Specialty Drug List

2021 Aetna Specialty Drug List

05.03.949.1L (10/21)

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
lowercase italics	Generic medicine

Category **Drug class**		
Analgesics		
Viscosupplements	DUROLANE EUFLEXXA	GELSYN-3 SUPARTZ FX
Anti-Infectives		
Antiretroviral Agents **Antiretroviral Combinations §**	*abacavir-lamivudine* *efavirenz-emtricitabine-tenofovir disoproxil fumarate* *efavirenz-lamivudine-tenofovir disoproxil fumarate* *lamivudine-zidovudine* BIKTARVY CIMDUO DESCOVY	DOVATO EVOTAZ GENVOYA ODEFSEY PREZCOBIX SYMTUZA TEMIXYS TRIUMEQ
Antiretroviral Agents **Fusion Inhibitors**	FUZEON	
Antiretroviral Agents **Integrase Inhibitors**	ISENTRESS TIVICAY	
Antiretroviral Agents **Non-Nucleoside Reverse Transcriptase Inhibitors §**	*efavirenz* *nevirapine* *nevirapine ext-rel*	EDURANT INTELENCE
Antiretroviral Agents **Nucleoside Reverse Transcriptase Inhibitors §**	*abacavir tablet* *lamivudine*	*stavudine* *zidovudine* EMTRIVA
Antiretroviral Agents **Nucleotide Reverse Transcriptase Inhibitors §**	*tenofovir disoproxil fumarate*	

Category **Drug class**		
Antiretroviral Agents **Protease Inhibitors §**	*atazanavir* *lopinavir-ritonavir solution*	NORVIR PREZISTA
Antivirals **Hepatitis B Agents §**	*entecavir* *lamivudine* *tenofovir disoproxil fumarate*	BARACLUDE SOLUTION VEMLIDY
Antivirals **Hepatitis C Agents §**	*ribavirin* EPCLUSA (genotypes 1, 2, 3, 4, 5, 6)	HARVONI (genotypes 1, 4, 5, 6) VOSEVI[2]
Antineoplastic Agents		
Alkylating Agents §	*temozolomide*	
Antimetabolites §	*capecitabine* *LONSURF*	
Biosimilars	*KANJINTI* *RUXIENCE*	TRAZIMERA ZIRABEV
Hormonal Antineoplastic Agents **Antiandrogens §**	*abiraterone* ERLEADA NUBEQA	XTANDI YONSA
Hormonal Antineoplastic Agents **Luteinizing Hormone-Releasing Hormone (LHRH) Agonists §**	*leuprolide acetate* ELIGARD	
Kinase Inhibitors §	*erlotinib* *imatinib mesylate* *lapatinib* AFINITOR ALECENSA ALUNBRIG BOSULIF CABOMETYX CALQUENCE COPIKTRA	IBRANCE IRESSA KISQALI KISQALI FEMARA CO-PACK RYDAPT SPRYCEL STIVARGA SUTENT VOTRIENT XOSPATA
Monoclonal Antibodies	PERJETA PHESGO	
Multiple Myeloma Immunomodulators	REVLIMID THALOMID	
Multiple Myeloma Proteasome Inhibitors	NINLARO VELCADE	
Miscellaneous §	*bexarotene capsule* ERIVEDGE LYNPARZA MATULANE ODOMZO	RUBRACA VISTOGARD ZEJULA ZOLINZA
Cardiovascular		
Antilipemics **PCSK9 Inhibitors**	PRALUENT	
Pulmonary Arterial Hypertension **Endothelin Receptor Antagonists §**	*ambrisentan* *bosentan* OPSUMIT	

Category **Drug class**		
Pulmonary Arterial Hypertension **Phosphodiesterase Inhibitors §**	*sildenafil* *tadalafil*	
Pulmonary Arterial Hypertension **Prostacyclin Receptor Agonists**	UPTRAVI	
Pulmonary Arterial Hypertension **Prostaglandin Vasodilators**	*treprostinil* ORENITRAM	
Pulmonary Arterial Hypertension **Soluble Guanylate Cyclase Stimulators**	ADEMPAS	
Central Nervous System		
Anticonvulsants §	*vigabatrin*	
Antiparkinsonian Agents	INBRIJA KYNMOBI	
Movement Disorders §	*tetrabenazine* AUSTEDO INGREZZA	
Multiple Sclerosis Agents §	*dimethyl fumarate* *delayed-rel* *glatiramer* AUBAGIO BETASERON COPAXONE GILENYA	KESIMPTA MAYZENT OCREVUS REBIF TYSABRI VUMERITY ZEPOSIA
Endocrine and Metabolic		
Acromegaly	SOMATULINE DEPOT	
Calcium Regulators Antagonists §	*cinacalcet*	
Calcium Regulators **Parathyroid Hormones**	FORTEO TYMLOS	
Calcium Regulators **Miscellaneous**	PROLIA	
Central Precosious Puberty	SUPPRELIN LA TRIPTODUR	
Contraceptives **Progestin Intrauterine Devices**	KYLEENA MIRENA SKYLA	
Fertility Regulators **GNRH / LHRH Antagonists**	CETROTIDE	
Fertility Regulators **Ovulation Stimulants, Gonadotropins**	GONAL-F OVIDREL	
Gaucher Disease	CERDELGA CEREZYME	

