

# Specialty Drug List

For members with the Aetna Standard Plan  
2019 Aetna Specialty Drug List

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# 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

|                         |                     |          |            |         |
|-------------------------|---------------------|----------|------------|---------|
| <b>Viscosupplements</b> | DUROLANE<br>GEL-ONE | GELSYN-3 | SUPARTZ FX | VISCO-3 |
|-------------------------|---------------------|----------|------------|---------|

#### Anti-Infectives

|  |   |   |   |   |
|--|---|---|---|---|
| <b>Antiretroviral Agents<br/>Antiretroviral<br/>Combinations</b> §                     | <i>abacavir-lamivudine<br/>lamivudine-zidovudine</i><br>ATRIPLA<br>BIKTARVY | CIMDUO<br>COMPLERA<br>DESCOVY<br>EVOTAZ | GENVOYA<br>ODEFSEY<br>PREZCOBIX<br>STRIBILD | SYMFI<br>SYMFI LO<br>TRIUMEQ<br>TRUVADA |
| <b>Antiretroviral Agents<br/>Fusion Inhibitors</b>                                     | FUZEON  |   |   |   |
| <b>Antiretroviral Agents<br/>Integrase Inhibitors</b>                                  | ISENTRESS<br>TIVICAY  |   |   |   |
| <b>Antiretroviral Agents<br/>Non-Nucleoside Reverse<br/>Transcriptase Inhibitors</b> § | <i>efavirenz<br/>nevirapine<br/>nevirapine ext-rel</i>                      | EDURANT<br>INTELENCE                    |   |   |
| <b>Antiretroviral Agents<br/>Nucleoside Reverse<br/>Transcriptase Inhibitors</b> §     | <i>abacavir tablet<br/>didanosine</i>                                       | <i>lamivudine<br/>stavudine</i>         | <i>zidovudine</i><br>EMTRIVA                |   |
| <b>Antiretroviral Agents<br/>Nucleotide Reverse<br/>Transcriptase Inhibitors</b>       | VIREAD  |   |   |   |

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. See coverage policy 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. This directory is applicable to both Aetna Commercial and joint venture plans.

| <b>Category<br/>Drug Class</b>   |  |   |   |   |
|--|--|---|---|---|
| <b>Antiretroviral Agents<br/>Protease Inhibitors</b> §   | <i>lopinavir-ritonavir solution</i>                          | KALETRA TABLET                          | NORVIR  | PREZISTA<br>REYATAZ                     |
| <b>Antivirals<br/>Hepatitis B Agents</b> §   | <i>entecavir tablet</i>                                      | <i>lamivudine</i>                       | BARACLUDE<br>SOLUTION                                     | VEMLIDY                                 |
| <b>Antivirals<br/>Hepatitis C Agents</b> §   | <i>ribavirin</i>   | EPCLUSA<br>(GENOTYPES 1, 2, 3, 4, 5, 6) | HARVONI<br>(GENOTYPES 1, 4, 5, 6)                         | VOSEVI <sup>2</sup>                     |
| <b>Antineoplastic Agents</b>   |  |   |   |   |
| <b>Alkylating Agents</b> §   | <i>temozolomide</i>  |   |   |   |
| <b>Antimetabolites</b> §   | <i>capecitabine</i>  |   |   |   |
| <b>Hormonal Antineoplastic<br/>Agents<br/>Antiandrogens</b>  | <i>abiraterone</i>   | ERLEADA                                 | XTANDI  |   |
| <b>Hormonal Antineoplastic<br/>Agents<br/>Luteinizing Hormone-<br/>Releasing Hormone<br/>(LHRH) Agonists</b> § | <i>leuprolide acetate</i>                                    | ELIGARD                                 |   |   |
| <b>Immunomodulators</b>  | REVLIMID   | THALOMID                                |   |   |
| <b>Kinase Inhibitors</b> §   | <i>imatinib mesylate</i><br>AFINITOR<br>BOSULIF<br>CABOMETYX | IBRANCE<br>IRESSA<br>KISQALI            | KISQALI FEMARA<br>CO-PACK<br>NEXAVAR<br>RYDAPT<br>SPRYCEL | SUTENT<br>TARCEVA<br>TYKERB<br>VOTRIENT |
| <b>Miscellaneous</b> §   | <i>bexarotene capsule</i>                                    | ODOMZO                                  | ZEJULA  | ZOLINZA                                 |
| <b>Cardiovascular</b>  |  |   |   |   |
| <b>Antilipemics<br/>PCSK9 Inhibitors</b>   | REPATHA  |   |   |   |
| <b>Pulmonary Arterial<br/>Hypertension<br/>Endothelin Receptor<br/>Antagonists</b>                             | LETAIRIS   | OPSUMIT                                 | TRACLEER  |   |
| <b>Pulmonary Arterial<br/>Hypertension<br/>Phosphodiesterase<br/>Inhibitors</b> §                              | <i>sildenafil</i>  | <i>tadalafil</i>                        |   |   |
| <b>Pulmonary Arterial<br/>Hypertension<br/>Prostacyclin Receptor<br/>Agonists</b>                              | UPTRAVI  |   |   |   |
| <b>Pulmonary Arterial<br/>Hypertension<br/>Prostaglandin Vasodilators</b>                                      | ORENITRAM  |   |   |   |

