Specialty Drug List

2025 Aetna Specialty Drug List

1011950-01-12 (1/25)

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
lowercase italics	Generic medicine

Category **Drug class**		
Analgesics		
Viscosupplements	DUROLANE EUFLEXXA	GELSYN-3 SUPARTZ FX
Anti-Infectives		
Antiretroviral Agents	*abacavir* *atazanavir* *darunavir* *efavirenz* *emtricitabine* *etravirine* *lamivudine*	*maraviroc* *nevirapine* *nevirapine ext-rel* *ritonavir* *zidovudine* ISENTRESS TIVICAY
Antiretroviral Agents **Antiretroviral Combinations §**	*abacavir-lamivudine* *efavirenz-emtricitabine-tenofovir disoproxil fumarate* *efavirenz-lamivudine-tenofovir disoproxil fumarate* *emtricitabine-tenofovir disoproxil fumarate* *lamivudine-zidovudine* *lopinavir-ritonavir*	BIKTARVY CABENUVA CIMDUO DESCOVY DOVATO GENVOYA ODEFSEY SYMTUZA TRIUMEQ
Antivirals **Hepatitis B Agents §**	*entecavir* *lamivudine* *tenofovir disoproxil fumarate* VEMLIDY	APRETUDE ISENTRESS TIVICAY
Antivirals **Hepatitis C Agents §**	*ribavirin* EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)	HARVONI (genotypes 1, 4, 5, 6) VOSEVI
Nucleotide Reverse Transcriptase Inhibitors	*tenofovir disoproxil fumarate*	

Category **Drug class**		
Antineoplastic Agents		
Alkylating Agents §	*temozolomide*	
Antimetabolites §	*capecitabine* LONSURF	
Biologic Response Modifiers	BESREMI ERIVEDGE	REVLIMID THALOMID
Biosimilars	HERZUMA OGIVRI	RUXIENCE ZIRABEV
Hormonal Antineoplastic Agents **Antiandrogens §**	*abiraterone* *leuprolide acetate* ELIGARD ERLEADA	LYSODREN NUBEQA XTANDI YONSA
Kinase Inhibitors §	*erlotinib* *everolimus* *gefitinib* *imatinib mesylate* *lapatinib* *pazopanib* *sorafenib* *sunitinib* ALECENSA 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
Monoclonal Antibodies	PERJETA PHESGO	
Multiple Myeloma Immunomodulators	REVLIMID THALOMID	
Multiple Myeloma Proteasome Inhibitors	*bortezomib* NINLARO	
Miscellaneous §	*bexarotene* KRAZATI LUMAKRAS LYNPARZA	ODOMZO VISTOGARD ZEJULA
Prostate Cancer **Luteinizing Hormone-Releasing Hormone (LHRH) Agonists §**	*leuprolide acetate* ELIGARD	
Cardiovascular		
Antilipemics **PCSK9 Inhibitors**	REPATHA	

Category **Drug class**		
Pulmonary Arterial Hypertension	*ambrisentan* *bosentan* OPSUMIT	
Pulmonary Arterial Hypertension **Phosphodiesterase Inhibitors §**	*sildenafil* *tadalafil* TADLIQ	
Pulmonary Arterial Hypertension **Prostacyclin Receptor Agonists**	UPTRAVI	
Pulmonary Arterial Hypertension **Prostaglandin Vasodilators**	*ambrisentan* *bosentan* *treprostinil* ORENITRAM	
Pulmonary Arterial Hypertension **Soluble Guanylate Cyclase Stimulators**	ADEMPAS OPSUMIT	
Central Nervous System		
AMYOTROPHIC LATERAL SCLEROSIS (ALS)	RADICAVA ORS	
Anticonvulsants §	*vigabatrin*	
Antidepressants	ZURZUVAE	
Antiparkinsonian Agents	INBRIJA	
Botulinum Toxins	DAXXIFY XEOMIN	
Movement Disorders §	*tetrabenazine* AUSTEDO	AUSTEDO XR INGREZZA
Multiple Sclerosis Agents §	*dimethyl fumarate delayed-rel* *fingolimod* *glatiramer* *teriflunomide* AVONEX BETASERON COPAXONE 40 MG/ML	KESIMPTA MAYZENT OCREVUS REBIF TYSABRI VUMERITY ZEPOSIA
Narcolepsy	LUMRYZ WAKIX XYWAV	
Miscellaneous	RADICAVA ORS	
Endocrine and Metabolic		
Acromegaly	SOMATULINE DEPOT	
Antidiabetics **Miscellaneous**	*mifepristone*	
Calcium Regulators Antagonists §	*cinacalcet*	
Calcium Regulators **Parathyroid Hormones**	*teriparatide* TYMLOS	
Calcium Regulators **Miscellaneous**	PROLIA	

