

Aetna Medicare
2010 Group
Standard
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.

FID: 10232 Version: 12
Last updated August 2009

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 25. 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 a standard formulary. This means we will only cover those drugs identified by Medicare as Part D drugs which appear on our formulary or preferred drug list.

Your copay may differ depending upon the tier at which the drug resides.* Non-specialty generic drugs are generally covered at lower copays than non-specialty brand drugs. Generic and brand specialty prescription drugs are generally on the highest tier. You will be able to determine if a drug is a generic if it is in lower-case italic type. Brand-name drugs will appear in upper-case bold type.

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., One Tier, Two Tier, etc.) and your applicable copays and coinsurance amounts.

*All statements concerning multiple tiers and copays exclude the one tier plan.

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

1, 2, 3, 4, 5 =
 Copay tier level

Notes

QL = Quantity limits
ST = Step therapy
PR = Precertification
LD = Limited distribution

Preferred Drug List

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

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

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

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

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

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

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

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
<i>doxorubicin</i>	1	1	1	1	1	2	
ERBITUX	1	2	3	3	4	5	PR
FARESTON	1	2	2	3	3	4	
GLEEVEC	1	2	3	3	4	5	
HERCEPTIN	1	2	3	3	4	5	
<i>hydroxyurea</i>	1	1	1	1	1	1	
<i>leucovorin tablets</i>	1	1	1	1	1	1	
LEUKERAN	1	2	2	2	2	3	
<i>mercaptopurine</i>	1	1	1	1	1	2	
<i>paclitaxel</i>	1	1	1	1	1	2	
REVLIMID	1	2	3	3	4	5	LD
SUTENT	1	2	3	3	4	5	PR
<i>tamoxifen</i>	1	1	1	1	1	1	
TARGRETIN	1	2	3	3	4	5	
THALOMID	1	2	3	3	4	5	
<i>tretinoin capsule</i>	1	1	3	1	4	5	
ANTIPARASITICS — DRUGS FOR THE TREATMENT OF PARASITES							
<i>hydroxychloroquine</i>	1	1	1	1	1	1	
<i>mebendazole</i>	1	1	1	1	1	1	
<i>mefloquine</i>	1	1	1	1	1	1	
STROMEKTOL	1	2	2	3	3	4	
ANTI-PARKINSON AGENTS — PARKINSON'S DRUGS							
AZILECT	1	2	2	2	2	3	
<i>carbidopa and levodopa</i>	1	1	1	1	1	1	
COMTAN	1	2	2	2	2	3	
<i>ropinirole</i>	1	1	1	1	1	1	
STALEVO	1	2	2	2	2	3	
ANTIPSYCHOTIC/BIPOLAR DRUGS							
EQUETRO	1	2	2	3	3	4	
<i>fluphenazine tablets</i>	1	1	1	1	1	1	

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
<i>haloperidol tablets</i>	1	1	1	1	1	1	
<i>lithium carbonate er</i>	1	1	1	1	1	1	
<i>risperidone tablets</i>	1	1	1	1	1	2	QL
SEROQUEL	1	2	2	2	2	3	QL
SEROQUEL XR	1	2	2	2	2	3	QL
ZYPREXA/ZYDIS	1	2	2	2	2	3	QL
ZYPREXA INJ	1	2	2	2	2	3	
ANTISPASTICITY AGENTS AND SKELETAL MUSCLE RELAXERS							
<i>baclofen</i>	1	1	1	1	1	1	
<i>cyclobenzaprine</i>	1	1	1	1	1	1	PR
<i>orphenadrine tablets</i>	1	1	1	1	1	1	PR
<i>tizanidine</i>	1	1	1	1	1	1	
BLOOD GLUCOSE REGULATORS — DIABETES DRUGS							
ACTOPLUS MET	1	2	2	2	2	3	
ACTOS	1	2	2	2	2	3	
APIDRA	1	2	2	2	2	3	
AVANDAMET	1	2	2	2	2	3	
AVANDARYL	1	2	2	2	2	3	
AVANDIA	1	2	2	2	2	3	
BYETTA	1	2	2	2	2	3	QL
DUETACT	1	2	2	2	2	3	
<i>glimepiride</i>	1	1	1	1	1	1	
<i>glipizide</i>	1	1	1	1	1	1	
GLUCAGON EMERGENCY KIT	1	2	2	2	2	3	
<i>glyburide</i>	1	1	1	1	1	1	
JANUMET	1	2	2	2	2	3	
JANUVIA	1	2	2	2	2	3	
LANTUS	1	2	2	3	3	4	
LEVEMIR	1	2	2	2	2	3	
<i>metformin</i>	1	1	1	1	1	1	

