Self-injectable specialty drugs

2013 Aetna Specialty CareRx™ Benefit Plan Drug List

www.aetna.com

What you should know to get started

What is Aetna Specialty CareRx?

Aetna Specialty CareRx is a pharmacy benefits and insurance 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® 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.


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

* 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.

* 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.

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**Antineoplastic Agents**

- Antineoplastics — Hormonal Agents
  - FIRMAGON PR*
  - leuprolide
  - LUPRON

- Antineoplastics — Miscellaneous
  - ACTIMMUNE
  - INTRON-A
  - SYLATRON PR QL

**Blood Products — Modifiers — Volume Expanders**

- Anticoagulants — Heparins
  - ARIXTRA®
  - enoxaparin®
  - fondaparinux®
  - FRAGMIN®
  - INNOHEP®
  - IPRIVASK®
  - LOVENOX®

- Blood Clotting Factor VIIIa (recombinant)
  - FEIBA NF PR
  - FEIBA VH PR

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**Anti-Inhibitor Coagulant Complex**

- NOVOSEVEN PR
- NOVOSEVEN RT PR

**Blood Clotting Factor VIII (human)**

- ALPHANATE PR
- CORIFACT PR

**Blood Clotting Factor VIII (recombinant)**

- ADVATE PR
- HELIXATE FS PR
- KOGENATE FS PR
- RECOMBINATE PR
- REFACTO PR
- XYNTHA PR
Blood Clotting Factor IX (non-recombinant)
ALPHANINE SD PR
MONONINE PR
PROFILNINE PR

Blood Clotting Factor IX (recombinant)
BEBULIN VH PR
BENEFIX PR
PROPLEX T PR

Hematopoietic Growth Factors
ARANESP PR +
EPOGEN PR +
NEULASTA *
NEUMEGA *
NEUPOGEN *
OMONTYS *
PROCRIT PR *

Endocrine System
Acromegaly
octreotide *
SANDOSTATIN *
SANDOSTATIN LAR *
SOMATULINE *
SOMAVERT

Fertility Agents
BRAVELLE PR
CETROTIDE PR
chorionic gonadotropin PR
FOLLISTIM AQ PR
GANIRELIX PR
GONAL-F PR
GONAL-F RFF PR
leuprolide
LUPRON
LIVERIS PR
MENOPOUR PR
novarel PR
OVIDREL PR
pregnyl PR
REPRONEX PR

Growth Factors, Insulin-like
INCRELEX PR

Growth Hormone Agents
GENOTROPIN PR
HUMATROPE PR
NORDITROPIN PR
NUTROPIN PR
NUTROPIN AQ PR
NUTROPIN AQ NUSPIN PR
OMNITROPE PR
SAIZEN PR
SEROSTIM PR
TEV-TROPIN PR
ZORBITVE PR

Hormone Replacement — Progestins
MAKENA PR QL

Gastrointestinal System
Crohn’s Disease
HUMIRA PR

Infections and Infestations
Antiretrovirals — Fusion Inhibitors
FUZEON

Musculoskeletal System
Osteoporosis
FORTEO PR +

Rheumatoid Arthritis
ENBREL PR
HUMIRA PR
KINERET PR
SIMPONI PR *

Respiratory Tract Agents
Antiasthmatic — Monoclonal Antibodies
XOLAIR PR *

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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.

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.

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.

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