

Aetna Medicare
2010 Group
Open
Formulary
(List of Covered Drugs)

PLEASE READ:
This document contains
information about the drugs
we cover in this plan

We want you to know[®]



Note to existing members:

**This formulary has changed since last year.
Please review this document to make sure
that it still contains the drugs you take.**

This document includes the Aetna Medicare Plan's **partial** formulary as of August 2009. For a complete, updated formulary, please visit our website at www.aetnamedicare.com or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748.

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What is the Aetna Medicare formulary?

A formulary is a list of covered drugs selected by Aetna Medicare in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Aetna Medicare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at an Aetna Medicare network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by Aetna Medicare. For a complete listing of all prescription drugs covered by Aetna Medicare, please visit our website at www.aetnamedicare.com or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748.

Can the formulary change?

Generally, if you are taking a drug on our 2010 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2010 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits, and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice

to members who take the drug. The enclosed formulary is current as of August 2009. To get updated information about the drugs covered by Aetna Medicare, please visit our website at www.aetnamedicare.com or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748.

In the event of CMS-approved mid-year non-maintenance formulary changes, an update sheet will be mailed to members as an insert to this printed formulary.

How do I use the formulary?

There are two ways to find your drug within the formulary:

- **Medical condition.** The formulary begins on page 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Agents — Heart, Blood Pressure and Cholesterol Drugs.” If you know what your drug is used for, look for the category name in the list that begins on page 7. Then look under the category name for your drug.
- **Alphabetical listing.** If you are not sure what category to look under, you should look for your drug in the Index that begins on page 26. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Aetna Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Aetna Medicare requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Aetna Medicare before you fill your prescriptions. If you don't get approval, Aetna Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Aetna Medicare limits the amount of the drug that Aetna Medicare will cover. For example, Aetna Medicare provides 1 tablet per day per prescription for simvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Aetna Medicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Aetna Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Aetna Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 7. You can also get more information about the restrictions applied to specific covered drugs by visiting our website at www.aetnamedicare.com.

You can ask Aetna Medicare to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Aetna Medicare formulary?” on page 4 for information about how to request an exception.

What if my drug is not on the formulary?

If your drug is not included in this list of covered drugs, you should first contact Aetna Medicare and ask if your drug is covered. This document includes only a partial list of covered drugs, so Aetna Medicare may cover your drug. You can contact Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748.

If you learn that Aetna Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Aetna Medicare. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Aetna Medicare.
- You can ask Aetna Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Aetna Medicare formulary?

You can ask Aetna Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, Aetna Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our non-preferred brand tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in the preferred brand tier instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost/unique drug tier.

Generally, Aetna Medicare will only approve your request for an exception if the alternative drugs included on the plan's formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you are requesting a formulary, tiering, or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 90 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

If you are a continuing member and experience a change in your setting of care (such as being discharged or admitted to a long-term care facility), your physician or pharmacy can request a one-time prescription override. This one-time override will provide you with temporary coverage (up to a 31-day supply) for the applicable drug(s).

For more information

For more detailed information about your Aetna Medicare prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Aetna Medicare, please call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748. Or, visit www.aetnamedicare.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

Aetna Medicare's Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Aetna Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 26. Remember: This is only a partial list of drugs covered by Aetna Medicare. If your prescription is not in this partial formulary, please visit our website at www.aetnamedicare.com or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., NARDIL) and generic drugs are listed in lower-case italics (e.g., *atenolol*).

The information in the Notes column tells you if Aetna Medicare has any special requirements for coverage of your drug. The following abbreviations are used:

- QL** = Quantity Limits
- PR** = Precertification
- ST** = Step Therapy
- LD** = Limited Distribution*

*These prescriptions may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at the toll-free number on the back of your Aetna Medicare member ID card, 8 am to 8 pm, 7 days a week. TTY/TDD users should call 1-888-760-4748 for additional help.

Drug tier copay levels

Aetna's 2010 abridged formulary is a condensed listing of brand name and generic drugs. Your former employer is offering you a prescription drug plan with an open formulary, meaning all Medicare Part D drugs are covered. Your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Consult the Benefits Summary document for the formulary type offered by your plan (i.e., Three Tier, Four Tier, Five Tier) and your applicable copays and coinsurance amounts.

