

Specialty drug coverage

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



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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Specialty Drug List for Value and Value Plus plans effective July 1, 2019

Drug Name	PA	QL	ST	NPL	SN
<i>abiraterone acetate</i>	X	X			√
ACTEMRA	X	X	X	X	√
ACTIMMUNE	X				√
ADAGEN					LD
ADCIRCA	X	X	X	X	√
<i>adefovir dipivoxil</i>		X			^,√
ADEMPAS	X	X	X	X	√
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	X			X	√
ALPHANINE SD	X			X	√
ALPROLIX	X			X	√
ALUNBRIG	X	X			√
<i>alyq</i>	X	X		X	√
<i>ambrisentan</i>	X			X	√
AMMONUL					√
AMPYRA	X	X			√
ARALAST NP	X			X	√
ARANESP	X			X	√
ARCALYST	X				√
ARIKAYCE	X		X		LD
ASTAGRAF XL		X			^,√
ATGAM					√
AUBAGIO	X	X		X	√
AUSTEDO	X	X	X		√
AVONEX	X	X		X	√
<i>azathioprine</i>					√
BALVERSA	X	X			LD
BARACLUDGE		X			^,√
BENEFIX	X			X	√
BENLYSTA	X	X	X	X	√

Drug Name	PA	QL	ST	NPL	SN
BERINERT	X	X	X	X	v
BETASERON	X	X		X	v
BETHKIS		X			v
<i>bexarotene</i>	X				v
BIVIGAM	X		X	X	v
BONIVA					v
<i>bosentan</i>	X			X	v
BOSULIF	X	X	X		v
BOTOX	X		X	X	v
BRAFTOVI	X	X			LD
BUPHENYL	X	X			v
CABLIVI	X	X		X	LD
CABOMETYX	X	X			v
CALQUENCE	X	X			LD
<i>capecitabine</i>	X				v
CAPRELSA	X	X			LD
CARBAGLU	X				LD
CARIMUNE	X		X	X	v
CAYSTON		X			LD
CELLCEPT					^,v
CERDELGA	X	X			v
CEREZYME	X			X	v
CETROTIDE	X			X	v
CHOLBAM	X				LD
<i>chorionic gonadotropin</i>	X			X	v
<i>cidofovir</i>					v
CIMZIA	X	X	X	X	v
CINQAIR	X			X	v
CINRYZE	X	X	X	X	v
COAGADEX	X			X	v
<i>colistimethate sodium</i>					v
COLY-MYCIN M					v
COMETRIQ	X	X			LD
COPAXONE	X	X		X	v
COPIKTRA	X	X			LD
CORIFACT	X			X	v
COSENTYX	X		X	X	v
COTELLIC	X	X			v
CUPRIMINE	X				v

Drug Name	PA	QL	ST	NPL	SN
CUVITRU	X		X	X	√
<i>cyclosporine</i>					^,√
<i>cyclosporine modified</i>					^,√
CYSTADANE	X				LD
CYSTARAN	X	X			LD
CYTOGAM					√
CYTOVENE					√
DAKLINZA	X	X	X	X	√
<i>dalfampridine er</i>	X	X			√
DAURISMO	X	X			√
<i>deferasirox</i>	X				√
<i>deferoxamine mesylate</i>					√
DEMSER			X		√
DEPEN TITRATABS	X				√
DESFERAL					√
DIACOMIT	X	X			LD
DIBENZYLINE		X	X		*
DOPTELET	X	X			√
D-PENAMINE	X				√
DUOPA	X		X		LD
DUPIXENT	X	X		X	√
DUROLANE	X		X	X	√
DYSPORT	X			X	√
ELAPRASE	X			X	√
ELELYSO	X			X	√
ELIGARD	X				√
ELOCTATE	X			X	√
EMFLAZA	X	X		X	LD
ENBREL	X	X	X	X	√
<i>entecavir</i>		X			^,√
ENTYVIO	X		X	X	√
ENVARUSUS XR					^,√
EPCLUSA	X	X		X	√
EPIDIOLEX	X	X	X		√
EPOGEN	X		X	X	√
<i>epoprostenol sodium</i>	X			X	√
ERIVEDGE	X	X			√
ERLEADA	X	X			√
<i>erlotinib hydrochloride</i>	X	X			√

