

# Specialty drug coverage

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

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You may get your first fill of these drugs at an in-network specialty pharmacy, like Aetna Specialty Pharmacy<sup>®</sup> 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, they 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 name	Brand name		
<b>Antineoplastic agents Antineoplastics (oral)</b>	<i>bexarotene</i> <sup>PR</sup> <i>capecitabine</i> <sup>NPL PR QL</sup> <i>imatinib</i> <sup>PR QL</sup> <i>temozolomide</i> <sup>NPL PR QL</sup> <i>tretinoin</i> <sup>QL</sup>	AFINITOR <sup>PR QL ST</sup> AFINITOR DIS <sup>PR QL</sup> ALECENSA <sup>PR QL</sup> ALUNBRIG <sup>PR QL</sup> BOSULIF <sup>PR QL ST</sup> CABOMETYX <sup>★ PR QL</sup> CAPRELSA <sup>★ PR QL</sup> COMETRIQ <sup>PR</sup> COTELLIC <sup>PR QL</sup> ERIVEDGE <sup>PR QL</sup> FARYDAK <sup>PR QL</sup> GILOTRIF <sup>★ PR QL</sup> GLEEVEC <sup>PR QL</sup> HYCAMTIN <sup>PR QL</sup> IBRANCE <sup>PR QL</sup> ICLUSIG <sup>PR QL ST</sup> IDHIFA <sup>PR QL</sup> IMBRUVICA <sup>PR QL</sup> INLYTA <sup>PR QL ST</sup> IRESSA <sup>★ PR QL</sup> JAKAFI <sup>★ PR QL</sup> KISQALI <sup>PR QL</sup> LENVIMA <sup>★ PR QL</sup> LONSURF <sup>★</sup> LYNPARZA <sup>PR QL</sup> MEKINIST <sup>PR QL</sup> NERLYNX <sup>PR QL</sup>	NEXAVAR <sup>PR QL ST</sup> NINLARO <sup>PR QL</sup> ODOMZO <sup>PR QL</sup> POMALYST <sup>PR QL</sup> PURIXAN <sup>PR QL ST</sup> RUBRACA <sup>PR QL</sup> RYDAPT <sup>PR QL</sup> SPRYCEL <sup>PR QL S</sup> STIVARGA <sup>PR QL</sup> SUTENT <sup>PR QL</sup> TAFINLAR <sup>PR QL</sup> TAGRISSO <sup>★ PR QL</sup> TARCEVA <sup>PR QL</sup> TARGRETIN <sup>PR</sup> TASIGNA <sup>PR QL ST</sup> TEMODAR <sup>NPL PR QL ST</sup> TYKERB <sup>PR QL</sup> VENCLEXTA <sup>PR QL</sup> VOTRIENT <sup>PR QL ST</sup> XALKORI <sup>★ PR QL</sup> XELODA <sup>NPL PR QL</sup> ZEJULA <sup>PR QL</sup> ZELBORAF <sup>PR QL ST</sup> ZOLINZA <sup>PR</sup> ZYDELIG <sup>PR QL</sup> ZYKADIA <sup>PR QL</sup>	
<b>Antineoplastics — hormonal agents</b>	<i>leuprolide</i>	ELIGARD <sup>PR</sup> FASLODEX <sup>PR +</sup> FIRMAGON <sup>PR +</sup> LUPANETA <sup>PR</sup> LUPRON <sup>PR</sup> LUPRON DEPOT <sup>PR +</sup> TRELSTAR LA <sup>PR</sup>	TRELSTAR DEPOT <sup>PR +</sup> TRELSTAR MIX <sup>PR +</sup> TRIPTODUR <sup>PR</sup> VANTAS <sup>PR +</sup> XTANDI <sup>★ PR QL ST</sup> ZOLADEX <sup>PR +</sup> ZYTIGA <sup>PR QL +</sup>	
<b>Antineoplastics — miscellaneous</b>	none	ACTIMMUNE <sup>NPL PR</sup> ALFERON N <sup>PR +</sup> INTRON A <sup>PR</sup> IRESSA <sup>★ PR QL</sup>	SYLATRON <sup>PR QL</sup> TARGRETIN Gel VALCHLOR <sup>★ PR</sup>	
<b>Blood products — modifiers — volume expanders</b>				
