



Pharmacy Management  
151 Farmington Avenue  
Hartford, CT 06156-3475

## Changes to your prescription drug coverage for 2012

Thank you for being an Aetna member. We value your membership and want to help you get the most from your pharmacy benefits coverage.

Below are details about upcoming plan changes and drug safety updates. Changes to our Preferred Drug List (formulary) is meant to give you a general view of drugs covered by your plan. Changes to the list are based on the latest medical findings as well as information from the Food and Drug Administration (FDA) and drug makers.

### What's changing?

The drugs on our Preferred Drug List are chosen based on sound medical data, safety and cost. For 2012, we are adding some brand-name and generic drugs while other drugs are being removed. One reason changes may happen is when a brand-name drug's patent expires during the year and a generic becomes available. We remove the brand from the list and replace it with its less-costly generic equivalent. To help encourage appropriate, safe and cost-effective drug therapy, we are also enhancing your plan's precertification and quantity limits programs. The enclosed chart shows the changes that will begin January 1, 2012.<sup>1,2,3,4</sup>

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 doctor are responsible for making decisions about your drug therapy.

### Why some drugs are on our Preferred Drug List

Generic and brand-name medicines are selected for this list by our Pharmacy and Therapeutics Committee and Aetna Pharmacy Management. They are the most clinically appropriate and cost effective 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:

### Type of Medication

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

## How to save on your prescriptions

You may want to ask your doctor or pharmacist if generic drugs are right for you. Your savings with these drugs will depend on your plan and your prescriptions.

**Aetna Tip:** *Generics have the same active ingredients in the same dose as brand-name drugs. They just may have a different color or size.*

## Your benefits in one place — your secure member website

Don't forget that you can learn more about your benefits online. Just go to [www.aetna.com](http://www.aetna.com), register and log in to Aetna Navigator<sup>®</sup>. Then you can check your claims and see your benefit summary. You can also use our helpful tools:

- **Price-A-Drug<sup>SM</sup>** (Prescription Drug Costs) helps you look up what you pay for prescriptions. You can also see how much you could save by using generic drugs or getting your prescriptions through the mail, depending on your plan.
- **Find-A-Pharmacy** lets you find a nearby retail pharmacy in our network.
- **Medication Search** shows you how your prescription might be covered. You can also learn more about any additional coverage requirements.
- **SmartSource<sup>SM</sup>** gives you personalized information about health issues, recommended prescriptions and approximate costs.

## Fill your prescriptions in any of our 60,000 pharmacies

Many retail pharmacies take part in our wide pharmacy network. Use our Find-A-Pharmacy tool on [www.aetna.com](http://www.aetna.com) to find one near you. When you visit one of these locations, just show your Aetna ID card and pay your out-of-pocket cost.

**Aetna Tip:** *Bringing your Aetna ID to the pharmacy means you don't have to fill out reimbursement forms. That way, you can use your pharmacy benefits right away.*

## With your well-being in mind

Some prescriptions may have to meet certain requirements before they will be covered. Sign in to your secure member website and click on "Medication Search" to see if your prescriptions have these requirements. If they do, you'll need to ask your doctor to contact us.

### Requirements

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#### **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.

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.

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#### **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.

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#### **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.

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

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.

If you don't have internet access and would like to receive a printed copy of the **2012 Preferred Medication Guide**, please return the enclosed reply card. A guide will be mailed to you.

