



## Changes to Your Prescription Drug Coverage for 2010

Dear Member,

Thank you for being an Aetna member. We value your membership and want to help you get the most from your pharmacy benefits coverage. Every year, we send you updates to your plan. Below are details about upcoming plan changes and drug safety updates. Changes to our Preferred Drug List (also called the formulary) are based on the latest medical findings as well as information from the Food and Drug Administration (FDA) and drug makers.

### What is changing?

The drugs on our Preferred Drug List (formulary) are chosen based on sound medical data, safety and cost. For 2010, we are adding some brand-name and generic drugs while other drugs are being removed. This may happen when a brand-name drug's patent expires during the year. We remove the brand from the list and replace it with a cost-effective generic equivalent. In addition, some drugs are being added to or removed from the Precertification, Quantity Limits and Step-Therapy Lists. (For definitions of these terms, please see the next page.) The enclosed chart shows the changes that will begin January 1, 2010.<sup>1,2</sup>

Please also note that if you are taking a prescription medication that has an over-the-counter (OTC) equivalent, the prescription medication will no longer be covered. In addition, we will no longer cover medication "kits." These kits are made up of prescription drugs packaged with OTC supplies. The prescription drug by itself may still be covered, depending on your plan.

If your prescriptions are affected by any of these updates, the amount you pay for these drugs may also change. Talk to your doctor about your treatment options. Ultimately, you and your physician are responsible for making decisions about your drug therapy.

### Why are some drugs preferred?

*Preferred* drugs are generic and brand-name medications that are selected by our Pharmacy and Therapeutics Committee and Aetna Pharmacy Management as being the most clinically appropriate treatment choices. These drugs go through a rigorous review process and are proven to be at least as effective and safe as other drugs taken for the same condition. In addition, these drugs are often available at a lower cost. This means that your copay or coinsurance—the amount you pay for a covered medication under your benefit plan— will likely be lower than the cost of non-preferred drugs. The following coverage tiers apply to your plan:

<b>Tier 1</b>	Covered generic medications
<b>Tier 2</b>	Covered preferred brand-name medications
<b>Tier 3</b>	Covered non-preferred brand-name medications

### How can I learn more about my coverage, medications and costs?

See your plan documents for information about tiers as well as plan terms and limitations. If you would like to receive a printed copy of the *2010 Preferred Medication Guide*, please return the enclosed reply card. A guide will be mailed to you.

If you have Internet access, you can visit us online to learn more about how and why our Preferred Drug List is changing. You can also find the most current information about the Preferred Drug, Precertification, Quantity Limits and Step-Therapy Lists. Please note that these lists are subject to change throughout the year and are updated regularly online. Just visit [www.aetna.com/formulary](http://www.aetna.com/formulary) and select your plan. Then click on "Medication Search."

You can find out much more about your benefits by using Aetna's online tools. Simply sign on to your secure Aetna Navigator® member website at [www.aetna.com](http://www.aetna.com). There, you can see your benefits summary, review your claims or find a pharmacy near you. Using our Price-A-Drug tool, you can even find the estimated out-of-pocket costs for your prescriptions. Just click on "Prescription Drug Costs" after you sign on. You can also find health information specific to your needs by clicking on "Aetna SmartSource<sup>SM</sup>" from your home page. This information is based on where you live, your health plan and your claims.

In addition, you can help us in preserving our nation's environmental resources by choosing to receive future updates and communications online. Just click on "Your Profile" and choose "Turn Off Paper." Then type in your e-mail address.

## Prescription drug coverage requirements for certain drugs

Regardless of coverage tier, some prescriptions may be subject to the following requirements before they will be covered:

### Requirements

#### Precertification<sup>2,3,4</sup>

You, your doctor or the person you appoint to help you must contact Aetna to get approval for specific drugs.

### Why this is required and what you can do next

Precertification promotes member safety. It applies to drugs that may easily be misused or should only be prescribed for certain conditions. It also helps manage healthcare costs by requiring certain conditions for coverage. To make a request, you may contact Aetna by phone, mail or online. If the request is not approved, you can still purchase the medication. However, you will have to pay full price.

#### Quantity Limits

We place coverage limits on drugs that are often misused or taken in amounts that exceed recommended doses.

We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. Your doctor must contact Aetna to get approval for coverage of medication quantities that are greater than the coverage limits.

#### Step-Therapy<sup>3,4</sup>

For certain drugs, you must try one or more *prerequisite* drugs before a drug on the Step-Therapy List will be covered.

This promotes the appropriate use of equally effective but lower-cost drugs first. Your doctor can ask Aetna for an exception for coverage if it is medically necessary for you to use a drug on the Step-Therapy List.

#### Therapeutic Duplication

This occurs when two drugs of the same type are prescribed at the same time.

Rarely are two drugs of the same type necessary to treat a medical condition. Taking these drugs at once may be harmful to your health because of the risk of serious side effects. If duplication is identified, your doctor must contact Aetna to get approval for coverage.

## Please contact us if you have any questions

Send a secure e-mail from the "Contact Us" section at [www.aetna.com](http://www.aetna.com). Or call the toll-free Member Services number on your Aetna ID card.

Sincerely,



Edmund J. Pezalla, MD  
Chief Medical Director, Aetna Pharmacy Management

Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

Aetna has established a policy to allow exceptions or overrides to certain refill-too-soon limitations. Requests for such exceptions or overrides will be evaluated on a case-by-case basis. "Aetna" is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefit coverage include: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Health Insurance Company of New York, Corporate Health Insurance Company and/or Aetna Life Insurance Company. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. This material is for informational purposes only and contains only a partial, general description of plan benefits or programs and does not constitute a contract. Consult the plan documents (Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan.