Category **Drug class**		
Central Precosious 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**	FOLLISTIM AQ GANIRELIX ACETATE MENOPUR	OVIDREL PREGNYL
Gaucher Disease	CERDELGA CEREZYME	
Hereditary Tyrosinemia Type 1 Agents	ORFADIN	
Human Growth Hormones	HUMATROPE NORDITROPIN SOGROYA	
LYSOSOMAL STORAGE DISORDERS	NEXVIAZYME	
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	ELFABRIO FABRAZYME GALAFOLD	
PHENYLKETONURIA TREATMENT AGENTS §	*sapropterin*	
Polyneuropathy	TEGSEDI	
Urea Cycle Disorders §	*sodium phenylbutyrate* PHEBURAN	
Miscellaneous	*betaine* *carglumic acid* CYSTAGON	*sapropterin*
Genitourinary		
Miscellaneous §	*tiopronin* *tiopronin delayed-rel*	
Hematologic		
Chelating Agents §	*deferasirox* *deferiprone* *deferoxamine*	*penicillamine capsule* *trientine*
Hematopoietic Growth Factors	ARANESP DOPTELET FYLNETRA NIVESTYM	NYVEPRIA PROCRIT PROMACTA RETACRIT

* See Table 1 For Indication Based Coverage Details

After Failure Of Humira

Category **Drug class**		
Hemophilia A Agents	ADVATE ADYNOVATE AFSTYLA ALTUVIIIO ELOCATE ESPERCOT	JIVI KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ XYNTHA
Hemophilia B Agents	ALPROLIX BENEFIX REBINYN	
Miscellaneous Bleeding Disorders Agents	NOVOSEVEN RT SEVENFACT	
Paroxysmal Nocturnal Hemoglobinuria Hemoglobinuria (PNH) Agents	EMPAVELI	
Sickle Cell Disease	ENDARI	
Thrombocytopenia Agents	ALVAIZ DOPTELET	
Immunologic Agents		
Allergenic Extracts	ORALAIR	
ALOPECIA AREATA	LITFULO	
Autoimmune Agents* **(Physician Administered)**	AVSOLA ILUMYA REMICADE	SIMPONI ARIA SKYRIZI INTRAVENOUS STELARA INTRAVENOUS
Autoimmune Agents* **(Self-Administered)**	See table 1 for indication based coverage details	
Autoimmune Agents* **Ankylosing Spondylitis**	ADALIMUMAB-ADAZ COSENTYX ENBREL	HYRIMOZ RINVOQ
Autoimmune Agents* **Crohn's Disease**	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ	SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
Autoimmune Agents* **Non-Radiographic Axial Spondyloarthritis**	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ	
Autoimmune Agents* **Psoriasis**	ADALIMUMAB-ADAZ HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS	SOTYKTU STELARA SUBCUTANEOUS TALTZ TREMFYA
Autoimmune Agents* **Psoriatic Arthritis**	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ OTEZLA	RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA
Autoimmune Agents* **Rheumatoid Arthritis**	ADALIMUMAB-ADAZ ENBREL HYRIMOZ KEVZARA ORENCIA CLICKJECT	ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR

Category **Drug class**		
Autoimmune Agents* **Ulcerative Colitis**	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ STELARA SUBCUTANEOUS	XELJANZ XELJANZ XR ZEPOSIA
Autoimmune Agents* **All Other Conditions**	ADALIMUMAB-ADAZ ENBREL HYRIMOZ	
Disease-Modifying Antirheumatic Drugs (DMARDs)	RASUVO	
Hereditary Angioedema	*icatibant* ORLADEYO	RUCONEST TAKHZYRO
Immunomodulators **Immune Globulins**	CUTAQUIG	
Miscellaneous	ILARIS	
Immunosuppressants **Antimetabolites §**	*mycophenolate mofetil* *mycophenolate sodium*	
Immunosuppressants **Calcineurin Inhibitors §**	*cyclosporine* *cyclosporine, modified* everolimus mycophenolate mofetil	mycophenolate sodium sirolimus *tacrolimus*
Immunosuppressants **Monoclonal Antibodies**	ENSPRYNG VYVGART VYVGART HYTRULO	
Immunosuppressants **Rapamycin Derivatives §**	*everolimus* *sirolimus*	
Respiratory		
Alpha-1 Antitrypsin Deficiency Agents	PROLASTIN-C ZEMAIRA	
Cystic Fibrosis §	*tobramycin inhalation solution*	
Pulmonary Fibrosis Agents	*pirfenidone* OFEV	
Severe Asthma Agents	DUPIXENT FASENRA NUCALA (except *lyophilized powder*)	TEZSPIRE XOLAIR
Topical		
Dermatology **Atopic Dermatitis**	ADBRY INJECTABLE CIBINQO ORAL DUPIXENT INJECTABLE RINVOQ ORAL	
Mouth/Throat/Dental Agents **Protectants**	MUGARD	
Ophthalmic **Retinal Disorders**	BYOOVIZ CIMERLI	

Quick reference drug list.

A
abacavir
abacavir-lamivudine
abiraterone
ADALIMUMAB-ADAZ
ADBRY
ADEMPAS
ADVATE
ADYNOVATE
AFSTYLA
ALECENSA
ALPROLIX
ALTUVIIIO
ALUNBRIG
ALVAIZ
ambrisentan
APRETUDE
ARANESP
atazanavir
AUGTYRO
AUSTEDO
AUSTEDO XR
AVONEX
AVSOLA

B
BAFIERTAM
BENEFIX
BESREMI
betaine
BETASERON
bexarotene
BIKTARVY
BIMZELX
bortezomib
bosentan
BOSULIF
BRAFTOVI
BRUKINSA
BYOOVIZ

C
CABENUVA
CABOMETYX
CALQUENCE
capecitabine
carglumic acid
CERDELGA
CEREZYME
cetrorelix acetate
CIBINQO
CIMDUO
CIMERLI
CIMZIA PREFILLED SYRINGE
cinacalcet
COPAXONE 40 MG/ML
COPIKTRA
COSENTYX
COTELLIC
CUTAQUIG
cyclosporine
cyclosporine modified
CYSTAGON

D
darunavir
DAXXIFY
deferasirox
deferiprone
deferoxamine
DESCOVY
dimethyl fumarate delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUPIXENT
DUROLANE

E
efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
ELFABRIO
ELIGARD
ELOCTATE
EMPAVELI
emtricitabine
emtricitabine-tenofovir disoproxil fumarate
ENBREL
ENDARI
ENSPRYNG
entecavir
EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)
ERIVEDGE
ERLEADA
erlotinib
ESPEROCT
etravirine
EUFLEXXA
everolimus
everolimus

F
FABRAZYME
FASENRA
FENSOLVI
fingolimod
FOLLISTIM AQ
FYLNETRA

G
GALAFOLD
GANIRELIX ACETATE
GAVRETO
gefitinib
GELSYN-3
GENVOYA
glatiramer

H
HARVONI (genotypes 1, 4, 5, 6)
HUMATROPE
HYRIMOZ

I
IBRANCE
icatibant
ILUMYA
imatinib mesylate
INBRIJA
INGREZZA
INLYTA
ISENTRESS

J
JIVI

K
KANJINTI
KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KOGENATE FS
KOSELUGO
KOVALTRY
KRAZATI
KYLEENA

L
lamivudine
lamivudine
lamivudine-zidovudine
lapatinib
LENVIMA
leuprolide acetate
LITFULO
LONSURF
lopinavir-ritonavir
LUMAKRAS
LUMRYZ
LUPRON DEPOT-PED
LYNPARZA