Drug Name	PA	QL	ST	NPL	SN
ESBRIET	X	X			√
EUFLEXXA	X			X	√
EVENITY	X	X	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
FERRLECIT					√
FIBRYGA	X			X	√
FIRAZYR	X	X	X	X	√
FIRDAPSE	X	X			LD
FIRMAGON	X				√
FLEBOGAMMA	X			X	√
FLOLAN	X			X	√
FOLLISTIM AQ	X		X	X	√
FORTEO	X		X	X	√
FOSCAVIR					√
FULPHILA	X			X	√
FUZEON	X	X			√
GALAFOLD		X			LD
GAMASTAN					√
GAMMAGARD	X		X	X	√
GAMMAKED	X		X	X	√
GAMMAPLEX	X			X	√
GAMUNEX-C	X			X	√
<i>ganciclovir</i>					√
<i>ganirelix acetate</i>	X			X	√
GATTEX	X	X		X	√
GEL-ONE	X		X	X	√
GELSYN-3	X		X	X	√
<i>gengraf</i>					^,√
GENOTROPIN	X		X	X	√
GENVISC 850	X		X	X	√
GILENYA	X	X		X	√
GILOTRIF	X	X			LD

Drug Name	PA	QL	ST	NPL	SN
GLASSIA	X			X	√
<i>glatiramer acetate</i>	X	X		X	√
<i>glatopa</i>	X	X		X	√
GLEEVEC	X	X	X		√
GONAL-F	X			X	√
GRANIX	X		X	X	√
H.P. ACTHAR	X			X	√
HAEGARDA	X	X	X	X	√
HARVONI	X			X	√
HCG	X			X	√
HELIXATE FS	X			X	√
HEMLIBRA	X			X	√
HEMOFIL M	X			X	√
HEPAGAM B					√
HEPSERA		X			^,√
HETLIOZ	X				LD
HIZENTRA	X			X	√
HUMATE-P	X			X	√
HUMATROPE	X		X	X	√
HUMIRA	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					√
HYPERRHO					√
HYPERTET S/D					√
HYQVIA	X		X	X	√
<i>ibandronate sodium</i>					√
IBRANCE	X	X			√
ICLUSIG	X	X			LD
IDELVION	X			X	√
IDHIFA	X	X			√
ILARIS	X			X	√
ILUMYA	X	X	X	X	√
<i>imatinib mesylate</i>	X	X			√
IMBRUVICA	X	X			LD
IMOGAM RABIES-HT					√

Drug Name	PA	QL	ST	NPL	SN
INBRIJA	X	X	X		✓
INCRELEX	X			X	✓
INFLECTRA	X		X	X	✓
INGREZZA	X	X			✓
INLYTA	X	X			✓
INTRON A	X				✓
IRESSA	X	X			✓
IXINITY	X			X	✓
JADENU	X				✓
JAKAFI	X	X			✓
JETREA	X				LD
JIVI	X			X	✓
JUXTAPID	X	X	X		LD
JYNARQUE	X	X			LD
KALBITOR	X	X	X	X	✓
KALYDECO	X	X			LD
KANUMA	X			X	✓
KCENTRA	X			X	✓
KEDRAB					✓
KEVEYIS	X	X			LD
KEVZARA	X	X	X	X	✓
KINERET	X	X	X	X	LD
KISQALI	X	X			✓
KITABIS PAK		X			✓
KOATE	X			X	✓
KOATE-DVI	X			X	✓
KOGENATE FS	X			X	✓
KORLYM	X	X			LD
KOVALTRY	X			X	✓
KRYSTEXXA	X		X	X	✓
KUVAN	X				✓
KYNAMRO	X	X	X		*
<i>ledipasvir/sofosbuvir</i>	X			X	✓
LEMTRADA	X	X		X	✓
LENVIMA	X	X			LD
LETAIRIS	X			X	✓
LEUKINE	X			X	✓
<i>leuprolide acetate</i>	X				✓
LONSURF	X	X			✓

