

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 benefit plan. The prior authorization process helps ensure that you are receiving the appropriate drugs for the treatment of specific conditions. **In addition, you need to try a preferred product before your prescription benefit plan 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 – Ankylosing spondylitis	Cimzia, Simponi	Cosentyx, Enbrel, Humira
Crohn's	Cimzia, Entyvio,	Humira (first), Stelara
Psoriasis	Cimzia, Cosentyx, Enbrel, Inflecta, Renflexis, Siliq, Tremfya	Humira (first), Otezla, Stelara, Taltz
Psoriatic arthritis	Cimzia, Orencia SQ/IV/Click, Simponi, Stelara, Taltz, Xeljanz/XR	Cosentyx, Enbrel, Humira, Otezla
Rheumatoid arthritis	Actemra, Cimzia, Kineret, Orencia (Infused), Simponi	Enbrel, Humira, Kevzara, Orencia SQ/Click, Xeljanz/XR
Ulcerative colitis	Entyvio, Xeljanz	Humira (first), Simponi
All other	Actemra, Kineret, Orencia SQ/IV/Click	Enbrel, Humira