

2010 Aetna Specialty CareRxSM Drug List

Effective 4/1/2010

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

What you should know to get started

What is Aetna Specialty CareRx?

Aetna Specialty CareRx is a pharmacy benefit 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 (oral)

AFINITOR ^{PR,QL} **NEW**
GLEEVEC ^{QL} **NEW**
HYCANTIN ^{QL} **NEW**
NEXAVAR ^{QL} **NEW**
OFORTA ^{QL} **NEW**
REVLIMID **NEW**
SPRYCEL ^{PR,QL} **NEW**
SUTENT ^{PR,QL} **NEW**
TARCEVA ^{QL} **NEW**
TASIGNA ^{PR,QL} **NEW**
TEMODAR ^{QL} **NEW**
THALOMID **NEW**
tretinoin ^{QL} **NEW**
TYKERB ^{QL} **NEW**
VESANOID ^{QL} **NEW**
VOTRIENT ^{QL} **NEW**
XELODA ^{QL} **NEW**
ZOLINZA ^{QL} **NEW**

Antineoplastic - Hormonal Agents

ELIGARD **NEW +**
FASLODEX **NEW +**
FIRMAGON **NEW +**
leuprolide
LUPRON
LUPRON DEPOT **NEW +**
PLENAXIS **NEW +**
TRELSTAR DEPOT **NEW +**
TRELSTAR LA **NEW +**
VANTAS **NEW +**
ZOLADEX **NEW +**

Antineoplastics - Miscellaneous

ACTIMMUNE
ALFERON N **NEW +**
INTRON-A

BLOOD PRODUCTS - MODIFIERS - VOLUME EXPANDERS

Anticoagulants - Heparins

ARIXTRA*
FRAGMIN*
INNOHEP*
LOVENOX*

Antiinhibitor Coagulant Complex

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}
MONARC-M ^{PR}
MONOCLATE-P ^{PR}

Blood Clotting Factor VIII (recombinant)

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

Blood Clotting Factor IX (complex)

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

Blood Clotting Factor IX (non-recombinant)

ALPHANINE SD ^{PR}
MONONINE ^{PR}

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 2010.

* = 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

+ = 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).



2010 Aetna Specialty CareRxSM List (continued)

Blood Clotting Factor IX (recombinant)

BENEFIX^{PR}

Fibrinogen Concentrate (Human)

RIASTAP^{NEW +}

Hematopoietic Growth Factors

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

Hereditary Angioedema

CINRYZE^{NEW +}

Paroxysmal Nocturnal Hemaglobinuria (PNH)

SOLIRIS^{NEW +}

CARDIOVASCULAR SYSTEM

Pulmonary Hypertension Agents

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

CENTRAL NERVOUS SYSTEM

Analgesics - Non-Narcotic

PRIALT^{NEW +}

Multiple Sclerosis Agents

AVONEX
BETASERONST
COPAXONE
EXTAVIAST
REBIF
TYSABRI^{PR NEW +}

DERMATOLOGICAL AGENTS

Antipsoriatics

AMEVIVE^{NEW +}
ENBREL
HUMIRA
KINERET
REMICADE^{NEW +}
SIMPONI^{NEW +}
STELARA^{NEW +}

ENDOCRINE SYSTEM

Acromegaly

octreotide⁺
SANDOSTATIN⁺
SANDOSTATIN LAR⁺
SOMAVERT
SOMATULINE⁺

Corticotropin

ACTHAR HP^{PR NEW +}

Diagnostic Drugs

THYROGEN^{NEW +}

Fabry Disease

FABRAZYME^{NEW +}

Gaucher Disease

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

Growth Factors, Insulin-like

INCRELEX^{PR}

Growth Hormone Agents

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

Hereditary Tyrosinemia

ORFADIN^{NEW}

Homocystinuria

CYSTADANE^{NEW}

Hunter Syndrome

ELAPRASE^{NEW +}

Hyperammonemia

AMMONUL^{NEW +}
BUPHENYL^{NEW}

Hypercalcemia

GANITE^{NEW +}
ZOMETA^{NEW +}

Hyperparathyroidism

HECTOROL^{NEW}
SENSIPAR^{NEW}
ZEMPLAR^{NEW}

Infertility

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}

LHRH/GnRH Agonist Analog Pituitary Suppressants

SUPPRELIN LA^{NEW +}
SYNAREL^{NEW}

Mucopolysaccharidosis I

ALDURAZYME^{NEW +}

Mucopolysaccharidosis VI

NAGLAZYME^{NEW +}

Phenylketonuria

KUVAN^{NEW}

Pompe Disease

MYOZYME^{NEW +}

Vasopressin Receptor Antagonists

SAMSCA^{PR,QL NEW}

GASTROINTESTINAL SYSTEM

Crohn's Disease

CIMZIA^{NEW +}
HUMIRA
REMICADE^{NEW +}

INFECTIONS AND INFESTATIONS

Antiretrovirals - Fusion Inhibitors

FUZEON

Cytomegalovirus (CMV)