<b>Anti-inhibitor coagulant complex</b>	none	FEIBA NF <sup>PR</sup>	FEIBA VH <sup>PR</sup>	
<b>Blood-clotting factor VIIa (recombinant)</b>	none	NOVOSEVEN <sup>NPL PR</sup>	NOVOSEVEN RT <sup>NPL PR</sup>	
<b>Von Willebrand factor</b>	none		VONVENDI <sup>NPL PR</sup>	
<b>Blood-clotting factor VIII (human)</b>	none	ALPHANATE <sup>NPL PR</sup> CORIFACT <sup>NPL PR</sup> HEMOFIL M <sup>NPL PR</sup> HUMATE-P <sup>NPL PR</sup>	KOATE-DVI NPL <sup>PR</sup> MONOCLATE-P <sup>NPL PR</sup> WILATE <sup>NPL PR</sup>	

Category	Generic name	Brand name	
<b>Blood-clotting factor VIII (recombinant)</b>	none	ADVATE <sup>NPL PR</sup> ADYNOVATE <sup>NPL PR</sup> AFSTYLA <sup>NPL PR</sup> ELOCTATE <sup>NPL PR</sup> HELIXATE FS <sup>NPL PR</sup> IXINITY <sup>NPL PR</sup> KOGENATE FS <sup>NPL PR</sup>	KOVALTRY <sup>NPL PR</sup> NOVOEIGHT <sup>NPL PR</sup> NUWIQ <sup>NPL PR</sup> RECOMBINATE <sup>NPL PR</sup> XYNTHA <sup>NPL PR</sup>
<b>Blood-clotting factor IX (nonrecombinant)</b>	none	ALPHANINE SD <sup>NPL PR</sup> MONONINE <sup>NPL PR</sup>	PROFILNINE <sup>NPL PR</sup>
<b>Blood-clotting factor IX (recombinant)</b>	none	ALPROLIX <sup>NPL PR</sup> BEBULIN VH <sup>NPL PR</sup> BENEFIX <sup>NPL PR</sup>	IDELVION <sup>NPL PR</sup> IXINITY <sup>NPL PR</sup>
<b>Blood-clotting factor X (human)</b>	none	COAGADEX <sup>NPL PR</sup>	
<b>Blood-clotting factor XIII (recombinant)</b>	none	TRETTEN <sup>NPL PR</sup>	
<b>Blood-clotting complex</b>	none	KCENTRA <sup>NPL PR</sup>	
<b>Fibrinogen concentrate (human)</b>	none	RIASTAP <sup>NPL +</sup>	RIXUBIS <sup>NPL PR</sup>
<b>Hematopoietic growth factors</b>	none	ARANESP <sup>NPL PR +</sup> EPOGEN <sup>NPL PR +</sup> GRANIX <sup>NPL PR</sup> LEUKINE <sup>NPL PR +</sup> MIRCERA <sup>NPL PR +</sup> NEULASTA <sup>NPL PR +</sup>	NEUMEGA <sup>+</sup> NEUPOGEN <sup>NPL PR +</sup> NPLATE <sup>PR +</sup> PROCRIT <sup>NPL PR +</sup> PROMACTA <sup>PR +</sup> ZARXIO <sup>NPL PR +</sup>
<b>Hereditary angioedema</b>	none	BERINERT <sup>NPL PR +</sup> CINRYZE <sup>* NPL PR +</sup> FIRAZYR <sup>NPL PR +</sup>	HAEGARDA <sup>NPL PR QL ST</sup> KALBITOR <sup>* NPL PR +</sup> RUCONEST <sup>* NPL PR +</sup>
<b>Paroxysmal nocturnal hemoglobinuria</b>	none	SOLIRIS <sup>NPL PR +</sup>	
<b>Cardiovascular system</b>			
<b>Hypertension</b>	none	VECAMYL <sup>PR QL ST</sup>	
<b>Inherited homozygous familial hypercholesterolemia</b>	none	JUXTAPID <sup>* PR QL ST</sup> KYNAMRO <sup>PR QL ST</sup>	REPATHA <sup>NPL PR QL ST</sup>
<b>Inherited heterozygous familial hypercholesterolemia</b>	none	PRALUENT <sup>NPL PR QL ST</sup>	REPATHA <sup>NPL PR QL ST</sup>
<b>Orthostatic hypotension</b>	none	NORTHERA <sup>PR QL ST</sup>	
