

# Specialty Drug List

---

**2022 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>		
<i>Viscosupplements</i>	DUROLANE EUFLEXXA	GELSYN-3 SUPARTZ FX
<b>Anti-Infectives</b>		
<i>Antiretroviral Agents</i> <i>Antiretroviral Combinations §</i>	<i>abacavir-lamivudine</i> <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> <i>emtricitabine-tenofovir disoproxil fumarate</i> <i>lamivudine-zidovudine</i> BIKTARVY CIMDUO DESCOVY	DOVATO EVOTAZ GENVOYA ODEFSEY PREZCOBIX SYMTUZA TEMIXYS TRIUMEQ
<i>Antiretroviral Agents</i> <i>Fusion Inhibitors</i>	FUZEON	
<i>Antiretroviral Agents</i> <i>Integrase Inhibitors</i>	ISENTRESS TIVICAY	
<i>Antiretroviral Agents</i> <i>Non-Nucleoside Reverse Transcriptase Inhibitors §</i>	<i>efavirenz</i> <i>nevirapine</i> <i>nevirapine ext-rel</i>	EDURANT INTELENCE
<i>Antiretroviral Agents</i> <i>Nucleoside Reverse Transcriptase Inhibitors §</i>	<i>abacavir tablet</i> <i>lamivudine</i>	<i>stavudine</i> <i>zidovudine</i> EMTRIVA

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health 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 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>Antiretroviral Agents Nucleotide Reverse Transcriptase Inhibitors §</b>	<i>tenofovir disoproxil fumarate</i>	
<b>Antiretroviral Agents Protease Inhibitors §</b>	<i>atazanavir lopinavir-ritonavir solution</i>	NORVIR PREZISTA
<b>Antivirals Hepatitis B Agents §</b>	<i>entecavir lamivudine tenofovir disoproxil fumarate</i>	BARACLUDGE SOLUTION VELMIDY
<b>Antivirals Hepatitis C Agents §</b>	<i>ribavirin EPCLUSA <small>(genotypes 1, 2, 3, 4, 5, 6)</small></i>	HARVONI <small>(genotypes 1, 4, 5, 6)</small> VOSEVI <sup>2</sup>
<b>Antineoplastic Agents</b>		
<b>Alkylating Agents §</b>	<i>temozolomide</i>	
<b>Antimetabolites §</b>	<i>capecitabine LONSURF</i>	
<b>Biosimilars</b>	<i>KANJINTI RUXIENCE</i>	TRAZIMERA ZIRABEV
<b>Hormonal Antineoplastic Agents Antiandrogens §</b>	<i>abiraterone ERLEADA NUBEQA</i>	XTANDI YONSA
<b>Kinase Inhibitors §</b>	<i>erlotinib everolimus imatinib mesylate lapatinib sunitinib AFINITOR DISPERZ ALECENSA ALUNBRIG BOSULIF BRUKINSA CABOMETYX CALQUENCE COPIKTRA IBRANCE</i>	IMBRUVICA IRESSA IKISQALI KISQALI FEMARA CO-PACK KOSELUGO ROZLYTREK RYDAPT SPRYCEL STIVARGA TAGRISSO VITRAKVI VOTRIENT XOSPATA ZYKADIA
<b>Monoclonal Antibodies</b>	<i>PERJETA PHESGO</i>	
<b>Multiple Myeloma Immunomodulators</b>	<i>REVLIMID THALOMID</i>	
<b>Multiple Myeloma Proteasome Inhibitors</b>	<i>NINLARO VELCADE</i>	
<b>Miscellaneous §</b>	<i>bexarotene capsule ERIVEDGE LYNPARZA MATULANE ODOMZO</i>	RUBRACA VISTOGARD ZEJULA ZOLINZA
<b>Prostate Cancer Luteinizing Hormone-Releasing Hormone (LHRH) Agonists §</b>	<i>leuprolide acetate ELIGARD</i>	