Copay Tier	Three Tier Plan	Four Tier Plan	Five Tier Plan
<i>Tier 1</i>	Generic prescription drugs	Generic prescription drugs	Preferred generic prescription drugs
<i>Tier 2</i>	Preferred brand name prescription drugs	Preferred brand name prescription drugs	Non-preferred generic prescription drugs
<i>Tier 3</i>	Non-preferred brand name prescription drugs	Non-preferred brand name prescription drugs	Preferred brand name prescription drugs
<i>Tier 4</i>	—	Specialty tier generic and brand name prescription drugs	Non-preferred brand name prescription drugs
<i>Tier 5</i>	—	—	Specialty tier generic and brand name prescription drugs

KEY

UPPERCASE = Brand name prescription drugs
Lower case italics = Generic medications

3, 4, 5 =
 Copay tier level

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Preferred Drug List

Drug Name	Three Tier	Four Tier	Five Tier	Notes
ALCOHOL, SMOKING DETERRENTS AND ANTIDOTES				
<i>bupropion hcl sr</i>	1	1	1	QL
CUPRIMINE	2	2	3	
<i>naloxone</i>	1	1	1	
<i>naltrexone tablets</i>	1	1	2	
NICOTROL	3	3	4	
<i>sodium polystyrene sulfonate</i>	1	1	2	
ANALGESICS — PAIN DRUGS				
<i>acetaminophen and codeine</i>	1	1	1	QL
<i>acetaminophen and hydrocodone</i>	1	1	1	QL
<i>acetaminophen and oxycodone</i>	1	1	1	QL
<i>fentanyl patch</i>	1	1	2	QL
KADIAN	2	2	3	QL
OPANA ER	2	2	3	QL
<i>oxycodone er</i>	1	1	2	QL
<i>oxycodone er 80mg</i>	1	4	5	QL
OXYCONTIN	2	2	3	QL
<i>propoxyphene napsylate and acetaminophen</i>	1	1	1	PR QL
<i>tramadol</i>	1	1	1	QL
ANESTHETIC DRUGS				
<i>lidocaine and prilocaine</i>	1	1	1	
LIDODERM	2	2	3	PR ST QL
ANTI-ANXIETY DRUGS				
<i>bupirone</i>	1	1	1	
<i>meprobamate</i>	1	1	2	PR
ANTIBACTERIAL DRUGS — ANTIBIOTICS				
<i>amikacin 500/2ml</i>	1	1	2	
<i>amikacin 100/2ml</i>	1	1	1	
<i>amoxicillin</i>	1	1	1	
<i>amoxicillin and clavulanic acid</i>	1	1	1	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
AZACTAM	2	2	3	
<i>azithromycin</i>	1	1	1	
<i>azithromycin inj</i>	1	1	2	
<i>cefadroxil capsules</i>	1	1	1	
<i>cephalexin</i>	1	1	1	
<i>ciprofloxacin tablets</i>	1	1	1	
<i>clindamycin capsules</i>	1	1	1	
<i>doxycycline hyclate 20, 50mg</i>	1	1	1	PR
<i>doxycycline hyclate tablets</i>	1	1	2	PR
<i>erythromycin</i>	1	1	1	
<i>gentamicin</i>	1	1	1	
LEVAQUIN	3	3	4	
<i>metronidazole tablets</i>	1	1	1	
<i>minocycline capsules</i>	1	1	1	PR
<i>ofloxacin</i>	1	1	1	
PRIMAXIN	2	2	3	
<i>sulfadiazine</i>	1	1	2	
<i>sulfamethoxazole and trimethoprim</i>	1	1	1	
ANTICONVULSANTS — SEIZURE CONTROL DRUGS				
<i>carbamazepine</i>	1	1	1	
<i>divalproex</i>	1	1	2	
<i>ethosuximide capsules</i>	1	1	2	
<i>gabapentin capsules</i>	1	1	1	QL
KEPPRA XR	2	2	3	
<i>lamotrigine</i>	1	1	2	
<i>levetiracetam</i>	1	1	2	
LYRICA	3	3	4	ST QL
<i>phenytoin</i>	1	1	1	
<i>topiramate</i>	1	1	2	
<i>zonisamide</i>	1	1	1	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
ANTIDEMENTIA DRUGS				
ARICEPT	2	2	3	
<i>ergoloid mesylates</i>	1	1	2	
EXELON/PATCH	2	2	3	
<i>galantamine</i>	1	1	2	
NAMENDA	2	2	3	
ANTIDEPRESSANT DRUGS				
<i>amitriptyline</i>	1	1	1	
<i>amoxapine</i>	1	1	1	
<i>citalopram tablets</i>	1	1	1	QL
CYMBALTA	3	3	4	ST QL
<i>doxepin</i>	1	1	1	
EFFEXOR XR	2	2	3	ST QL
<i>fluoxetine</i>	1	1	1	QL
LEXAPRO	3	3	4	ST QL
<i>mirtazapine</i>	1	1	1	QL
NARDIL	2	2	3	
<i>paroxetine tablets</i>	1	1	1	QL
PRISTIQ	2	2	3	ST QL
<i>sertraline tablets</i>	1	1	1	QL
<i>tranylcypromine</i>	1	1	2	
<i>trazodone</i>	1	1	1	
ANTIEMETICS — NAUSEA/VOMITING DRUGS				
<i>meclizine</i>	1	1	1	
<i>metoclopramide tablets</i>	1	1	1	
<i>ondansetron tablets</i>	1	1	1	PR QL
ANTIFUNGAL DRUGS				
<i>fluconazole 150mg</i>	1	1	1	QL
<i>fluconazole suspension</i>	1	1	2	
<i>fluconazole tablet</i>	1	1	1	
<i>terbinafine</i>	1	1	1	PR

