

Quick Guide to Diabetes Medications

2005 Aetna Preferred Drug List (Formulary)

LOWEST TIER Generic drugs on the Preferred Drug List	MIDDLE TIER Brand-name drugs on the Preferred Drug List	HIGHEST TIER Generic and brand-name drugs not on the Preferred Drug List
No generics available in this category	Insulins	Novolin 70/30 vial/PenFill (insulin regular & isophane — human) ^{ST, FE} Novolin N vial/PenFill (NPH insulin isophane — human) ^{ST, FE} Novolin R vial/PenFill (regular insulin — human) ^{ST, FE} Relion 70/30 R (insulin regular & isophane — human) ^{ST, FE} Relion N (NPH insulin isophane — human) ^{ST, FE} Relion R (regular insulin — human) ^{ST, FE}
	Humulin 50/50 (insulin regular & isophane - human) Humulin 70/30 vial/pen (insulin regular & isophane - human) Humulin L (lente insulin zinc - human) Humulin N vial/pen (NPH insulin isophane - human) Humulin R (regular insulin - human) Humulin U Ultralente (insulin zinc extended - human)	
acetohexamide chlorpropamide glipizide glipizide CR glyburide glyburide/metformin metformin metformin SR tolazamide tolbutamide	Oral Medications	Amaryl (glimepiride) ^{FE} Diabinese (chlorpropamide) Dymelor (acetohexamide) Fortamet (metformin osmotic SR) ^{FE} Glucotrol XL (glipizide XL) ^{FE} Glucophage (metformin) Glucovance (glyburide/metformin) [∞] Glyset (miglitol) ^{FE} Metaglip (glipizide/metformin) ^{FE} Orinase (tolbutamide) Precose (acarbose) ^{FE} Tolinase (tolazamide)
	Actos (pioglitazone) Avandamet (rosiglitazone/metformin) Avandia (rosiglitazone) Prandin (repaglinide) Starlix (nateglinide)	
No generics available in this category	Supplies	ANY other insulin syringe is subject to the highest tier, EXCEPT insulin syringes manufactured by BD, i.e., see Middle Tier information. ANY other lancet is subject to the highest tier, EXCEPT lancets manufactured by BD, i.e., see Middle Tier information. Accu-Chek Test Strips Glucometer Test Strips ANY other strip is subject to the highest tier, EXCEPT the Test Strips documented at left, i.e., see Middle Tier information.
	BD insulin syringes BD lancets BD pen needles (needles) FreeStyle Test Strips OneTouch Basic/Profile/OneTouch II Test Strips OneTouch FastTake Test Strips OneTouch SureStep Test Strips OneTouch Ultra Test Strips Precision Q-I-D Test Strips Precision Sof-Tact Test Strips Precision Xtra Ketone Strips Precision Xtra Test Strips	

Uppercase = Brand-name medication
 lowercase = Generic medication
ST = Step-therapy applies under most plans
FE = Formulary-excluded medication

[∞] = Brand-name medication expected to become available generically during 2005. After the generic medication becomes available, the brand-name medication may be covered at a higher copay and/or added to the Formulary Exclusions List.

Pharmacy Benefits Reference

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The choices you and your patients make regarding prescription medications affect health care costs. Drug prices are a prime contributor to the recent significant increases in the cost of insurance.

The Savings Can Add Up

If your patient's benefits plan has a higher copayment for preferred drug list medicines that are not on the Preferred Drug List, and if you feel that a preferred generic drug or a preferred drug is appropriate for your patient, he or she can begin saving money immediately. Here's an example:

1
If your patient is currently taking a **Non-Preferred Drug** and the copayment is \$35 per month, your patient's total cost is \$420 per year.*

2
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.*

3
Your patient can save **\$300** per year on just one prescription medication by switching to a Preferred generic drug.

1
If your patient is currently taking a **Non-Preferred Drug** and the copayment is \$35 per month, your patient's total cost is \$420 per year.*

2
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.*

3
Your patient can save **\$180** per year on just one prescription medication by switching to a Preferred brand named drug.

*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.

In accordance with state law, California HMO members enrolled in a closed formulary benefits plan who are receiving coverage for medications that are moved to the Formulary Exclusions List, and 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.

The Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-Therapy Lists on this card are subject to change. Also note that Step-therapy, Precertification and Quantity Limit programs, are not applicable in all service areas.

For members in Texas, additions to the 2005 Preferred Drug List will be effective no later than January 1, 2005. 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 benefits level until their plan's renewal date.

The term Precertification here 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.

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In circumstances where a member's prescription plan utilizes copayments or coinsurance calculated on a percentage basis or a deductible, use of formulary drugs may not necessarily result in lower costs for the member.

Funding for these materials provided by pharmaceutical manufacturer.

This Quick Guide may not be used after 12/31/05.

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To submit medical exception or Precertification requests for prescription medications:

- Fax the Precertification unit, toll free at 1-800-408-2386.
- Call the Precertification unit, toll free at 1-800-414-2386.
- To submit requests online, go to: www.aetna.com, put your cursor on "Doctors & Hospitals" and select "Physician Self-Service" to register for the secure website for physicians, hospitals and health care professionals.

Current drug information is available online at www.aetna.com/formulary.

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