<b>Category Drug class</b>		
<i>Prostate Cancer</i> Luteinizing Hormone-Releasing Hormone (LHRH) Antagonists §	FIRMAGON	
<b>Cardiovascular</b>		
<i>Antilipemics</i> PCSK9 Inhibitors	PRALUENT	
<i>Pulmonary Arterial Hypertension</i> Endothelin Receptor Antagonists §	<i>ambrisentan</i> <i>bosentan</i> OPSUMIT	
<i>Pulmonary Arterial Hypertension</i> Phosphodiesterase Inhibitors §	<i>sildenafil</i> <i>tadalafil</i>	
<i>Pulmonary Arterial Hypertension</i> Prostacyclin Receptor Agonists	UPTRAVI	
<i>Pulmonary Arterial Hypertension</i> Prostaglandin Vasodilators	<i>treprostinil</i> ORENITRAM	
<i>Pulmonary Arterial Hypertension</i> Soluble Guanylate Cyclase Stimulators	ADEMPAS	
<b>Central Nervous System</b>		
<i>Anticonvulsants §</i>	<i>vigabatrin</i>	
<i>Antiparkinsonian Agents</i>	INBRIJA KYNMOBI	
<i>Movement Disorders §</i>	<i>tetrabenazine</i> AUSTEDO INGREZZA	
<i>Multiple Sclerosis Agents §</i>	<i>dimethyl fumarate</i> <i>delayed-rel</i> <i>glatiramer</i> AUBAGIO AVONEX BETASERON COPAXONE GILENYA	KESIMPTA MAYZENT OCREVUS REBIF TYSABRI VUMERITY ZEPOSIA
<i>Narcolepsy</i>	WAKIX XYWAV	
<b>Endocrine and Metabolic</b>		
<i>Acromegaly</i>	SOMATULINE DEPOT	
<i>Calcium Regulators Antagonists §</i>	<i>cinacalcet</i>	
<i>Calcium Regulators</i> Parathyroid Hormones	FORTEO TYMLOS	
<i>Calcium Regulators</i> Miscellaneous	PROLIA	
<i>Central Precocious Puberty</i>	LUPRON DEPOT-PED SUPPRELIN LA TRIPTODUR	

<b>Category Drug class</b>		
<b>Contraceptives</b> Progestin Intrauterine Devices	KYLEENA MIRENA SKYLA	
<b>Fertility Regulators</b> GnRH/LHRH Antagonists	CETROTIDE	
<b>Fertility Regulators</b> Ovulation Stimulants, Gonadotropins	GONAL-F OVIDREL	
<b>Gaucher Disease</b>	CERDELGA CEREZYME	
<b>Hereditary Tyrosinemia Type 1 Agents</b>	ORFADIN	
<b>Human Growth Hormones</b>	NORDITROPIN	
<b>PHENYLKETONURIA TREATMENT AGENTS §</b>	sapropterin	
<b>Polyneuropathy</b>	TEGSEDI	
<b>Urea Cycle Disorders §</b>	sodium phenylbutyrate	
<b>Miscellaneous</b>	CYSTAGON	
<b>Genitourinary</b>		
<b>Miscellaneous §</b>	tiopronin	
<b>Hematologic</b>		
<b>Chelating Agents §</b>	deferasirox deferiprone deferoxamine	penicillamine capsule trientine
<b>Hematopoietic Growth Factors</b>	NIVESTYM RETACRIT ZIEXTENZO	
<b>Hemophilia A Agents</b>	ADVATE ADYNOVATE AFSTYLA ELOCATE ESPERCOT	JIVI KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ
<b>Hemophilia B Agents</b>	REBINYN	
<b>Miscellaneous Bleeding Disorders Agents</b>	NOVOSEVEN RT SEVENFACT	
<b>Paroxysmal Nocturnal Hemoglobinuria Hemoglobinuria (PNH) Agents</b>	EMPAVELI	
<b>Thrombocytopenia Agents</b>	PROMACTA TAVALISSE	
<b>Immunologic Agents</b>		
<b>Allergenic Extracts</b>	ORALAIR	