**Category**  
**Drug Class**

**Central Nervous System**

|                                      |                              |                       |                  |                      |
|--------------------------------------|------------------------------|-----------------------|------------------|----------------------|
| <b>Anticonvulsants</b>               | <i>vigabatrin</i>            |                       |                  |                      |
| <b>Huntington's Disease Agents</b> § | <i>tetrabenazine</i>         | AUSTEDO               |                  |                      |
| <b>Multiple Sclerosis Agents</b> §   | <i>glatiramer</i><br>AUBAGIO | BETASERON<br>COPAXONE | GILENYA<br>REBIF | TECFIDERA<br>TYSABRI |

**Endocrine and Metabolic**

|   |                              |          |       |  |
|---|------------------------------|----------|-------|--|
| <b>Acromegaly</b>   | SOMATULINE DEPOT             | SOMAVERT |       |  |
| <b>Calcium Regulators Antagonists</b>                           | SENSIPAR                     |          |       |  |
| <b>Calcium Regulators Parathyroid Hormones</b>                  | FORTEO                       | TYMLOS   |       |  |
| <b>Calcium Regulators Miscellaneous</b>                         | PROLIA                       |          |       |  |
| <b>Contraceptives Progestin Intrauterine Devices</b>            | KYLEENA                      | MIRENA   | SKYLA |  |
| <b>Fertility Regulators GNRH / LHRH Antagonists</b>             | CETROTIDE                    |          |       |  |
| <b>Fertility Regulators Ovulation Stimulants, Gonadotropins</b> | GONAL-F                      | OVIDREL  |       |  |
| <b>Gaucher Disease</b>  | CERDELGA                     | CEREZYME |       |  |
| <b>Hereditary Tyrosinemia Type 1 Agents</b>                     | ORFADIN                      |          |       |  |
| <b>Human Growth Hormones</b>                                    | HUMATROPE                    |          |       |  |
| <b>Urea Cycle Disorders Metabolic Modifiers</b> §               | <i>sodium phenylbutyrate</i> |          |       |  |
| <b>Miscellaneous</b>  | CYSTAGON                     |          |       |  |

**HEMATOLOGIC**

|                                     |                  |                         |           |                     |
|-------------------------------------|------------------|-------------------------|-----------|---------------------|
| <b>Hematopoietic Growth Factors</b> | ARANESP          | NEULASTA                | NIVESTYM  | RETACRIT<br>UDENYCA |
| <b>Hemophilia A Agents</b>          | ADYNOVATE<br>JVI | KOGENATE FS<br>KOVALTRY | NOVOEIGHT | NUWIQ               |
| <b>Hemophilia B Agents</b>          | REBINYN          |                         |           |                     |
| <b>Hereditary Angioedema</b>        | RUCONEST         |                         |           |                     |
| <b>Thrombocytopenia</b>             | MULPLETA         |                         |           |                     |

