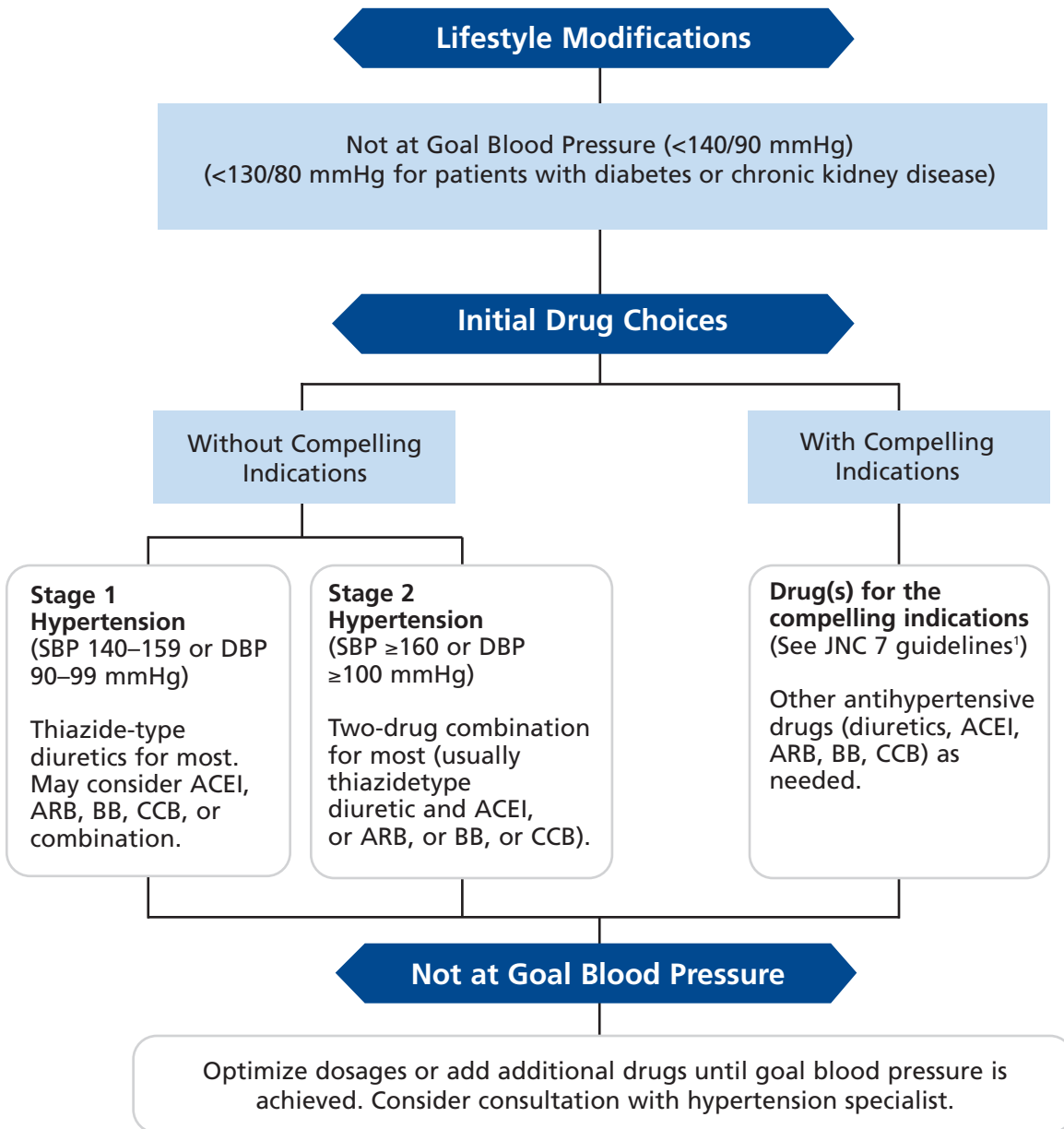


Quick Guide to Hypertension Medications

Algorithm for treatment of hypertension¹



ACEI= angiotensin converting enzyme inhibitor
ARB= angiotensin receptor blocker;
BB= beta-blocker
CCB= calcium channel blocker
DBP= diastolic blood pressure
SBP= systolic blood pressure