\* See Table 1 For Indication Based Coverage Details

# After Failure Of Humira

<b>Category Drug class</b>		
<b>Autoimmune Agents* (Physician Administered)</b>	REMICADE SIMPONI ARIA	STELARA INTRAVENOUS
<b>Autoimmune Agents* (Self-Administered)</b>	See table 1 for indication based coverage details	
<b>Autoimmune Agents* Ankylosing Spondylitis</b>	COSENTYX ENBREL HUMIRA	
<b>Autoimmune Agents* Crohn's Disease</b>	HUMIRA STELARA SUBCUTANEOUS #	
<b>Autoimmune Agents* Non-Radiographic Axial Spondyloarthritis</b>	CIMZIA PREFILLED SYRINGE COSENTYX	
<b>Autoimmune Agents* Psoriasis</b>	HUMIRA OTEZLA SKYRIZI	STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>Autoimmune Agents* Psoriatic Arthritis</b>	COSENTYX ENBREL HUMIRA OTEZLA	RINVOQ STELARA SUBCUTANEOUS TREMIFYA
<b>Autoimmune Agents* Rheumatoid Arthritis</b>	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT	ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>Autoimmune Agents* Ulcerative Colitis</b>	HUMIRA STELARA SUBCUTANEOUS # XELJANZ #	XELJANZ XR # ZEPOSIA #
<b>Autoimmune Agents* All Other Conditions</b>	ENBREL HUMIRA	
<b>Disease-Modifying Antirheumatic Drugs (DMARDs)</b>	RASUVO	
<b>Hereditary Angioedema</b>	icatibant RUCONEST	TAKHZYRO ORLADEYO
<b>Immunomodulators Immune Globulins</b>	CUTAQUIG	
<b>Immunosuppressants Antimetabolites §</b>	<i>mycophenolate mofetil mycophenolate sodium</i>	
<b>Immunosuppressants Calcineurin Inhibitors §</b>	<i>cyclosporine cyclosporine, modified tacrolimus</i>	
<b>Immunosuppressants Monoclonal Antibodies</b>	ENSPRYNG	
<b>Immunosuppressants Rapamycin Derivatives §</b>	<i>everolimus sirolimus</i>	
<b>Respiratory</b>		
<b>Alpha-1 Antitrypsin Deficiency Agents</b>	PROLASTIN-C	

<b>Category</b>		<b>Drug class</b>	
<b>Cystic Fibrosis §</b>		tobramycin inhalation solution BETHKIS	
<b>Pulmonary Fibrosis Agents</b>		ESBRIET OFEV	
<b>Severe Asthma Agents</b>		DUPIXENT FASENRA	NUCALA XOLAIR
<b>Topical</b>			
<b>Dermatology</b>		DUPIXENT	
<b>Atopic Dermatitis</b>			
<b>Mouth/Throat/Dental Agents</b>		MUGARD	
<b>Protectants</b>			
<b>Ophthalmic</b>		EYLEA LUCENTIS	
<b>Retinal Disorders</b>			

## Quick reference drug list.

### A

aabacavir  
 abacavir-lamivudine  
 abiraterone  
 ADEMPAS  
 ADVATE  
 ADYNOVATE  
 AFINITOR DISPERZ  
 AFSTYLA  
 ALECENSA  
 ALUNBRIG  
 ambrisentan  
 atazanavir  
 AUBAGIO  
 AUSTEDO  
 AVONEX

### B

BARACLUDE  
 SOLUTION  
 BETASERON  
 BETHKIS  
 bexarotene capsule  
 BIKTARVY  
 bosentan  
 BOSULIF  
 BRUKINSA

