aetna

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Aetna Commercial Clinical Program Summary

All listed medications are subject to Aetna's clinical drug policies and are covered under the Aetna commercial medical benefit. For more detailed information, refer to the Provider Precertification List, Site of Care Policy, or Clinical Policy Bulletins.

Note: Additional requirements, such as quantity limits, precision dosing, or sourcing restrictions, may apply to certain drugs.

* preferred medication
++ medications part of the Combined Benefit Management Drug List -*see more information below*

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Abecma	Cellular therapy	Q2055	Y		
Actemra IV	Immunologic Agents	J3262	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Acthar Gel/ H. P. Acthar	Endocrine	J0801	Y	conventional therapies (e.g., corticosteroids, immunosuppressive agents)	
Acthar Gel/ H. P. Acthar	Endocrine	J0802	Y	conventional therapies (e.g., corticosteroids, immunosuppressive agents)	
Adakveo	Sickle cell disease	J0791	Y		Y
Adcetris	Oncology	J9042	Y		Y
Adstiladrin	Oncology	J9029	Y		
Aduhelm	Central nervous system agents	J0172	Y		Y
Adynovate	Blood Clotting Factor	J7207	Y		
Adzynma	Enzyme Replacement Drugs	J7171	Y		Y
Afstyla	Blood Clotting Factor	J7210	Y		
Ahzantive	Ophthalmic medical injectables	Q5150	Y	Avastin and Byooviz	
Aldurazyme	Enzyme Replacement Drugs	J1931	Y		Y
Alphanate	Blood Clotting Factor	J7186	Y		
AlphaNine SD	Blood Clotting Factor	J7193	Y		
Alprolix	Blood Clotting Factor	J7201	Y		
Altuviiio	Blood Clotting Factor	J7214	Y		
Alyglo	Immunoglobulins	J1599	Y	Gammagard liquid, Gammagard SD, Gammaplex, Octagam, Panzyga, Privigen	Y

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Alymsys	Oncology	Q5126	Y	*	Y
Amondys 45	Central nervous system agents	J1426	Y		Y
Amtagvi	Cellular therapy	C9399	Y		Y
Amtagvi	Cellular therapy	J3590	Y		Y
Amtagvi	Cellular therapy	J9999	Y		Y
Amtagvi	Cellular therapy	J3490	Y		Y
Amvuttra	Central nervous system agents	J0225	Y	Onpattro	Y
Anktiva	Oncology	C9169	Y		
Aralast NP	Alpha 1- Proteinase Inhibitor	J0256	Y	Prolastin-C, Zemaira	Y
Aranesp	Darbepoetin Alpha, Epoetin Alpha	J0881	Y	*	
Aranesp	Darbepoetin Alpha, Epoetin Alpha	J0882	Y	*	
Asceniv	Immunoglobulins	J1554	Y	Gammagard liquid, Gammagard SD, Gammaplex, Octagam, Panzyga, Privigen	Y
Avastin	Oncology	J9035	Y	Preferred for Ocular Indications **Oncology Indications:** Alymsys, Mvasi	Y
Avtozma	Immunologic Agents	Q5156	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Avzivi	Oncology	J3490	Y	Alymsys, Mvasi (Not indicated for ocular conditions)	Y
Avzivi	Oncology	J3590	Y	Alymsys, Mvasi (Not indicated for ocular conditions)	Y
Avzivi	Oncology	J9999	Y	Alymsys, Mvasi (Not indicated for ocular conditions)	Y
Avzivi	Oncology	C9399	Y	Alymsys, Mvasi (Not indicated for ocular conditions)	Y
Aveed	Testosterone	J3145	Y	Depo-Testosterone	
Avsola	Immunologic Agents	Q5121	Y	*	Y
Bavencio	Oncology	J9023	Y	See Immune Checkpoint Inhibitors Drug List	Y
Belrapzo	Oncology	J9036	Y		
Bendamustine	Oncology	J9058	Y		
Bendamustine	Oncology	J9059	Y		
Bendeka	Oncology	J9034	Y		
BeneFix	Blood Clotting Factor	J7195	Y		

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Benlysta	Immune modulator	J0490	Y	*	Y
Beovu	Ophthalmic medical injectables	J0179	Y		
Beqvez	Gene therapy	C9172	Y		Y
Berinert	Hereditary Angioedema Drugs	J0597	Y	Ruconest	
Besponsa	Oncology	J9229	Y		
Beyfortus	Antiviral-Mab-RSV	90380/ 90381	N	*	
Bildyos	Oncology	J3590	Y	Osenvelt	
Bilprevda	Oncology	J0897	Y	Osenvelt	
Bivigam	Immunoglobulins	J1556	Y	Gammagard liquid, Gammagard SD, Gammaplex, Octagam, Panzyga, Privigen	Y
Bkemv	Blood-modifying agent	Q5139	Y	Myasthenia Gravis: Epysqli, Rystiggo, Vyvgart, Vyvgart Hytrulo PNH: Epysqli	Y
Bomyntra	Oncology	J3590	Y	Osenvelt	
Bortezomib	Oncology	J9046	Y	*	
Bortezomib	Oncology	J9048	Y	*	
Bortezomib	Oncology	J9049	Y	*	
Bortezomib	Oncology	J9051	Y	*	
Botox	Botulinum Toxin Type A	J0585	Y	*	
Bravelle	Injectable Infertility Medications	J3355	Y		
Breyanzi	Cellular therapy	Q2054	Y		
Brineura	Enzyme Replacement Drugs	J0567	Y		
Briumvi	Multiple Sclerosis (MS) Drugs	J2329	Y	*	Y
Byooviz	Ophthalmic medical injectables	Q5124	*Y*	*Avastin*	
Cablivi	Blood-modifying agent	C9047	*Y*		*Y*
Camcevi	Oncology	J1952	*Y (prostate cancer only)*	*Eligard*	

