

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

**aetna**<sup>®</sup>

Self-injectable, infused  
and oral specialty drugs  
**2014 Aetna Specialty CareRx<sup>SM</sup>  
Benefits Plan Drug List**



# 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>1</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> medicine and support services. Please review your plan documents for more about the requirements and limitations of your pharmacy benefits and insurance 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 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.

<sup>1</sup>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.

Key			
<b>PR</b>	Precertification required under most plans	*	Drug may not be available through Aetna Specialty Pharmacy.
<b>QL</b>	Quantity limit applies under most plans	**	Specialty tier drugs that are also available through a retail pharmacy or through Aetna Specialty Pharmacy.
<b>ST</b>	Step therapy applies under most plans	+	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.

Category	Generic medicine	Brand-name medicine	
<b>Antineoplastic Agents</b>			
<b>Antineoplastics (oral)</b>	<i>tretinoin</i> <sup>QL</sup> <i>capecitabine</i> <sup>PR QL</sup> <i>temozolomide</i> <sup>PR QL</sup>	AFINITOR <sup>PR QL ST</sup> AFINITOR DIS <sup>PR QL</sup> BOSULIF <sup>PR QL</sup> CAPRELSA <sup>* PR QL</sup> COMETRIQ <sup>PR QL</sup> ERIVEDGE <sup>PR QL</sup> GILOTRIF <sup>* PR QL</sup> GLEEVEC <sup>PR QL</sup> HYCAMTIN <sup>PR QL</sup> ICLUSIG <sup>PR QL ST</sup> INLYTA <sup>PR QL ST</sup> IRESSA <sup>* QL</sup> JAKAFI <sup>* PR QL</sup> MEKINIST <sup>PR QL</sup> NEXAVAR <sup>PR QL ST</sup> OFORTA <sup>* PR QL</sup>	POMALYST <sup>PR QL</sup> REVLIMID <sup>PR</sup> SPRYCEL <sup>PR QL ST</sup> STIVARGA <sup>PR QL</sup> SUTENT <sup>PR QL</sup> TAFINLAR <sup>PR QL</sup> TARCEVA <sup>PR QL</sup> TASIGNA <sup>PR QL</sup> TEMODAR <sup>PR QL</sup> THALOMID TYKERB <sup>PR QL</sup> VOTRIENT <sup>PR QL</sup> XELODA <sup>PR QL</sup> XALKORI <sup>* PR QL</sup> ZELBORAF <sup>PR QL</sup> ZOLINZA <sup>PR QL</sup>

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.

Category	Generic medicine	Brand-name medicine	
<b>Antineoplastics — Hormonal agents</b>	<i>leuprolide</i>	ELIGARD FASLODEX + FIRMAGON PR+ LUPRON LUPRON DEPOT + TRELSTAR MIX +	TRELSTAR DEPOT + TRELSTAR LA + VANTAS + XTANDI ✨ PR QL ST ZOLADEX + ZYTIGA PR QL +
<b>Antineoplastics — Miscellaneous</b>	none	ACTIMMUNE PR ALFERON N PR+	INTRON-A PR SYLATRON PR QL
<b>Blood Products — Modifiers — Volume Expanders</b>			
<b>Anticoagulants — Heparins</b>	<i>fondaparinux</i> ✨✨	FRAGMIN ✨✨ INNOHEP ✨✨	IPRIVASK ✨✨
<b>Anti-inhibitor Coagulant Complex</b>	none	FEIBA NF PR	FEIBA VH PR
<b>Blood Clotting Factor VIIa (recombinant)</b>	none	NOVOSEVEN PR	NOVOSEVEN RT PR
<b>Blood Clotting Factor VIII (human)</b>	none	ALPHANATE PR CORIFACT PR HEMOFIL M PR HUMATE-P PR	KOATE-DVI PR MONOCLATE-P PR WILATE PR
<b>Blood Clotting Factor VIII (recombinant)</b>	none	ADVATE PR HELIXATE FS PR KOGENATE FS PR	RECOMBIMATE PR REFACTO PR XYNTHA PR
<b>Blood Clotting Factor IX (non-recombinant)</b>	none	ALPHANINE SD PR MONONINE PR	PROFILNINE PR
<b>Blood Clotting Factor IX (recombinant)</b>	none	BEBULIN VH PR BENEFIX PR	PROPLEX T PR
<b>Fibrinogen Concentrate (Human)</b>	none	RIASTAP +	RIXUBIS PR
<b>Hematopoietic Growth Factors</b>	none	ARANESP PR+ EPOGEN PR+ LEUKINE + NEULASTA + NEUMEGA +	NEUPOGEN + NPLATE + PROCRIT PR+ PROMACTA PR+
<b>Hereditary Angioedema</b>	none	BERINERT PR+ CINRYZE ✨ PR+	FIRAZYR PR+ KALBITOR ✨ PR+
<b>Paroxysmal Nocturnal Hemoglobinuria (PNH)</b>	none	SOLIRIS PR+	
<b>Cardiovascular System</b>			
<b>Hypertension</b>	none	VECAMYL PR QL ST	
<b>Inherited homozygous familial hypercholesterolemia</b>	none	JUXTAPID ✨ PR QL ST	KYNAMRO PR QL ST

