

# Specialty Drug List

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**2023 Aetna Specialty Drug List**

# How to use this guide

You may fill these drugs at an in-network specialty pharmacy. Look up your plan documents for specialty drug coverage details. You'll also learn more about the requirements and limitations of your pharmacy benefits and insurance plan.

## What is a specialty drug?

Specialty drugs treat complex, chronic conditions. A nurse or pharmacist will often support their use during treatment. These drugs may be injected, infused or taken by mouth. You may need to refrigerate them. They are often expensive and may not be available at retail pharmacies.

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

Category Drug class		
<b>Analgesics</b>		
<i>Viscosupplements</i>	DUROLANE EUFLEXXA	GELSYN-3 SUPARTZ FX
<b>Anti-Infectives</b>		
<i>Antiretroviral Agents</i> <i>Antiretroviral Combinations §</i>	<i>abacavir-lamivudine</i> <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> <i>emtricitabine-tenofovir disoproxil fumarate</i> <i>lamivudine-zidovudine</i> BIKTARVY	CIMDUO DESCOVIY DOVATO EVOTAZ GENVOYA ODEFSEY PREZCOBIX SYMTUZA TRIUMEQ
<i>Antiretroviral Agents</i> <i>Fusion Inhibitors</i>	FUZEON <i>maraviroc</i>	
<i>Antiretroviral Agents</i> <i>Integrase Inhibitors</i>	ISENTRESS TIVICAY	
<i>Antiretroviral Agents</i> <i>Non-Nucleoside Reverse Transcriptase Inhibitors §</i>	<i>efavirenz</i> <i>nevirapine</i> <i>nevirapine ext-rel</i>	EDURANT INTELENCE
<i>Antiretroviral Agents</i> <i>Nucleoside Reverse Transcriptase Inhibitors §</i>	<i>abacavir</i> <i>lamivudine</i> <i>stavudine</i>	<i>zidovudine</i> EMTRIVA
<i>Antiretroviral Agents</i> <i>Nucleotide Reverse Transcriptase Inhibitors §</i>	<i>tenofovir disoproxil fumarate</i>	

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<b>Category Drug class</b>		
<b>Antiretroviral Agents Protease Inhibitors §</b>	<i>atazanavir</i> <i>lopinavir-ritonavir solution</i>	NORVIR PREZISTA
<b>Antivirals Hepatitis B Agents §</b>	<i>entecavir</i> <i>lamivudine</i> <i>tenofovir disoproxil fumarate</i>	
<b>Antivirals Hepatitis C Agents §</b>	<i>ribavirin</i> EPCLUSA <small>(genotypes 1, 2, 3, 4, 5, 6)</small>	HARVONI <small>(genotypes 1, 4, 5, 6)</small> VOSEVI <sup>2</sup>
<b>Antineoplastic Agents</b>		
<b>Alkylating Agents §</b>	<i>temozolomide</i>	
<b>Antimetabolites §</b>	<i>capecitabine</i> LONSURF	
<b>Biosimilars</b>	KANJINTI RUXIENCE	TRAZIMERA ZIRABEV
<b>Hormonal Antineoplastic Agents Antiandrogens §</b>	<i>abiraterone</i> ERLEADA NUBEQA	XTANDI YONSA
<b>Kinase Inhibitors §</b>	<i>erlotinib</i> <i>everolimus</i> <i>imatinib mesylate</i> <i>lapatinib</i> <i>sunitinib</i> ALECENSA ALUNBRIG BOSULIF BRAFTOVI BRUKINSA CABOMETYX CALQUENCE COPIKTRA COTELLIC GAVRETO IBRANCE IMBRUVICA INLYTA	IRESSA KISQALI KISQALI FEMARA CO-PACK KOSELUGO LENVIMA MEKTOVI NEXAVAR RETEVMO ROZLYTREK RYDAPT SPRYCEL STIVARGA TAGRISSO VITRAKVI XOSPATA ZELBORAF ZYDELIG ZYKADIA
<b>Monoclonal Antibodies</b>	PERJETA PHESGO	
<b>Multiple Myeloma Immunomodulators</b>	REVLIMID THALOMID	
<b>Multiple Myeloma Proteasome Inhibitors</b>	<i>bortezomib</i> NINLARO	
<b>Miscellaneous §</b>	<i>bexarotene capsule</i> ERIVEDGE LYNPARZA LYSODREN MATULANE	ODOMZO VISTOGARD ZEJULA ZOLINZA
<b>Prostate Cancer Luteinizing Hormone-Releasing Hormone (LHRH) Agonists §</b>	<i>leuprolide acetate</i> ELIGARD	
<b>Cardiovascular</b>		

