

2012 Aetna Specialty CareRxSM Drug List

Self-injectable, infused and oral specialty drugs



What you should know to get started

What is Aetna Specialty CareRx?*

Aetna Specialty CareRx is a pharmacy benefit/insurance plan that covers certain specialty drugs.¹ You may get your first fill of these drugs at a retail pharmacy. To achieve best coverage, all refills must come from an in-network specialty pharmacy, like Aetna Specialty Pharmacy[®]. Please review your plan documents for more about the requirements and limitations of your pharmacy plan.

For more information on Aetna Specialty Pharmacy, call **1-866-782-ASRX (1-866-782-2779)** or TDD: **1-877-833-ASRX (1-877-833-2779)**. Or, visit **www.AetnaSpecialtyRx.com**.

What is a specialty drug?

Specialty drugs treat complex, chronic diseases. Because of the complex therapy needed, a pharmacist or nurse should check in with you often during your treatment. These drugs may include self-injectable, infused or select oral medications. They may need to be refrigerated. They are often expensive and may not be available at retail pharmacies.

ANTINEOPLASTIC AGENTS

Antineoplastics (oral)

AFINITOR ^{PR QL}
CAPRELSA ^{PR QL}
GLEEVEC ^{PR QL}
HYCAMTIN (oral only) ^{QL}
IRESSA ^{** QL}
NEXAVAR ^{PR QL}
OFORTA ^{PR QL}
REVLIMID ^{PR}
SPRYCEL ^{PR QL}
SUTENT ^{PR QL}
TARCEVA ^{PR QL}
TASIGNA ^{PR QL}
TEMODAR ^{QL}
THALOMID
tretinoin ^{QL}
TYKERB ^{PR QL}
VANDETANIB ^{** PR QL}
VOTRIENT ^{PR QL}
XELODA ^{QL}
XALKORI ^{** PR QL}
ZELBORAF ^{PR QL}
ZOLINZA ^{PR QL}

Antineoplastic – Hormonal Agents

ELIGARD
FASLODEX ⁺
FIRMAGON ^{PR +}
leuprolide
LUPRON
LUPRON DEPOT ⁺
TRELSTAR DEPOT ⁺
TRELSTAR LA ⁺
VANTAS ⁺
ZOLADEX ⁺
ZYTIGA ^{PR QL +}

Antineoplastics – Miscellaneous

ACTIMMUNE
ALFERON N ⁺
INTRON-A
SYLATRON ^{PR QL}

BLOOD PRODUCTS– MODIFIERS – VOLUME EXPANDERS

Anticoagulants – Heparins

ARIXTRA
enoxaparin
fondaparinux
FRAGMIN
INNOHEP
IPRIVASK
LOVENOX ST

Antiinhibitor Coagulant Complex

FEIBA NF ^{PR}
FEIBA VH ^{PR}

Key

UPPERCASE = brand-name medication

lowercase italics = generic medication

PR = precertification required under most plans

QL = quantity limit applies under most plans

ST = step-therapy applies under most plans

NEW = drugs new to the Aetna Specialty CareRx drug list for 2012.

***** = Specialty tier drugs that are also available through a retail pharmacy or through Aetna Specialty Pharmacy.

****** = Drug may not be available through Aetna Specialty Pharmacy

+ = If your doctor supplies and administers these drugs, he or she may continue to do so. Your drug may continue to be covered by your medical plan.

¹Aetna Specialty Pharmacy and the Specialty Pharmacy Network may not be available to California HMO members. Talk to your doctor about the appropriate way to get the specialty medications you need. Doctors may have agreed to dispense and administer these drugs to you yourselves. Or they may write a prescription so you can fill them at any participating retail or mail-service pharmacy.

2012 Aetna Specialty CareRxSM List (continued)

Blood Clotting Factor VIIa (recombinant)

NOVOSEVEN ^{PR}
NOVOSEVEN RT ^{PR}

Blood Clotting Factor VIII (human)

ALPHANATE ^{PR}
CORIFACT ^{PR}
HEMOFIL M ^{PR}
HUMATE-P ^{PR}
KOATE-DVI ^{PR}
MONOCLATE-P ^{PR}
WILATE ^{PR}

Blood Clotting Factor VIII (recombinant)

ADVATE ^{PR}
HELIXATE FS ^{PR}
KOGENATE FS ^{PR}
RECOMBINATE ^{PR}
REFACTO ^{PR}
XYNTHA ^{PR}

Blood Clotting Factor IX (non-recombinant)

ALPHANINE SD ^{PR}
MONONINE ^{PR}
PROFILNINE ^{PR}

Blood Clotting Factor IX (recombinant)