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Carvykti	Cellular therapy	Q2056	Y		
Casgevy	Gene therapy	J3590	Y		Y
Cerezyme	Enzyme Replacement Drugs – Gaucher Disease	J1786	Y	*	Y
Cetrotide	Injectable Infertility Medications	J3490	Y		
Cetrotide	Injectable Infertility Medications	J3590	Y		
Cimerli	Ophthalmic medical injectables	Q5128	Y	Avastin and Byooviz	
Cimzia	Immunologic Agents	J0717	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	
Cinqair	Respiratory Injectables	J2786	Y	Fasenra, Nucala, Tezspire^{++}, Xolair^{++}	Y
Cinryze	Hereditary Angioedema Drugs	J0598	Y		Y
Coagadex	Blood Clotting Factor	J7175	Y		
Columvi	Oncology	J9286	Y		
Conexxence	Osteoporosis	J3590	Y	Prolia	
Corifact	Blood Clotting Factor	J7180	Y		
Cortrophin Gel	Endocrine	J3590	Y	conventional therapies (e.g., corticosteroids, immunosuppressive agents)	
Cortrophin Gel	Endocrine	J0802	Y	conventional therapies (e.g., corticosteroids, immunosuppressive agents)	
Cosela	Oncology	J1448	Y		
Cosentyx IV	Immunologic Agents	J3247	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Crysvita	Endocrine	J0584	Y		Y
Cutaquig	Immunoglobulins	J1551	Y	*	Y
Cuvitru	Immunoglobulins	J1555	Y	Cutaquig, Hizentra, Xembify	Y
Cyramza	Oncology	J9308	Y		
Danyelza	Oncology	J9348	Y		
Darzalex	Oncology	J9145	Y		
Darzalex Faspro	Oncology	J9144	Y		

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Daxxify	Botulinum Toxin Type A	J0589	Y	*	
Durolane	Viscosupplements	J7318	Y	Monovisc, Orthovisc, Synvisc One	
Dysport	Botulinum Toxin Type A	J0586	Y	*	
Elahere	Oncology	J9063	Y		
Elaprase	Enzyme Replacement Drugs	J1743	Y		Y
Elelyso	Enzyme Replacement Drugs – Gaucher Disease	J3060	Y	*	Y
Elevidys	Gene therapy	J1413	Y		Y
Elfabrio	Enzyme Replacement Drugs – Fabry Disease	J2508	Y	*	Y
Eligard	Oncology	J9217	Y (prostate cancer only)	*	
Eloctate	Blood Clotting Factor	J7205	Y		
Elrexfio	Enzyme Replacement Drugs	J1323	Y		
Empliciti	Oncology	J9176	Y		
Enhertu	Oncology	J9358	Y	*	
Enjaymo	Blood-modifying agent	J1302	Y		Y
Enspryng	Neuromyelitis optica	J3490	Y		
Enspryng	Neuromyelitis optica	J3590	Y		
Entyvio	Immunologic Agents	J3380	Y	*	Y
Epkinly	Oncology	J9321	Y		
Epogen	Darbepoetin Alpha, Epoetin Alpha	J0885	Y	Aranesp, Procrit	
Epogen	Darbepoetin Alpha, Epoetin Alpha	Q4081	Y	Aranesp, Procrit	
Epysqli	Blood-modifying agent	Q5151	Y	*	Y
Erbitux	Oncology	J9055	Y		
Esperoct	Blood Clotting Factor	J7204	Y		
Euflexxa	Viscosupplements	J7323	Y	Monovisc, Orthovisc, Synvisc One	
Evenity++	Osteoporosis	J3111	Y	Prolia	

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Evkeeza	Familial hypercholesterolemia	J1305	Y		Y
Evrysdi	Gene therapy	J8499	Y		
Exondys 51	Muscular dystrophy drugs	J1428	Y		Y
Eydenzelt	Ophthalmic medical injectables	J3590	Y	Avastin and Byooviz	
Eylea	Ophthalmic medical injectables	J0178	Y	Avastin and Byooviz	
Eylea HD	Ophthalmic medical injectables	J0177	Y	Avastin and Byooviz	
Fabrazyme	Enzyme Replacement Drugs – Fabry Disease	J0180	Y	*	Y
Factor XIII	Blood Clotting Factor	J7191	Y		
Fasenra	Respiratory Injectables	J0517	Y	*	Y
FEIBA, FEIBA NF	Blood Clotting Factor	J7198	Y		
Fensolvi	Central Precocious Puberty (CPP)	J1951	N	*	
Feraheme	Anemia	Q0138	Y	Ferrlecit, Infed, Venofer	
Feraheme	Anemia	Q0139	Y	Ferrlecit, Infed, Venofer	
Ferrlecit	Anemia	J1437	Y	*	
Fibryga	Blood Clotting Factor	J7177	Y		
Firazyr	Hereditary Angioedema Drugs	J1744	Y		
Firmagon	Oncology	J9155	Y (prostate cancer only)	Eligard	
Flebogamma	Immunoglobulins	J1572	Y		Y
Flolan	Pulmonary Arterial Hypertension Drugs	J1325	Y		
Follistim AQ	Injectable Infertility Medications	S0128	Y	*	
Fulphila^{++}	Granulocyte-colony stimulating factor	Q5108	Y	*	
Fyarro	Oncology	J9331	Y		
Fylnetra	Granulocyte-colony stimulating factor	Q5130	Y	Fulphila^{++}, Neulasta^{++}, and Neulasta Onpro, Udenyca	

