

# Aetna Preferred Drug (Formulary) Guide

Three-Tier/Open  
Formulary Plan

January 2005



We want you to know<sup>SM</sup>



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



**Take this booklet with you when you see your doctor.**

**Do you have a question or need more information?**



**Call the Member Services number on your ID card.**



**Visit [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.**

Dear Member:

If you're like many Aetna members, the benefit you use most frequently is your prescription drug coverage. To help you determine what medications are covered by your plan, we're pleased to provide you with a copy of our *January 2005 Preferred Drug Guide*. We encourage you to take this booklet with you when you see your doctor, so you can discuss whether any medications recommended by your doctor are covered under your pharmacy benefit.

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones.

If you have questions about your pharmacy benefit or want to know if a particular medication not listed here is covered under your plan, please visit Aetna's secure website at [www.aetna.com](http://www.aetna.com). If you don't have access to our website, call the Member Services number on your ID card. For medical questions about your medications, contact your doctor or pharmacist.

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 section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

For members in Texas, additions to the 2005 Preferred Drug list will be effective no later than January 1, 2005. In accordance with state law, full-risk members in Texas who are receiving coverage for medications that are removed from the Preferred Drug list during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date.

Step-therapy, precertification and quantity limits do not apply in all service areas. Please refer to your plan documents or call the Member Services number on your ID card for further information.

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## What pharmacy benefits plan do I have?

You are enrolled in a three-tier/open formulary plan.\*

- **Open formulary** means your pharmacy benefit covers medications that are on the Preferred Drug list (formulary), as well as many that are not. (Your plan may not cover certain medications, even though some are listed in this booklet, such as contraceptives, infertility medications, erectile dysfunction medications and diabetic supplies.) Please see your plan documents for a complete description of your pharmacy benefit, or call the Member Services number on your ID card.
- **Three-tier** means there are three copay tiers or levels for covered prescription medications. The three copay tiers are:

Copay Tier**	Symbol	Type of Drug
Tier One (Low Copay)	1	Covered generic medications on the Preferred Drug list***
Tier Two (Middle Copay)	2	Covered brand-name medications on the Preferred Drug list
Tier Three (High Copay)	3	Covered generic and brand-name medications not on the Preferred Drug list***

\*Your enrollment in an Aetna three-tier/open formulary benefits plan was based on information at the time of this mailing. If your pharmacy benefits plan changes, the copays and coverage of certain medications detailed in this booklet may no longer apply.

\*\*If your plan has copay levels based on a percentage of Aetna's negotiated charge with the participating pharmacy, the negotiated charge does not include or reflect any manufacturer rebate arrangements between Aetna and the manufacturer of those medications.

\*\*\*If you are enrolled in a PPO plan, all covered generic medications are available at the lowest copay (tier one), regardless of whether they are on the Preferred Drug list. In most HMO plans, covered generic medications not on the Preferred Drug list are available at the highest copay (tier three).

Your plan may have a "mandatory generic cost-sharing requirement," which means that if you receive a brand-name medication when a generic medication is available, you will pay the difference in cost between the brand-name and generic medication, in addition to your copay.

In addition, in circumstances where your prescription drug benefit plan utilizes copayments or coinsurance calculated on a percentage basis or a deductible, use of Preferred Drugs may in some limited circumstances result in a higher, direct out-of-pocket cost for you. To estimate the cost of drugs (for example, generic, preferred and non-preferred drugs), members can use the Price-A-Drug<sup>SM</sup> pricing tool on our Aetna Navigator<sup>TM</sup> member website ([www.aetna.com](http://www.aetna.com)) or call Member Services at the telephone number on their Aetna ID card.

## What is a formulary?

- A formulary is a list of Preferred Drugs. Both brand-name and generic medications are on Aetna's Preferred Drug list (formulary).
- Medications on the Preferred Drug list have been approved by the Food and Drug Administration (FDA) as safe and effective and are considered cost-effective by Aetna.
- Many medications on the Preferred Drug list are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those medications.

Your pharmacy benefit also covers many medications that are not on the Preferred Drug list. However, certain medications listed in this booklet — such as contraceptives, infertility medications, erectile dysfunction medications and diabetic supplies — may not be covered by your particular plan. Please see your plan documents for a complete description of your pharmacy benefit, or call the Member Services number on your ID card to inquire.

## What are generic medications?

- Generic medications have been approved by the FDA as safe and effective.
- They contain the same active ingredients in the same amounts as the brand-name products, although generics may be a different color, shape or size than brand-name products.
- Your pharmacist can substitute a generic medication for a brand-name medication when filling your prescription when the generic is rated by the FDA as equivalent and where substitution is permitted by law and by your doctor.

## How can I save money on prescriptions?

- Ask your doctor to prescribe covered medications on the Preferred Drug list whenever appropriate. Medications on the Preferred Drug list generally cost you less money.
- Covered generic medications on the Preferred Drug list are available at the lowest copay. Ask your doctor or pharmacist whether these medications are appropriate for you.
- For more helpful tips on cutting your prescription costs, visit [www.aetna.com/formulary](http://www.aetna.com/formulary).

