

PEBTF Specialty Preferred Drug Step Therapy List

As part of the Specialty Guideline Management program, your doctor needs to request prior authorization for specialty drugs before they will be covered by your prescription benefits. The prior authorization process helps ensure that you are receiving the appropriate drugs for the treatment of specific conditions. Also, you need to try a preferred product before your prescription benefits will cover one of the targeted products listed below.

Please talk to your doctor about the covered medications that are right for you. Your doctor should call CVS Specialty® at **1-866-814-5506** to request prior authorization. The prior authorization line is for your doctor's use only.

The step therapy program encourages utilization of clinically appropriate and lowest net cost medications within the following therapeutic categories.

| Drug Class | Targeted Product(s) | Preferred Product(s) | |
|---|--|---|---|
| Autoimmune Physician-administered | Cimzia, Inflectra, Renflexis | Avsola, Ilumya, Remicade, Simponi Aria, Skyrizi IV, Stelara IV | |
| | Actemra IV, Orencia IV | Avsola, Remicade, Simponi Aria | |
| | Entyvio | Avsola, Remicade, Skyrizi IV, Stelara IV | |
| Autoimmune Self-administered Ankylosing spondylitis | Abrilada, Adalimumab-aacf, Adalimumab-adbm, Adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Humira, Idacio, Simponi, Taltz, Xeljanz/XR, Yuflyma, Yusimry | Adalimumab-adaz, Cosentyx, Enbrel, Hyrimoz, Rinvoq | |
| | Crohn's | Abrilada, Adalimumab-aacf, Adalimumab-adbm, Adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Humira, Idacio, Yuflyma, Yusimry | Adalimumab-adaz, Hyrimoz, Rinvoq, Skyrizi SQ, Stelara SQ |
| | Psoriasis | Abrilada, Adalimumab-aacf, Adalimumab-adbm, Adalimumab-fkjp, Amjevita, Cosentyx, Enbrel, Cyltezo, Hadlima, Hulio, Humira, Idacio, Siliq, Yuflyma, Yusimry | Adalimumab-adaz, Hyrimoz, Otezla, Skyrizi SQ, Sotyktu, Stelara SQ, Taltz, Tremfya |

This list indicates the common uses for which the drug is prescribed. Some medicines are prescribed for more than one condition. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark®. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. Targeted therapeutic classes and specific drug targets are subject to change based on new drug launches, product approvals, drug withdrawals and other market changes. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

| Drug Class | Targeted Product(s) | Preferred Product(s) |
|---|---|---|
| Psoriatic arthritis | Abrilada, Adalimumab-aacf, Adalimumab-adbm, Adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Humira, Idacio, Orencia SQ/Click, Simponi, Taltz, Xeljanz/XR, Yuflyma, Yusimry | Adalimumab-adaz, Cosentyx, Enbrel, Hyrimoz, Otezla, Rinvoq, Skyrizi SQ, Stelara SQ, Tremfya |
| Rheumatoid arthritis | Actemra SQ/Actpen, Abrilada, Adalimumab-aacf, Adalimumab-adbm, Adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Humira, Idacio, Kineret, Olumiant, Simponi, Yuflyma, Yusimry | Adalimumab-adaz, Enbrel, Hyrimoz, Kevzara, Orencia SQ/Click, Rinvoq, Xeljanz/XR |
| Ulcerative colitis | Abrilada, Adalimumab-aacf, Adalimumab-adbm, Adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Humira, Idacio, Simponi, Yuflyma, Yusimry | Adalimumab-adaz, Hyrimoz, Rinvoq, Stelara SQ, Xeljanz/XR, Zeposia |
| Non-Radiographic Axial Spondyloarthritis (Nr-axSpA) | Taltz | Cimzia, Cosentyx, Rinvoq |
| All other | Actemra SQ/Actpen, Abrilada, Adalimumab-aacf, Adalimumab-adbm, Adalimumab-fkjp, Amjevita, Cyltezo, Hadlima, Hulio, Humira, Idacio, Kineret, Orencia SQ/Click, Yuflyma, Yusimry | Adalimumab-adaz, Enbrel, Hyrimoz |

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