

2017 Aetna Specialty Drug List

Applies to members in the Aetna Premier Plus Formulary

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			
NPL	Most plans require national precertification.	*	Drug may not be available through Aetna Specialty Pharmacy.
PR	Most plans require precertification.	**	Specialty drugs are also available through a retail pharmacy or through Aetna Specialty Pharmacy.
		+	If your doctor supplies or administers these drugs, he or she may continue to do so. Your medical plan may continue to cover your drug.

**Specialty medicine through Aetna Specialty Pharmacy and the specialty pharmacy network may not be available to California health maintenance organization (HMO) members. Talk to your doctor about the appropriate way to get the specialty medicine you need. Doctors may have agreed to dispense and administer these drugs to you themselves. Or they may write a prescription so you can fill them at any participating pharmacy you choose.

Category	Generic medicine	Brand-name medicine	
Antineoplastic agents Antineoplastics (oral)	<i>bexarotene</i> <i>capecitabine</i> ^{NPL PR} <i>imatinib</i> ^{PR} <i>temozolomide</i> ^{NPL PR} <i>tretinoin</i>	AFINITOR ^{PR} AFINITOR DIS ^{PR} ALECENSA ^{PR} BOSULIF ^{PR} CABOMETYX ^{PR} CAPRELSA [*] COMETRIQ COTELLIC ^{PR} ERIVEDGE ^{PR} FARYDAK ^{PR} GILOTRIF ^{* PR} GLEEVEC ^{PR} HYCAMTIN ^{PR} IBRANCE ^{PR} ICLUSIG ^{PR} IMBRUVICA ^{PR} INLYTA ^{PR} IRESSA ^{PR} JAKAFI ^{* PR} LENVIMA ^{* PR} LONSURF ^{* PR} LYNPARZA ^{PR} MEKINIST ^{PR} NEXAVAR ^{PR}	NINLARO ^{PR} ODOMZO ^{PR} POMALYST ^{PR} PURIXAN ^{PR} REVLIMID ^{PR} SPRYCEL ^{PR} STIVARGA ^{PR} SUTENT ^{PR} TAFINLAR ^{PR} TAGRISSO ^{* PR} TARCEVA ^{PR} TARGRETIN TASIGNA ^{PR} TEMODAR ^{NPL PR} THALOMID ^{PR} TYKERB ^{PR} VENCLEXTA ^{PR} VOTRIENT ^{PR} XELODA ^{NPL PR} XALKORI ^{* PR} ZELBORAF ^{PR} ZOLINZA ^{PR} ZYDELIG ^{PR} ZYKADIA ^{PR}
Antineoplastics — hormonal agents	<i>leuprolide</i> ^{PR}	ELIGARD ^{PR} FASLODEX ^{PR +} FIRMAGON ^{PR +} LUPANETA ^{PR} LUPRON ^{PR} LUPRON DEPOT ^{PR +} TRELSTAR LA ^{PR +}	TRELSTAR DEPOT ^{PR +} TRELSTAR MIX ^{PR +} VANTAS ^{PR +} XTANDI ^{* PR} ZOLADEX ^{PR +} ZYTIGA ^{PR +}
Antineoplastics — miscellaneous	none	ACTIMMUNE ^{NPL PR} ALFERON N ^{PR +} INTRON A ^{NPL PR} IRESSA ^{PR} SYLATRON ^{PR} TARGRETIN Gel VALCHLOR ^{PR}	
Blood products — modifiers — volume expanders			
Anti-inhibitor coagulant complex	none	FEIBA NF ^{PR} FEIBA VH ^{PR}	
Blood-clotting factor VIIa (recombinant)	none	NOVOSEVEN ^{NPL PR} NOVOSEVEN RT ^{NPL PR}	

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health 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. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