## Who reviews medications for the Preferred Drug list?

- Aetna's Pharmacy Quality Advisory Committee (PQAC) and Pharmacy and Therapeutics (P&T) Committee review medications that have been approved by the FDA.
- The PQAC includes pharmacists and doctors who participate in Aetna's networks and who are not employees of Aetna.
- The P&T Committee includes pharmacists and doctors who are employees of Aetna.

## How are medications selected for the Preferred Drug list?

The PQAC reviews clinical information on the medications being considered for the Preferred Drug list and provides clinical comments to the P&T Committee.

The P&T Committee reviews clinical information from different sources as it evaluates each medication. Each medication is categorized according to its clinical advantages or disadvantages when compared with other medications in the same therapeutic class.

**Category I:** The medication represents an important therapeutic advance as the only medication available to treat a disease or condition as supported by at least one of the following sources: United States Pharmacopeia Drug Information (USP-DI), American Hospital Formulary Service Drug Information (AHFS-DI), findings or guidelines developed by federal government agencies or peer-reviewed literature. If a medication is approved or used for multiple diseases or conditions but is the only available medication to treat a particular, narrow-niche indication(s), it is not included in this category.

Exclusion of a medication from Category I does not necessarily mean it will be excluded from the formulary or from coverage. Medications in Category I are always included on the Preferred Drug list, although precertification and step-therapy may apply.

**Category II:** The medication is clinically and therapeutically similar to other available products. Before a decision on Preferred Drug status is made, Aetna conducts additional reviews on medications in this category for overall value, including cost and manufacturer rebate arrangements.

**Category III:** The medication has significant disadvantages in safety or effectiveness when compared with similar products. Medications in this category are always excluded from the Preferred Drug list, or covered at the highest available copayment level in open formulary plans.

## Does the Preferred Drug list ever change?

- Yes. Aetna periodically reviews the Preferred Drug list to make sure it meets the criteria for safety, effectiveness and overall value. The Preferred Drug List is subject to change. Medications may be added to the Preferred Drug list or to the Formulary Exclusions List at any time.
- As brand-name medications lose their patents and generic versions become available, the brand-name medication may be removed from the Preferred Drug List. Medications likely to become available generically in 2005 are identified in this booklet with the symbol ∞. If you currently use any of these brand-name medications, discuss with your doctor whether the generic alternative is appropriate, once it becomes available.
- The Preferred Drug list may change because the FDA approves many new medications throughout the year.

- The Preferred Drug list also may change if a medication is withdrawn from the market or becomes available without a prescription. When an over-the-counter (OTC) equivalent becomes available, the prescription medication is no longer covered under many of Aetna's pharmacy benefits.

## Why do some medications require prior authorization or precertification?

Precertification encourages the appropriate and cost-effective use of medications by allowing coverage only when certain conditions are met.

- The precertification program is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.
- If your plan includes our precertification program, your doctor must request authorization for the medication. If the request is approved, your doctor is notified and the medication will then be covered at the applicable copay under your plan. If the request is denied, you and your doctor will be notified.
- The medications listed with a **PR** require prior authorization or precertification before they will be covered under your pharmacy benefit. For information on whether precertification applies to your plan, please refer to your plan documents or call the Member Services number on your ID card.

The medications requiring precertification are subject to change.

## Why do some medications have quantity limits?

Quantity limits are included as part of our precertification program to promote appropriate medication use and improve patient safety. Quantity limits are based on generally accepted pharmaceutical guidelines and dosing recommendations found on FDA-approved manufacturer labeling.

The medications that have quantity limits are subject to change.

Visit [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.

## Aetna Rx Home Delivery®

### What is Aetna Rx Home Delivery?

- Aetna Rx Home Delivery is our mail-order prescription service. Ideal medications for mail order are those often taken regularly to treat a chronic condition such as arthritis, diabetes or heart disease. These medications are delivered right to your door.
- You may contact Member Services at the toll-free number listed on the back of your ID card for questions about eligibility, benefits, copays, forms, or other general information.

## How does a member contact Aetna Rx Home Delivery?

For a specific question about the status of a prescription requested or filled by Aetna Rx Home Delivery, call 1-866-612-3862

Weekdays 7 a.m. – 11 p.m. ET.

Saturday 8 a.m. – 9:30 p.m. ET.

Sunday 8 a.m. – 6 p.m. ET.

**Or, check the status of your order online at  
[www.aetnarxhomedelivery.com](http://www.aetnarxhomedelivery.com).**

## Self-Injectable Medications and the Specialty Pharmacy Network

### What are self-injectable medications?

- Some medical conditions are treated with medications administered by an injection. These medications, called self-injectables, may require special handling, storage or shipping.
- Depending on your benefits plan, you may have a copay for self-injectable medications. Refer to your plan document or contact Member Services at the number on your ID card to see if this is the case.
- Like oral medications, a higher copay may apply if the self-injectable medication is covered under your pharmacy benefit and is not on the Preferred Drug list.
- Self-injectable medications are available from pharmacies that participate in Aetna's Specialty Pharmacy Network (SPN). The SPN provides convenient mail-order services for specialty medications that are not always available at retail pharmacies. It also offers educational and member support services to help you manage your medications and health condition 24 hours a day, 7 days a week. Below are the names and toll-free numbers of participating SPN pharmacies. This list is subject to change:

**Accredo Health: 1-888-221-2443**

**Chronimed Inc.: 1-800-636-1133**

**Priority Healthcare: 1-877-417-5383**

**CuraScript Pharmacy: 1-888-281-5471 (for oncology medications)**

- Self-injectable medications may be administered by a member, by a home health aide or by a physician. Once you receive your medication from the SPN, you may bring it to your physician's office to be administered if you do not feel comfortable doing it yourself. If you have the medication administered at your physician's office, you may be billed an office copayment. You can refer to your plan document or contact Member Services to find out if this office copayment applies.