BEBULIN VH ^{PR}
BENEFIX ^{PR}
PROPLEX T ^{PR}

Fibrinogen Concentrate (Human)

RIASTAP +

Hematopoietic Growth Factors

ARANESP ^{PR} +
EPOGEN ^{PR} +
LEUKINE +
NEULASTA +
NEUMEGA +
NEUPOGEN +
NPLATE +
PROCRIT ^{PR} +
PROMACTA +

Hereditary Angioedema

BERINERT ^{PR} +
CINRYZE ^{** PR} +
FIRAZYR ^{PR} +
KALBITOR ^{PR} +

Paroxysmal Nocturnal Hemoglobinuria (PNH)

SOLIRIS ^{PR} +

CARDIOVASCULAR SYSTEM

Pulmonary Hypertension Agents

ADCIRCA ^{PR}
epoprostenol ^{PR} +
FLOLAN ^{*** PR} +
LETAIRIS ^{PR}
REMODULIN ^{** PR} +
REVATIO ^{PR}
TRACLEER ^{PR}
TYVASO ^{** PR}
VELETRI ^{** PR} +
VENTAVIS ^{** PR}

CENTRAL NERVOUS SYSTEM

Analgesics – Non-Narcotic

PRIALT +

Anticonvulsants – GABA Modulators

SABRIL ^{NEW ** PR} tablets only

Huntington's Disease – Chorea

XENAZINE ^{NEW ** PR QL}

Multiple Sclerosis Agents

AMPYRA ^{PR}
AVONEX ^{PR}
BETASERON ^{PR}
COPAXONE ^{PR}
EXTAVIA ^{PR}
GILENYA ^{PR QL}
REBIF ^{PR}
TYSABRI ^{PR} +

DERMATOLOGICAL AGENTS

Antipsoriatics

AMEVIVE +
ENBREL
HUMIRA
KINERET
REMICADE +
SIMPONI +
STELARA +

ENDOCRINE SYSTEM

Acromegaly

octreotide +
SANDOSTATIN +
SANDOSTATIN LAR +
SOMATULINE +
SOMAVERT

Corticotropin

ACTHAR HP ^{PR} +

Diagnostic Drugs

THYROGEN +

Fabry Disease

FABRAZYME ^{PR} +

Fertility Agents

BRAVELLE ^{PR}
CETROTIDE ^{PR}
chorionic gonadotropin ^{PR}
FOLLISTIM AQ ^{PR}
GANIRELIX ^{PR}
GONAL-F ^{PR}
GONAL-F RFF ^{PR}
leuprolide
LUPRON
LIVERIS ^{PR}
MENOPUR ^{PR}
novarel ^{PR}
OVIDREL ^{PR}
pregnyl ^{PR}
REPRONEX ^{PR}

Gaucher Disease

CEREDASE ^{PR} +
CEREZYME ^{PR} +
VPRIV ^{PR} +
ZAVESCA ^{** PR} +

Growth Factors, Insulin-like

INCRELEX ^{PR}

Growth Hormone Agents

GENOTROPIN ^{PR}
HUMATROPE ^{PR}
NORDITROPIN ^{PR}
NUTROPIN ^{PR}
NUTROPIN AQ ^{PR}
NUTROPIN AQ NUSPIN ^{PR}
OMNITROPE ^{PR}
SAIZEN ^{PR}
SEROSTIM ^{PR}
TEV-TROPIN ^{PR}
ZORBITIVE ^{PR}

