

# Specialty Drug List

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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				
<b>Analgesics</b>				
<b>Viscosupplements</b>	GEL-ONE	GELSYN-3	SUPARTZ FX	VISCO-3
<b>Anti-Infectives</b>				
<b>Antiretroviral Agents Antiretroviral Combinations</b> §	<i>abacavir-lamivudine lamivudine-zidovudine ATRIPLA</i>	BIKTARVY CIMDUO DESCOVY EVOTAZ	GENVOYA ODEFSEY PREZCOBIX SYMFI	SYMFI LO TEMIXYS 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 EMTRIVA</i>	
<b>Antiretroviral Agents Nucleotide Reverse Transcriptase Inhibitors</b> §	<i>tenofovir disoproxil fumarate</i>			
<b>Antiretroviral Agents Protease Inhibitors</b> §	<i>atazanavir lopinavir-ritonavir solution</i>	KALETRA TABLET	NORVIR	PREZISTA

In Idaho, health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and/or Aetna Life Insurance Company. In Maryland by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

<b>Category Drug Class</b>				
<b>Antivirals Hepatitis B Agents</b> §	<i>entecavir lamivudine</i>	<i>tenofovir disoproxil fumarate</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> §	<i>abiraterone</i>	ERLEADA	NUBEQA	XTANDI YONSA
<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>erlotinib imatinib mesylate AFINITOR BOSULIF</i>	CABOMETYX IBRANCE IRESSA KISQALI	KISQALI FEMARA CO-PACK RYDAPT SPRYCEL	SUTENT TYKERB VOTRIENT
<b>Miscellaneous</b> §	<i>bexarotene capsule</i>	LYNPARZA	ODOMZO RUBRACA	ZEJULA ZOLINZA
<b>Cardiovascular</b>				
<b>Antilipemics PCSK9 Inhibitors</b>	REPATHA			
<b>Pulmonary Arterial Hypertension Endothelin Receptor Antagonists</b> §	<i>ambrisentan</i>	<i>bosentan</i>	OPSUMIT	
<b>Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors</b> §	<i>sildenafil</i>	<i>tadalafil</i>		
<b>Pulmonary Arterial Hypertension Prostacyclin Receptor Agonists</b>	UPTRAVI			
<b>Pulmonary Arterial Hypertension Prostaglandin Vasodilators</b>	ORENITRAM			
<b>Pulmonary Arterial Hypertension Soluble Guanylate Cyclase Stimulators</b>	ADEMPAS			

**Category**  
**Drug Class**

**Central Nervous System**

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

**Endocrine and Metabolic**

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

**Hematologic**

<b>Hematopoietic Growth Factors</b>	ARANESP	NEULASTA	NIVESTYM	RETACRIT UDENYCA
<b>Hemophilia A Agents</b>	ADYNOVATE JIVI	KOGENATE FS KOVALTRY	NOVOEIGHT	NUWIQ
<b>Hemophilia B Agents</b>	REBINYN			
<b>Thrombocytopenia Agents</b>	MULPLETA			

**Immunologic Agents**

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

<b>Category Drug Class</b>				
<b>Autoimmune Agents* Crohn's Disease</b>	HUMIRA	STELARA SUBCUTANEOUS #		
<b>Autoimmune Agents* Psoriasis</b>	HUMIRA	OTEZLA SKYRIZI	STELARA SUBCUTANEOUS	TALTZ TREMIFYA
<b>Autoimmune Agents* Psoriatic Arthritis</b>	COSENTYX	ENBREL	HUMIRA	OTEZLA
<b>Autoimmune Agents* Rheumatoid Arthritis</b>	ENBREL	HUMIRA ORENCIA CLICKJECT	ORENCIA SUBCUTANEOUS RINVOQ	XELJANZ XELJANZ XR
<b>Autoimmune Agents* Ulcerative Colitis</b>	HUMIRA	XELJANZ #	XELJANZ XR #	
<b>Autoimmune Agents* All Other Conditions</b>	ENBREL	HUMIRA		
<b>Disease-Modifying Antirheumatic Drugs (DMARDs)</b>	RASUVO			
<b>Hereditary Angioedema</b>	FIRAZYR	RUCONEST		
<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>Immunosuppressants Rapamycin Derivatives §</b>	<i>sirolimus</i>			
<b>Respiratory</b>				
<b>Alpha-1 Antitrypsin Deficiency Agents</b>	PROLASTIN-C			
<b>Cystic Fibrosis §</b>	<i>tobramycin inhalation solution</i>		BETHKIS	
<b>Pulmonary Fibrosis Agents</b>	ESBRIET	OFEV		
<b>Severe Asthma Agents</b>	DUPIXENT	FASENRA	NUCALA	XOLAIR
<b>Topical</b>				
<b>Dermatology Atopic Dermatitis</b>	DUPIXENT			
<b>Mouth/Throat/Dental Agents Protectants</b>	MUGARD			
<b>Ophthalmic Retinal Disorders</b>	EYLEA	LUCENTIS		

\* See Table 1 For Indication Based Coverage Details

# After Failure Of Humira

2020 Aetna Specialty Drug List (04/2020)

## 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<sup>2</sup>  
VOTRIENT

### X

XELJANZ  
XELJANZ XR  
XOLAIR  
XTANDI

### Y

YONSA

### Z

ZEJULA  
zidovudine  
ZOLINZA

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

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



# Table 1 – Preferred options for indication based autoimmune excluded medications

Condition	Excluded Drug Name(s)	Preferred Option(s)
<b>Ankylosing Spondylitis</b>	CIMZIA SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
<b>Crohn's Disease</b>	CIMZIA ENTYVIO	HUMIRA STELARA SUBCUTANEOUS #
<b>Psoriasis</b>	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
<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 ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>Ulcerative Colitis</b>	ENTYVIO XELJANZ	HUMIRA XELJANZ # XELJANZ XR #
<b>All other conditions</b>	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 drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit the website on your member ID card and log in to your member website. If you don't have access to our website, call the toll-free number on your member ID card.

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