- Certain self-injectables are covered if obtained from the SPN or at retail pharmacies. You can receive coverage whether you fill your prescription at a participating retail pharmacy or through the SPN. Other medications, not included in the following list, must be obtained through the SPN (after the first fill at a retail pharmacy).

Arixtra	Fraqmin	Lovenox
Betaseron	Innohep	Orgaran

- These injectable medications are only available and covered through a participating retail pharmacy only:

Betamethasone	Epinephrine kits	Insulin
Caverject/Edex	Glucagon	Narcotics
DHE	Imitrex	Progesterone in oil

In addition to general specialty medications, we offer the Aetna Transplant Life Management Program<sup>SM</sup> for members undergoing organ or bone-marrow transplants, and the Oncology Pharmacy Network for members who have cancer.

If you have questions about your coverage, please call Member Services at the toll-free phone number on your ID card.

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## PREFERRED DRUG GUIDE KEY

Uppercase = Brand-name medication

*lower case italics* = Generic medication

**PR** = Precertification required under most plans

**ST** = Step-therapy applies under most plans

**QL** = Quantity limit applies under most plans

**OTC** = Over-the-counter (Generally not a covered drug under most plans)

**SI** = Self-injectable medication (Some plans may cover injectable medications through the medical benefit. See Page 8 for more information.)

**∞** = Brand-name medication expected to become available generically during 2005. 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.

Some medications listed in this booklet, such as contraceptives, infertility medications, erectile dysfunction medications and diabetic supplies, are not covered for every member.

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Abilify <b>QL</b>	<b>3</b>	Risperdal <b>QL</b> , Seroquel <b>QL</b> , Zyprexa <b>QL</b> , Zyprexa Zydis <b>QL</b>
Accolate	<b>3</b>	Singulair
Accuneb	<b>3</b>	<i>albuterol inhaler, ipratropium inhalation soln, Combivent inhaler, Duoneb, Maxair Autohaler, Proventil HFA</i> ∞
Accupril <b>ST</b>	<b>3</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, Altace</i>
Accuretic <b>ST</b>	<b>3</b>	<i>benazepril/hctz, captopril/hctz, enalapril/hctz, lisinopril/hctz, quinapril/hctz</i>
Accutane <b>PR</b>	<b>3</b>	<i>isotretinoin</i> <b>PR</b>
Aceon	<b>3</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, Altace</i>
AcipHex <b>PR QL</b>	<b>2</b>	
Actiq <b>QL</b>	<b>3</b>	any formulary narcotic analgesic
Actonel <b>QL</b>	<b>2</b>	
Actos	<b>2</b>	
Acular	<b>3</b>	<i>cromolyn, Alomide, Optivar, Patanol, Zaditor</i>
Acular LS	<b>3</b>	<i>cromolyn, Alomide, Optivar, Patanol, Zaditor</i>
Adalat CC <b>QL</b>	<b>3</b>	<i>nifedipine</i> <b>CR/ER QL</b>
Adalat <b>ST</b>	<b>3</b>	<i>nifedipine</i>
Adderall <b>QL</b>	<b>3</b>	<i>amphetamine/dextroamphetamine</i> <b>QL</b>
Adderall XR <b>QL</b>	<b>2</b>	
Adoxa <b>PR ≤ 8 yr old</b>	<b>3</b>	<i>doxycycline</i> <b>PR ≤ 8 yr old</b>
Advair Diskus	<b>2</b>	
Advate <b>SI PR</b>	<b>3</b>	
Advicor <b>QL</b>	<b>2</b>	
Aerobid	<b>3</b>	Advair Diskus, Flovent ∞, Flovent Rotadisk, Pulmicort Respules only
Aerobid M	<b>3</b>	Advair Diskus, Flovent ∞, Flovent Rotadisk, Pulmicort Respules only