### C

CABOMETYX  
 CALQUENCE  
 capecitabine  
 CERDELGA  
 CEREZYME  
 CETROTIDE  
 CIMDUO  
 CIMZIA PREFILLED  
 SYRINGE  
 cinacalcet  
 COPAXONE  
 COPIKTRA  
 COSENTYX  
 CUTAQUIG  
 cyclosporine  
 cyclosporine, modified  
 CYSTAGON

### D

deferasirox  
 deferiprone  
 deferoxamine  
 DISCOVY  
 dimethyl fumarate  
 delayed-rel  
 DOVATO  
 DUPIXENT  
 DUROLANE

### E

EDURANT  
 efavirenz  
 efavirenz-

emtricitabine-  
 tenofovir disoproxil  
 fumarate  
 efavirenz-lamivudine-  
 tenofovir disoproxil  
 fumarate  
 ELIGARD  
 ELOCTATE  
 emtricitabine-tenofovir  
 disoproxil fumarate  
 EMTRIVA  
 ENBREL  
 ENSPRYNG  
 entecavir  
 EPCLUSA  
 ERIVEDGE  
 ERLEADA

erlotinib  
 ESBRIET  
 ESPEROCT  
 EUFLEXXA  
 everolimus  
 EVOTAZ  
 EYLEA

### F

FASENRA  
 FIRMAGON  
 FORTEO  
 FUZEON

### G

GELSYN-3  
 GENVOYA  
 GILENYA  
 glatiramer  
 GONAL-F

### H

HARVONI  
 HUMIRA

### I

IBRANCE  
 icanibant  
 imatinib mesylate  
 IMBRUVICA  
 INBRIJA  
 INGREZZA  
 INTELENCE  
 IRESSA  
 ISENTRESS

### J

JIVI

### K

KANJINTI  
 KESIMPTA  
 KEVZARA  
 KISQALI  
 KISQALI FEMARA CO-  
 PACK  
 KOGENATE FS

KOSELUGO  
 KOVALTRY  
 KYLEENA  
 KYNMOBI  
**L**  
 lamivudine  
 lamivudine-zidovudine  
 lapatinib  
 leuprolide acetate  
 LONSURF  
 lopinavir-ritonavir  
 LUCENTIS  
 LUPRON DEPOT-PED  
 LYNPARZA  
 LYSODREN

### M

MATULANE  
 MAYZENT  
 MIRENA  
 MUGARD  
 mycophenolate  
 mofetil  
 mycophenolate  
 sodium

### N

nevirapine  
 nevirapine ext-rel  
 NINLARO  
 NIVESTYM  
 NORDITROPIN  
 NORVIR  
 NOVOEIGHT  
 NOVOSEVEN RT  
 NUBEQA  
 NUCALA  
 NUWIQ

### O

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

### P

penicillamine capsule  
 PERJETA  
 PHESGO  
 PRALUENT  
 PREZCOBIX  
 PREZISTA

PROLASTIN-C  
 PROLIA  
 PROMACTA

### R

RASUVO  
 REBIF  
 REBINYN  
 REMICADE  
 RETACRIT  
 REVLIMID  
 ribavirin  
 RINVOQ  
 ROZLYTREK  
 RUBRACA  
 RUCONEST  
 RUXIENCE  
 RYDAPT

### S

sapropterin  
 SEVENFACT  
 sildenafil  
 SIMPONI ARIA  
 sirolimus  
 SKYLA  
 SKYRIZI  
 sodium  
 phenylbutyrate  
 SOMATULINE DEPOT  
 SPRYCEL  
 stavudine  
 STELARA  
 INTRAVENOUS  
 STELARA  
 SUBCUTANEOUS  
 STIVARGA  
 sunitinib  
 SUPARTZ FX  
 SUPPRELIN LA  
 SUTENT  
 SYMTUZA

### T

tacrolimus  
 tadalafil  
 TAGRISSO  
 TAKHZYRO  
 TALTZ  
 TAVALISSE  
 TEGSEDI  
 TEMIXYS  
 temozolomide  
 tenofovir disoproxil  
 fumarate  
 tetrabenazine  
 THALOMID  
 tiopronin  
 TIVICAY  
 tobramycin inhalation  
 solution

