

# 2012 Aetna Specialty CareRx<sup>SM</sup> 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.<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

### Antineoplastics (oral)

AFINITOR <sup>PR QL</sup>  
CAPRELSA <sup>PR QL</sup>  
GLEEVEC <sup>PR QL</sup>  
HYCAMTIN (oral only) <sup>QL</sup>  
IRESSA <sup>\*\* QL</sup>  
NEXAVAR <sup>PR QL</sup>  
OFORTA <sup>PR QL</sup>  
REVLIMID <sup>PR</sup>  
SPRYCEL <sup>PR QL</sup>  
SUTENT <sup>PR QL</sup>  
TARCEVA <sup>PR QL</sup>  
TASIGNA <sup>PR QL</sup>  
TEMODAR <sup>QL</sup>  
THALOMID  
*tretinoin* <sup>QL</sup>  
TYKERB <sup>PR QL</sup>  
VANDETANIB <sup>\*\* PR QL</sup>  
VOTRIENT <sup>PR QL</sup>  
XELODA <sup>QL</sup>  
XALKORI <sup>\*\* PR QL</sup>  
ZELBORAF <sup>PR QL</sup>  
ZOLINZA <sup>PR QL</sup>

### Antineoplastic – Hormonal Agents

ELIGARD  
FASLODEX <sup>+</sup>  
FIRMAGON <sup>PR +</sup>  
*leuprolide*  
LUPRON  
LUPRON DEPOT <sup>+</sup>  
TRELSTAR DEPOT <sup>+</sup>  
TRELSTAR LA <sup>+</sup>  
VANTAS <sup>+</sup>  
ZOLADEX <sup>+</sup>  
ZYTIGA <sup>PR QL +</sup>

### Antineoplastics – Miscellaneous

ACTIMMUNE  
ALFERON N <sup>+</sup>  
INTRON-A  
SYLATRON <sup>PR QL</sup>

## BLOOD PRODUCTS– MODIFIERS – VOLUME EXPANDERS

### Anticoagulants – Heparins

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

### Antiinhibitor Coagulant Complex

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

<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 yourselves. Or they may write a prescription so you can fill them at any participating retail or mail-service pharmacy.

### 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.

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

## 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>

## Blood Clotting Factor IX (recombinant)

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

## Fibrinogen Concentrate (Human)

RIASTAP +

## Hematopoietic Growth Factors

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

## Hereditary Angioedema

BERINERT <sup>PR</sup> +  
CINRYZE <sup>\*\* PR</sup> +  
FIRAZYR <sup>PR</sup> +  
KALBITOR <sup>PR</sup> +

## Paroxysmal Nocturnal Hemoglobinuria (PNH)

SOLIRIS <sup>PR</sup> +

## CARDIOVASCULAR SYSTEM

### Pulmonary Hypertension Agents

ADCIRCA <sup>PR</sup>  
*epoprostenol* <sup>PR</sup> +  
FLOLAN <sup>\*\*\* PR</sup> +  
LETAIRIS <sup>PR</sup>  
REMODULIN <sup>\*\* PR</sup> +  
REVATIO <sup>PR</sup>  
TRACLEER <sup>PR</sup>  
TYVASO <sup>\*\* PR</sup>  
VELETRI <sup>\*\* PR</sup> +  
VENTAVIS <sup>\*\* PR</sup>

## CENTRAL NERVOUS SYSTEM

### Analgesics – Non-Narcotic

PRIALT +

### Anticonvulsants – GABA Modulators

SABRIL <sup>NEW \*\* PR</sup> tablets only

### Huntington's Disease – Chorea

XENAZINE <sup>NEW \*\* PR QL</sup>

### Multiple Sclerosis Agents

AMPYRA <sup>PR</sup>  
AVONEX <sup>PR</sup>  
BETASERON <sup>PR</sup>  
COPAXONE <sup>PR</sup>  
EXTAVIA <sup>PR</sup>  
GILENYA <sup>PR QL</sup>  
REBIF <sup>PR</sup>  
TYSABRI <sup>PR</sup> +

## DERMATOLOGICAL AGENTS

### Antipsoriatics

AMEVIVE +  
ENBREL  
HUMIRA  
KINERET  
REMICADE +  
SIMPONI +  
STELARA +

## ENDOCRINE SYSTEM

### Acromegaly

*octreotide* +  
SANDOSTATIN +  
SANDOSTATIN LAR +  
SOMATULINE +  
SOMAVERT

### Corticotropin

ACTHAR HP <sup>PR</sup> +

## Diagnostic Drugs

THYROGEN +

## Fabry Disease

FABRAZYME <sup>PR</sup> +

## 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>

## Gaucher Disease

CEREDASE <sup>PR</sup> +  
CEREZYME <sup>PR</sup> +  
VPRIV <sup>PR</sup> +  
ZAVESCA <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>  
ZORBITIVE <sup>PR</sup>

## Hereditary Tyrosinemia

ORFADIN <sup>\*\*</sup>

## Homocystinuria

CYSTADANE

## Hormone Replacement – Proggestins

MAKENA <sup>PR QL</sup>

## Hunter Syndrome

ELAPRASE <sup>\*\* PR</sup> +

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

## 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

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### Crohn's Disease

CIMZIA +  
HUMIRA  
REMICADE +

## INFECTIONS AND INFESTATIONS

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### 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

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### 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

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### Macular Degeneration

LUCENTIS +  
MACUGEN +  
VISUDYNE +

### Macular Edema

OZURDEX +

## RESPIRATORY TRACT AGENTS

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### 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

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FERRLECIT +  
*nulecit* +  
VENOFER +

## TOXICOLOGIC AGENTS

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### Alcohol Dependence

VIVITROL +

### Antidotes

*deferoxamine mesylate* +  
DEFERAL +  
EXJADE

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

## VACCINES, TOXOIDS AND BIOLOGICS

### Immune Globulin – Cytomegalovirus (CMV)

CYTOGAM +

### Immune Globulin – Immune Disorders

ADAGEN <sup>PR</sup> +  
CARIMUNE NANOFILTERED <sup>PR</sup> +  
FLEBOGAMMA <sup>PR</sup> +  
GAMASTAN S/D <sup>PR</sup> +  
GAMMAGARD <sup>PR</sup> +  
GAMMAGARD S/D <sup>PR</sup> +  
GAMMAPLEX <sup>PR</sup> +  
GAMUNEX <sup>PR</sup> +  
GAMUNEX-C <sup>PR</sup> +  
HIZENTRA <sup>PR</sup> +  
OCTAGAM <sup>PR</sup> +  
PRIVIGEN <sup>PR</sup> +  
VIVAGLOBIN <sup>PR</sup> +

### 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 <sup>PR</sup> +

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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).

