

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetnaSM

Self-injectable, infused and
oral specialty drugs
**2013 Aetna Specialty CareRxSM
Benefit Plan Drug List**

www.aetna.com



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.[†] 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[®] medicine and support services. Please review your plan documents for more about the requirements and limitations of your pharmacy benefits and insurance plan.

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 2013

*Drug may not be available through Aetna Specialty Pharmacy.

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

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}

Antineoplastics — 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 ^{PR}
SYLATRON ^{PR QL}

Blood Products — Modifiers — Volume Expanders

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 be injected, infused or taken by mouth. They may need to be refrigerated. They are often expensive and may not be available at retail pharmacies.

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**.

Anticoagulants – Heparins

ARIXTRA **
enoxaparin **
fondaparinux **
FRAGMIN **
INNOHE P **
IPRIVASK **
LOVENOX ^{ST**}

Anti-inhibitor Coagulant Complex

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

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 ⁺

[†]Specialty medicine through Aetna 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 medicines you need. Doctors may have agreed to dispense and administer these drugs to you themselves. Or they may write a prescription so you can fill them at any participating retail or mail-order pharmacy you choose.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

Hematopoietic Growth Factors

ARANESP^{PR +}
EPOGEN^{PR +}
LEUKINE⁺
NEULASTA⁺
NEUMEGA⁺
NEUPOGEN⁺
NPLATE⁺
OMONTYS^{PR}
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^{*PR} tablets only

Huntington's Disease — Chorea

XENAZINE^{*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^{+PR}
ENBREL^{PR}
HUMIRA^{PR}
KINERET^{PR}
REMICADE^{+PR}
SIMPONI^{+PR}
STELARA^{+PR}

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
LUVERIS^{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}
ZORBTIVE^{PR}

Hereditary Tyrosinemia

ORFADIN^{*}

Homocystinuria

CYSTADANE

Hormone Replacement — Progestins

MAKENA^{PR QL}

Hunter Syndrome

ELAPRASE^{*PR +}

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^{+PR}
HUMIRA^{PR}
REMICADE^{+PR}

Infections and Infestations

Antiretrovirals — Fusion Inhibitors

FUZEON

Antivirals — CMV Agents

CYTOGAM⁺
CYTOVENE⁺

foscarnet⁺
ganciclovir
VALCYTE
VISTIDE

Antivirals — Hepatitis Agents

BARACLUDE
COPEGUS
EPIVIR HBV
HEPSERA
INCIVEK^{PR}
INFERGEN^{PR +}
PEGASYS^{PR}
PEG-INTRON^{PR}
REBETOL
ribapak
ribasphere
ribavirin
TYZEKA
VICTRELIS^{PR}

Musculoskeletal System

Bone Modifying Agents

AREDIA^{PR +}
BONIVA (inj only)^{PR QL +}
FORTEO^{PR +}
GANITE⁺
pamidronate^{PR +}
PROLIA^{PR +}
RECLAST^{PR +}
XGEVA^{PR +}
ZOMETA^{PR +}

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 +}

Rheumatoid Arthritis

ACTEMRA^{+PR}
CIMZIA^{+PR}

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ENBREL ^{PR}
HUMIRA ^{PR}
KINERET ^{PR}
ORENCIA ^{+PR}
REMICADE ^{+PR}
SIMPONI ^{PR}

Ophthalmic Agents

Macular Degeneration

EYLEA ^{+NEW}
LUCENTIS ⁺
MACUGEN ⁺
VISUDYNE ⁺

Macular Edema

OZURDEX ⁺

Respiratory Tract Agents

Alpha-Proteinase Inhibitors

ARALAST ^{PR +}
ARALAST NP ^{PR +}
GLASSIA ^{* PR +}
PROLASTIN ^{* PR +}
PROLASTIN-C ^{* PR +}
ZEMAIRA ^{* PR +}

Antiasthmatic — Monoclonal Antibodies

XOLAIR ^{PR +}

Cystic Fibrosis

CAYSTON ^{*}
colistimethate sodium ⁺
COLY-MYCIN-M ⁺
KALEYDECO ^{PR}
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 ⁺
DESFERAL ⁺
EXJADE

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 +}
GAMMAKED ^{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 — Rhisoimmunization

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 +}

Precertification determines whether a service, procedure, drug or medical device meets our 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.

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.

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

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.

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.

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05.03.382.1 D (12/12)