

Quick Guide to Heart Care Medications

2011 Aetna Preferred Drug List for Commercial plans*

LOWEST TIER preferred generics	MIDDLE TIER preferred brands	HIGHEST TIER nonpreferred brands and generics
ACE Inhibitors AND Angiotensin Receptor Blockers (ARBs)		
<i>benazepril</i> <i>captopril</i> <i>enalapril</i> <i>fosinopril</i> <i>lisinopril</i> <i>losartan QL</i> <i>moexipril</i> <i>perindopril</i> <i>quinapril</i> <i>ramipril</i> <i>trandolopril</i>	DIOVAN (valsartan) QL EXFORGE (amlodipine and valsartan) QL TEKTURN (aliskiren) QL VALTURN (aliskiren and valsartan) QL	ACCUPRIL (<i>quinapril</i>) FE ACEON (<i>perindopril</i>) FE ALTACE (<i>ramipril</i>) ST ATACAND (<i>candesartan</i>) FE, QL, ST AVAPRO (<i>irbesartan</i>) FE, QL, ST AZOR (<i>irbesartan</i>) FE, QL BENICAR (<i>olmesartan</i>) FE, QL, ST COZAAR (<i>losartan</i>) FE, QL, ST LOTENSIN (<i>benazepril</i>) FE MAVIK (<i>trandolapril</i>) FE MICARDIS (<i>telmisartan</i>) FE, QL PRINIVIL (<i>lisinopril</i>) FE TEVETEN (<i>eprosartan</i>) FE, QL, ST UNIVASC (<i>moexipril</i>) FE VASOTEC (<i>enalapril</i>) FE ZESTRIL (<i>lisinopril</i>) FE
Beta Blockers		
<i>acebutolol</i> <i>atenolol</i> <i>betaxolol</i> <i>bisoprolol</i> <i>carvedilol</i> <i>labetalol</i> <i>metoprolol</i> <i>nadolol</i> <i>pindolol</i> <i>propranolol/SR</i> <i>sorine</i> <i>sotalol AF</i> <i>timolol</i>	BYSTOLIC (nebivolol) COREG CR (carvedilol)	<i>metoprolol succinate SR</i> FE BETAPACE/AF (<i>sotalol</i>) CARTROL (<i>carteolol</i>) FE COREG (<i>carvedilol</i>) FE CORGARD (<i>nadolol</i>) INDERAL/LA (<i>propranolol</i>) INNOPRAN XL (<i>propranolol</i>) KERLONE (<i>betaxolol</i>) FE LEVATOL (<i>penbutolol</i>) FE LOPRESSOR (<i>metoprolol</i>) FE SECTRAL (<i>acebutolol</i>) TENORMIN (<i>atenolol</i>) TOPROL XL (<i>metoprolol SR</i>) FE TRANDATE (<i>labetalol</i>) ZEBETA (<i>bisoprolol</i>) FE
Blood Thinners		
<i>anagrelide</i> <i>aspirin (OTC)</i> <i>cilostazol</i> <i>dipyridamole</i> <i>ticlopidine</i> <i>warfarin</i>	PLAVIX (clopidogrel) # AGGRENOX (aspirin/extended-release dipyridamole)	AGRYLIN (<i>Anagrelide</i>) FE COUMADIN (<i>warfarin sodium</i>) FE EFFIENT (<i>anagrelide</i>) FE, QL, ST PERSANTINE (<i>dipyridamole</i>) PLETAL (<i>cilostazol</i>) FE PRADAXA (<i>anagrelide</i>) FE, PR, QL
Lipid Lowering Drugs		
<i>cholestyramine</i> <i>colestipol</i> <i>fenofibrate</i> <i>gemfibrozil</i> <i>lovastatin QL</i> <i>pravastatin QL</i> <i>prevalite</i> <i>simvastatin QL</i>	ANTARA (fenofibrate) CRESTOR 5 mg (rosuvastatin) QL, ST CRESTOR 10, 20 and 40 mg (rosuvastatin) QL LESCOL (fluvastatin) QL LESCOL XL (fluvastatin) QL LOVAZA (omega-3-Acid Ethyl Esters) NIASPAN (niacin) SIMCOR (niacin and simvastatin) QL TRILIPIX (fenofibric acid) # VYTORIN 10/10 (ezetimibe/simvastatin) QL, ST VYTORIN 10/20, 10/40, 10/80 (ezetimibe/simvastatin) QL WELCHOL (colesevelam) ZETIA (ezetimibe) PR, QL	ADVICOR (<i>niacin/lovastatin</i>) FE, QL ALTOPREV (<i>lovastatin SR</i>) FE, QL, ST COLESTID (<i>colestipol</i>) FE FENOGLIDE (<i>fenofibrate</i>) ST FIBRICOR (<i>fenofibric acid</i>) ST LIPITOR (<i>atorvastatin</i>) FE, QL, ST LIPOFEN (<i>fenofibrate capsules</i>) FE, ST LIVALO (<i>pitavastatin</i>) FE, QL, ST LOFIBRA (<i>fenofibrate micronized</i>) FE, ST LOPID (<i>gemfibrozil</i>) FE, ST LOVAZA (<i>omega-3-acid ethyl esters</i>) FE MEVACOR (<i>lovastatin</i>) FE, QL PRAVACHOL (<i>pravastatin</i>) FE, QL QUESTRAN (<i>cholestyramine</i>) FE TRICOR (<i>fenofibrate</i>) # TRIGLIDE (<i>fenofibrate</i>) FE ZOCOR (<i>simvastatin</i>) FE, QL

