

2008 Pharmacy Managed Self-Injectable (PMSI) List

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

ANTIASTHMATIC-MONOCOLONAL ANTIBODIES

XOLAIR

ARTHRITIS

ENBREL

HUMIRA

KINERET

BLOOD CLOTTING

Factor VII

NOVOSEVEN^{PR}

Factor VIII

ADVATE^{PR}

ALPHANATE^{PR}

GENARC^{PR}

HELIXATE FS^{PR}

HEMOFIL M^{PR}

HUMATE-P^{PR}

KOATE-DVI^{PR}

KOGENATE FS^{PR}

MONARC-M^{PR}

MONOCLATE-P^{PR}

RECOMBINATE^{PR}

REFACTO^{PR}

Factor IX

ALPHANINE SD^{PR}

BEBULIN VH^{PR}

BENEFIX^{PR}

FEIBA VA IMMUNO^{PR}

MONONINE^{PR}

PROFILNINE SD^{PR}

PROPLEX T^{PR}

BLOOD THINNERS

ARIXTRA*

FRAGMIN*

INNOHEP*

LOVENOX*

GROWTH HORMONE (DEFICIENCY AND OVER-PRODUCTION)

GENOTROPIN^{PR}

HUMATROPE^{PR}

INCRELEX^{PR}

IPLEX^{PR}

NORDITROPIN^{PR}

NUTROPIN^{PR}

NUTROPIN AQ^{PR}

OMNITROPE^{PR}

SAIZEN^{PR}

SEROSTIM^{PR}

SOMAVERT^{PR}

TEV-TROPIN^{PR}

ZORBIVE^{PR}

Key

UPPER CASE = brand name medication

lower case italics = generic medication

PR = precertification required

* = Also available through a participating retail pharmacy or through Aetna Specialty Pharmacy[®]. For more information on Aetna Specialty Pharmacy, visit www.AetnaSpecialtyPharmacy.com or call 1-866-782-2779 (ASRX) or TDD: 1-877-833-2779 (ASRX).

2008 Pharmacy Managed Self-Injectable List (*continued*)

INFERTILITY (NOTE: SOME BENEFITS PLANS MAY NOT COVER THESE MEDICATIONS)

BRAVELLE ^{PR}

CETROTIDE ^{PR}

chorionic gonadotropin ^{PR}

FOLLISTIM AQ ^{PR}

GANIRELIX ^{PR}

GONAL-F ^{PR}

GONAL-F RFF ^{PR}

leuprolide

LUPRON (not Depot)

LUVERIS ^{PR}

MENOPUR ^{PR}

NOVAREL ^{PR}

OVIDREL ^{PR}

PREGNYL ^{PR}

REPRONEX ^{PR}

MULTIPLE SCLEROSIS

AVONEX

BETASERON

COPAXONE

REBIF

OSTEOPOROSIS

FORTEO

PSORIASIS

ENBREL

RAPTIVA

VIRAL INFECTIONS/IMMUNE SYSTEM ENHANCERS

ACTIMMUNE

FUZEON

INFERGEN ^{PR}

INTRON-A

PEGASYS ^{PR}

PEG-INTRON ^{PR}

ROFERON-A

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