

# Specialty Drug List

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**2024 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>abacavir</i> <i>atazanavir</i> <i>darunavir</i> <i>efavirenz</i> <i>etravirine</i> <i>lamivudine</i> <i>maraviroc</i> <i>nevirapine</i> <i>nevirapine ext-rel</i>	RITONAVIR ZIDOVUDINE EMTRIVA FUZEON ISENTRESS TIVICAY ENTECAVIR LAMIVUDINE VEMLIDY
<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> <i>lopinavir-ritonavir</i>	BIKTARVY CIMDUO DESCOVIY DOVATO GENVOYA ODEFSEY SYMTUZA TRIUMEQ
<i>Antivirals</i> <i>Hepatitis B Agents §</i>	<i>tenofovir disoproxil fumarate</i>	
<i>Antivirals</i> <i>Hepatitis C Agents §</i>	<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>		

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<b>Category Drug class</b>		
<b>Alkylating Agents §</b>	<i>temozolomide</i> MATULANE	
<b>Antimetabolites §</b>	<i>capecitabine</i> LONSURF	
<b>Biologic Response Modifiers</b>	BESREMI ERIVEDGE	REVLIMID THALOMID
<b>Biosimilars</b>	HERZUMA OGIVRI	RUXIENCE ZIRABEV
<b>Hormonal Antineoplastic Agents Antiandrogens §</b>	<i>abiraterone</i> <i>leuprolide acetate</i> ELIGARD ERLEADA	LYSODREN NUBEQA XTANDI YONSA
<b>Kinase Inhibitors §</b>	<i>erlotinib</i> <i>everolimus</i> <i>gefitinib</i> <i>imatinib mesylate</i> <i>lapatinib</i> <i>pazopanib</i> <i>sorafenib</i> <i>sunitinib</i> ALEGNSA ALUNBRIG BOSULIF BRAFTOVI BRUKINSA CABOMETYX CALQUENCE COPIKTRA COTELLIC GAVRETO	IBRANCE INLYTA KISQALI KISQALI FEMARA CO-PACK KOSELUGO LENVIMA MEKTOVI 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</i> KRAZATI LUMAKRAS LYNPARZA	ODOMZO VISTOGARD ZEJULA ZOLINZA
<b>Prostate Cancer Luteinizing Hormone-Releasing Hormone (LHRH) Agonists §</b>	<i>leuprolide acetate</i> ELIGARD	
<b>Cardiovascular</b>		
<b>Antilipemics PCSK9 Inhibitors</b>	REPATHA	
<b>Pulmonary Arterial Hypertension Endothelin Receptor Antagonists §</b>	<i>ambrisentan</i> <i>bosentan</i> OPSUMIT	

<b>Category Drug class</b>		
<b>Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors §</b>	<i>sildenafil</i> <i>tadalafil</i>	
<b>Pulmonary Arterial Hypertension Prostacyclin Receptor Agonists</b>	UPTRAVI	
<b>Pulmonary Arterial Hypertension Prostaglandin Vasodilators</b>	<i>treprostinil</i> ORENITRAM	
<b>Pulmonary Arterial Hypertension Soluble Guanylate Cyclase Stimulators</b>	ADEMPAS	
<b>Central Nervous System</b>		
<b>Anticonvulsants §</b>	<i>vigabatrin</i>	
<b>Antiparkinsonian Agents</b>	INBRIJA TADLIQ	
<b>Botulinum Toxins</b>	DYSPOUR XEOMIN	
<b>Movement Disorders §</b>	<i>tetrabenazine</i> AUSTEDO	AUSTEDO XR INGREZZA
<b>Multiple Sclerosis Agents §</b>	<i>delayed-rel dimethyl fumarate</i> <i>fingolimod</i> <i>glatiramer</i> <i>teriflunomide</i> AVONEX BETASERON COPAXONE	KESIMPTA MAYZENT OCREVUS REBIF TYSABRI VUMERITY ZEPOSIA
<b>Narcolepsy</b>	LUMRYZ WAKIX XYWAV	
<b>Endocrine and Metabolic</b>		
<b>Acromegaly</b>	SOMATULINE DEPOT	
<b>Calcium Regulators Antagonists §</b>	<i>cinacalcet</i>	
<b>Calcium Regulators Parathyroid Hormones</b>	FORTEO TYMLOS	
<b>Calcium Regulators Miscellaneous</b>	PROLIA	
<b>Central Precocious Puberty</b>	FENSOLVI LUPRON DEPOT-PED SUPPRELIN LA	
<b>Contraceptives Progestin Intrauterine Devices</b>	KYLEENA MIRENA SKYLA	
<b>Fertility Regulators GNRH/LHRH Antagonists</b>	CETROTIDE	
<b>Fertility Regulators Ovulation Stimulants, Gonadotropins</b>	FOLLISTIM AQ GANIRELIX ACETATE	MENOPUR OVIDREL