KEY		Notes
UPPERCASE = Brand name prescription drugs	1, 2, 3, 4, 5 = Copay tier level	QL = Quantity limits
Lower case italics = Generic medications		ST = Step therapy
		PR = Precertification
		LD = Limited distribution

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
NOVOLIN	1	2	2	2	2	3	
NOVOLOG	1	2	2	2	2	3	
PROGLYCEM	1	2	2	3	3	4	
SYMLIN	1	2	2	2	2	3	
<i>syringes and pen needles — generic</i>	1	1	1	1	1	1	
SYRINGES AND PEN NEEDLES — B/D	1	2	2	2	2	3	
SYRINGES AND PEN NEEDLES — NON B/D	1	2	2	3	3	4	ST
BLOOD PRODUCTS							
AGGRENOX	1	2	2	2	2	3	
ARANESP 25, 40MCG	1	2	2	2	2	3	PR
ARANESP 60, 100, 150, 200, 300, 500MCG	1	2	3	2	4	5	PR
<i>cilostazol</i>	1	1	1	1	1	1	
CYKLOKAPRON	1	2	3	3	4	5	
LOVENOX 30, 40MG	1	2	2	2	2	3	
LOVENOX 60, 80, 100, 120, 150, 300MG	1	2	3	2	4	5	
<i>pentopak</i>	1	1	1	1	1	1	
PLAVIX 75MG	1	2	2	3	3	4	
PROCRIT 2000, 3000, 4000, 10000/ML	1	2	2	2	2	3	PR
PROCRIT 20000, 40000/ML	1	2	3	2	4	5	PR
PROMACTA	1	2	3	3	4	5	PR
<i>ticlopidine</i>	1	1	1	1	1	1	
<i>warfarin</i>	1	1	1	1	1	1	
CARDIOVASCULAR AGENTS — HEART, BLOOD PRESSURE AND CHOLESTEROL DRUGS							
<i>amiodarone</i>	1	1	1	1	1	1	
<i>amlodipine 2.5, 5mg</i>	1	1	1	1	1	1	QL
<i>amlodipine 10mg</i>	1	1	1	1	1	1	

KEY

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

1, 2, 3, 4, 5 =
 Copay tier level

Notes

QL = Quantity limits
ST = Step therapy
PR = Precertification
LD = Limited distribution

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
<i>amlodipine and benazepril</i>	1	1	1	1	1	2	
<i>atenolol</i>	1	1	1	1	1	1	
<i>benazepril 40mg</i>	1	1	1	1	1	1	
<i>benazepril, 5, 10, 20mg</i>	1	1	1	1	1	1	QL
BYSTOLIC	1	2	2	2	2	3	
<i>carvedilol</i>	1	1	1	1	1	1	
<i>clonidine</i>	1	1	1	1	1	1	
COREG CR	1	2	2	2	2	3	
COZAAR 25, 50MG	1	2	2	2	2	3	QL
COZAAR 100MG	1	2	2	2	2	3	
CRESTOR	1	2	2	2	2	3	QL
<i>digoxin</i>	1	1	1	1	1	1	
<i>diltiazem</i>	1	1	1	1	1	1	
<i>diltiazem cd</i>	1	1	1	1	1	1	QL
<i>diltiazem sr</i>	1	1	1	1	1	1	
<i>diltiazem 100mg inj</i>	1	1	1	1	1	2	
DIOVAN 320MG	1	2	2	2	2	3	
DIOVAN 40, 80, 160MG	1	2	2	2	2	3	QL
DIOVAN HCT 320-12.5, 320-25MG	1	2	2	2	2	3	
DIOVAN HCT 80-12.5, 160-12.5, 160-25MG	1	2	2	2	2	3	QL
<i>doxazosin</i>	1	1	1	1	1	1	
<i>enalapril 2.5, 5, 10mg</i>	1	1	1	1	1	1	QL
<i>enalapril 20mg</i>	1	1	1	1	1	1	
EXFORGE/HTC	1	2	2	2	2	3	QL
<i>felodipine er 2.5, 5mg</i>	1	1	1	1	1	1	QL
<i>felodipine er 10mg</i>	1	1	1	1	1	1	
<i>furosemide</i>	1	1	1	1	1	1	
<i>gemfibrozil</i>	1	1	1	1	1	1	
<i>hydralazine</i>	1	1	1	1	1	1	

KEY

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

1, 2, 3, 4, 5 =
 Copay tier level

Notes

QL = Quantity limits
ST = Step therapy
PR = Precertification
LD = Limited distribution