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
ANTIGOUT AGENTS — GOUT DRUGS				
<i>allopurinol tablets</i>	1	1	1	
<i>colchicine</i>	1	1	1	
<i>probenecid</i>	1	1	1	
ANTI-INFLAMMATORY DRUGS				
CELEBREX	3	3	4	PR QL
<i>ibuprofen</i>	1	1	1	
<i>ketorolac tablets</i>	1	1	1	PR QL
<i>meclofenamate</i>	1	1	1	
<i>meloxicam tablets</i>	1	1	1	
<i>naproxen dr tablets</i>	1	1	1	
ANTIMIGRAINE AGENTS — MIGRAINE DRUGS				
AMERGE	2	2	3	QL
MAXALT/MLT	2	2	3	QL
<i>sumatriptan tablets</i>	1	1	2	QL
ANTIMYASTHENIC AGENTS — MYESTHENIA GRAVIS DRUGS				
<i>guanidine</i>	1	1	1	
<i>pyridostigmine</i>	1	1	1	
ANTIMYCOBACTERIALS — TUBERCULOSIS DRUGS				
<i>dapsone</i>	1	1	1	
<i>ethambutol</i>	1	1	2	
MYCOBUTIN	3	3	4	
<i>rifampin capsules</i>	1	1	1	
ANTINEOPLASTICS — ANTI-CANCER DRUGS				
ARIMIDEX	2	2	3	
AROMASIN	3	3	4	
<i>cyclophosphamide</i>	1	1	2	PR
<i>doxorubicin</i>	1	1	2	
ERBITUX	3	4	5	PR
FARESTON	3	3	4	
GLEEVEC	3	4	5	
HERCEPTIN	3	4	5	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
<i>hydroxyurea</i>	1	1	1	
<i>leucovorin tablets</i>	1	1	1	
LEUKERAN	2	2	3	
<i>mercaptopurine</i>	1	1	2	
<i>paclitaxel</i>	1	1	2	
REVLIMID	3	4	5	LD
SUTENT	3	4	5	PR
<i>tamoxifen</i>	1	1	1	
TARGRETIN	3	4	5	
THALOMID	3	4	5	
<i>tretinoin capsule</i>	1	4	5	
ANTIPARASITICS — DRUGS FOR THE TREATMENT OF PARASITES				
<i>hydroxychloroquine</i>	1	1	1	
<i>mebendazole</i>	1	1	1	
<i>mefloquine</i>	1	1	1	
STROMECTOL	3	3	4	
ANTI-PARKINSON AGENTS — PARKINSON'S DRUGS				
AZILECT	2	2	3	
<i>carbidopa and levodopa</i>	1	1	1	
COMTAN	2	2	3	
<i>ropinirole</i>	1	1	1	
STALEVO	2	2	3	
ANTIPSYCHOTIC/BIPOLAR DRUGS				
EQUETRO	3	3	4	
<i>fluphenazine tablets</i>	1	1	1	
<i>haloperidol tablets</i>	1	1	1	
<i>lithium carbonate er</i>	1	1	1	
<i>risperidone tablets</i>	1	1	2	QL
SEROQUEL	2	2	3	QL
SEROQUEL XR	2	2	3	QL
ZYPREXA/ZYDIS	2	2	3	QL
ZYPREXA INJ	2	2	3	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
ANTISPASTICITY AGENTS AND SKELETAL MUSCLE RELAXERS				
<i>baclofen</i>	1	1	1	
<i>cyclobenzaprine</i>	1	1	1	PR
<i>orphenadrine tablets</i>	1	1	1	PR
<i>tizanidine</i>	1	1	1	
BLOOD GLUCOSE REGULATORS — DIABETES DRUGS				
ACTOPLUS MET	2	2	3	
ACTOS	2	2	3	
APIDRA	2	2	3	
AVANDAMET	2	2	3	
AVANDARYL	2	2	3	
AVANDIA	2	2	3	
BYETTA	2	2	3	QL
DUETACT	2	2	3	
<i>glimepiride</i>	1	1	1	
<i>glipizide</i>	1	1	1	
GLUCAGON EMERGENCY KIT	2	2	3	
<i>glyburide</i>	1	1	1	
JANUMET	2	2	3	
JANUVIA	2	2	3	
LANTUS	3	3	4	
LEVEMIR	2	2	3	
<i>metformin</i>	1	1	1	
NOVOLIN	2	2	3	
NOVOLOG	2	2	3	
PROGLYCEM	3	3	4	
SYMLIN	2	2	3	
<i>syringes and pen needles — generic</i>	1	1	1	
SYRINGES AND PEN NEEDLES — B/D	2	2	3	
SYRINGES AND PEN NEEDLES — NON B/D	3	3	4	ST
BLOOD PRODUCTS				
AGGRENOX	2	2	3	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
ARANESP 25, 40MCG	2	2	3	PR
ARANESP 60, 100, 150, 200, 300, 500MCG	2	4	5	PR
<i>cilostazol</i>	1	1	1	
CYKLOKAPRON	3	4	5	
LOVENOX 30, 40MG	2	2	3	
LOVENOX 60, 80, 100, 120, 150, 300MG	2	4	5	
<i>pentopak</i>	1	1	1	
PLAVIX 75MG	3	3	4	
PROCRIPT 2000, 3000, 4000, 10000/ML	2	2	3	PR
PROCRIPT 20000, 40000/ML	2	4	5	PR
PROMACTA	3	4	5	PR
<i>ticlopidine</i>	1	1	1	
<i>warfarin</i>	1	1	1	
CARDIOVASCULAR AGENTS — HEART, BLOOD PRESSURE AND CHOLESTEROL DRUGS				
<i>amiodarone</i>	1	1	1	
<i>amlodipine 2.5, 5mg</i>	1	1	1	QL
<i>amlodipine 10mg</i>	1	1	1	
<i>amlodipine and benazepril</i>	1	1	2	
<i>atenolol</i>	1	1	1	
<i>benazepril 40mg</i>	1	1	1	
<i>benazepril 5, 10, 20mg</i>	1	1	1	QL
BYSTOLIC	2	2	3	
<i>carvedilol</i>	1	1	1	
<i>clonidine</i>	1	1	1	
COREG CR	2	2	3	
COZAAR 25, 50MG	2	2	3	QL
COZAAR 100MG	2	2	3	
CRESTOR	2	2	3	QL
<i>digoxin</i>	1	1	1	
<i>diltiazem</i>	1	1	1	
<i>diltiazem cd</i>	1	1	1	QL