CYTOGAM^{NEW +}
CYTOVENE^{NEW +}
FOSCARNET^{NEW +}
ganciclovir^{NEW}
VALCYTE^{NEW}
VISTIDE^{NEW +}

Hepatitis Agents

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

MUSCULOSKELETAL SYSTEM

Interleukin-1 Beta Blockers

ILARIS^{NEW +}

Interleukin-1 Blockers

ARCALYST^{NEW +}

Neuromuscular Blocking Agent - Neurotoxins

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

Osteoarthritis

EUFLEXXA^{NEW +}
HYALGAN^{NEW +}
ORTHOVISC^{NEW +}
SUPARTZ^{NEW +}
SYNVISC^{NEW +}

2010 Aetna Specialty CareRxSM List (continued)

Osteoporosis

AREDIA **NEW +**
 BONIVA (inj only) **QL,ST NEW +**
 FORTEO **+**
pamidronate **NEW +**
 RECLAST **NEW +**

Rheumatoid Arthritis

CIMZIA **NEW +**
 ENBREL
 HUMIRA
 KINERET
 ORENCIA **NEW +**
 REMICADE **NEW +**
 SIMPONI **NEW +**

OPHTHALMIC AGENTS

Macular Degeneration

LUCENTIS **NEW +**
 MACUGEN **NEW +**
 VISUDYNE **NEW +**

Macular Edema

OZURDEX **NEW +**

RESPIRATORY TRACT AGENTS

Antiasthmatic - Monoclonal Antibodies

XOLAIR **PR +**

Cystic Fibrosis

colistimethate sodium **NEW +**
 COLY-MYCIN-M **NEW +**
 PULMOZYME **NEW**
 TOBI **NEW**

Respiratory Syncytial Virus - Monoclonal Antibodies

SYNAGIS **PR NEW +**

THERAPEUTIC NUTRIENTS - VITAMINS - MINERALS - ELECTROLYTES

FERRLECIT **NEW +**
 VENOFER **NEW +**

TOXICOLOGIC AGENTS

Alcohol Dependence

VIVITROL **NEW +**

Antidotes

DESFERAL **NEW +**
deferoxamine mesylate **NEW +**
 EXJADE **NEW**

VACCINES, TOXOIDS AND BIOLOGICS

Immune Globulin - Cytomegalovirus (CMV)

CYTOGAM **PR NEW +**

Intravenous Immune Globulin (IVIG) - Immune System Disorders

ADAGEN **PR NEW +**
 CARIMUNE NANOFILTERED **PR NEW +**
 FLEBOGAMMA **PR NEW +**
 GAMASTAN S/D **PR NEW +**
 GAMMAGARD **PR NEW +**
 GAMMAGARD S/D **PR NEW +**
 GAMUNEX **PR NEW +**
 OCTAGAM **PR NEW +**
 PRIVIGEN **PR NEW +**
 VIVAGLOBIN **PR NEW +**

Immune Globulin - Hepatitis B

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

Immune Globulin - Rabies

HYPERRAB S/D **NEW +**
 IMOGAM RABIES-HT **NEW +**

Immune Globulin - Rh Isoimmunization

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

Immune Globulin - Tetanus

HYPERTET S/D **NEW +**

MISCELLANEOUS

Immunosuppressive Agents

ATGAM **NEW +**
azathioprine (inj only) **NEW +**
cyclosporine (inj only) **NEW +**
gengraf **NEW**
 MYFORTIC **NEW**
 NEORAL **NEW**
 ORTHOCLONE OKT3 **NEW +**
 PROGRAF **NEW**
 RAPAMUNE **NEW**
 SANDIMMUNE **NEW**
 SIMULECT **NEW +**
tacrolimus **NEW**
 THYMOGLOBULIN **NEW +**
 ZENAPAX **NEW +**

Aetna Specialty CareRx is not available under our HMO full risk plans in California.

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

In accordance with state law, California HMO members who receive coverage for drugs added to the Precertification or Step-Therapy Lists will continue to have those drugs covered, for as long as the treating doctor continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's condition. Nothing in this material shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this material be construed to prohibit generic drug substitutions.

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 and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location.

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 receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions.

Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a licensed pharmacy subsidiary of Aetna Inc. that operates through specialty pharmacy prescription fulfillment. The charges that Aetna negotiates with Aetna Specialty Pharmacy may be higher than the cost they pay for the drugs and the cost of the specialty pharmacy fulfillment services they provide. For these purposes, the pharmacies' cost of purchasing drugs takes into account discounts, credits and other amounts that they may receive from wholesalers, manufacturers, suppliers and distributors.

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.



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