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Agenerase	<b>3</b>	Crixivan, Fortovase, Invirase, Kaletra ∞, Lexiva, Norvir
Aggrenox	<b>2</b>	
Agrylin	<b>3</b>	<i>hydroxyurea</i>
Akne-mycin	<b>3</b>	<i>erythromycin gel</i>
Alamast	<b>3</b>	<i>cromolyn</i> , Alomide, Optivar, Patanol, Zaditor
Aldara	<b>2</b>	
Alesse	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Alkeran	<b>2</b>	
Allegra <b>PR QL</b>	<b>3</b>	<i>brompheniramine, carbinoxamine, chlorpheniramine (OTC), clemastine (OTC), cyproheptadine, diphenhydramine (OTC), hydroxyzine hcl, Alavert (OTC), Claritin (OTC)</i>
Allegra-D <b>PR QL</b>	<b>3</b>	<i>brompheniramine/pseudoephedrine SR, carbinoxamine/pseudoephedrine, chlorpheniramine/pseudoephedrine, Alavert D (OTC), Claritin D (OTC)</i>
Alocril	<b>3</b>	<i>cromolyn</i> , Alomide, Optivar, Patanol, Zaditor
Alomide	<b>2</b>	
Alora <b>QL</b>	<b>3</b>	<i>estradiol patch QL, Estraderm QL, Vivelle QL, Vivelle DOT QL</i>
Alphagan P	<b>2</b>	
Alphanate <b>SI PR</b>	<b>3</b>	
Alphanine SD <b>SI PR</b>	<b>3</b>	
Alrex	<b>2</b>	
Altace	<b>2</b>	
Altoprev <b>QL ST</b>	<b>3</b>	<i>lovastatin QL, Lescol QL, Lescol XL, Zocor QL</i>
Alupent	<b>3</b>	<i>albuterol inhaler, ipratropium inhalation soln, Combivent inhaler, Duoneb, Maxair Autohaler, Proventil HFA ∞</i>
Amaryl	<b>3</b>	<i>glipizide, glyburide, glyburide micronized</i>
Ambien <b>QL</b>	<b>3</b>	<i>estazolam, lorazepam, temazepam, triazolam, Sonata ∞</i>
Amerge <b>QL</b>	<b>2</b>	

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Drug	Copay Level	Suggested Alternative(s)
<i>amphetamine/dextroamphetamine</i> <b>QL</b>	<b>1</b>	
Ancobon	<b>3</b>	<i>amphotericin B, fluconazole</i> <b>PR</b>
Androderm	<b>2</b>	
Androgel <b>ST</b>	<b>3</b>	Androderm
Anexsia <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>
Anzemet <b>QL</b>	<b>3</b>	<i>metoclopramide, prochlorperazine, promethazine, trimethobenzamide, Zofran</i> <b>QL</b> , Zofran ODT <b>QL</b>
<i>apri</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Aralen <b>PR</b>	<b>3</b>	<i>chloroquine</i> <b>PR</b> , <i>hydroxychloroquine</i> <b>PR</b> , <i>mefloquine</i> <b>PR</b> , <i>primaquine</i> <b>PR</b>
Aranesp <b>SI</b>	<b>2</b>	
Arava	<b>3</b>	<i>azathioprine, hydroxychloroquine</i> <b>PR</b> , <i>methotrexate, sulfasalazine</i>
Aricept	<b>3</b>	Exelon, Namenda
Arimidex	<b>2</b>	
Armour Thyroid	<b>3</b>	<i>levothyroxine, Levoxyll</i> ∞
Aromasin	<b>2</b>	
Arthrotec	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Asacol <b>QL</b>	<b>2</b>	
Astelin	<b>2</b>	
Atacand <b>QL ST</b>	<b>3</b>	Cozaar <b>QL</b> , Diovan <b>QL</b>
Atacand HCT <b>QL ST</b>	<b>3</b>	Diovan HCT <b>QL</b> , Hyzaar <b>QL</b>

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Atrovent oral inhaler	<b>3</b>	<i>albuterol inhaler, ipratropium inhalation soln, Combivent inhaler, Duoneb, Maxair Autohaler, Proventil HFA</i> ∞
Augmentin ES ∞	<b>2</b>	
Augmentin XR	<b>2</b>	
Avalide <b>QL ST</b>	<b>3</b>	Diovan HCT <b>QL</b> , Hyzaar <b>QL</b>
Avandamet	<b>2</b>	
Avandia	<b>2</b>	
Avapro <b>QL ST</b>	<b>3</b>	Cozaar <b>QL</b> , Diovan <b>QL</b>
Avar (green and gel)	<b>3</b>	<i>sulfacetamide/sulfur lotion, Plexion</i> ∞, <i>Plexion SCT</i> ∞, <i>Plexion TS</i> ∞
Avelox <b>PR &lt; 10 yr old</b>	<b>2</b>	
<i>aviane</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Avinza	<b>3</b>	<i>morphine SR, Kadian CR</i>
Avita <b>PR ≥ 36 yr old</b>	<b>3</b>	<i>tretinoin</i> <b>PR ≥ 36 yr old</b>
Avodart	<b>3</b>	<i>doxazosin, terazosin, Flomax</i>
Avonex <b>SI</b>	<b>2</b>	
Axert <b>QL</b>	<b>3</b>	Amerge <b>QL</b> , Imitrex <b>QL</b> , Maxalt <b>QL</b> , Maxalt MLT <b>QL</b>
Axid <b>ST</b>	<b>3</b>	<i>nizatidine</i>
Azasan	<b>3</b>	<i>azathioprine, hydroxychloroquine</i> <b>PR</b> , <i>methotrexate, sulfasalazine</i>
Azelex	<b>3</b>	<i>benzoyl peroxide (OTC), benzoyl peroxide/erythromycin gel, clindamycin soln, erythromycin gel/ointment/soln</i>
Azmacort	<b>3</b>	Advair Diskus, Flovent ∞, Flovent Rotadisk, Pulmicort Respules only
Azopt	<b>2</b>	
Azulfidine <b>QL</b>	<b>3</b>	<i>sulfasalazine</i> <b>QL</b>
Bactroban	<b>3</b>	<i>mupirocin</i>
BD insulin syringes	<b>2</b>	
BD lancets	<b>2</b>	
BD pen needles	<b>2</b>	

