

Specialty drug coverage

**For members with the
Aetna Premier Plus plan**
2018 Aetna Specialty Drug List

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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

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.

*Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

Health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna HealthAssurance Pennsylvania Inc. 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 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		
Antineoplastic agents Antineoplastics (oral)	<i>bexarotene</i> ^{PR} <i>capecitabine</i> ^{NPL PR} <i>imatinib</i> ^{PR} <i>temozolomide</i> ^{NPL PR} <i>tretinoin</i>	AFINITOR ^{PR} AFINITOR DIS ^{PR} ALECENSA ^{PR} ALUNBRIG ^{PR} BOSULIF ^{PR} CABOMETYX ^{★ PR} CAPRELSA [★] COMETRIQ ^{PR} COTELLIC ^{PR} ERIVEDGE ^{PR} FARYDAK ^{PR} GILOTRIF ^{★ PR} GLEEVEC ^{PR} HYCANTIN ^{PR} IBRANCE ^{PR} ICLUSIG ^{PR} IDHIFA ^{PR} IMBRUVICA ^{PR} INLYTA ^{PR} IRESSA ^{★ PR} JAKAFI ^{★ PR} KISQALI ^{PR} LENVIMA ^{★ PR} LONSURF ^{★ PR} LYNPARZA ^{PR} MEKINIST ^{PR}	NERLYNX ^{PR} NEXAVAR ^{PR} NINLARO ^{PR} ODOMZO ^{PR} POMALYST ^{PR} PURIXAN ^{PR} RUBRACA ^{PR} RYDAPT ^{PR} SPRYCEL ^{PR} STIVARGA ^{PR} SUTENT ^{PR} TAFINLAR ^{PR} TAGRISSO ^{★ PR} TARCEVA ^{PR} TARGRETIN ^{PR} TASIGNA ^{PR} TEMODAR ^{NPL PR} TYKERB ^{PR} VENCLEXTA ^{PR} VOTRIENT ^{PR} XELODA ^{NPL PR} XALKORI ^{★ PR} ZELBORAF ^{PR} ZEJULA ^{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 +} TRIPTODUR ^{PR +} VANTAS ^{PR +} XTANDI ^{★ PR} ZOLADEX ^{PR +} ZYTIGA ^{PR +}	
Antineoplastics — miscellaneous	none	ACTIMMUNE ^{NPL PR} ALFERON N ^{PR +} INTRON A ^{PR} IRESSA ^{★ PR}	SYLATRON ^{PR} TARGRETIN Gel ^{PR} 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}	
Von Willebrand factor	none	VONVENDI ^{NPL PR}		
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}	

Category	Generic medicine	Brand-name medicine	
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} RECOMBINATE ^{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 ^{NPL 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 +}	HAEGARDA ^{NPL PR} KALBITOR ^{★ NPL PR +} RUCONEST ^{★ NPL PR +}
Paroxysmal nocturnal hemoglobinuria	none	SOLIRIS ^{NPL PR +}	
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}	

Category	Generic medicine	Brand-name medicine	
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 — non-narcotic	none	PRIALT +	
Anticonvulsants — GABA modulators	none	SABRIL * PR	VIGABATRIN PAK PR
Huntington's disease — chorea	<i>tetrabenazine</i> PR	AUSTEDO 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 + ZINBRYTA NPL PR QL
Tardive dyskinesia	none	INGREZZA PR	
Dermatological agents			
Antineoplastic-alkylating agents	none	VALCHLOR Gel * PR	
Antipsoriatics	none	COSENTYX PR ENBREL NPL PR HUMIRA NPL PR INFLECTRA NPL PR KINERET NPL PR OTEZLA NPL PR OTREXUP ** RASUVO **	REMICADE NPL PR + RENFLEXIS NPL PR SILIQ NPL PR SIMPONI NPL PR + STELARA NPL PR + TALTZ NPL PR TREMIFYA NPL PR
Atopic dermatitis	none	DUPIXENT NPL PR	
Endocrine system			
Acromegaly	<i>octreotide</i> PR+	SANDOSTATIN PR + SANDOSTATIN LAR PR + SIGNIFOR LAR * PR	SOMATULINE NPL PR + SOMAVERT PR
Congenital sucrase-isomaltase deficiency	none	SUCRAID *	
Corticotropin	none	ACTHAR HP NPL PR +	
Cushing's disease	none	SIGNIFOR PR	KORLYM PR