Category	Generic medicine	Brand-name medicine
Blood-clotting factor VIII (human)	none	ALPHANATE ^{NPL PR} CORIFACT ^{NPL PR} HEMOFIL M ^{NPL PR} HUMATE-P ^{NPL PR} KOATE-DVI ^{NPL PR} MONOCLATE-P ^{NPL PR} WILATE ^{NPL PR}
Blood-clotting factor VIII (recombinant)	none	ADVATE ^{NPL PR} ADYNOVATE ^{NPL PR} AFSTYLA ^{NPL PR} ELOCTATE ^{NPL PR} HELIXATE FS ^{NPL PR} IXINITY ^{NPL PR} KOGENATE FS ^{NPL PR} KOVALTRY ^{NPL PR} NOVOEIGHT ^{NPL PR} NUWIQ ^{NPL PR} RECOMBIMATE ^{NPL PR} XYNTHA ^{NPL PR}
Blood-clotting factor IX (nonrecombinant)	none	ALPHANINE SD ^{NPL PR} MONONINE ^{NPL PR} PROFILNINE ^{NPL PR}
Blood-clotting factor IX (recombinant)	none	ALPROLIX ^{NPL PR} BEBULIN VH ^{NPL PR} BENEFIX ^{NPL PR} IDELVION ^{NPL PR} IXINITY ^{NPL PR}
Blood-clotting factor X (human)	none	COAGADEX ^{NPL PR}
Blood-clotting factor XIII (recombinant)	none	TRETTEN ^{NPL PR}
Blood-clotting complex	none	KCENTRA ^{NPL PR}
Fibrinogen concentrate (human)	none	RIASTAP ^{NPL +} RIXUBIS ^{NPL PR}
Hematopoietic growth factors	none	ARANESP ^{NPL PR +} EPOGEN ^{NPL PR +} GRANIX ^{NPL PR} LEUKINE ^{NPL PR +} MIRCERA ^{PR +} NEULASTA ^{NPL PR +} NEUMEGA ⁺ NEUPOGEN ^{NPL PR +} NPLATE ^{PR +} PROCRIT ^{NPL PR +} PROMACTA ^{PR +} ZARXIO ^{NPL PR +}
Hereditary angioedema	none	BERINERT ^{NPL PR +} CINRYZE ^{* NPL PR +} FIRAZYR ^{NPL PR +} KALBITOR ^{* NPL PR +} RUCONEST ^{* NPL PR +}
Paroxysmal nocturnal hemoglobinuria	none	SOLIRIS ^{NPL PR +}

Category	Generic medicine	Brand-name medicine	
Cardiovascular system			
Hypertension	none	VECAMYL ^{PR}	
Inherited homozygous familial hypercholesterolemia	none	JUXTAPID* ^{PR} KYNAMRO ^{PR} REPATHA ^{NPL PR}	
Inherited heterozygous familial hypercholesterolemia	none	PRALUENT ^{NPL PR} REPATHA ^{NPL PR}	
Orthostatic hypotension	none	NORTHERA ^{PR}	
Pulmonary hypertension agents	<i>epoprostenol</i> * ^{NPL PR +} <i>sildenafil</i> ^{NPL PR}	ADCIRCA ^{NPL PR} ADEMPAS ^{NPL PR} FLOLAN * ^{NPL PR +} LETAIRIS ^{NPL PR} OPSUMIT ^{NPL PR} ORENITRAM ^{NPL PR} REMODULIN * ^{NPL PR +}	REVATIO ^{NPL PR} TRACLEER ^{NPL PR} TYVASO * ^{NPL PR} UPTRAVI * ^{NPL PR} VELETRI * ^{NPL PR +} VENTAVIS * ^{NPL PR}
Central nervous system			
Analgesics — nonnarcotic	none	PRIALT ⁺	
Anticonvulsants — GABA modulators	none	SABRIL * ^{PR}	
Huntington's disease — chorea	<i>tetrabenazine</i> ^{PR}	XENAZINE * ^{PR}	
Multiple sclerosis agents	<i>glatopa</i> ^{NPL PR}	AMPYRA ^{PR} AUBAGIO ^{NPL PR} AVONEX ^{NPL PR} BETASERON ^{NPL PR} COPAXONE 20 mg ^{NPL PR} COPAXONE 40 mg ^{NPL PR} EXTAVIA ^{NPL PR}	GILENYA ^{NPL PR} LEMTRADA ^{NPL PR +} PLEGRIDY ^{NPL PR} REBIF ^{NPL PR} TECFIDERA ^{NPL PR} TYSABRI ^{NPL PR +}
Dermatological agents			
Antineoplastic-alkylating agents	none	VALCHLOR Gel * ^{PR}	
Antipsoriatics	none	COSENTYX ^{PR} ENBREL ^{NPL PR} HUMIRA ^{NPL PR} KINERET ^{NPL PR} OTEZLA ^{NPL PR}	OTREXUP RASUVO REMICADE ^{NPL PR +} SIMPONI ^{NPL PR +} STELARA ^{NPL PR +} TALTZ ^{NPL PR}

