aetna

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2025 Choice Plans

PREFERRED OPTIONS FOR INDICATION BASED SELF-ADMINISTERED AUTOIMMUNE EXCLUDED MEDICATIONS

CONDITION	EXCLUDED DRUG NAME(S)	PREFERRED OPTION(S)
ANKYLOSING SPONDYLITIS	AMJEVITA SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX SUBCUTANEOUS ENBREL HUMIRA HYRIMOZ RINVOQ
CROHN'S DISEASE	AMJEVITA	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
HIDRADENITIS SUPPURATIVA	AMJEVITA	ADALIMUMAB-ADAZ COSENTYX SUBCUTANEOUS HUMIRA HYRIMOZ
NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX SUBCUTANEOUS RINVOQ
PSORIASIS	AMJEVITA COSENTYX SUBCUTANEOUS ENBREL TALTZ	ADALIMUMAB-ADAZ BIMZELX HUMIRA HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS

PSORIATIC ARTHRITIS	AMJEVITA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI	ADALIMUMAB-ADAZ COSENTYX SUBCUTANEOUS ENBREL HUMIRA
CONDITION	**EXCLUDED DRUG NAME(S)**	**PREFERRED OPTION(S)**
	TALTZ XELJANZ XELJANZ XR	HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS
RHEUMATOID ARTHRITIS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET SIMPONI	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
ULCERATIVE COLITIS	AMJEVITA SIMPONI	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA SUBCUTANEOUS VELSIPITY XELJANZ XELJANZ XR ZEPOSIA
ALL OTHER CONDITIONS	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ

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