<b>Category Drug class</b>		
<i>Antilipemics</i> PCSK9 Inhibitors	REPATHA	
<i>Pulmonary Arterial Hypertension</i> Endothelin Receptor Antagonists §	<i>ambrisentan</i> <i>bosentan</i> OPSUMIT	
<i>Pulmonary Arterial Hypertension</i> Phosphodiesterase Inhibitors §	<i>sildenafil</i> <i>tadalafil</i>	
<i>Pulmonary Arterial Hypertension</i> Prostacyclin Receptor Agonists	UPTRAVI	
<i>Pulmonary Arterial Hypertension</i> Prostaglandin Vasodilators	<i>treprostinil</i> ORENITRAM	
<i>Pulmonary Arterial Hypertension</i> Soluble Guanylate Cyclase Stimulators	ADEMPAS	
<b>Central Nervous System</b>		
<i>Anticonvulsants §</i>	<i>vigabatrin</i>	
<i>Antiparkinsonian Agents</i>	INBRIJA KYNMOBI	
<i>Movement Disorders §</i>	<i>tetrabenazine</i> AUSTEDO INGREZZA	
<i>Multiple Sclerosis Agents §</i>	<i>delayed-rel dimethyl fumarate</i> <i>fingolimod</i> <i>glatiramer</i> AVONEX BETASERON COPAXONE	KESIMPTA MAYZENT OCREVUS REBIF TYSABRI VUMERITY ZEPOSIA
<i>Narcolepsy</i>	WAKIX XYWAV	
<b>Endocrine and Metabolic</b>		
<i>Acromegaly</i>	SOMATULINE DEPOT	
<i>Calcium Regulators Antagonists §</i>	<i>cinacalcet</i>	
<i>Calcium Regulators</i> Parathyroid Hormones	FORTEO TYMLOS	
<i>Calcium Regulators</i> Miscellaneous	PROLIA	
<i>Central Precocious Puberty</i>	FENSOLVI LUPRON DEPOT-PED SUPPRELIN LA TRIPTODUR	
<i>Contraceptives</i> Progestin Intrauterine Devices	KYLEENA MIRENA SKYLA	

<b>Category Drug class</b>	
<b>Fertility Regulators GNRH/LHRH Antagonists</b>	CETROTIDE
<b>Fertility Regulators Ovulation Stimulants, Gonadotropins</b>	GONAL-F MENOPUR OVIDREL
<b>Gaucher Disease</b>	CERDELGA CEREZYME
<b>Hereditary Tyrosinemia Type 1 Agents</b>	ORFADIN
<b>Human Growth Hormones</b>	NORDITROPIN GENOTROPIN
<b>PHENYLKETONURIA TREATMENT AGENTS §</b>	<i>sapropterin</i>
<b>Polyneuropathy</b>	TEGSEDI
<b>Urea Cycle Disorders §</b>	<i>sodium phenylbutyrate</i>
<b>Miscellaneous</b>	<i>betaine carglumic acid CYSTAGON</i>
<b>Genitourinary</b>	
<b>Miscellaneous §</b>	<i>tiopronin</i>
<b>Hematologic</b>	
<b>Chelating Agents §</b>	<i>deferasirox deferiprone deferoxamine</i> <i>penicillamine capsule trientine</i>
<b>Hematopoietic Growth Factors</b>	ARANESP NIVESTYM PROCRIT RETACRIT ZIEXTENZO
<b>Hemophilia A Agents</b>	ADVATE ADYNOVATE AFSTYLA ELOCATE ESPERCOT JIVI      KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ XYNTHA
<b>Hemophilia B Agents</b>	ALPROLIX REBINYN
<b>Miscellaneous Bleeding Disorders Agents</b>	NOVOSEVEN RT SEVENFACT
<b>Paroxysmal Nocturnal Hemoglobinuria Hemoglobinuria (PNH) Agents</b>	EMPAVELI
<b>Sickle Cell Disease</b>	ENDARI
<b>Thrombocytopenia Agents</b>	DOPTELET PROMACTA TAVALISSE