Category	Generic medicine	Brand-name medicine	
Endocrine system			
Acromegaly	<i>octreotide</i> ^{PR +}	SANDOSTATIN ^{PR +} SANDOSTATIN LAR ^{PR +} SIGNIFOR LAR ^{* PR} SOMATULINE ^{NPL PR +} SOMAVERT ^{PR}	
Congenital sucrose-isomaltase deficiency	none	SUCRAID [*]	
Corticotropin	none	ACTHAR HP ^{NPL PR +}	
Cushing's disease	none	SIGNIFOR ^{PR} KORLYM ^{PR}	
Diagnostic drugs	none	THYROGEN ⁺	
Fabry disease	none	FABRAZYME ^{NPL PR +}	
Fertility agents	<i>chorionic gonadotropin</i> ^{PR} <i>leuprolide</i> ^{PR} <i>novarel</i> ^{PR} <i>pregnyl</i> ^{PR}	BRAVELLE ^{NPL PR} CETROTIDE ^{NPL PR} FOLLISTIM AQ ^{NPL PR} GANIRELIX ^{NPL PR} GONAL-F ^{NPL PR}	GONAL-F RFF ^{NPL PR} LUPRON ^{PR} MENOPUR ^{NPL PR} OVIDREL ^{NPL PR} REPRONEX ^{NPL PR}
Gaucher disease	none	CERDELGA ^{PR} CEREZYME ^{NPL PR +} ELELYSO ^{* NPL PR +} VPRIV ^{NPL PR +} ZAVESCA ^{* NPL PR +}	
Growth factors, insulin-like	none	INCRELEX ^{NPL PR}	
Growth hormone agents	none	GENOTROPIN ^{NPL PR} HUMATROPE ^{NPL PR} NORDITROPIN ^{NPL PR} NUTROPIN ^{NPL PR} NUTROPIN AQ ^{NPL PR} NUTROPIN AQ NUSPIN ^{NPL PR} OMNITROPE ^{NPL PR} SAIZEN ^{NPL PR} SEROSTIM ^{NPL PR} ZOMACTON ^{NPL PR} ZORBTIVE ^{NPL PR}	
Hereditary orotic aciduria	none	XURIDEN ^{* PR}	
Hereditary tyrosinemia	none	ORFADIN ^{* PR}	
Homocystinuria	none	CYSTADANE ^{PR}	
Hormone replacement — progestins	none	MAKENA ^{PR}	
Hunter syndrome	none	ELAPRASE ^{* NPL PR +}	

Category	Generic medicine	Brand-name medicine
Hyperammonemia	<i>phenylbutyrate</i> ^{PR}	AMMONUL ⁺ BUPHENYL ^{PR} CARBAGLU ^{* PR}
Hyperparathyroidism	<i>doxercalciferol</i> <i>paricalcitol</i>	HECTOROL SENSIPAR ^{PR} ZEMPLAR
Hypoparathyroidism	none	NATPARA ^{* NPL PR}
Hypophosphatasia	none	STRENSIQ ^{* NPL PR}
Leptin deficiency	none	MYALEPT ^{NPL PR}
LHRH/GnRH agonist analog pituitary suppressants	none	SUPPRELIN LA ^{PR +} SYNAREL ^{PR}
Lysosomal acid lipase (LAL) deficiency	none	KANUMA ^{* NPL PR +}
Morquio A syndrome	none	VIMIZIM ^{NPL PR}
Mucopolysaccharidosis I	none	ALDURAZYME ^{NPL PR +}
Mucopolysaccharidosis VI	none	NAGLAZYME ^{NPL PR +}
Phenylketonuria	none	KUVAN ^{* PR}
Pompe disease	none	LUMIZYME ^{NPL PR +} MYOZYME ^{NPL PR +}
Vasopressin receptor antagonists	none	SAMSCA ^{* PR}
Gastrointestinal system		
Bile acid synthesis disorders	none	CHOLBAM ^{* PR}
Crohn's disease	none	CIMZIA ^{NPL PR +} ENTYVIO ^{NPL PR +} HUMIRA ^{NPL PR} REMICADE ^{NPL PR +}
Short bowel syndrome	none	GATTEX ^{* NPL PR}
Infections and infestations		
Antiretrovirals — fusion inhibitors	none	FUZEON ^{PR}
Antivirals — cytomegalovirus (CMV) agents	<i>cidofovir</i> ⁺ <i>foscarnet</i> ⁺ <i>ganciclovir</i> <i>valganciclovir</i> ^{PR}	CYTOGAM ⁺ CYTOVENE ⁺ FOSCAVIR ⁺ VALCYTE ^{PR} VALCYTE SOL ^{PR} VISTIDE

