

Notice Date
[INSERT DATE]



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Visit www.aetna.com and log in to Aetna Navigator®, your secure member website.
Or call the appropriate toll-free number on your member ID card.

Changes to your prescription drug coverage for 2013

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. Our Preferred Drug List (formulary) is meant to give you a general view of drugs covered by your plan. Changes are based on the latest medical findings as well as information from the Food and Drug Administration (FDA) and drug makers.

What's changing?

To help encourage appropriate, safe and cost-effective drug therapy, we are enhancing your plan's precertification and quantity limits programs. The enclosed chart shows the changes that will begin January 1, 2013.

The drugs on our Preferred Drug List are chosen based on sound medical data, safety and cost. For 2013, 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.

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.

What you can expect to pay

The amount you pay as an out-of-pocket cost will be either a copay or coinsurance. This amount depends on the drug your doctor prescribes. It's either a flat fee or a percent of the prescription's price.

We describe what you can expect to pay in terms of tiers. Think of a tier as a level. Three tier means you could pay three different amounts, depending on the drug you take.

Tier 1 You pay the **lowest out-of-pocket cost** for drugs in this tier level.

Tier 2 You pay a **higher out-of-pocket cost** for drugs in this tier level.

Tier 3 You pay the **highest out-of-pocket cost** for drugs in this tier level.

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, then register and log in to Aetna Navigator. It's your secure member website. You can check your claims and see your benefit summary. You can also access many helpful tools:

- **Find a Doctor, Pharmacy or Facility** – Click this tab to locate in-network doctors, pharmacies and other health care providers that are near to you and covered by your plan.
- **Estimate Drug Costs** – Click “Aetna Pharmacy” and then “Get Drug Prices” to access our Price-A-DrugSM tool. Use it to estimate the cost of a prescription drug from your local retail pharmacy or a mail-order pharmacy. Compare the costs of generic and brand-name drugs. Find out how much money you can save.
- **Member Payment Estimator** – Click the Cost of Care section to access Member Payment Estimator. Use it to help you find out what you can expect to pay for different types of health care services, depending if you use an in-network or out-of-network health care provider.

- **Ask Ann** – Click the Ask Ann “Ask a question” link to get answers to questions about your Aetna coverage and benefits.
- **Get an ID card** – Click this tab to request a temporary or replacement ID card.

Use in-network pharmacies to get the best coverage

It’s easy to find a pharmacy that is right for you. We have more than 65,000 pharmacies in our retail network. To choose the one you want to use, just visit www.aetna.com and log in to Aetna Navigator, your secure member website. Then click the tab that says, “Find a Doctor, Pharmacy or Facility”.

You can also call the appropriate toll-free number on your member ID card. When you visit one of these pharmacy locations, just show your Aetna member ID card and pay your out-of-pocket cost.

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

You may be able to save with generic drugs

Generic drugs are approved by the U.S. Food and Drug Administration (FDA) and proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name products. The difference is that generics may be a different color, shape or size. When appropriate, your doctor may decide to prescribe, or allow substitution with, a generic drug. Please talk to your doctor to find out if a generic is right for you.

Drug coverage reviews help you stay safe

Some drugs must meet certain requirements before they can be covered. At first, these reviews may feel like a burden. But they can help you and your doctor find safe drugs and keep costs low.

Find out if your prescription drugs have these requirements. Visit www.aetna.com and log in to Aetna Navigator. Then click “Coverage & Benefits”. Click the pharmacy tab to view your pharmacy plan details. Then click “Medication Search”. You can type in a specific drug name

and find out if it has coverage requirements. If it does, ask your doctor to contact us.

The following reviews may be part of your plan:

Precertification	Some drugs have to be approved before your plan covers them.
Quantity limits	Some drugs have limits to ensure that you get a safe amount of your drug.
Therapeutic duplication	Medications from the same drug category are rarely needed at once.

Your doctor can ask for an exception if a drug subject to one of these reviews is medically necessary for you.

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. You can learn more with our online tools. Visit www.aetna.com and log in to Aetna Navigator, your secure member website. 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 "Health Records", "Update Your Profile" and choose "Turn Off Paper." Then type in your e-mail address.

Please contact us if you have any questions

We're here to help. Please feel free to contact us at the toll-free number on your Aetna member ID card. Or visit www.aetna.com, log in to Aetna Navigator and select "Contact Us."