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
<i>hydrochlorothiazide</i>	1	1	1	1	1	1	
HYZAAR 100-12.5, 100-25MG	1	2	2	2	2	3	
HYZAAR 50-12.5MG	1	2	2	2	2	3	QL
<i>isosorbide mononitrate er</i>	1	1	1	1	1	1	
LIPITOR	1	2	2	2	2	3	QL
<i>lisinopril 2.5, 5, 10, 20, 30mg</i>	1	1	1	1	1	1	QL
<i>lisinopril 40 mg</i>	1	1	1	1	1	1	
<i>lisinopril and hydrochlorothiazide</i>	1	1	1	1	1	1	
<i>lovastatin</i>	1	1	1	1	1	1	QL
LOVAZA	1	2	2	2	2	3	
<i>methyldopa</i>	1	1	1	1	1	1	
<i>metoprolol er</i>	1	1	1	1	1	1	
<i>metoprolol tartrate</i>	1	1	1	1	1	1	
NIASPAN	1	2	2	2	2	3	
<i>nifedipine</i>	1	1	1	1	1	1	
<i>pravastatin</i>	1	1	1	1	1	1	QL
<i>prazosin</i>	1	1	1	1	1	1	
<i>propranolol</i>	1	1	1	1	1	1	
<i>ramipril 1.25, 2.5, 5mg</i>	1	1	1	1	1	1	QL
<i>ramipril 10mg</i>	1	1	1	1	1	1	
RANEXA	1	2	2	3	3	4	ST QL
SIMCOR	1	2	2	2	2	3	QL
<i>simvastatin</i>	1	1	1	1	1	1	QL
<i>spironolactone</i>	1	1	1	1	1	1	
TEKTURNA/HCT	1	2	2	2	2	3	QL
TIKOSYN	1	2	2	2	2	3	
<i>timolol</i>	1	1	1	1	1	1	
<i>triamterene and hydrochlorothiazide</i>	1	1	1	1	1	1	
TRICOR	1	2	2	3	3	4	
TRILIPIX	1	2	2	2	2	3	

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
<i>verapamil tablets</i>	1	1	1	1	1	1	
VYTORIN	1	2	2	2	2	3	QL
ZETIA	1	2	2	3	3	4	QL
CENTRAL NERVOUS SYSTEM DRUGS — ATTENTION DEFICIT DISORDER/NARCOLEPSY DRUGS							
<i>amphetamine salts combo</i>	1	1	1	1	1	1	PR QL
<i>dextroamphetamine</i>	1	1	1	1	1	2	PR QL
<i>methylphenidate</i>	1	1	1	1	1	1	PR QL
PROVIGIL	1	2	2	2	2	3	PR QL
STRATTERA	1	2	2	2	2	3	ST QL
XENAZINE	1	2	3	3	4	5	
XYREM	1	2	3	3	4	5	PR LD
DENTAL AND DRUGS FOR THE MOUTH							
<i>chlorhexidine gluconate</i>	1	1	1	1	1	1	
<i>pilocarpine</i>	1	1	1	1	1	2	
DERMATOLOGICAL AGENTS — DRUGS FOR SKIN CONDITIONS							
ALDARA	1	2	2	2	2	3	
<i>ammonium lactate 12%</i>	1	1	1	1	1	1	
<i>betamethasone dipropionate and clotrimazole</i>	1	1	1	1	1	1	
<i>claravis</i>	1	1	1	1	1	2	PR
DENAVIR	1	2	2	3	3	4	
DOVONEX CREAM	1	2	2	3	3	4	ST
FINACEA	1	2	2	3	3	4	
<i>fluorouracil</i>	1	1	1	1	1	2	
<i>lindane</i>	1	1	1	1	1	2	
<i>mupirocin</i>	1	1	1	1	1	1	
<i>permethrin</i>	1	1	1	1	1	1	
PHISOHEX	1	2	2	3	3	4	
<i>podofilox</i>	1	1	1	1	1	2	
REGRANEX	1	2	3	3	4	5	PR QL