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
GamaSTAN	Immunoglobulins	J1460	Y		Y
GamaSTAN	Immunoglobulins	J1559	Y		Y
GamaSTAN	Immunoglobulins	J1560	Y		Y
Gammagard, Gammagard S/D IV	Immunoglobulins	J1569	Y	*	Y
Gammagard subcutaneous	Immunoglobulins	J1569	Y	Cutaquig, Hizentra, Xembify	Y
Gammaked	Immunoglobulins	J1561	Y	Gammagard liquid, Gammagard SD, Gammaplex, Octagam, Panzyga, Privigen	Y
Gammaplex	Immunoglobulins	J1557	Y	*	Y
Gamunex-C IV	Immunoglobulins	J1561	Y	Gammagard liquid, Gammagard SD, Gammaplex, Octagam, Panzyga, Privigen	Y
Gamunex-C subcutaneous	Immunoglobulins	J1561	Y	Cutaquig, Hizentra	Y
Ganirelix AC	Injectable Infertility Medications	S0132	Y		
Gattex	Short bowel syndrome	J3490	Y		
Gel-One	Viscosupplements	J7326	Y	Monovisc, Orthovisc, Synvisc One	
Gelsyn-3	Viscosupplements	J7328	Y	Monovisc, Orthovisc, Synvisc One	
Genvisc 850	Viscosupplements	J7320	Y	Monovisc, Orthovisc, Synvisc One	
Givlaari	Blood-modifying agent	J0223	Y		Y
Glassia	Alpha 1- Proteinase Inhibitor	J0257	Y	Prolastin-C, Zemaira	Y
Gonal-f/Gonal-f RFF	Injectable Infertility Medications	S0126	Y	Follistim AQ	
Granix	Granulocyte-colony stimulating factor	J1447	Y	Zarxio	
Haegarda	Hereditary Angioedema Drugs	J0599	Y		
Hemgenix	Blood Clotting Factor	J1411	Y		Y
Hemlibra	Blood Clotting Factor	J7170	Y		

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Hemofil M	Blood Clotting Factor	J7190	Y		
Hemophilia Clotting Factor	Blood Clotting Factor	J7199	Y		
Herceptin	Oncology	J9355	Y	Kanjinti, Trazimera	Y
Herceptin Hylecta	Oncology	J9356	Y	Kanjinti, Trazimera	
Hercessi	Oncology	Q5146	Y	Kanjinti, Trazimera	Y
Herzuma	Oncology	Q5113	Y	Kanjinti, Trazimera	Y
Hizentra	Immunoglobulins	J1559	Y	*	Y
Humate-P	Blood Clotting Factor	J7187	Y		
Hyalgan	Viscosupplements	J7321	Y	Monovisc, Orthovisc, Synvisc One	
Hymovis	Viscosupplements	J7322	Y	Monovisc, Orthovisc, Synvisc One	
HyQvia	Immunoglobulins	J1575	Y	Cutaquig, Hizentra, Xembify	Y
Idelvion	Blood Clotting Factor	J7202	Y		
Ilaris	Immune modulator	J0638	Y		
Ilumya	Immunologic Agents	J3245	Y	*	
Imaavy	Blood Modifying Agent	C9305	Y	Epysqli, Rystiggo, Vyvgart, Vyvgart Hytrulo	Y
Imdelltra	Oncology	C9170	Y		
Imfinzi	Oncology	J9173	Y	See Immune Checkpoint Inhibitors Drug List	Y
Imjudo	Oncology	J9347	Y	See Immune Checkpoint Inhibitors Drug List	Y
Imlygic	Oncology	J9325	Y		
Imuldosa	Oncology	Q5098	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfyac	
Infed	Anemia	J1437	Y	*	
Inflectra	Immunologic Agents	Q5103	Y	*	Y
Infliximab	Immunologic Agents	J1745		Avsola, Inflectra, Renflexis	Y
Injectafer	Anemia	J1439	Y	Ferrlecit, Infed, Venofer	
Ixinity	Blood Clotting Factor	J7195	Y		
Ixinity	Blood Clotting Factor	J7213	Y		
Izervay	Ophthalmic medical injectables	J2782	Y	Syfovre	
Jelmyto	Oncology	J9281	Y		
Jemperli	Oncology	J9272	Y	See Immune Checkpoint Inhibitors Drug List	Y
Jivi	Blood Clotting Factor	J7208	Y		

