

Specialty Drug List

For members with the Aetna Standard Plan
2020 Aetna Specialty Drug List

How to use this guide

You may fill these drugs at an in-network specialty pharmacy. 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	GEL-ONE	GELSYN-3	SUPARTZ FX	VISCO-3
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Anti-Infectives

Antiretroviral Agents Antiretroviral Combinations §	<i>abacavir-lamivudine</i> <i>lamivudine-zidovudine</i> ATRIPLA	BIKTARVY CIMDUO DESCOVY EVOTAZ	GENVOYA ODEFSEY PREZCOBIX SYMFI	SYMFI LO TEMIXYS TRIUMEQ TRUVADA
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Antiretroviral Agents Fusion Inhibitors	FUZEON			
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Antiretroviral Agents Integrase Inhibitors	ISENTRESS TIVICAY			
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Antiretroviral Agents Non-Nucleoside Reverse Transcriptase Inhibitors §	<i>efavirenz</i> <i>nevirapine</i> <i>nevirapine ext-rel</i>	EDURANT INTELENCE		
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Antiretroviral Agents Nucleoside Reverse Transcriptase Inhibitors §	<i>abacavir tablet</i> <i>didanosine</i>	<i>lamivudine</i> <i>stavudine</i>	<i>zidovudine</i> EMTRIVA	
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Antiretroviral Agents Nucleotide Reverse Transcriptase Inhibitors §	<i>tenofovir disoproxil fumarate</i>			
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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>atazanavir lopinavir-ritonavir solution</i>	KALETRA TABLET	NORVIR	PREZISTA
Antivirals Hepatitis B Agents §	<i>entecavir lamivudine</i>	<i>tenofovir disoproxil fumarate</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 §	<i>abiraterone</i>	ERLEADA	NUBEQA	XTANDI YONSA
Hormonal Antineoplastic Agents Luteinizing Hormone- Releasing Hormone (LHRH) Agonists §	<i>leuprolide acetate</i>	ELIGARD		
Immunomodulators	REVLIMID	THALOMID		
Kinase Inhibitors §	<i>erlotinib imatinib mesylate AFINITOR BOSULIF</i>	CABOMETYX IBRANCE IRESSA KISQALI	KISQALI FEMARA CO-PACK RYDAPT SPRYCEL	SUTENT TYKERB VOTRIENT
Miscellaneous §	<i>bexarotene capsule</i>	LYNPARZA	ODOMZO RUBRACA	ZEJULA ZOLINZA
Cardiovascular				
Antilipemics PCSK9 Inhibitors	REPATHA			
Pulmonary Arterial Hypertension Endothelin Receptor Antagonists §	<i>ambrisentan</i>	<i>bosentan</i>	OPSUMIT	
Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors §	<i>sildenafil</i>	<i>tadalafil</i>		
Pulmonary Arterial Hypertension Prostacyclin Receptor Agonists	UPTRAVI			
Pulmonary Arterial Hypertension Prostaglandin Vasodilators	ORENITRAM			
Pulmonary Arterial Hypertension Soluble Guanylate Cyclase Stimulators	ADEMPAS			

Category
Drug Class

Central Nervous System

Anticonvulsants §	<i>vigabatrin</i>			
Movement Disorders §	<i>tetrabenazine</i>	AUSTEDO	INGREZZA	
Multiple Sclerosis Agents §	<i>glatiramer</i> AUBAGIO	BETASERON COPAXONE	GILENYA MAYZENT	REBIF TECFIDERA TYSABRI

Endocrine and Metabolic

Acromegaly	SOMATULINE DEPOT	SOMAVERT		
Calcium Regulators Antagonists	SENSIPAR			
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 §	<i>sodium phenylbutyrate</i>			
Miscellaneous	CYSTAGON			

Hematologic

Hematopoietic Growth Factors	ARANESP	NEULASTA	NIVESTYM	RETACRIT UDENYCA
Hemophilia A Agents	ADYNOVATE JIVI	KOGENATE FS KOVALTRY	NOVOEIGHT	NUWIQ
Hemophilia B Agents	REBINYN			
Hereditary Angioedema	FIRAZYR	RUCONEST		
Thrombocytopenia	MULPLETA			

Category
Drug Class

Immunologic Agents

Allergenic Extracts	ORALAIR			
Autoimmune Agents* Ankylosing Spondylitis	COSENTYX	ENBREL	HUMIRA	
Autoimmune Agents* Crohn's Disease	HUMIRA	STELARA SUBCUTANEOUS #		
Autoimmune Agents* Psoriasis	HUMIRA	OTEZLA SKYRIZI	STELARA SUBCUTANEOUS	TALTZ TREMIFYA
Autoimmune Agents* Psoriatic Arthritis	COSENTYX	ENBREL	HUMIRA	OTEZLA
Autoimmune Agents* Rheumatoid Arthritis	ENBREL	HUMIRA ORENCIA CLICKJECT	ORENCIA SUBCUTANEOUS RINVOQ	XELJANZ XELJANZ XR
Autoimmune Agents* Ulcerative Colitis	HUMIRA	XELJANZ #		
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</i>			

Respiratory

Alpha-1 Antitrypsin Deficiency Agents			PROLASTIN-C	
Cystic Fibrosis §	<i>tobramycin inhalation solution</i>		BETHKIS	
Pulmonary Fibrosis Agents	ESBRIET	OFEV		
Severe Asthma Agents	DUPIXENT	FASENRA	NUCALA	XOLAIR

Topical

Dermatology Atopic Dermatitis	DUPIXENT			
Mouth/Throat/Dental Agents Protectants	MUGARD			
Ophthalmic Retinal Disorders	EYLEA	LUCENTIS		

* See Table 1 For Indication Based Coverage Details

After Failure Of Humira

Quick reference drug list.