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
SANTYL	1	2	2	3	3	4	
<i>selenium sulfide lotion</i>	1	1	1	1	1	1	
SOLARAZE	1	2	2	3	3	4	
TAZORAC	1	2	2	2	2	3	
<i>tretinoin cream</i>	1	1	1	1	1	1	
<i>triamcinolone</i>	1	1	1	1	1	1	
<i>u-cort</i>	1	1	1	1	1	1	
VEREGEN	1	2	2	3	3	4	
VOLTAREN GEL	1	2	2	2	2	3	QL
ZONALON	1	2	2	3	3	4	
ZOVIRAX OINTMENT	1	2	2	3	3	4	
ENZYMES							
ULTRASE	1	2	2	2	2	3	
VIOKASE	1	2	2	2	2	3	
GASTROINTESTINAL AGENTS — BOWEL DISEASE DRUGS							
<i>balsalazide</i>	1	1	1	1	1	2	
CANASA	1	2	2	2	2	3	QL
<i>cortisone</i>	1	1	1	1	1	1	
<i>hydrocortisone enema</i>	1	1	1	1	1	2	
<i>sulfasalazine</i>	1	1	1	1	1	1	
GASTROINTESTINAL AGENTS — ULCER AND STOMACH DRUGS							
<i>dicyclomine</i>	1	1	1	1	1	1	PR
<i>famotidine tablets</i>	1	1	1	1	1	1	
<i>glycopyrrolate tablets</i>	1	1	1	1	1	2	
<i>glycopyrrolate inj</i>	1	1	1	1	1	1	
<i>lactulose</i>	1	1	1	1	1	1	
LOTRONEX	1	2	2	2	2	3	PR
<i>methscopolamine</i>	1	1	1	1	1	2	
<i>misoprostol</i>	1	1	1	1	1	2	
NEXIUM CAPSULES	1	2	2	2	2	3	QL

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
<i>omeprazole</i>	1	1	1	1	1	1	QL
<i>pantoprazole</i>	1	1	1	1	1	2	QL
PYLERA	1	2	2	3	3	4	QL
<i>ranitidine tablets</i>	1	2	2	2	2	3	
<i>sucralfate</i>	1	1	1	1	1	1	
<i>ursodiol</i>	1	1	1	1	1	1	

GENITOURINARY AGENTS — URINARY AND PROSTATE DRUGS

AVODART	1	2	2	2	2	3	PR
<i>calcium acetate</i>	1	1	1	1	1	2	
DETROL	1	2	2	2	2	3	
DETROL LA	1	2	2	2	2	3	
ELMIRON	1	2	2	3	3	4	
ENABLEX	1	2	2	2	2	3	
<i>finasteride</i>	1	1	1	1	1	1	PR
FLOMAX	1	2	2	2	2	3	
FOSRENOL	1	2	2	2	2	3	
GELNIQUE	1	2	2	2	2	3	
<i>methenamine hippurate</i>	1	1	1	1	1	2	
<i>nitrofurantoin</i>	1	1	1	1	1	1	
<i>oxybutynin</i>	1	1	1	1	1	1	
OXYTROL	1	2	2	2	2	3	
PHOSLO	1	2	2	2	2	3	
RAPAFLO	1	2	2	2	2	3	PR
REVELA	1	2	2	2	2	3	
THIOLA	1	2	2	2	2	3	
UROXATRAL	1	2	2	2	2	3	
VESICARE	1	2	2	2	2	3	

HORMONAL AGENTS — ADRENAL REGULATING DRUGS

<i>fludrocortisone</i>	1	1	1	1	1	1	
LYSODREN	1	2	3	3	4	5	

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
<i>prednisone tablets</i>	1	1	1	1	1	1	
HORMONAL AGENTS — ESTROGEN AND STEROID REPLACEMENT DRUGS, OTHERS							
ANADROL-50	1	2	3	3	4	5	PR
ANDRODERM	1	2	2	2	2	3	
ANDROGEL	1	2	2	2	2	3	
CASODEX	1	2	2	3	3	4	
<i>estradiol tablets</i>	1	1	1	1	1	1	
<i>estropipate</i>	1	1	1	1	1	1	PR
EVAMIST	1	2	2	2	2	3	
EVISTA	1	2	2	2	2	3	
<i>flutamide</i>	1	1	1	1	1	2	
<i>medroxyprogesterone</i>	1	1	1	1	1	1	
<i>norethindrone acetate</i>	1	1	1	1	1	2	
<i>oxandrolone 10mg</i>	1	1	3	1	4	5	PR
<i>oxandrolone 2.5mg</i>	1	1	1	1	1	2	PR
PREMARIN	1	2	2	3	3	4	PR
HORMONAL AGENTS — PITUITARY DRUGS							
<i>bromocriptine</i>	1	1	1	1	1	2	
<i>cabergoline</i>	1	1	1	1	1	2	
DEGARELIX 120MG	1	2	3	3	4	5	PR QL
DEGARELIX 80MG	1	2	2	3	3	4	PR QL
<i>desmopressin</i>	1	1	1	1	1	2	
INCRELEX	1	2	3	3	4	5	PR
<i>leuprolide</i>	1	2	2	3	3	4	PR
NORDITROPIN	1	2	3	2	4	5	PR
<i>octreotide</i>	1	1	3	1	4	5	PR
SOMATULINE	1	2	3	3	4	5	PR ST
SOMAVERT	1	2	3	3	4	5	PR ST
SYNAREL	1	2	3	3	4	5	

