form
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
Non-preferred 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:				
• Ulcerative colitis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Entyvio	J3380	Link to criteria	None	Link to fax form
Inflectra	Q5103	Link to criteria		Link to fax form
Renflexis	Q5104			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Avsola	Q5121	Link to criteria	Link to criteria	Link to fax form
Remicade	J1745			
Unbranded infliximab				
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	J3380	Link to criteria	None	Link to fax form
Category: Intravenous iron				
Indications subject to step therapy:				
• Iron deficiency anemia				
○ After intolerance to oral iron or unsatisfactory response to oral iron OR				
○ Who have chronic kidney disease				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Ferrlecit	J2916	Prior authorization is not required	None	Prior authorization is not required
Sodium ferric gluconate				
Infed	J1750			
Venofer	J1756			
Non-preferred 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			
Octagam	J1568			
Privigen	J1459			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Alyglo	J1552	Link to criteria	Link to criteria	Link to fax form
Asceniv	J1554			
Bivigam	J1556			
Flebogamma	J1572			
Gammagard Liquid	J1569			
Gammagard S/D				
Gammaplex	J1557			
Panzyga	J1576			
Yimmugo	J3590/C9399 (misc codes)	Link to criteria		
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		
Hizentra	J1559	Link to criteria		
Xembify	J1558			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Cutaquig	J1551	Link to criteria	Link to criteria	Link to fax form
Cuvitru	J1555			
HyQvia	J1575			
Gammagard Liquid	J1569	Link to criteria		
Category: Multiple sclerosis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Ocrevus	J2350	Link to criteria	None	Link to fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Briumvi	J2329	Link to criteria	Link to criteria	Link to fax form
Lemtrada	J0202	Link to criteria		Link to fax form
Category: Multiple sclerosis				
Preferred drugs	HCPCS code	Medical	Step therapy	Fax request form

		necessity criteria	criteria	
Tysabri	J2323	Link to criteria	None	Link to fax form
Category: Breast cancer				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Phesgo	J9316	Link to criteria	None	Link to fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Perjeta	J9306	Link to criteria	Link to criteria	Link to fax form
Category: Abraxane				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Docetaxel	J9171	Prior authorization is not required	None	Prior authorization is not required
Paclitaxel	J9267			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Abraxane	J9264	Link to criteria	Link to criteria	Link to fax form
Paclitaxel (protein-bound)	J9264			
Category: Avastin and biosimilars (oncology)				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Mvasi	Q5107	Link to criteria	None	Link to fax form
Zirabev	Q5118			
Non-preferred 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)			
Vegzelma	Q5129			
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
Trazimera	Q5116			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Herceptin	J9355	Link to criteria	Link to criteria	Link to fax form
Herceptin Hycela	J9356			
Herzuma	Q5113			
Ogivri	Q5114			
Ontruzant	Q5112			

Hercessi	Q5146			
Category: Rituxan and biosimilars				
Indications subject to step therapy: All requests except rheumatoid arthritis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Ruxience	Q5119	Link to criteria	None	Link to fax form
Truxima	Q5115			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Riabni	Q5123	Link to criteria	Link to criteria	Link to fax form
Rituxan	J9312			
Rituxan Hycela	J9311			
Category: Multiple myeloma				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Bortezomib	J9046/J9048/J9049	Link to criteria	None	Link to fax form
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Darzalex	J9145	Link to criteria	Link to criteria	Link to fax form
Darzalex Faspro	J9144	Link to criteria		Link to fax form
Empliciti	J9176	Link to criteria		Link to fax form
Kyprolis	J9047	Link to criteria		Link to fax form
Sarclisa	J9227	Link to criteria		Link to fax form
Category: PD1/PDL1				
Indications subject to step therapy: Squamous cell carcinoma				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Libtayo	J9119	Link to criteria	None	Link to fax form
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
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

Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Imfinzi	J9173	Link to criteria	Link to criteria	Link to fax form
Keytruda	J9271	Link to criteria		Link to fax form
Opdivo	J9299	Link to criteria		Link to fax form
Tecentriq	J9024	Link to criteria		Link to fax form
Opdivo Qvantig	J3590/C9399 (misc codes)	Link to criteria	Effective 7/1/25	Link to fax form
Tecentriq Hybreza	J9024	Link to criteria		
Category: Pemetrexed				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Alimta	J9305	Prior authorization is not required	None	Prior authorization is not required
Pemetrexed	J9294/J9296/J9297/J9314			
Non-preferred 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		Effective 7/1/25	Link to fax form
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				
Non-preferred 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
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Cinqair	J2786	Link to criteria	Link to criteria	Link to fax form
Nucala	J2182	Link to criteria		Link to fax form
Tezspire	J2356	Link to criteria		Link to fax form