\* See Table 1 For Indication Based Coverage Details

# After Failure Of Humira

**Category**  
**Drug Class**

**Immunologic Agents**

|   |                              |                               |                         |                       |
|---|------------------------------|-------------------------------|-------------------------|-----------------------|
| <b>Allergenic Extracts</b>  | ORALAIR                      |                               |                         |                       |
| <b>Autoimmune Agents*<br/>Ankylosing Spondylitis</b>              | COSENTYX                     | ENBREL                        | HUMIRA                  |                       |
| <b>Autoimmune Agents<br/>Crohn's Disease</b>                      | HUMIRA                       | STELARA SUBCUTANEOUS #        |                         |                       |
| <b>Autoimmune Agents<br/>Psoriasis</b>                            | HUMIRA                       | OTEZLA                        | STELARA<br>SUBCUTANEOUS | TALTZ                 |
| <b>Autoimmune Agents<br/>Psoriatic Arthritis</b>                  | COSENTYX                     | ENBREL                        | HUMIRA                  | OTEZLA                |
| <b>Autoimmune Agents<br/>Rheumatoid Arthritis</b>                 | ENBREL<br>HUMIRA             | KEVZARA<br>ORENCIA CLICKJECT  | ORENCIA<br>SUBCUTANEOUS | XELJANZ<br>XELJANZ XR |
| <b>Autoimmune Agents<br/>Ulcerative Colitis</b>                   | HUMIRA                       | SIMPONI                       |                         |                       |
| <b>Autoimmune Agents<br/>All Other Conditions</b>                 | ENBREL                       | HUMIRA                        |                         |                       |
| <b>Disease-Modifying<br/>Antirheumatic Drugs<br/>(DMARDs)</b>     | RASUVO                       |                               |                         |                       |
| <b>Immunosuppressants<br/>Antimetabolites <sup>§</sup></b>        | <i>mycophenolate mofetil</i> | <i>mycophenolate sodium</i>   |                         |                       |
| <b>Immunosuppressants<br/>Calcineurin Inhibitors <sup>§</sup></b> | <i>cyclosporine</i>          | <i>cyclosporine, modified</i> | <i>tacrolimus</i>       |                       |
| <b>Rapamycin Derivatives <sup>§</sup></b>                         | <i>sirolimus tablet</i>      |                               |                         |                       |

**Respiratory**

|  |                                       |         |             |  |
|--|---------------------------------------|---------|-------------|--|
| <b>Alpha-1 Antitrypsin<br/>Deficiency Agents</b> | ARALAST NP                            | GLASSIA | PROLASTIN-C |  |
| <b>Cystic Fibrosis <sup>§</sup></b>              | <i>tobramycin inhalation solution</i> |         | BETHKIS     |  |
| <b>Pulmonary Fibrosis Agents</b>                 | ESBRIET                               | OFEV    |             |  |
| <b>Severe Asthma Agents</b>                      | DUPIXENT                              | NUCALA  |             |  |

**Topical**

|   |          |          |  |  |
|---|----------|----------|--|--|
| <b>Dermatology<br/>Atopic Dermatitis</b>          | DUPIXENT |          |  |  |
| <b>Mouth/Throat/Dental Agents<br/>Protectants</b> | MUGARD   |          |  |  |
| <b>Ophthalmic<br/>Retinal Disorders</b>           | EYLEA    | LUCENTIS |  |  |

# After Failure Of Humira

## Quick reference drug list.

### A

abacavir tablet  
abacavir-lamivudine  
abiraterone  
ADYNOVATE  
AFINITOR  
ARALAST NP  
ARANESP  
ATRIPLA  
AUBAGIO  
AUSTEDO

### B

BARACLUDE SOLUTION  
BETASERON  
BETHKIS  
bexarotene capsule  
BIKTARVY  
BOSULIF

### C

CABOMETYX  
capecitabine  
CERDELGA  
CEREZYME  
CETROTIDE  
CIMDUO  
COMPLERA  
COPAXONE  
COSENTYX  
cyclosporine  
cyclosporine, modified  
CYSTAGON

### D

DESCOVY  
didanosine  
DUPIXENT  
DUROLANE

### E

EDURANT  
efavirenz  
ELIGARD  
EMTRIVA  
ENBREL  
entecavir tablet  
EPCLUSA  
ERLEADA  
ESBRIET  
EVOTAZ  
EYLEA

### F

FORTEO  
FUZEON

### G

GEL-ONE  
GELSYN-3  
GENVOYA  
GILENYA  
GLASSIA  
glatiramer  
GONAL-F

### H

HARVONI  
HUMATROPE  
HUMIRA

### I

IBRANCE  
imatinib mesylate  
INTELENCE  
IRESSA  
ISENTRESS

### J

JIVI

### K

KALETRA TABLET  
KEVZARA  
KISQALI  
KISQALI FEMARA CO-PACK  
KOGENATE FS  
KOVALTRY  
KYLEENA

### L

lamivudine  
lamivudine-zidovudine  
LETAIRIS  
leuprolide acetate  
lopinavir-ritonavir solution  
LUCENTIS

### M

MIRENA  
MUGARD  
MULPLETA  
mycophenolate mofetil  
mycophenolate sodium

### N

NEULASTA  
nevirapine  
nevirapine ext-rel  
NEXAVAR  
NIVESTYM  
NORVIR  
NOVOEIGHT  
NUCALA  
NUWIQ