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
HORMONAL AGENTS — THYROID DRUGS							
CYTOMEL	1	2	2	2	2	3	
<i>levothyroxine</i>	1	1	1	1	1	1	
<i>methimazole</i>	1	1	1	1	1	1	
<i>propylthiouracil</i>	1	1	1	1	1	1	
IMMUNOLOGIC AGENTS — IMMUNOLOGY DRUGS AND VACCINES							
ACTIMMUNE	1	2	3	3	4	5	PR
AVONEX	1	2	3	2	4	5	PR
<i>azathioprine tablets</i>	1	1	1	1	1	1	PR
BETASERON	1	2	3	2	4	5	PR
CIMZIA	1	2	3	2	4	5	
COPAXONE	1	2	3	2	4	5	PR
<i>cyclosporine</i>	1	1	1	1	1	2	PR
ENBREL	1	2	3	2	4	5	PR
GAMMAGARD	1	2	3	3	4	5	PR
GAMUNEX	1	2	3	3	4	5	PR
HAVRIX	1	2	2	3	3	4	PR
HUMIRA	1	2	3	2	4	5	PR
INTRON-A	1	2	3	3	4	5	PR
<i>leflunomide</i>	1	1	1	1	1	1	
<i>methotrexate 2.5mg</i>	1	1	1	1	1	1	
ORENCIA	1	2	3	3	4	5	PR
PEGASYS	1	2	3	2	4	5	PR
PEG-INTRON	1	2	3	2	4	5	PR
REBIF	1	2	3	2	4	5	PR
REMICADE	1	2	3	3	4	5	PR
SYNAGIS	1	2	3	3	4	5	PR
XOLAIR	1	2	3	3	4	5	PR
ZOSTAVAX	1	2	2	3	3	4	PR QL

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

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

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
TRAVATAN	1	2	2	2	2	3	
XALATAN	1	2	2	3	3	4	
ZYMAR	1	2	2	3	3	4	
PARATHYROID SUPPRESSANT DRUGS							
SENSIPAR 30MG	1	2	2	2	2	3	
SENSIPAR 60, 90MG	1	2	3	3	4	5	
RESPIRATORY TRACT AGENTS — ALLERGY/ASTHMA/COPD DRUGS							
ACCOLATE	1	2	2	3	3	4	QL
<i>acetylcysteine</i>	1	1	1	1	1	1	PR
ADVAIR	1	2	2	2	2	3	
<i>aminophylline</i>	1	1	1	1	1	1	
ASMANEX	1	2	2	2	2	3	
<i>carbinoxamine</i>	1	1	1	1	1	1	
CLARINEX	1	2	2	3	3	4	QL
<i>clemastine</i>	1	1	1	1	1	1	
COMBIVENT	1	2	2	3	3	4	
EPIPEN	1	2	2	3	3	4	
<i>fexofenadine</i>	1	1	1	1	1	1	QL
FLOVENT HFA	1	2	2	2	2	3	
<i>fluticasone spray</i>	1	1	1	1	1	1	
FORADIL AEROLIZER	1	2	2	2	2	3	
INTAL INHALER	1	2	2	2	2	3	
<i>ipratropium inhalant</i>	1	1	1	1	1	1	PR
LETAIRIS	1	2	3	2	4	5	
PROAIR HFA	1	2	2	2	2	3	
PROVENTIL HFA	1	2	2	2	2	3	
REVATIO	1	2	3	3	4	5	PR
SINGULAIR	1	2	2	2	2	3	QL
SPIRIVA HANDIHALER	1	2	2	2	2	3	
SYMBICORT	1	2	2	2	2	3	

KEY		Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
<i>theophylline cr/er</i>	1	1	1	1	1	1	
TRACLEER	1	2	3	3	4	5	LD
TYZINE	1	2	2	2	2	3	
SEDATIVES/HYPNOTICS — SLEEP AIDS							
<i>zaleplon</i>	1	1	1	1	1	2	QL
<i>zolpidem</i>	1	1	1	1	1	1	QL
THERAPEUTIC SUPPLEMENTS							
<i>calcitriol capsules</i>	1	1	1	1	1	1	
INTRALIPID	1	2	2	3	3	4	
<i>levocarnitine</i>	1	1	1	1	1	2	
<i>potassium chloride cr, er, sr tablets</i>	1	1	1	1	1	1	
<i>premasol</i>	1	1	1	1	1	2	
PRENATAL VITAMINS	1	2	2	3	3	4	PR
VIRAL INFECTION DRUGS							
<i>acyclovir capsules/tablets</i>	1	1	1	1	1	1	
BARACLUDE SOLUTION	1	2	3	3	4	5	QL
CRIVAN	1	2	2	2	2	3	
<i>didanosine</i>	1	1	1	1	1	2	
EPIVIR HBV	1	2	2	2	2	3	
<i>famciclovir</i>	1	1	1	1	1	2	
<i>foscarnet sodium</i>	1	1	1	1	1	2	PR
<i>ganciclovir</i>	1	1	1	1	1	2	
HEPSERA	1	2	3	3	4	5	
ISENTRESS	1	2	3	3	4	5	
LEXIVA SUSPENSION	1	2	2	3	3	4	
RELENZA DISKHALER	1	2	2	3	3	4	QL
<i>ribavirin tablet 200mg</i>	1	1	3	1	4	5	PR
<i>ribavirin tablet 400, 600mg</i>	1	1	3	1	4	5	
SELZENTRY	1	2	3	3	4	5	
SUSTIVA	1	2	2	2	2	3	