* Commercial plans = Non-Medicare plans

UPPERCASE - Brand-name medication
 lowercase italics - generic medication

FE -- Formulary excluded in closed formulary plans

PR -- Precertification required under most plans

QL -- Quantity Limit applies under most plans

ST -- Step-therapy applies under some plans

-- Brand-name medication expected to become available generically in the near future. After the generic medication becomes available, the brand-name medication may be covered at a higher copayment and/or added to the Formulary Exclusions List. The brand-name medication may also be subject to precertification and/or step-therapy.

The Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-Therapy Lists are subject to change. Also note that Step-Therapy, Precertification and Quantity Limit programs are not applicable in all service areas.

Pharmacy Benefits Reference

2011 Aetna Preferred Drug List for Commercial plans*

The Savings Can Add Up

If your patient's benefits plan has a higher copayment for preferred drug list medicines that are not on the Preferred Drug List, and if you feel that a preferred generic drug or a preferred drug is appropriate for your patient, he or she can begin saving money immediately. Here's an example:

Option 1	Option 2
If your patient is currently taking a Nonpreferred Drug and the copayment is \$35 per month, your patient's total cost is \$420 per year.*	If your patient is currently taking a Nonpreferred Drug and the copayment is \$35 per month, your patient's total cost is \$420 per year.*
If your patient is switched to a Preferred Generic Drug and the copayment is \$10 per month, your patient's total cost is \$120 per year.*	If your patient is switched to a Brand-Name Preferred Drug and the copayment is \$20 per month, your patient's total cost is \$240 per year.*
Your patient can save \$300 per year on just one prescription medication by switching to a preferred generic drug.	Your patient can save \$180 per year on just one prescription medication by switching to a preferred brand-named drug.

*Calculations based on 12 prescriptions per year.

All member care and related decisions are the sole responsibility of the physician, and this information does not dictate or control physicians' clinical decisions regarding the appropriate care of members. Pharmacy benefits are not limited to the drugs on the Preferred Drug List. Drugs on the Formulary Exclusions List may be excluded from coverage under some pharmacy benefits plans unless a medical exception is obtained. Many drugs on the Preferred Drug List are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those drugs.

Commercial California members: In accordance with state law, California HMO members who are receiving coverage for medications added to the Formulary Exclusions list, 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 medication condition.

The Preferred Drug List, Formulary Exclusions, Precertification, Quantity Limit and Step-Therapy Lists are subject to change. Also note that step-therapy, precertification and quantity limit programs are not applicable in all service areas. For example, Step-Therapy does not apply to fully insured commercial members in New Jersey and Indiana.

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05.03.887.1 A-INT (01/11)

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The choices you and your patients make regarding prescription medications affect health care costs. Drug prices are a prime contributor to the recent significant increases in the cost of insurance.

To submit medical exception or precertification requests for prescription medications:

- Fax the Precertification unit at **1-800-408-2386.**
- Call the Precertification unit at **1-800-414-2386.**

To submit requests online:

- Go to **www.aetna.com**
- Put your cursor on "Health Care Professionals" then "Medical Professionals Log In" to access our secure provider website via NaviNet®
- Once logged in, select "Plan Central" then "Aetna Health Plan" and "Precertifications"

Current drug information is available online at www.aetna.com/formulary.