\* See Table 1 For Indication Based Coverage Details

# After Failure Of Humira

**Category**  
**Drug class**

**Immunologic Agents**

<b>Allergenic Extracts</b>	ORALAIR	
<b>Autoimmune Agents*</b> <b>(Physician Administered)</b>	ILUMYA REMICADE SIMPONI ARIA	SKYRIZI INTRAVENOUS STELARA INTRAVENOUS
<b>Autoimmune Agents*</b> <b>(Self-Administered)</b>	See table 1 for indication based coverage details	
<b>Autoimmune Agents*</b> <b>Ankylosing Spondylitis</b>	COSENTYX ENBREL HUMIRA RINVOQ	
<b>Autoimmune Agents*</b> <b>Crohn's Disease</b>	HUMIRA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS	
<b>Autoimmune Agents*</b> <b>Non-Radiographic Axial Spondyloarthritis</b>	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ	
<b>Autoimmune Agents*</b> <b>Psoriasis</b>	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS	STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>Autoimmune Agents*</b> <b>Psoriatic Arthritis</b>	COSENTYX ENBREL HUMIRA OTEZLA	RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
<b>Autoimmune Agents*</b> <b>Rheumatoid Arthritis</b>	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT	ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>Autoimmune Agents*</b> <b>Ulcerative Colitis</b>	HUMIRA RINVOQ STELARA SUBCUTANEOUS	XELJANZ XELJANZ XR ZEPOSIA
<b>Autoimmune Agents*</b> <b>All Other Conditions</b>	ENBREL HUMIRA	
<b>Disease-Modifying Antirheumatic Drugs (DMARDs)</b>	RASUVO	
<b>Hereditary Angioedema</b>	<i>icatibant</i> ORLADEYO	RUCONEST TAKHZYRO
<b>Immunomodulators</b> <b>Immune Globulins</b>	CUTAQUIG	
<b>Miscellaneous</b>	ILARIS	
<b>Immunosuppressants</b> <b>Antimetabolites §</b>	<i>mycophenolate mofetil</i> <i>mycophenolate sodium</i>	

<b>Category Drug class</b>		
<i>Immunosuppressants</i> Calcineurin Inhibitors §	cyclosporine cyclosporine, modified tacrolimus	
<i>Immunosuppressants</i> Monoclonal Antibodies	ENSPRYNG	
<i>Immunosuppressants</i> Rapamycin Derivatives §	everolimus sirolimus	
<b>Respiratory</b>		
<i>Alpha-1 Antitrypsin Deficiency Agents</i>	PROLASTIN-C ZEMAIRA	
<i>Cystic Fibrosis §</i>	tobramycin inhalation solution	
<i>Pulmonary Fibrosis Agents</i>	pirfenidone OFEV	
<i>Severe Asthma Agents</i>	DUPIXENT FASENRA NUCALA (except lyophilized powder)	TEZSPIRE XOLAIR
<b>Topical</b>		
<i>Dermatology</i> Atopic Dermatitis	ADBRY INJECTABLE CIBINQO ORAL DUPIXENT INJECTABLE RINVOQ ORAL	
<i>Mouth/Throat/Dental Agents</i> Protectants	MUGARD	
<i>Ophthalmic</i> Retinal Disorders	EYLEA LUCENTIS	