**2013 Changes to Aetna's Preferred Drug, Precertification
and Aetna Specialty CareRxSM Lists**

Medications added to the Preferred Drug List

(* = may be added prior to 1/1/13)

BYDUREON	FIRAZYR	STRATTERA *9/1/2012
DUTOPROL *8/1/12	MICARDIS *10/1/2012	VIIBRYD *8/1/12
EFFIENT *9/1/2012	MICARDIS HCT *10/1/2012	VIIBRYD KIT *8/1/12

Medications removed from the Preferred Drug List

(^ = generic equivalent available.....FE = formulary excluded in Closed Formulary plans

NP = non-preferred in Open Formulary plans)

ADCIRCA ^{FE, NP}	EVOXAC ^{^, FE, NP}	SUBOXONE sublingual tablets ^{FE, NP}
AMTURNIDENP	FLUOXETINE 60MG ^{FE, NP}	TEKAMLO ^{NP}
ARICEPT 23 mg ^{FE, NP}	GASTROCROM ^{^, FE, NP}	TEKTURNA ^{NP}
BYETTA ^{NP}	HEPSERA ^{FE, NP}	TEKTURNA HCT ^{NP}
CIMZIA ^{FE, NP}	KADIAN ^{^, FE, NP}	TUSSICAPS ^{FE, NP}
CLOBEX lot/shampoo ^{FE, NP}	KEPPRA ^{^, FE, NP}	TUSSIONEX ^{FE, NP}
COMTAN ^{^, FE, NP}	KEPPRA XR ^{^, FE, NP}	TYZEKA ^{FE, NP}
DIASTAT ^{^, FE, NP}	METROGEL 1% ^{NP}	VALTURNA ^{NP}
DIFFERIN 0.1% cream/gel/lotion ^{FE, NP}	MAXALT ^{^, FE, NP}	VECTICAL ^{NP}
DUETACT ^{FE, NP}	MAXALT MLT ^{^, FE, NP}	VIMPAT ^{FE, NP}
ELIPHOS ^{^, FE, NP}	PHOSLO ^{^, FE, NP}	
EMEND ^{FE, NP}	PROMETRIUM ^{^, FE, NP}	
	SKELAXIN ^{FE, NP}	

Medications added to the Step-Therapy List

+ = Trial of a generic equivalent is required first

++ Step-therapy will not be implemented until sometime after generic equivalent becomes available

AVINZA	KADIAN	MAXALT MLT ⁺⁺
CLOBEX lotion/shampoo	KEPPRA ⁺	NORVASC
DIFFERIN	KEPPRA XR ⁺	PHOSLO
DUETACT	MAXALT ⁺⁺	
FLUOXETINE 60MG		

Medications to be removed from the Step-Therapy List (edit will no longer apply)

(* = may be removed prior to 1/1/13)

ACTEMRA	BYDUREON	STRATTERA *9/1/2012
BUTRANS*8/10/12	LIVALO *8/10/12	

Additions to Aetna Specialty CareRx list

= limited distribution- not available at Aetna Specialty Pharmacy

=now available at Aetna Specialty Pharmacy

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UPPER CASE = brand name medication *lower case italics* = generic medication