<sup>1</sup> In accordance with state law, full-risk members in Texas who are receiving coverage for medications that are removed from the Preferred Drug List during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date.

<sup>2</sup> 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.

<sup>3</sup> In accordance with state law, California HMO 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. 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.

<sup>4</sup> Some programs, such as step-therapy, precertification and quantity limits are not available in all service areas. Precertification programs do not apply in Indiana. Step-therapy does not apply to fully insured members in Indiana and New Jersey. Please refer to your plan documents or call the Member Services number on your ID card.

## 2010 Changes to Aetna's Preferred Drug, Precertification, Quantity Limit and Step-Therapy Lists

### Brand Name Medications added to the Preferred Drug List (\* = may be added prior to 1/1/10)

APRISO*	GELNIQUE*	OSMOPREP*	SIMPONI*
AZASITE*	KAPIDEX	REBIF	TRILIPIX*
CIMZIA*	LOSEASONIQUE	RESTASIS*	
DEPEN TITRATABS	MOVIPREP*	SAIZEN*	
FRAGMIN	NUVIGIL*	SAVELLA*	

### Generic Medications added to the Preferred Drug List

*(Brand-name equivalents for drugs below will be non-preferred on 1/1/10')*

<i>ciclopirox gel (LOPROX gel)</i>	<i>lansoprazole (PREVACID***)</i>	<i>valacyclovir (VALTREX***)</i>
<i>clbetasol foam (OLUX)</i>	<i>sumatriptan (IMITREX)</i>	

\*\*\* generic expected to be available by 1/1/10

### Medications removed from the Preferred Drug List <sup>1</sup> (will be non-preferred on 1/1/10)

AZOPT	LUXIQ	PREVACID Solutab	TRICOR
COMBIVENT	OLUX-E	PREVPAC	TYSABRI**
LOPROX shampoo	OLUX OLUX-E Complete Pack	TRAVATAN	VENTAVIS
LOTEMAX	PATANOL	TRAVATAN Z	VIGAMOX

### Medications added to the Precertification List <sup>2,3,4</sup>

All <i>promethazine/codeine</i> and <i>phenylephrine/promethazine/codeine</i> containing products PR < 6 yr old	DIFFERIN PR ≥ 36 yr old	TAZORAC PR ≥ 36 year old	ZONEGRAN <i>zonisamide</i>
ACTHAR HP	ERBITUX GABITRIL RITUXAN	TYSABRI VECTIBIX VIMPAT	

### Medications added to the Quantity Limits List or changes to the Quantity Limit<sup>2,3,4</sup>

ALDARA 16 wk. tx/yr	<i>fluorouracil</i> 12 wk tx/yr	RELPAK 6/30 days	ZOMIG 6/30 days
CARAC 8 wk tx/yr	<i>fluoxetine</i> (PMDD) 14/28 days	SARAFEM 14/28 days	ZOMIG ZMT 6/30 days
COMBUNOX 28/30 days	IMITREX tab 9/30 days	SELFEMRA 14/28 days	
CONDYLOX 4 wk tx/yr	<i>oxycodone/ibuprofen</i> 5-400mg 28/30 days	SOLARAZE 12 wk tx/yr	
EFUDEK 12 wk tx/yr	<i>podofilox</i> 4 wk tx/yr	<i>sumatriptan</i> tab 9/30 days	
FLUOROPLEX 8 wk tx/yr		VEREGEN 16 wk tx/yr	

### Medications added to the Step-Therapy List<sup>3,4</sup>

ALTACE tabs	LIPOFEN	OLUX OLUX-E Complete Pack	TEVETEN HCT
AZOPT	LOFIBRA	OMNITROPE	TRIGLIDE
BETASERON	LOPID	PREVACID++	VALTREX++
COZAAR++	LUXIQ	PROVIGIL	
FENOGLIDE	OLUX+	RISPERDAL soln	
HYZAAR++	OLUX-E	TEVETEN	

+ = Trial of a generic equivalent is required first    ++ Step-therapy will not be implemented until sometime after generic equivalent becomes available

### Medications to be removed from the Step-Therapy List (edit will no longer apply)

KYTRIL	RAPAFLO	ULTRAM
OMNARIS	TACLONEX	

### New Benefit Exclusions- as of 1/1/10

ADOXA CK KIT	CYCLOBENZAPRINE COMFORT KIT	RINNOVI NAIL SYSTEM KIT	VANOXIDE HC KIT
ADOXA TT KIT	DESOWEN KIT	ROSADERM KIT	XOLEGEL COREPAK KIT
ALODOX KIT	FINACEA PLUS KIT	ROSANIL KIT	XOLEGEL DUO KIT
<i>Any prescription drugs with an over-the-counter (OTC) equivalent</i>	IBUPROFEN COMFORT KIT	ROSULA CLK KIT	XYRALID KIT
AVIDOXY DK KIT	INOVA KIT	ROWASA KIT	XYRALID LP KIT
BENZOYL PEROXIDE WASH KIT	LAVOCLEN WASH KIT	SALEX KIT	XYRALID RC KIT
BREVOXYL COMPLETE KIT	MINOCIN KIT	SALICYLIC ACID KIT	ZACARE KIT
BREZE KIT	MINOCIN PAC KIT	SCALACORT DK KIT	Z-CLINZ KIT
CARMOL SCALP KIT	NAPROXEN COMFORT KIT	SCALP TREATMENT KIT	ZINX KIT
CLEERAVUE-M KIT	NEOBENZ MICRO PLUS KIT	SODIUM SULFACET/SULFUR KIT	ZYTOPIC KIT
CORAZ KIT	NUTRIDOX KIT	TRETIN-X KIT	ZYPRAM KIT
	PAMINE FQ KIT	ULTRAVATE KIT	

UPPER CASE = brand name medication

*lower case italics* = generic medication