Category	Generic medicine	Brand-name medicine
<b>Pulmonary Hypertension Agents</b>	<i>epoprostenol</i> <sup>⊛ PR +</sup> <i>sildenafil</i> <sup>PR QL</sup>	ADCIRCA <sup>PR QL</sup> ADEMPAS <sup>⊛ PR QL</sup> FLOLAN <sup>⊛ PR +</sup> LETAIRIS <sup>PR</sup> REMODULIN <sup>⊛ PR QL +</sup> REVATIO <sup>PR QL</sup> TRACLEER <sup>PR</sup> TYVASO <sup>⊛ PR</sup> VELETRI <sup>⊛ PR +</sup> VENTAVIS <sup>⊛ PR</sup>
<b>Central Nervous System</b>		
<b>Analgesics — Non-Narcotic</b>	none	PRIALT <sup>+</sup>
<b>Anticonvulsants — GABA Modulators</b>	none	SABRIL <sup>⊛ PR</sup> tablets only
<b>Huntington's Disease — Chorea</b>	none	XENAZINE <sup>⊛ PR QL</sup>
<b>Multiple Sclerosis Agents</b>	none	AMPYRA <sup>PR QL</sup> AVONEX <sup>PR ST</sup> AUBAGIO <sup>PR QL ST</sup> BETASERON <sup>PR ST</sup> COPAXONE <sup>PR</sup> EXTAVIA <sup>PR ST</sup> GILENYA <sup>PR QL ST</sup> REBIF <sup>PR</sup> TECFIDERA <sup>PR QL ST</sup> TYSABRI <sup>PR ST +</sup>
<b>Dermatological Agents</b>		
<b>Antineoplastic-Alkylating Agents</b>	none	VALCHLOR Gel <sup>⊛ PR QL ST</sup>
<b>Antipsoriatics</b>	none	AMEVIVE <sup>PR +</sup> ENBREL <sup>PR</sup> HUMIRA <sup>PR</sup> KINERET <sup>PR</sup> REMICADE <sup>PR +</sup> SIMPONI <sup>PR +</sup> STELARA <sup>PR +</sup>
<b>Endocrine System</b>		
<b>Acromegaly</b>	<i>octreotide</i> <sup>+</sup>	SANDOSTATIN <sup>+</sup> SANDOSTATIN LAR <sup>+</sup> SOMATULINE <sup>+</sup> SOMAVERT
<b>Corticotropin</b>	none	ACTHAR HP <sup>PR +</sup>
<b>Cushing's Disease</b>	none	SIGNIFOR <sup>PR QL</sup>
<b>Diagnostic Drugs</b>	none	THYROGEN <sup>+</sup>
<b>Fabry Disease</b>	none	FABRAZYME <sup>PR +</sup>
<b>Fertility Agents</b>	<i>chorionic gonadotropin</i> <sup>PR</sup> <i>leuprolide</i> <i>novarel</i> <sup>PR</sup> <i>pregnyl</i> <sup>PR</sup>	BRAVELLE <sup>PR</sup> CETROTIDE <sup>PR</sup> FOLLISTIM AQ <sup>PR</sup> GANIRELIX <sup>PR</sup> GONAL-F <sup>PR</sup> GONAL-F RFF <sup>PR</sup> LUPRON LUVERIS <sup>PR</sup> MENOPUR <sup>PR</sup> OVIDREL <sup>PR</sup> REPRONEX <sup>PR</sup>
<b>Gaucher Disease</b>	none	CEREDASE <sup>PR +</sup> CEREZYME <sup>PR +</sup> ELELYSO <sup>⊛ PR +</sup> VPRIV <sup>PR +</sup> ZAVESCA <sup>⊛ PR +</sup>

