

Specialty Drug List

**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	
Analgesics		
<i>Viscosupplements</i>	DUROLANE EUFLEXXA	GELSYN-3 SUPARTZ FX
Anti-Infectives		
<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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Category Drug class		
Antiretroviral Agents Nucleotide Reverse Transcriptase Inhibitors §	<i>tenofovir disoproxil fumarate</i>	
Antiretroviral Agents Protease Inhibitors §	<i>atazanavir lopinavir-ritonavir solution</i>	NORVIR PREZISTA
Antivirals Hepatitis B Agents §	<i>entecavir lamivudine tenofovir disoproxil fumarate</i>	BARACLUDGE SOLUTION VELMIDY
Antivirals Hepatitis C Agents §	<i>ribavirin EPCLUSA</i> <small>(genotypes 1, 2, 3, 4, 5, 6)</small>	HARVONI <small>(genotypes 1, 4, 5, 6)</small> VOSEVI ²
Antineoplastic Agents		
Alkylating Agents §	<i>temozolomide</i>	
Antimetabolites §	<i>capecitabine LONSURF</i>	
Biosimilars	<i>KANJINTI RUXIENCE</i>	TRAZIMERA ZIRABEV
Hormonal Antineoplastic Agents Antiandrogens §	<i>abiraterone ERLEADA NUBEQA</i>	XTANDI YONSA
Kinase Inhibitors §	<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
Monoclonal Antibodies	<i>PERJETA PHESGO</i>	
Multiple Myeloma Immunomodulators	<i>REVLIMID THALOMID</i>	
Multiple Myeloma Proteasome Inhibitors	<i>bortezomib NINLARO</i>	
Miscellaneous §	<i>bexarotene capsule ERIVEDGE LYNPARZA LYSODREN MATULANE</i>	ODOMZO VISTOGARD ZEJULA ZOLINZA

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

Category Drug class	
Central Precocious Puberty	FENSOLVI LUPRON DEPOT-PED SUPPRELIN LA TRIPTODUR
Contraceptives Progestin Intrauterine Devices	KYLEENA MIRENA SKYLA
Fertility Regulators GNRH/LHRH Antagonists	CETROTIDE
Fertility Regulators Ovulation Stimulants, Gonadotropins	GONAL-F MENOPUR OVIDREL
Gaucher Disease	CERDELGA CEREZYME
Hereditary Tyrosinemia Type 1 Agents	ORFADIN
Human Growth Hormones	NORDITROPIN
PHENYLKETONURIA TREATMENT AGENTS §	<i>sapropterin</i>
Polyneuropathy	TEGSEDI
Urea Cycle Disorders §	<i>sodium phenylbutyrate</i>
Miscellaneous	CYSTAGON
Genitourinary	
Miscellaneous §	<i>tiopronin</i>
Hematologic	
Chelating Agents §	<i>deferasirox</i> <i>deferiprone</i> <i>deferoxamine</i> <i>penicillamine capsule</i> <i>trientine</i>
Hematopoietic Growth Factors	NIVESTYM RETACRIT ZIEXTENZO
Hemophilia A Agents	ADVATE ADYNOVATE AFSTYLA ELOCATE ESPERCOT JIVI KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ XYNTHA
Hemophilia B Agents	ALPROLIX REBINYN
Miscellaneous Bleeding Disorders Agents	NOVOSEVEN RT SEVENFACT
Paroxysmal Nocturnal Hemoglobinuria Hemoglobinuria (PNH) Agents	EMPAVELI
Sickle Cell Disease	ENDARI

* See Table 1 For Indication Based Coverage Details

After Failure Of Humira

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

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

Quick reference drug list.

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

Preferred options for excluded specialty medications³

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
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE 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	OVIDREL
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, BARACLUDE 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 [®]
MEKINIST	COTELLIC, MEKTOVI
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX

Drug name(s)	Preferred option(s)*
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>), TEZSPIRE, 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

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

¹ 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.

² 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).

³ 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.

