



Aetna Preferred Drug Formulary

Notice date  
January 2014

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We wanted to make you aware of some changes to the 2014 Aetna's Preferred Drug Formulary Guide. As of January 1, 2014, our pre-certification and step therapy lists have been updated. Please review the attached drug list summary to see which drugs are affected by these changes.

**Drugs are added to these lists based on certain criteria. The goal is to:**

- Make sure these drugs are used safely
- Help you save money, when possible

**Precertification—approval before coverage**

Some medications require approval before the drug is covered. This special program promotes safety by making sure that certain conditions are met before these drugs are covered. The program usually applies to drugs that:

- Are likely to be taken the wrong way
- Should only be used for certain conditions
- Often cost more than other medications proven to be just as effective

**Step therapy—coverage when other drugs are tried first**

To get coverage for a step-therapy medication, your employees must first try other equally effective but less-costly drugs. However, if it is medically necessary for them to use a medication on the special list without using other medications first, their doctors can ask for an exception.

**How do doctors get a medical exception?**

If a doctor believes a member needs a drug on these lists without meeting the requirements, the doctor must submit a request to Aetna seeking coverage for the drug. We've told participating plan doctors about these changes.

**Announcement e-mails: Were released to pharmacy members whose e-mail addresses are registered with Aetna Navigator.**

Thank you for using Aetna.

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## 2014 Changes to Aetna's Preferred Drug, Precertification, Quantity Limit, Step Therapy and Aetna Specialty CareRx<sup>SM</sup> Lists

### Medications added to the Preferred Drug List

(\* = may be added prior to 1/1/14)

AMITIZA	FLECTOR patch	OMNITROPE	VASCEPA <sup>*7/1/2013</sup>
COMBIGAN	LIPTRUZET	TESTIM	ZYTIGA <sup>*7/1/2013</sup>

### Medications to be removed from the Preferred Drug List

(^ = generic equivalent available **FE** = formulary excluded in Closed Formulary Plans **NP** = non-preferred in Open Formulary Plans)

ACTOPLUS MET <sup>^, FE, NP</sup>	EPIVIR <sup>FE, NP</sup>	NEXAVAR <sup>NP</sup>	SUBOXONE sublingual
ADVAIR DISKUS <sup>FE, NP</sup>	GELNIQUE <sup>NP</sup>	NUTROPIN <sup>FE, NP</sup>	film <sup>FE, NP</sup>
ADVAIR HFA <sup>FE, NP</sup>	HUMATROPE <sup>FE, NP</sup>	NUTROPIN AQ <sup>FE, NP</sup>	TEV-TROPIN <sup>FE, NP</sup>
ANDRODERM <sup>FE, NP</sup>	LESCOL XL <sup>FE, NP</sup>	OPANA ER <sup>FE, NP</sup>	VIIBRYD <sup>FE, NP</sup>
ANTARA <sup>^, FE, NP</sup>	LIDODERM <sup>^, FE, NP</sup>	OSMOPREP <sup>FE, NP</sup>	VIIBRYD KIT <sup>FE, NP</sup>
AVONEX <sup>FE, NP</sup>	LOSEASONIQUE <sup>^, FE, NP</sup>	PRISTIQ <sup>FE, NP</sup>	VYTORIN <sup>NP</sup>
CYMBALTA <sup>^, FE, NP</sup>	LYRICA <sup>FE, NP</sup>	RILUTEK <sup>^, FE, NP</sup>	XELODA <sup>^, FE, NP</sup>
DALIRESP <sup>FE, NP</sup>	LYSTEDA <sup>^, FE, NP</sup>	SEASONIQUE <sup>^, FE, NP</sup>	
DIOVAN <sup>FE, NP</sup>	MENEST <sup>FE, NP</sup>		

### Medications to be removed from the Formulary Exclusions List

(available in all plans \* = may be removed prior to 1/1/14)

AMITIZA	LATUDA <sup>*8/1/2013</sup>	QNASL	VASCEPA <sup>*7/1/2013</sup>
COMBIGAN	LIVALO	SAPHRIS <sup>*8/1/2013</sup>	
DOVONEX	OMNARIS	TACLONEX	
FLECTOR patch	OMNITROPE	TESTIM	