M
maraviroc
MAYZENT
MEKTOVI
MENOPUR
mifepristone
MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N
nevirapine
nevirapine ext-rel
NEXVIAZYME
NINLARO
NIVESTYM
NORDITROPIN
NOVOEIGHT
NOVOSEVEN RT
NUBEQA
NUCALA (except *lyophilized powder*)
NUWIQ
NYVEPRIA

O
OCREVUS
ODEFSEY
ODOMZO
OFEV
OPSUMIT
OPSYNVI
ORALAIR
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
ORENITRAM
ORFADIN
ORLADEYO
OTEZLA

P
pazopanib
penicillamine
PERJETA
PHEBURANE
PHESGO
pirfenidone
PREGNYL
PROCRIT
PROLASTIN-C
PROLIA

R
RADICAVA ORS
RASUVO
REBIF
REBINYN
REMICADE
REPATHA
RETACRIT
RETEVMO
REVLIMID
ribavirin
RINVOQ
ritonavir
ROZLYTREK
RUCONEST
RUXIENCE
RYDAPT

S
sapropterin
SEVENFACT
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI INTRAVENOUS
SKYRIZI SUBCUTANEOUS
sodium phenylbutyrate
SOGROYA
SOMATULINE DEPOT
sorafenib
SOTYKTU
SPRYCEL
STELARA INTRAVENOUS
STELARA SUBCUTANEOUS
STIVARGA
sunitinib
SUPARTZ FX
SUPPRELIN LA
SYMTUZA

T
tacrolimus
tadalafil
TADLIQ
TAGRISSO
TAKHZYRO
TEGSEDI
temozolomide
tenofovir disoproxil fumarate
teriflunomide
teriparatide
tetrabenazine
TEZSPIRE
THALOMID
tiopronin
tiopronin delayed-rel
TIVICAY
tobramycin inhalation solution
TRAZIMERA
TREMFYA
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TYMLOS
TYSABRI
TYVASO
TYVASO DPI

U
UPTRAVI

V
VELSIPITY
VEMLIDY
vigabatrin
VISTOGARD
VITRAKVI
VOSEVI
VUMERITY
VYVGART
VYVGART HYTRULO

W
WAKIX

X
XELJANZ
XELJANZ XR
XEOMIN
XOLAIR
XOSPATA
XTANDI
XYNTHA
XYWAV

Y
YONSA

Z
ZEJULA
ZELBORAF
ZEMAIRA
ZEPOSIA
zidovudine
ZIRABEV
ZURZUVAE
ZYDELIG

Preferred options for excluded specialty medications[3]

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

Drug name(s)	Preferred option(s)*
EDURANT	*efavirenz*
ELELYSO	CERDELGA, CEREZYME
ENTYVIO (For Crohn's Disease only)	AVSOLA, REMICADE, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
EPOGEN	ARANESP, PROCRIT, RETACRIT
ESBRIET	*pirfenidone,* OFEV
EXJADE	*deferasirox, deferiprone, deferoxamine*
EXTAVIA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
EYLEA	BYOOVIZ, CIMERLI
FEIBA	NOVOSEVEN RT, SEVENFACT
FERRIPROX	*deferasirox, deferiprone, deferoxamine*
FINTELPA	*clobazam, clonazepam, lamotrigine, rufinamide, topiramate, topiramate ext-rel*
FIRAZYR	*icatibant,* RUCONEST
FIRMAGON	ELIGARD
FULPHILA	FYLNETRA, NYVEPRIA
fyremadel	GANIRELIX ACETATE
ganirelix acetate	GANIRELIX ACETATE
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GILENYA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
GENOTROPIN	HUMATROPE, NORDITROPIN, SOGROYA
GLASSIA	PROLASTIN-C, ZEMAIRA
GLEEVEC	*imatinib mesylate,* BOSULIF, SPRYCEL
GONAL-F	FOLLISTIM AQ
GRANIX	NIVESTYM
HERCEPTIN	HERZUMA, OGIVRI
HERCEPTIN HYLECTA	HERZUMA, OGIVRI
HERZUMA	KANJINTI, TRAZIMERA
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
HYQVIA	CUTAQUIG
ICLUSIG	*imatinib mesylate,* BOSULIF, SPRYCEL
IMBRUVICA	BRUKINSA, CALQUENCE
INFLECTRA	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
INTELENCE	*etravirine*