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Jobevne	Oncology	J9999	Y	Alymsys, Mvasi (Not indicated for ocular conditions)	Y
Jubbonti	Osteoporosis	Q5136	Y	Prolia	
Kadcyla	Oncology	J9354	Y	*	Y
Kalbitor	Hereditary Angioedema Drugs	J1290	Y		
Kanjinti	Oncology	Q5117	Y	*	Y
Kanuma	Enzyme Replacement Drugs	J2840	Y		Y
Keytruda IV	Oncology	J9271	Y	See Immune Checkpoint Inhibitors Drug List	Y
Keytruda Qlex	Oncology	J3490	Y	See Immune Checkpoint Inhibitors Drug List	Y
Khapzory	Oncology	J0642	Y	Generic levoleucovorin	
Kimmtrak	Oncology	J9274	Y		
Kisunla	Alzheimer's Disease	J0175	Y		Y
Kogenate FS	Blood Clotting Factor	J7192	Y		
Korsuva	End-stage renal disease	J0879	Y		
Kovaltry	Blood Clotting Factor	J7211	Y		
Krystexxa	Antihyperuricemic Agents	J2507	Y		Y
Kymriah	Cellular therapy	Q2042	Y		
Kyprolis	Oncology	J9047	Y	bortezomib	
Lamzede	Enzyme Replacement Drugs	J0217	Y		Y
Lanreotide	Acromegaly	J1932	Y	Octreotide Acetate, Somatuline Depot	Y
Lantidra	Cellular therapy	J3490	Y		
Lantidra	Cellular therapy	J3590	Y		
Lantidra	Cellular therapy	C9399	Y		
Lemtrada	Multiple Sclerosis (MS) Drugs	J0202	Y	Briumvi, Ocrevus^{++}, Tysabri	Y
Lenmeldy	Gene therapy	C9399	Y		Y
Lenmeldy	Gene therapy	J3490	Y		Y
Lenmeldy	Gene therapy	J3590	Y		Y
Leqembi	Alzheimer's Disease	J0174	Y		Y
Leqvio	Cardiology	J1306	Y		
Letybo	Botulinum Toxin Type A	J3490	Y		
Letybo	Botulinum Toxin Type A	C9399	Y		
Leukine	Granulocyte-colony stimulating factor	J2820	Y	Zarxio	

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Libtayo	Oncology	J9119	Y	See Immune Checkpoint Inhibitors Drug List	Y
Loqtorzi	Oncology	J3263	Y	See Immune Checkpoint Inhibitors Drug List	Y
Lucentis	Ophthalmic medical injectables	J2778	Y	Avastin and Byooviz	
Lumizyme	Enzyme Replacement Drugs – Pompe Disease	J0220	Y	Nexviazyme	Y
Lumizyme	Enzyme Replacement Drugs – Pompe Disease	J0221	Y	Nexviazyme	Y
Lunsumio	Oncology	J9350	Y		
Lupron Depot	Oncology	J9217	Y (prostate cancer only)	Eligard	
Lupron Depot- PED	Central Precocious Puberty (CPP)	J1950	N	*	
Lutrate	Luteinizing Hormone-Releasing Hormone	J1954	Y		
Luxturna	Ophthalmic medical injectables	J3398	Y		Y
Lyfgenia	Gene therapy	J3394	Y		Y
Margenza	Oncology	J9353	Y	Enhertu, Kadcyla, Phesgo	
Menopur	Injectable Infertility Medications	S0122	Y		
Mepsevii	Enzyme Replacement Drugs	J3397	Y		Y
Metastron	Radiopharmaceutical Drugs	A9600	Y		
Mircera	Darbepoetin Alpha, Epoetin Alpha	J0887	Y	Aranesp, Procrit	
Mircera	Darbepoetin Alpha, Epoetin Alpha	J0888	Y	Aranesp, Procrit	
Monjuvi	Oncology	J9349	Y		
Monoferric	Anemia	J1437	Y	Ferrlecit, Infed, Venofer	
Monovisc	Viscosupplements	J7327	Y	*	
Mvasi	Oncology	Q5107	Y	* (not indicated for ocular conditions)	Y

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Mvasi	Oncology	Q5107	Y	* (not indicated for ocular conditions)	Y
Myalept	Lipodystrophy	J3490	Y		
Myalept	Lipodystrophy	J3590	Y		
Myobloc	Botulinum Toxin Type B	J0587	Y	Botox, Daxxify, Dysport, Xeomin	
Naglazyme	Enzyme Replacement Drugs	J1458	Y		Y
Neulasta++	Granulocyte-colony stimulating factor	J2506	Y	*	
Neulasta, Neulasta Onpro	Granulocyte-colony stimulating factor	J2506	Y	*	
Neupogen	Granulocyte-colony stimulating factor	J1442	Y	Zarxio	
Nexviazyme	Enzyme Replacement Drugs -Pompe Disease	J0219	Y	*	Y
Nivestym	Granulocyte-colony stimulating factor	Q5110	Y	Zarxio	
Novarel	Injectable Infertility Medications	J0725	Y		
NovoEight	Blood Clotting Factor	J7182	Y		
NovoSeven RT	Blood Clotting Factor	J7189	Y		
Nucala	Respiratory Injectables	J2182	Y	*	Y
Nulibry	Enzyme Replacement Drugs	J3490	Y		
Nulibry	Enzyme Replacement Drugs	J3590	Y		
Nuwiq	Blood Clotting Factor	J7209	Y		
Nypozi	Granulocyte-colony stimulating factor	C9173	Y	Zarxio	
Nyvepria	Granulocyte-colony stimulating factor	Q5122	Y	Fulphila++, Neulasta++, and Neulasta Onpro, Udenyca	
Obizur	Blood Clotting Factor	J7188	Y		
Ocrevus++	Multiple Sclerosis (MS) Drugs	J2350	Y	*	Y
Ocrevus Zunovo++	Multiple Sclerosis (MS) Drugs	J2351	Y	Briumvi, Ocrevus++, Tysabri	Y
Octagam	Immunoglobulins	J1568	Y	*	Y
Octreotide Acetate	Acromegaly	J2353	Y	*	

