

2013 Aetna Preferred Drug List Information

Pharmacy Benefits Reference

Help your patients save money

- Your patient's benefits plan may have a higher copayment for drugs that aren't on the Preferred Drug List. You can help patients save money by prescribing drugs on the Preferred Drug List, if appropriate. Here's an example:
- The choices you and your patients make about prescription medications affect health care costs. Drug prices are a main reason that insurance prices have gone up.

To submit medical exception or precertification requests for Aetna prescription medications:

- Fax the Precertification Unit at **1-877-269-9916**.
- Call the Precertification Unit at **1-855-240-0535**.

To submit requests online through our secure provider website:

- Go to **www.aetna.com**.
- Click "Health Care Professionals" then "Medical Professionals Log In."
- Once logged in, select "Plan Central" then "Aetna Health Plan" and "Precertifications."

Option 1:

- If your patient is currently taking a nonpreferred drug and the copayment is \$35 per month, your patient's total cost is \$420 per year.*
- If your patient is switched to a Preferred Generic Drug and the copayment is \$10 per month, your patient's total cost is \$120 per year.*
- Your patient can save \$300 per year on just one prescription medication by switching to a preferred generic drug.

Option 2:

- If your patient is currently taking a nonpreferred drug and the copayment is \$35 per month, your patient's total cost is \$420 per year.*
- If your patient is switched to a Brand-Name Preferred Drug and the copayment is \$20 per month, your patient's total cost is \$240 per year.*
- Your patient can save \$180 per year on just one prescription medication by switching to a preferred brand-name drug.

You can find current drug information online at **www.aetna.com/formulary**.

*Calculations based on 12 prescriptions per year.

All member care and related decisions are the sole responsibility of the physician, and this information does not dictate or control physicians' clinical decisions regarding the appropriate care of members. Pharmacy benefits are not limited to the drugs on the Preferred Drug List. Drugs on the Formulary Exclusions List may be excluded from coverage under some pharmacy benefits plans unless a medical exception is obtained. Many drugs on the Preferred Drug List are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those drugs.

The drugs on the Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-Therapy Lists are subject to change. The precertification, quantity limits and step therapy drug coverage review programs are not available in all service areas. For example, precertification and step therapy programs do not apply to fully insured members in Indiana. Step-therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-insured plans.

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This card may not be used after 12/31/13.

2013 Aetna Preferred Drug List Information for Commercial plans*

Quick Guide to Heart Care Medications

LOWEST TIER preferred generics

MIDDLE TIER preferred brands

HIGHEST TIER nonpreferred brands and generics

ACE Inhibitors and Angiotensin Receptor Blockers (ARBs)

benazepril
captopril
enalapril
eprosartan QL
fosinopril
irbesartan QL
lisinopril
losartan QL
moexipril
perindopril
quinapril
ramipril
trandolopril

EXFORGE (amlodipine and valsartan) QL
MICARDIS (telmisartan) QL

ACCUPRIL (quinapril) FE
ACEON (perindopril) FE
ALTACE (ramipril) FE
ATACAND (candesartan) FE, QL, ST, #
AVAPRO (irbesartan) FE, QL, ST
AZOR (irbesartan) FE, QL
BENICAR (olmesartan) FE, QL, ST
COZAAR (losartan) FE, QL, ST, #
DIOVAN (valsartan) FE, QL, ST
EDARBI (azilsartan) FE, QL, ST
HYZAAR (losartanpotassium-
hydrochlorothiazide) FE, QL, ST, #

LOTENSIN (benazepril) FE
MAVIK (trandolapril) FE
PRINIVIL (lisinopril) FE
TEVETEN (eprosartan) FE, QL, ST
TRIBENZOR
(olmesartan medoxomil, amlodipine,
hydrochlorothiazide) FE, QL, ST
TWINSTA
(telmisartan/amlodipine) FE, QL, ST
UNIVASC (moexipril) FE
VASOTEC (enalapril) FE
ZESTRIL (lisinopril) FE

Beta Blockers

acebutolol
atenolol
betaxolol
bisoprolol
carvedilol
labetalol
metoprolol
nadolol
pindolol
propranolol/SR
sorine
sotalol/AF
timolol

BYSTOLIC (nebivolol)
COREG CR (carvedilol)
DUTOPROL (metoprolol)

metoprolol succinate SR FE
BETAPACE/AF (sotalol)
COREG (carvedilol) FE
CORGARD (nadolol)
INDERAL/LA (propranolol)
INNOPRAN XL (propranolol)
KERLONE (betaxolol) FE
LEVATOL (penbutolol) FE
LOPRESSOR (metoprolol)

SECTRAL (acebutolol)
TENORMIN (atenolol)
TOPROL XL (metoprolol SR) FE
TRANDATE (labetalol)
ZEBETA (bisoprolol) FE

Blood Thinners

anagrelide
aspirin (OTC)
cilostazol
clopidogrel
dipyridamole
jantoven
ticlopidine
warfarin

AGGRENOX (aspirin/extended-release
dipyridamole)
EFFIENT (anagrelide) PR, QL

AGRYLIN (Anagrelide) FE
BRILINTA (ticagrelor) FE, PR, QL
COUMADIN (warfarin sodium) FE
PERSANTINE (dipyridamole)

PLAVIX (clopidogrel) FE, ST
PLETAL (cilostazol) FE

Lipid-Lowering Drugs

atorvastatin QL
cholestyramine
colestipol
fenofibrate
fluvastatin QL
gemfibrozil
lovastatin QL
pravastatin QL
prevalite
simvastatin QL

ANTARA (fenofibrate)
CRESTOR 5, 10, 20 and 40 mg
(rosuvastatin) QL
LESCOL XL (fluvastatin) QL
LOVAZA (omega-3-Acid Ethyl Esters)
NIASPAN (niacin) #
SIMCOR (niacin and simvastatin) QL
TRILIPIX (fenofibric acid) #
VYTORIN 10/10, 10/20, 10/40, 10/80
(ezetimibe/simvastatin) QL
WELCHOL (colesevelam)
ZETIA (ezetimibe) PR, QL

ADVICOR (niacin/lovastatin) FE, QL
ALTOPREV (lovastatin SR) FE, QL, ST
COLESTID (colestipol) FE
FENOGLIDE (fenofibrate) FE, ST
FIBRICOR (fenofibric acid) FE, ST
LESCOL (fluvastatin) FE, QL
LIPITOR (atorvastatin) FE, PR, QL, ST
LIPOFEN (fenofibrate capsules) FE, ST
LIVALO (pitavastatin) FE, QL

LOFIBRA (fenofibrate micronized) FE, ST
LOPID (gemfibrozil) FE, ST
MEVACOR (lovastatin) FE, QL
PRAVACHOL (pravastatin) FE, QL
QUESTRAN (cholestyramine) FE
TRICOR (fenofibrate) FE, #
TRIGLIDE (fenofibrate) FE, ST
ZOCOR (simvastatin) FE, QL

UPPERCASE – Brand-name medication

lowercase italics – Generic medication

FE – Formulary excluded in closed formulary plans

PR – Precertification required under most plans

QL – Quantity Limit applies under most plans

ST – Step-therapy applies under most plans

*Commercial plans = Non-Medicare plans

– Brand-name medication expected to become available generically in the near future. After the generic medication becomes available, the brand-name medication may be covered at a higher copayment and/or added to the Formulary Exclusions List. The brand-name medication may also be subject to precertification and/or step-therapy.