

ACROMEGALY — EFFECTIVE 4/1/2009

octreotide ^{P/M}

SANDOSTATIN ^{P/M}

SANDOSTATIN LAR ^{P/M}

SOMAVERT

SOMATULINE ^{P/M}

ANTI-ASTHMATIC-MONOCOLONAL ANTIBODIES

XOLAIR ^{PR}

ARTHRITIS

ENBREL

HUMIRA

KINERET

BLOOD CLOTTING

Factor VII

NOVOSEVEN ^{PR}

Factor VIII

ADVATE ^{PR}

ALPHANATE ^{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}

XYNTHA ^{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}

NORDITROPIN ^{PR}

NUTROPIN ^{PR}

NUTROPIN AQ ^{PR}

OMNITROPE ^{PR}

SAIZEN ^{PR}

SEROSTIM ^{PR}

SOMAVERT

TEV-TROPIN ^{PR}

ZORBTIVE ^{PR}

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 Call 1-866-782-ASRX (1-866-782-2779) or TDD: 1-877-833-ASRX (1-877-833-2779).

2009 Aetna Specialty CareRxSM List (continued)

HEMATOPOIETICS — EFFECTIVE 4/1/2009

ARANESP^{PR P/M}

EPOGEN^{PR P/M}

NEULASTA^{P/M}

NEUMEGA^{P/M}

NEUPOGEN^{P/M}

PROCRIT^{PR P/M}

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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In accordance with state law, California HMO members who receive coverage for drugs added to the Precertification or Step-Therapy Lists will continue to have those drugs covered, for as long as the treating doctor continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's condition. Nothing in this material 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 material be construed to prohibit generic drug substitutions.

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-4 09/02, 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.

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