

Dear Valued Customer:

Each year, we review our Preferred Drug List (also called the formulary). This list shows many of the drugs covered by our plans. We update this list regularly based on the latest medical findings, information from the Food and Drug Administration (FDA) and drug makers, and cost arrangements which include manufacturer rebates. Notification of changes were mailed to members with Aetna Pharmacy benefits in September.

### What is changing?

For 2008, we have added some new brand-name and generic drugs to the Preferred Drug List while other brand-name drugs will be removed. For example, if a brand-name drug's patent expires during the year, we may remove it from the Preferred Drug List and replace it with a more cost-effective generic equivalent. Some drugs will also be added to or removed from the Precertification, Quantity Limit or Step-Therapy lists. We have also updated our system to correctly process claims for some medications as brand-name rather than as generic drugs, and also to correctly process larger package sizes of select ophthalmic medications as a 60 or 90 day supply. These changes may decrease or increase your plan's copayment levels. Please refer to the enclosed chart for the changes that will take effect on Jan. 1, 2008.<sup>1,2</sup> We have advised members to talk to their doctor about treatment options if any of these changes affect their prescriptions. **(Please note: a summary of the 2008 formulary changes is attached).**

### How are drugs chosen for the Aetna Preferred Drug List?

We choose drugs to meet the health care needs of our customers at a reasonable cost. Rebates we receive help to control the cost of prescription benefits, though they do not reduce what the member pays to the pharmacy for any specific drug.

### Why are some drugs preferred?

We call drugs *preferred* because your plan's copay may be lower than the copays for drugs that are not preferred. Sometimes a preferred drug may have a higher out-of-pocket cost than a non-preferred drug.

Members can estimate the cost of their drugs by visiting [www.aetna.com](http://www.aetna.com), and log into Aetna Navigator, your plan's secure member website. Look for the 'Take Action on Your Health' Tab, select 'Cost of Care' and then click 'Prescription Drugs.'

### Benefits coverage requirements that may apply for certain drugs

<b>Precertification<sup>2,3,4</sup></b>	Your employee's doctor must contact Aetna to get approval to cover certain prescribed drugs. Precertification promotes member safety, because it applies to drugs that may easily be misused or should only be prescribed for certain conditions. It also helps manage health care costs by requiring certain conditions for coverage. If the doctor's request is not approved, employees can still purchase the medication for the full price.
---	---

<sup>1</sup> Texas members please note: Additions to the 2008 Preferred Drug List will be effective no later than January 1, 2008. If your plan is fully insured and your drug has been removed from the Preferred Drug List, you will continue to have the drug covered at the same benefit level until your plan's renewal date. Fully insured means that your claims are paid by Aetna rather than your employer. If you are unsure if your plan is fully insured, contact us at the toll-free number on your Member ID card.

<sup>2</sup> In accordance with state law, California HMO members who receive coverage for drugs added to the Precertification or Step-Therapy lists will continue to have those drugs covered, for as long as the treating doctor continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's condition. Nothing in this material shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this material be construed to prohibit generic drug substitutions.

<sup>3</sup> Precertification determines whether a service, procedure, drug or medical device meets our clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

<sup>4</sup> Not all programs are available in all areas. Example: Precertification and Step-Therapy do not apply to fully insured members in Indiana. Step-Therapy does not apply to full-risk members in New Jersey.

<b>Quantity Limits</b>	We place coverage limits on drugs that are often misused or used in amounts that exceed recommended doses. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits.
<b>Step-Therapy<sup>3, 4</sup></b>	For certain drugs, trying one or more <i>prerequisite</i> drugs is required before they will be covered. This promotes the appropriate use of equally effective but lower-cost drugs first. Your employee's doctor can ask for an exception if it is medically necessary for the employee to use a drug on the step-therapy list.

**How can I learn more?**

See your plan documents for information about plan terms and limitations or call me at 215-775-7818. To learn more about our Preferred Drug, or for the most up-to-date preferred drug, precertification, quantity limit or step-therapy information – which is subject to change during the year – go to [www.aetna.com/formulary](http://www.aetna.com/formulary).

Thank you for choosing Aetna.

