

# Specialty Drug List

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**2023 Aetna Specialty Drug List—  
Federal Employees**

# 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 DESCOVY	DOVATO EVOTAZ GENVOYA ODEFSEY PREZCOBIX SYMTUZA TEMIXYS TRIUMEQ
<i>Antiretroviral Agents</i> <i>Fusion Inhibitors</i>	FUZEON	
<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 tablet</i> <i>lamivudine</i>	<i>stavudine</i> <i>zidovudine</i> EMTRIVA

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<b>Category Drug class</b>		
<b>Antiretroviral Agents Nucleotide Reverse Transcriptase Inhibitors §</b>	<i>tenofovir disoproxil fumarate</i>	
<b>Antiretroviral Agents Protease Inhibitors §</b>	<i>atazanavir lopinavir-ritonavir solution</i>	NORVIR PREZISTA
<b>Antivirals Hepatitis B Agents §</b>	<i>entecavir lamivudine tenofovir disoproxil fumarate</i>	BARACLUDGE SOLUTION VELMIDY
<b>Antivirals Hepatitis C Agents §</b>	<i>ribavirin EPCLUSA</i> <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 LONSURF</i>	
<b>Biosimilars</b>	<i>KANJINTI RUXIENCE</i>	TRAZIMERA ZIRABEV
<b>Hormonal Antineoplastic Agents Antiandrogens §</b>	<i>abiraterone ERLEADA NUBEQA</i>	XTANDI YONSA
<b>Kinase Inhibitors §</b>	<i>erlotinib everolimus imatinib mesylate lapatinib sunitinib ALECENSA ALUNBRIG BOSULIF BRUKINSA CABOMETYX CALQUENCE COPIKTRA COTELLIC GAVRETO IBRANCE IMBRUVICA INLYTAIRESSA</i>	KISQALI KISQALI FEMARA CO-PACK KOSELUGO LENVIMA MEKTOVI NEXAVAR RETEVMO ROZLYTREK RYDAPT SPRYCEL STIVARGA TAGRISSO VITRAKVI XOSPATA ZELBORAF ZYDELIG ZYKADIA
<b>Monoclonal Antibodies</b>	<i>PERJETA PHESGO</i>	
<b>Multiple Myeloma Immunomodulators</b>	<i>REVLIMID THALOMID</i>	
<b>Multiple Myeloma Proteasome Inhibitors</b>	<i>bortezomib NINLARO</i>	
<b>Miscellaneous §</b>	<i>bexarotene capsule ERIVEDGE LYNPARZA LYSODREN MATULANE</i>	ODOMZO VISTOGARD ZEJULA ZOLINZA

<b>Category Drug class</b>		
<b>Prostate Cancer</b> Luteinizing Hormone-Releasing Hormone (LHRH) Agonists §	<i>leuprolide acetate</i> ELIGARD	
<b>Prostate Cancer</b> Luteinizing Hormone-Releasing Hormone (LHRH) Antagonists §	FIRMAGON	
<b>Cardiovascular</b>		
<b>Antilipemics</b> PCSK9 Inhibitors	PRALUENT	
<b>Pulmonary Arterial Hypertension</b> Endothelin Receptor Antagonists §	<i>ambrisentan</i> <i>bosentan</i> OPSUMIT	
<b>Pulmonary Arterial Hypertension</b> Phosphodiesterase Inhibitors §	<i>sildenafil</i> <i>tadalafil</i>	
<b>Pulmonary Arterial Hypertension</b> Prostacyclin Receptor Agonists	UPTRAVI	
<b>Pulmonary Arterial Hypertension</b> Prostaglandin Vasodilators	<i>treprostinil</i> ORENITRAM	
<b>Pulmonary Arterial Hypertension</b> Soluble Guanylate Cyclase Stimulators	ADEMPAS	
<b>Central Nervous System</b>		
<b>Anticonvulsants §</b>	<i>vigabatrin</i>	
<b>Antiparkinsonian Agents</b>	INBRIJA KYNMOBI	
<b>Movement Disorders §</b>	<i>tetrabenazine</i> AUSTEDO INGREZZA	
<b>Multiple Sclerosis Agents §</b>	<i>dimethyl fumarate</i> <i>delayed-rel</i> <i>glatiramer</i> AUBAGIO AVONEX BETASERON COPAXONE GILENYA	KESIMPTA MAYZENT OCREVUS REBIF TYSABRI VUMERITY ZEPOSIA
<b>Narcolepsy</b>	WAKIX XYWAV	
<b>Endocrine and Metabolic</b>		
<b>Acromegaly</b>	SOMATULINE DEPOT	
<b>Calcium Regulators Antagonists §</b>	<i>cinacalcet</i>	
<b>Calcium Regulators</b> Parathyroid Hormones	FORTEO TYMLOS	
<b>Calcium Regulators</b> Miscellaneous	PROLIA	