<b>Pulmonary hypertension agents</b>	<i>epoprostenol</i> <sup>* NPL PR +</sup> <i>sildenafil</i> <sup>NPL PR QL</sup>	ADCIRCA <sup>NPL PR QL ST</sup> ADEMPAS <sup>NPL PR QL ST</sup> FLOLAN <sup>* NPL PR +</sup> LETAIRIS <sup>NPL PR</sup> OPSUMIT <sup>NPL PR QL</sup> ORENITRAM <sup>* NPL PR ST</sup> REMODULIN <sup>* NPL PR QL +</sup>	REVATIO <sup>NPL PR QL ST</sup> TRACLEER <sup>NPL PR</sup> TYVASO <sup>* NPL PR</sup> UPTRAVI <sup>* NPL PR QL</sup> VELETRI <sup>* NPL PR</sup> VENTAVIS <sup>* NPL PR</sup>

Category	Generic name	Brand name
<b>Central nervous system</b>		
<b>Analgesics — nonnarcotic</b>	none	PRIALT +
<b>Anticonvulsants — GABA modulators</b>	none	SABRIL * PR VIGABATRIN PAK PR QL
<b>Huntington's disease — chorea</b>	tetrabenazine PR QL	AUSTEDO PR QL ST XENAZINE * PR QL ST
<b>Multiple sclerosis agents</b>	glatopa NPL PR	AMPYRA PR QL AUBAGIO NPL PR QL AVONEX NPL PR BETASERON NPL PR 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 REBIF NPL PR TECFIDERA NPL PR QL TYSABRI NPL PR ST + ZINBRYTA NPL PR QL
<b>Tardive dyskinesia</b>	none	INGREZZA PR QL
<b>Dermatological agents</b>		
<b>Antineoplastic — alkylating agents</b>	none	VALCHLOR Gel * PR QL ST
<b>Antipsoriatics</b>	none	COSENTYX PR ST ENBREL NPL PR ST HUMIRA NPL PR ST INFLECTRA NPL PR ST KINERET NPL PR ST OTEZLA NPL PR QL ST OTREXUP ** ST RASUVO ** ST REMICADE NPL PR ST + RENFLEXIS NPL PR ST SILIQ NPL PR QL ST SIMPONI NPL PR ST + STELARA NPL PR ST + TALTZ NPL PR ST TREMIFYA NPL PR QL ST
<b>Atopic dermatitis</b>	none	DUPIXENT NPL PR QL ST
<b>Endocrine system</b>		
<b>Acromegaly</b>	octreotide PR +	SANDOSTATIN PR + SANDOSTATIN LAR PR + SIGNIFOR LAR * PR QL SOMATULINE NPL PR + SOMAVERT PR
<b>Congenital sucrase — isomaltase deficiency</b>	none	SUCRAID *
<b>Corticotropin</b>	none	ACTHAR HP NPL PR +
<b>Cushing's disease</b>	none	KORLYM PR QL SIGNIFOR PR QL
<b>Diagnostic drugs</b>	none	THYROGEN +
<b>Fabry disease</b>	none	FABRAZYME NPL PR +
<b>Fertility agents</b>	chorionic gonadotropin PR leuprolide PR novarel PR pregnyl 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
<b>Gaucher disease</b>	none	CERDELGA PR QL CEREZYME NPL PR + ELELYSO * NPL PR ST + VPRIV NPL PR ST + ZAVESCA * NPL PR +

Category	Generic name	Brand name
<b>Growth factors, insulin-like</b>	none	INCRELEX <sup>NPL PR</sup>
<b>Growth hormone agents</b>	none	GENOTROPIN <sup>NPL PR ST</sup> HUMATROPE <sup>NPL PR ST</sup> NORDITROPIN <sup>NPL PR ST</sup> NUTROPIN <sup>NPL PR ST</sup> NUTROPIN AQ <sup>NPL PR ST</sup> NUTROPIN AQ <sup>NPL PR ST</sup> NUSPIN <sup>NPL PR ST</sup> OMNITROPE <sup>NPL PR</sup> SAIZEN <sup>NPL PR ST</sup> SEROSTIM <sup>NPL PR</sup> ZOMACTON <sup>NPL PR ST</sup> ZORBTIVE <sup>NPL PR</sup>
<b>Hereditary orotic aciduria</b>	none	XURIDEN * <sup>PR QL</sup>