Drug Name	PA	QL	ST	NPL	SN
LORBRENA	X	X			√
LUCENTIS	X			X	√
LUMIZYME	X			X	√
LUPANETA PACK	X				√
LUPRON DEPOT	X				√
LUPRON DEPOT-PED	X				√
LYNPARZA	X	X			√
MACUGEN	X			X	√
MAKENA	X	X	X	X	√
MAVENCLAD	X	X	X	X	√
MAVYRET	X	X		X	√
MAYZENT	X	X	X	X	√
MEKINIST	X	X			√
MEKTOVI	X	X			LD
MENOPUR	X		X	X	√
MICRHOGAM					√
<i>miglustat</i>	X	X			√
MIRCERA	X			X	LD
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	√
NATPARA	X	X		X	√
NEORAL					^,√
NERLYNX	X	X			√
NEULASTA	X		X	X	√
NEUPOGEN	X		X	X	√
NEXAVAR	X	X			√
NINLARO	X	X			√
NITYR	X				LD
NIVESTYM	X			X	√
NORDITROPIN FLEXPPO	X		X	X	√
NORTHERA	X	X	X		√

Drug Name	PA	QL	ST	NPL	SN
<i>novarel</i>	X			X	√
NOVOEIGHT	X			X	√
NOVOSEVEN RT	X			X	√
NPLATE	X				√
NUCALA	X	X		X	√
NULOJIX					√
NUPLAZID	X	X			√
NUTROPIN AQ	X		X	X	√
NUWIQ	X			X	√
OBIZUR	X			X	√
OCALIVA	X	X	X		√
OCTAGAM	X			X	√
<i>octreotide acetate</i>	X				√
ODOMZO	X	X			√
OFEV	X	X			√
OLUMIANT	X	X	X	X	√
OMNITROPE	X			X	√
OPSUMIT	X	X		X	√
ORENCIA	X	X	X	X	√
ORENITRAM	X			X	√
ORFADIN	X				LD
ORLISSA	X	X			√
ORKAMBI	X	X			LD
ORTHOVISC	X			X	√
OTEZLA	X	X	X	X	√
OTREXUP			X		√
OVIDREL	X			X	√
OXERVATE	X	X			LD
PALYNZIQ	X	X	X		LD
<i>pamidronate disodium</i>					√
PANZYGA	X		X	X	√
PEGASYS	X				√
PEGINTRON	X				√
<i>penicillamine</i>					√
<i>phenoxybenzamine hydrochloride</i>		X			*
PLEGRIDY	X	X		X	√
POMALYST	X	X			√
PRALUENT	X	X	X	X	√
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	X			X	√

Drug Name	PA	QL	ST	NPL	SN
PREVYMIS	X	X			√
PRIALT					LD
PRIVIGEN	X		X	X	√
PROCRIT	X		X	X	√
PROCYSBI	X	X	X		LD
PROFILNINE	X			X	√
PROGRAF					^,√
PROLASTIN-C	X			X	LD
PROLIA	X		X	X	√
PROMACTA	X	X			√
PULMOZYME	X	X			√
PURIXAN	X	X	X		√
RAPAMUNE					^,√
RASUVO			X		√
RAVICTI	X	X	X		√
REBETOL					√
REBIF	X	X		X	√
REBINYN	X			X	√
RECLAST					√
RECOMBINATE	X			X	√
REMICADE	X		X	X	√
REMODULIN	X			X	√
RENFLEXIS	X		X	X	√
REPATHA	X	X	X	X	√
RETACRIT	X			X	√
REVATIO	X	X	X	X	√
REVLIMID	X	X			√
RHOGAM					√
RHOPHYLAC					√
RIASTAP	X			X	√
RIBASPHERE					√
<i>ribasphere</i>					√
<i>ribasphere ribapak</i>					√
<i>ribavirin</i>					√
RIXUBIS	X			X	√
RUBRACA	X	X			√
RUCONEST	X	X		X	√
RYDAPT	X	X			√
SABRIL	X	X			√

Drug Name	PA	QL	ST	NPL	SN
SAIZEN	X		X	X	√
SAMSCA	X	X			√
SANDIMMUNE					^,√
SANDOSTATIN	X				√
SANDOSTATIN LAR	X				√
SEROSTIM	X			X	√
SIGNIFOR	X	X			LD
SIGNIFOR LAR	X	X			LD
<i>sildenafil</i>	X	X		X	√
SILIQ	X	X	X	X	√
SIMPONI	X	X	X	X	√
SIMPONI ARIA	X		X	X	√
SIMULECT					√
<i>sirolimus</i>					^,√
SIRTURO	X	X			*
<i>sodium ferric gluconate complex/sucrose</i>					√
<i>sodium phenylacetate/sodium benzoate</i>					√
<i>sodium phenylbutyrate</i>	X	X			√
<i>sofosbuvir/velpatasvir</i>	X	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					*
SUPARTZ FX	X		X	X	√
SUTENT	X	X			√
SYLATRON	X	X			√
SYMDEKO	X	X			LD
SYNAGIS	X			X	√
SYNAREL	X				√
SYNVISC	X		X	X	√
SYNVISC ONE	X		X	X	√
SYPRINE	X				√
<i>tacrolimus</i>					^,√

