

Specialty Drug List

For members with the Aetna Standard Plan
2019 Aetna Specialty Drug List

aetna[®]

How to use this guide

You may fill these drugs at an in-network specialty pharmacy, like Aetna Specialty Pharmacy® medicine and support services. 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

Analgesics

Viscosupplements	DUROLANE GEL-ONE	GELSYN-3	SUPARTZ FX	VISCO-3
-------------------------	---------------------	----------	------------	---------

Anti-Infectives

Antiretroviral Agents Antiretroviral Combinations §	<i>abacavir-lamivudine lamivudine-zidovudine</i> ATRIPLA BIKTARVY	COMPLERA DESCOVY EVOTAZ	GENVOYA ODEFSEY PREZCOBIX	STRIBILD TRIUMEQ TRUVADA
Antiretroviral Agents Fusion Inhibitors	FUZEON			
Antiretroviral Agents Integrase Inhibitors	ISENTRESS TIVICAY			
Antiretroviral Agents Non-Nucleoside Reverse Transcriptase Inhibitors §	<i>efavirenz nevirapine nevirapine ext-rel</i>	EDURANT INTELENCE		
Antiretroviral Agents Nucleoside Reverse Transcriptase Inhibitors §	<i>abacavir tablet didanosine</i>	<i>lamivudine stavudine</i>	<i>zidovudine</i> EMTRIVA	
Antiretroviral Agents Nucleotide Reverse Transcriptase Inhibitors	VIREAD			

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. See coverage policy documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. This directory is applicable to both Aetna Commercial and joint venture plans.

Category Drug Class				
Antiretroviral Agents Protease Inhibitors §	<i>lopinavir-ritonavir solution</i>	KALETRA TABLET	NORVIR	PREZISTA REYATAZ
Antivirals Hepatitis B Agents §	<i>entecavir tablet</i>	<i>lamivudine</i>	BARACLUDE SOLUTION	VEMLIDY
Antivirals Hepatitis C Agents §	<i>ribavirin</i>	EPCLUSA (GENOTYPES 1, 2, 3, 4, 5, 6)	HARVONI (GENOTYPES 1, 4, 5, 6)	VOSEVI ²
Antineoplastic Agents				
Alkylating Agents §	<i>temozolomide</i>			
Antimetabolites §	<i>capecitabine</i>			
Hormonal Antineoplastic Agents Antiandrogens	ERLEADA	XTANDI	ZYTIGA	
Hormonal Antineoplastic Agents Luteinizing Hormone- Releasing Hormone (LHRH) Agonists §	<i>leuprolide acetate</i>	ELIGARD		
Immunomodulators	REVLIMID	THALOMID		
Kinase Inhibitors §	<i>imatinib mesylate</i> AFINITOR BOSULIF CABOMETYX	IBRANCE IRESSA KISQALI	KISQALI FEMARA CO-PACK NEXAVAR RYDAPT SPRYCEL	SUTENT TARCEVA TYKERB VOTRIENT
Miscellaneous §	<i>bexarotene capsule</i>	ODOMZO	ZEJULA	ZOLINZA
Cardiovascular				
Antilipemics PCSK9 Inhibitors	REPATHA			
Pulmonary Arterial Hypertension Endothelin Receptor Antagonists	LETAIRIS	OPSUMIT	TRACLEER	
Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors §	<i>sildenafil</i>			
Pulmonary Arterial Hypertension Prostacyclin Receptor Agonists	UPTRAVI			
Pulmonary Arterial Hypertension Prostaglandin Vasodilators	ORENITRAM			

Category
Drug Class

Central Nervous System

Huntington's Disease Agents §	tetrabenazine	AUSTEDO		
Multiple Sclerosis Agents §	glatiramer AUBAGIO	BETASERON COPAXONE	GILENYA REBIF	TECFIDERA TYSABRI

Endocrine and Metabolic

Acromegaly	SOMATULINE DEPOT	SOMAVERT		
Calcium Regulators Parathyroid Hormones	FORTEO	TYMLOS		
Calcium Regulators Miscellaneous	PROLIA			
Contraceptives Progestin Intrauterine Devices	KYLEENA	MIRENA	SKYLA	
Fertility Regulators GNRH / LHRH Antagonists	CETROTIDE			
Fertility Regulators Ovulation Stimulants, Gonadotropins	GONAL-F	OVIDREL		
Gaucher Disease	CERDELGA	CEREZYME		
Hereditary Tyrosinemia Type 1 Agents	ORFADIN			
Human Growth Hormones	HUMATROPE			
Urea Cycle Disorders Metabolic Modifiers §	sodium phenylbutyrate			
Miscellaneous	CYSTAGON			