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
<i>diltiazem sr</i>	1	1	1	
<i>diltiazem 100mg inj</i>	1	1	2	
DIOVAN 320MG	2	2	3	
DIOVAN 40, 80, 160MG	2	2	3	QL
DIOVAN HCT 320-12.5, 320-25MG	2	2	3	
DIOVAN HCT 80-12.5, 160-12.5, 160-25MG	2	2	3	QL
<i>doxazosin</i>	1	1	1	
<i>enalapril 2.5, 5, 10mg</i>	1	1	1	QL
<i>enalapril 20mg</i>	1	1	1	
EXFORGE/HTC	2	2	3	QL
<i>felodipine er 2.5, 5mg</i>	1	1	1	QL
<i>felodipine er 10mg</i>	1	1	1	
<i>furosemide</i>	1	1	1	
<i>gemfibrozil</i>	1	1	1	
<i>hydralazine</i>	1	1	1	
<i>hydrochlorothiazide</i>	1	1	1	
HYZAAR 100-12.5, 100-25MG	2	2	3	
HYZAAR 50-12.5MG	2	2	3	QL
<i>isosorbide mononitrate er</i>	1	1	1	
LIPITOR	2	2	3	QL
<i>lisinopril 2.5, 5, 10, 20, 30mg</i>	1	1	1	QL
<i>lisinopril 40 mg</i>	1	1	1	
<i>lisinopril and hydrochlorothiazide</i>	1	1	1	
<i>lovastatin</i>	1	1	1	QL
LOVAZA	2	2	3	
<i>methyldopa</i>	1	1	1	
<i>metoprolol er</i>	1	1	1	
<i>metoprolol tartrate</i>	1	1	1	
NIASPAN	2	2	3	
<i>nifedipine</i>	1	1	1	
<i>pravastatin</i>	1	1	1	QL