**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.

## 2012 Changes to Aetna's Preferred Drug, Precertification, Quantity Limit and Specialty Care Rx Lists

### Medications added to the Preferred Drug List

(\* = may be added prior to 1/1/12)

AMPYRA <sup>*8/1/11</sup>	EUFLEXXA	RANEXA <sup>*7/1/11</sup>
AMTURNIDE <sup>*8/1/11</sup>	KOMBIGLYZE <sup>*8/1/11</sup>	TRAVATAN Z <sup>*7/1/11</sup>
APTIVUS	LYSTEDA	VICTOZA <sup>*8/1/11</sup>
ATELVIA <sup>*8/1/11</sup>	ONGLYZA <sup>*8/1/11</sup>	ZENPEP <sup>*8/1/11</sup>
AZOPT <sup>*7/1/11</sup>	PRADAXA <sup>*7/1/11</sup>	
CYCLOSET	PREZISTA	

### Medications removed from the Preferred Drug List<sup>1</sup>

<sup>^</sup> = generic equivalent available

AROMASIN <sup>^</sup>	FORTEO	SYNVISC ONE
AVANDAMET	FRAGMIN	UROXATRAL
AVANDARYL	INVIRASE	URSO 250
AVANDIA	NUVIGIL	URSO FORTE
BENZACLIN	RENAGEL	VANOS
CRIXIVAN	REPRONEX	VIRACEPT
DUAC	SAIZEN	
FOLLISTIM AQ	SYNVISC	

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

ALOXI (IV form only)	EXTAVIA	SUBUTEX
ANZEMET (IV form only)	FORTEO	SUPARTZ
AVANDAMET	GILENYA	SYNVISC
AVANDARYL	GLEEVEC	SYNVISC ONE
AVANDIA	HYALGAN	TARCEVA
AVONEX	NEXAVAR	TYKERB
BETASERON	OFORTA	TYSABRI
<i>buprenorphine</i>	ORTHOVISC	VOTRIENT
COPAXONE	REBIF	ZOLINZA
EMEND (IV form only)	REVLIMID	
EUFLEXXA	SOLIRIS	

### Medications to be removed from the Precertification List

(Edit will no longer apply)

CHENODAL	SABRIL (powder only)
QUTENZA	VICTOZA <sup>*8/1/11</sup>

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

AMPYRA	ENTOCORT EC	XYREM
<i>budesonide SR</i>	<i>famciclovir</i>	
EGRIFTA	FAMVIR	

<p><b>Medications to be removed from the Quantity Limit List</b> (<i>Edit will no longer apply</i>)</p> <table> <tr> <td>KOMBIGLYZE<sup>*8/1/11</sup></td> <td>QUTENZA</td> <td>SAMSCA</td> </tr> <tr> <td>ONGLYZA<sup>*8/1/11</sup></td> <td>SABRIL</td> <td></td> </tr> </table>	KOMBIGLYZE <sup>*8/1/11</sup>	QUTENZA	SAMSCA	ONGLYZA <sup>*8/1/11</sup>	SABRIL	
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ONGLYZA <sup>*8/1/11</sup>	SABRIL					

<p><b>Additions to Aetna Specialty Care Rx list</b> # = Limited distribution- not available at Aetna Specialty Pharmacy ## = Now available at Aetna Specialty Pharmacy</p> <table> <tr> <td>ARALAST</td> <td>GLASSIA<sup>#</sup></td> <td>SABRIL<sup>#</sup></td> </tr> <tr> <td>ARALAST NP</td> <td>PROLASTIN<sup>#</sup></td> <td>XENAZINE<sup>#</sup></td> </tr> <tr> <td>EXJADE<sup>##</sup></td> <td>PROLASTIN-C<sup>#</sup></td> <td>ZEMAIRA<sup>#</sup></td> </tr> </table>	ARALAST	GLASSIA <sup>#</sup>	SABRIL <sup>#</sup>	ARALAST NP	PROLASTIN <sup>#</sup>	XENAZINE <sup>#</sup>	EXJADE <sup>##</sup>	PROLASTIN-C <sup>#</sup>	ZEMAIRA <sup>#</sup>
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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 list 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> Precertification and quantity limits are not available in all service areas and are subject to change. For example, precertification does not apply to fully insured members in Indiana. However, these programs are available to self-insured plans. Please refer to your plan documents or call the Member Services number on your ID card.