## Quick reference drug list.

<b>A</b>	DUROLANE	<b>J</b>	ORENCIA CLICKJECT	<b>T</b>
<i>abacavir</i>	<b>E</b>	JIVI	ORENCIA	<i>tacrolimus</i>
<i>abacavir-lamivudine</i>	EDURANT	<b>K</b>	SUBCUTANEOUS	<i>tadalafil</i>
<i>abiraterone</i>	<i>efavirenz</i>	KANJINTI	ORENITRAM	TAGRISSO
ADBRY	<i>efavirenz-</i>	KESIMPTA	ORFADIN	TAKHZYRO
ADEMPAS	<i>emtricitabine-</i>	KEVZARA	ORLADEYO	TALTZ
ADVATE	<i>tenofovir disoproxil</i>	KISQALI	OTEZLA	TAVALISSE
ADYNOVATE	<i>fumarate</i>	KISQALI FEMARA CO-	OVIDREL	TEGSEDI
AFSTYLA	<i>efavirenz-lamivudine-</i>	PACK	<b>P</b>	<i>temozolomide</i>
ALECENSA	<i>tenofovir disoproxil</i>	KOGENATE FS	<i>penicillamine capsule</i>	<i>tenofovir disoproxil</i>
ALPROLIX	<i>fumarate</i>	KOSELUGO	PERJETA	<i>fumarate</i>
ALUNBRIG	ELIGARD	KOVALTRY	PHESGO	<i>teriflunomide</i>
<i>ambrisentan</i>	ELOCATATE	KYLEENA	<i>pirfenidone</i>	<i>tetrabenazine</i>
<i>atazanavir</i>	EMPAVELI	KYNMOBI	PREZCOBIX	TEZSPIRE
AUBAGIO	<i>emtricitabine-tenofovir</i>	<b>L</b>	PREZISTA	THALOMID
AUSTEDO	<i>disoproxil fumarate</i>	<i>lamivudine</i>	PROCRIT	<i>tiopronin</i>
AVONEX	EMTRIVA	<i>lamivudine-zidovudine</i>	PROLASTIN-C	TIVICAY
<b>B</b>	ENBREL	<i>lapatinib</i>	PROLIA	<i>tobramycin inhalation</i>
<i>betaine</i>	ENDARI	<i>lenvima</i>	PROMACTA	<i>solution</i>
BETASERON	ENSPLYNG	<i>leuprolide acetate</i>	<b>R</b>	TRAZIMERA
BETHKIS	<i>entecavir</i>	LONSURF	RASUVO	TREMFYA
<i>bexarotene capsule</i>	EPCLUSA	<i>lopinavir-ritonavir</i>	REBIF	<i>treprostinil</i>
BIKTARVY	ERIVEDGE	LUCENTIS	REBINYN	<i>trientine</i>
<i>bortezomib</i>	ERLEADA	LUPRON DEPOT-PED	REMICADE	TRIPTODUR
<i>bosentan</i>	<i>erlotinib</i>	LYNPARZA	REPATHA	TRIUMEQ
BOSULIF	ESPEROCT	LYSODREN	RETACRIT	TYMLOS
BRAFTOVI	EUFLEXXA	<b>M</b>	RETEVMO	TYSABRI
BRUKINSA	<i>everolimus</i>	<i>maraviroc</i>	REVLIMID	<b>U</b>
<b>C</b>	EVOTAZ	MATULANE	<i>ribavirin</i>	UPTRAVI
CABOMETYX	EYLEA	MAYZENT	RINVOQ	<b>V</b>
CALQUENCE	<b>F</b>	MEKTOVI	ROZLYTREK	<i>vigabatrin</i>
<i>capecitabine</i>	FASENRA	MENOPUR	RUCONEST	VISTOGARD
<i>carglumic acid</i>	FENSOLVI	MIRENA	RUXIENCE	VITRAKVI
CERDELGA	<i> fingolimod</i>	MUGARD	RYDAPT	VOSEVI <sup>2</sup>
CEREZYME	FORTEO	<i>mycophenolate</i>	<b>S</b>	VUMERITY
CETROTIDE	FUZEON	<i>mofetil</i>	<i>sapropterin</i>	<b>W</b>
CIBINQO	<b>G</b>	<i>mycophenolate</i>	SEVENFACT	WAKIX
CIMDUO	GAVRETO	<i>sodium</i>	<i>sildenafil</i>	<b>X</b>
CIMZIA PREFILLED	GELSYN-3	<b>N</b>	SIMPONI ARIA	XELJANZ
SYRINGE	GENOTROPIN	<i>nevirapine</i>	<i>sirolimus</i>	XELJANZ XR
<i>cinacalcet</i>	GENVOYA	<i>nevirapine ext-rel</i>	SKYLA	XOLAIR
COPAXONE	<i>glatiramer</i>	NEXAVAR	SKYRIZI	XOSPATA
COPIKTRA	GONAL-F	NINLARO	INTRAVENOUS	XTANDI
COSENTYX	<b>H</b>	NIVESTYM	SKYRIZI	XYNTHA
COTELLIC	HARVONI	NORDITROPIN	SUBCUTANEOUS	XYWAV
CUTAQUIG	HUMIRA	NORVIR	<i>sodium</i>	<b>Y</b>
<i>cyclosporine</i>	<b>I</b>	NOVOEIGHT	<i>phenylbutyrate</i>	YONSA
<i>cyclosporine, modified</i>	IBRANCE	NOVOSEVEN RT	SOMATULINE DEPOT	<b>Z</b>
CYSTAGON	<i>icatibant</i>	NUBEQA	SPRYCEL	ZEJULA
<b>D</b>	ILARIS	NUCALA (except	<i>stavudine</i>	ZELBORAF
<i>deferasirox</i>	ILUMYA	<i>lyophilized powder)</i>	STELARA	ZEMAIRA
<i>deferiprone</i>	<i>imatinib mesylate</i>	NUWIQ	INTRAVENOUS	ZEPOSIA
<i>deferoxamine</i>	IMBRUVICA	<b>O</b>	STELARA	<i>zidovudine</i>
DESCOVY	INBRIJA	OCREVUS	SUBCUTANEOUS	ZIEXTENZO
<i>dimethyl fumarate</i>	INGREZZA	ODEFSEY	STIVARGA	ZIRABEV
<i>delayed-rel</i>	INLYTA	ODOMZO	<i>sunitinib</i>	ZOLINZA
DOPTELET	INTELENCE	OFEV	SUPARTZ FX	ZYDELIG
DOVATO	IRESSA	OPSUMIT	SUPPRELIN LA	ZYKADIA
DUPIXENT	ISENTRESS	ORALAIR	SYMTUZA	