<b>Category Drug class</b>		
<i>Gaucher Disease</i>	CERDELGA CEREZYME	
<i>Hereditary Tyrosinemia Type 1 Agents</i>	ORFADIN	
<i>Human Growth Hormones</i>	GENOTROPIN NORDITROPIN SOGROYA	
<b>PHENYLKETONURIA TREATMENT AGENTS §</b>	<i>sapropterin</i>	
<i>Polyneuropathy</i>	TEGSEDI	
<i>Urea Cycle Disorders §</i>	<i>sodium phenylbutyrate</i>	
<i>Miscellaneous</i>	<i>betaine carglumic acid CYSTAGON PHEBURANE</i>	
<b>Genitourinary</b>		
<i>Miscellaneous §</i>	<i>tiopronin</i>	
<b>Hematologic</b>		
<i>Chelating Agents §</i>	<i>deferasirox deferiprone deferoxamine</i>	<i>penicillamine capsule trientine</i>
<i>Hematopoietic Growth Factors</i>	ARANESP DOPTELET FYLNETRA NIVESTYM	NYVEPRIA PROCRIT PROMACTA RETACRIT
<i>Hemophilia A Agents</i>	ADVATE ADYNOVATE AFSTYLA ELOCATE ESPERCOT JIVI	KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ XYNTHA
<i>Hemophilia B Agents</i>	ALPROLIX REBINYN	
<i>Miscellaneous Bleeding Disorders Agents</i>	NOVOSEVEN RT SEVENFACT	
<i>Paroxysmal Nocturnal Hemoglobinuria Hemoglobinuria (PNH) Agents</i>	EMPAVELI	
<i>Sickle Cell Disease</i>	ENDARI	
<i>Thrombocytopenia Agents</i>	DOPTELET PROMACTA TAVALISSE	
<b>Immunologic Agents</b>		
<i>Allergenic Extracts</i>	ORALAIR	