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All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

Drug	Copay Level	Suggested Alternative(s)
Bebulin VH <b>SI PR</b>	<b>3</b>	
Beconase AQ	<b>3</b>	<i>flunisolide spray</i> , Flonase $\infty$ , Nasonex
Benefix <b>SI PR</b>	<b>3</b>	
Benicar <b>QL</b>	<b>3</b>	Cozaar <b>QL</b> , Diovan <b>QL</b>
Benicar HCT <b>QL</b>	<b>3</b>	Diovan HCT <b>QL</b> , Hyzaar <b>QL</b>
Benzaclin	<b>3</b>	<i>benzoyl peroxide (OTC), benzoyl peroxide/erythromycin gel, clindamycin soln, erythromycin gell/oint/soln</i>
Benzamycin	<b>3</b>	<i>benzoyl peroxide (OTC), benzoyl peroxide/erythromycin gel, clindamycin soln, erythromycin gell/oint/soln</i>
Betaseron <b>SI</b>	<b>2</b>	
Betimol	<b>3</b>	<i>carteolol, levobunolol, timolol, timolol GFS</i>
Betoptic-S	<b>2</b>	
Bextra <b>PR QL</b>	<b>3</b>	any preferred generic NSAID
Biaxin $\infty$	<b>2</b>	
Biaxin XL $\infty$	<b>2</b>	
Bio-Throid	<b>3</b>	<i>levothyroxine</i> , Levoxyl $\infty$
Blephamide	<b>3</b>	<i>bacitracin, erythromycin, gentamicin, neomycin/polymyxin/gramicidin, sulfacetamide, tobramycin</i>
Brevicon	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Broncap	<b>3</b>	<i>theophylline CR</i> , Uniphyll $\infty$
<i>bupropion</i> <b>QL</b>	<b>1</b>	
<i>bupropion SR</i> <b>QL</b>	<b>1</b>	
<i>butorphanol nasal</i> <b>QL</b>	<b>1</b>	
Caduet <b>QL ST</b>	<b>3</b>	<i>nicardipine, nifedipine, nifedipine CRIER</i> <b>QL</b> , <i>lovastatin</i> <b>QL</b> , Lescol <b>QL</b> , Lescol XL, Zocor <b>QL</b>
Calan SR <b>QL ST</b>	<b>3</b>	<i>verapamil CRIER/SR</i> <b>QL</b>
Calan <b>ST</b>	<b>3</b>	<i>verapamil</i>

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
<i>camila</i>	<b>3</b>	Ortho-Micronor
Canasa	<b>2</b>	
Capital/Codeine <b>ST</b>	<b>3</b>	<i>codeine/acetaminophen</i>
Capitol	<b>3</b>	<i>selenium sulfide shampoo, Loprox shampoo</i>
Capoten <b>ST</b>	<b>3</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, Altace</i>
Capozide <b>ST</b>	<b>3</b>	<i>benazepril/hctz, captopril/hctz, enalapril/hctz, lisinopril/hctz, quinapril/hctz</i>
Cardene SR	<b>3</b>	<i>nicardipine, nifedipine, nifedipine CRIER <b>QL</b></i>
Cardene <b>ST</b>	<b>3</b>	<i>nicardipine</i>
Cardizem CD <b>QL ST</b>	<b>3</b>	<i>diltiazem CD/CRIER/XT <b>QL</b></i>
Cardizem LA <b>QL ST</b>	<b>3</b>	<i>diltiazem CD/CRIER/XT <b>QL</b></i>
Cardizem <b>ST</b>	<b>3</b>	<i>diltiazem</i>
<i>cartia xt <b>QL</b></i>	<b>1</b>	
Cartrol	<b>3</b>	<i>acebutolol, atenolol, bisoprolol, metoprolol, nadolol, pindolol, propranolol, timolol</i>
Casodex	<b>2</b>	
Cedax	<b>3</b>	<i>cefpodoxime, Omnicef, Spectracef</i>
CeeNu	<b>2</b>	
Cefzil	<b>3</b>	<i>cefuroxime, Lorabid</i>
Celebrex <b>PR QL</b>	<b>3</b>	any preferred generic NSAID
Celestone	<b>3</b>	<i>dexamethasone, hydrocortisone, methylprednisolone, prednisolone, prednisone, triamcinolone, Orapred ∞</i>
Celexa <b>QL ST</b>	<b>3</b>	<i>bupropion <b>QL</b>, bupropion SR <b>QL</b>, fluoxetine <b>QL</b>, mirtazapine, paroxetine <b>QL</b>, trazodone, Effexor XR <b>PR ST</b>, Paxil CR <b>ST</b>, Wellbutrin XL <b>ST</b></i>
CellCept	<b>2</b>	
Cenestin	<b>2</b>	
Cerumenex	<b>3</b>	(OTC) ear drops (e.g. Debrox)
Chemet	<b>2</b>	
Chibroxin	<b>3</b>	<i>ciprofloxacin ophthalmic, ofloxacin, ophthalmic, Vigamox, Zymar</i>
<i>chloroquine <b>PR</b></i>	<b>1</b>	

