

2017 Aetna Specialty Drug List

Applies to members in the Aetna Value, Value PlusSM plan and Premier formularies

You may get your first fill of 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.
QL	Most plans have a quantity limit.		
ST	Most plans have step therapy.	+	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 QL} <i>imatinib</i> ^{PR QL} <i>temozolomide</i> ^{NPL PR QL} <i>tretinoin</i> ^{QL}	AFINITOR ^{PR QL ST} AFINITOR DIS ^{PR QL} ALECENSA ^{PR QL} BOSULIF ^{PR QL ST} CABOMETYX ^{PR QL} CAPRELSA ^{* PR QL} COMETRIQ ^{PR QL} COTELLIC ^{PR QL} ERIVEDGE ^{PR QL} FARYDAK ^{PR QL} GILOTRIF ^{* PR QL} GLEEVEC ^{PR QL} HYCAMTIN ^{PR QL} IBRANCE ^{PR QL} ICLUSIG ^{PR QL ST} IMBRUVICA ^{PR QL} INLYTA ^{PR QL ST} IRESSA ^{PR QL} JAKAFI ^{* PR QL} LENVIMA ^{* PR QL} LONSURF ^{* PR QL} LYNPARZA ^{PR QL} MEKINIST ^{PR QL} NEXAVAR ^{PR QL ST}	NINLARO ^{PR QL} ODOMZO ^{PR QL} POMALYST ^{PR QL} PURIXAN ^{PR QL ST} REVLIMID ^{PR} SPRYCEL ^{PR QL ST} STIVARGA ^{PR QL} SUTENT ^{PR QL} TAFINLAR ^{PR QL} TAGRISSO ^{* PR QL} TARCEVA ^{PR QL} TARGRETIN ^{PR QL ST} TASIGNA ^{PR QL ST} TEMODAR ^{NPL PR QL} THALOMID ^{PR} TYKERB ^{PR QL} VENCLEXTA ^{PR QL} VOTRIENT ^{PR QL ST} XELODA ^{NPL PR QL} XALKORI ^{* PR QL} ZELBORAF ^{PR QL ST} ZOLINZA ^{PR} ZYDELIG ^{PR QL} ZYKADIA ^{PR QL}
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 QL ST} ZOLADEX ^{PR +} ZYTIGA ^{PR QL +}
Antineoplastics — miscellaneous	none	ACTIMMUNE ^{NPL PR} ALFERON N ^{PR +} INTRON A ^{NPL PR} IRESSA ^{PR QL} SYLATRON ^{PR QL} 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}	

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} 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 ^{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 +}
Cardiovascular system		
Hypertension	none	VECAMYL ^{PR QLST}

Category	Generic medicine	Brand-name medicine	
Inherited homozygous familial hypercholesterolemia	none	JUXTAPID* PR QL ST KYNAMRO PR QL ST REPATHA NPL PR QL ST	
Inherited heterozygous familial hypercholesterolemia	none	PRALUENT NPL PR QL ST REPATHA NPL PR QL ST	
Orthostatic hypotension	none	NORTHERA PR QL ST	
Pulmonary hypertension agents	<i>epoprostenol</i> * NPL PR + <i>sildenafil</i> NPL PR QL	ADCIRCA NPL PR QL ST ADEMPAS NPL PR QL ST FLOLAN* NPL PR + LETAIRIS NPL PR OPSUMIT NPL PR QL ORENITRAM NPL PR ST REMODULIN* NPL PR QL +	REVATIO NPL PR QL ST TRACLEER NPL PR TYVASO* NPL PR UPTRAVI* NPL PR QL 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 QL	XENAZINE* PR QL	
Multiple sclerosis agents	<i>glatopa</i> NPL PR	AMPYRA PR QL AUBAGIO NPL PR QL ST AVONEX NPL PR ST BETASERON NPL PR ST COPAXONE 20 mg NPL PR ST COPAXONE 40 mg NPL PR EXTAVIA NPL PR ST	GILENYA NPL PR QL ST LEMTRADA NPL PR QL ST + PLEGRIDY NPL PR QL ST REBIF NPL PR TALTZ NPL PR ST TECFIDERA NPL PR QL ST TYSABRI NPL PR ST +
Dermatological agents			
Antineoplastic-alkylating agents	none	VALCHLOR Gel* PR QL ST	
Antipsoriatics	none	COSENTYX PR ST ENBREL NPL PR HUMIRA NPL PR KINERET NPL PR ST OTEZLA NPL PR QL	OTREXUP ST RASUVO ST REMICADE NPL PR + SIMPONI NPL PR ST + STELARA NPL PR +
Endocrine system			
Acromegaly	<i>octreotide</i> PR +	SANDOSTATIN PR + SANDOSTATIN LAR PR + SIGNIFOR LAR* PR QL SOMATULINE NPL PR + SOMAVERT PR	
Congenital sucrase-isomaltase deficiency	none	SUCRAID*	
Corticotropin	none	ACTHAR HP NPL PR +	