KEY UPPERCASE = Brand name prescription drugs Lower case italics = Generic medications	1, 2, 3, 4, 5 = Copay tier level	Notes QL = Quantity limits ST = Step therapy PR = Precertification LD = Limited distribution
---	--	---

Drug Name	One Tier	Two Tier	Two Tier with Specialty Tier	Three Tier	Four Tier	Five Tier	Notes
TAMIFLU CAPSULES 75MG	1	2	2	3	3	4	QL
TRIZIVIR	1	2	3	3	4	5	
VIRAMUNE	1	2	2	3	3	4	
<i>zidovudine tablets</i>	1	1	1	1	1	1	

Aetna Medicare Preferred Drug List

Alphabetical Listing Index

ACCOLATE	22	amphetamine salts combo	16
acetaminophen and codeine	7	ANADROL-50	19
acetaminophen and hydrocodone	7	ANDRODERM	19
acetaminophen and oxycodone	7	ANDROGEL	19
acetazolamide capsules/tablets	21	APIDRA	12
acetic acid	21	ARANESP 25, 40MCG	13
acetylcysteine	22	ARANESP 60, 100, 150, 200, 300, 500MCG	13
ACTIMMUNE	20	ARICEPT	9
ACTONEL 5, 30MG	21	ARIMIDEX	10
ACTONEL 35, 75, 150MG	21	AROMASIN	10
ACTONEL WITH CALCIUM	21	ASMANEX	22
ACTOPLUS MET	12	atenolol	14
ACTOS	12	AVANDAMET	12
acyclovir capsules/tablets	23	AVANDARYL	12
ADVAIR	22	AVANDIA	12
AGGRENOLX	13	AVODART	18
ak-con	21	AVONEX	20
ALDARA	16	AZACTAM	8
alendronate 5, 10, 40mg	21	azathioprine tablets	20
alendronate 35, 70mg	21	AZILECT	11
allopurinol tablets	10	azithromycin	8
ALPHAGAN P	21	azithromycin inj	8
AMERGE	10	baclofen	12
amikacin100/2ml	7	balsalazide	17
amikacin 500/2ml	7	BARACLUDE SOLUTION	23
aminophylline	22	benazepril, 5, 10, 20mg	14
amiodarone	13	benazepril 40mg	14
amitriptyline	9	betamethasone dipropionate and clotrimazole	16
amlodipine 2.5, 5mg	13	BETASERON	20
amlodipine 10mg	13	bromocriptine	19
amlodipine and benazepril	14	bupropion hcl sr	7
ammonium lactate 12%	16	buspirone	7
amoxapine	9	BYETTA	12
amoxicillin	8	BYSTOLIC	14
amoxicillin and clavulanic acid	8	cabergoline	19

