

2008 Summary of Changes for Aetna's Preferred Drug, Precertification, Quantity Limit and Step-Therapy Lists

Brand Name Medications added to the Preferred Drug List¹ (* = may be added prior to 1/1/08)

AMBIEN CR *	ENJUVA *	LIALDA	SEASONIQUE *
BENZACLIN	ESTRASORB *	OLUX-E	SEROQUEL XR *
COREG CR *	FEMRING *	OPANA ER *	SYMBICORT *
DIVIGEL *	JANUMET *	PATADAY *	VYVANSE *
DUAC	JANUVIA *	PROAIR HFA *	ZIANA

Generic Medications added to the Preferred Drug List

(brand-name equivalents for drugs below will become non-preferred on 1/1/08; brand-name equivalents for new generic drugs introduced after 1/1/08 also may become non-preferred)¹

<i>amlodipine/benazepril (LOTREL)</i>	<i>nimodipine (NIMOTOP)</i>	<i>sulfacetamide sodium/sulfur</i>	<i>terbinafine (LAMISIL)</i>
<i>clarithromycin SR (BIAXIN XL)</i>		<i>(all PLEXION products)</i>	

Medications removed from the Preferred Drug List¹

ALOMIDE	BETOPTIC-S	TEV-TROPIN	ZYMAR
---------	------------	------------	-------

Medications added to the Precertification List^{2,3,4}

AMITIZA	RILUTEK	SOLODYN
---------	---------	---------

Medications added to the Quantity Limits List^{2,3,4}

EMSAM	LYRICA	PAXIL CR	REMERON/ <i>mirtazapine</i>
-------	--------	----------	-----------------------------

Medications added to the Step-Therapy List^{3,4}

(+ = a trial of a generic equivalent is required first, ++ step-therapy will not be implemented until sometime after generic equivalent becomes available)

COREG ++	CLARINEX-D	FOSAMAX ++	SEMPREX-D
ALLEGRA	Diabetic test strips (all but those made by Abbott Diabetes Care or Lifescan)	FOSAMAX plus D ++	STRIANT
ALLEGRA-D		KYTRIL ++	TESTIM
ANZEMET		LOTREL +	TOPROL XL +
CLARINEX	<i>fexofenadine</i>	NORVASC +	
CLARINEX REDITABS	FIRST-TESTOSTERONE	RISPERDAL ++	

Medications that will be changed to correctly be covered as brand-name drugs rather than generic drugs (^ = preferred product)

CARIMUNE	IVEEGAM EN	PALIPASE MT	PANGLOBULIN
CARIMUNE NF	LAPASE	PALPEON DR	PANOKASE
CLORPRES	LIPRAM	PALPEON MT	PLARETASE
DYGASE	LIPRAM CR	PALTRASE	POLYGAM S/D
ENZYCAP	LIPRAM PN	PANCRELIPASE	PROAIR HFA ^
GAMMAGARD	LIPRAM UL	PANCRON	ULTRASE ^
GAMMAGARD SD	NABI-HB	PANGES CN	VENOGLOBUL-S
HEPAGAM B	NOVA PLUS NABI-HB	PANGES MT	VOSPIRE ER
HYPERRAB S/D	OCTAGAM	PANGES UL	
IMOGAM RABIE	PALIPASE	PANGESTYM EC	

Medications that will be changed to correctly be covered as a 60 or 90 day supply

LUMIGAN	TRAVATAN	TRAVATAN Z	XALATAN
each 2.5ml bottle = a 30 day supply	each 2.5ml bottle = a 30 day supply	each 2.5ml bottle = a 30 day supply	each 2.5 ml bottle = a 30 day supply
each 5ml bottle = a 60 day supply	each 5ml bottle = a 60 day supply	each 5ml bottle = a 60 day supply	
each 7.5ml bottle = a 90 day supply			

UPPER CASE = brand name medication

lower case italics = generic medication

The preferred drug, precertification, quantity limit and step-therapy lists may change during the year. For the most up-to-date information, go to www.aetna.com/formulary.

¹ Please note the following if you are a member in Texas: Additions to the 2008 Preferred Drug List will be effective no later than January 1, 2008. If your plan is fully insured and your medication has been removed from the Aetna Preferred Drug List, you will continue to have the medication covered at the same benefit level until your plan's renewal date. Fully insured means that your claims are paid by Aetna versus your employer. If you are unsure if your plan is fully insured, contact us at the toll-free number on your Member ID card.

² 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.

³ In accordance with state law, 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 material 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 material be construed to prohibit generic drug substitutions.

⁴ Not all programs are available in all service areas. For example, Precertification and Step-Therapy programs do not apply to fully insured members in Indiana. Step-Therapy programs do not apply to full-risk members in New Jersey.