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2015 Aetna Specialty CareRx℠ Expanded 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.† You may get your first fill of these drugs at an in-network 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.

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

†Specialty medicine through Aetna Specialty Pharmacy and the Specialty Pharmacy Network may not be available to California health maintenance organization (HMO) members. Talk to your doctor about the appropriate way to get the specialty medicine 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.

05.03.382.1 H (1/15)

Category	Generic medicine	Brand-name medicine	
Antineoplastic agents **Antineoplastics (oral)**	*tretinoin* QL *capecitabine* PR QL *temozolomide* PR QL	AFINITOR PR QL ST AFINITOR DIS PR QL BOSULIF PR QL CAPRELSA * PR QL COMETRIQ PR QL ERIVEDGE PR QL GILOTRIF * PR QL GLEEVEC PR QL HYCAMTIN PR QL ICLUSIG PR QL ST IMBRUVICA PR QL INLYTA PR QL ST IRESSA * QL JAKAFI * PR QL LYNPARZA PR QL MEKINIST PR QL NEXAVAR PR QL ST OFORTA * PR QL POMALYST PR QL	PURIXAN PR QL ST REVLIMID PR SPRYCEL PR QL ST STIVARGA PR QL SUTENT PR QL TAFINLAR PR QL TARCEVA PR QL TASIGNA PR QL TEMODAR PR QL THALOMID TYKERB PR QL VOTRIENT PR QL XELODA PR QL XALKORI * PR QL ZELBORAF PR QL ZOLINZA PR ZYDELIG PR QL ZYKADIA PR QL
Antineoplastics — hormonal agents	*leuprolide*	ELIGARD FASLODEX + FIRMAGON PR + LUPANETA PR LUPRON LUPRON DEPOT + TRELSTAR LA +	TRELSTAR DEPOT + TRELSTAR MIX + VANTAS + XTANDI * PR QL ST ZOLADEX + ZY TIGA PR QL +
Antineoplastics — miscellaneous	none	ACTIMMUNE PR ALFERON N PR + INTRON A PR SYLATRON PR QL VALCHLOR PR	
Blood products — modifiers — volume expanders			
Anti-inhibitor coagulant complex	none	FEIBA NF PR FEIBA VH PR	
Blood-clotting factor VIIa (recombinant)	none	NOVOSEVEN PR NOVOSEVEN RT PR	
Blood-clotting factor VIII (human)	none	ALPHANATE PR CORIFACT PR HEMOFIL M PR HUMATE-P PR KOATE-DVI PR MONOCLATE-P PR WILATE PR	

Category	Generic medicine	Brand-name medicine
Blood-clotting factor VIII (recombinant)	none	ADVATE [PR] ELOCTATE [PR] HELIXATE FS [PR] KOGENATE FS [PR] RECOMBINATE [PR] REFACTO [PR] XYNTHA [PR]
Blood-clotting factor IX (nonrecombinant)	none	ALPHANINE SD [PR] MONONINE [PR] PROFILNINE [PR]
Blood-clotting factor IX (recombinant)	none	ALPROLIX [PR] BEBULIN VH [PR] BENEFIX [PR] PROPLEX T [PR]
Blood-clotting factor XIII (recombinant)	none	TRETTEN [PR]
Blood-clotting complex	none	KCENTRA [PR]
Fibrinogen concentrate (human)	none	RIASTAP + RIXUBIS [PR]
Hematopoietic growth factors	none	ARANESP [PR] + EPOGEN [PR] + GRANIX LEUKINE + MIRCERA [PR] + NEULASTA + NEUMEGA + NEUPOGEN + NPLATE + PROCRIT [PR] + PROMACTA [PR] +
Hereditary angioedema	none	BERINERT [PR] + CINRYZE * [PR] + FIRAZYR [PR] + KALBITOR * [PR] + RUCONEST * [PR] +
Paroxysmal nocturnal hemoglobinuria	none	SOLIRIS [PR] +
Cardiovascular system		
Hypertension	none	VECAMYL [PR QL ST]
Inherited homozygous familial hypercholesterolemia	none	JUXTAPID* [PR QL ST] KYNAMRO [PR QL ST]
Orthostatic hypotension	none	NORTHERA [PR QL ST]
Pulmonary hypertension agents	*epoprostenol* * [PR] + *sildenafil* [PR QL]	ADCIRCA [PR QL] ADEMPAS [PR QL] FLOLAN * [PR] + LETAIRIS [PR] OPSUMIT [PR QL] ORENITRAM [PR] REMODULIN * [PR QL] + REVATIO [PR QL] TRACLEER [PR] TYVASO * [PR] VELETRI * [PR] + VENTAVIS * [PR]

