

# Specialty Drug List

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**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	
<b>Analgesics</b>		
<i>Viscosupplements</i>	DUROLANE EUFLEXXA	GELSYN-3 SUPARTZ FX
<b>Anti-Infectives</b>		
<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 SYM TUZA 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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<b>Category Drug class</b>		
<b>Antiretroviral Agents Protease Inhibitors §</b>	<i>atazanavir</i> <i>lopinavir-ritonavir solution</i> KALETRA TABLET	NORVIR PREZISTA
<b>Antivirals Hepatitis B Agents §</b>	<i>entecavir</i> <i>lamivudine</i> <i>tenofovir disoproxil fumarate</i>	BARACLUDE SOLUTION VEMLIDY
<b>Antivirals Hepatitis C Agents §</b>	<i>ribavirin</i> EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)	HARVONI (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 Agents Antiandrogens §</b>	<i>abiraterone</i> ERLEADA NUBEQA	XTANDI YONSA
<b>Hormonal Antineoplastic Agents Luteinizing Hormone-Releasing Hormone (LHRH) Agonists §</b>	<i>leuprolide acetate</i> ELIGARD	
<b>Kinase Inhibitors §</b>	<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
<b>Multiple Myeloma Immunomodulators</b>	REVLIMID THALOMID	
<b>Multiple Myeloma Proteasome Inhibitors</b>	NINLARO VELCADE	
<b>Miscellaneous §</b>	<i>bexarotene capsule</i> ERIVEDGE LYNPARZA ODOMZO PERJETA	PHESGO RUBRACA ZEJULA ZOLINZA
<b>Cardiovascular</b>		
<b>Antilipemics PCSK9 Inhibitors</b>	PRALUENT	
<b>Pulmonary Arterial Hypertension Endothelin Receptor Antagonists §</b>	<i>ambrisentan</i> <i>bosentan</i> OPSUMIT	
<b>Pulmonary Arterial Hypertension Phosphodiesterase Inhibitors §</b>	<i>sildenafil</i> <i>tadalafil</i>	
<b>Pulmonary Arterial Hypertension Prostacyclin Receptor Agonists</b>	UPTRAVI	

<b>Category Drug class</b>		
<i>Pulmonary Arterial Hypertension</i> Prostaglandin Vasodilators	ORENITRAM	
<i>Pulmonary Arterial Hypertension</i> Soluble Guanylate Cyclase Stimulators	ADEMPAS	
<b>Central Nervous System</b>		
<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
<b>Endocrine and Metabolic</b>		
<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**

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

**Immunologic Agents**

<b>Allergenic Extracts</b>	ORALAIR	
<b>Autoimmune Agents* Ankylosing Spondylitis</b>	COSENTYX ENBREL HUMIRA	
<b>Autoimmune Agents* Crohn's Disease</b>	HUMIRA STELARA SUBCUTANEOUS #	
<b>Autoimmune Agents* Psoriasis</b>	HUMIRA OTEZLA SKYRIZI	STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>Autoimmune Agents* Psoriatic Arthritis</b>	COSENTYX ENBREL	HUMIRA OTEZLA
<b>Autoimmune Agents* Rheumatoid Arthritis</b>	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT	ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>Autoimmune Agents* Ulcerative Colitis</b>	HUMIRA STELARA SUBCUTANEOUS #	XELJANZ # XELJANZ XR #
<b>Autoimmune Agents* All Other Conditions</b>	ENBREL HUMIRA	
<b>Disease-Modifying Antirheumatic Drugs (DMARDs)</b>	RASUVO	
<b>Hereditary Angioedema</b>	FIRAZYR RUCONEST TAKHZYRO	
<b>Immunosuppressants Antimetabolites §</b>	<i>mycophenolate mofetil mycophenolate sodium</i>	
<b>Immunosuppressants Calcineurin Inhibitors §</b>	<i>cyclosporine cyclosporine, modified tacrolimus</i>	
<b>Immunosuppressants Rapamycin Derivatives §</b>	<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  
VOSEVI<sup>2</sup>  
VOTRIENT  
VUMERITY

### X

XELJANZ  
XELJANZ XR  
XOLAIR  
XOSPATA  
XTANDI

### Y

YONSA

### Z

ZEJULA  
ZEPOSIA  
zidovudine  
ZIEXTENZO  
ZOLINZA

## Preferred options for excluded specialty medications<sup>3</sup>

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)
<b>Ankylosing Spondylitis</b>	CIMZIA SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
<b>Crohn's Disease</b>	CIMZIA ENTYVIO	HUMIRA STELARA SUBCUTANEOUS #
<b>Psoriasis</b>	CIMZIA COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMIFYA
<b>Psoriatic Arthritis</b>	CIMZIA ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMIFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
<b>Rheumatoid Arthritis</b>	ACTEMRA CIMZIA KINERET ORENCIA INTRAVENOUS SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
<b>Ulcerative Colitis</b>	ENTYVIO SIMPONI	HUMIRA STELARA SUBCUTANEOUS # XELJANZ # XELJANZ XR #
<b>All other conditions</b>	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.

<sup>1</sup> 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.

<sup>2</sup> 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).

<sup>3</sup> 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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