# Preferred options for excluded specialty medications<sup>3</sup>

Drug name(s)	Preferred option(s)*
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA
ADCIRCA	<i>sildenafil, tadalafil</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>
ALIQOPA	Consult doctor
APOKYN	INBRIJA, KYNMOBI
APTIVUS	Consult doctor
ARALAST NP	PROLASTIN-C
ARCALYST	ILARIS
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
AVASTIN	ZIRABEV
AVSOLA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i>
BENEFIX	ALPROLIX, REBINYN
BERINERT	RUCONEST, <i>icatibant</i>
BETHKIS	<i>tobramycin inhalation solution</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>
BOTOX	Consult doctor
BUPHENYL	<i>sodium phenylbutyrate</i>
CARBAGLU	<i>garglumic acid</i>
CAYSTON	<i>tobramycin inhalation solution, BETHKIS</i>
CHORIONIC GONADOTROPIN	OVIDREL
CIMZIA LYOPHILIZED POWDER	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
CINRYZE	ORLADEYO, TAKHZYRO
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
CUPRIMINE	<i>penicillamine capsule</i>
CYSTADANE	<i>betaine</i>
DEFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
DIACOMIT	Consult doctor
ELELYSO	CERDELGA, CEREZYME
ENTYVIO (For Crohn's Disease only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION, VEMLIDY</i>

<b>Drug name(s)</b>	<b>Preferred option(s)*</b>
<b>EPOGEN</b>	ARANESP, PROCIT, RETACRIT
<b>ESBRIET</b>	<i>pirfenidone, OFEV</i>
<b>EXJADE</b>	<i>deferasirox, deferiprone, deferoxamine</i>
<b>EXTAVIA</b>	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<b>FEIBA</b>	NOVOSEVEN RT, SEVENFACT
<b>FERRIPROX</b>	<i>deferasirox, deferiprone, deferoxamine</i>
<b>FINTELPA</b>	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
<b>FIRAZYR</b>	<i>icatibant, RUCONEST</i>
<b>FIRMAGON</b>	ELIGARD
<b>FOLLISTIM AQ</b>	GONAL-F
<b>FULPHILA</b>	ZIEXTENZO
<b>GEL-ONE</b>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<b>GILENYA</b>	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<b>GLASSIA</b>	PROLASTIN-C, ZEMAIRA
<b>GLEEVEC</b>	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<b>GRANIX</b>	NIVESTYM
<b>HERCEPTIN</b>	KANJINTI, TRAZIMERA
<b>HERCEPTIN HYLECTA</b>	KANJINTI, TRAZIMERA
<b>HUMATROPE</b>	GENOTROPIN, NORDITROPIN
<b>HYALGAN</b>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<b>ICLUSIG</b>	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
<b>INFLECTRA</b>	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
<b>IXINITY</b>	ALPROLIX, REBINYN
<b>JADENU</b>	<i>deferasirox, deferiprone, deferoxamine</i>
<b>JUXTAPID</b>	REPATHA
<b>JYNARQUE</b>	Consult doctor
<b>KITABIS PAK</b>	<i>tobramycin inhalation solution</i>
<b>KORLYM</b>	Consult doctor
<b>KUVAN</b>	<i>sapropterin</i>
<b>KYPROLIS</b>	NINLARO, VELCADE
<b>LEMTRADA</b>	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<b>LETAIRIS</b>	<i>ambrisentan, bosentan, OPSUMIT</i>
<b>LEUKINE</b>	NIVESTYM