TRAZIMERA  
 TREMFYA  
 treprostinil  
 trientine  
 TRIPTODUR  
 TRIUMEQ  
 TYMLOS  
 TYSABRI

### U

UPTRAVI

### V

VELCADE  
 VEMLIDY  
 vigabatrin  
 VISTOGARD  
 VITRAKVI  
 VOSEVI<sup>2</sup>  
 VOTRIENT  
 VUMERITY

### W

WAKIX

### X

XELJANZ  
 XELJANZ XR  
 XOLAIR  
 XOSPATA  
 XTANDI  
 XYWAV

### Y

YONSA

### Z

ZEJULA  
 ZEPOSIA  
 zidovudine  
 ZIEXTENZO  
 ZIRABEV  
 ZOLINZA  
 ZYKADIA



## Preferred options for excluded specialty medications<sup>3</sup>

Drug name(s)	Preferred option(s)*
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA
ADCIRCA	<i>sildenafil, tadalafil</i>
AFINITOR	<i>everolimus</i> , AFINITOR DISPERZ
ALIQOPA	COPIKTRA
ALPROLIX	Consult doctor
APOKYN	INBRIJA, KYNMOBI
APTIVUS	Consult doctor
ARALAST NP	PROLASTIN-C
ARANESP	RETACRIT
ASTAGRAF XL	<i>tacrolimus</i>
ATRIPLA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
AVASTIN	ZIRABEV
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
BERINERT	RUCONEST, <i>icatibant</i>
BORTEZOMIB	NINLARO, VELCADE
BOTOX	Consult doctor
BUPHENYL	<i>sodium phenylbutyrate</i>
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>
CHORIONIC GONADOTROPIN	VIDREL
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
CINRYZE	ORLADEYO, TAKHZYRO
COMPLERA	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
CUPRIMINE	<i>penicillamine capsule</i>
DEFERAL	<i>deferasirox, deferiprone, deferoxamine</i>
ELELYSO	CERDELGA, CEREZYME
ENTYVIO (For Crohn's Disease only)	REMICADE, STELARA INTRAVENOUS
ENVARUS XR	<i>tacrolimus</i>
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
EPOGEN	RETACRIT

<b>Drug name(s)</b>	<b>Preferred option(s)*</b>
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
FEIBA	NOVOSEVEN RT, SEVENFACT
FERRIPROX	<i>deferasirox, deferiprone, deferoxamine</i>
FOLLISTIM AQ	GONAL-F
FULPHILA	ZIEXTENZO
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GENOTROPIN	NORDITROPIN
GLASSIA	PROLASTIN-C
GLEEVEC	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
GRANIX	NIVESTYM
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMPLIDY
HERCEPTIN	KANJINTI, TRAZIMERA
HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
HUMATROPE	NORDITROPIN
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ICLUSIG	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
ILUMYA	REMICADE
INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
INVIRASE	<i>atazanavir, lopinavir-ritonavir solution</i> , EVOTAZ, PREZCOBIX, PREZISTA
JADENU	<i>deferasirox, deferiprone, deferoxamine</i>
KUVAN	<i>sapropterin</i>
KYPROLIS	NINLARO, VELCADE
LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT
LEUKINE	NIVESTYM
LEXIVA	<i>atazanavir, lopinavir-ritonavir solution</i> , EVOTAZ, PREZCOBIX, PREZISTA
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT (For Prostate Cancer only)	ELIGARD, FIRMAGON, MYFEMBREE, ORIAHNN, ORLISSA
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI <sup>®</sup>
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
MULPLETA	Consult doctor
MYFORTIC	<i>mycophenolate mofetil, mycophenolate sodium</i>

