

## 2017 Preferred Specialty Management Drug List

Please Note: Drugs highlighted in RED will be excluded from NPF in 2016.

| Step Therapy Program                                                 | Category | Second Line (Targeted)                                                                                              | First Line (Alternative)                                  |
|----------------------------------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Alpha-1 Inhibitors                                                   | PSM      | Prolastin, Zemaira, Glassia                                                                                         | Aralast                                                   |
| CAPS **                                                              | PSM      | Arcalyst                                                                                                            | Ilaris                                                    |
| Colony Stimulating Factors *                                         | PSM      | Neupogen, Zarxio                                                                                                    | Granix                                                    |
| Erythroid Stimulants                                                 | PSM      | Epogen, Aranesp, Mircera                                                                                            | Procrit                                                   |
| Gaucher Disease **                                                   | PSM      | Cerezyme, Eleyso                                                                                                    | Vpriv                                                     |
| Growth Hormones (HP Only)                                            | PSM      | Genotropin, Humatrope, Norditropin, Nutropin/Nutropin AQ, Saizen, Zomacton                                          | Omnitrope                                                 |
| Growth Hormones (NPF Only)                                           | PSM      | Nutropin, Nutropin AQ, Omnitrope, Saizen, Zomacton                                                                  | Genotropin, Humatrope, Norditropin                        |
| Hepatitis C Oral (Genotype 1) **                                     | PSM      | Harvoni, Sovaldi, Olysio                                                                                            | Viekira Pak                                               |
| Hepatitis C Oral (Genotype 4) **                                     | PSM      | Harvoni, Zepatier                                                                                                   | Technivie, Epclusa                                        |
| Infertility- Follitropins                                            | PSM      | Follistim AQ, Bravelle                                                                                              | Gonal-F, Gonal-F RFF                                      |
| Infertility- GnRH Antagonists                                        | PSM      | Ganirelix                                                                                                           | Cetrotide                                                 |
| Inflammatory Conditions **                                           | PSM      | Simponi 50 mg, Cimzia, Kineret, Orenicia SQ, Rituxan, Remicade, Orenicia IV, Actemra, Simponi Aria, Xeljanz, Otezla | Enbrel AND/OR Humira                                      |
| Multiple Sclerosis – Inj (NPF Only) **                               | PSM      | Betaseron, Brand Copaxone 20mg                                                                                      | Rebif, Extavia, Avonex, Plegridy, Glatopa, Copaxone 40 mg |
| Multiple Sclerosis – Oral (NPF Only) **                              | PSM      | Gilenya, Tecfidera<br>Aubagio                                                                                       | Rebif, Extavia, Avonex, Plegridy, Glatopa, Copaxone 40 mg |
| Multiple Sclerosis – Inj (HPF Only) **                               | PSM      | Betaseron, Plegridy, Brand Copaxone 20 & 40 mg                                                                      | Rebif, Extavia, Avonex, Glatopa                           |
| Multiple Sclerosis – Oral (HPF Only) **                              | PSM      | Gilenya, Tecfidera<br>Aubagio                                                                                       | Rebif, Extavia, Avonex, Glatopa                           |
| Prostate Cancer- Oral **                                             | PSM      | Xtandi                                                                                                              | Zytiga                                                    |
| Prostate Cancer-Injectable **                                        | PSM      | Firmagon, Lupron Depot, Trelstar, Trelstar Depot                                                                    | Eligard                                                   |
| Pulmonary Arterial Hypertension - PDE-5 Inhibitors **                | PSM      | Revatio tablets & 10 MG/ML oral solution, Revatio Oral Suspension, Adcirca                                          | sildenafil                                                |
| Pulmonary Arterial Hypertension - Endothelin Receptor Antagonists ** | PSM      | Letairis                                                                                                            | Tracleer, Opsumit                                         |
| Pulmonary Arterial Hypertension - Inhaled Prostacyclin **            | PSM      | Ventavis                                                                                                            | Tyvaso                                                    |

\* Program must be implemented without grandfathering

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\*\*\* Most step therapy programs have exception criteria for members taking certain medications and/or medical histories. Depending on a member's specific medical history, a second-line medication may be a trial of a first-line medication.