

# Specialty drug coverage

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**For members with the Aetna Value Plus plan**  
2021 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	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine
<b>PA</b>	(Prior authorization, also called preauthorization or precertification) Drug requires prior authorization on some plans.
<b>QL</b>	(Quantity Limits) Drug has quantity limits on some plans.
<b>ST</b>	(Step Therapy) Drug has step therapy requirements on some plans.
<b>NPL</b>	(National Precertification List) Prior authorization is required for all plans.
<b>SN</b>	(Specialty Pharmacy Network) indicates the type of pharmacy where prescription may be filled:
<b>LD</b>	(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.

## Specialty Drug List for Value Plus plan effective January 1, 2021

Drug name	PA	QL	ST	NPL	SN	Drug name	PA	QL	ST	NPL	SN
<i>abiraterone acetate</i>	X	X			√	ALPHANATE	X			X	√
ACTHAR	X	X		X	√	ALPHANINE SD	X			X	√
ACTIMMUNE	X				√	ALUNBRIG	X	X			√
<i>adefovir dipivoxil</i>					^,√	<i>alyq</i>	X			X	√
ADEMPAS	X	X		X	√	<i>ambrisentan</i>	X	X		X	√
ADVATE	X			X	√	AMMONUL					√
ADYNOVATE	X			X	√	AMPYRA	X	X	X		√
AFINITOR	X	X			√	ARANESP	X			X	√
AFINITOR DISPERZ	X	X			√	ARCALYST	X	X			√
AFSTYLA	X			X	√	ARIKAYCE	X				LD
ALDURAZYME	X			X	√	ATGAM					√
ALECENSA	X	X			√	AUBAGIO	X	X		X	√
ALFERON N					√	AUSTEDO	X	X			√

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Drug name	PA	QL	ST	NPL	SN
<i>azathioprine</i>					√
BALVERSA	X	X			LD
BARACLUDE					^,√
BENEFIX	X			X	√
BENLYSTA	X	X		X	√
BETASERON	X			X	√
BETHKIS	X	X			√
<i>bexarotene</i>	X				√
BIVIGAM	X			X	√
BONIVA					√
<i>bosentan</i>	X	X		X	√
BOSULIF	X	X			√
BOTOX	X		X	X	*
BRAFTOVI	X	X			LD
BRUKINSA					LD
CABLIVI	X	X		X	LD
CABOMETYX	X	X			√
CALQUENCE	X	X			LD
<i>capecitabine</i>	X	X			√
CAPRELSA	X	X			LD
CARBAGLU	X				LD
CARIMUNE	X			X	√
CAYSTON	X	X			*
CERDELGA	X	X			√
CEREZYME	X	X		X	√
CETROTIDE	X			X	√
CHOLBAM	X				LD
<i>chorionic gonadotropin</i>	X			X	√
<i>cidofovir</i>					√
<i>cinacalcet</i>	X	X			√
CINRYZE	X	X		X	√
<i>clovique</i>					√
COAGADEX	X			X	√
<i>colistimethate</i>					√
COLY-MYCIN M					√
COMETRIQ	X	X			*
COPAXONE	X	X		X	√
COPIKTRA	X	X			LD
CORIFACT	X			X	√
COSENTYX	X	X		X	√

Drug name	PA	QL	ST	NPL	SN
COTELLIC	X	X			√
<i>cyclosporine</i>					^,√
<i>cyclosporine modified</i>					^,√
CYSTADANE	X				LD
CYSTAGON	X				√
CYSTARAN	X	X			LD
CYTOGAM					√
<i>dalfampridine er</i>	X	X			√
<i>deferasirox</i>	X				√
<i>deferiprone</i>	X				*
<i>deferoxamine mesylate</i>	X				√
DEMSER					√
DEPEN TITRATABS	X				√
DESFERAL	X				√
DIACOMIT		X			LD
DIBENZYLIN		X	X		*
<i>dimethyl fumarate</i>	X			X	√
<i>dimethyl fumarate starterpack</i>	X			X	√
<i>dofetilide</i>	X				√
DOPTELET	X	X			√
DUOPA	X				LD
DUPIXENT	X	X		X	√
DUROLANE	X			X	√
DYSPORT	X			X	√
ELAPRASE	X			X	√
ELIGARD	X				√
ENBREL	X	X		X	√
ENDARI	X	X			LD
<i>entecavir</i>					^,√
EPCLUSA	X	X		X	√
EPIDIOLEX	X	X			√
<i>epoprostenol</i>	X			X	√
ERIVEDGE	X	X			√
ERLEADA	X	X			√
<i>erlotinib</i>	X	X			√
ESBRIET	X	X			√
EUFLEXXA	X			X	√
<i>everolimus</i>	X	X			^,√
EVRYSDI	X	X		X	LD