Drug Name	PA	QL	ST	NPL	SN
<i>tadalafil</i>	X	X		X	✓
TAFINLAR	X	X			✓
TAGRISSO	X	X			✓
TAKHZYRO	X	X		X	✓
TALTZ	X	X	X	X	✓
TALZENNA	X	X			✓
TARCEVA	X	X			✓
TARGRETIN	X		X		✓
TASIGNA	X	X	X		✓
TAVALISSE	X	X			LD
TECFIDERA	X	X		X	✓
TEGSEDI	X	X		X	LD
TEMODAR	X		X		✓
<i>temozolomide</i>	X				✓
<i>tetrabenazine</i>	X	X			✓
THALOMID	X				✓
THIOLA	X				*
THYMOGLOBULIN					*
THYROGEN					✓
TIBSOVO	X	X			LD
TOBI		X			✓
TOBI PODHALER		X			✓
<i>tobramycin</i>		X			✓
TRACLEER	X			X	✓
TRELSTAR MIXJECT	X				✓
TREMFYA	X	X	X	X	✓
<i>treprostinil</i>	X			X	✓
<i>tretinoin</i>					✓
TRETTEN	X			X	✓
<i>trientine hydrochloride</i>	X				✓
TRIPTODUR	X				LD
TRIVISC	X		X	X	✓
TYKERB	X	X			✓
TYMLOS	X	X	X	X	✓
TYSABRI	X	X	X	X	✓
TYVASO	X	X		X	✓
UDENYCA	X			X	✓
UPTRAVI	X	X		X	✓
VALCHLOR	X	X			LD

Drug Name	PA	QL	ST	NPL	SN
VALCYTE	X	X			^,v
<i>valganciclovir</i>	X	X			^,v
<i>valganciclovir hydrochloride</i>	X	X			^,v
VECAMEYL	X	X	X		v
VELETRI	X			X	v
VEMLIDY	X	X	X		^,v
VENCLEXTA	X	X			LD
VENOFER					v
VENTAVIS	X			X	v
VERZENIO	X	X			v
VIEKIRA PAK	X		X	X	v
<i>vigabatrin</i>	X	X			v
<i>vigadrone</i>	X	X			LD
VIMIZIM	X			X	v
VISCO-3	X		X	X	v
VISTOGARD		X			LD
VISUDYNE	X				v
VITRAKVI	X	X			v
VIZIMPRO	X	X			v
VONVENDI	X			X	v
VOSEVI	X	X		X	v
VOTRIENT	X	X			v
VPRIV	X			X	v
WILATE	X			X	v
WINRHO SDF					v
XALKORI	X	X			v
XELJANZ	X	X	X	X	v
XELJANZ XR	X	X	X	X	v
XELODA	X		X		v
XENAZINE	X	X	X		v
XEOMIN	X			X	v
XERMELO	X	X			LD
XGEVA	X		X	X	v
XIAFLEX					LD
XOLAIR	X		X	X	v
XOSPATA	X	X			LD
XTANDI	X	X	X		v
XURIDEN	X	X			LD
XYNTHA	X			X	v

Drug Name	PA	QL	ST	NPL	SN
XYREM	X				LD
YONSA	X	X	X		√
ZARXIO	X			X	√
ZAVESCA	X	X			LD
ZEJULA	X	X			LD
ZELBORAF	X	X			√
ZEMAIRA	X			X	√
ZEPATIER	X	X		X	√
<i>zoledronic acid</i>					√
ZOLINZA	X	X			√
ZOMACTON	X		X	X	√
ZORBTIVE	X			X	√
ZORTRESS					^,√
ZYDELIG	X	X			√
ZYKADIA	X	X			√
ZYTIGA	X	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 CareRxSM 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, please visit the website on your member ID card and log in to your secure member website. If you don't have access to our website, call the Member Services number on your ID card.

Policy forms issued in OK include: HMO OK COC-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 05, HO HGrpPol 04.