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Cipro HC Otic	<b>3</b>	Ciprodex, Floxin Otic
Cipro <b>PR &lt; 10 yr old</b>	<b>3</b>	<i>ciprofloxacin PR &lt; 10 yr old</i>
Cipro XR <b>PR &lt; 10 yr old</b>	<b>2</b>	
Ciprodex	<b>2</b>	
<i>ciprofloxacin PR &lt; 10 yr old</i>	<b>1</b>	
Clarinet <b>PR QL</b>	<b>3</b>	<i>brompheniramine, carbinoxamine, chlorpheniramine (OTC), clemastine (OTC), cyproheptadine, diphenhydramine (OTC), hydroxyzine hcl, Alavert (OTC), Claritin (OTC)</i>
Cleocin vaginal cream/ovules	<b>3</b>	<i>metronidazole</i>
Climara Pro weekly <b>QL</b>	<b>3</b>	<i>estradiol patch QL, Estraderm QL, Vivelle QL, Vivelle DOT QL</i>
Climara <b>QL</b>	<b>3</b>	<i>estradiol patch QL, Estraderm QL, Vivelle QL, Vivelle DOT QL</i>
Clobex lotion and shampoo	<b>2</b>	
Cloderm	<b>3</b>	<i>augmented betamethasone dipropionate, betamethasone, clobetasol crm/oint/gel/emol, fluocinonide crm/oint/gel/soln, hydrocortisone, triamcinolone</i>
<i>clozapine QL</i>	<b>1</b>	
Clozaril <b>QL</b>	<b>3</b>	<i>clozapine QL</i>
Cognex	<b>3</b>	Exelon, Namenda
Colazal <b>ST</b>	<b>3</b>	<i>sulfasalazine QL, Asacol QL</i>
Colestid	<b>3</b>	<i>cholestyramine pkt or canister</i>
Coly-Mycin S	<b>3</b>	Ciprodex, Floxin Otic
Colyte	<b>3</b>	<i>lactulose, PEG/electrolyte solution, Kristalose</i>
Combipatch <b>QL</b>	<b>3</b>	<i>estradiol patch QL, Estraderm QL, Vivelle QL, Vivelle DOT QL</i>
Combivent inhaler	<b>2</b>	
Combivir	<b>2</b>	
COMTan	<b>2</b>	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Concerta <b>QL ST</b>	<b>3</b>	<i>amphetamine/dextroamphetamine <b>QL</b>, dextroamphetamine <b>QL</b>, methylin <b>ER QL</b>, methylphenidate <b>QL</b>, methylphenidate <b>SR QL</b>, Adderall XR <b>QL</b>, Metadate CD <b>QL</b>, Metadate ER <b>QL</b></i>
Copaxone <b>SI</b>	<b>2</b>	
Copegus $\infty$	<b>2</b>	
Cordran lotion/tape	<b>3</b>	<i>augmented betamethasone dipropionate, betamethasone, clobetasol crm/joint/gell/emol, fluocinonide crm/joint/gell/soln, hydrocortisone, triamcinolone</i>
Coreg	<b>2</b>	
Cortifoam	<b>3</b>	<i>hydrocortisone enema</i>
Corzide	<b>3</b>	<i>bisoprolol/hctz, nadolol and hctz</i>
Cosopt	<b>2</b>	
Coumadin	<b>3</b>	<i>warfarin sodium</i>
Covera HS <b>QL ST</b>	<b>3</b>	<i>verapamil <b>CR/ER/SR QL</b></i>
Cozaar <b>QL</b>	<b>2</b>	
Creon	<b>2</b>	
Crestor <b>QL ST</b>	<b>3</b>	<i>lovastatin <b>QL</b>, Lescol <b>QL</b>, Lescol XL, Zocor <b>QL</b></i>
Crixivan	<b>2</b>	
<i>cryselle</i>	<b>3</b>	<i>Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50</i>
Cuprimine	<b>3</b>	<i>azathioprine, hydroxychloroquine <b>PR</b>, methotrexate, sulfasalazine</i>
Cyclessa	<b>3</b>	<i>Ortho-Novum 7/7/7, Ortho-Tri-Cyclen, Ortho-Tri-Cyclen Lo</i>
Cylert <b>QL ST</b>	<b>3</b>	<i>amphetamine/dextroamphetamine <b>QL</b>, dextroamphetamine <b>QL</b>, methylin <b>ER QL</b>, methylphenidate <b>QL</b>, methylphenidate <b>SR QL</b>, Adderall XR <b>QL</b>, Metadate CD <b>QL</b>, Metadate ER <b>QL</b></i>
Cytovene $\infty$	<b>2</b>	