calcitonin	21	CYMBALTA	9
calcitriol capsules	23	CYTOMEL	20
calcium acetate	18	dapsone	10
CANASA	17	DEGARELIX 80MG	19
carbamazepine	8	DEGARELIX 120MG	19
carbidopa and levodopa	11	DENAVIR	16
carbinoxamine	22	DERMOTIC	21
carvedilol	14	desmopressin	19
CASODEX	19	DETROL	18
cefadroxil capsules	8	DETROL LA	18
CELEBREX	10	dextroamphetamine	16
cephalexin	8	diclofenac ophth solution	21
chlorhexidine gluconate	16	dicyclomine	17
cilostazol	13	didanosine	23
CIMZIA	20	digoxin	14
ciprofloxacin ophth	21	diltiazem	14
ciprofloxacin tablets	8	diltiazem 100mg inj	14
citalopram tablets	9	diltiazem cd	14
claravis	16	diltiazem sr	14
CLARINEX	22	DIOVAN 40, 80, 160MG	14
clemastine	22	DIOVAN 320MG	14
clindamycin capsules	8	DIOVAN HCT 80-12.5, 160-12.5, 160-25MG	14
clonidine	14	DIOVAN HCT 320-12.5, 320-25MG	14
colchicine	10	divalproex	8
COMBIVENT	22	dorzol/timol	21
COMTAN	11	DOVONEX CREAM	16
COPAXONE	20	doxazosin	14
COREG CR	14	doxepin	9
cortisone	17	doxorubicin	11
COZAAR 25, 50MG	14	doxycycline hyclate 20, 50mg	8
COZAAR 100MG	14	doxycycline hyclate tablets	8
CRESTOR	14	DUETACT	12
CRIXIVAN	23	EFFEXOR XR	9
cromolyn ophth solution	21	ELMIRON	18
CUPRIMINE	7	ENABLEX	18
cyclobenzaprine	12	enalapril 2.5, 5, 10mg	14
cyclophosphamide	10	enalapril 20mg	14
cyclosporine	20	ENBREL	20
CYKLOKAPRON	13	EPIPEN	22

EPIVIR HBV	23	furosemide	14
EQUETRO	11	gabapentin capsules	8
ERBITUX	11	galantamine	9
ergoloid mesylates	9	GAMMAGARD	20
erythromycin	8	GAMUNEX	20
estradiol tablets	19	ganciclovir	23
estropipate	19	GELNIQUE	18
ethambutol	10	gemfibrozil	14
ethosuximide capsules	8	gentamicin	8
EVAMIST	19	GLEEVEC	11
EVISTA	19	glimepiride	12
EXELON/PATCH	9	glipizide	12
EXFORGE/HTC	14	GLUCAGON EMERGENCY KIT	12
famciclovir	23	glyburide	12
famotidine tablets	17	glycopyrrolate inj	17
FARESTON	11	glycopyrrolate tablets	17
felodipine er 2.5, 5mg	14	guanidine	10
felodipine er 10mg	14	haloperidol tablets	12
fentanyl patch	7	HAVRIX	20
fexofenadine	22	HECTOROL	21
FINACEA	16	HEPSERA	23
finasteride	18	HERCEPTIN	11
FLOMAX	18	HUMIRA	20
FLOVENT HFA	22	hydralazine	14
fluconazole 150mg	9	hydrochlorothiazide	15
fluconazole suspension	10	hydrocortisone enema	17
fluconazole tablet	10	hydroxychloroquine	11
fludrocortisone	18	hydroxyurea	11
fluorometholone	21	HYZAAR 50-12.5MG	15
fluorouracil	16	HYZAAR 100-12.5, 100-25MG	15
fluoxetine	9	ibuprofen	10
fluphenazine tablets	11	INCRELEX	19
flutamide	19	INTAL INHALER	22
fluticasone spray	22	INTRALIPID	23
FORADIL AEROLIZER	22	INTRON-A	20
FORTEO	21	ipratropium inhalant	22
fortical	21	ISENTRESS	23
foscarnet sodium	23	isosorbide mononitrate er	15
FOSRENOL	18	JANUMET	12

JANUVIA	12	medroxyprogesterone	19
KADIAN	7	mefloquine	11
KEPPRA XR	8	meloxicam tablets	10
ketorolac tablets	10	meprobamate	7
lactulose	17	mercaptopurine	11
lamotrigine	8	metformin	12
LANTUS	12	methenamine hippurate	18
leflunomide	20	methimazole	20
LETAIRIS	22	methotrexate 2.5mg	20
leucovorin tablets	11	methscopolamine	17
LEUKERAN	11	methyl dopa	15
leuprolide	19	methylphenidate	16
LEVAQUIN	8	metoclopramide tablets	9
LEVEMIR	12	metoprolol er	15
levetiracetam	8	metoprolol tartrate	15
levocarnitine	23	metronidazole tablets	8
levothyroxine	20	minocycline capsules	8
LEXAPRO	9	mirtazapine	9
LEXIVA SUSPENSION	23	misoprostol	17
lidocaine and prilocaine	7	mupirocin	16
LIDODERM	7	MYCOBUTIN	10
lindane	16	naloxone	7
LIPITOR	15	naltrexone tablets	7
lisinopril 2.5, 5, 10, 20, 30mg	15	NAMENDA	9
lisinopril 40 mg	15	naproxen dr tablets	10
lisinopril and hydrochlorothiazide	15	NARDIL	9
lithium carbonate er	12	NEXIUM CAPSULES	17
LOTRONEX	17	NIASPAN	15
lovastatin	15	NICOTROL	7
LOVAZA	15	nifedipine	15
LOVENOX 30, 40MG	13	nitrofurantoin	18
LOVENOX 60, 80, 100, 120, 150, 300MG	13	NORDITROPIN	19
LUMIGAN	21	norethindrone acetate	19
LYRICA	8	NOVOLIN	13
LYSODREN	18	NOVOLOG	13
MAXALT/MLT	10	octreotide	19
mebendazole	11	ofloxacin	8
meclizine	9	omeprazole	18
meclofenamate	10	ondansetron tablets	9