\* See Table 1 For Indication Based Coverage Details

# After Failure Of Humira

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

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

## Quick reference drug list.

<b>A</b>	DOPTELET	INGREZZA	ORALAIR	SUPPRELIN LA
<i>abacavir</i>	DOVATO	INLYTA	ORENCIA CLICKJECT	SYMTUZA
<i>abacavir-lamivudine</i>	DUPIXENT	ISENTRESS	ORENCIA	<b>T</b>
<i>abiraterone</i>	DUROLANE	<b>J</b>	SUBCUTANEOUS	<i>tacrolimus</i>
ADALIMUMAB-ADAZ	DYSPORT	JIVI	ORENITRAM	<i>tadalafil</i>
ADBRY	<b>E</b>	<b>K</b>	ORFADIN	TADLIQ
ADEMPAS	<i>eefavirenz</i>	KESIMPTA	ORLADEYO	TAGRISSO
ADVATE	<i>efavirenz-</i>	KEVZARA	OTEZLA	TAKHZYRO
ADYNOVATE	<i>emtricitabine-</i>	KISQALI	OVIDREL	TALTZ
AFSTYLA	<i>tenofovir disoproxil</i>	KISQALI FEMARA CO-	<b>P</b>	TAVALISSE
ALECENSA	<i>fumarate</i>	PACK	<i>pazopanib</i>	TEGSEDI
ALPROLIX	<i>efavirenz-lamivudine-</i>	KOGENATE FS	<i>penicillamine</i>	<i>temozolomide</i>
ALUNBRIG	<i>tenofovir disoproxil</i>	KOSELUGO	PERJETA	<i>tenofovir disoproxil</i>
<i>ambrisentan</i>	<i>fumarate</i>	KOVALTRY	PHEBURANE	<i>fumarate</i>
ARANESP	ELIGARD	KRAZATI	PHESGO	<i>teriflunomide</i>
<i>atazanavir</i>	ELOCTATE	KYLEENA	<i>pirfenidone</i>	<i>tetrabenazine</i>
AUSTEDO	EMPAVELI	<b>L</b>	PROCRIT	TEZSPIRE
AUSTEDO XR	<i>emtricitabine-tenofovir</i>	<i>lamivudine</i>	PROLASTIN-C	THALOMID
AVONEX	<i>disoproxil fumarate</i>	<i>lamivudine</i>	PROLIA	<i>tiopronin</i>
AVSOLA	EMTRIVA	<i>lamivudine-zidovudine</i>	PROMACTA	TIVICAY
<b>B</b>	ENBREL	<i>lapatinib</i>	<b>R</b>	<i>tobramycin inhalation</i>
BESREMI	ENDARI	LENVIMA	RASUVO	<i>solution</i>
<i>betaine</i>	ENSPRYNG	<i>leuprolide acetate</i>	REBIF	TREMFYA
BETASERON	entecavir	LONSURF	REBINYN	<i>treprostinil</i>
<i>bexarotene</i>	EPCLUSA (genotypes	<i>lopinavir-ritonavir</i>	REMICADE	<i>trientine</i>
BIKTARVY	1, 2, 3, 4, 5, 6)	LUMAKRAS	REPATHA	TRIUMEQ
<i>bortezomib</i>	ERIVEDGE	LUMRYZ	RETACRIT	TYMLOS
<i>bosentan</i>	ERLEADA	LUPRON DEPOT-PED	RETEVMO	TYSABRI
BOSULIF	<i>erlotinib</i>	LYNPARZA	REVLIMID	<b>U</b>
BRAFTOVI	ESPEROCT	LYSODREN	<i>ribavirin</i>	UPTRAVI
BRUKINSA	<i>etravirine</i>	<b>M</b>	RINVOQ	<b>V</b>
BYOOVIZ	EUFLEXXA	<i>maraviroc</i>	<i>ritonavir</i>	VEMLIDY
<b>C</b>	<i>everolimus</i>	MATULANE	ROZLYTREK	<i>vigabatrin</i>
CABOMETYX	<i>everolimus</i>	MAYZENT	RUCONEST	VISTOGARD
CALQUENCE	<b>F</b>	MEKTOVI	RUXIENCE	VITRAKVI
<i>capecitabine</i>	FASENRA	MENOPUR	RYDAPT	VOSEVI
<i>carglumic acid</i>	FENSOLVI	MIRENA	<b>S</b>	VUMERITY
CERDELGA	<i> fingolimod</i>	MUGARD	<i>sapropterin</i>	<b>W</b>
CEREZYME	FOLLISTIM AQ	<i>mycophenolate</i>	SEVENFACT	WAKIX
CIBINQO	FORTEO	<i>mofetil</i>	<i>sildenafil</i>	<b>X</b>
CIMDUO	FUZEON	<i>mycophenolate</i>	SIMPONI ARIA	XELJANZ
CIMERLI	FYLNETRA	<i>sodium</i>	<i>sirolimus</i>	XELJANZ XR
CIMZIA PREFILLED	<b>G</b>	<b>N</b>	SKYLA	XEOMIN
SYRINGE	GANIRELIX ACETATE	<i>nevirapine</i>	SKYRIZI	XOLAIR
<i>cinacalcet</i>	GAVRETO	<i>nevirapine ext-rel</i>	INTRAVENOUS	XOSPATA
COPAXONE 40 MG/ ML	<i>gefitinib</i>	NINLARO	SKYRIZI	XTANDI
COPIKTRA	GELSYN-3	NIVESTYM	SUBCUTANEOUS	XYNTHA
COSENTYX	GENVOYA	NORDITROPIN	<i>sodium</i>	XYWAV
COTELLIC	<i>glatiramer</i>	NOVOEIGHT	<i>phenylbutyrate</i>	<b>Y</b>
CUTAQUIG	<b>H</b>	NOVOSEVEN RT	SOGROYA	YONSA
<i>cyclosporine</i>	HARVONI (genotypes	NUBEQA	SOMATULINE DEPOT	<b>Z</b>
<i>cyclosporine modified</i>	1, 4, 5, 6)	NUCALA (except	<i>sorafenib</i>	ZEJULA
CYSTAGON	HERZUMA	<i>lyophilized powder</i> )	SOTYKTU	ZELBORAF
<b>D</b>	HUMATROPE	NUWIQ	SPRYCEL	ZEMAIRA
<i>ddarunavir</i>	HUMIRA	NYVEPRIA	STELARA	ZEPOSIA
<i>deferasirox</i>	HYRIMOZ	<b>O</b>	INTRAVENOUS	<i>zidovudine</i>
<i>deferiprone</i>	<b>I</b>	OCREVUS	STELARA	ZIRABEV
<i>deferroxamine</i>	IBRANCE	ODEFSEY	SUBCUTANEOUS	ZOLINZA
DESCOVY	<i>icatibant</i>	ODOMZO	STIVARGA	ZYDELIG
<i>dimethyl fumarate</i>	ILUMYA	OFEV	<i>sunitinib</i>	ZYKADIA
<i>delayed-rel</i>	<i>imatinib mesylate</i>	OGIVRI	SUPARTZ FX	
	INBRIJA	OPSUMIT		