Category	Generic medicine	Brand-name medicine	
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 ^{NPL PR} NUSPIN ^{NPL PR}	OMNITROPE ^{NPL PR} SAIZEN ^{NPL PR} SEROSTIM ^{NPL PR} ZOMACTON ^{NPL PR} ZORBITIVE ^{NPL PR}
Hereditary orotic aciduria	none	XURIDEN ^{★ PR}	
Hereditary tyrosinemia	none	NITYR ^{PR}	ORFADIN ^{★ PR}
Homocystinuria	none	CYSTADANE ^{PR}	
Hormone replacement — progestins	none	MAKENA ^{PR}	
Hunter syndrome	none	ELAPRASE ^{★ NPL PR +}	
Hyperammonemia	<i>phenylbutyrate</i> ^{PR}	AMMONUL ⁺ BUPHENYL ^{PR}	CARBAGLU ^{★ PR}
Hyperparathyroidism	none	none	
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}	

Category	Generic medicine	Brand-name medicine	
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}	
Carcinoid syndrome diarrhea	none	XERMELO ^{PR}	
Crohn's disease	none	CIMZIA ^{NPL PR +} ENTYVIO ^{NPL PR +} HUMIRA ^{NPL PR}	INFLECTRA ^{NPL PR} REMICADE ^{NPL PR +} RENFLEXIS ^{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} <i>valganciclovir sol</i> ^{PR}	CYTOGAM ⁺ CYTOVENE ⁺ FOSCAVIR ⁺	VALCYTE ^{PR} VALCYTE SOL ^{PR} VISTIDE
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 +} MAVYRET ^{NPL PR} OLYSIO ^{NPL PR} PEGASYS ^{PR}	PEGINTRON ^{PR} REBETOL SOVALDI ^{NPL PR} TECHNIVIE ^{NPL PR} TYZEKA VEMLIDY ^{PR} VIEKIRA ^{NPL PR} VIEKIRA XR ^{NPL PR QL} VOSEVI ^{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 ⁺ TYMLOS ^{NPL PR} XGEVA ^{NPL PR +} ZOMETA ⁺
Enzymes	none	XIAFLEX ⁺	

Category	Generic medicine	Brand-name medicine	
Gout	none	KRYSTEXXA ^{PR +}	
Interleukin-1 beta blockers	none	ILARIS ^{★ NPL PR +}	
Interleukin-1 blockers		ARCALYST ^{★ PR +}	
Muscular dystrophy	none	EMFLAZA ^{NPL 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 +} GELSYN-3 ^{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} INFLECTRA ^{NPL PR} HUMIRA ^{NPL PR} KINERET ^{NPL PR} KEVZARA ^{NPL PR} ORENCIA ^{NPL PR +}	OTREXUP ^{★★} RASUVO ^{★★} REMICADE ^{NPL PR +} RENFLEXIS ^{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 +}	
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 +}	

Category	Generic medicine	Brand-name medicine	
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 ⁺	
Immune globulin — immune disorders	none	ADAGEN ^{NPL PR +} BIVIGAM ^{NPL PR +} CARIMUNE NANOFILTERED ^{NPL PR +} CUVITRU ^{NPL PR} FLEBOGAMMA ^{NPL PR +} GAMASTAN S/D ^{NPL PR +} GAMMAGARD ^{NPL PR +} GAMMAGARD S/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}
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 ENVARBUS XR MYFORTIC NEORAL NULOJIX ⁺	PROGRAF RAPAMUNE SANDIMMUNE SIMULECT ⁺ THYMOGLOBULIN ⁺ ZORTRESS ⁺

Category	Generic medicine	Brand-name medicine	
Narcolepsy	none	XYREM ^{★ PR}	
Primary periodic paralysis	none	KEVEYIS ^{★ PR}	
Systemic lupus erythematosus agents	none	BENLYSTA ^{NPL PR +}	BENLYSTA SQ ^{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}	
Chelating agents	none	CUPRIMINE ^{PR} DEPEN TITRA ^{PR}	SYPRINE ^{PR}
Urinary stone agents	none	THIOLA ^{PR}	
Agents for pheochromocytoma	<i>phenoxybenzamine</i> ^{PR}	DIBENZYLINE ^{PR}	
Immunomodulators	none	REVLIMID ^{PR}	THALOMID ^{PR}

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 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 and is not an offer or invitation to contract. An application must be completed to obtain coverage. 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. 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 **aetna.com**.

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

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.

