

# 2009 Aetna Specialty CareRx<sup>SM</sup> List

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

## **ACROMEGALY** — EFFECTIVE 4/1/2009

*octreotide* <sup>P/M</sup>

SANDOSTATIN <sup>P/M</sup>

SANDOSTATIN LAR <sup>P/M</sup>

SOMAVERT

SOMATULINE <sup>P/M</sup>

## **ANTI-ASTHMATIC-MONOCOLONAL ANTIBODIES**

XOLAIR <sup>PR</sup>

## **ARTHRITIS**

ENBREL

HUMIRA

KINERET

## **BLOOD CLOTTING**

### **Factor VII**

NOVOSEVEN <sup>PR</sup>

### **Factor VIII**

ADVATE <sup>PR</sup>

ALPHANATE <sup>PR</sup>

HELIXATE FS <sup>PR</sup>

HEMOFIL M <sup>PR</sup>

HUMATE-P <sup>PR</sup>

KOATE-DVI <sup>PR</sup>

KOGENATE FS <sup>PR</sup>

MONARC-M <sup>PR</sup>

MONOCLATE-P <sup>PR</sup>

RECOMBINATE <sup>PR</sup>

REFACTO <sup>PR</sup>

XYNTHA <sup>PR</sup>

### **Factor IX**

ALPHANINE SD <sup>PR</sup>

BEBULIN VH <sup>PR</sup>

BENEFIX <sup>PR</sup>

FEIBA VA IMMUNO <sup>PR</sup>

MONONINE <sup>PR</sup>

PROFILNINE SD <sup>PR</sup>

PROPLEX T <sup>PR</sup>

## **BLOOD THINNERS**

ARIXTRA\*

FRAGMIN\*

INNOHEP\*

LOVENOX\*

## **GROWTH HORMONE (DEFICIENCY AND OVER-PRODUCTION)**

GENOTROPIN <sup>PR</sup>

HUMATROPE <sup>PR</sup>

INCRELEX <sup>PR</sup>

NORDITROPIN <sup>PR</sup>

NUTROPIN <sup>PR</sup>

NUTROPIN AQ <sup>PR</sup>

OMNITROPE <sup>PR</sup>

SAIZEN <sup>PR</sup>

SEROSTIM <sup>PR</sup>

SOMAVERT

TEV-TROPIN <sup>PR</sup>

ZORBTIVE <sup>PR</sup>

## **Key**

UPPER CASE = brand name medication

lower case *italics* = generic medication

PR = precertification required

P/M = Depending on a member's benefits plan design, drug may be covered under the medical or pharmacy benefit.

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

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

# 2009 Aetna Specialty CareRx<sup>SM</sup> List (continued)

## HEMATOPOIETICS — EFFECTIVE 4/1/2009

ARANESP<sup>PR P/M</sup>

EPOGEN<sup>PR P/M</sup>

NEULASTA<sup>P/M</sup>

NEUMEGA<sup>P/M</sup>

NEUPOGEN<sup>P/M</sup>

PROCRT<sup>PR P/M</sup>

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

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 (not Depot)

LUVERIS<sup>PR</sup>

MENOPUR<sup>PR</sup>

NOVAREL<sup>PR</sup>

OVIDREL<sup>PR</sup>

PREGNYL<sup>PR</sup>

REPRONEX<sup>PR</sup>

## MULTIPLE SCLEROSIS

AVONEX

BETASERON

COPAXONE

REBIF

## OSTEOPOROSIS

FORTEO

## PSORIASIS

ENBREL

RAPTIVA

## VIRAL INFECTIONS/IMMUNE SYSTEM ENHANCERS

ACTIMMUNE

FUZEON

INFERGEN<sup>PR</sup>

INTRON-A

PEGASYS<sup>PR</sup>

PEG-INTRON<sup>PR</sup>

ROFERON-A

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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 mail order pharmacy 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](http://www.aetna.com).

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