Drug name	PA	QL	ST	NPL	SN
EXJADE	X				√
EYLEA	X			X	√
FABRAZYME	X			X	√
FASENRA PEN	X	X		X	√
FEIBA	X			X	√
FENSOLVI	X				LD
FERRIPROX	X				LD
FERRIPROX TWICE-A-DAY	X				LD
FERRLECIT					√
FIBRYGA	X			X	√
FIRAZYR	X	X		X	√
FIRDAPSE	X	X			LD
FIRMAGON	X				√
FLEBOGAMMA	X			X	√
FLOLAN	X			X	√
FORTEO	X	X		X	√
FOSCAVIR					√
<i>fulvestrant</i>	X				√
FUZEON	X	X			√
GALAFOLD	X	X			LD
GAMASTAN	X			X	√
GAMMAGARD	X			X	√
GAMMAKED	X			X	√
GAMMAPLEX	X			X	√
GAMUNEX-C	X			X	√
<i>ganciclovir</i>					√
<i>ganirelix acetate</i>	X			X	√
GATTEX	X	X		X	√
GELSYN-3	X			X	√
<i>gengraf</i>					^,√
GILENYA	X	X		X	√
GILOTRIF	X	X			LD
<i>glatiramer acetate</i>	X	X		X	√
<i>glatopa</i>	X	X		X	√
GONAL-F	X			X	√
HAEGARDA	X	X		X	√
HARVONI	X	X		X	√
HEMLIBRA	X			X	√
HEMOFIL M	X			X	√
HEPAGAM B					√

Drug name	PA	QL	ST	NPL	SN
HETLIOZ	X	X			LD
HIZENTRA	X			X	√
HUMATE-P	X			X	√
HUMIRA	X	X		X	√
HYALGAN	X		X	X	√
HYCAMTIN	X				√
<i>hydroxyprogesterone caproate</i>	X	X		X	√
HYMOVIS	X		X	X	√
HYPERHEP B S/D					√
HYPERRAB					√
HYPERRHO					√
HYPERTET S/D					√
<i>ibandronate</i>					√
IBRANCE	X	X			√
<i>icatibant acetate</i>	X	X		X	√
ICLUSIG	X	X			LD
IDELVION	X			X	√
IDHIFA	X	X			√
ILARIS	X			X	√
<i>imatinib mesylate</i>	X				√
IMBRUVICA	X	X			LD
IMOGAM RABIES-HT					√
INBRIJA	X	X			*
INCRELEX	X			X	√
INGREZZA	X	X			LD
INLYTA	X	X			√
INTRON A	X				√
IRESSA	X	X			√
IXINITY	X			X	√
JADENU	X				√
JADENU SPRINKLE	X				√
JAKAFI	X	X			√
JIVI	X			X	√
JUXTAPID	X	X			LD
JYNARQUE	X	X			LD
KALBITOR	X	X		X	√
KALYDECO	X	X			LD
KANUMA	X			X	√
KCENTRA	X			X	√