Xolair	J2357	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
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Lanreotide (Cipla)	J1932	Link to criteria	Link to criteria	Link to fax form
Sandostatin LAR	J2353	Link to criteria		Link to fax form
Signifor LAR	J2502	Link to criteria		Link to fax form
Category: VEGF inhibitors (ophthalmic)*				
*Preferred product from both tiers required prior to receiving a non-preferred product				
1 st tier preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Bevacizumab (Avastin)	C9257 J7999	Prior authorization is not required	None	Prior authorization is not required
2 nd tier preferred drugs after trial/failure of bevacizumab (Avastin)	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Byooviz	Q5124	Link to criteria	Link to criteria	Link to fax form
Eylea	J0178	Link to criteria		Link to fax form
Eylea HD	J0177			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Beovu	J0179	Link to criteria	Link to criteria	Link to fax form
Cimerli	Q5128	Link to criteria		Link to fax form
Lucentis	J2778	Link to criteria		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			
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Gel-one	J7326	Link to criteria	Link to criteria	Link to fax form
Monovisc	J7327			

Category: Viscosupplements (multiple injection)				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Euflexxa	J7323	Prior authorization is not required	None	Prior authorization is not required
Synvisc	J7325			
Non-preferred 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			
TriVisc	J7329			
Visco-3	J7321			

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

Category: Immunologics (B through D)					
Indications subject to step therapy: Crohn's disease					
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form	
Humira	Not applicable	See Part D benefit	None	Request through Part D	
Idacio					
Rinvoq					
Skyrizi					
Stelara					
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	
Inflectra	Q5103				
Renflexis	Q5104				
Remicade	J1745	Link to criteria		Link to fax form	
Unbranded infliximab					
Cimzia	J0717	Link to criteria		Link to fax form	
Simponi Aria	J1602	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

Cosentyx	Not applicable	See Part D benefit	None	Request through Part D
Enbrel				
Humira				
Idacio				
Rinvoq				
Xeljanz/Xeljanz XR				
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
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form
Simponi Aria	J1602	Link to criteria	Link to fax form	
Indications subject to step therapy: Juvenile idiopathic arthritis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Enbrel	Not applicable	See Part D benefit	None	Request through Part D
Humira				
Idacio				
Tyenne				
Xeljanz/Xeljanz XR				
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Tofidence	Q5133	Link to criteria	Effective 7/1/25	Link to fax form
Actemra	J3262		Link to fax 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
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
Cosentyx	Not applicable	See Part D benefit	None	Request through

Enbrel				Part D
Humira				
Idacio				
Skyrizi				
Sotyktu				
Stelara				
Tremfya				
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
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745	Link to criteria		Link to fax form
Unbranded infliximab				
Cimzia	J0717	Link to criteria		Link to fax form
Ilumya	J3245	Link to criteria		Link to fax form
Indications subject to step therapy: Psoriatic arthritis				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Cosentyx	Not applicable	See Part D benefit	None	Request through Part D
Enbrel				
Humira				
Idacio				
Rinvoq				
Skyrizi				
Stelara				
Tremfya				
Xeljanz/Xeljanz XR				
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
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745	Link to criteria		Link to fax form
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
Humira				
Idacio				
Rinvoq				
Tyenne				
Xeljanz/Xeljanz XR				
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Tofidence	Q5133	Link to criteria	Effective 7/1/25	Link to fax form
Actemra	J3262		Link to criteria	Link to fax form
Avsola	Q5121	Link to fax form		
Inflectra	Q5103			
Renflexis	Q5104			
Remicade	J1745			
Unbranded infliximab				
Cimzia	J0717	Link to fax form		
Orencia	J0129	Link to fax form		
Simponi Aria	J1602	Link to fax form		
Riabni	Q5123	Link to fax form		
Rituxan	J9312			
Ruxience	Q5119			
Truxima	Q5115			
Category: PCSK9 inhibitors				
Preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Repatha	Not applicable	See Part D benefit	None	Request through Part D
Non-preferred 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: 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
Non-preferred drugs	HCPCS code	Medical necessity criteria	Step therapy criteria	Fax request form
Saphnelo	J0491	Link to criteria	Link to criteria	Link to fax form

This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed

for more than one condition. For specific medical indications subject to step therapy, please see the corresponding step therapy criteria documents in the links above.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Aetna. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Listed therapeutic classes and specific drug preferred designations are subject to change based on new drug launches, product approvals, drug withdrawals and other market changes. Your privacy is 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.

Aetna Better Health® of Ohio is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

©2024 Aetna Inc.