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
<i>prazosin</i>	1	1	1	
<i>propranolol</i>	1	1	1	
<i>ramipril 1.25, 2.5, 5mg</i>	1	1	1	QL
<i>ramipril 10mg</i>	1	1	1	
RANEXA	3	3	4	ST QL
SIMCOR	2	2	3	QL
<i>simvastatin</i>	1	1	1	QL
<i>spironolactone</i>	1	1	1	
TEKTURNA/HCT	2	2	3	QL
TIKOSYN	2	2	3	
<i>timolol</i>	1	1	1	
<i>triamterene and hydrochlorothiazide</i>	1	1	1	
TRICOR	3	3	4	
TRILIPIX	2	2	3	
<i>verapamil tablets</i>	1	1	1	
VYTORIN	2	2	3	QL
ZETIA	3	3	4	QL
CENTRAL NERVOUS SYSTEM DRUGS — ATTENTION DEFICIT DISORDER/NARCOLEPSY DRUGS				
<i>amphetamine salts combo</i>	1	1	1	PR QL
<i>dextroamphetamine</i>	1	1	2	PR QL
<i>methylphenidate</i>	1	1	1	PR QL
PROVIGIL	2	2	3	PR QL
STRATTERA	2	2	3	ST QL
XENAZINE	3	4	5	
XYREM	3	4	5	PR LD
DENTAL AND DRUGS FOR THE MOUTH				
<i>chlorhexidine gluconate</i>	1	1	1	
<i>pilocarpine</i>	1	1	2	
DERMATOLOGICAL AGENTS — DRUGS FOR SKIN CONDITIONS				
ALDARA	2	2	3	
<i>ammonium lactate 12%</i>	1	1	1	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
<i>betamethasone dipropionate and clotrimazole</i>	1	1	1	
<i>claravis</i>	1	1	2	PR
DENAVIR	3	3	4	
DOVONEX CREAM	3	3	4	ST
FINACEA	3	3	4	
<i>fluorouracil</i>	1	1	2	
<i>lindane</i>	1	1	2	
<i>mupirocin</i>	1	1	1	
<i>permethrin</i>	1	1	1	
PHISOHEX	3	3	4	
<i>podofilox</i>	1	1	2	
REGRANEX	3	4	5	PR QL
SANTYL	3	3	4	
<i>selenium sulfide lotion</i>	1	1	1	
SOLARAZE	3	3	4	
TAZORAC	2	2	3	
<i>tretinoin cream</i>	1	1	1	
<i>triamcinolone</i>	1	1	1	
<i>u-cort</i>	1	1	1	
VEREGEN	3	3	4	
VOLTAREN GEL	2	2	3	QL
ZONALON	3	3	4	
ZOVIRAX OINTMENT	3	3	4	
ENZYMES				
ULTRASE	2	2	3	
VIOKASE	2	2	3	
GASTROINTESTINAL AGENTS — BOWEL DISEASE DRUGS				
<i>balsalazide</i>	1	1	2	
CANASA	2	2	3	QL
<i>cortisone</i>	1	1	1	
<i>hydrocortisone enema</i>	1	1	2	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
<i>sulfasalazine</i>	1	1	1	
GASTROINTESTINAL AGENTS — ULCER AND STOMACH DRUGS				
<i>dicyclomine</i>	1	1	1	PR
<i>famotidine tablets</i>	1	1	1	
<i>glycopyrrolate tablets</i>	1	1	2	
<i>glycopyrrolate inj</i>	1	1	1	
<i>lactulose</i>	1	1	1	
LOTRONEX	2	2	3	PR
<i>methscopolamine</i>	1	1	2	
<i>misoprostol</i>	1	1	2	
NEXIUM CAPSULES	2	2	3	QL
<i>omeprazole</i>	1	1	1	QL
<i>pantoprazole</i>	1	1	2	QL
PREVPAC	3	3	4	QL
PYLERA	2	2	3	
<i>ranitidine tablets</i>	1	1	1	
<i>sucralfate</i>	1	1	1	
<i>ursodiol</i>	1	1	1	
GENITOURINARY AGENTS — URINARY AND PROSTATE DRUGS				
AVODART	2	2	3	PR
<i>calcium acetate</i>	1	1	2	
DETROL	2	2	3	
DETROL LA	2	2	3	
ELMIRON	3	3	4	
ENABLEX	2	2	3	
<i>finasteride</i>	1	1	1	PR
FLOMAX	2	2	3	
FOSRENOL	2	2	3	
GELNIQUE	2	2	3	
<i>methenamine hippurate</i>	1	1	2	
<i>nitrofurantoin</i>	1	1	1	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
<i>oxybutynin</i>	1	1	1	
OXYTROL	2	2	3	
PHOSLO	2	2	3	
RAPAFLO	2	2	3	PR
REVELA	2	2	3	
THIOLA	2	2	3	
UROXATRAL	2	2	3	
VESICARE	2	2	3	
HORMONAL AGENTS — ADRENAL REGULATING DRUGS				
<i>fludrocortisone</i>	1	1	1	
LYSODREN	3	4	5	
<i>prednisone tablets</i>	1	1	1	
HORMONAL AGENTS — ESTROGEN AND STEROID REPLACEMENT DRUGS, OTHERS				
ANADROL-50	3	4	5	PR
ANDRODERM	2	2	3	
ANDROGEL	2	2	3	
CASODEX	3	3	4	
<i>estradiol tablets</i>	1	1	1	
<i>estropipate</i>	1	1	1	PR
EVAMIST	2	2	3	
EVISTA	2	2	3	
<i>flutamide</i>	1	1	2	
<i>medroxyprogesterone</i>	1	1	1	
<i>norethindrone acetate</i>	1	1	2	
<i>oxandrolone 10mg</i>	1	4	5	PR
<i>oxandrolone 2.5mg</i>	1	1	2	PR
PREMARIN	3	3	4	PR
HORMONAL AGENTS — PITUITARY DRUGS				
<i>bromocriptine</i>	1	1	2	
<i>cabergoline</i>	1	1	2	
DEGARELIX 120MG	3	4	5	PR QL