Drug name	PA	QL	ST	NPL	SN
KEDRAB					√
KESIMPTA	X	X		X	√
KEVEYIS	X	X			LD
KEVZARA	X	X		X	√
KISQALI	X	X			√
KITABIS	X				√
KOATE	X			X	√
KOATE-DVI	X			X	√
KOGENATE FS	X			X	√
KORLYM	X	X			LD
KOSELUGO	X	X			LD
KOVALTRY	X			X	√
KRYSTEXXA	X				√
KUVAN	X				√
KYNMOBI TITRATION KIT	X				LD
<i>lapatinib ditosylate</i>	X	X			√
LENVIMA	X	X			*
LEUKINE	X			X	√
<i>leuprolide acetate</i>	X				√
LEVULAN KERASTICK		X			√
LONSURF	X	X			√
LORBRENA	X	X			√
LUCENTIS	X			X	√
LUMIZYME	X			X	√
LUPANETA	X				√
LUPRON DEPOT	X				√
LUPRON DEPOT-PED	X				√
LYNPARZA	X	X			√
MAKENA	X	X		X	√
MAVENCLAD	X	X		X	√
MAYZENT	X	X		X	√
MEKINIST	X	X			√
MEKTOVI	X	X			LD
MENOPUR	X		X	X	√
<i>metirosine</i>					√
MICRHOGAM					√
<i>miglustat</i>	X	X			*
MIRCERA	X			X	LD
MONONINE	X			X	√
MULPLETA	X	X			√

Drug name	PA	QL	ST	NPL	SN
MYALEPT	X	X		X	LD
<i>mycophenolate mofetil</i>					^,√
<i>mycophenolic acid dr</i>					^,√
NABI-HB					√
NAGLAZYME	X			X	√
NATPARA	X	X		X	√
NEORAL					^,√
NERLYNX	X	X			√
NEXAVAR	X	X			√
NINLARO	X	X			√
<i>nitisinone</i>	X				LD
NITYR	X				LD
NIVESTYM	X			X	√
NORDITROPIN FLEXPPO	X			X	√
<i>novarel</i>	X			X	√
NOVOEIGHT	X			X	√
NOVOSEVEN RT	X			X	√
NPLATE	X				√
NUBEQA	X	X			√
NUCALA	X	X		X	√
NULOJIX					√
NUPLAZID	X				√
NUWIQ	X			X	√
OCALIVA	X	X			√
OCTAGAM	X			X	√
<i>octreotide acetate</i>	X	X			√
ODOMZO	X	X			√
OFEV	X	X			√
OMNITROPE	X			X	√
OPSUMIT	X	X		X	√
ORENCIA	X	X		X	√
ORENITRAM	X			X	√
ORFADIN	X				LD
ORKAMBI	X	X			LD
ORLADEYO	X				√
OTEZLA	X	X		X	√
OVIDREL	X			X	√
OXERVATE	X	X			LD
<i>pamidronate disodium</i>					√
PEGINTRON					√

Drug name	PA	QL	ST	NPL	SN
<i>penicillamine</i>	X				√
<i>phenoxybenzamine</i>		X			*
POMALYST	X	X			√
PRALUENT	X	X		X	*
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	X			X	√
PREVYMIS		X			√
PRIALT					LD
PRIVIGEN	X			X	√
PROFILNINE	X			X	√
PROLASTIN-C	X			X	LD
PROLIA	X		X	X	√
PROMACTA	X	X			√
PULMOZYME	X	X			√
PURIXAN	X				√
RASUVO	X	X			√
REBIF	X	X		X	√
REBINYN	X			X	√
RECLAST	X				√
RECOMBINATE	X			X	√
REMICADE	X	X		X	√
REMODULIN	X			X	√
RETACRIT	X			X	√
REVLIMID	X	X			√
RHOGAM					√
RHOPHYLAC					√
RIASTAP	X			X	√
<i>ribavirin</i>	X				√
RINVOQ	X	X		X	√
RIXUBIS	X			X	√
ROZLYTREK	X	X			√
RUBRACA	X	X			√
RUCONEST	X	X		X	√
RUZURGI	X	X			LD
RYDAPT	X	X			√
SAMSCA	X				√
SANDIMMUNE					^,√
SANDOSTATIN	X	X			√
<i>sapropterin dihydrochloride</i>	X				√
SENSIPAR	X	X			√