Category **Drug class**		
Hereditary Tyrosinemia Type 1 Agents	ORFADIN	
PHENYLKETONURIA TREATMENT AGENTS §	*sapropterin*	
Human Growth Hormones	NORDITROPIN	
Polyneuropathy	TEGSEDI	
Urea Cycle Disorders §	*sodium phenylbutyrate*	
Miscellaneous	CYSTAGON	
Hematologic		
Chelating Agents §	*deferasirox* *deferiprone* *deferoxamine*	*penicillamine capsule* *trientine*
Hematopoietic Growth Factors	ARANESP NIVESTYM	RETACRIT ZIEXTENZO
Hemophilia A Agents	ADVATE ADYNOVATE AFSTYLA ELOCATE ESPERCOT	JIVI KOGENATE FS KOVALTRY NOVOEIGHT NUWIQ
Hemophilia B Agents	REBINYN	
Thrombocytopenia Agents	DOPTELET MULPLETA	
Immunologic Agents		
Allergenic Extracts	ORALAIR	
Autoimmune Agents* **(Physician Administered)**	REMICADE SIMPONI ARIA	STELARA INTRAVENOUS
Autoimmune Agents* **Ankylosing Spondylitis**	COSENTYX ENBREL HUMIRA	
Autoimmune Agents* **Crohn's Disease**	HUMIRA STELARA SUBCUTANEOUS #	
Autoimmune Agents* **Psoriasis**	HUMIRA OTEZLA SKYRIZI	STELARA SUBCUTANEOUS TALTZ TREMFYA
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 #

* See Table 1 For Indication Based Coverage Details

After Failure Of Humira

Category **Drug class**	
Autoimmune Agents* **All Other Conditions**	ENBREL HUMIRA
Disease-Modifying Antirheumatic Drugs (DMARDs)	RASUVO
Hereditary Angioedema	*icatibant* RUCONEST TAKHZYRO
Immunomodulators **Immune Globulins**	CUTAQUIG
Immunosuppressants **Antimetabolites §**	*mycophenolate mofetil* *mycophenolate sodium*
Immunosuppressants **Calcineurin Inhibitors §**	*cyclosporine* *cyclosporine, modified* *tacrolimus*
Immunosuppressants **Rapamycin Derivatives §**	*everolimus* *sirolimus*
Respiratory	
Alpha-1 Antitrypsin Deficiency Agents	PROLASTIN-C
Cystic Fibrosis §	*tobramycin inhalation solution* BETHKIS
Pulmonary Fibrosis Agents	ESBRIET OFEV
Severe Asthma Agents	DUPIXENT FASENRA NUCALA XOLAIR
Topical	
Dermatology **Atopic Dermatitis**	DUPIXENT
Mouth/Throat/Dental Agents **Protectants**	MUGARD
Ophthalmic **Retinal Disorders**	EYLEA LUCENTIS

Quick reference drug list.

A
abacavir tablet
abacavir-lamivudine
abiraterone
ADEMPAS
ADVATE
ADYNOVATE
AFINITOR
AFSTYLA
ALECENSA
ALUNBRIG
ambrisentan
ARANESP
atazanavir
AUBAGIO
AUSTEDO

B
BARACLUDE SOLUTION
BETASERON
BETHKIS
bexarotene capsule
BIKTARVY
bosentan
BOSULIF

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

D
deferasirox
deferiprone
deferoxamine
DESCOVY
didanosine
dimethyl fumarate delayed-rel
DOPTELET
DOVATO
DUPIXENT
DUROLANE

E
EDURANT
efavirenz
efavirenz-emtricitabine-tenofovir disoproxil fumarate
efavirenz-lamivudine-tenofovir disoproxil fumarate
ELIGARD
ELOCTATE
emtricitabine-tenofovir disoproxil fumarate
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
icatibant
imatinib mesylate
INBRIJA
INGREZZA
INTELENCE
IRESSA
ISENTRESS

J
JIVI

K
KANJINTI
KESIMPTA
KEVZARA
KISQALI
KISQALI FEMARA CO-PACK
KOGENATE FS
KOSELUGO
KOVALTRY
KYLEENA
KYNMOBI

L
lamivudine
lamivudine-zidovudine
lapatinib
leuprolide acetate
LONSURF
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
penicillamine capsule
PERJETA
PHESGO
PRALUENT
PREZCOBIX
PREZISTA
PROLASTIN-C
PROLIA