Category	Generic medicine	Brand-name medicine
Growth Factors, Insulin-like	none	INCRELEX <sup>PR</sup>
Growth Hormone Agents	none	GENOTROPIN <sup>PR ST</sup> HUMATROPE <sup>PR ST</sup> NORDITROPIN <sup>PR ST</sup> NUTROPIN <sup>PR ST</sup> NUTROPIN AQ <sup>PR ST</sup> NUTROPIN AQ <sup>PR ST</sup> NUSPIN <sup>PR ST</sup> OMNITROPE <sup>PR</sup> SAIZEN <sup>PR ST</sup> SEROSTIM <sup>PR ST</sup> TEV-TROPIN <sup>PR ST</sup> ZORBTIVE <sup>PR</sup>
Hereditary Tyrosinemia	none	ORFADIN <sup>*</sup>
Homocystinuria	none	CYSTADANE
Hormone Replacement — Progestins	none	MAKENA <sup>PR QL</sup>
Hunter Syndrome	none	ELAPRASE <sup>*, PR +</sup>
Hyperammonemia	none	AMMONUL <sup>+</sup> BUPHENYL
Hyperparathyroidism	none	HECTOROL SENSIPAR      ZEMPLAR
LHRH/GnRH Agonist Analog Pituitary Suppressants	none	SUPPRELIN LA <sup>+</sup> SYNAREL
Mucopolysaccharidosis I	none	ALDURAZYME <sup>PR +</sup>
Mucopolysaccharidosis VI	none	NAGLAZYME <sup>PR +</sup>
Phenylketonuria	none	KUVAN <sup>*</sup>
Pompe Disease	none	LUMIZYME <sup>PR +</sup> MYOZYME <sup>PR +</sup>
Vasopressin Receptor Antagonists	none	SAMSCA <sup>*, PR</sup>
<b>Gastrointestinal System</b>		
Crohn's Disease	none	CIMZIA <sup>PR ST +</sup> HUMIRA <sup>PR</sup> REMICADE <sup>PR +</sup>
Short bowel syndrome	none	GATTEX <sup>*, PR QL</sup>
<b>Infections and Infestations</b>		
Antiretrovirals — Fusion Inhibitors	none	FUZEON
Antivirals — CMV Agents	<i>foscarnet<sup>+</sup></i> <i>ganciclovir</i>	CYTOGAM <sup>+</sup> CYTOVENE <sup>+</sup> VALCYTE      VALCYTE SOL VISTIDE

Category	Generic medicine	Brand-name medicine	
<b>Antivirals — Hepatitis Agents</b>	<i>ribapak</i> <i>ribasphere</i> <i>ribavirin</i>	BARACLUDE COPEGUS EPIVIR HBV HEPSERA INCIVEK <sup>PR</sup> INFERGEN <sup>PR+</sup>	PEGASYS <sup>PR</sup> PEG-INTRON <sup>PR</sup> REBETOL TYZEKA VICTRELIS <sup>PR</sup>
<b>Musculoskeletal System</b>			
<b>Bone Modifying Agents</b>	<i>pamidronate</i> <sup>PR+</sup> <i>zoledronic acid</i> <sup>PR+</sup>	ARELIA <sup>PR+</sup> BONIVA (inj only) <sup>PR QL+</sup> FORTEO <sup>PR+</sup> GANITE <sup>+</sup>	PROLIA <sup>PR+</sup> RECLAST <sup>PR+</sup> XGEVA <sup>PR+</sup> ZOMETA <sup>PR+</sup>
<b>Enzymes</b>	none	XIAFLEX <sup>+</sup>	
<b>Gout</b>	none	KRYSTEXXA <sup>PR+</sup>	
<b>Interleukin-1beta Blockers</b>	none	ILARIS <sup>∞ PR+</sup>	
<b>Interleukin-1 Blockers</b>	none	ARCALYST <sup>∞ PR+</sup>	
<b>Neuromuscular Blocking Agent — Neurotoxins</b>	none	BOTOX <sup>PR+</sup> DYSPORT <sup>PR+</sup>	MYOBLOC <sup>PR+</sup> XEOMIN <sup>PR+</sup>
<b>Osteoarthritis</b>	none	EUFLEXXA <sup>PR+</sup> GEL-ONE INJ <sup>PR ST+</sup> HYALGAN <sup>PR ST+</sup> ORTHOVISC <sup>PR+</sup>	SUPARTZ <sup>PR ST+</sup> SYNVISC <sup>PR ST+</sup> SYNVISC ONE <sup>PR ST+</sup>
<b>Rheumatoid Arthritis</b>	none	ACTEMRA <sup>PR ST+</sup> CIMZIA <sup>PR ST+</sup> ENBREL <sup>PR</sup> HUMIRA <sup>PR</sup> KINERET <sup>PR ST</sup> ORENCIA <sup>PR ST+</sup>	REMICADE <sup>PR+</sup> RITUXAN <sup>PR</sup> SIMPONI <sup>PR</sup> SIMPONI ARIA <sup>PR</sup> XELJANZ <sup>PR QL ST</sup>
<b>Ophthalmic Agents</b>			
<b>Macular Degeneration</b>	none	EYLEA <sup>+</sup> LUCENTIS <sup>+</sup>	MACUGEN <sup>+</sup> VISUDYNE <sup>+</sup>
<b>Macular Edema</b>	none	OZURDEX <sup>+</sup>	
<b>Vitreomacular adhesion</b>	none	JETREA <sup>+</sup>	
<b>Respiratory Tract Agents</b>			
<b>Alpha-Proteinase Inhibitors</b>	none	ARALAST <sup>PR+</sup> ARALAST NP <sup>PR+</sup> GLASSIA <sup>∞ PR+</sup>	PROLASTIN <sup>∞ PR+</sup> PROLASTIN-C <sup>∞ PR+</sup> ZEMAIRA <sup>∞ PR+</sup>
<b>Antiasthmatic — Monoclonal Antibodies</b>	none	XOLAIR <sup>PR+</sup>	