Drug name(s)	Preferred option(s)*
IRESSA	*erlotinib, gefitinib*
IXINITY	ALPROLIX, REBINYN
JADENU	*deferasirox, deferiprone, deferoxamine*
JAKAFI (For Polycythemia Vera Only)	BESREMI
JUXTAPID	REPATHA
JYNARQUE	Consult doctor
KALETRA	*atazanavir, darunavir, lopinavir-ritonavir*
KANJINTI	HERZUMA, OGIVRI
KITABIS PAK	*tobramycin inhalation solution*
KORLYM	Consult doctor
KUVAN	*sapropterin*
KYPROLIS	NINLARO, *bortezomib*
LEMTRADA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
LETAIRIS	*ambrisentan, bosentan,* OPSUMIT
LEUKINE	NIVESTYM
LEXIVA	*atazanavir, darunavir, lopinavir-ritonavir*
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
MULPLETA	DOPTELET
MYOBLOC	DYSPORT, XEOMIN
NEULASTA, NEULASTA ONPRO	FYLNETRA, NYVEPRIA
NEUPOGEN	NIVESTYM
NEXAVAR	*sorafenib, sunitinib,* CABOMETYX, INLYTA, LENVIMA
NEXTERONE	*amiodarone*
NITYR	ORFADIN
NORTHERA	*midodrine*
NOVAREL	OVIDREL
NORVIR	*ritonavir*

Drug name(s)	Preferred option(s)*
NPLATE	DOPTELET, PROMACTA, TAVALISSE
NUCALA LYOPHILIZED POWDER	DUPIXENT, FASENRA, NUCALA (except *lyophilized powder*), TEZSPIRE, XOLAIR
NUTROPIN AQ	HUMATROPE, NORDITROPIN, SOGROYA
OCTAGAM	Consult doctor
OGIVRI	KANJINTI, TRAZIMERA
OMNITROPE	HUMATROPE, NORDITROPIN, SOGROYA
ORENCIA	*tiopronin delayed-rel*, AVSOLA, REMICADE, SIMPONI ARIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	RASUVO
OVIDREL	PREGNYL
PEGASYS	Consult doctor
PRALUENT	REPATHA
PREGNYL	OVIDREL
PREZISTA	*atazanavir, darunavir*
PROCYSBI	CYSTAGON
PROMACTA	ALVAIZ, DOPTELET
RAVICTI	*sodium phenylbutyrate*
REMODULIN	*treprostinil*
RENFLEXIS	AVSOLA, ILUMYA, REMICADE, SIMPONI ARIA, SKYRIZI INTRAVENOUS, STELARA INTRAVENOUS
REVATIO	*sildenafil, tadalafil,* TADLIQ
REYATAZ	*atazanavir, darunavir*
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
RIXUBIS	ALPROLIX, REBINYN
RUBRACA	LYNPARZA, ZEJULA
SABRIL	*vigabatrin*
SAIZEN	HUMATROPE, NORDITROPIN, SOGROYA
SANDOSTATIN LAR	SOMATULINE DEPOT
SELZENTRY	*maraviroc*
SIGNIFOR LAR	SOMATULINE DEPOT
SOLIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
SOMAVERT	SOMATULINE DEPOT