R
RASUVO
REBIF
REBINYN
REMICADE
RETACRIT
REVLIMID
ribavirin
RINVOQ
RUBRACA
RUCONEST
RYDAPT

S
sapropterin
sildenafil
SIMPONI ARIA
sirolimus
SKYLA
SKYRIZI
sodium phenylbutyrate
SOMATULINE DEPOT
SPRYCEL
stavudine
STELARA INTRAVENOUS
STELARA SUBCUTANEOUS
STIVARGA
SUPARTZ FX
SUPPRELIN LA
SUTENT
SYMTUZA

T
tacrolimus
tadalafil
TAGRISSO
TAKHZYRO
TALTZ
TEGSEDI
TEMIXYS
temozolomide
tenofovir disoproxil fumarate
tetrabenazine
THALOMID
TIVICAY
tobramycin inhalation solution
TRAZIMERA
TREMFYA
treprostinil
trientine
TRIPTODUR
TRIUMEQ
TRUVADA
TYMLOS
TYSABRI

U
UPTRAVI

V
VELCADE
VEMLIDY
vigabatrin
VOSEVI[2]
VOTRIENT
VUMERITY

X
XELJANZ
XELJANZ XR
XOLAIR
XOSPATA
XTANDI

Y
YONSA

Z
ZEJULA
ZEPOSIA
zidovudine
ZIEXTENZO
ZIRABEV
ZOLINZA

Preferred options for excluded specialty medications[3]

Drug name(s)	Preferred option(s)*
ACTEMRA INTRAVENOUS	REMICADE, SIMPONI ARIA
ADCIRCA	*sildenafil, tadalafil*
ALIQOPA	COPIKTRA
ALPROLIX	Consult doctor
APITIVUS	Consult doctor
APOKYN	INBRIJA, KYNMOBI
ARALAST NP	PROLASTIN-C
ASTAGRAF XL	*tacrolimus*
AVASTIN	ZIRABEV
AVONEX	*dimethyl fumarate delayed-rel, glatiramer,* AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
AVSOLA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
BARACLUDE TABLET	*entecavir, lamivudine, tenofovir disoproxil fumarate,* BARACLUDE SOLUTION, VEMLIDY
BERINERT	RUCONEST, *icatibant*
BORTEZOMIB	NINLARO, VELCADE
BUPHENYL	*sodium phenylbutyrate*
CELLCEPT	*mycophenolate mofetil, mycophenolate sodium*
CHORIONIC GONADOTROPIN	OVIDREL
CIMZIA LYOPHILIZED POWDER	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
COMPLERA	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
CUPRIMINE	*penicillamine capsule*
DESFERAL	*deferasirox, deferiprone, deferoxamine*
ELELYSO	CERDELGA, CEREZYME
ENTYVIO (For Crohn's Disease only)	REMICADE, STELARA INTRAVENOUS
ENVARSUS XR	*tacrolimus*
EPIVIR HBV	*entecavir, lamivudine, tenofovir disoproxil fumarate,* BARACLUDE SOLUTION, VEMLIDY
EPOGEN	ARANESP, RETACRIT
EXJADE	*deferasirox, deferiprone, deferoxamine*
EXTAVIA	*dimethyl fumarate delayed-rel, glatiramer,* AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
FERRIPROX	*deferasirox, deferiprone, deferoxamine*

Drug name(s)	Preferred option(s)*
FOLLISTIM AQ	GONAL-F
FULPHILA	ZIEXTENZO
GEL-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
GENOTROPIN	NORDITROPIN
GLASSIA	PROLASTIN-C
GLEEVEC	*imatinib mesylate,* BOSULIF, SPRYCEL
GRANIX	NIVESTYM
HEPSERA	*entecavir, lamivudine, tenofovir disoproxil fumarate,* BARACLUDE SOLUTION, VEMLIDY
HERCEPTIN	KANJINTI, TRAZIMERA
HERCEPTIN HYLECTA	KANJINTI, TRAZIMERA
HUMATROPE	NORDITROPIN
HYALGAN	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
ILUMYA	REMICADE
INFLECTRA	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
INVIRASE	*atazanavir, lopinavir-ritonavir solution,* EVOTAZ, PREZCOBIX, PREZISTA
JADENU	*sapropterin*
KYPROLIS	NINLARO, VELCADE
KUVAN	*ambrisentan, bosentan,* OPSUMIT
LETAIRIS	*ambrisentan, bosentan,* OPSUMIT
LEXIVA	*atazanavir, lopinavir-ritonavir solution,* EVOTAZ, PREZCOBIX, PREZISTA
LILETTA	KYLEENA, MIRENA, SKYLA
LUPRON DEPOT (For Prostate Cancer only)	ELIGARD
LUPRON DEPOT-PED	SUPPRELIN LA, TRIPTODUR
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	*mycophenolate mofetil, mycophenolate sodium*
NEULASTA, NEULASTA ONPRO	ZIEXTENZO
NEUPOGEN	NIVESTYM
NOVAREL	OVIDREL
NUTROPIN AQ	NORDITROPIN
OMNITROPE	NORDITROPIN
ORENCIA	REMICADE, SIMPONI ARIA