A

abacavir tablet
abacavir-lamivudine
abiraterone
ADEMPAS
ADYNOVATE
AFINITOR
ambrisentan
ARANESP
atazanavir
ATRIPLA
AUBAGIO
AUSTEDO

B

BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
bosentan
BOSULIF

C

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

D

DESCOVY
didanosine
DUPIXENT

E

EDURANT
efavirenz
ELIGARD
EMTRIVA
ENBREL
entecavir
EPCLUSA
ERLEADA
erlotinib
ESBRIET

EVOTAZ
EYLEA

F

FASENRA
FIRAZYR
FORTEO
FUZEON

G

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

H

HARVONI
HUMATROPE
HUMIRA

I

IBRANCE
imatinib mesylate
INGREZZA
INTELENCE
IRESSA
ISENTRESS

J

JIVI

K

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

L

lamivudine
lamivudine-zidovudine
leuprolide acetate
lopinavir-ritonavir solution
LUCENTIS
LYNPARZA

M

MAYZENT
MIRENA
MUGARD
MULPLETA
mycophenolate mofetil
mycophenolate sodium

N

NEULASTA
nevirapine
nevirapine ext-rel
NIVESTYM
NORVIR
NOVOEIGHT
NUBEQA
NUCALA
NUWIQ

O

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

P

PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA

R

RASUVO
REBIF
REBINYN
REPATHA
RETACRIT
REVLIMID
ribavirin
RINVOQ
RUBRACA
RUCONEST
RYDAPT

S

SENSIPAR
sildenafil
sirolimus
SKYLA
SKYRIZI
sodium phenylbutyrate
SOMATULINE DEPOT
SOMAVERT

SPRYCEL
stavudine
STELARA SUBCUTANEOUS
SUPARTZ FX
SUTENT
SYMFI
SYMFI LO

T

tacrolimus
tadalafil
TALTZ
TECFIDERA
TEMIXYS
temozolomide
tenofovir disoproxil fumarate
tetrabenazine
THALOMID
TIVICAY
tobramycin inhalation solution
TREMIFYA
TRIUMEQ
TRUVADA
TYKERB
TYMLOS
TYSABRI

U

UDENYCA
UPTRAVI

V

VEMLIDY
vigabatrin
VISCO-3
VOSEVI 2
VOTRIENT

X

XELJANZ
XELJANZ XR
XOLAIR
XTANDI

Y

YONSA

Z

ZEJULA
zidovudine
ZOLINZA

Preferred options for excluded specialty medications²

Drug Name(s)	Preferred Option(s)*
ADCIRCA	<i>sildenafil, tadalafil</i>
ALPROLIX	Consult doctor
ASTAGRAF XL	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>
AVONEX	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
BERINERT	FIRAZYR, RUCONEST
BUPHENYL	<i>sodium phenylbutyrate</i>
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>
CHORIONIC GONADOTROPIN	OVIDREL
COMPLERA	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
DUROLANE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
ELELYSO	CERDELGA, CEREZYME
ELOCTATE	ADYNOVATE, JMI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
ENVARUSUS XR	<i>cyclosporine; cyclosporine, modified; tacrolimus</i>
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
EPOGEN	ARANESP, RETACRIT
EUFLEXXA	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
EXTAVIA	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI
FOLLISTIM AQ	GONAL-F
FULPHILA	NEULASTA, UDENYCA
GENOTROPIN	HUMATROPE
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
GRANIX	NIVESTYM
HELIXATE FS	ADYNOVATE, JMI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
HYALGAN	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI ²
MONOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>
NEUPOGEN	NIVESTYM
NORDITROPIN	HUMATROPE
NOVAREL	OVIDREL
NUTROPIN AQ	HUMATROPE
OMNITROPE	HUMATROPE

Drug Name(s)	Preferred Option(s)*
ORTHOVISC	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
OTREXUP	RASUVO
PEGASYS	Consult doctor
PLEGRIDY	<i>glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, MAYZENT, REBIF, TECFIDERA, TYSABRI
PRALUENT	REPATHA
PREGNYL	OVIDREL
PROCRIT	ARANESP, RETACRIT
PROCYSBI	CYSTAGON
PROGRAF	<i>tacrolimus</i>
RAPAMUNE	<i>sirolimus</i>
RAVICTI	<i>sodium phenylbutyrate</i>
REVATIO	<i>sildenafil, tadalafil</i>
SABRIL	<i>vigabatrin</i>
SAIZEN	HUMATROPE
SANDOSTATIN LAR	SOMATULINE DEPOT, SOMAVERT
STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ
SYNVISC, SYNVISC-ONE	GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
VERZENIO	IBRANCE, KISQALI
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
XENAZINE	<i>tetrabenazine</i> , AUSTEDO
ZARXIO	NIVESTYM
ZEMAIRA	PROLASTIN-C
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZORTRESS	<i>sirolimus</i>
ZYTIGA	<i>abiraterone</i> , XTANDI, YONSA

Table 1 – Preferred options for indication based autoimmune excluded medications

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

After Failure Of 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 Copayment, copay or coinsurance means the amount a member is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

2 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).

3 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.