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Ogivri	Oncology	Q5114	Y	Kanjinti, Trazimera	Y
Omisirge	Blood Cell Transplant	J3590	Y		Y
Omisirge	Blood Cell Transplant	C9399	Y		Y
Omisirge	Blood Cell Transplant	J3490	Y		Y
Omvoh	Immunologic Agents	J2267	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	
Onpattro	Central nervous system agents	J0222	Y	*	Y
Ontruzant	Oncology	Q5112	Y	Kanjinti, Trazimera	Y
Opdivo IV	Oncology	J9299	Y	See Immune Checkpoint Inhibitors Drug List	Y
Opdivo Qvantig	Oncology	J9399	Y	See Immune Checkpoint Inhibitors Drug List	Y
Opdualag	Oncology	J9298	Y	See Immune Checkpoint Inhibitors Drug List	Y
Opuviz	Ophthalmic medical injectables	Q5153	Y	Avastin and Byooviz	
Orencia IV	Immunologic Agents	J0129	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Orthovisc	Viscosupplements	J7324	Y	*	
Osenvelt	Oncology	J3590	Y	*	
Ospomyv	Osteoporosis	J3590	Y	Prolia	
Otulfi	Immunologic Agents	Q9999	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Ovidrel	Injectable Infertility Medications	J0725	Y		
Oxlumo	Endocrine	J0224	Y		Y
Padcev	Oncology	J9177	Y		
Panzyga	Immunoglobulins	J1576	Y	*	Y
Parsabiv	Endocrine	J0606	Y	At least 2 phosphate binders and at least 2 vitamin D analogs and failure / contraindication/ intolerance of cinacalcet	
Pavblu	Ophthalmic medical injectables	J1576	Y	Avastin and Byooviz	
Pedmark	Detoxifying agents	J0208	Y		
Perjeta	Oncology	J9306	Y	Enhertu, Kadycla, Phesgo	Y
Phesgo	Oncology	J9316	Y	*	
Piasky	Blood-modifying agent	J1307	Y	Epysqli	Y

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Pluvicto	Radiopharmaceutical Drugs	A9607	Y		
Polivy	Oncology	J9309	Y		
Pombiliti	Enzyme Replacement Drugs - Pompe Disease	J1203	Y	Nexviazyme	Y
Pregnyl	Injectable Infertility Medications	J0725	Y		
Privigen	Immunoglobulins	J1459	Y	*	Y
Procrit	Darbepoetin Alpha, Epoetin Alpha	J0885	Y	*	
Procrit	Darbepoetin Alpha, Epoetin Alpha	Q4081	Y	*	
Profilnine	Blood Clotting Factor	J7194	Y		
Prolastin-C	Alpha 1- Proteinase Inhibitor	J0256	Y	*	Y
Prolia	Osteoporosis	J0897	Y	*	
Provenge	Oncology	Q2043	Y		
Pyzchiva	Immunologic Agents	Q9996	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Qalsody	Amyotrophic Lateral Sclerosis (ALS)	J1304	Y		Y
Radicava	Enzyme Replacement Drugs	J1301	Y		Y
Rebinyn	Blood Clotting Factor	J7203	Y		
Reblozyl	Myelofibrosis-Associated Anemia	J0896	Y		
Recombinate	Blood Clotting Factor	J7192	Y		
Releuko	Granulocyte-colony stimulating factor	Q5125	Y	Zarxio	
Remicade++	Immunologic Agents	J1745	Y	Avsola, Inflectra, Renflexis	Y
Remodulin	Pulmonary Arterial Hypertension Drugs	J3285	Y		
Renflexis	Immunologic Agents	Q5104	Y	*	Y
Retacrit	Darbepoetin Alpha, Epoetin Alpha	Q5105	Y	Aranesp, Procrit	
Retacrit	Darbepoetin Alpha, Epoetin Alpha	Q5106	Y	Aranesp, Procrit	
Riabni	Immunologic Agents	Q5123	Y	Truxima	Y
RiaSTAP	Blood Clotting Factor	J7178	Y		