Drug name(s)	Preferred option(s)*
STRIBILD	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, CABENUVA, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
SUTENT	*sorafenib, sunitinib,* CABOMETYX, INLYTA, LENVIMA
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	*trientine*
TAFINLAR	BRAFTOVI, ZELBORAF
TASIGNA	*imatinib mesylate,* BOSULIF, SPRYCEL
TARGRETIN	*bexarotene*
TECFIDERA	*dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide,* AVONEX, BETASERON, COPAXONE 40 MG/ML, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
THIOLA, THIOLA EC	*tiopronin*
TOBI, TOBI PODHALER	*tobramycin inhalation solution*
TRACLEER	*ambrisentan, bosentan,* OPSUMIT
TRAZIMERA	HERZUMA, OGIVRI
TRELSTAR MIXJECT	ELIGARD
TRIPTODUR	FENSOLVI, LUPRON DEPOT-PED, SUPPRELIN LA
TRUVADA	*abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine,* CIMDUO, DESCOVY
TRUXIMA	RUXIENCE
TYVASO DPI	Consult doctor
UDENYCA	FYLNETRA, NYVEPRIA
ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYTRULO
VIRACEPT	*atazanavir, darunavir, lopinavir-ritonavir*
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
VOTRIENT	*sorafenib, sunitinib,* CABOMETYX, INLYTA, LENVIMA
VPRIV	CERDELGA, CEREZYME
XALKORI	ALECENSA, ALUNBRIG, AUGTYRO, ZYKADIA
XENAZINE	*tetrabenazine,* AUSTEDO, AUSTEDO XR, INGREZZA
XYREM	LUMRYZ, WAKIX, XYWAV
ZARXIO	NIVESTYM
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZIEXTENZO	FYLNETRA, NYVEPRIA
ZOLADEX	ELIGARD, ORILISSA
ZYTIGA	*abiraterone, bicalutamide,* ERLEADA, NUBEQA, XTANDI, YONSA

Table 1 – Preferred options for indication based autoimmune excluded medications

Condition	Excluded drug name(s)	Preferred option(s)
Ankylosing Spondylitis	AMJEVITA HUMIRA SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ RINVOQ
Crohn's Disease	AMJEVITA HUMIRA	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS
Non-Radiographic Axial Spondyloarthritis	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX RINVOQ
Psoriasis	AMJEVITA COSENTYX ENBREL HUMIRA TALTZ	ADALIMUMAB-ADAZ HYRIMOZ OTEZLA SKYRIZI SUBCUTANEOUS SOTYKTU STELARA SUBCUTANEOUS TREMFYA
Psoriatic Arthritis	AMJEVITA HUMIRA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	ADALIMUMAB-ADAZ COSENTYX ENBREL HYRIMOZ OTEZLA RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA
Rheumatoid Arthritis	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET SIMPONI	ADALIMUMAB-ADAZ ENBREL 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 HUMIRA SIMPONI	ADALIMUMAB-ADAZ HYRIMOZ RINVOQ SKYRIZI SUBCUTANEOUS STELARA SUBCUTANEOUS TREMFYA VELSIPITY XELJANZ XELJANZ XR ZEPOSIA
All other conditions	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS AMJEVITA HUMIRA KINERET ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS	ADALIMUMAB-ADAZ ENBREL 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.

[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 a complete list of drugs covered under your plan. Check your plan documents for coverage information. Your plan may not cover certain drugs to treat conditions such as infertility, erectile dysfunction, and weight loss. To check coverage and copay information for a specific medicine, log into your member website. If you're still not sure whether your plan benefits include coverage, call the toll-free number on the back of your ID card. Diabetic Supplies may be covered under your medical plan.

Information is believed to be accurate as of the production date; however, it is subject to change.

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-2024-EPO-HIX 03, AL IVL SOB 1A EPO HIX 03, AL IVL HPOL-1A-2024-EPO 03, AL IVL SOB 1A EPO 03.

Policy forms issued in Oklahoma include: AL SG HGrpPol-1A 01, AL SG HCOC-2024-PPO 08, AL SG SOB PPO 14052798 08, HI SG HGrpAg-1A 01, HI SG HCOC-2024 08, HI SG SOB HMO 14052797 08, AL HGrpPol 07 AL HCOC 11, AL HSOB 09, AL HSOBNM 09, HI HGrpAg 06, HC HCOC 10, HC HSOB 09.

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