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

Drug name(s)	Preferred option(s)*
ACTEMRA INTRAVENOUS	AVSOLA, REMICADE, SIMPONI ARIA
ADCIRCA	<i>sildenafil, tadalafil, TADLIQ</i>
AFINITOR, AFINITOR DISPERZ	<i>everolimus</i>
ALIQOPA	Consult doctor
APOKYN	INBRIJA
APTIVUS	Consult doctor
ARALAST NP	PROLASTIN-C, ZEMAIRA
ARCALYST	Consult doctor
AUBAGIO	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
AVASTIN	ZIRABEV
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>
BENEFIX	ALPROLIX, REBINYN
BERINERT	RUCONEST, <i>icatibant</i>
BETHKIS	<i>tobramycin inhalation solution</i>
BORTEZOMIB	<i>bortezomib, NINLARO</i>
BOTOX	DYSPORE, XEOMIN
BUPHENYL	<i>sodium phenylbutyrate, PHEBURANE</i>
CARBAGLU	<i>garglumic acid</i>
CAYSTON	<i>tobramycin inhalation solution</i>
CETROTIDE	GANIRELIX ACETATE
CHORIONIC GONADOTROPIN	OVIDREL
CIMZIA LYOPHILIZED POWDER	AVSOLA, 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>
COPAXONE 20 MG/ML	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
CUPRIMINE	<i>penicillamine capsule</i>
CYSTADANE	<i>betaine</i>
DEFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
DIACOMIT	Consult doctor
EDURANT	<i>efavirenz</i>

<b>Drug name(s)</b>	<b>Preferred option(s)*</b>
ELELYSO	CERDELGA, CEREZYME
ENTYVIO (For Crohn's Disease only)	AVSOLA, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate, VEMLIDY</i>
EPOGEN	ARANESP, PROCIT, RETACRIT
ESBRIET	<i>pirfenidone, OFEV</i>
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
EXTAVIA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
EYLEA	BYOOVIZ, CIMERLI
FEIBA	NOVOSEVEN RT, SEVENFACT
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
FINTELPA	<i>clobazam, clonazepam, lamotrigine, rufinamide, topiramate, TROKENDI XR</i>
FIRAZYR	<i>icatibant, RUCONEST</i>
FIRMAGON	ELIGARD
FULPHILA	FYLNETRA, NYVEPRIA
<i>fyremadel</i>	GANIRELIX ACETATE
<i>ganirelix acetate</i>	GANIRELIX ACETATE
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GILENYA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA
GLASSIA	PROLASTIN-C, ZEMAIRA
GLEEVEC	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
GONAL-F	FOLLISTIM AQ
GRANIX	NIVESTYM
HERCEPTIN	HERZUMA, OGIVRI
HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
HYQVIA	CUTAQUIG
ICLUSIG	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>
IMBRUVICA	BRUKINSA, CALQUENCE
INFLECTRA	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
INTELENCE	<i>etravirine</i>
IRESSA	<i>erlotinib, gefitinib</i>

<b>Drug name(s)</b>	<b>Preferred option(s)*</b>
IXINITY	ALPROLIX, REBINYN
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
JAKAFI (For Polycythemia Vera Only)	BESREMI
JUXTAPID	REPATHA
JYNARQUE	Consult doctor
KALETRA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
KANJINTI	HERZUMA, OGIVRI
KITABIS PAK	<i>tobramycin inhalation solution</i>
KORLYM	Consult doctor
KUVAN	<i>sapropterin</i>
KYPROLIS	NINLARO, <i>bortezomib</i>
LEMTRADA	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
LETAIRIS	<i>ambrisentan, bosentan, OPSUMIT</i>
LEUKINE	NIVESTYM
LEXIVA	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
LILETTA	KYLEENA, MIRENA, SKYLA
LORBRENA	ALECENSA, ALUNBRIG
LUCENTIS	BYOOVIZ, CIMERLI
LUPRON DEPOT (For Prostate Cancer only)	ELIGARD
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
MYOBLOC	DYSPORT, XEOMIN
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
NEUPOGEN	NIVESTYM
NEXAVAR	<i>pazopanib, sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
NEXTERONE	<i>amiodarone</i>
NITYR	ORFADIN
NORTHERA	<i>midodrine</i>
NORVIR	<i>ritonavir</i>
NOVAREL	OVIDREL
NPLATE	DOPTELET, PROMACTA, TAVALISSE