Drug name(s)	Preferred option(s)*
ORTHOVISC	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
OTREXUP	RASUVO
PEGASYS	Consult doctor
PLEGRIDY	*dimethyl fumarate delayed-rel, glatiramer,* AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
PREGNYL	OVIDREL
PROCRIT	ARANESP, RETACRIT
PROCYSBI	CYSTAGON
PROGRAF	*tacrolimus*
RAPAMUNE	*everolimus, sirolimus*
RAVICTI	*sodium phenylbutyrate*
REMODULIN	*treprostinil*
RENFLEXIS	REMICADE, SIMPONI ARIA, STELARA INTRAVENOUS
REPATHA	PRALUENT
REVATIO	*sildenafil, tadalafil*
RIABNI	RUXIENCE
RITUXAN	RUXIENCE
SABRIL	*vigabatrin*
SAIZEN	NORDITROPIN
SANDOSTATIN LAR	SOMATULINE DEPOT
SIGNIFOR LAR	SOMATULINE DEPOT
SOMAVERT	SOMATULINE DEPOT
STRIBILD	*efavirenz-emtricitabine-tenofovir disoproxil fumarate, efavirenz-lamivudine-tenofovir disoproxil fumarate,* BIKTARVY, DOVATO, GENVOYA, ODEFSEY, SYMTUZA, TRIUMEQ
SYPRINE	*trientine*
SYNVISC, SYNVISC-ONE	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
TASIGNA	*imatinib mesylate,* BOSULIF, SPRYCEL
TECFIDERA	*dimethyl fumarate delayed-rel, glatiramer,* AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA
THIOLA, THIOLA EC	Consult doctor
TOBI, TOBI PODHALER	*tobramycin inhalation solution,* BETHKIS
TRACLEER	*ambrisentan, bosentan,* OPSUMIT
TRELSTAR MIXJECT	ELIGARD, FIRMAGON
TRUXIMA	RUXIENCE

Drug name(s)	Preferred option(s)*
UDENYCA	ZIEXTENZO
VIEKIRA PAK	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
VIRACEPT	*atazanavir, lopinavir-ritonavir solution,* EVOTAZ, PREZCOBIX, PREZISTA
VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
XENAZINE	*tetrabenazine,* AUSTEDO
ZARXIO	NIVESTYM
ZEMAIRA	PROLASTIN-C
ZEPATIER	EPCLUSA (genotypes 1, 2, 3, 4, 5, 6), HARVONI (genotypes 1, 4, 5, 6)
ZOLADEX	ELIGARD, FIRMAGON, ORILISSA
ZORTRESS	*everolimus, sirolimus*
ZYDELIG	COPIKTRA
ZYTIGA	*abiraterone,* XTANDI, YONSA

Table 1 – Preferred options for indication based autoimmune excluded medications

Condition	Excluded drug name(s)	Preferred option(s)
Ankylosing Spondylitis	CIMZIA PREFILLED SYRINGE SIMPONI TALTZ	COSENTYX ENBREL HUMIRA
Crohn's Disease	CIMZIA PREFILLED SYRINGE	HUMIRA STELARA SUBCUTANEOUS #
Psoriasis	CIMZIA PREFILLED SYRINGE COSENTYX ENBREL	HUMIRA OTEZLA SKYRIZI STELARA SUBCUTANEOUS TALTZ TREMFYA
Psoriatic Arthritis	CIMZIA PREFILLED SYRINGE ORENCIA CLICKJECT ORENCIA INTRAVENOUS ORENCIA SUBCUTANEOUS SIMPONI STELARA SUBCUTANEOUS TALTZ TREMFYA XELJANZ XELJANZ XR	COSENTYX ENBREL HUMIRA OTEZLA
Rheumatoid Arthritis	ACTEMRA ACTEMRA SUBCUTANEOUS CIMZIA PREFILLED SYRINGE KINERET SIMPONI	ENBREL HUMIRA KEVZARA ORENCIA CLICKJECT ORENCIA SUBCUTANEOUS RINVOQ XELJANZ XELJANZ XR
Ulcerative Colitis	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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Information is believed to be accurate as of the production date; however, it is subject to change.

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