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Rituxan	Immunologic Agents	J9312	Y	Truxima	Y
Rituxan Hycela	Immunologic Agents	J9311	Y	Truxima	
Rivfloza	Endocrine	J3490	Y		Y
Rivfloza	Endocrine	J3590	Y		Y
Rivfloza	Endocrine	C9399	Y		Y
Rixubis	Blood Clotting Factor	J7200	Y		
Roctavian	Blood Clotting Factor	J1412	Y		Y
Rolvedon	Granulocyte-colony stimulating factor	J1449	Y	Fulphila^{++}, Neulasta^{++}, and Neulasta Onpro, Udenyca	
Ruconest	Hereditary Angioedema Drugs	J0596	Y	*	
Ruxience	Immunologic Agents	Q5119	Y	Truxima	Y
Rybrevant	Oncology	J9061	Y		
Ryplazim	Blood-modifying agent	J2998	Y		
Rystiggo	Immunologic Agents	J9333	Y	*	
Rytelo	Oncology	J0870	Y		
Ryzneuta	Granulocyte-colony stimulating factor	J9361	Y	Fulphila++, Neulasta++, and Neulasta Onpro, Udenyca	
Sajazir	Hereditary Angioedema Drugs	J1744	Y		
Sandostatin	Somatostatins	J2354	Y	*	
Sandostatin LAR	Acromegaly	J2353	Y	Octreotide Acetate, Somatuline Depot	Y
Saphnelo	Immune modulator	J0491	Y	Benlysta	Y
Sarclisa	Oncology	J9227	Y		
Selsardi	Immunologic Agents	Q9998	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Sevenfact	Blood Clotting Factor	J7212	Y		
Signifor LAR	Acromegaly	J2502	Y	Octreotide Acetate, Somatuline Depot	
Simponi Aria	Immunologic Agents	J1602	Y	*	Y
Skyrizi IV	Immunologic Agents	J2327	Y	*	
Skysona	Cellular therapy	J3490	Y		Y
Skysona	Cellular therapy	J3590	Y		Y
Skysona	Cellular therapy	C9399	Y		Y
Skytrofa	Growth Hormone	J3490	Y		
Skytrofa	Growth Hormone	J3590	Y		
Soliris	Blood-modifying agent	J1300	Y	Myasthenia Gravis: Epysqli, Rystiggo, Vyvgart, Vyvgart Hytrulo PNH: Epysqli	Y

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Somatuline Depot	Acromegaly	J1930	Y	*	Y
Somavert	Acromegaly	J3490	Y	Octreotide Acetate, Somatuline Depot	
Somavert	Acromegaly	J3590	Y	Octreotide Acetate, Somatuline Depot	
Spevigo	Immunologic Agents	J1747	Y		
Spinraza	Gene therapy	J2326	Y		Y
Spravato	Major depressive disorder	S0013	Y		
Stelara IV	Immunologic Agents	J3358	Y	*	
Steqeyma	Immunologic Agents	Q5099	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Stimufend	Granulocyte-colony stimulating factor	Q5127	Y	Fulphila^{++}, Neulasta^{++}, and Neulasta Onpro, Udenyca	
Stoboclo	Osteoporosis	J3590	Y	Prolia	
Strensiq	Metabolic disorders	J3490	Y		
Strensiq	Metabolic disorders	J3590	Y		
Supartz FX	Viscosupplements	J7321	Y	Monovisc, Orthovisc, Synvisc One	
Susvimo	Ophthalmic medical injectables	J2779	Y	Avastin and Byooviz	
Supprelin LA	Central Precocious Puberty (CPP)	J9226	N	*	
Syfovre	Ophthalmic medical injectables	J2781	Y	*	
Synagis	Respiratory syncytial virus (RSV) prophylaxis	S9562	Y	Beyfortus	
Synagis	Respiratory syncytial virus (RSV) prophylaxis	90378	Y	Beyfortus	
Synojoynt	Viscosupplements	J7331	Y	Monovisc, Orthovisc, Synvisc One	
Synvisc	Viscosupplements	J7325	Y	Monovisc, Orthovisc, Synvisc One	
Synvisc-One	Viscosupplements	J7325	Y	*	
Takhzyro	Hereditary Angioedema Drugs	J0593	Y		
Talvey	Oncology	J3055	Y		
Tecartus	Cellular therapy	Q2053	Y		
Tecelra	Oncology	J3490, J3590, C9399, J9999	Y		Y
Tecentriq	Oncology	J9022	Y	See Immune Checkpoint Inhibitors Drug List	Y
Tecentriq Hybreza	Oncology	J9022	Y	See Immune Checkpoint Inhibitors Drug List	Y