### O

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

### P

PREZCOBIX  
PREZISTA  
PROLASTIN-C  
PROLIA

### R

RASUVO  
REBIF  
REBINYN  
REPATHA  
RETACRIT  
REVLIMID  
REYATAZ  
ribavirin  
RUCONEST  
RYDAPT

### S

SENSIPAR  
sildenafil  
SIMPONI  
sirolimus  
SKYLA  
sodium phenylbutyrate  
SOMATULINE DEPOT  
SOMAVERT  
SPRYCEL  
stavudine  
STELARA SUBCUTANEOUS  
STRIBILD  
SUPARTZ FX  
SUTENT  
SYMFI  
SYMFI LO

### T

tacrolimus  
tadalafil  
TALTZ  
TARCEVA  
TECFIDERA  
temozolomide  
tetrabenazine  
THALOMID  
TIVICAY  
tobramycin inhalation solution  
TRACLEER  
TRIUMEQ  
TRUVADA  
TYKERB  
TYMLOS  
TYSABRI

### U

UDENYCA  
UPTRAVI

### V

VIREAD  
vigabatrin  
VISCO-3  
VOSEVI<sup>2</sup>  
VOTRIENT

### X

XELJANZ  
XELJANZ XR  
XTANDI

### Z

ZEJULA  
zidovudine  
ZOLINZA

## Preferred options for excluded specialty medications<sup>2</sup>

| Drug Name(s)                                      | Preferred Option(s)*  |
|---|---|
| <b>ADCIRCA</b>                                    | <i>sildenafil, tadalafil</i>  |
| <b>ALPROLIX</b>                                   | Consult doctor  |
| <b>ASTAGRAF XL</b>                                | <i>cyclosporine; cyclosporine, modified; tacrolimus</i>   |
| <b>BARACLUDE TABLET</b>                           | <i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION</i>                             |
| <b>BERINERT</b>                                   | RUCONEST  |
| <b>BRAVELLE</b>                                   | GONAL-F   |
| <b>BUPHENYL</b>                                   | <i>sodium phenylbutyrate</i>  |
| <b>CELLCEPT</b>                                   | <i>mycophenolate mofetil, mycophenolate sodium</i>  |
| <b>CHORIONIC GONADATROPIN</b>                     | OVIDREL   |
| <b>DAKLINZA</b>                                   | EPCLUSA ( <i>genotypes 1, 2, 3, 4, 5, 6</i> ), HARVONI ( <i>genotypes 1, 4, 5, 6</i> )                      |
| <b>ELELYSO</b>                                    | CERDELGA, CEREZYME  |
| <b>ELOCTATE</b>                                   | ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ  |
| <b>ENVARUS XR</b>                                 | <i>cyclosporine; cyclosporine, modified; tacrolimus</i>   |
| <b>EPIVIR HBV</b>                                 | <i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION</i>                             |
| <b>EPOGEN</b>                                     | ARANESP, RETACRIT   |
| <b>EUFLEXXA</b>                                   | DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3  |
| <b>EXTAVIA</b>                                    | <i>glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, REBIF, TECFIDERA, TYSABRI</i>                         |
| <b>FASENRA</b>                                    | DUPIXENT, NUCALA  |
| <b>FOLLISTIM AQ</b>                               | GONAL-F   |
| <b>FULPHILA</b>                                   | NEULASTA, UDENYCA   |
| <b>GENOTROPIN</b>                                 | HUMATROPE   |
| <b>GLEEVEC</b>                                    | <i>imatinib mesylate, BOSULIF, SPRYCEL</i>  |
| <b>GRANIX</b>                                     | NIVESTYM  |
| <b>HELIXATE FS</b>                                | ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ  |
| <b>HEPSERA</b>                                    | <i>entecavir, lamivudine, tenofovir disoproxil fumarate, BARACLUDE SOLUTION</i>                             |
| <b>HYALGAN</b>                                    | DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3  |
| <b>LILETTA</b>                                    | KYLEENA, MIRENA, SKYLA  |
| <b>LUPRON DEPOT</b><br>(For Prostate Cancer Only) | ELIGARD   |
| <b>MAVYRET</b>                                    | EPCLUSA ( <i>genotypes 1, 2, 3, 4, 5, 6</i> ), HARVONI ( <i>genotypes 1, 4, 5, 6</i> ), VOSEVI <sup>2</sup> |
| <b>MONOVISC</b>                                   | DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3  |
| <b>MYFORTIC</b>                                   | <i>mycophenolate mofetil, mycophenolate sodium</i>  |
| <b>NEUPOGEN</b>                                   | NIVESTYM  |
| <b>NORDITROPIN</b>                                | HUMATROPE   |
| <b>NOVAREL</b>                                    | OVIDREL   |
| <b>NUTROPIN AQ</b>                                | HUMATROPE   |
| <b>OMNITROPE</b>                                  | HUMATROPE   |