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DEGARELIX 80MG	3	3	4	PR QL
<i>desmopressin</i>	1	1	2	
INCRELEX	3	4	5	PR
<i>leuprolide</i>	3	3	4	PR
NORDITROPIN	2	4	5	PR
<i>octreotide</i>	1	4	5	PR
SOMATULINE	3	4	5	PR ST
SOMAVERT	3	4	5	PR ST
SYNAREL	3	4	5	
HORMONAL AGENTS — THYROID DRUGS				
CYTOMEL	2	2	3	
<i>levothyroxine</i>	1	1	1	
<i>methimazole</i>	1	1	1	
<i>propylthiouracil</i>	1	1	1	
IMMUNOLOGIC AGENTS — IMMUNOLOGY DRUGS AND VACCINES				
ACTIMMUNE	3	4	5	PR
AVONEX	2	4	5	PR
<i>azathioprine tablets</i>	1	1	1	PR
BETASERON	2	4	5	PR
CIMZIA	2	4	5	
COPAXONE	2	4	5	PR
<i>cyclosporine</i>	1	1	2	PR
ENBREL	2	4	5	PR
GAMMAGARD	3	4	5	PR
GAMUNEX	3	4	5	PR
HAVRIX	3	3	4	PR
HUMIRA	2	4	5	PR
INTRON-A	3	4	5	PR
<i>leflunomide</i>	1	1	1	
<i>methotrexate 2.5mg</i>	1	1	1	
ORENCIA	3	4	5	PR

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
PEGASYS	2	4	5	PR
PEG-INTRON	2	4	5	PR
REBIF	2	4	5	PR
REMICADE	3	4	5	PR
SYNAGIS	3	4	5	PR
XOLAIR	3	4	5	PR
ZOSTAVAX	3	3	4	PR QL
METABOLIC BONE DISEASE AGENTS-OSTEOPOROSIS BONE LOSS DRUGS				
ACTONEL 35, 75, 150MG	2	2	3	QL
ACTONEL 5, 30MG	2	2	3	
ACTONEL WITH CALCIUM	2	2	3	QL
<i>alendronate 35, 70mg</i>	1	1	1	QL
<i>alendronate 5, 10, 40mg</i>	1	1	1	
<i>calcitonin</i>	1	1	2	
FORTEO	3	4	5	ST
<i>fortical</i>	1	1	2	
HECTOROL	2	2	3	
ZEMPLAR	2	2	3	
MISCELLANEOUS				
RILUTEK	3	4	5	PR
OPHTHALMIC AND OTIC AGENTS — EYE AND EAR DRUGS				
<i>acetazolamide capsules/tablets</i>	1	1	1	
<i>acetic acid</i>	1	1	1	
<i>ak-con</i>	1	1	1	
ALPHAGAN P	2	2	3	
<i>ciprofloxacin ophth</i>	1	1	1	
<i>cromolyn ophth solution</i>	1	1	1	
DERMOTIC	2	2	3	
<i>diclofenac ophth solution</i>	1	1	2	
<i>dorzol/timol</i>	1	1	2	
<i>fluorometholone</i>	1	1	1	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
LUMIGAN	2	2	3	
OPTIVAR	2	2	3	
PATADAY	3	3	4	
PATANOL	3	3	4	
RESTASIS	2	2	3	
<i>timolol ophth solution</i>	1	1	1	
TRAVATAN	2	2	3	
XALATAN	3	3	4	
ZYMAR	3	3	4	
PARATHYROID SUPPRESSANT DRUGS				
SENSIPAR 30MG	2	2	3	
SENSIPAR 60, 90MG	3	4	5	
RESPIRATORY TRACT AGENTS — ALLERGY/ASTHMA/COPD DRUGS				
ACCOLATE	3	3	4	QL
<i>acetylcysteine</i>	1	1	1	PR
ADVAIR	2	2	3	
<i>aminophylline</i>	1	1	1	
ASMANEX	2	2	3	
<i>carbinoxamine</i>	1	1	1	
CLARINEX	3	3	4	QL
<i>clemastine</i>	1	1	1	
COMBIVENT	3	3	4	
EPIPEN	3	3	4	
<i>fexofenadine</i>	1	1	1	QL
FLOVENT HFA	2	2	3	
<i>fluticasone spray</i>	1	1	1	
FORADIL AEROLIZER	2	2	3	
INTAL INHALER	2	2	3	
<i>ipratropium inhalant</i>	1	1	1	PR
LETAIRIS	2	4	5	
PROAIR HFA	2	2	3	