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Tecvayli	Oncology	J9380	Y		
Tepezza	Ophthalmic medical injectables	J3241	Y		Y
Tevimbra	Oncology	J9329	Y		Y
Tezspire++	Respiratory Injectables	J2356	Y	*	Y
Tivdak	Oncology	J9273	Y		
Tofidence	Immunologic Agents	Q5133	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Trazimera	Oncology	Q5116	Y	*	Y
Treanda	Oncology	J9033	Y		
Trelstar	Oncology	J3315	Y (prostate cancer only)	Eligard	
Tremfya	Immunologic Agents	J1628	Y	*	
Tretten	Blood Clotting Factor	J7181	Y		
Triluron	Viscosupplements	J7332	Y	Monovisc, Orthovisc, Synvisc One	
Triptodur	Central Precocious Puberty (CPP)	J3316	N	*	
TriVisc	Viscosupplements	J7329	Y	Monovisc, Orthovisc, Synvisc One	
Trodelvy	Oncology	J9317	Y		
Truxima	Immunologic Agents	Q5115	Y	*	Y
Tyenne	Immunologic Agents	Q5135	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Tyruko	Multiple Sclerosis (MS) Drugs	Q5134	Y	Briumvi, Ocrevus++, Tysabri	Y
Tysabri	Multiple Sclerosis (MS) Drugs	J2323	Y	*	Y
Tyvaso	Pulmonary Arterial Hypertension Drugs	J7686	Y		
Tzield	Immune modulator	J9381	Y		
Udenyca	Granulocyte-colony stimulating factor	Q5111	Y	*	
Udenyca OBI	Granulocyte-colony stimulating factor	Q5111	Y	*	
Ultomiris	Blood-modifying agent	J1303	Y	Myasthenia Gravis: Epysqli, Rystiggo, Vyvgart, Vyvgart Hytrulo PNH: Epysqli	Y
Uplizna	Immune modulator	J1823	Y		Y
Ustekinumab	Immunologic Agents	J3358	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Ustekinumab-ttwe	Immunologic Agents	Q9997	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Vabrinty	Oncology	J3490	Y	Eligard	
Vabysmo	Ophthalmic medical injectables	J2777	Y	Avastin and Byooviz	
Vectibix	Oncology	J9303	Y		
Vegzelma	Oncology	Q5129	Y	Alymsys, Mvasi (Not indicated for ocular conditions)	Y
Velcade	Oncology	J9041	Y (multiple myeloma only)	bortezomib	
Veletri	Pulmonary Arterial Hypertension Drugs	J1325	Y		
Venofer	Anemia	J1437	Y	*	
Ventavis	Pulmonary Arterial Hypertension Drugs	Q4074	Y		
Veopoz	Blood-modifying agent	J9376	Y		Y
Viltepso	Muscular dystrophy drugs	J1427	Y		Y
Vimizim	Enzyme Replacement Drugs	J1322	Y		Y
Visco 3	Viscosupplements	J7321	Y	Monovisc, Orthovisc, Synvisc One	
Vivimusta	Oncology	J9056	Y		
Vonvendi	Blood Clotting Factor	J7179	Y		
VPRIV	Enzyme Replacement Drugs – Gaucher Disease	J3385	Y	Cerezyme, Elelyso	Y
Vyepti	Calcitonin Gene- Related Peptide (CGRP) Receptor inhibitors	J3032	Y		Y
Vyjuvek	Gene therapy	J3401	Y		
Vyondys 53	Muscular dystrophy drugs	J1429	Y		Y
Vyvgart	Immunologic Agents	J9332	Y	*	
Vyvgart Hytrulo	Immunologic Agents	J9334	Y	*	
Wainua	Central nervous system agents	C9399	Y	Onpattro	
Wainua	Central nervous system agents	J3590	Y	Onpattro	
Wainua	Central nervous system agents	J3490	Y	Onpattro	
Wezlana SQ	Immunologic Agents	Q5137	Y		

Medication Name	Therapeutic Class	HCPCS code	Precert required	Preferred Alternative	Site of Care
Wezlana IV	Immunologic Agents	Q5138	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Wilate	Blood Clotting Factor	J7183	Y		
Winrevair	Pulmonary Arterial Hypertension Drugs	J3490	Y		
Winrevair	Pulmonary Arterial Hypertension Drugs	J3590	Y		
Winrevair	Pulmonary Arterial Hypertension Drugs	C9399	Y		
Wyost	Oncology	Q5136	Y	Osenvelt	
Xbryk	Oncology	J3590	Y	Osenvelt	
Xembify	Immunoglobulins	J1558	Y	*	Y
Xenpozyme	Enzyme Replacement Drugs	J0218	Y		Y
Xeomin	Botulinum Toxin Type A	J0588	Y	*	
Xgeva	Oncology	J0897	Y	Osenvelt	
Xofigo	Oncology	A9606	Y		
Xolair++	Respiratory Injectables	J2357	Y	*	Y
Xyntha, Xyntha Solofuse	Blood Clotting Factor	J7185	Y		
Yervoy	Oncology	J9228	Y	See Immune Checkpoint Inhibitors Drug List	Y
Yesafili	Ophthalmic medical injectables	Q5155	Y	Avastin and Byooviz	
Yescarta	Cellular therapy	Q2041	Y		
Yimmugo	Immunoglobulins	J9308	Y		Y
Yesintek	Immunologic Agents	Q5100	Y	Entyvio, Ilumya, Simponi Aria, Skyrizi, Stelara, Tremfya	Y
Zarxio	Granulocyte-colony stimulating factor	Q5101	Y	*	
Zemaira	Alpha 1- Proteinase Inhibitor	J0256	Y	*	Y
Zepzelca	Oncology	J9223	Y		
Ziextenzo	Granulocyte-colony stimulating factor	Q5120	Y	Fulphila++, Neulasta++, and Neulasta Onpro, Udenyca	
Zirabev	Oncology	Q5118	Y	Alymsys, Mvasi (Not indicated for ocular conditions)	Y
Zoladex	Oncology	J9202	Y (prostate cancer only)	Eligard	
Zolgensma	Gene therapy	J3399	Y	*	Y
Zulresso	Postpartum depression	J1632	Y		
Zynlonta	Oncology	J9359	Y		
Zynteglo	Cellular therapy	J3393	Y		Y
Zynyz	Oncology	J9345	Y	See Immune Checkpoint Inhibitors Drug List	Y

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January 2026

Immune Checkpoint Inhibitors Drug List

Drugs listed in this section are part of our Immune Checkpoint Inhibitors Drug List, these drugs are used to treat cancer by indication. The preferred drug may vary based on the specific cancer being treated.