1. Adapted from JNC 7 Express. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure. May 2003. NIH Publication No. 03-5233.
<http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm>

Quick Guide to Hypertension Medications

2005 Aetna Preferred Drug List (Formulary)

LOWEST TIER Preferred generic medications	MIDDLE TIER Preferred brand-name medications	HIGHEST TIER Non-preferred brand and generic medications
DIURETICS		
Thiazide		
chlorothiazide chlorthalidone hydrochlorothiazide (hctz) indapamide methyclothiazide metolazone polythiazide	No products available in this category	Diuril (chlorothiazide) HydroDIURIL (hctz) Lozol (indapamide) Microzide (hctz) Mykrox (metolazone) Renese (polythiazide) Zaroxolyn (metolazone)
Loop		
bumetadine furosemide torsemide	No products available in this category	Bumex (bumetanide) Demadex (torsemide) Lasix (furosemide)
Potassium-sparing		
amiloride triamterene	No products available in this category	Dyrenium (triamterene) Midamor (amiloride)
Aldosterone receptor blockers		
spironolactone	No products available in this category	Aldactone (spironolactone) Inspra (eplerenone) FE
BETA BLOCKERS		
BETA-BLOCKER WITH INTRINSIC SYMPATHOMIMETIC (ISA) ACTIVITY		
acebutolol pindolol	No products available in this category	Cartrol (carteolol) FE Levitol (penbutolol) FE Sectral (acebutolol)
Non-ISA beta-blockers		
atenolol betaxolol bisoprolol metoprolol nadolol propranolol propranolol long-acting timolol	No products available in this category	Blocadren (timolol) Corgard (nadolol) Inderal (propranolol) Inderal LA (propranolol long-acting) Kerlone (betaxolol) FE Lopressor (metoprolol) Tenormin (atenolol) Toprol XL (metoprolol extended release) FE
Combined alpha-and beta-blockers		
labetalol	Coreg (carvedilol)	Normodyne (labetalol) Trandate (labetalol)
ACE INHIBITORS (ACEIs)		
benazepril captopril enalapril fosinopril lisinopril moexipril quinapril	Altace (ramipril)	Accupril (quinapril) FE Aceon (perindopril) FE Capoten (captopril) ST, FE Lotensin (benazepril) ST, FE Mavik (trandolapril) FE Monopril (fosinopril) ST, FE Prinivil (lisinopril) ST, FE Univasc (moexipril) Vasotec (enalapril) ST, FE Zestril (lisinopril) ST, FE
ANGIOTENSIN II ANTAGONISTS		
No generic products available in this category	Cozaar (losartan) QL Diovan (valsartan) QL	Atacand (candesartan) QL, ST, FE Avapro (irbesartan) QL, ST, FE Benicar (olmesartan) QL, FE Micardis (telmisartan) QL, FE Teveten (eprosartan) QL, FE
ALPHA 1-BLOCKERS		
clonidine clonidine patch methyldopa reserpine guanfacine	No products available in this category	Aldomet (methyldopa) Catapres (clonidine) Catapres-TTS (clonidine patch)

