

# Specialty drug coverage

**For members with the  
Aetna Value and Value Plus plans**  
Aetna Specialty Drug List

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**aetna<sup>®</sup>**

# 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.

Check your plan documents for full details of specialty coverage and if your plan has out of network benefits or requires the use of a specialty pharmacy.

## Key:

- **PA** - (Prior authorization, also called preauthorization or precertification) Drug requires prior authorization on some plans.
- **QL** - (Quantity Limits) Drug has quantity limits on some plans.
- **ST** - (Step Therapy) Drug has step therapy requirements on some plans.
- **NPL** - (National Precertification List) Prior authorization is required for all plans.
- **SN** - (Specialty Pharmacy Network) indicates the type of pharmacy where prescription may be filled:
  - **LD** - (Limited Distribution) Drug may not be available through Aetna Specialty Pharmacy Network.
  - **√** - Drug may be required to be filled through the Aetna Specialty Pharmacy network.-
  - **\*** - Specialty drugs may also be available through a retail pharmacy or through Aetna Specialty Pharmacy Network.
  - **^** - May be required to be filled at an Aetna Specialty Pharmacy network pharmacy after two (2) retail pharmacy fills.

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## January 1, 2019 — Specialty Drug List for Value and Value Plus plans

Drug Name	PA	QL	ST	NPL	SN
ACTEMRA	X	X	X	X	√
ACTIMMUNE	X				√
ADAGEN					LD
ADCIRCA	X	X	X	X	√
<i>adefovir dipivoxil</i>		X			^,√
ADEMPAS	X	X	X	X	LD
ADVATE	X			X	√
ADYNOVATE	X			X	√
AFINITOR	X	X			√
AFINITOR DISPERZ	X	X			√
AFSTYLA	X			X	√
ALDURAZYME	X			X	√
ALECENSA	X	X			√
ALFERON N					√
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN	X			X	√
ALPHANINE SD	X			X	√
ALPROLIX	X			X	√
ALUNBRIG	X	X			LD
AMMONUL					√
AMPYRA	X	X			√
ARALAST NP	X			X	*
ARANESP ALBUMIN FREE	X			X	√
ARCALYST	X				LD
ASTAGRAF XL		X			^,√
ATGAM					√
AUBAGIO	X	X		X	√
AUSTEDO	X	X	X		√
AVONEX	X	X		X	√
AVONEX PEN	X	X		X	√
<i>azathioprine</i>					√
BARACLUDE		X			^,√
BEBULIN	X			X	√
BENEFIX	X			X	√
BENLYSTA	X	X	X	X	√
BERINERT	X		X	X	LD
BETASERON	X	X		X	√
BETHKIS		X			√

Drug Name	PA	QL	ST	NPL	SN
<i>bexarotene</i>	X				√
BIVIGAM	X		X	X	*
BONIVA					√
BOSULIF	X	X	X		√
BOTOX	X		X	X	√
BRAFTOVI	X	X			LB
BRAVELLE	X			X	√
BUPHENYL	X	X			√
CABOMETYX	X	X			LD
CALQUENCE	X	X			LD
<i>capecitabine</i>	X				√
CAPRELSA	X	X			LD
CARBAGLU	X				LD
CARIMUNE NANOFILTERED	X		X	X	√
CAYSTON		X			LD
CELLCEPT					^,√
CERDELGA	X	X			√
CEREZYME	X			X	√
CETROTIDE	X			X	√
CHOLBAM	X				LD
<i>chorionic gonadotropin</i>	X			X	*
<i>cidofovir</i>					√
CIMZIA	X	X	X	X	√
CIMZIA STARTER KIT	X	X	X	X	√
CINQAIR	X			X	√
CINRYZE	X	X	X	X	LD
COAGADEX	X			X	LB
<i>colistimethate sodium</i>					√
COLY-MYCIN M					√
COMETRIQ	X	X			LD
COPAXONE	X		X	X	√
COPIKTRA	X	X			√
CORIFACT	X			X	√
COSENTYX	X		X	X	√
COSENTYX SENSOREADY PEN	X		X	X	√
COTELLIC	X	X			√
CUPRIMINE	X		X		√
CUVITRU	X		X	X	LB
<i>cyclosporine</i>					^,√
<i>cyclosporine modified</i>					^,√