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

Drug	Copay Level	Suggested Alternative(s)
Dantrium	3	<i>baclofen, carisoprodol, carisoprodol/aspirin, carisoprodol/aspirin/codeine, cyclobenzaprine, diazepam, methocarbamol, methocarbamol/aspirin, orphenadrine/aspirin/caffeine, tizanidine, Skelaxin</i>
Dapsone	2	
Daranide	3	<i>acetazolamide, methazolamide</i>
Daraprim PR	3	<i>chloroquine PR, hydroxychloroquine PR, mefloquine PR, primaquine PR</i>
Darvocet-N ST	3	<i>propoxyphene-n/acetaminophen</i>
Darvon Compound ST	3	<i>propoxyphene/aspirin/caffeine</i>
Darvon ST	3	<i>propoxyphene/aspirin/caffeine</i>
Daypro	3	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
DDAVP (Nasal Spray and Injectable) ST	3	<i>desmopressin</i>
DDAVP tab	2	
Declomycin PR ≤ 8 yr old	3	<i>demeclocycline PR ≤ 8 yr old</i>
<i>demeclocycline PR ≤ 8 yr old</i>	1	
Demulen 1/35	3	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Demulen 1/50	3	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Depakote ∞	2	
Depakote ER	2	
Desogen	3	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Desoxyn <b>QL ST</b>	<b>3</b>	<i>amphetamine/dextroamphetamine <b>QL</b>, dextroamphetamine <b>QL</b>, methylin <i>ER</i> <b>QL</b>, methylphenidate <b>QL</b>, methylphenidate <i>SR</i> <b>QL</b>, Adderall XR <b>QL</b>, Metadate CD <b>QL</b>, Metadate ER <b>QL</b></i>
Desyrel <b>ST</b>	<b>3</b>	<i>bupropion <b>QL</b>, bupropion <i>SR</i> <b>QL</b>, fluoxetine <b>QL</b>, mirtazapine, paroxetine <b>QL</b>, trazodone, Effexor XR <b>PR ST</b>, Paxil CR <b>ST</b>, Wellbutrin XL <b>ST</b></i>
Detrol	<b>2</b>	
Detrol LA	<b>2</b>	
Dexedrine <b>QL</b>	<b>3</b>	<i>dextroamphetamine <b>QL</b></i>
<i>dextroamphetamine <b>QL</b></i>	<b>1</b>	
Dextrostat <b>QL</b>	<b>3</b>	<i>dextroamphetamine <b>QL</b></i>
DHC Plus	<b>3</b>	<i>any formulary narcotic analgesic</i>
DHE-45	<b>3</b>	<i>Amerge <b>QL</b>, Imitrex <b>QL</b>, Maxalt <b>QL</b>, Maxalt MLT <b>QL</b></i>
diabetic strips — all except those mfr by Lifescan or Abbott Diabetes Care (Medisense)	<b>3</b>	<i>OneTouch Basic/Profile/OneTouch II test strips, OneTouch FastTake test strips, OneTouch SureStep test strips, OneTouch Ultra test strips, Precision Q-I-D test strips, Precision Sof-Tact test strips, Precision Xtra Ketone Strips, Precision Xtra test strips</i>
Diamox Sequels	<b>3</b>	<i>acetazolamide, methazolamide</i>
Diastat	<b>2</b>	
Dibenzyline	<b>2</b>	
<i>diclofenac XR</i>	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Didronel	<b>3</b>	<i>Actionel <b>QL</b>, Evista, Fosamax <b>QL</b></i>
Differin	<b>2</b>	

## 2005 3-Tier Copay Preferred Drug Guide

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Drug	Copay Level	Suggested Alternative(s)
Diflucan <b>PR QL</b>	<b>3</b>	<i>fluconazole</i> <b>PR QL</b>
Dilacor <b>ST</b>	<b>3</b>	<i>diltiazem</i>
Dilacor XR <b>QL ST</b>	<b>3</b>	<i>diltiazem CD/CR/ER/XT</i> <b>QL</b>
Dilatrate SR	<b>3</b>	<i>isosorbide dinitrate</i>
<i>diltia XT</i> <b>QL</b>	<b>1</b>	
<i>diltiazem CD/CR/ER/XT</i> <b>QL</b>	<b>1</b>	
<i>diltiazem extended release beads SR</i> <b>QL</b>	<b>1</b>	
Diovan HCT <b>QL</b>	<b>2</b>	
Diovan <b>QL</b>	<b>2</b>	
Dipentum <b>QL</b>	<b>3</b>	<i>sulfasalazine</i> <b>QL</b> , <i>Asacol</i> <b>QL</b>
Diprolene AF	<b>3</b>	<i>augmented betamethasone dipropionate, betamethasone, clobetasol crm/oint/gel/emol, fluocinonide crm/oint/gel/soln, hydrocortisone, triamcinolone</i>
Ditropan XL <b>ST</b>	<b>3</b>	<i>oxybutynin</i> , <i>Detrol</i> , <i>Detrol LA</i> , <i>Oxytrol</i>
Doral	<b>3</b>	<i>flurazepam</i> , <i>temazepam</i>
Dovonex <b>ST</b>	<b>3</b>	<i>Tazorac</i>
<i>doxycycline</i> <b>PR ≤ 8 yr old</b>	<b>1</b>	
Duac	<b>3</b>	<i>benzoyl peroxide (OTC), benzoyl peroxide/erythromycin gel, clindamycin soln, erythromycin gell/oint/soln</i>
Duoneb	<b>2</b>	
Duragesic <b>QL</b>	<b>3</b>	<i>morphine SR</i>
Duricef	<b>3</b>	<i>cefadroxil, cephalexin, cephradine</i>
Dynabac	<b>3</b>	<i>erythromycin</i> , <i>Biaxin ∞</i> , <i>Biaxin XL ∞</i> , <i>Zithromax ∞</i>
Dynacin <b>PR ≤ 8 yr old</b>	<b>3</b>	<i>minocycline</i> <b>PR ≤ 8 yr old</b>
Dynacirc	<b>3</b>	<i>nicardipine, nifedipine, nifedipine CR/ER</i> <b>QL</b>
Dynacirc CR	<b>3</b>	<i>nicardipine, nifedipine, nifedipine CR/ER</i> <b>QL</b>
Edecrin	<b>3</b>	<i>furosemide, torsemide</i>