### Medications added to the Precertification List

ADVAIR DISKUS	DURAGESIC	LYRICA	TRIBENZOR
ADVAIR HFA	HELIDAC	OPANA ER	TWYNSTA
AUVI-Q	INTUNIV	OXYTROL	VIIBRYD
AZOR	KADIAN	PREVPAC	VIIBRYD KIT
CYMBALTA	KAPVAY	PRISTIQ	VENTOLIN HFA
DAYTRANA	KAPVAY THERAPY PAK	PROMACTA	VYVANSE
DESVENLAFAXINE	LESCOL XL	SEASONIQUE	XELODA
DEXEDRINE	LIDODERM	STRATTERA	XOPENEX HFA
<i>dextroamphetamine</i>	LOSEASONIQUE	TEMODAR	ZENZEDI

### Medications to be removed from the Precertification List (edit will no longer apply \* = may be removed prior to 1/1/14)

AMITIZA	FLECTOR patch	VASCEPA <sup>*7/1/2013</sup>
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### Medications added to the Split Fill Program<sup>^^^</sup> **The Split Fill Dispensing Program will not be implemented on 1/1/14 as previously communicated.**

AFINITOR	NEXAVAR	TARCEVA
INLYTA	SPRYCEL	VOTRIENT
JAKAFI	SUTENT	ZELBORAF

### Medications added to the Quantity Limits or changes to the Quantity Limit

ADCIRCA	AXIRON	<i>sildenafil</i>
ANDRODERM	FORTESTA	STRIANT
ANDROGEL	REVATIO	TESTIM

### Medications to be removed from the Quantity Limit List (edit will no longer apply)

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

**Medications added to the Step Therapy List (+ = Trial of a generic equivalent is required first)**

ACTIQ	CONCERTA	LOSEASONIQUE <sup>+</sup>	RITALIN LA
ACTOPLUS MET <sup>+</sup>	DALIRESP	LYRICA	RITALIN SR
ADDERALL	DESOXYN	LYSTEDA <sup>+</sup>	SAIZEN
ADDERALL XR	DEXEDRINE	METADATE CD	SEASONIQUE <sup>+</sup>
ADVAIR DISKUS	EXTAVIA	METHYLIN CHEW	SUBOXONE sublingual film
ADVAIR HFA	FENTORA	METHYLIN solution	TECFIDERA
AFINITOR	FOCALIN	NEXAVAR	TEV-TROPIN
AMITIZA	FOCALIN XR	NORDITROPIN	TYSABRI
ANDRODERM	FORTESTA	NUTROPIN	VENTOLIN HFA
ANTARA	GENOTROPIN	NUTROPIN AQ	XOPENEX HFA
AUBAGIO	GILENYA	ONSOLIS	XTANDI
AUVI-Q	HELIDAC	OPANA ER	ZENZEDI
AVONEX	HUMATROPE	PREVPAC	ZERIT
AZOR	INLYTA	PROCENTRA	
BETASERON	LESCOL XL	RILUTEK <sup>+</sup>	
COMBIVIR	LINZESS	RITALIN	

**Medications to be removed from the Step Therapy List***(edit will no longer apply \* = may be removed prior to 1/1/14)*

LATUDA <sup>*8/1/2013</sup>	SAPHRIS <sup>*8/1/2013</sup>	VASCEPA <sup>*7/1/2013</sup>
QNASL	TESTIM	

**New Benefit Exclusions**

None

**Additions to Aetna Specialty CareRx List**

None

**Medications added to the National Precertification List***(\* = may be added prior to 1/1/14)*

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**Medications added to the Safety Edit List**

ADDERALL	DEXEDRINE	METADATE CD	PROCENTRA
ADDERALL XR	<i>dexmethylphenidate</i>	<i>metadate ER</i>	QUILLIVANT XR
<i>amphetamine/</i>	<i>dextroamphetamine</i>	<i>methylin</i>	RITALIN
<i>dextroamphetamine</i>	FOCALIN	<i>methylin ER</i>	RITALIN LA
<i>amphetamine/</i>	FOCALIN XR	METHYLIN CHEW	RITALIN SR
<i>dextroamphetamine/SR</i>	INTUNIV	METHYLIN solution	STRATTERA
CONCERTA	KAPVAY	<i>methylphenidate er</i>	VYVANSE
DAYTRANA	KAPVAY THERAPY PAK	<i>methylphenidate SR/ER</i>	ZENZEDI
DESOXYN	LIQUADD	<i>methamphetamine</i>	

**Brand name drugs expected to become available generically in the near future.**

After the generic drug becomes available, the brand name drug may be covered at a higher non-preferred copay and/ or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step therapy. The effective dates of such changes will be posted on aetna.com.