Category	Generic medicine	Brand-name medicine	
Cushing's disease	none	KORLYM ^{PR QL} SIGNIFOR ^{PR QL}	
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 QL} CEREZYME ^{NPL PR +} ELELYSO ^{* NPL PR ST +} VPRIV ^{NPL PR ST +} ZAVESCA ^{* NPL PR +}	
Growth factors, insulin-like	none	INCRELEX ^{NPL PR}	
Growth hormone agents	none	GENOTROPIN ^{NPL PR ST} HUMATROPE ^{NPL PR ST} NORDITROPIN ^{NPL PR ST} NUTROPIN ^{NPL PR ST} NUTROPIN AQ ^{NPL PR ST} NUTROPIN AQ NUSPIN ^{NPL PR ST} OMNITROPE ^{NPL PR} SAIZEN ^{NPL PR ST} SEROSTIM ^{NPL PR ST} ZOMACTON ^{NPL PR ST} ZORBTIVE ^{NPL PR}	
Hereditary orotic aciduria	none	XURIDEN ^{* PR QL}	
Hereditary tyrosinemia	none	ORFADIN ^{* PR}	
Homocystinuria	none	CYSTADANE ^{PR}	
Hormone replacement — progestins	none	MAKENA ^{PR QL}	
Hunter syndrome	none	ELAPRASE ^{* NPL PR +}	
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 QL}	
Hypophosphatasia	none	STRENSIQ ^{* NPL PR}	
Leptin deficiency	none	MYALEPT ^{NPL PR QL}	

Category	Generic medicine	Brand-name medicine
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 ST} + ENTYVIO ^{NPL PR ST} + HUMIRA ^{NPL PR} REMICADE ^{NPL PR} +
Short bowel syndrome	none	GATTEX * NPL PR QL
Infections and infestations		
Antiretrovirals — fusion inhibitors	none	FUZEON ^{PR}
Antivirals — cytomegalovirus (CMV) agents	<i>cidofovir + foscarnet + ganciclovir valganciclovir</i> ^{PR QL}	CYTOGAM + CYTOVENE + FOSCAVIR + VALCYTE ^{PR} VALCYTE SOL ^{PR} VISTIDE
Antivirals — hepatitis agents	<i>adefovir entecavir lamivudine ribapak ribasphere ribavirin</i>	BARACLUDE COPEGUS DAKLINZA ^{NPL PR QL ST} EPCLUSA ^{NPL PR QL} EPIVIR HBV HARVONI ^{NPL PR} HEPSERA INFERGEN ^{NPL PR} + OLYSIO ^{NPL PR QL ST} PEGASYS ^{NPL PR} PEGINTRON ^{NPL PR} REBETOL SOVALDI ^{NPL PR QL} TECHNIVIE ^{NPL PR QL ST} TYZEKA VIEKIRA ^{NPL PR ST} ZEPATIER ^{NPL PR QL}

Category	Generic medicine	Brand-name medicine
Musculoskeletal system		
Bone-modifying agents	<i>ibandronate (inj only) + pamidronate + zoledronic acid +</i>	BONIVA (inj only) ^{QL +} 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 ST +} HYALGAN ^{NPL PR ST +} HYMOVIS ^{NPL PR ST} MONOVISC ^{NPL PR +} ORTHOVISC ^{NPL PR +} SUPARTZ ^{NPL PR ST +} SYNVISC ^{NPL PR ST +} SYNVISC ONE ^{NPL PR ST +}
Rheumatoid arthritis	none	ACTEMRA ^{NPL PR ST +} ACTEMRA SC ^{NPL PR ST} CIMZIA ^{NPL PR ST +} ENBREL ^{NPL PR} HUMIRA ^{NPL PR} KINERET ^{NPL PR ST} ORENCIA ^{NPL PR ST +} OTREXUP ST RASUVO ST REMICADE ^{NPL PR +} SIMPONI ^{NPL PR ST} SIMPONI ARIA ^{NPL PR +} XELJANZ ^{NPL PR QL ST} XELJANZ XR ^{NPL PR QL ST}
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 +}

Category	Generic medicine	Brand-name medicine
Antiasthmatic — monoclonal antibodies	none	CINQAIR ^{NPL PR} NUCALA ^{NPL PR QL +} XOLAIR ^{NPL PR +}
Cystic fibrosis	<i>colistimethate sodium + tobramycin neb sol</i>	BETHKIS NEB CAYSTON* COLY-MYCIN M + KALYDECO* ^{PR QL} ORKAMBI* ^{PR QL} PULMOZYME ^{PR} TOBI TOBI podhaler ^{PR QL}
Idiopathic pulmonary fibrosis	none	ESBRIET ^{PR QL} OFEV ^{PR QL}
Respiratory syncytial virus — monoclonal antibodies	none	SYNAGIS ^{NPL PR QL +}
Tuberculosis	none	SIRTURO ^{PR QL ST}
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* ^{QL}
Vaccines, toxoids and biologics		
Immune globulin — CMV	none	CYTOGAM +
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 +

Category	Generic medicine	Brand-name medicine
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 QL PROCYSBI PR QL ST
Hyperkalemia	none	VELTASSA PR QL
Immunosuppressive agents	<i>azathioprine (inj only) + cyclosporine + gengraf + mycophenolic acid mycophenolate mofetil sirolimus tacrolimus</i>	ASTAGRAF ATGAM + CELLCEPT ENVARBUS XR MYFORTIC NEORAL NULOJIX + PROGRAF RAPAMUNE SANDIMMUNE SIMULECT + THYMOGLOBULIN + ZORTRESS +
Narcolepsy	none	XYREM * PR
Primary periodic paralysis	none	KEVEYIS * PR QL
Systemic lupus erythematosus agents	none	BENLYSTA NPL PR +
Urea cycle disorder	none	RAVICTI * PR
Anxiolytics, sedatives, hypnotics — miscellaneous	none	HETLIOZ PR QL
Parkinson's disease	none	DUOPA * PR QL ST
Parkinson's disease — psychosis	none	NUPLAZID PR QL
Primary biliary cholangitis (PBC)	none	OCALIVA PR QL ST

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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