Hereditary Tyrosinemia

ORFADIN ^{**}

Homocystinuria

CYSTADANE

Hormone Replacement – Proggestins

MAKENA ^{PR QL}

Hunter Syndrome

ELAPRASE ^{** PR} +

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Hyperammonemia

AMMONUL +
BUPHENYL

Hyperparathyroidism

HECTOROL
SENSIPAR
ZEMPLAR

LHRH/GnRH Agonist Analog Pituitary Suppressants

SUPPRELIN LA +
SYNAREL

Mucopolysaccharidosis I

ALDURAZYME PR +

Mucopolysaccharidosis VI

NAGLAZYME PR +

Phenylketonuria

KUVAN **

Pompe Disease

LUMIZYME PR +
MYOZYME PR +

Vasopressin Receptor Antagonists

SAMSCA PR

GASTROINTESTINAL SYSTEM

Crohn's Disease

CIMZIA +
HUMIRA
REMICADE +

INFECTIONS AND INFESTATIONS

Antiretrovirals – Fusion Inhibitors

FUZEON

Antivirals – CMV Agents

CYTOGAM +
CYTOVENE +
foscarnet +
ganciclovir
VALCYTE
VISTIDE

Antivirals – Hepatitis Agents

BARACLUDGE
COPEGUS
EPIVIR HBV
HEPSERA
INCIVEK PR
INFERGEN PR +
PEGASYS PR

PEG-INTRON PR
REBETOL
ribapak
ribasphere
ribavirin
TYZEKA
VICTRELIS PR

MUSCULOSKELETAL SYSTEM

Enzymes

XIAFLEX +

Gout

KRYSTEXXA PR +

Interleukin-1beta Blockers

ILARIS ** PR +

Interleukin-1 Blockers

ARCALYST PR +

Neuromuscular Blocking Agent – Neurotoxins

BOTOX PR +
DYSPORT PR +
MYOBLOC PR +
XEOMIN PR +

Osteoarthritis

EUFLEXXA PR +
HYALGAN PR +
ORTHOVISC PR +
SUPARTZ PR +
SYNVISC PR +
SYNVISC ONE PR +

Osteoporosis

ARELIA PR +
BONIVA (inj only) PR QL +
FORTEO PR +
GANITE +
pamidronate PR +
PROLIA PR +
RECLAST PR +
XGEVA PR +
ZOMETA PR +

Rheumatoid Arthritis

ACTEMRA ST +
CIMZIA +
ENBREL
HUMIRA
KINERET
ORENCIA +
REMICADE +
SIMPONI

OPHTHALMIC AGENTS

Macular Degeneration

LUCENTIS +
MACUGEN +
VISUDYNE +

Macular Edema

OZURDEX +

RESPIRATORY TRACT AGENTS

Alpha-Proteinase Inhibitors

ARALAST NEW PR +
ARALAST NP NEW PR +
GLASSIA NEW ** PR +
PROLASTIN NEW ** PR +
PROLASTIN-C NEW ** PR +
ZEMAIRA NEW ** PR +

Antiasthmatic – Monoclonal Antibodies

XOLAIR PR +

Cystic Fibrosis

CAYSTON **
colistimethate sodium +
COLY-MYCIN-M +
PULMOZYME PR
TOBI

Respiratory Syncytial Virus- Monoclonal Antibodies

SYNAGIS PR +

THERAPEUTIC NUTRIENTS – VITAMINS – MINERALS – ELECTROLYTES

FERRLECIT +
nulecit +
VENOFER +

TOXICOLOGIC AGENTS

Alcohol Dependence

VIVITROL +

Antidotes

deferoxamine mesylate +
DEFERAL +
EXJADE

2012 Aetna Specialty CareRxSM List (continued)

VACCINES, TOXOIDS AND BIOLOGICS

Immune Globulin – Cytomegalovirus (CMV)

CYTOGAM +

Immune Globulin – Immune Disorders

ADAGEN ^{PR} +
CARIMUNE NANOFILTERED ^{PR} +
FLEBOGAMMA ^{PR} +
GAMASTAN S/D ^{PR} +
GAMMAGARD ^{PR} +
GAMMAGARD S/D ^{PR} +
GAMMAPLEX ^{PR} +
GAMUNEX ^{PR} +
GAMUNEX-C ^{PR} +
HIZENTRA ^{PR} +
OCTAGAM ^{PR} +
PRIVIGEN ^{PR} +
VIVAGLOBIN ^{PR} +

Immune Globulin – Hepatitis B

HEPAGAM B +
HYPERHEP B +
NABI-HB +
NOVAPLUS NABI-HB +

Immune Globulin – Rabies

HYPERRAB S/D +
IMOGAM RABIE +

Immune Globulin – Rh isoimmunization

HYPERRHO S/D +
MICRHOGAM ULTRA-FILTERED +
RHOGAM ULTRA-FILTERED PLUS +
RHOPHYLAC +
WINRHO SDF +

Immune Globulin – Tetanus

HYPERTET S/D +

MISCELLANEOUS

Immunosuppressive Agents

ATGAM +
azathioprine (inj only) +
cyclosporine (inj only) +
MYFORTIC
NEORAL
NULOJIX +
ORTHOCLONE OKT3 +
PROGRAF
RAPAMUNE
SANDIMMUNE
SIMULECT +
tacrolimus
THYMOGLOBULIN +
ZORTRESS +

Systemic Lupus Erythematosus Agents

BENLYSTA ^{PR} +

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Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a licensed pharmacy subsidiary of Aetna Inc. that operates through specialty pharmacy prescription fulfillment.

Policy forms issued in Oklahoma include: HMO/OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

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 www.aetna.com.