Drug Name	PA	QL	ST	NPL	SN
CYSTADANE	X				LD
CYSTARAN	X	X			LD
CYTOGAM					√
CYTOVENE					√
DAKLINZA	X	X	X	X	√
<i>dalfampridine er</i>	X	X			√
<i>deferoxamine mesylate</i>					√
DEMSEK			X		√
DEPEN TITRATABS	X				√
DESFERAL					√
DIBENZYLINE		X	X		*
DOPTELET	X	X			LB
DUOPA	X		X		LD
DUPIXENT	X	X		X	√
DUROLANE	X		X	X	√
DYSPORT	X			X	√
ELAPRASE	X			X	√
ELELYSO	X			X	LD
ELIGARD	X				√
ELOCTATE	X			X	√
EMFLAZA	X	X		X	*
ENBREL	X	X	X	X	√
ENBREL MINI	X	X	X	X	√
ENBREL SURECLICK	X	X	X	X	√
<i>entecavir</i>		X			^,√
ENTYVIO	X		X	X	√
ENVARUSUS XR					^,√
EPOGEN	X		X	X	√
<i>epoprostenol sodium</i>	X			X	LD
ERIVEDGE	X	X			√
ERLEADA	X	X			√
ESBRIET	X	X			√
EUFLEXXA	X			X	√
EXJADE	X				√
EXTAVIA	X	X	X	X	√
EYLEA	X			X	√
FABRAZYME	X			X	√
FARYDAK	X	X			√
FASLODEX	X				√
FEIBA	X			X	√
FERRIPROX	X				LD

Drug Name	PA	QL	ST	NPL	SN
FERRLECIT					√
FIBRYGA	X			X	√
FIRAZYR	X	X	X	X	√
FIRMAGON	X				√
FLEBOGAMMA DIF	X			X	*
FLOLAN	X			X	LD
FOLLISTIM AQ	X		X	X	√
FORTEO	X		X	X	√
FOSCAVIR					√
FULPHILA	X			X	√
FUZEON	X				√
GALAFOLD		X			√
GAMASTAN					√
GAMASTAN S/D					√
GAMMAGARD LIQUID	X		X	X	√
GAMMAGARD S/D IGA LESS THAN 1MCG/ML	X		X	X	√
GAMMAKED	X		X	X	√
GAMMAPLEX	X			X	*
GAMUNEX-C	X			X	√
<i>ganciclovir</i>					√
GANIRELIX ACETATE	X			X	√
GATTEX	X	X		X	LD
GEL-ONE	X		X	X	√
GELSYN-3	X		X	X	√
<i>gengraf</i>					^,√
GENOTROPIN	X		X	X	√
GENOTROPIN MINIQUICK	X		X	X	√
GENVISC 850	X		X	X	√
GILENYA	X	X		X	√
GILOTRIF	X	X			LD
GLASSIA	X			X	√
<i>glatiramer acetate</i>	X			X	√
<i>glatopa</i>	X			X	√
GLEEVEC	X	X	X		√
GONAL-F	X			X	√
GONAL-F RFF	X			X	√
GONAL-F RFF REDIJECT	X			X	√
GRANIX	X		X	X	√
H.P. ACTHAR	X			X	√
HAEGARDA	X	X	X	X	LD
HARVONI	X			X	√

Drug Name	PA	QL	ST	NPL	SN
HELIXATE FS	X			X	√
HEMLIBRA	X			X	√
HEMOFIL M	X			X	√
HEPAGAM B					√
HEPSERA		X			^,√
HETLIOZ	X				√
HIZENTRA	X			X	√
HUMATE-P	X			X	√
HUMATROPE	X		X	X	√
HUMATROPE COMBO PACK	X		X	X	√
HUMIRA	X	X	X	X	√
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	X	X	X	X	√
HUMIRA PEN	X	X	X	X	√
HUMIRA PEN-CD/UC/HS STARTER	X	X	X	X	√
HUMIRA PEN-PS/UV STARTER	X	X	X	X	√
HYALGAN	X		X	X	√
HYCAMTIN	X				√
<i>hydroxyprogesterone caproate</i>	X			X	√
HYMOVIS	X		X	X	√
HYPERHEP B S/D					√
HYPERRAB					√
HYPERRAB S/D					√
HYPERRHO S/D					√
HYPERRHO S/D MINI-DOSE					√
HYPERTET S/D					√
HYQVIA	X		X	X	√
<i>ibandronate sodium</i>					√
IBRANCE	X	X			√
ICLUSIG	X	X			LD
IDELVION	X			X	√
IDHIFA	X	X			LD
ILARIS	X			X	LD
ILUMYA	X	X	X	X	√
<i>imatinib mesylate</i>	X	X			√
IMBRUVICA	X	X			LD
IMOGAM RABIES-HT					√
INCRELEX	X			X	√
INFLECTRA	X		X	X	√
INGREZZA	X	X			LD
INLYTA	X	X			√
INTRON A	X				√

