

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	
Analgesics		
<i>Viscosupplements</i>	DUROLANE EUFLEXXA	GELSYN-3 SUPARTZ FX
Anti-Infectives		
<i>Antiretroviral Agents</i> <i>Antiretroviral Combinations §</i>	<i>abacavir-lamivudine</i> <i>efavirenz-emtricitabine-tenofovir</i> <i>disoproxil fumarate</i> <i>efavirenz-lamivudine-tenofovir</i> <i>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
<i>Antiretroviral Agents</i> <i>Nucleotide Reverse Transcriptase Inhibitors §</i>	<i>tenofovir disoproxil fumarate</i>	

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

**Category
Drug class**

Cardiovascular

Antilipemics
PCSK9 Inhibitors PRALUENT

Pulmonary Arterial Hypertension
Endothelin Receptor Antagonists § *ambrisentan*
bosentan
OPSUMIT

Pulmonary Arterial Hypertension
Phosphodiesterase Inhibitors § *sildenafil*
tadalafil

Pulmonary Arterial Hypertension
Prostacyclin Receptor Agonists UPTRAVI

Pulmonary Arterial Hypertension
Prostaglandin Vasodilators *treprostinil*
ORENITRAM

Pulmonary Arterial Hypertension
Soluble Guanylate Cyclase Stimulators ADEMPAS

Central Nervous System

Anticonvulsants § *vigabatrin*

Antiparkinsonian Agents INBRIJA
KYNMOBI

Movement Disorders § *tetrabenazine*
AUSTEDO
INGREZZA

Multiple Sclerosis Agents § *dimethyl fumarate* KESIMPTA
delayed-rel MAYZENT
glatiramer OCREVUS
AUBAGIO REBIF
AVONEX TYSABRI
BETASERON VUMERITY
COPAXONE ZEPOSIA
GILENYA

Narcolepsy WAKIX
XYWAV

Endocrine and Metabolic

Acromegaly SOMATULINE DEPOT

Calcium Regulators Antagonists § *cinacalcet*

Calcium Regulators
Parathyroid Hormones FORTEO
TYMLOS

Calcium Regulators
Miscellaneous PROLIA

Central Precocious Puberty LUPRON DEPOT-PED
SUPPRELIN LA
TRIPTODUR

Contraceptives
Progestin Intrauterine Devices KYLEENA
MIRENA
SKYLA

Category Drug class	
Fertility Regulators GNRH / LHRH Antagonists	CETROTIDE
Fertility Regulators Ovulation Stimulants, Gonadotropins	GONAL-F OVIDREL
Gaucher Disease	CERDELGA CEREZYME
Hereditary Tyrosinemia Type 1 Agents	ORFADIN
Human Growth Hormones	NORDITROPIN
PHENYLKETONURIA TREATMENT AGENTS §	sapropterin
Polyneuropathy	TEGSEDI
Urea Cycle Disorders §	sodium phenylbutyrate
Miscellaneous	CYSTAGON
Genitourinary	
Miscellaneous §	tiopronin
Hematologic	
Chelating Agents §	deferasirox deferiprone deferoxamine penicillamine capsule trientine
Hematopoietic Growth Factors	NIVESTYM RETACRIT ZIEXTENZO
Hemophilia A Agents	ADVATE ADYNOVATE AFSTYLA ELOCATE ESPERCOT JIVI KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ
Hemophilia B Agents	REBINYN
Miscellaneous Bleeding Disorders Agents	NOVOSEVEN RT SEVENFACT
Thrombocytopenia Agents	PROMACTA TAVALISSE
Immunologic Agents	
Allergenic Extracts	ORALAIR
Autoimmune Agents* (Physician Administered)	REMICADE SIMPONI ARIA STELARA INTRAVENOUS
Autoimmune Agents* (Self-Administered)	See table 1 for indication based coverage details