## 2008 Summary of Changes for Aetna's Preferred Drug, Precertification, Quantity Limit and Step-Therapy Lists

### Brand Name Medications added to the Preferred Drug List<sup>1</sup> (\* = may be added prior to 1/1/08)

AMBIEN CR *	ENJUVA *	LIALDA	SEASONIQUE *
BENZACLIN	ESTRASORB *	OLUX-E	SEROQUEL XR *
COREG CR *	FEMRING *	OPANA ER *	SYMBICORT *
DIVIGEL *	JANUMET *	PATADAY *	VYVANSE *
DUAC	JANUVIA *	PROAIR HFA *	ZIANA

### Generic Medications added to the Preferred Drug List

(brand-name equivalents for drugs below will become non-preferred on 1/1/08; brand-name equivalents for new generic drugs introduced after 1/1/08 also may become non-preferred)<sup>1</sup>

<i>amlodipine/benazepril</i> (LOTREL)	<i>nimodipine</i> (NIMOTOP)	<i>sulfacetamide sodium/sulfur</i> (all PLEXION products)	<i>terbinafine</i> (LAMISIL)
<i>clarithromycin SR</i> (BIAXIN XL)			

### Medications removed from the Preferred Drug List<sup>1</sup>

ALOMIDE	BETOPTIC-S	TEV-TROPIN	ZYMAR
---------	------------	------------	-------

### Medications added to the Precertification List<sup>2,3,4</sup>

AMITIZA	RILUTEK	SOLODYN
---------	---------	---------

### Medications added to the Quantity Limits List<sup>2,3,4</sup>

EMSAM	LYRICA	PAXIL CR	REMERON/ <i>mirtazapine</i>
-------	--------	----------	-----------------------------

### Medications added to the Step-Therapy List<sup>3,4</sup>

(+ = a trial of a generic equivalent is required first, ++ step-therapy will not be implemented until sometime after generic equivalent becomes available)

COREG ++	CLARINEX-D	FOSAMAX ++	SEMPREX-D
ALLEGRA	Diabetic test strips (all but those made by Abbott Diabetes Care or Lifescan)	FOSAMAX plus D ++	STRIANT
ALLEGRA-D		KYTRIL ++	TESTIM
ANZEMET		LOTREL +	TOPROL XL +
CLARINEX	<i>fexofenadine</i>	NORVASC +	
CLARINEX REDITABS	FIRST-TESTOSTERONE	RISPERDAL ++	

### Medications that will be changed to correctly be covered as brand-name drugs rather than generic drugs (^ = preferred product)

CARIMUNE	IVEEGAM EN	PALIPASE MT	PANGLOBULIN
CARIMUNE NF	LAPASE	PALPEON DR	PANOKASE
CLORPRES	LIPRAM	PALPEON MT	PLARETASE
DYGASE	LIPRAM CR	PALTRASE	POLYGAM S/D
ENZYCAP	LIPRAM PN	PANCRELIPASE	PROAIR HFA ^
GAMMAGARD	LIPRAM UL	PANCRON	ULTRASE ^
GAMMAGARD SD	NABI-HB	PANGES CN	VENOGLOBUL-S
HEPAGAM B	NOVA PLUS NABI-HB	PANGES MT	VOSPIRE ER
HYPERRAB S/D	OCTAGAM	PANGES UL	
IMOGAM RABIE	PALIPASE	PANGESTYM EC	

### Medications that will be changed to correctly be covered as a 60 or 90 day supply

LUMIGAN	TRAVATAN	TRAVATAN Z	XALATAN
each 2.5ml bottle = a 30 day supply	each 2.5ml bottle = a 30 day supply	each 2.5ml bottle = a 30 day supply	each 2.5 ml bottle = a 30 day supply
each 5ml bottle = a 60 day supply	each 5ml bottle = a 60 day supply	each 5ml bottle = a 60 day supply	
each 7.5ml bottle = a 90 day supply			

UPPER CASE = brand name medication

lower case italics = generic medication

OVER

The preferred drug, precertification, quantity limit and step-therapy lists may change during the year. For the most up-to-date information, go to [www.aetna.com/formulary](http://www.aetna.com/formulary).

<sup>1</sup> Please note the following if you are a member in Texas: Additions to the 2008 Preferred Drug List will be effective no later than January 1, 2008. If your plan is fully insured and your medication has been removed from the Aetna Preferred Drug List, you will continue to have the medication covered at the same benefit level until your plan's renewal date. Fully insured means that your claims are paid by Aetna versus your employer. If you are unsure if your plan is fully insured, contact us at the toll-free number on your Member ID card.

<sup>2</sup> The term precertification means the utilization review process to determine whether the requested service, procedure, prescription drug or medical device meets the company's clinical criteria for coverage. It does not mean precertification as defined by Texas law, as a reliable representation of payment of care or services to fully insured HMO and PPO members.

<sup>3</sup> In accordance with state law, California HMO members who are receiving coverage for medications that are added to the Precertification or Step-Therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Nothing in this material shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this material be construed to prohibit generic drug substitutions.

<sup>4</sup> Not all programs are available in all service areas. For example, Precertification and Step-Therapy programs do not apply to fully insured members in Indiana. Step-Therapy programs do not apply to full-risk members in New Jersey.