Category	Generic medicine	Brand-name medicine	
<b>Cystic Fibrosis</b>	<i>colistimethate sodium</i> *	BETHKIS NEB CAYSTON <sup>‡</sup> COLY-MYCIN-M * KALYDECO <sup>PR QL</sup>	PULMOZYME <sup>PR</sup> TOBI TOBI podhaler <sup>PR QL</sup>
<b>Respiratory Syncytial Virus — Monoclonal Antibodies</b>	none	SYNAGIS <sup>PR+</sup>	
<b>Tuberculosis</b>	none	SIRTURO <sup>PR QL ST</sup>	
<b>Therapeutic Nutrients — Vitamins — Minerals — Electrolytes</b>			
<b>Mineral Supplements</b>	<i>nulecit</i> *	FERRLECIT *	VENOFER *
<b>Toxicologic Agents</b>			
<b>Alcohol Dependence</b>	none	VIVITROL *	
<b>Antidotes</b>	<i>deferoxamine mesylate</i> *	DEFERAL *	EXJADE
<b>Vaccines, Toxoids and Biologics</b>			
<b>Immune Globulin — Cytomegalovirus (CMV)</b>	none	CYTOGAM *	HYZENTRA <sup>PR+</sup>
<b>Immune Globulin — Immune Disorders</b>	none	ADAGEN <sup>PR+</sup> BIVIGAM <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>	GAMMAKED <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>
<b>Immune Globulin — Hepatitis B</b>	none	HEPAGAM B * HYPERHEP B *	NABI-HB *
<b>Immune Globulin — Rabies</b>	none	HYPERRAB S/D *	IMOGAM RABIES *
<b>Immune Globulin — Rh Isoimmunization</b>	none	HYPERRHO S/D * MICRHOGAM ULTRA-FILTERED * RHOGAM ULTRA-FILTERED PLUS *	RHOPHYLAC * WINRHO SDF *
<b>Immune Globulin — Tetanus</b>	none	HYPERTET S/D *	
<b>Miscellaneous</b>			
<b>Cystinosis</b>	none	CYSTARAN <sup>‡ PR QL</sup>	PROCYSBI <sup>PR QL ST</sup>

Category	Generic medicine	Brand-name medicine	
<b>Immunosuppressive Agents</b>	azathioprine (inj only)* cyclosporine (inj only)* tacrolimus	ASTAGRAF ATGAM* MYFORTIC NEORAL NULOJIX* ORTHOCLONE OKT3*	PROGRAF RAPAMUNE SANDIMMUNE SIMULECT* THYMOGLOBULIN* ZORTRESS*
<b>Systemic Lupus Erythematosus Agents</b>	none	BENLYSTA <sup>PR</sup> *	
<b>Urea Cycle Disorder</b>	none	RAVICTI <sup>SR</sup> PR	

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](http://www.aetnaspecialtyrx.com)**.

Commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who have coverage for medications that are added to or removed from the Aetna Specialty CareRx List, National Precertification List, Precertification Safety Edit List, Precertification List, Step-therapy List or Quantity Limit List, or have Quantity Limits modified, during the plan year will continue to have those medications covered at the same benefit level under their plan prior to the addition, removal or change, until their plan's renewal date.

The term precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's 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.

In accordance with state law, fully insured Commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-therapy Lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. In accordance with state law, fully insured Commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added to the Precertification or Step-therapy Lists will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section 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 section be construed to prohibit generic drug substitutions.

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

**Policy forms issued in OK 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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