Drug name(s)	Preferred option(s)*
LEXIVA	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT (For Prostate Cancer only)	ELIGARD
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>2</sup>
MEKINIST	COTELLIC, MEKTOVI
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
NEULASTA, NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NEXTERONE	amiodarone
NITYR	ORFADIN
NORTHERA	midodrine
NOVAREL	OVIDREL
NPLATE	DOPTELET, PROMACTA, TAVALISSE
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except lyophilized powder), TEZSPIRE, XOLAIR
NUTROPIN AQ	GENOTROPIN, NORDITROPIN
OMNITROPE	GENOTROPIN, NORDITROPIN
ORENCIA	REMICADE, SIMPONI ARIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	RASUVO
PEGASYS	Consult doctor
PRALUENT	REPATHA
PREGNYL	OVIDREL
PROCYSBI	CYSTAGON
RAVICTI	sodium phenylbutyrate
REMODULIN	treprostinil
RENFLEXIS	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
REVATIO	sildenafil, tadalafil
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
RIXUBIS	ALPROLIX, REBINYN
RUBRACA	LYNPARZA, ZEJULA
SABRIL	vigabatrin
SAIZEN	GENOTROPIN, NORDITROPIN

<b>Drug name(s)</b>	<b>Preferred option(s)*</b>
SANDOSTATIN LAR	SOMATULINE DEPOT
SELZENTRY	<i>maraviroc</i>
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
SUTENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	<i>trientine</i>
TAFINLAR	BRAFTOVI, ZELBORAF
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
TARGRETIN	<i>bexarotene</i>
TECFIDERA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
THIOLA, THIOLA EC	<i>tiopronin</i>
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution, BETHKIS</i>
TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
TRELSTAR MIXJECT	ELIGARD, FIRMAGON
TRUVADA	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
TRUXIMA	RUXIENCE
TYVASO DPI	Consult doctor
UDENYCA	ZIEXTENZO
VEMLIDY	entecavir, lamivudine, tenofovir disoproxil fumarate
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIRACEPT	<i>atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA</i>
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
VOTRIENT	<i>sunitinib, CABOMETYX, INLYTA, LENVIMA, NEXAVAR</i>
XALKORI	ALECENSA, ALUNBRIG, ZYKADIA
XENAZINE	<i>tetrabenazine, AUSTEDO</i>
ZARXIO	NIVESTYM
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZOLADEX	ELIGARD, FIRMAGON, ORLISSA
ZYTIGA	<i>abiraterone, bicalutamide, ERLEADA, XTANDI, YONSA</i>

# Table 1 – Preferred options for indication based autoimmune excluded medications

Condition	Excluded drug name(s)	Preferred option(s)
Ankylosing Spondylitis	SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA RINVOQ
Crohn's Disease	None	HUMIRA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
Non-Radiographic Axial Spondyloarthritis	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
Psoriasis	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TALTZ TREMIFYA
Psoriatic Arthritis	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
Rheumatoid Arthritis	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
Ulcerative Colitis	SIMPONI	HUMIRA RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR ZEPOSIA
All other conditions	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

# After Failure Of Humira

\* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

§ Generics are available in this class and should be considered the first line of prescribing.

<sup>1</sup> Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

<sup>2</sup> For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

<sup>3</sup> An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

This is not an inclusive list. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Some prescription benefit plan designs may not cover certain categories, regardless of their appearance in this document.

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Information is believed to be accurate as of the production date; however, it is subject to change. To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll-free number on the back of your member ID card.

**Policy forms issued in Missouri include:** AL HGrpPol 07, AL SG HGrpPol-1A 01, HI HGrpAg 05, HI GrpAgAmend-2022 01, HO HGrpPol 04, HO GrpPolAmend-2022 01, HI SG HGrpAg-1A 01.

AL IVL HPOL-1A-2023-EPO-HIX 02, AL IVL SOB 1A EPO HIX 02R2, AL IVL HPOL-1A-2023-EPO 02, AL IVL SOB 1A EPO 02R1.

**Policy forms issued in Oklahoma include:** AL OK HCOC, HC OK HCOC.

