

# 2012 Aetna Specialty CareRx<sup>SM</sup> Drug List

## Self-injectable specialty drugs



## What you should know to get started

### What is Aetna Specialty CareRx?\*

Aetna Specialty CareRx is a pharmacy benefits insurance plan that covers certain specialty drugs.<sup>†</sup> 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<sup>®</sup>. 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

### Antineoplastic – Hormonal Agents

FIRMAGON <sup>PR +</sup>  
*leuprolide*  
LUPRON

### Antineoplastics – Miscellaneous

ACTIMMUNE  
INTRON-A  
SYLATRON <sup>PR QL</sup>

## BLOOD PRODUCTS- MODIFIERS- VOLUME EXPANDERS

### Anticoagulants – Heparins

ARIXTRA  
*enoxaparin*  
*fondaparinux*  
FRAGMIN  
INNOHEP  
IPRIVASK  
LOVENOX <sup>ST</sup>

### Anti-Inhibitor Coagulant Complex

FEIBA NF <sup>PR</sup>  
FEIBA VH <sup>PR</sup>

### Blood Clotting Factor VIIa (recombinant)

NOVOSEVEN <sup>PR</sup>  
NOVOSEVEN RT <sup>PR</sup>

### Blood Clotting Factor VIII (human)

ALPHANATE <sup>PR</sup>  
CORIFACT <sup>PR</sup>  
HEMOFIL M <sup>PR</sup>  
HUMATE-P <sup>PR</sup>  
KOATE-DVI <sup>PR</sup>  
MONOCLATE-P <sup>PR</sup>  
WILATE <sup>PR</sup>

### Blood Clotting Factor VIII (recombinant)

ADVATE <sup>PR</sup>  
HELIXATE FS <sup>PR</sup>  
KOGENATE FS <sup>PR</sup>  
RECOMBINATE <sup>PR</sup>  
REFACTO <sup>PR</sup>  
XYNTHA <sup>PR</sup>

### Blood Clotting Factor IX (non-recombinant)

ALPHANINE SD <sup>PR</sup>  
MONONINE <sup>PR</sup>  
PROFILNINE <sup>PR</sup>

## 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

**\*** = 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.

<sup>†</sup>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-service pharmacy.

# 2012 Aetna Specialty CareRx<sup>SM</sup> List (continued)

## Blood Clotting Factor IX (recombinant)

BEBULIN VH <sup>PR</sup>  
BENEFIX <sup>PR</sup>  
PROPLEX T <sup>PR</sup>

## Hematopoietic Growth Factors

ARANESP <sup>PR +</sup>  
EPOGEN <sup>PR +</sup>  
NEULASTA <sup>+</sup>  
NEUMEGA <sup>+</sup>  
NEUPOGEN <sup>+</sup>  
PROCRIT <sup>PR +</sup>

## CENTRAL NERVOUS SYSTEM

### Multiple Sclerosis Agents

AVONEX <sup>PR</sup>  
BETASERON <sup>PR</sup>  
COPAXONE <sup>PR</sup>  
EXTAVIA <sup>PR</sup>  
REBIF <sup>PR</sup>

## DERMATOLOGICAL AGENTS

### Antipsoriatics

ENBREL  
HUMIRA  
KINERET  
SIMPONI <sup>+</sup>

## ENDOCRINE SYSTEM

### Acromegaly

*octreotide* <sup>+</sup>  
SANDOSTATIN <sup>+</sup>  
SANDOSTATIN LAR <sup>+</sup>  
SOMATULINE <sup>+</sup>  
SOMAVERT

## Fertility Agents

BRAVELLE <sup>PR</sup>  
CETROTIDE <sup>PR</sup>  
*chorionic gonadotropin* <sup>PR</sup>  
FOLLISTIM AQ <sup>PR</sup>  
GANIRELIX <sup>PR</sup>  
GONAL-F <sup>PR</sup>  
GONAL-F RFF <sup>PR</sup>  
*leuprolide*  
LUPRON  
LUVERIS <sup>PR</sup>  
MENOPUR <sup>PR</sup>  
novarel <sup>PR</sup>  
OVIDREL <sup>PR</sup>  
*pregnyl* <sup>PR</sup>  
REPRONEX <sup>PR</sup>

### Growth Factors, Insulin-like

INCRELEX <sup>PR</sup>

### Growth Hormone Agents

GENOTROPIN <sup>PR</sup>  
HUMATROPE <sup>PR</sup>  
NORDITROPIN <sup>PR</sup>  
NUTROPIN <sup>PR</sup>  
NUTROPIN AQ <sup>PR</sup>  
NUTROPIN AQ NUSPIN <sup>PR</sup>  
OMNITROPE <sup>PR</sup>  
SAIZEN <sup>PR</sup>  
SEROSTIM <sup>PR</sup>  
TEV-TROPIN <sup>PR</sup>  
ZORBTIVE <sup>PR</sup>

### Hormone Replacement - Progestins

MAKENA <sup>PR QL</sup>

## GASTROINTESTINAL SYSTEM

### Crohn's Disease

HUMIRA

## INFECTIONS AND INFESTATIONS

### Antiretrovirals – Fusion Inhibitors

FUZEON

### Antivirals – Hepatitis Agents

INFERGEN <sup>PR +</sup>  
PEGASYS <sup>PR</sup>  
PEG-INTRON <sup>PR</sup>

## MUSCULOSKELETAL SYSTEM

### Osteoporosis

FORTEO <sup>PR +</sup>

### Rheumatoid Arthritis

ENBREL  
HUMIRA  
KINERET  
SIMPONI <sup>+</sup>

## RESPIRATORY TRACT AGENTS

### Antiasthmatic – Monoclonal Antibodies

XOLAIR <sup>PR +</sup>

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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](http://www.aetna.com).