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Drug Name	Three Tier	Four Tier	Five Tier	Notes
PROVENTIL HFA	2	2	3	
REVATIO	3	4	5	PR
SINGULAIR	2	2	3	QL
SPIRIVA HANDIHALER	2	2	3	
SYMBICORT	2	2	3	
<i>theophylline cr/er</i>	1	1	1	
TRACLEER	3	4	5	LD
TYZINE	2	2	3	
SEDATIVES/HYPNOTICS — SLEEP AIDS				
<i>zaleplon</i>	1	1	2	QL
<i>zolpidem</i>	1	1	1	QL
THERAPEUTIC SUPPLEMENTS				
<i>calcitriol capsules</i>	1	1	1	
INTRALIPID	3	3	4	
<i>levocarnitine</i>	1	1	2	
<i>potassium chloride cr, er, sr tablets</i>	1	1	1	
<i>premasol</i>	1	1	2	
PRENATAL VITAMINS	3	3	4	PR
VIRAL INFECTION DRUGS				
<i>acyclovir capsules/tablets</i>	1	1	1	
BARACLUDE SOLUTION	3	4	5	QL
CRIXIVAN	2	2	3	
<i>didanosine</i>	1	1	2	
EPIVIR HBV	2	2	3	
<i>famciclovir</i>	1	1	2	
<i>foscarnet sodium</i>	1	1	2	PR
<i>ganciclovir</i>	1	1	2	
HEPSERA	3	4	5	
ISENTRESS	3	4	5	
LEXIVA SUSPENSION	3	3	4	
RELENZA DISKHALER	3	3	4	QL

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<i>ribavirin tablet 200mg</i>	1	4	5	PR
<i>ribavirin tablet 400, 600mg</i>	1	4	5	
SELZENTRY	3	4	5	
SUSTIVA	2	2	3	
TAMIFLU CAPSULES 75MG	3	3	4	QL
TRIZIVIR	3	4	5	
VIRAMUNE	3	3	4	
<i>zidovudine tablets</i>	1	1	1	

Aetna Medicare Preferred Drug List

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oxybutynin	18	PROVENTIL HFA	22
oxycodone er	7	PROVIGIL	15
oxycodone er 80mg	7	PYLERA	17
OXYCONTIN	7	pyridostigmine	10
OXYTROL	18	ramipril 1.25, 2.5, 5mg	15
paclitaxel	11	ramipril 10mg	15
pantoprazole	17	RANEXA	15
paroxetine tablets	9	ranitidine tablets	17
PATADAY	21	RAPAFLO	18
PATANOL	21	REBIF	20
PEGASYS	20	REGRANEX	16
PEG-INTRON	20	RELENZA DISKHALER	22
pentopak	13	REMICADE	20
permethrin	16	REVELA	18
phenytoin	8	RESTASIS	21
PHISOHEX	16	REVATIO	22
PHOSLO	18	REVLIMID	11
pilocarpine	15	ribavirin tablet 200mg	23
PLAVIX 75MG	13	ribavirin tablet 400, 600mg	23
podofilox	16	rifampin capsules	10
potassium chloride cr, er, sr tablets	22	RILUTEK	20
pravastatin	14	risperidone tablets	11
prazosin	15	ropinirole	11
prednisone tablets	18	SANTYL	16
PREMARIN	18	selenium sulfide lotion	16
premasol	22	SELZENTRY	23
PRENATAL VITAMINS	22	SENSIPAR 30MG	21
PREVPAC	17	SENSIPAR 60, 90MG	21
PRIMAXIN	8	SEROQUEL	11
PRISTIQ	9	SEROQUEL XR	11
PROAIR HFA	21	sertraline tablets	9
probenecid	10	SIMCOR	15
PROCRIT 2000, 3000, 4000, 10000/ML	13	simvastatin	15
PROCRIT 20000, 40000/ML	13	SINGULAIR	22
PROGLYCEM	12	sodium polystyrene sulfonate	7