<b>Category Drug class</b>	
<b>Central Precocious Puberty</b>	FENSOLVI LUPRON DEPOT-PED SUPPRELIN LA TRIPTODUR
<b>Contraceptives Progestin Intrauterine Devices</b>	KYLEENA MIRENA SKYLA
<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
<b>PHENYLKETONURIA TREATMENT AGENTS §</b>	<i>sapropterin</i>
<b>Polyneuropathy</b>	TEGSEDI
<b>Urea Cycle Disorders §</b>	<i>sodium phenylbutyrate</i>
<b>Miscellaneous</b>	CYSTAGON
<b>Genitourinary</b>	
<b>Miscellaneous §</b>	<i>tiopronin</i>
<b>Hematologic</b>	
<b>Chelating Agents §</b>	<i>deferasirox</i> <i>deferiprone</i> <i>deferoxamine</i> <i>penicillamine capsule</i> <i>trientine</i>
<b>Hematopoietic Growth Factors</b>	NIVESTYM 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

\* See Table 1 For Indication Based Coverage Details

# After Failure Of Humira

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

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

## Quick reference drug list.

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



# 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
ARANESP	RETACRIT
ATRIPLA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ</i>
AVASTIN	ZIRABEV
AVSOLA	ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
BARACLUDGE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDGE SOLUTION, VEMLIDY</i>
BENEFIX	ALPROLIX, REBINYN
BERINERT	RUCONEST, <i>icatibant</i>
BORTEZOMIB	NINLARO, VELCADE
BOTOX	Consult doctor
BUPHENYL	<i>sodium phenylbutyrate</i>
CAYSTON	<i>tobramycin inhalation solution, BETHKIS</i>
CHORIONIC GONADOTROPIN	OIDREL
CIMZIA LYOPHILIZED POWDER	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>
DEFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
ELELYSO	CERDELGA, CEREZYME
ENTYVIO (For Crohn's Disease only)	REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDGE SOLUTION, VEMLIDY</i>
EPOGEN	RETACRIT
ESBRIET	<i>pirfenidone, OFEV</i>
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>

Drug name(s)	Preferred option(s)*
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
FEIBA	NOVOSEVEN RT, SEVENFACT
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
FIRAZYR	<i>icatibant</i> , RUCONEST
FOLLISTIM AQ	GONAL-F
FULPHILA	ZIEXTENZO
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GENOTROPIN	NORDITROPIN
GLASSIA	PROLASTIN-C
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
GRANIX	NIVESTYM
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
HERCEPTIN	KANJINTI, TRAZIMERA
HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
HUMATROPE	NORDITROPIN
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ICLUSIG	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
IXINITY	ALPROLIX, REBINYN
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
JUXTAPID	PRALUENT
KORLYM	Consult doctor
KUVAN	<i>sapropterin</i>
KYPROLIS	NINLARO, VELCADE
LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT
LEUKINE	NIVESTYM
LEXIVA	<i>atazanavir, lopinavir-ritonavir solution</i> , EVOTAZ, PREZCOBIX, PREZISTA
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT (For Prostate Cancer only)	ELIGARD, FIRMAGON
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>®</sup>
MEKINIST	COTELLIC, MEKTOVI
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX

<b>Drug name(s)</b>	<b>Preferred option(s)*</b>
NEULASTA, NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NEXTERONE	<i>amiodarone</i>
NITYR	ORFADIN
NOVAREL	OVIDREL
NPLATE	PROMACTA, TAVALISSE
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA ( <i>except lyophilized powder</i> ), XOLAIR
NUTROPIN AQ	NORDITROPIN
OMNITROPE	NORDITROPIN
ORENCIA	REMICADE, SIMPONI ARIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	RASUVO
PEGASYS	Consult doctor
PREGNYL	OVIDREL
PROCRIT	RETACRIT
PROCYSBI	CYSTAGON
RAVICTI	<i>sodium phenylbutyrate</i>
REMODULIN	<i>treprostinil</i>
RENFLEXIS	REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
REPATHA	PRALUENT
REVATIO	<i>sildenafil, tadalafil</i>
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
RIXUBIS	ALPROLIX, REBINYN
RUBRACA	LYNPARZA, ZEJULA
SABRIL	<i>vigabatrin</i>
SAIZEN	NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
SUTENT	<i>sunitinib</i> , CABOMETYX, INLYTA, LENVIMA, NEXAVAR

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

# 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 SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
Non-Radiographic Axial Spondyloarthritis	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX
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 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 01R5, HI HGrpAg 05, HO HGrpPol 04, HO GrpPolAmend-ThirdPartyPay 01.

**Policy forms issued in Oklahoma include:** AL COC00010, HC COC00010.

