

Quick Guide to Diabetes Medications

2007 Aetna Preferred Drug List for Commercial Plans*

LOWEST TIER <i>Generic drugs on the Preferred Drug List</i>	MIDDLE TIER <i>Brand-name drugs on the Preferred Drug List</i>	HIGHEST TIER <i>Generic and brand-name drugs not on the Preferred Drug List</i>
Injectable Medications		
No generics available in this category	<p>BYETTA (<i>exenatide injection</i>)^{QL} HUMALOG VIAL/PEN (<i>insulin lispro</i>) HUMALOG MIX 75/25 VIAL/PEN (<i>insulin lispro/lispro protamine</i>) HUMULIN 50/50 (<i>insulin regular & isophane - human</i>) HUMULIN 70/30 VIAL/PEN (<i>insulin regular & isophane - human</i>) HUMULIN N VIAL/PEN (<i>NPH insulin isophane - human</i>) HUMULIN R (<i>regular insulin - human</i>) LANTUS (<i>insulin glargine [rDNA origin] injection</i>) LEVEMIR (<i>insulin glulisine [rDNA origin] injection</i>) NOVOLOG VIAL/FLEXPEN (<i>insulin aspart</i>) NOVOLOG MIX 70/30 VIAL/FLEXPEN (<i>insulin aspart protamine suspension/insulin aspart</i>) SYMLIN (<i>pramlintide acetate</i>)</p>	<p>APIDRA (<i>insulin detemir [rDNA origin] injection</i>)^{FE} GLUCAGON^{MED} NOVOLIN 70/30 VIAL/PENFILL (<i>insulin regular & isophane — human</i>)^{ST, FE} NOVOLIN N VIAL/PENFILL (<i>NPH insulin isophane — human</i>)^{ST, FE} NOVOLIN R VIAL/PENFILL (<i>regular insulin — human</i>)^{ST, FE} RELION 70/30 R (<i>insulin regular & isophane — human</i>)^{ST, FE} RELION N (<i>NPH insulin isophane — human</i>)^{ST, FE} RELION R (<i>regular insulin — human</i>)^{ST, FE}</p>
Oral Medications		
<p><i>chlorpropamide</i> <i>glimepiride</i> <i>glipizide</i> <i>glipizide ER/XL</i> <i>glipizide/metformin</i> <i>glyburide</i> <i>glyburide/metformin</i> <i>glyburide micronized</i> <i>glycron</i> <i>metformin</i> <i>metform ER</i> <i>tolazamide</i> <i>tolbutamide</i></p>	<p>ACTOPLUS MET (<i>pioglitazone HCl & metformin HCl</i>) ACTOS (<i>pioglitazone</i>) AVANDAMET (<i>rosiglitazone/metformin</i>) AVANDARYL (<i>rosiglitazone maleate and glimepiride</i>) AVANDIA (<i>rosiglitazone</i>) PRANDIN (<i>repaglinide</i>) STARLIX (<i>nateglinide</i>)</p>	<p>ALL BRANDED EQUIVALENTS LISTED UNDER TIER 1</p> <p>FORTAMET (<i>metformin osmotic SR</i>)^{FE} GLYSET (<i>miglitol</i>)^{FE} PRECOSE (<i>acarbose</i>)^{FE} RIOMET (<i>metformin HCl</i>)</p>
Supplies & Other		
No generics available in this category	<p>BD INSULIN SYRINGES BD LANCETS BD PEN NEEDLES (<i>needles</i>) 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 PROGLYCEM (<i>diazoxide</i>)</p> <p>Calibration solutions that are routinely used for Lifescan and Abbott blood glucose meters are covered</p>	<p>ANY other insulin syringe is subject to the highest tier, EXCEPT insulin syringes documented at left, i.e., see Middle Tier information.</p> <p>ANY other lancet is subject to the highest tier, EXCEPT lancets documented at left, i.e., see Middle Tier information.</p> <p>ANY other test strip is subject to the highest tier, EXCEPT the Test Strips documented at left, i.e., see Middle Tier information. This includes ACCU-CHECK and ASCENSIA Test Strips among various other brands.</p>

* Commercial plans = Non-Medicare plans

UPPERCASE - Brand-name medication
 lowercase italics - generic medication
 ST - Step-therapy applies under some plans
 FE - Formulary-excluded medication

QL - Quantity Limit applies under most plans
 MED - Injectable medication that may be covered under the medical benefit.



Pharmacy Benefits Reference

2007 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, commercial 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 commercial 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. This regulation does not apply to Medicare plans.

The Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-Therapy Lists are subject to change. Also note that step-therapy, precertification and quantity limit programs are not applicable in all service areas. For example, Step-Therapy does not apply to fully insured commercial members in New Jersey and Indiana.

For commercial members in Texas, additions to the 2007 Preferred Drug List will be effective no later than January 1, 2007. In accordance with state law, full-risk commercial 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 renewal date. This regulation does not apply to Medicare plans.

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 benefits coverage are Aetna Health Inc., Aetna Health of California Inc., Aetna Health of Illinois Inc., and/or Aetna Life Insurance Company. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

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.