Drug Name	PA	QL	ST	NPL	SN
IRESSA	X	X			LD
IXINITY	X			X	√
JADENU	X				√
JAKAFI	X	X			LD
JETREA	X				√
JIVI	X			X	√
JUXTAPID	X	X	X		LD
JYNARQUE	X				√
KALBITOR	X		X	X	LD
KALYDECO	X	X			LD
KANUMA	X			X	LD
KCENTRA	X			X	√
KEDRAB					√
KEVEYIS	X	X			LD
KEVZARA	X	X	X	X	√
KINERET	X	X	X	X	LD
KISQALI	X	X			√
KISQALI FEMARA 200 DOSE	X	X			√
KISQALI FEMARA 400 DOSE	X	X			√
KISQALI FEMARA 600 DOSE	X	X			√
KITABIS PAK		X			√
KOATE	X			X	√
KOATE-DVI	X			X	√
KOGENATE FS	X			X	√
KOGENATE FS BIO-SET	X			X	√
KORLYM	X	X			LD
KOVALTRY	X			X	√
KRYSTEXXA	X		X	X	√
KUVAN	X				LD
KYNAMRO	X	X	X		LD
LEMTRADA	X	X		X	√
LENVIMA 10 MG DAILY DOSE	X	X			LD
LENVIMA 12MG DAILY DOSE	X	X			LD
LENVIMA 14 MG DAILY DOSE	X	X			LD
LENVIMA 18 MG DAILY DOSE	X	X			LD
LENVIMA 20 MG DAILY DOSE	X	X			LD
LENVIMA 24 MG DAILY DOSE	X	X			LD
LENVIMA 4 MG DAILY DOSE	X	X			LD
LENVIMA 8 MG DAILY DOSE	X	X			LD
LETAIRIS	X			X	√
LEUKINE	X			X	√



Drug Name	PA	QL	ST	NPL	SN
<i>leuprolide acetate</i>	X				√
LONSURF	X	X			LD
LUCENTIS	X			X	√
LUMIZYME	X			X	√
LUPANETA PACK	X				√
LUPRON DEPOT (1-MONTH)	X				√
LUPRON DEPOT (3-MONTH)	X				√
LUPRON DEPOT (4-MONTH)	X				√
LUPRON DEPOT (6-MONTH)	X				√
LUPRON DEPOT-PED (1-MONTH)	X				√
LUPRON DEPOT-PED (3-MONTH)	X				√
LYNPARZA	X	X			LD
MACUGEN	X			X	√
MAKENA	X	X		X	√
MAVYRET	X	X	X	X	√
MEKINIST	X	X			√
MEKTOVI	X	X			LB
MENOPUR	X		X	X	√
MICRHOGAM ULTRA-FILTERED PLUS					√
<i>miglustat</i>	X	X			*
MIRCERA	X			X	LD
MODERIBA					√
<i>moderiba</i>					√
MODERIBA 1200 DOSE PACK					√
MODERIBA 800 DOSE PACK					√
MONOCLATE-P	X			X	√
MONONINE	X			X	√
MONOVISC	X			X	√
MULPLETA	X	X			√
MYALEPT	X	X		X	LD
<i>mycophenolate mofetil</i>					^,√
<i>mycophenolic acid dr</i>					^,√
MYFORTIC					^,√
NABI-HB					√
NAGLAZYME	X			X	LD
NATPARA	X	X		X	LD
NEORAL					^,√
NERLYNX	X	X			LD
NEULASTA	X		X	X	√
NEULASTA ONPRO KIT	X		X	X	√
NEUPOGEN	X		X	X	√