Category	Generic medicine	Brand-name medicine	
Central nervous system			
Analgesics — nonnarcotic	none	PRIALT +	
Anticonvulsants — GABA modulators	none	SABRIL * PR tablets only	
Huntington's disease — chorea	none	XENAZINE * PR QL	
Multiple sclerosis agents	none	AMPYRA PR QL AUBAGIO PR QL ST AVONEX PR ST BETASERON PR ST COPAXONE PR EXTAVIA PR ST	GILENYA PR QL ST LEMTRADA PR QL ST + PLEGRIDY PR QL ST REBIF PR TECFIDERA PR QL ST TYSABRI PR ST +
Dermatological agents			
Antineoplastic-alkylating agents	none	VALCHLOR Gel * PR QL ST	
Antipsoriatics	none	AMEVIVE PR + ENBREL PR HUMIRA PR KINERET PR OTEZLA PR QL ST	OTREXUP PR ST RASUVO PR ST REMICADE PR + SIMPONI PR + STELARA PR +
Endocrine system			
Acromegaly	*octreotide* +	SANDOSTATIN + SANDOSTATIN LAR + SOMATULINE + SOMAVERT	
Corticotropin	none	ACTHAR HP PR +	
Cushing's disease	none	SIGNIFOR PR QL KORLYM PR QL	
Diagnostic drugs	none	THYROGEN +	
Fabry disease	none	FABRAZYME PR +	
Fertility agents	*chorionic gonadotropin* PR *leuprolide* *novarel* PR *pregnyl* PR	BRAVELLE PR CETROTIDE PR FOLLISTIM AQ PR GANIRELIX PR GONAL-F PR GONAL-F RFF PR	LUPRON LUVERIS PR MENOPUR PR OVIDREL PR REPRONEX PR
Gaucher disease	none	CERDELGA PR QL CEREZYME PR + ELELYSO * PR + VPRIV PR + ZAVESCA * PR +	

Category	Generic medicine	Brand-name medicine
Growth factors, insulin-like	none	INCRELEX PR
Growth hormone agents	none	GENOTROPIN PR ST HUMATROPE PR ST NORDITROPIN PR ST NUTROPIN PR ST NUTROPIN AQ PR ST NUTROPIN AQ NUSPIN PR ST OMNITROPE PR SAIZEN PR ST SEROSTIM PR ST TEV-TROPIN PR ST ZORBTIVE PR
Hereditary tyrosinemia	none	ORFADIN *
Homocystinuria	none	CYSTADANE
Hormone replacement — progestins	none	MAKENA PR QL
Hunter syndrome	none	ELAPRASE * PR +
Hyperammonemia	*phenylbutyrate*	AMMONUL + BUPHENYL
Hyperparathyroidism	*doxercalciferol* *paricalcitol*	HECTOROL SENSIPAR ZEMPLAR
Leptin deficiency	none	MYALEPT PR QL
LHRH/GnRH agonist analog pituitary suppressants	none	SUPPRELIN LA + SYNAREL
Morquio A syndrome	none	VIMIZIM PR
Mucopolysaccharidosis I	none	ALDURAZYME PR +
Mucopolysaccharidosis VI	none	NAGLAZYME PR +
Phenylketonuria	none	KUVAN *
Pompe disease	none	LUMIZYME PR + MYOZYME PR +
Vasopressin receptor antagonists	none	SAMSCA * PR
Gastrointestinal system		
Crohn's disease	none	CIMZIA PR ST + ENTYVIO PR + HUMIRA PR REMICADE PR +
Short bowel syndrome	none	GATTEX * PR QL