Drug name(s)	Preferred option(s)*
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except <i>lyophilized powder</i> ), TEZSPIRE, XOLAIR
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
OCTAGAM	Consult doctor
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
ORENCIA	AVSOLA, REMICADE, SIMPONI ARIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	RASUVO
PEGASYS	Consult doctor
PRALUENT	REPATHA
PREGNYL	OVIDREL
PREZISTA	<i>atazanavir, darunavir</i>
PROCYSBI	CYSTAGON
RAVICTI	<i>sodium phenylbutyrate, PHEBURANE</i>
REMODULIN	<i>treprostinil</i>
RENFLIXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
REVATIO	<i>sildenafil, tadalafil, TADLIQ</i>
REYATAZ	<i>atazanavir, darunavir</i>
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
RIXUBIS	ALPROLIX, REBINYN
RUBRACA	LYNPARZA, ZEJULA
SABRIL	<i>vigabatrin</i>
SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA
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>sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	<i>trientine</i>
TAFINLAR	BRAFTOVI, ZELBORAF
TASIGNA	<i>imatinib mesylate, BOSULIF, SPRYCEL</i>

<b>Drug name(s)</b>	<b>Preferred option(s)*</b>
<b>TARGRETIN</b>	<i>bexarotene</i>
<b>TECFIDERA</b>	<i>dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
<b>THIOLA, THIOLA EC</b>	<i>tiopronin</i>
<b>TOBI, TOBI PODHALER</b>	<i>tobramycin inhalation solution</i>
<b>TRACLEER</b>	<i>ambrisentan, bosentan, OPSUMIT</i>
<b>TRAZIMERA</b>	HERZUMA, OGIVRI
<b>TRELSTAR MIXJECT</b>	ELIGARD
<b>TRIPTODUR</b>	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA
<b>TRUVADA</b>	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine, CIMDUO, DESCOVY</i>
<b>TRUXIMA</b>	RUXIENCE
<b>TYVASO DPI</b>	Consult doctor
<b>UDENYCA</b>	FYLNETRA, NYVEPRIA
<b>VIRACEPT</b>	<i>atazanavir, darunavir, lopinavir-ritonavir</i>
<b>VISCO-3</b>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<b>VOTRIENT</b>	<i>sorafenib, sunitinib, CABOMETYX, INLYTA, LENVIMA</i>
<b>XALKORI</b>	ALECENSA, ALUNBRIG, ZYKADIA
<b>XENAZINE</b>	<i>tetrabenazine, AUSTEDO, AUSTEDO XR</i>
<b>XYREM</b>	LUMRYZ, WAKIX, XYWAV
<b>ZARXIO</b>	NIVESTYM
<b>ZEPATIER</b>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<b>ZIEXTENZO</b>	FYLNETRA, NYVEPRIA
<b>ZOLADEX</b>	ELIGARD, ORLISSA
<b>ZYTIGA</b>	<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)
<b>Ankylosing Spondylitis</b>	AMJEVITA SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ RINVOQ
<b>Crohn's Disease</b>	AMJEVITA	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
<b>Non-Radiographic Axial Spondyloarthritis</b>	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
<b>Psoriasis</b>	AMJEVITA COSENTYX ENBREL	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>Psoriatic Arthritis</b>	AMJEVITA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HUMIRA HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMIFYA
<b>Rheumatoid Arthritis</b>	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET SIMPONI	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR

# After Failure Of Humira

Condition	Excluded drug name(s)	Preferred option(s)
Ulcerative Colitis	AMJEVITA SIMPONI	ADALIMUMAB-ADAZ HUMIRA HYRIMOZ RINVOQ STELARA SUBCUTANEOUS XELJANZ XELJANZ XR ZEPOSIA
All other conditions	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL HUMIRA HYRIMOZ

\* 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.