<b>Hereditary tyrosinemia</b>	none	ORFADIN * <sup>PR</sup> NITYR <sup>PR</sup>
<b>Homocystinuria</b>	none	CYSTADANE <sup>PR</sup>
<b>Hormone replacement — progestins</b>	none	MAKENA <sup>PR QL</sup>
<b>Hunter syndrome</b>	none	ELAPRASE * <sup>NPL PR +</sup>
<b>Hyperammonemia</b>	<i>phenylbutyrate</i> <sup>PR</sup>	AMMONUL + BUPHENYL <sup>PR</sup> CARBAGLU * <sup>PR</sup>
<b>Hypoparathyroidism</b>	none	NATPARA * <sup>NPL PR QL</sup>
<b>Hypophosphatasia</b>	none	STRENSIQ * <sup>NPL PR</sup>
<b>Leptin deficiency</b>	none	MYALEPT <sup>NPL PR QL</sup>
<b>LHRH/GnRH agonist analog pituitary suppressants</b>	none	SUPPRELIN LA <sup>PR +</sup> SYNAREL <sup>PR</sup>
<b>Lysosomal acid lipase (LAL) deficiency</b>	none	KANUMA * <sup>NPL PR +</sup>
<b>Morquio A syndrome</b>	none	VIMIZIM <sup>NPL PR</sup>
<b>Mucopolysaccharidosis I</b>	none	ALDURAZYME <sup>NPL PR +</sup>
<b>Mucopolysaccharidosis VI</b>	none	NAGLAZYME <sup>NPL PR +</sup>
<b>Phenylketonuria</b>	none	KUVAN * <sup>PR</sup>
<b>Pompe disease</b>	none	LUMIZYME <sup>NPL PR +</sup> MYOZYME <sup>NPL PR +</sup>
<b>Vasopressin receptor antagonists</b>	none	SAMSCA * <sup>PR</sup>
<b>Gastrointestinal system</b>		
<b>Bile acid synthesis disorders</b>	none	CHOLBAM * <sup>PR</sup>
<b>Carcinoid syndrome diarrhea</b>	none	XERMELO <sup>PR QL</sup>
<b>Crohn's disease</b>	none	CIMZIA <sup>NPL PR ST +</sup> ENTYVIO <sup>NPL PR ST +</sup> INFLECTRA <sup>NPL PR ST</sup> HUMIRA <sup>NPL PR ST</sup> REMICADE <sup>NPL PR ST +</sup> RENFLEXIS <sup>NPL PR ST</sup>
<b>Short bowel syndrome</b>	none	GATTEX * <sup>NPL PR QL</sup>

Category	Generic name	Brand name	
<b>Infections and infestations</b>			
<b>Antiretrovirals — fusion inhibitors</b>	none	FUZEON <sup>PR</sup>	
<b>Antivirals — cytomegalovirus (CMV) agents</b>	<i>cidofovir + foscarnet + ganciclovir valganciclovir<sup>PR QL</sup> valganciclovir sol<sup>PR</sup></i>	CYTOGAM + CYTOVENE + FOSCAVIR + VALCYTE <sup>PR</sup>	VALCYTE SOL <sup>PR</sup> VISTIDE
<b>Antivirals — hepatitis agents</b>	<i>adefovir entecavir lamivudine ribapak ribasphere ribavirin</i>	BARACLUDE COPEGUS DAKLINZA <sup>NPL PR QL ST</sup> EPCLUSA <sup>NPL PR QL</sup> EPIVIR HBV HARVONI <sup>NPL PR</sup> HEPSERA INFERGEN <sup>NPL PR +</sup> MAVYRET <sup>NPL PR QL ST</sup> OLYSIO <sup>NPL PR QL ST</sup> PEGASYS <sup>PR</sup>	PEGINTRON <sup>PR</sup> REBETOL SOVALDI <sup>NPL PR QL</sup> TECHNIVIE <sup>NPL PR QL ST</sup> TYZEKA VEMLIDY <sup>PR QL ST</sup> VIEKIRA <sup>NPL PR ST</sup> VIEKIRA XR <sup>NPL PR QL ST</sup> VOSEVI <sup>NPL PR QL ST</sup> ZEPATIER <sup>NPL PR QL</sup>
<b>Musculoskeletal system</b>			