Category	Generic medicine	Brand-name medicine	
Infections and infestations			
Antiretrovirals — fusion inhibitors	none	FUZEON	
Antivirals — cytomegalovirus (CMV) agents	*foscarnet* + *ganciclovir* *valganciclovir* QL	CYTOGAM + CYTOVENE + VALCYTE VALCYTE SOL VISTIDE	
Antivirals — hepatitis agents	*adefovir* *entecavir* *lamivudine* *ribapak* *ribasphere* *ribavirin*	BARACLUDE COPEGUS EPIVIR HBV HARVONI PR HEPSERA INFERGEN PR + OLYSIO PR QL	PEGASYS PR PEGINTRON PR REBETOL SOVALDI PR QL TYZEKA VICTRELIS PR VIEKIRA PR ST
Musculoskeletal system			
Bone-modifying agents	*ibandronate (inj only)* PR + *pamidronate* PR + *zoledronic acid* PR +	AREDIA PR + BONIVA (inj only) PR QL + FORTEO PR + GANITE + PROLIA PR + RECLAST PR + XGEVA PR + ZOMETA PR +	
Enzymes	none	XIAFLEX +	
Gout	none	KRYSTEXXA PR +	
Interleukin-1beta blockers	none	ILARIS * PR +	
Interleukin-1 blockers	none	ARCALYST * PR +	
Neuromuscular blocking agent — neurotoxins	none	BOTOX PR + DYSPORT PR + XEOMIN PR +	
Osteoarthritis	none	EUFLEXXA PR + GEL-ONE INJ PR ST + HYALGAN PR ST + MONOVISC PR +	ORTHOVISC PR + SUPARTZ PR ST + SYNVISC PR ST + SYNVISC ONE PR ST +
Rheumatoid arthritis	none	ACTEMRA PR ST + ACTEMRA SC PR CIMZIA PR ST + ENBREL PR HUMIRA PR KINERET PR ST ORENCIA PR ST +	OTREXUP PR ST RASUVO PR ST REMICADE PR + SIMPONI PR SIMPONI ARIA PR + XELJANZ PR QL ST

Category	Generic medicine	Brand-name medicine
Ophthalmic agents		
Macular degeneration	none	EYLEA + LUCENTIS + MACUGEN + VISUDYNE +
Macular edema	none	OZURDEX +
Vitreomacular adhesion	none	JETREA +
Respiratory tract agents		
Alpha-proteinase inhibitors	none	ARALAST PR + ARALAST NP PR + GLASSIA * PR + PROLASTIN * PR + PROLASTIN-C * PR + ZEMAIRA * PR +
Antiasthmatic — monoclonal antibodies	none	XOLAIR PR +
Cystic fibrosis	*colistimethate sodium* + *tobramycin neb sol*	BETHKIS NEB CAYSTON * COLY-MYCIN M + KALYDECO * PR QL PULMOZYME PR TOBI TOBI podhaler PR QL
Idiopathic pulmonary fibrosis	none	ESBRIET PR QL OFEV PR QL
Respiratory syncytial virus — monoclonal antibodies	none	SYNAGIS PR QL +
Tuberculosis	none	SIRTURO PR QL ST
Therapeutic nutrients — vitamins — minerals — electrolytes		
Mineral supplements	*ferric gluconate* + *nulecit* +	FERRIPROX FERRLECIT + VENOFER +
Toxicologic agents		
Alcohol dependence	none	VIVITROL +
Antidotes	*deferoxamine mesylate* +	DESFERAL + EXJADE
Vaccines, toxoids and biologics		
Immune globulin — CMV	none	CYTOGAM +

Category	Generic medicine	Brand-name medicine	
Immune globulin — immune disorders	none	ADAGEN PR + BIVIGAM PR + CARIMUNE NANOFILTERED PR + FLEBOGAMMA PR + GAMASTAN S/D PR + GAMMAGARD PR + GAMMAGARD S/D PR + GAMMAKED PR	GAMMAPLEX PR + GAMUNEX PR + GAMUNEX-C PR + HIZENTRA PR + HYQVIA PR + OCTAGAM PR + PRIVIGEN PR + VIVAGLOBIN PR +
Immune globulin — hepatitis B	none	HEPAGAM B + HYPERHEP B + NABI-HB +	
Immune globulin — rabies	none	HYPERRAB S/D + IMOGAM RABIES +	
Immune globulin — Rh isoimmunization	none	HYPERRHO S/D + MICRHOGAM ULTRA-FILTERED + RHOGAM ULTRA-FILTERED PLUS + RHOPHYLAC + WINRHO SDF +	
Immune globulin — tetanus	none	HYPERTET S/D +	
Miscellaneous			
Cystinosis	none	CYSTARAN * PR QL PROCYSBI PR QL ST	
Immunosuppressive agents	*azathioprine (inj only)* + *cyclosporine* + *mycophenolic acid* *sirolimus* *tacrolimus*	ASTAGRAF ATGAM + MYFORTIC NEORAL NULOJIX + ORTHOCLONE OKT3 +	PROGRAF RAPAMUNE SANDIMMUNE SIMULECT + THYMOGLOBULIN + ZORTRESS +
Systemic lupus erythematosus agents	none	BENLYSTA PR +	
Urea cycle disorder	none	RAVICTI * PR	
Anxiolytics, sedatives, hypnotics — miscellaneous	none	HETLIOZ PR QL	

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**.

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 benefits 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**.

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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