Drug name	PA	QL	ST	NPL	SN
SEROSTIM	X			X	√
SIGNIFOR	X	X			LD
<i>sildenafil</i>	X	X		X	√
SIMPONI ARIA	X	X		X	√
SIMULECT					√
<i>sirolimus</i>					^,√
SIRTURO	X				*
SKYRIZI	X	X		X	√
<i>sodium ferric gluconate complex/sucrose</i>					√
<i>sodium phenylacetate/ sodium benzoate</i>					√
<i>sodium phenylbutyrate</i>					√
SOLIRIS	X			X	√
SOMATULINE DEPOT	X	X			√
SOVALDI	X	X	X	X	√
SPRAVATO	X	X		X	*
SPRYCEL	X	X			√
STELARA	X	X		X	√
STIMATE	X				√
STIVARGA	X	X			√
STRENSIQ	X			X	LD
SUBLOCADE					√
SUCRAID					*
SUTENT	X	X			√
SYMDEKO	X	X			LD
SYNAGIS	X			X	√
SYNAREL	X				√
SYNVISC	X		X	X	√
SYNVISC ONE	X		X	X	√
<i>tacrolimus</i>					^,√
<i>tadalafil</i>	X			X	√
TAFINLAR	X	X			√
TAGRISSO	X	X			√
TAKHZYRO	X	X		X	√
TALTZ	X	X		X	√
TARCEVA	X	X			√
TARGRETIN	X		X		√
TEGSEDI	X	X		X	LD
TEMODAR	X		X		√

Drug name	PA	QL	ST	NPL	SN
<i>temozolomide</i>	X				√
<i>tetrabenazine</i>	X	X			√
THALOMID	X	X			√
THIOLA	X				*
THIOLA EC	X				√
THYMOGLOBULIN					*
THYROGEN					√
TIBSOVO	X	X			LD
TIKOSYN	X		X		√
<i>tobramycin</i>	X	X			√
<i>tolvaptan</i>	X				√
TRACLEER	X	X		X	√
TRELSTAR MIXJECT	X				√
TREMFYA	X	X		X	√
<i>treprostinil</i>	X			X	√
<i>tretinoin</i>					√
TRETTEN	X			X	√
<i>trientine</i>					√
TRIKAFTA	X	X			LD
TRIPTODUR	X				LD
TUKYSA	X	X			LD
TYKERB	X	X			√
TYMLOS	X	X		X	√
TYSABRI	X	X	X	X	√
TYVASO	X	X		X	√
UPTRAVI	X	X		X	√
VALCHLOR	X	X			LD
<i>valganciclovir</i>	X	X			^,√
VECAMYL	X	X			√
VELETRI	X			X	√
VEMLIDY	X	X			^,√
VENCLEXTA	X	X			LD
VENOFER					√
VENTAVIS	X	X		X	√
VERZENIO	X	X			√
<i>vigabatrin</i>	X	X			√
<i>vigadrone</i>	X	X			LD

Drug name	PA	QL	ST	NPL	SN
VIMIZIM	X			X	√
VISTOGARD		X			LD
VISUDYNE	X				√
VITRAKVI	X	X			√
VIVITROL		X			√
VOSEVI	X	X		X	√
VOTRIENT	X	X			√
VUMERITY	X	X		X	√
VYNDAMAX	X	X			√
WILATE	X			X	√
WINRHO SDF					√
XALKORI	X	X			√
XATMEP					√
XELJANZ	X	X		X	√
XELODA	X	X	X		√
XEOMIN	X			X	√
XERMELO	X	X			LD
XGEVA	X			X	√
XIAFLEX					LD
XOLAIR	X	X		X	√
XOSPATA	X	X			LD
XTANDI	X	X			√
XURIDEN		X			LD
XYNTHA	X			X	√
XYREM	X	X			LD
YONSA	X	X			√
ZAVESCA	X	X			LD
ZEJULA	X	X			LD
ZELBORAF	X	X			√
ZEPOSIA	X	X		X	√
ZIEXTENZO	X	X		X	√
<i>zoledronic acid</i>	X				√
ZOLINZA	X	X			√
ZORBTIVE	X			X	√
ZYKADIA	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.**

These drug coverage review programs may not apply in all service areas. Refer to your plan documents.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with Aetna. Information is believed to be accurate as of the production date; however, it is subject to change.

In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota and Texas, step-therapy programs do not apply to fully insured member's utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

To check coverage and copay information for a specific medicine, log into For more information about Aetna plans, please visit the website on your member ID card and log into your member website. For questions, please call the toll-free number on the back of your member ID card.

**Policy forms issued in Oklahoma include:** AL COC00010, HC COC00010.

**Policy forms issued in Missouri include:** AL HGrpPol 01R5, HI HGrpAG 05, HO HGrpPol 04.