* See Table 1 For Indication Based Coverage Details

After Failure Of Humira

Category Drug class		
Autoimmune Agents* Ankylosing Spondylitis	COSENTYX ENBREL HUMIRA	
Autoimmune Agents* Crohn's Disease	HUMIRA STELARA SUBCUTANEOUS #	
Autoimmune Agents* Non-Radiographic Axial Spondyloarthritis	CIMZIA PREFILLED SYRINGE COSENTYX	
Autoimmune Agents* Psoriasis	HUMIRA OTEZLA SKYRIZI	STELARA SUBCUTANEOUS TALTZ TREMIFYA
Autoimmune Agents* Psoriatic Arthritis	COSENTYX ENBREL HUMIRA	OTEZLA STELARA SUBCUTANEOUS TREMIFYA
Autoimmune Agents* Rheumatoid Arthritis	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT	ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
Autoimmune Agents* Ulcerative Colitis	HUMIRA STELARA SUBCUTANEOUS # XELJANZ #	XELJANZ XR # ZEPOSIA #
Autoimmune Agents* All Other Conditions	ENBREL HUMIRA	
Disease-Modifying Antirheumatic Drugs (DMARDs)	RASUVO	
Hereditary Angioedema	<i>icatibant</i> RUCONEST	TAKHZYRO ORLADEYO
Immunomodulators Immune Globulins	CUTAQUIG	
Immunosuppressants Antimetabolites §	<i>mycophenolate mofetil</i> <i>mycophenolate sodium</i>	
Immunosuppressants Calcineurin Inhibitors §	<i>cyclosporine</i> <i>cyclosporine, modified</i> <i>tacrolimus</i>	
Immunosuppressants Monoclonal Antibodies	ENSPRYNG	
Immunosuppressants Rapamycin Derivatives §	<i>everolimus</i> <i>sirrolimus</i>	
Respiratory		
Alpha-1 Antitrypsin Deficiency Agents	PROLASTIN-C	
Cystic Fibrosis §	<i>tobramycin inhalation solution</i> BETHKIS	
Pulmonary Fibrosis Agents	ESBRIET OFEV	

Category Drug class		
Severe Asthma Agents	DUPIXENT FASENRA	NUCALA XOLAIR
Topical		
Dermatology Atopic Dermatitis	DUPIXENT	
Mouth/Throat/Dental Agents Protectants	MUGARD	
Ophthalmic Retinal Disorders	EYLEA LUCENTIS	

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
 CERZYME
 CETROTIDE
 CIMDUO
 CIMZIA PREFILLED
 SYRINGE
 cinacalcet
 COPAXONE
 COPIKTRA
 COSENTYX
 CUTAQUIG
 cyclosporine
 cyclosporine, modified
 CYSTAGON

D

deferasirox
 deferiprone
 deferoxamine
 DESCOVY
 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
 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
 icatibant
 imatinib mesylate
 IMBRUVICA
 INBRIJA
 INGREZZA
 INTELENCE

I

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

M

MATULANE
 MAYZENT
 MIRENA
 MUGARD
 MULPLETA
 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
 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
 SUPARTZ FX
 SUPPRELIN LA
 SUTENT
 SYMTUZA

T

tacrolimus
 tadalafil
 TAGRISSO
 TAKHZYRO
 TALTZ
 TAVALISSE
 TEGSEDI
 TEMIXYS
 temozolomide
 tenofovir disoproxil
 fumarate
 tetrabenazine
 THALOMID
 TIVICAY
 tobramycin inhalation
 solution
 TRAZIMERA
 TREMFYA
 trestinil
 trientine

TRIPTODUR
 TRIUMEQ
 TRUVADA
 TYMLOS
 TYSABRI

U

UPTRAVI

V

VELCADE
 VEMLIDY
 vigabatrin
 VISTOGARD
 VITRAKVI
 VOSEVI²
 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 medications³

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

Drug name(s)	Preferred option(s)*
EXJADE	<i>deferasirox, deferiprone, deferoxamine</i>
EXTAVIA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, 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
HAEGARDA	ORLADEYO, TAKHZYRO
HEPSERA	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
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 [®]
MONOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
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>
RENFLEXIS	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

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

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 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.