HEMATOLOGIC

Hematopoietic Growth Factors	ARANESP	PROCRIT	ZARXIO	
Hemophilia A Agents	ADYNOVATE JIVI	KOGENATE FS KOVALTRY	NOVOEIGHT	NUWIQ
Hemophilia B Agents	REBINYN			
Hereditary Angioedema	RUCONEST			

Immunologic Agents

Allergenic Extracts	ORALAIR			
Autoimmune Agents* Ankylosing Spondylitis	COSENTYX	ENBREL	HUMIRA	

* See Table 1 For Indication Based Coverage Details

After Failure Of Humira

Category				
Drug Class				
Autoimmune Agents Crohn's Disease	HUMIRA	STELARA SUBCUTANEOUS #		
Autoimmune Agents Psoriasis	HUMIRA	OTEZLA	STELARA SUBCUTANEOUS	TALTZ
Autoimmune Agents Psoriatic Arthritis	COSENTYX	ENBREL	HUMIRA	OTEZLA
Autoimmune Agents Rheumatoid Arthritis	ENBREL HUMIRA	KEVZARA ORENCIA CLICKJECT	ORENCIA SUBCUTANEOUS	XELJANZ XELJANZ XR
Autoimmune Agents Ulcerative Colitis	HUMIRA	SIMPONI #		
Autoimmune Agents All Other Conditions	ENBREL	HUMIRA		
Disease-Modifying Antirheumatic Drugs (DMARDs)	RASUVO			
Immunosuppressants Antimetabolites §	<i>mycophenolate mofetil</i>	<i>mycophenolate sodium</i>		
Immunosuppressants Calcineurin Inhibitors §	<i>cyclosporine</i>	<i>cyclosporine, modified</i>	<i>tacrolimus</i>	
Rapamycin Derivatives §	<i>sirolimus tablet</i>	RAPAMUNE SOLUTION		
Respiratory				
Cystic Fibrosis §	<i>tobramycin inhalation solution</i>		BETHKIS	
Pulmonary Enzyme Deficiency Agents	ARALAST NP	GLASSIA	PROLASTIN-C	
Pulmonary Fibrosis Agents	ESBRIET	OFEV		
Severe Asthma Agents	NUCALA			
Topical				
Dermatology Atopic Dermatitis	DUPIXENT			
Mouth/Throat/Dental Agents Protectants	MUGARD			

After Failure Of Humira

Quick reference drug list.

A

abacavir tablet
abacavir-lamivudine
ADYNOVATE
AFINITOR
ARALAST NP
ARANESP
ATRIPLA
AUBAGIO
AUSTEDO

B

BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
BOSULIF

C

CABOMETYX
capecitabine
CERDELGA
CEREZYME
CETROTIDE
COMPLERA
COPAXONE
COSENTYX
cyclosporine
cyclosporine, modified
CYSTAGON

D

DESCOVY
didanosine
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
ELIGARD
EMTRIVA
ENBREL
entecavir tablet
EPCLUSA
ERLEADA
ESBRIET
EVOTAZ

F

FORTEO
FUZEON

G

GEL-ONE
GELSYN-3
GENVOYA
GILENYA
GLASSIA
glatiramer
GONAL-F

H

HARVONI
HUMATROPE
HUMIRA

I

IBRANCE
imatinib mesylate
INTELENCE
IRESSA
ISENTRESS

J

JIVI

K

KALETRA TABLET
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KOGENATE FS
KOVALTRY
KYLEENA

L

lamivudine
lamivudine-zidovudine
LETAIRIS
leuprolide acetate
lopinavir-ritonavir solution