| <b>Drug Name(s)</b>         | <b>Preferred Option(s)*</b>  |
|-----------------------------|--|
| <b>ORTHOVISC</b>            | DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3   |
| <b>OTREXUP</b>              | RASUVO   |
| <b>PEGASYS</b>              | Consult doctor   |
| <b>PRALUENT</b>             | REPATHA  |
| <b>PREGNYL</b>              | OVIDREL  |
| <b>PROCRIT</b>              | ARANESP, RETACRIT  |
| <b>PROCYSBI</b>             | CYSTAGON   |
| <b>PROGRAF</b>              | <i>tacrolimus</i>  |
| <b>RAPAMUNE</b>             | <i>sirolimus</i>   |
| <b>RAVICTI</b>              | <i>sodium phenylbutyrate</i>   |
| <b>REVATIO</b>              | <i>sildenafil</i>  |
| <b>SABRIL</b>               | <i>vigabatrin</i>  |
| <b>SAIZEN</b>               | HUMATROPE  |
| <b>SANDOSTATIN LAR</b>      | SOMATULINE DEPOT, SOMAVERT   |
| <b>SYNVISC, SYNVISC-ONE</b> | DUROLANE, GEL-ONE, GELSYN-3, SUPARTZ FX, VISCO-3   |
| <b>TASIGNA</b>              | <i>imatinib mesylate</i> , BOSULIF, SPRYCEL  |
| <b>TOBI</b>                 | <i>tobramycin inhalation solution</i> , BETHKIS  |
| <b>TOBI PODHALER</b>        | <i>tobramycin inhalation solution</i> , BETHKIS  |
| <b>VEMLIDY</b>              | <i>entecavir</i> , <i>lamivudine</i> , <i>tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION |
| <b>VIEKIRA PAK</b>          | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)                             |
| <b>XENAZINE</b>             | <i>tetrabenazine</i> , AUSTEDO   |
| <b>ZARXIO</b>               | NIVESTYM   |
| <b>ZEMAIRA</b>              | ARALAST NP, GLASSIA, PROLASTIN-C   |
| <b>ZEPATIER</b>             | EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)                             |
| <b>ZORTRESS</b>             | <i>sirolimus</i>   |
| <b>ZYTIGA</b>               | <i>abiraterone</i> , XTANDI  |



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

| Condition                     | Excluded Drug Name(s)   | Preferred Option(s)   |
|-------------------------------|---|---|
| <b>Ankylosing Spondylitis</b> | CIMZIA<br>SIMPON  | COSENTYX<br>ENBREL<br>HUMIRA  |
| <b>Crohn's Disease</b>        | CIMZIA<br>ENTYVIO   | HUMIRA<br>STELARA SUBCUTANEOUS #  |
| <b>Psoriasis</b>              | CIMZIA<br>COSENTYX<br>ENBREL  | HUMIRA<br>OTEZLA<br>STELARA SUBCUTANEOUS<br>TALTZ   |
| <b>Psoriatic Arthritis</b>    | CIMZIA<br>ORENCIA CLICKJECT<br>ORENCIA INTRAVENOUS<br>ORENCIA SUBCUTANEOUS<br>SIMPONI<br>STELARA SUBCUTANEOUS<br>TALTZ<br>XELJANZ<br>XELJANZ XR | COSENTYX<br>ENBREL<br>HUMIRA<br>OTEZLA  |
| <b>Rheumatoid Arthritis</b>   | ACTEMRA<br>CIMZIA<br>KINERET<br>ORENCIA INTRAVENOUS<br>SIMPONI  | ENBREL<br>HUMIRA<br>KEVZARA<br>ORENCIA CLICKJECT<br>ORENCIA SUBCUTANEOUS<br>XELJANZ<br>XELJANZ XR |
| <b>Ulcerative Colitis</b>     | ENTYVIO<br>XELJANZ  | HUMIRA<br>SIMPONI   |
| <b>All other conditions</b>   | ACTEMRA<br>KINERET<br>ORENCIA CLICKJECT<br>ORENCIA INTRAVENOUS<br>ORENCIA SUBCUTANEOUS  | ENBREL<br>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 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).

2 An exception process is in place for specific clinical or regulatory circumstances that may require coverage of an excluded medication.

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs, such as those for smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please log in to your secure member website. If you don't have access to our website, call the toll-free number on your member ID card.

To check coverage and copay information for a specific medicine, log in to your secure member website. For more details, please call the toll-free number on your member ID card.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. Coverage for specialty drugs follows the CVS Caremark Advanced Control Specialty Formulary™ and is being used with permission from CVS Health and/or one of its affiliates.

Aetna pharmacy may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

