

Specialty Drug List

2021 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>lamivudine-zidovudine</i> ATRIPLA BIKTARVY CIMDUO DESCOVY DOVATO EVOTAZ GENVOYA	ODEFSEY PREZCOBIX SYMFI SYMFI LO SYMTUZA TEMIXYS TRIUMEQ TRUVADA
<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>didanosine</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> KALETRA TABLET	NORVIR PREZISTA
Antivirals Hepatitis B Agents §	<i>entecavir</i> <i>lamivudine</i> <i>tenofovir disoproxil fumarate</i>	BARACLUDGE SOLUTION VEMLIDY
Antivirals Hepatitis C Agents §	<i>ribavirin</i> EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)	HARVONI (genotypes 1, 4, 5, 6) VOSEVI ²
Antineoplastic Agents		
Alkylating Agents §	<i>temozolomide</i>	
Antimetabolites §	<i>capecitabine</i>	
Hormonal Antineoplastic Agents Antiandrogens §	<i>abiraterone</i> ERLEADA NUBEQA	XTANDI YONSA
Hormonal Antineoplastic Agents Luteinizing Hormone-Releasing Hormone (LHRH) Agonists §	<i>leuprolide acetate</i> ELIGARD	
Kinase Inhibitors §	<i>erlotinib</i> <i>imatinib mesylate</i> AFINITOR ALECENSA ALUNBRIG BOSULIF CABOMETYX COPIKTRA IBRANCE IRESSA	KISQALI KISQALI FEMARA CO-PACK RYDAPT SPRYCEL SUTENT TYKERB VOTRIENT XOSPATA
Multiple Myeloma Immunomodulators	REVLIMID THALOMID	
Multiple Myeloma Proteasome Inhibitors	NINLARO VELCADE	
Miscellaneous §	<i>bexarotene capsule</i> ERIVEDGE LYNPARZA ODOMZO PERJETA	PHESGO RUBRACA ZEJULA ZOLINZA
Cardiovascular		
Antilipemics PCSK9 Inhibitors	PRALUENT	
Pulmonary Arterial Hypertension Endothelin Receptor Antagonists §	<i>ambrisentan</i> <i>bosentan</i> OPSUMIT	
Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors §	<i>sildenafil</i> <i>tadalafil</i>	
Pulmonary Arterial Hypertension Prostacyclin Receptor Agonists	UPTRAVI	

Category Drug class		
<i>Pulmonary Arterial Hypertension</i> Prostaglandin Vasodilators	ORENITRAM	
<i>Pulmonary Arterial Hypertension</i> Soluble Guanylate Cyclase Stimulators	ADEMPAS	
Central Nervous System		
<i>Anticonvulsants §</i>	<i>vigabatrin</i>	
<i>Antiparkinsonian Agents</i>	INBRIJA	
<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 BETASERON COPAXONE GILENYA	KESIMPTA MAYZENT OCREVUS REBIF TYSABRI VUMERITY ZEPOSIA
Endocrine and Metabolic		
<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>Contraceptives</i> Progestin Intrauterine Devices	KYLEENA MIRENA SKYLA	
<i>Fertility Regulators</i> GNRH / LHRH Antagonists	CETROTIDE	
<i>Fertility Regulators</i> Ovulation Stimulants, Gonadotropins	GONAL-F OVIDREL	
<i>Gaucher Disease</i>	CERDELGA CEREZYME	
<i>Hereditary Tyrosinemia Type 1 Agents</i>	ORFADIN	
<i>Human Growth Hormones</i>	NORDITROPIN	
<i>Polyneuropathy</i>	TEGSEDI	
<i>Urea Cycle Disorders §</i>	<i>sodium phenylbutyrate</i>	
<i>Miscellaneous</i>	CYSTAGON	

**Category
Drug class**

Hematologic

Hematopoietic Growth Factors	ARANESP NIVESTYM	RETACRIT ZIEXTENZO
Hemophilia A Agents	ADYNOVATE JIVI KOGENATE FS	KOVALTRY NOVOEIGHT NUWIQ
Hemophilia B Agents	REBINYN	
Thrombocytopenia Agents	DOPTELET MULPLETA	