Drug Name	PA	QL	ST	NPL	SN
NEXAVAR	X	X			√
NINLARO	X	X			√
NITYR	X				√
NIVESTYM	X			X	√
NORDITROPIN FLEXP	X		X	X	√
NORTHERA	X	X	X		LD
<i>novarel</i>	X			X	*
NOVOEIGHT	X			X	√
NOVOSEVEN RT	X			X	√
NPLATE	X				LD
NUCALA	X	X		X	√
NULOJIX					√
NUPLAZID	X	X			LB
NUTROPIN AQ NUSPIN 10	X		X	X	√
NUTROPIN AQ NUSPIN 20	X		X	X	√
NUTROPIN AQ NUSPIN 5	X		X	X	√
NUWIQ	X			X	√
OBIZUR	X			X	LB
OICALIVA	X	X	X		LD
OCTAGAM	X			X	*
<i>octreotide acetate</i>	X				√
ODOMZO	X	X			√
OFEV	X	X			LD
OLUMIANT	X	X	X	X	√
OMNITROPE	X			X	√
OPSUMIT	X	X		X	LD
ORENCIA	X	X	X	X	√
ORENCIA CLICKJECT	X	X	X	X	√
ORENITRAM	X			X	LD
ORFADIN	X				LD
ORLISSA	X	X			√
ORKAMBI	X	X			LB
ORTHOVISC	X			X	√
OTEZLA	X	X	X	X	√
OTREXUP			X		*
OVIDREL	X			X	*
PALYNZIQ	X	X	X		√
<i>pamidronate disodium</i>					√
PEGASYS	X				√
PEGASYS PROCLICK	X				√
PEGINTRON	X				√

Drug Name	PA	QL	ST	NPL	SN
<i>phenoxybenzamine hcl</i>		X			*
PLEGRIDY	X	X		X	√
PLEGRIDY STARTER PACK	X	X		X	√
POMALYST	X	X			√
PRALUENT	X	X	X	X	√
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	X			X	*
PREVYMIS	X	X			√
PRIALT					√
PRIVIGEN	X		X	X	*
PROCRIT	X		X	X	√
PROCYSBI	X	X	X		LD
PROFILNINE	X			X	√
PROFILNINE SD	X			X	√
PROGRAF					^,√
PROLASTIN-C	X			X	LB
PROLIA	X		X	X	√
PROMACTA	X	X			√
PULMOZYME	X	X			√
PURIXAN	X	X	X		*
RAPAMUNE					^,√
RASUVO			X		*
RAVICTI	X	X	X		LD
REBETOL					√
REBIF	X	X		X	√
REBIF REBIDOSE	X	X		X	√
REBIF REBIDOSE TITRATION PACK	X	X		X	√
REBIF TITRATION PACK	X	X		X	√
REBINYN	X			X	√
RECLAST					√
RECOMBINATE	X			X	√
REMICADE	X		X	X	√
REMODULIN	X			X	LD
RENFLEXIS	X		X	X	√
REPATHA	X	X	X	X	√
REPATHA PUSHTRONEX SYSTEM	X	X	X	X	√
REPATHA SURECLICK	X	X	X	X	√
RETACRIT	X			X	√
REVATIO	X	X	X	X	√
REVLIMID	X	X			√
RHOGAM ULTRA-FILTERED PLUS					√
RHOPHYLAC					√

Drug Name	PA	QL	ST	NPL	SN
RIASTAP	X			X	√
<i>ribasphere</i>					√
RIBASPHERE RIBAPAK					√
<i>ribasphere ribapak</i>					√
<i>ribavirin</i>					√
RIXUBIS	X			X	√
RUBRACA	X	X			LD
RUCONEST	X			X	LD
RYDAPT	X	X			√
SABRIL	X	X			LD
SAIZEN	X		X	X	√
SAIZENPREP RECONSTITUTIONKIT	X			X	√
SAMSCA	X	X			*
SANDIMMUNE					^,√
SANDOSTATIN	X				√
SANDOSTATIN LAR DEPOT	X				√
SEROSTIM	X			X	√
SIGNIFOR	X	X			LD
SIGNIFOR LAR	X	X			LD
<i>sildenafil</i>	X	X		X	√
<i>sildenafil citrate</i>	X	X		X	√
SILIQ	X	X	X	X	√
SIMPONI	X	X	X	X	√
SIMPONI ARIA	X	X	X	X	√
SIMULECT					√
<i>sirolimus</i>					^,√
SIRTURO	X	X			LB
<i>sodium ferric gluconate complex/sucrose</i>					√
<i>sodium phenylacetate/sodium benzoate</i>					√
<i>sodium phenylbutyrate</i>	X	X			√
SOLIRIS	X			X	√
SOMATULINE DEPOT	X				√
SOMAVERT	X				√
SOVALDI	X	X		X	√
SPRYCEL	X	X	X		√
STELARA	X	X	X	X	√
STIVARGA	X	X			√
STRENSIQ	X			X	LD
SUCRAID					LD
SUPARTZ FX	X		X	X	√
SUTENT	X	X			√

