

2011 Aetna Specialty CareRxSM Drug List

Self-injectable, infused and oral specialty drugs

Effective 1/1/2011

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®. Please review your plan documents for more about the requirements and limitations of your pharmacy plan.

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

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

Antineoplastic - Hormonal Agents

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

Antineoplastics - Miscellaneous

ACTIMMUNE
ALFERON N +
INTRON-A

BLOOD PRODUCTS - MODIFIERS - VOLUME EXPANDERS

Anticoagulants - Heparins

ARIXTRA*
*enoxaparin**
FRAGMIN*
INNOHEP*
IPRIVASK*
LOVENOX*

Antiinhibitor 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}
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}

Convenient access to
specialty medications
and support every
step of the way

Key

UPPER CASE = brand-name medication

lower case 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 2011.

* = Specialty tier drugs that are also available through a retail pharmacy or through Aetna Specialty Pharmacy. For more information on Aetna Specialty Pharmacy, visit www.AetnaSpecialtyRx.com

*** = 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.

For more information visit www.AetnaSpecialtyRx.com call 1-866-782-ASRX (1-866-782-2779) or TDD: 1-877-833-ASRX (1-877-833-2779).



2011 Aetna Specialty CareRxSM List (continued)

Blood Clotting Factor IX (recombinant)

BEBULIN VH ^{PR}
BENEFIX ^{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} +
KALBITOR ^{PR} +

Paroxysmal Nocturnal Hemaglobinuria (PNH)

SOLIRIS +

CARDIOVASCULAR SYSTEM

Pulmonary Hypertension Agents

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

CENTRAL NERVOUS SYSTEM

Analgesics - Non-Narcotic

PRIALT +

Multiple Sclerosis Agents

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

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
LUVERIS ^{PR}
MENOPUR ^{PR}
novarel ^{PR}
OVIDREL ^{PR}
pregnyl ^{PR}
REPRONEX ^{PR}

Gaucher Disease

CERDASE ^{NEW PR} +
CEREZYME ^{PR} +
VPRIV ^{PR} +
ZAVESCA *** ^{PR} +

Growth Factors, Insulin-like

INCRELEX ^{PR}

Growth Hormone Agents

GENOTROPIN ^{PR ST}
HUMATROPE ^{PR}
NORDITROPIN ^{PR T}
NUTROPIN ^{PR}
NUTROPIN AQ ^{PR}
OMNITROPE ^{PR ST}
SAIZEN ^{PR}
SEROSTIM ^{PR}
TEV-TROPIN ^{PR}
ZORBIVE ^{PR}

Hereditary Tyrosinemia

ORFADIN ***

Homocystinuria

CYSTADANE

Hunter Syndrome

ELAPRASE *** ^{PR} +

Hyperammonemia

AMMONUL +
BUPHENYL

Hyperparathyroidism

HECTOROL
SENSIPAR
ZEMPLAR

LHRH/GnRH Agonist Analog Pituitary Suppressants

SUPPRELIN LA +
SYNAREL

Mucopolysaccharidosis I

ALDURAZYME +

Mucopolysaccharidosis VI

NAGLAZYME +

Phenylketonuria

KUVAN

Pompe Disease

LUMIZYME ^{PR} +
MYOZYME ^{PR} +

Vasopressin Receptor Antagonists

SAMSCA

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

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

MUSCULOSKELETAL SYSTEM

Enzymes

XIAFLEX +

Interleukin-1 Beta Blockers

ILARIS *** ^{PR} +

Interleukin-1 Blockers

ARCALYST ^{PR} +

Neuromuscular Blocking Agent - Neurotoxins

BOTOX ^{PR} +
DYSPORT ^{PR} +
MYOBLOC +
XEOMIN ^{PR} +

2011 Aetna Specialty CareRxSM List (continued)

Osteoarthritis

EUFLEXA +
HYALGAN +
ORTHOVISC +
SUPARTZ +
SYNVISC +

Osteoporosis

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

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 +
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 +
GAMMAPLEX PR +
GAMUNEX 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
ORTHOCLONE OKT3 +
PROGRAF
RAPAMUNE
SANDIMMUNE
SIMULECT +
tacrolimus
THYMOGLOBULN +
ZORTRESS +

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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 medications 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.

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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.

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.