2013 Precertification Safety Edits and National Precert List for Self Insured plans only

ABSTRAL	ELAPRASE	INFERGEN
ACTEMRA NEW	ELELYSO NEW	INTRON-A
ACTIQ PR & QL = 120/30 days	EMEND (IV form only)	JEVTANA
ACTHAR HP	ENBREL NEW	KALBITOR
ADAGEN	EPOGEN	KINERET NEW
ADCIRCA	<i>epoprostenol</i>	KOATE-DVI
ADVATE	ERBITUX	KOGENATE FS
ALDURAZYME	EUFLEXXA	KRYSTEXXA
ALOXI (IV form only)	EXTAVIA	LETAIRIS
ALPHANATE	EYLEA NEW	LUCENTIS NEW
ALPHANINE SD	FABRAZYME	LUMIZYME
AMEVIVE NEW	FEIBA VH IMMUNO	LUVERIS
ANZEMET (IV form only)	<i>fentanyl lozenges</i>	MACUGEN NEW
ARALAST	PR and QL = 120/30 days	MAKENA
ARANESP	<i>fentanyl patch</i> QL = 20/30 days	MENOPUR
AREDIA	FENTORA PR and	MIACALCIN inj
AVONEX	QL = 120/30 days	MONARC-M
BEBULIN VH	FIRAZYR NEW	MONOCLATE-P
BENEFIX	FLEBOGAMMA	MONONINE
BENLYSTA	FLOLAN	MYOBLOC
BERINERT	FOLLISTIM AQ	MYOZYME
BETASERON	FORTEO	NAGLAZYME
BONIVA inj	GAMASTAN S/D	NORDITROPIN
BOTOX	GAMMAGARD	<i>novarel</i>
BRAVELLE	GAMMAGARD S/D	NOVOSEVEN
<i>buprenorphine</i> PR and QL	GAMMAPLEX	NUCYNTA QL = 180/30 days
2 mg = 24/30 days,	GAMUNEX	NUTROPIN
8 mg = 8/30 days	GAMUNEX-C	NUTROPIN AQ
<i>butorphanol nasal spray</i>	GANIRELIX AC	OMNITROPE
QL = 2 bottles/30 days	GENOTROPIN	OMONTYS NEW
BUTRANS PR & QL = 4/30 days	GILENYA	ONSOLIS PR and QL =
CARIMUNE NANOFILTERED	GLASSIA	4/day
CEREDASE	GONAL-F	ORENCIA NEW
CEREZYME	GONAL-F RFF	ORTHOVISC
CETROTIDE	HELIXATE FS	OVIDREL
<i>chorionic gonadotropin</i>	HEMOFIL M	<i>oxycodone/ibuprofen</i>
CIMZIA NEW	HIZENTRA	QL = 28/30 days
CINRYZE	HUMATE-P	OXYCONTIN QL = 120/30 days
COPAXONE	HUMATROPE	<i>pamidronate</i>
CORIFACT	HUMIRA NEW	PEGASYS
DURAGESIC QL = 20/30 days	HYALGAN	PEG-INTRON
DYSPOREX	INCRELEX	<i>pregnyl</i>

UPPER CASE = brand name medication *lower case italics* = generic medication

2013 Precertification Safety Edits and National Precert List for Self Insured plans only (continued) PRIVIGEN

PROCRIT	SIMPONI ^{NEW}	VECTIBIX
PROFILNINE	SOLIRIS	VELETRI
PROLASTIN	STADOL NS	VENTAVIS
PROLIA	QL = 2 bottles/30 days	VIVAGLOBIN
PROTROPIN	STELARA ^{NEW} SUBOXONE	VPRIV
PROVENGE	PR & QL = 3/day	WILATE
REBIF	SUBUTEX PR and QL	XEOMIN
RECLAST	2 mg = 24/30 days,	XGEVA
RECOMBINATE	8 mg = 8/30 days	XOLAIR
REFACTO	SUPARTZ	XYNTHA
REMICADE ^{NEW}	SYNAGIS	YERVOY
REMODULIN	SYNVISC	ZAVESCA
REPRONEX	SYNVISC ONE	ZEMAIRA
REVATIO	TEV-TROPIN	ZOMETA
RITUXAN	TRACLEER	ZORBT
SAIZEN	TYSABRI	
SEROSTIM	TYVASO	

Benefits exclusion(s)

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Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Preferred Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

Please be aware of how current health care reform guidelines may impact you. Certain religious organizations or religious employers may be exempt from offering contraceptive services. Nongrandfathered plans effective or renewing after August 1, 2012 and subject to the Affordable Care Act, also known as the health care reform law, will comply with requirements for Women's Preventive Health Services. If these requirements apply to your plan, consult your plan documents for more information.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

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Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. Aetna Specialty Pharmacy refers to Aetna Specialty Pharmacy, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy that operates through specialty pharmacy prescription fulfillment.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com.

The drugs on the Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. The quantity limits and step therapy drug coverage review programs are not available in all service areas. For example, step therapy programs do not apply to fully-insured members in Indiana. Step therapy does not apply to fully-insured members in New Jersey. However, these programs are available to self-funded plans.

Please be aware that there are edits to ensure safety and to comply with exclusions of coverage that are required for all commercial books of business in all states. Safety edits are a type of drug coverage review that applies to a limited list of drugs with the highest potential for abuse and harm to the member. Safety edits make sure that the prescribed medicine will be used within the guidelines set by the Food and Drug Administration and current medical findings. They are part of a commitment to quality pharmaceutical care. Safety edits are required, even when the plan sponsor elects an option to waive precertification.

To learn more, please refer to your plan documents or call the Member Services number on your ID card.

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.

In accordance with state law, California HMO members who are receiving coverage for medications that are added to the Step-therapy 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.

Not all health services are covered. This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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