M

MIRENA
MUGARD
mycophenolate mofetil
mycophenolate sodium

N

nevirapine
nevirapine ext-rel
NEXAVAR
NORVIR
NOVOEIGHT
NUCALA
NUWIQ

O

ODEFSEY
ODOMZO
OFEV
OPSUMIT
ORALAIR
ORENCIA CLICKJECT
ORENCIA SUBCUTANEOUS
ORENITRAM
ORFADIN
OTEZLA
OVIDREL

P

PREZCOBIX
PREZISTA
PROCRIT
PROLASTIN-C
PROLIA

R

RAPAMUNE SOLUTION
RASUVO
REBIF
REBINYN
REPATHA
REVLIMID
REYATAZ
ribavirin
RUCONEST
RYDAPT

S

sildenafil
SIMPONI
sirolimus tablet
SKYLA
sodium phenylbutyrate
SOMATULINE DEPOT
SOMAVERT
SPRYCEL
stavudine
STELARA SUBCUTANEOUS
STRIBILD
SUPARTZ FX
SUTENT

T

tacrolimus
TALTZ
TARCEVA
TECFIDERA
temozolomide
tetraabenazine
THALOMID
TIVICAY
tobramycin inhalation solution
TRACLEER
TRIUMEQ
TRUVADA
TYKERB
TYMLOS
TYSABRI

U

UPTRAVI

V

VEMLIDY
VIREAD
VISCO-3
VOSEVI²
VOTRIENT

X

XELJANZ
XELJANZ XR
XTANDI

Z

ZARXIO
ZEJULA
zidovudine
ZOLINZA
ZYTIGA

Preferred options for excluded specialty medications²

Drug Name(s)	Preferred Option(s)*
ADCIRCA	<i>sildenafil</i>
ALPROLIX	Consult doctor
BERINERT	RUCONEST
BRAVELLE	GONAL-F
BUPHENYL	<i>sodium phenylbutyrate</i>
DAKLINZA	EPCLUSA (<i>genotypes 1, 2, 3, 4, 5, 6</i>), HARVONI (<i>genotypes 1, 4, 5, 6</i>)
ELELYSO	CERDELGA, CEREZYME
ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
EUFLEXXA	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI
FASENRA	NUCALA
FOLLISTIM AQ	GONAL-F
GENOTROPIN	HUMATROPE
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
HELIXATE FS	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
HYALGAN	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
MAVYRET	EPCLUSA (<i>genotypes 1, 2, 3, 4, 5, 6</i>), HARVONI (<i>genotypes 1, 4, 5, 6</i>), VOSEVI 2
MONOVISC	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
NEUPOGEN	ZARXIO
NORDITROPIN	HUMATROPE
NUTROPIN AQ	HUMATROPE
OMNITROPE	HUMATROPE
ORTHOVISC	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
OTREXUP	RASUVO
PEGASYS	Consult doctor
PRALUENT	REPATHA
PROCYSBI	CYSTAGON
PROGRAF	<i>tacrolimus</i>
RAVICTI	<i>sodium phenylbutyrate</i>
REVATIO	<i>sildenafil</i>
SAIZEN	HUMATROPE
SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
SYNVISC, SYNVISC-ONE	DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3

Drug Name(s)	Preferred Option(s)*
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
TECHNIVIE	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
TOBI	<i>tobramycin inhalation solution</i> , BETHKIS
TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIEKIRA XR	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
XENAZINE	<i>tetrabenazine</i> , AUSTEDO
ZEMAIRA	ARALAST NP, GLASSIA, PROLASTIN-C
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)

Table 1 – Preferred options for indication based autoimmune excluded medications

Condition	Excluded Drug Name(s)	Preferred Option(s)
Ankylosing Spondylitis	CIMZIA SIMPON	COSENTYX ENBREL HUMIRA
Crohn's Disease	CIMZIA ENTYVIO	HUMIRA STELARA SUBCUTANEOUS #
Psoriasis	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA STELARA SUBCUTANEOUS TALTZ
Psoriatic Arthritis	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
Rheumatoid Arthritis	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS XELJANZ XELJANZ XR
Ulcerative Colitis	ENTYVIO XELJANZ	HUMIRA SIMPONI #
All other conditions	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS	ENBREL HUMIRA

* 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 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).

2 An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs, such as those for smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

To check coverage and copay information for a specific medicine, log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. Coverage for specialty drugs follows the CVS Caremark Advanced Control Specialty Formulary™ and is being used with permission from CVS Health and/or one of its affiliates.

Aetna pharmacy may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