Category	Generic medicine	Brand-name medicine	
Antivirals — hepatitis agents	<i>adefovir</i> <i>entecavir</i> <i>lamivudine</i> <i>ribapak</i> <i>ribasphere</i> <i>ribavirin</i>	BARACLUDE COPEGUS DAKLINZA ^{NPL PR} EPCLUSA ^{NPL PR} EPIVIR HBV HARVONI ^{NPL PR} HEPSERA INFERGEN ^{NPL PR +} OLYSIO ^{NPL PR}	PEGASYS ^{NPL PR} PEGINTRON ^{NPL PR} REBETOL SOVALDI ^{NPL PR} TECHNIVIE ^{NPL PR} TYZEKA VIEKIRA ^{NPL PR} ZEPATIER ^{NPL PR}
Musculoskeletal system			
Bone-modifying agents	<i>ibandronate (inj only)</i> ⁺ <i>pamidronate</i> ⁺ <i>zoledronic acid</i> ⁺	BONIVA (inj only) ⁺ FORTEO ^{NPL PR +} GANITE ^{NPL +} PROLIA ^{NPL PR +} RECLAST ⁺ XGEVA ^{NPL PR +} ZOMETA ⁺	
Enzymes	none	XIAFLEX ⁺	
Gout	none	KRYSTEXXA ^{PR +}	
Interleukin-1beta blockers	none	ILARIS ^{* NPL PR +}	
Interleukin-1 blockers	none	ARCALYST ^{* PR +}	
Neuromuscular blocking agent — neurotoxins	none	BOTOX ^{NPL PR +} DYSPORT ^{NPL PR +} XEOMIN ^{NPL PR +}	
Osteoarthritis	none	EUFLEXXA ^{NPL PR +} GEL-ONE INJ ^{NPL PR +} HYALGAN ^{NPL PR +} HYMOVIS ^{NPL PR} MONOVISC ^{NPL PR +}	ORTHOVISC ^{NPL PR +} SUPARTZ ^{NPL PR +} SYNVISC ^{NPL PR +} SYNVISC ONE ^{NPL PR +}
Rheumatoid arthritis	none	ACTEMRA ^{NPL PR +} ACTEMRA SC ^{NPL PR} CIMZIA ^{NPL PR +} ENBREL ^{NPL PR} HUMIRA ^{NPL PR} KINERET ^{NPL PR} ORENCIA ^{NPL PR +}	OTREXUP RASUVO REMICADE ^{NPL PR +} SIMPONI ^{NPL PR} SIMPONI ARIA ^{NPL PR +} XELJANZ ^{NPL PR} XELJANZ XR ^{NPL PR}
Ophthalmic agents			
Macular degeneration	none	EYLEA ^{NPL PR +} LUCENTIS ^{NPL PR +} MACUGEN ^{NPL PR +} VISUDYNE ^{PR +}	
Macular edema	none	OZURDEX ^{PR +}	

Category	Generic medicine	Brand-name medicine
Vitreomacular adhesion	none	JETREA ^{PR +}
Respiratory tract agents		
Alpha-proteinase inhibitors	none	ARALAST ^{NPL PR +} ARALAST NP ^{NPL PR +} GLASSIA ^{* NPL PR +} PROLASTIN ^{* NPL PR +} PROLASTIN-C ^{* NPL PR +} ZEMAIRA ^{* NPL PR +}
Antiasthmatic — monoclonal antibodies	none	CINQAIR ^{NPL PR} NUCALA ^{NPL PR +} XOLAIR ^{NPL PR +}
Cystic fibrosis	<i>colistimethate sodium</i> ⁺ <i>tobramycin neb sol</i>	BETHKIS NEB CAYSTON [*] COLY-MYCIN M ⁺ KALYDECO ^{* PR} ORKAMBI ^{* PR} PULMOZYME ^{PR} TOBI TOBI podhaler ^{PR}
Idiopathic pulmonary fibrosis	none	ESBRIET ^{PR} OFEV ^{PR}
Respiratory syncytial virus — monoclonal antibodies	none	SYNAGIS ^{NPL PR +}
Tuberculosis	none	SIRTURO ^{PR}
Therapeutic nutrients — vitamins — minerals — electrolytes		
Mineral supplements	<i>ferric gluconate</i> ⁺	FERRIPROX ^{PR} FERRLECIT ⁺ VENOFER ⁺
Toxicologic agents		
Alcohol dependence	none	VIVITROL ⁺
Antidotes	<i>deferoxamine mesylate</i> ⁺	DESFERAL ⁺ EXJADE ^{PR} JADENU ^{PR} VISTOGARD [*]
Vaccines, toxoids and biologics		
Immune globulin — CMV	none	CYTOGAM ⁺