<b>Bone-modifying agents</b>	<i>ibandronate (inj only) + pamidronate + zoledronic acid +</i>	BONIVA (inj only) <sup>QL +</sup> FORTEO <sup>NPL PR +</sup> GANITE <sup>NPL +</sup> PROLIA <sup>NPL PR +</sup>	RECLAST + TYMLOS <sup>NPL PR QL ST</sup> XGEVA <sup>NPL PR +</sup> ZOMETA +
<b>Enzymes</b>	none	XIAFLEX +	
<b>Gout</b>	none	KRYSTEXXA <sup>PR +</sup>	
<b>Interleukin-1 beta blockers</b>	none	ILARIS * <sup>NPL PR ST +</sup>	
<b>Interleukin-1 blockers</b>	none	ARCALYST * <sup>PR ST +</sup>	
<b>Muscular dystrophy</b>	none	EMFLAZA <sup>NPL PR QL</sup>	
<b>Neuromuscular blocking agent — neurotoxins</b>	none	BOTOX <sup>NPL PR +</sup> DYSPORT <sup>NPL PR +</sup> XEOMIN <sup>NPL PR +</sup>	
<b>Osteoarthritis</b>	none	EUFLEXXA <sup>NPL PR +</sup> GEL-ONE INJ <sup>NPL PR ST +</sup> GELSYN-3 <sup>NPL PR ST</sup> HYALGAN <sup>NPL PR ST +</sup> HYMOVIS <sup>NPL PR ST</sup>	MONOVISC <sup>NPL PR +</sup> ORTHOVISC <sup>NPL PR +</sup> SUPARTZ <sup>NPL PR ST +</sup> SYNVISC <sup>NPL PR ST +</sup> SYNVISC ONE <sup>NPL PR ST +</sup>
<b>Rheumatoid arthritis</b>	none	ACTEMRA <sup>NPL PR ST +</sup> ACTEMRA SC <sup>NPL PR ST</sup> CIMZIA <sup>NPL PR ST +</sup> ENBREL <sup>NPL PR ST</sup> HUMIRA <sup>NPL PR ST</sup> INFLECTRA <sup>NPL PR ST</sup> KEVZARA <sup>NPL PR QL ST</sup> KINERET <sup>NPL PR ST</sup>	ORENCIA <sup>NPL PR ST +</sup> OTREXUP ** <sup>ST</sup> RASUVO ** <sup>ST</sup> REMICADE <sup>NPL PR ST +</sup> RENFLEXIS <sup>NPL PR ST</sup> SIMPONI <sup>NPL PR ST</sup> SIMPONI ARIA <sup>NPL PR ST +</sup> XELJANZ <sup>NPL PR QL ST</sup> XELJANZ XR <sup>NPL PR QL ST</sup>

Category	Generic name	Brand name	
<b>Ophthalmic agents</b>			
<b>Macular degeneration</b>	none	EYLEA <sup>NPL PR +</sup> LUCENTIS <sup>NPL PR +</sup>	MACUGEN <sup>NPL PR +</sup> VISUDYNE <sup>PR +</sup>
<b>Macular edema</b>	none	OZURDEX <sup>PR +</sup>	
<b>Vitreomacular adhesion</b>	none	JETREA <sup>PR +</sup>	
<b>Respiratory tract agents</b>			
<b>Alpha-proteinase inhibitors</b>	none	ARALAST <sup>NPL PR +</sup> ARALAST NP <sup>NPL PR +</sup> GLASSIA <sup>* NPL PR +</sup>	PROLASTIN <sup>* NPL PR +</sup> PROLASTIN-C <sup>* NPL PR +</sup> ZEMAIRA <sup>* NPL PR +</sup>
<b>Antiasthmatic — monoclonal antibodies</b>	none	CINQAIR <sup>NPL PR</sup> NUCALA <sup>NPL PR QL +</sup>	XOLAIR <sup>NPL PR +</sup>
<b>Cystic fibrosis</b>	<i>colistimethate sodium + tobramycin neb sol</i>	BETHKIS NEB CAYSTON <sup>*</sup> COLY-MYCIN M + KALYDECO <sup>* PR QL</sup>	ORKAMBI <sup>* PR QL</sup> PULMOZYME <sup>PR</sup> TOBI TOBI podhaler <sup>PR QL</sup>
<b>Idiopathic pulmonary fibrosis</b>	none	ESBRIET <sup>PR QL</sup>	OFEV <sup>PR QL</sup>
<b>Respiratory syncytial virus — monoclonal antibodies</b>	none	SYNAGIS <sup>NPL PR QL +</sup>	
<b>Tuberculosis</b>	none	SIRTURO <sup>PR QL ST</sup>	
<b>Therapeutic nutrients — vitamins — minerals — electrolytes</b>			