ACTONEL	EXFORGE HCT	NIASPAN	VIRACEPT
ADVICOR	EVISTA	PROTOPIC	VOLTAREN gel
ATELVIA	EXELON solution	RAPAMUNE	ZEMPLAR
AVELOX	LUMIGAN 0.03%	REVELA	
AVELOX ABC	MICARDIS	SIMCOR	
EXFORGE	MICARDIS HCT	TRILIPIX	

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

**Additional 2014 Changes to Aetna’s Precertification and Step-Therapy Lists effective upon plan renewal for Louisiana fully insured commercial members**

<b>Drugs requiring precertification</b>	
ACTIMMUNE *	FOCALIN
ADDERALL	FOCALIN XR
ADDERALL XR	HYZAAR
ATACAND	LIPITOR (all strengths)
ATACAND HCT	METADATE CD
AVALIDE	METHYLIN chewable
AVAPRO	METHYLIN solution
BENICAR	PROCENTRA
BENICAR HCT	QUILLIVANT XR
CONCERTA	RITALIN
COZAAR	RITALIN LA
DESOXYN	RITALIN SR
DEXEDRINE CR	TEVETEN
DIOVAN #	TEVETEN HCT
DIOVAN HCT	TRUVADA
EDARBI	WELLBUTRIN 75 mg and 100 mg
EDARBYCLOR	
<b>Drug(s) requiring step-therapy</b>	
DIOVAN #	

\* Medication(s) added to the National Precertification List.

# Brand-name drug expected to become available generically in the near future. After the generic drug becomes available, the brand name drug may be covered at a higher non-preferred copay/ and or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step therapy. The effective dates of such changes will be posted on [aetna.com](http://aetna.com).

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

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 the 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, or otherwise qualify for an accommodation from offering such services. Nongrandfathered plans that became effective or renewed after August 1, 2012 and subject to the Affordable Care Act, also known as the health care reform law, must comply with requirements for Women's Preventive Health Services. To learn whether or not 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. 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.

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](http://www.aetna.com).

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.

Commercial fully-insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who have coverage for medications that are added to or removed from the Preferred Drug List, Formulary Exclusion List, Aetna Specialty CareRx List, Split Fill Dispensing Provision, National Precertification List, Precertification Safety Edit List, Precertification List, Step-therapy List or Quantity Limit List, or have Quantity Limits modified, during the plan year will continue to have those medications covered at the same benefit level under their plan prior to the addition, removal or change, until their plan's renewal date.

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.

In accordance with state law, fully-insured Commercial California HMO members (except Federal Employee Health Benefit Plan 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. In accordance with state law, fully-insured Commercial Connecticut PPO members (except Federal Employee Health Benefit Plan 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 prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. 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.

Some programs, such as precertification, quantity limits and step-therapy are not available in all service areas and are subject to change. For example, precertification and step therapy programs do not apply to fully-insured Commercial members in Indiana. Step-therapy does not apply to fully-insured Commercial members in New Jersey. However, these programs are available to self-insured plans and Federal Employee Health Benefit Plans in accordance with plan documents. Please refer to your plan documents or call the Member Services number on your ID card.

**^^^**Drugs listed are managed by our Aetna Specialty Health Care Management<sup>SM</sup> nurse team. Members receive the support of this team throughout the entire course of therapy. This team observes a "split fill" dispensing provision. This means that only half of a one month's supply of medicine is filled. Split fill dispensing allows the nurse team to offer more support, including more follow up to monitor response to treatment and potential reactions or side-effects. This helps prevent wasted medicine and saves members money if their medicine or dose changes between refills. This list is not all-inclusive and is subject to change.

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](http://www.aetna.com).

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