Uppercase = Brand-name medication
FE = Formulary-excluded medication

lowercase = Generic medication
ST = Step-therapy applies under most plans

QL = Quantity limits apply under most plans

Quick Guide to Hypertension Medications

2005 Aetna Preferred Drug List (Formulary)

LOWEST TIER Preferred generic medications	MIDDLE TIER Preferred brand-name medications	HIGHEST TIER Non-preferred brand and generic medications
CALCIUM CHANNEL BLOCKERS (CCBs)		
cartia XT QL diltia XT QL diltiazem CD/CR/ER/XT QL taztia XT QL verapamil CR/ER/SR QL	No products available in this category	<p style="text-align: center;"><i>Non-dihydropyridines</i></p> Calan (verapamil) ST, FE Calan SR (verapamil) ST, QL, FE Cardizem (diltiazem) ST Cardizem CD (diltiazem CD) ST, QL Cardizal LA (diltiazem LA) ST, QL Dilacor (diltiazem) ST Dilacor SR (diltiazem SR) ST, QL Covera HS (verapamil-Coer) QL, FE
nicardipine nifedipine nifedipine CR/ER QL	Norvasc (amlodipine besylate) QL	<p style="text-align: center;"><i>Dihydropyridines</i></p> Adalat (nifedipine) ST Adalat CC (nifedipine long-acting) ST, QL Cardene SR (nicardipine sustained release) ST, FE Dynacirc (isradipine) FE Dynacirc CR (isradipine SR) FE Plendil (felodipine) QL, FE Procardia (nifedipine) ST Procardia XL (nifedipine long-acting) ST, QL Sular (nisoldipine) QL, FE
CENTRAL ALPHA2-AGONISTS AND OTHER CENTRALLY ACTING		
doxazosin prazosin terazosin	No products available in this category	Cardura (doxazosin) Hytrin (terazosin) Minipress (prazosin)
DIRECT VASODILATORS		
hydralazine minoxidil	No products available in this category	Apresoline (hydralazine) Loniten (minoxidil)
COMBINATION DRUGS		
No generics available in this category	Lotrel (amlodipine/benzapril hydrochloride)	<p style="text-align: center;"><i>ACEIs and CCBs</i></p> Lexxel (enalapril maleate/felodipine) FE Tarka (trandolapril/verapamil) FE
benazepril/hctz captopril/hctz enalapril/hctz fosinopril/hctz lisinopril/hctz quinapril/hctz	No products available in this category	<p style="text-align: center;"><i>ACEIs and diuretics</i></p> Accuretic (quinapril/hctz) ST, FE Capozide (captopril/hctz) Lotensin HCT (benazepril/hctz) FE Monopril HCT (fosinopril/hctz) FE Prinzide (lisinopril/hctz) ST, FE Uniretic (moexipril HCl/hctz) FE Vaseretic (enalapril/hctz) Zestoretic (lisinopril/hctz)
No generics available in this category	<p style="text-align: center;"><i>Angiotensin II Antagonists and diuretics</i></p> Diovan HCT (valsartan/ hydrochlorothiazide) QL Hyzaar (losartan potassium/ hydrochlorothiazide) QL	Atacand HCT (candesartan cilexetil/hctz) ST, QL, FE Avalide (irbesartan/hctz) ST, QL, FE Benicar HCT (olmesartan/hctz) QL, FE Micardis HCT (telmisartan/hctz) QL, FE Teveten HCT (eprosartan mesylate/hctz) QL, FE
atenolol/hctz bisoprolol fumarate/hctz metoprolol tartrate/hctz nadolol/bendroflumethiazide propranolol LA/hctz timolol maleate/hctz	No products available in this category	<p style="text-align: center;"><i>Beta-blockers and diuretics</i></p> Corzide (nadolol/bendroflumethiazide) FE Inderide (propranolol LA/hctz) Lopressor HCT (metoprolol tartrate/hctz) FE Tenoretic (atenolol/hctz) Timolide (timolol maleate/hctz) FE Ziac (bisoprolol fumarate/hctz)
methyldopa/hctz reserpine/chlorothiazide reserpine/hctz	No products available in this category	<p style="text-align: center;"><i>Centrally acting drug and diuretic</i></p> Aldoril (methyldopa/hctz) Diurpres (reserpine/chlorothiazide) Hydropres (reserpine/hctz)
amiloride hcl/hctz spironolactone/hctz triamterene/hctz	No products available in this category	<p style="text-align: center;"><i>Diuretic and diuretic</i></p> Aldactone (spironolactone/hctz) Dyazide (triamterene/hctz) Maxzide (triamterene/hctz) Moduretic (amiloride hcl/hctz)

Pharmacy Benefits Reference

2005 Aetna Preferred Drug List (Formulary)

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.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Those companies 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.

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.

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.

We want you to knowSM

www.aetna.com