OPANA ER	7	PROGLYCEM	13
OPTIVAR	21	PROMACTA	13
ORENCIA	20	propoxyphene napsylate and acetaminophen	7
orphenadrine tablets	12	propranolol	15
oxandrolone 2.5mg	19	propylthiouracil	20
oxandrolone 10mg	19	PROVENTIL HFA	22
oxybutynin	18	PROVIGIL	16
oxycodone er	7	PYLERA	18
oxycodone er 80mg	7	pyridostigmine	10
OXYCONTIN	7	ramipril 1.25, 2.5, 5mg	15
OXYTROL	18	ramipril 10mg	15
paclitaxel	11	RANEXA	15
pantoprazole	18	ranitidine tablets	18
paroxetine tablets	9	RAPAFLO	18
PATADAY	21	REBIF	20
PATANOL	21	REGRANEX	16
PEGASYS	20	RELENZA DISKHALER	23
PEG-INTRON	20	REMICADE	20
pentopak	13	REVELA	18
permethrin	16	RESTASIS	21
phenytoin	8	REVATIO	22
PHISOHEX	16	REVLIMID	11
PHOSLO	18	ribavirin tablet 200mg	23
pilocarpine	16	ribavirin tablet 400, 600mg	23
PLAVIX 75MG	13	rifampin capsules	10
podofilox	16	RILUTEK	21
potassium chloride cr, er, sr tablets	23	risperidone tablets	12
pravastatin	15	ropinirole	11
prazosin	15	SANTYL	17
prednisone tablets	19	selenium sulfide lotion	17
PREMARIN	19	SELZENTRY	23
premasol	23	SENSIPAR 30MG	22
PRENATAL VITAMINS	23	SENSIPAR 60, 90MG	22
PRIMAXIN	8	SEROQUEL	12
PRISTIQ	9	SEROQUEL XR	12
PROAIR HFA	22	sertraline tablets	9
probenecid	10	SIMCOR	15
PROCRIT 2000, 3000, 4000, 10000/ML	13	simvastatin	15
PROCRIT 20000, 40000/ML	13	SINGULAIR	22

sodium polystyrene sulfonate	7	tranylcypromine	9
SOLARAZE	17	TRAVATAN	22
SOMATULINE	19	trazodone	9
SOMAVERT	19	tretinoin capsule	11
SPIRIVA HANDIHALER	22	tretinoin cream	17
spironolactone	15	triamcinolone	17
STALEVO	11	triamterene and hydrochlorothiazide	15
STRATTERA	16	TRICOR	15
STROMECTOL	11	TRILIPIX	15
sucralfate	18	TRIZIVIR	24
sulfadiazine	8	TYZINE	23
sulfamethoxazole and trimethoprim	8	u-cort	17
sulfasalazine	17	ULTRASE	17
sumatriptan tablets	10	UROXATRAL	18
SUSTIVA	23	ursodiol	18
SUTENT	11	verapamil tablets	16
SYMBICORT	22	VEREGEN	17
SYMLIN	13	VESICARE	18
SYNAGIS	20	VIOKASE	17
SYNAREL	19	VIRAMUNE	24
SYRINGES AND PEN NEEDLES — B/D	13	VOLTAREN GEL	17
syringes and pen needles — generic	13	VYTORIN	16
SYRINGES AND PEN NEEDLES — NON B/D	13	warfarin	13
TAMIFLU CAPSULES 75MG	24	XALATAN	22
tamoxifen	11	XENAZINE	16
TARGRETIN	11	XOLAIR	20
TAZORAC	17	XYREM	16
TEKTURN/VHCT	15	zaleplon	23
terbinafine	10	ZEMPLAR	21
THALOMID	11	ZETIA	16
theophylline cr/er	23	zidovudine tablets	24
THIOLA	18	zolpidem	23
ticlopidine	13	ZONALON	17
TIKOSYN	15	zonisamide	9
timolol	15	ZOSTAVAX	20
timolol ophth solution	21	ZOVIRAX OINTMENT	17
tizanidine	12	ZYMAR	22
topiramate	9	ZYPREXA INJ	12
TRACLEER	23	ZYPREXA/ZYDIS	12

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.

We want you to know®