<b>Mineral supplements</b>	<i>ferric gluconate +</i>	FERRIPROX <sup>PR</sup> FERRLECIT +	VENOFER +
<b>Toxicologic agents</b>			
<b>Alcohol dependence</b>	none	VIVITROL +	
<b>Antidotes</b>	<i>deferoxamine mesylate +</i>	DESFERAL + EXJADE <sup>PR</sup>	JADENU <sup>PR</sup> VISTOGARD <sup>* QL</sup>
<b>Vaccines, toxoids and biologics</b>			
<b>Immune globulin — CMV</b>	none	CYTOGAM +	
<b>Immune globulin — immune disorders</b>	none	ADAGEN <sup>NPL PR +</sup> BIVIGAM <sup>NPL PR ST +</sup> CARIMUNE NANOFILTERED <sup>NPL PR ST +</sup> CUVITRU <sup>NPL PR ST</sup> FLEBOGAMMA <sup>NPL PR +</sup> GAMASTAN S/D <sup>NPL PR ST +</sup> GAMMAGARD <sup>NPL PR ST +</sup> GAMMAGARD S/D <sup>NPL PR ST +</sup>	GAMMAKED <sup>NPL PR ST</sup> GAMMAPLEX <sup>NPL PR +</sup> GAMUNEX <sup>NPL PR +</sup> GAMUNEX-C <sup>NPL PR +</sup> HIZENTRA <sup>NPL PR +</sup> HYQVIA <sup>NPL PR ST +</sup> OCTAGAM <sup>NPL PR +</sup> PRIVIGEN <sup>NPL PR ST +</sup> VIVAGLOBIN <sup>NPL PR +</sup>
<b>Immune globulin — hepatitis B</b>	none	HEPAGAM B + HYPERHEP B +	NABI-HB +
<b>Immune globulin — rabies</b>	none	HYPERRAB S/D +	IMOGAM RABIES +
<b>Immune globulin — Rh isoimmunization</b>	none	HYPERRHO S/D + MICRHOGAM ULTRA-FILTERED + RHOGAM ULTRA-FILTERED PLUS +	RHOPHYLAC + WINRHO SDF +



Category	Generic name	Brand name	
<b>Immune globulin — tetanus</b>	none	HYPERTET S/D +	
<b>Miscellaneous</b>			
<b>Cystinosis</b>	none	CYSTARAN * PR QL	PROCYSBI PR QL ST
<b>Immunosuppressive agents</b>	<i>azathioprine (inj only) + cyclosporine + gengraf + mycophenolic acid mycophenolate mofetil sirolimus tacrolimus</i>	ASTAGRAF ATGAM + CELLCEPT ENVARUS XR MYFORTIC NEORAL NULOJIX +	PROGRAF RAPAMUNE SANDIMMUNE SIMULECT + THYMOGLOBULIN + ZORTRESS +
<b>Narcolepsy</b>	none	XYREM * PR	
<b>Primary periodic paralysis</b>	none	KEVEYIS * PR QL	
<b>Systemic lupus erythematosus agents</b>	none	BENLYSTA NPL PR ST +	BENLYSTA SQ NPL PR QL ST
<b>Urea cycle disorder</b>	none	RAVICTI * PR ST	
<b>Anxiolytics, sedatives, hypnotics — miscellaneous</b>	none	HETLIOZ PR QL	
<b>Parkinson's disease</b>	none	DUOPA * PR QL ST	
<b>Parkinson's disease — psychosis</b>	none	NUPLAZID PR QL	
<b>Primary biliary cholangitis (PBC)</b>	none	OCALIVA PR QL ST	
<b>Chelating agents</b>	none	CUPRIMINE PR ST DEPEN TITRA PR	SYPRINE PR ST
<b>Urinary stone agents</b>	none	THIOLA PR ST	
<b>Agents for pheochromocytoma</b>	<i>phenoxybenzamine PR</i>	DIBENZYLIN PR ST	
<b>Immunomodulators</b>	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 CareRx<sup>SM</sup> 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. 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](http://aetna.com).

**Policy forms issued in OK 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.