Immunologic Agents

Allergenic Extracts	ORALAIR	
Autoimmune Agents* Ankylosing Spondylitis	COSENTYX ENBREL HUMIRA	
Autoimmune Agents* Crohn's Disease	HUMIRA STELARA SUBCUTANEOUS #	
Autoimmune Agents* Psoriasis	HUMIRA OTEZLA SKYRIZI	STELARA SUBCUTANEOUS TALTZ TREMIFYA
Autoimmune Agents* Psoriatic Arthritis	COSENTYX ENBREL	HUMIRA OTEZLA
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 #
Autoimmune Agents* All Other Conditions	ENBREL HUMIRA	
Disease-Modifying Antirheumatic Drugs (DMARDs)	RASUVO	
Hereditary Angioedema	FIRAZYR RUCONEST TAKHZYRO	
Immunosuppressants Antimetabolites §	<i>mycophenolate mofetil mycophenolate sodium</i>	
Immunosuppressants Calcineurin Inhibitors §	<i>cyclosporine cyclosporine, modified tacrolimus</i>	
Immunosuppressants Rapamycin Derivatives §	<i>everolimus sirolimus</i>	

* See Table 1 For Indication Based Coverage Details

After Failure Of Humira

Category
Drug class

Respiratory

<i>Alpha-1 Antitrypsin Deficiency Agents</i>	PROLASTIN-C	
<i>Cystic Fibrosis §</i>	<i>tobramycin inhalation solution</i> BETHKIS	
<i>Pulmonary Fibrosis Agents</i>	ESBRIET OFEV	
<i>Severe Asthma Agents</i>	DUPIXENT FASENRA	NUCALA XOLAIR

Topical

<i>Dermatology</i> <i>Atopic Dermatitis</i>	DUPIXENT	
<i>Mouth/Throat/Dental Agents</i> <i>Protectants</i>	MUGARD	
<i>Ophthalmic</i> <i>Retinal Disorders</i>	EYLEA LUCENTIS	

Quick reference drug list.

A

abacavir tablet
abacavir tablet
abacavir-lamivudine
abiraterone
ADEMPAS
ADYNOVATE
AFINITOR
ALECENSA
ALUNBRIG
ambrisentan
ARANESP
atazanavir
ATRIPLA
AUBAGIO
AUSTEDO

B

BARACLUDGE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
bosentan
BOSULIF

C

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

D

DESCOVY
didanosine
dimethyl fumarate
delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE

E

EDURANT
efavirenz
ELIGARD
EMTRIVA
ENBREL
entecavir
EPCLUSA

ERIVEDGE
ERLEADA
erlotinib
ESBRIET
EUFLEXXA
everolimus
EVOTAZ
EYLEA

F

FASENRA
FIRAZYR
FORTEO
FUZEON

G

GELSYN-3
GENVOYA
GILENYA
glatiramer
GONAL-F

H

HARVONI
HUMIRA

I

IBRANCE
imatinib mesylate
INBRIJA
INGREZZA
INTELENCE
IRESSA
ISENTRESS

J

JIVI

K

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

L

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

M

MAYZENT
MIRENA
MUGARD
MULPLETA
mycophenolate mofetil
mycophenolate sodium

N

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

O

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

P

PERJETA
PHESGO
PRALUENT
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA

R

RASUVO
REBIF
REBINYN
RETACRIT
REVLIMID
ribavirin
RINVOQ
RUBRACA
RUCONEST
RYDAPT

S

sildenafil
sirolimus
SKYLA
SKYRIZI
sodium phenylbutyrate
SOMATULINE DEPOT
SPRYCEL
stavudine
STELARA SUBCUTANEOUS
SUPARTZ FX
SUTENT