Immune Checkpoint Inhibitors (Shown by Indications):		
Drug Class	**Non-Preferred Product(s)**	**Preferred Product(s)**
Advanced or Metastatic Merkel Cell Carcinoma	Bavencio	Keytruda Zynyz
Biliary Tract Cancer	Keytruda	Imfinzi
Endometrial Carcinoma	Jemperli	Imfinzi Keytruda
Hepatocellular Carcinoma Subsequent Therapy	Opdivo Opdivo Qvantig	Keytruda
Melanoma	Opdivo Qvantig Opdualag	Keytruda Opdivo Tecentriq Tecentriq Hybreza
Nasopharyngeal Carcinoma		Loqtorzi
Non-Small Cell Lung Cancer-Adjuvant	Opdivo Opdivo Qvantig	Imfinizi Keytruda Tecentriq Tecentriq Hybreza
Non-Small Cell Lung Cancer-Metastatic	Imfinizi Imjudo Opdivo Opdivo Qvantig Yervoy	Keytruda Libtayo Tecentriq Tecentriq Hybreza
Renal Cell Carcinoma	Bavencio	Keytruda Opdivo Opdivo Qvantig
Small Cell Lung Cancer-Extensive Stage	Tecentriq Tecentriq Hybreza	Imfinizi

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January 2026

Combined Benefit Management Drug List**

++Drugs listed in this section are part of our Combined Benefit Management Drug List. Under this new program, some drugs may only be available on the member's prescription or medical benefit.

**This drug list only applies to members enrolled in Aetna commercial fully insured medical and pharmacy benefit plans, subject to applicable state laws, and excludes members enrolled in Aetna Health Exchange, Federal, Medicare and Medicaid plans.

To meet state requirements, coverage for certain drugs is a non-preferred status on the medical benefit. States included are AK, AR, GA, LA, MN, MS, ND, OK, RI, TN, TX, VT.

Key	
Preferred	Drug has the highest coverage level under the benefit category
Non-Preferred	Drug may cost the member more out of pocket under the benefit category
Excluded	Drug is not covered under the benefit category
Pharmacy coverage only	Drug is only covered under the pharmacy benefit
Medical coverage only	Drug is only covered under the medical benefit

Drug Category: Autoimmune Infliximab			
Drug Name	J CODE	Pharmacy benefit status	Medical benefit status
AVSOLA	Q5121	Preferred	Preferred
INFLECTRA	Q5103	Excluded	Preferred
INFLIXIMAB	J1745	Excluded	Non-Preferred
REMICADE#	J1745	Preferred	Pharmacy coverage only
RENFLEXIS	Q5104	Excluded	Preferred

Drug Category: Severe Asthma			
Drug Name	J CODE	Pharmacy benefit status	Medical benefit status
CINQAIR	J2786	Excluded	Non-Preferred
DUPIXENT	J9228	Preferred	Preferred
FASENRA	J0517	Preferred	Preferred
NUCALA	J2182	Preferred	Preferred
TEZSPIRE#	J2356	Preferred	Pharmacy coverage only
XOLAIR#	J2357	Preferred	Pharmacy coverage only

Drug Category: Multiple Sclerosis Non-Orals			
Drug Name	J CODE	Pharmacy benefit status	Medical benefit status
BRIUMVI	J2329	Excluded	Non-Preferred
KESIMPTA	J9302	Preferred	Pharmacy coverage only
LEMTRADA	J0202	Excluded	Non-Preferred
OCREVUS#	J2350	Preferred	Pharmacy coverage only
OCREVUS ZUNOVO#	J3590	Preferred	Pharmacy coverage only
TYSABRI	J2323	Preferred	Preferred

Drug Category: Autoimmune Infused Other†			
Drug Name	J CODE	Pharmacy benefit status	Medical benefit status
SIMPONI ARIA	J1602	Medical coverage only	Preferred

† Multiple products within category, only listing products reflecting a change

Drug Category: Hematologic, Neutropenia Colony Stimulating Factors Long Acting			
Drug Name	J CODE	Pharmacy benefit status	Medical benefit status
FULPHILA	Q5108	Preferred	Non-Preferred
FYLNETRA	Q5130	Excluded	Non-Preferred
NEULASTA Injectable	J2506	Excluded	Non-Preferred
NEULASTA ONPRO	J2506	Excluded	Preferred
NYVEPRIA	Q5122	Excluded	Non-Preferred
ROLVEDON	J1449	Excluded	Non-Preferred
STIMUFEND	Q5127	Excluded	Non-Preferred
UDENYCA	Q5111	Excluded	Non-Preferred
ZIEXTENZO	Q5120	Excluded	Non-Preferred

Drug Category: Osteoporosis Injectable			
Drug Name	J CODE	Pharmacy benefit status	Medical benefit status
EVENITY#	J3111	Excluded^	Pharmacy coverage only
FORTEO	J3110	Non-Preferred	Pharmacy coverage only
PROLIA	J0897	Preferred	Preferred
TERIPARATIDE	J3110	Excluded^	Pharmacy coverage only
TYMLOS	J3590	Preferred	Pharmacy coverage only

^Available through pharmacy formulary exceptions process

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If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.
You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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