

# Specialty Drug List

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

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# 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

<b>Viscosupplements</b>	DUROLANE GEL-ONE	GELSYN-3	SUPARTZ FX	VISCO-3
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#### Anti-Infectives

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

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

**Category**  
**Drug Class**

**Central Nervous System**

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

**Endocrine and Metabolic**

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

**HEMATOLOGIC**

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

**Immunologic Agents**

<b>Allergenic Extracts</b>	ORALAIR			
<b>Autoimmune Agents* Ankylosing Spondylitis</b>	COSENTYX	ENBREL	HUMIRA	

\* See Table 1 For Indication Based Coverage Details

# After Failure Of Humira

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

### U

UPTRAVI

### V

VEMLIDY  
VIREAD  
VISCO-3  
VOSEVI<sup>2</sup>  
VOTRIENT

### X

XELJANZ  
XELJANZ XR  
XTANDI

### Z

ZARXIO  
ZEJULA  
*zidovudine*  
ZOLINZA  
ZYTIGA

## Preferred options for excluded specialty medications<sup>2</sup>

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)*
<b>TASIGNA</b>	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
<b>TECHNIVIE</b>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<b>TOBI</b>	<i>tobramycin inhalation solution</i> , BETHKIS
<b>TOBI PODHALER</b>	<i>tobramycin inhalation solution</i> , BETHKIS
<b>VIEKIRA PAK</b>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<b>VIEKIRA XR</b>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<b>XENAZINE</b>	<i>tetrabenazine</i> , AUSTEDO
<b>ZEMAIRA</b>	ARALAST NP, GLASSIA, PROLASTIN-C
<b>ZEPATIER</b>	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)
<b>Ankylosing Spondylitis</b>	CIMZIA SIMPON	COSENTYX ENBREL HUMIRA
<b>Crohn's Disease</b>	CIMZIA ENTYVIO	HUMIRA STELARA SUBCUTANEOUS #
<b>Psoriasis</b>	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA STELARA SUBCUTANEOUS TALTZ
<b>Psoriatic Arthritis</b>	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
<b>Rheumatoid Arthritis</b>	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS XELJANZ XELJANZ XR
<b>Ulcerative Colitis</b>	ENTYVIO XELJANZ	HUMIRA SIMPONI #
<b>All other conditions</b>	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.

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