SYMFI
SYMFI LO
SYMITUZA

T

tacrolimus
tadalafil
TAKHZYRO
TALTZ
TEGSEDI
TEMIXYS
temozolomide
tenofovir disoproxil fumarate
tetrabenazine
THALOMID
TIVICAY
tobramycin inhalation
solution
TREMIFYA
TRIUMEQ
TRUVADA
TYKERB
TYMLOS
TYSABRI

U

UPTRAVI

V

VELCADE
VEMLIDY
vigabatrin
VOSEVI²
VOTRIENT
VUMERITY

X

XELJANZ
XELJANZ XR
XOLAIR
XOSPATA
XTANDI

Y

YONSA

Z

ZEJULA
ZEPOSIA
zidovudine
ZIEXTENZO
ZOLINZA

Preferred options for excluded specialty medications³

Drug name(s)	Preferred option(s)*
ADCIRCA	<i>sildenafil, tadalafil</i>
ALIQOPA	COPIKTRA
ALPROLIX	Consult doctor
APOKYN	INBRIJA
ARALAST NP	PROLASTIN-C
ASTAGRAF XL	TACROLIMUS
AVONEX	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
BARACLUDE TABLET	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
BERINERT	FIRAZYR, RUCONEST
BORTEZOMIB	NINLARO, VELCADE
BUPHENYL	SODIUM PHENYLBUTYRATE
CELLCEPT	<i>mycophenolate mofetil, mycophenolate sodium</i>
CHORIONIC GONADOTROPIN	OVIDREL
COMPLERA	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
ELELYSO	CERDELGA, CEREZYME
ELOCTATE	ADYNOVATE, JIVI, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
ENVARUS XR	<i>tacrolimus</i>
EPIVIR HBV	<i>entecavir, lamivudine, tenofovir disoproxil fumarate</i> , BARACLUDE SOLUTION, VEMLIDY
EPOGEN	ARANESP, RETACRIT
EXTAVIA	DIMETHYL FUMARATE DELAYED-REL, GLATIRAMER, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
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, VEMLIDY
HUMATROPE	NORDITROPIN
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
KYPROLIS	NINLARO, VELCADE
LETAIRIS	<i>ambrisentan, bosentan</i> , OPSUMIT
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT (For Prostate Cancer Only)	ELIGARD
MAVYRET	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6), VOSEVI 2
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
NUTROPIN AQ	NORDITROPIN
OMNITROPE	NORDITROPIN
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	ARANESP, RETACRIT
PROCYSBI	CYSTAGON
PROGRAF	<i>tacrolimus</i>
RAPAMUNE	<i>everolimus, sirolimus</i>
RAVICTI	<i>sodium phenylbutyrate</i>
REPATHA	PRALUENT
REVATIO	<i>sildenafil, tadalafil</i>
SABRIL	<i>vigabatrin</i>
SAIZEN	NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
STRIBILD	ATRIPLA, BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, SYMTUZA, TRIUMEQ
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
TASIGNA	<i>imatinib mesylate</i> , BOSULIF, SPRYCEL
TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer</i> , AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
TOBI, TOBI PODHALER	<i>tobramycin inhalation solution</i> , BETHKIS
TRACLEER	<i>ambrisentan, bosentan</i> , OPSUMIT
UDENYCA	ZIEXTENZO
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
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)
ZORTRESS	<i>everolimus, sirolimus</i>
ZYDELIG	COPIKTRA
ZYTIGA	<i>abiraterone</i> , XTANDI, YONSA

Table 1 – Preferred options for indication based autoimmune excluded medications

Condition	Excluded drug name(s)	Preferred option(s)
Ankylosing Spondylitis	CIMZIA SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
Crohn's Disease	CIMZIA ENTYVIO	HUMIRA STELARA SUBCUTANEOUS #
Psoriasis	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
Psoriatic Arthritis	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
Rheumatoid Arthritis	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
Ulcerative Colitis	ENTYVIO SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR #
All other conditions	ACTEMRA KINERET ORENCIA CLICKJECT ORENCIA INTRAVENOUS 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 remember that this is not a complete list of drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit the website on your member ID card and log in to your member website. If you don't have access to our website, call the toll-free number on your member ID card.

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