Category	Generic medicine	Brand-name medicine	
Immune globulin — immune disorders	none	ADAGEN ^{NPL PR +} BIVIGAM ^{NPL PR +} CARIMUNE NANOFILTERED ^{NPL PR +} FLEBOGAMMA ^{NPL PR +} GAMASTAN S/D ^{NPL PR +} GAMMAGARD ^{NPL PR +} GAMMAGARDS/D ^{NPL PR +} GAMMAKED ^{NPL PR}	GAMMAPLEX ^{NPL PR +} GAMUNEX ^{NPL PR +} GAMUNEX-C ^{NPL PR +} HIZENTRA ^{NPL PR +} HYQVIA ^{NPL PR +} OCTAGAM ^{NPL PR +} PRIVIGEN ^{NPL PR +} VIVAGLOBIN ^{NPL PR +}
Immune globulin — hepatitis B	none	HEPAGAM B ⁺ HYPERHEP B ⁺ NABI-HB ⁺	
Immune globulin — rabies	none	HYPERRAB S/D ⁺ IMOGAM RABIES ⁺	
Immune globulin — Rh isoimmunization	none	HYPERRHO S/D ⁺ MICRHOGAM ULTRA-FILTERED ⁺ RHOGAM ULTRA-FILTERED PLUS ⁺ RHOPHYLAC ⁺ WINRHO SDF ⁺	
Immune globulin — tetanus	none	HYPERTET S/D ⁺	
Miscellaneous			
Cystinosis	none	CYSTARAN ^{* PR} PROCYSBI ^{PR}	
Hyperkalemia	none	VELTASSA ^{PR}	
Immunosuppressive agents	<i>azathioprine (inj only)</i> ⁺ <i>cyclosporine</i> ⁺ <i>gengraf</i> ⁺ <i>mycophenolic acid</i> <i>mycophenolate mofetil</i> <i>sirolimus</i> <i>tacrolimus</i>	ASTAGRAF ATGAM ⁺ CELLCEPT ENVARUSUS XR MYFORTIC NEORAL NULOJIX ⁺	PROGRAF RAPAMUNE SANDIMMUNE SIMULECT ⁺ THYMOGLOBULIN ⁺ ZORTRESS ⁺
Narcolepsy	none	XYREM ^{* PR}	
Primary periodic paralysis	none	KEVEYIS ^{* PR}	
Systemic lupus erythematosus agents	none	BENLYSTA ^{NPL PR +}	
Urea cycle disorder	none	RAVICTI ^{* PR}	
Anxiolytics, sedatives, hypnotics — miscellaneous	none	HETLIOZ ^{PR}	
Parkinson's disease	none	DUOPA ^{* PR}	
Parkinson's disease — psychosis	none	NUPLAZID ^{PR}	
Primary biliary cholangitis (PBC)	none	OCALIVA ^{PR}	

Get the best coverage for your plan

Your prescription drug coverage may include the Aetna Specialty Drug List. For best coverage, fill certain specialty drugs through a network specialty pharmacy like Aetna Specialty Pharmacy.

To get started with Aetna Specialty Pharmacy, call **1-866-782-ASRX (1-866-782-2779)** or TDD: **1-877-833-ASRX (1-877-833-2779)**. Or visit **www.aetnaspecialtyrx.com**.

Commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who have coverage for medications that are added to or removed from the Aetna Specialty CareRxSM list, national precertification list, precertification safety edit list, precertification list, step-therapy list or quantity limit list, or have quantity limits modified, during the plan year will continue to have those medications covered at the same benefits level under their plan prior to the addition, removal or change, until their plan's renewal date.

The term precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the precertification or step-therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the precertification or step-therapy lists will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a licensed pharmacy subsidiary of Aetna Inc. that operates through specialty pharmacy prescription fulfillment. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

Policy forms issued in OK include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

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