Drug name(s)	Preferred option(s)*
NEULASTA, NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NOVAREL	OVIDREL
NPLATE	PROMACTA, TAVALISSE
NUTROPIN AQ	NORDITROPIN
OMNITROPE	NORDITROPIN
ORENCIA	REMICADE, SIMPONI ARIA
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	RASUVO
PEGASYS	Consult doctor
PLEGRIDY	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
PREGNYL	OVIDREL
PROCRIT	RETACRIT
PROCYSBI	CYSTAGON
PROGRAF	<i>tacrolimus</i>
RAPAMUNE	<i>everolimus, sirolimus</i>
RAVICTI	<i>sodium phenylbutyrate</i>
REMODULIN	<i>treprostinil</i>
RENFLIXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
REPATHA	PRALUENT
REVATIO	<i>sildenafil, tadalafil</i>
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
SABRIL	<i>vigabatrin</i>
SAIZEN	NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
STRIBILD	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate</i> , BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
SYPRINE	<i>trientine</i>
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL

<b>Drug name(s)</b>	<b>Preferred option(s)*</b>
<b>TECFIDERA</b>	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, AVONEX, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
<b>THIOLA, THIOLA EC</b>	<i>tiopronin</i>
<b>TOBI, TOBI PODHALER</b>	<i>tobramycin inhalation solution</i> , BETHKIS
<b>TRACLEER</b>	<i>ambrisentan, bosentan</i> , OPSUMIT
<b>TRELSTAR MIXJECT</b>	ELIGARD, FIRMAGON
<b>TRUVADA</b>	<i>abacavir-lamivudine, emtricitabine-tenofovir disoproxil fumarate, lamivudine-zidovudine</i> , CIMDUO, DESCOVY, TEMIXYS
<b>TRUXIMA</b>	RUXIENCE
<b>UDENYCA</b>	ZIEXTENZO
<b>VIEKIRA PAK</b>	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
<b>VIRACEPT</b>	<i>atazanavir, lopinavir-ritonavir solution</i> , EVOTAZ, PREZCOBIX, PREZISTA
<b>VISCO-3</b>	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
<b>XALKORI</b>	ALECENSA, ALUNBRIG, ZYKADIA
<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>ZOLADEX</b>	ELIGARD, FIRMAGON, ORLISSA
<b>ZORTRESS</b>	<i>everolimus, sirolimus</i>
<b>ZYDELIG</b>	COPIKTRA
<b>ZYTIGA</b>	<i>abiraterone, bicalutamide</i> , ERLEADA, XTANDI, YONSA

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

Condition	Excluded drug name(s)	Preferred option(s)
Ankylosing Spondylitis	SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
Crohn's Disease	None	HUMIRA STELARA SUBCUTANEOUS #
Non-Radiographic Axial Spondyloarthritis	TALTZ	CIMZIA PREFILLED SYRINGE COSENTYX
Psoriasis	COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
Psoriatic Arthritis	ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS SIMPONI TALTZ XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA RINVOQ STELARA SUBCUTANEOUS TREMIFYA
Rheumatoid Arthritis	ACTEMRA ACTEMRA SUBCUTANEOUS KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
Ulcerative Colitis	SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR # ZEPOSIA #
All other conditions	ACTEMRA ACTPEN ACTEMRA SUBCUTANEOUS KINERET ORENCIA CLICKJECT 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.

<sup>1</sup> 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.

<sup>2</sup> 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).

<sup>3</sup> An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

Please note that if your prescription drug benefits plan changes, the information here may no longer apply.

Medications on the Aetna Drug Guide, precertification, step-therapy and quantity limits lists are subject to change.

Not all health services are covered. Your plan may not cover certain drugs such as infertility, erectile dysfunction, weight loss and smoking cessation. See plan 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. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, and Quantity Limit Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. However, these programs are available to self-funded plans.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug Guide (formulary), Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured Commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added to the Precertification or Step-Therapy Lists will continue to have those drugs covered for as long as the prescriber 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.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan 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. 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 subject to change. CVS Caremark Mail Service Pharmacy is part of the CVS Health family of companies.