SOLARAZE	16	tranylcypromine	9
SOMATULINE	19	TRAVATAN	21
SOMAVERT	19	trazodone	9
SPIRIVA HANDIHALER	22	tretinoin capsule	11
spironolactone	15	tretinoin cream	16
STALEVO	11	triamcinolone	16
STRATTERA	15	triamterene and hydrochlorothiazide	15
STROMEKTOL	11	TRICOR	15
sucralfate	17	TRILIPIX	15
sulfadiazine	8	TRIZIVIR	23
sulfamethoxazole and trimethoprim	8	TYZINE	22
sulfasalazine	17	u-cort	16
sumatriptan tablets	10	ULTRASE	16
SUSTIVA	23	UROXATRAL	18
SUTENT	11	ursodiol	17
SYMBICORT	22	verapamil tablets	15
SYMLIN	12	VEREGEN	16
SYNAGIS	20	VESICARE	18
SYNAREL	19	VIOKASE	16
SYRINGES AND PEN NEEDLES — B/D	12	VIRAMUNE	23
syringes and pen needles — generic	12	VOLTAREN GEL	16
SYRINGES AND PEN NEEDLES — NON B/D	12	VYTORIN	15
TAMIFLU CAPSULES 75MG	23	warfarin	13
tamoxifen	11	XALATAN	21
TARGRETIN	11	XENAZINE	15
TAZORAC	16	XOLAIR	20
TEKTURN/VHCT	15	XYREM	15
terbinafine	9	zaleplon	22
THALOMID	11	ZEMPLAR	20
theophylline cr/er	22	ZETIA	15
THIOLA	18	zidovudine tablets	23
ticlopidine	13	zolpidem	22
TIKOSYN	15	ZONALON	16
timolol	15	zonisamide	8
timolol ophth solution	21	ZOSTAVAX	20
tizanidine	12	ZOVIRAX OINTMENT	16
topiramate	8	ZYMAR	21
TRACLEER	22	ZYPREXA INJ	11
tramadol	7	ZYPREXA/ZYDIS	11

Health insurance plans are offered by Aetna Health Inc., Aetna Health of California Inc. and/or Aetna Life Insurance Company. Coverage is provided through a Medicare Advantage organization or a Medicare Prescription Drug Plan Sponsor with a Medicare contract. Benefits, limitations, service areas and premiums are subject to change on January 1 of each year.

You must be entitled to Medicare benefits under Part A and/or enrolled in Part B, and continue to pay your Part B premium and Part A, if applicable, if not otherwise paid for under Medicaid or by another third party. You must reside in the Aetna Medicare Prescription Drug Plan service area.

Medicare beneficiaries may enroll in a plan only during specific times of the year. To obtain additional information, please contact Member Services at 1-800-282-5366 (TTY/TDD 1-888-760-4748).

Enrollees must use network pharmacies to receive plan benefits except under emergency circumstances. Covered Part D drugs are available at out-of-network pharmacies in special circumstances, including illness while traveling within the United States but outside of the plan's service area where there is no network pharmacy. An additional cost may be incurred for drugs received at an out-of-network pharmacy.

You may be enrolled in only one Medicare Prescription Drug Plan at a time. If you are enrolled in a Medicare Advantage (MA) plan that includes prescription drug coverage, you may not enroll in a Medicare prescription drug plan. Enrollees in a Private Fee-for-Service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) or an 1876 Cost plan may enroll in a PDP.

If an individual qualifies for extra help with the Medicare prescription drug plan costs, premium and costs at the pharmacy may be lower. Upon enrollment in the Aetna Medicare plan, Medicare tells us how much extra help an individual is getting. An individual can obtain information on whether they qualify by calling 1-800-MEDICARE (1-800-633-4227) (TTY/TDD: 1-877-486-2048), 24 hours a day/7 days a week. Medicare beneficiaries may also enroll in an Aetna Medicare plan through the Centers for Medicare and Medicaid Services Online Enrollment Center, located at www.medicare.gov.

Translation of this material into another language may be available. For assistance, please call Member Services at: 1-800-282-5366, (TTY/TDD: 1-888-760-4748).

Puede estar disponible la traducción de este material en otro idioma. Para ayuda, por favor llame a Servicios al Miembro al: 1-800-282-5366, (TTY/TDD: 1-888-760-4748).

See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features 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. Pharmacy clinical programs such as precertification, step therapy, and quantity limits may apply to your prescription drug coverage. Aetna does not provide care or guarantee access to health services. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice.

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