Drug Name	PA	QL	ST	NPL	SN
SYLATRON	X				√
SYMDEKO	X	X			*
SYNAGIS	X			X	√
SYNAREL	X				√
SYNVISC	X		X	X	√
SYNVISC ONE	X		X	X	√
SYPRINE	X				√
<i>tacrolimus</i>					^,√
<i>tadalafil</i>	X	X		X	√
TAFINLAR	X	X			√
TAGRISSO	X	X			LD
TAKHZYRO	X	X		X	*
TALTZ	X		X	X	√
TARCEVA	X	X			√
TARGRETIN	X				√
TASIGNA	X	X	X		√
TAVALISSE	X	X			LB
TECFIDERA	X	X		X	√
TECFIDERA STARTER PACK	X	X		X	√
TECHNIVIE	X	X	X	X	√
TEMODAR	X		X		√
<i>temozolomide</i>	X				√
<i>tetrabenazine</i>	X	X			*
THALOMID	X				√
THIOLA	X		X		LD
THYMOGLOBULIN					LD
THYROGEN					√
TIBSOVO	X	X			√
TOBI		X			√
TOBI PODHALER		X			√
<i>tobramycin</i>		X			√
TRACLEER	X			X	√
TRELSTAR MIXJECT	X				√
TREMFYA	X	X	X	X	√
<i>tretinoin</i>					√
TRETTEN	X			X	√
<i>trientine hcl</i>	X				√
TRIPTODUR	X				√
TRIVISC	X		X	X	√
TYKERB	X				√
TYMLOS	X	X	X	X	√

Drug Name	PA	QL	ST	NPL	SN
TYSABRI	X		X	X	√
TYVASO	X	X		X	LD
TYVASO REFILL	X	X		X	LD
TYVASO STARTER	X	X		X	LD
UPTRAVI	X	X		X	LD
VALCHLOR	X	X			LD
VALCYTE	X	X			^,√
<i>valganciclovir</i>	X	X			^,√
<i>valganciclovir hcl</i>	X	X			^,√
VECAMEYL	X	X	X		√
VELETRI	X			X	LD
VEMLIDY	X	X	X		^,√
VENCLEXTA	X	X			LD
VENCLEXTA STARTING PACK	X	X			LD
VENOFER					√
VENTAVIS	X			X	LD
VERZENIO	X	X			√
VIEKIRA PAK	X		X	X	√
VIEKIRA XR	X	X	X	X	√
<i>vigabatrin</i>	X	X			*
<i>vigadrone</i>	X	X			*
VIMIZIM	X			X	LD
VISCO-3	X			X	√
VISTOGARD		X			*
VISUDYNE	X				√
VIZIMPRO					√
VONVENDI	X			X	√
VOSEVI	X	X		X	√
VOTRIENT	X	X			√
VPRIV	X			X	√
WILATE	X			X	√
WINRHO SDF					√
XALKORI	X	X			√
XELJANZ	X	X	X	X	√
XELJANZ XR	X	X	X	X	√
XELODA	X		X		√
XENAZINE	X	X	X		LD
XEOMIN	X			X	√
XERMELO	X	X			√
XGEVA	X		X	X	√

Drug Name	PA	QL	ST	NPL	SN
XIAFLEX					LD
XOLAIR	X		X	X	√
XTANDI	X	X	X		√
XURIDEN	X	X			LD
XYNTHA	X			X	√
XYNTHA SOLOFUSE	X			X	√
XYREM	X				LD
YONSA	X	X	X		√
ZARXIO	X			X	√
ZAVESCA	X	X			LD
ZEJULA	X	X			LD
ZELBORAF	X	X			√
ZEMAIRA	X			X	LD
ZEPATIER	X	X		X	√
<i>zoledronic acid</i>					√
ZOLINZA	X	X			√
ZOMACTON	X		X	X	√
ZOMETA					√
ZORBTIVE	X			X	√
ZORTRESS					^,√
ZYDELIG	X	X			LD
ZYKADIA	X				√
ZYTIGA	X	X			√

If your doctor supplies or administers your drug, they may continue to do so. Your medical plan may continue to cover your drug.

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](https://www.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-29N.

**Policy forms issued in Missouri include:** AL HGrpPol 01R5, HI HGrpAg 01, HO HGrpPol 01.