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Effexor <b>QL ST</b>	<b>3</b>	<i>bupropion QL, bupropion SR QL, fluoxetine QL, mirtazapine, paroxetine QL, trazodone, Effexor XR PR ST, Paxil CR ST, Wellbutrin XL ST</i>
Effexor XR <b>PR ST</b>	<b>2</b>	
Elestat	<b>3</b>	<i>cromolyn, Alomide, Optivar, Patanol, Zaditor</i>
Elidel	<b>2</b>	
Elmiron	<b>2</b>	
Emadine	<b>3</b>	<i>cromolyn, Alomide, Optivar, Patanol, Zaditor</i>
Emcyt	<b>2</b>	
Emend <b>QL</b>	<b>3</b>	<i>metoclopramide, prochlorperazine, promethazine, trimethobenzamide, Zofran QL, Zofran ODT QL</i>
Emtriva	<b>2</b>	
<i>enpresse</i>	<b>3</b>	Ortho-Novum 7/7/7, Ortho-Tri-Cyclen, Ortho-Tri-Cyclen Lo
Entocort EC	<b>3</b>	<i>prednisolone, prednisone, sulfasalazine QL, Asacol QL</i>
Epifrin	<b>3</b>	<i>dipivefrin, epinephrine</i>
Epipen	<b>2</b>	
Epipen Jr	<b>2</b>	
Epivir	<b>2</b>	
Epivir HBV	<b>2</b>	
Equagesic	<b>3</b>	<i>baclofen, carisoprodol, carisoprodol/aspirin, carisoprodol/aspirin/codeine, cyclobenzaprine, diazepam, methocarbamol, methocarbamol/aspirin, orphenadrine/aspirin/caffeine, tizanidine, Skelaxin</i>
<i>errin</i>	<b>3</b>	Ortho-Micronor
Ertaczo	<b>3</b>	<i>econazole, ketoconazole, Loprox ∞, Loprox TS</i>
Esclim <b>QL</b>	<b>3</b>	<i>estradiol patch QL, Estraderm QL, Vivelle QL, Vivelle DOT QL</i>
Estrace <b>QL</b>	<b>3</b>	<i>estradiol QL</i>
Estraderm <b>QL</b>	<b>2</b>	
<i>estradiol patch QL</i>	<b>1</b>	
<i>estradiol tablets QL</i>	<b>1</b>	

## 2005 3-Tier Copay Preferred Drug Guide

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Drug	Copay Level	Suggested Alternative(s)
Estrasorb Emulsion	3	<i>estradiol patch</i> QL, Estraderm QL, Vivelle QL, Vivelle DOT QL
Estrogel	3	<i>estradiol patch</i> QL, Estraderm QL, Vivelle QL, Vivelle DOT QL
Estrostep FE	3	Ortho-Novum 7/7/7, Ortho-Tri-Cyclen, Ortho-Tri-Cyclen Lo
Ethmozine	2	
etodolac SR	3	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Eurax	3	<i>lindane, permethrin</i>
Evista	2	
Evoxac	2	
Exelderm	3	<i>econazole, ketoconazole, Loprox ∞, Loprox TS</i>
Exelon	2	
Famvir	3	<i>acyclovir, Valtrex</i>
Fansidar PR	3	<i>chloroquine PR, hydroxychloroquine PR, mefloquine PR, primaquine PR</i>
Fareston	2	
Fazaclo QL	3	<i>clozapine QL</i>
Femara	2	
Finacea	3	Metrogel
Fioricet/Codeine ST	3	<i>butalbital/acetaminophen/caffeine/codeine</i>
Fiorinal/Codeine ST	3	<i>butalbital/aspirin/caffeine/codeine</i>
First Testosterone ST	3	Androderm
Fiv-ASA QL	3	Canasa QL
Flomax	2	
Flonase ∞	2	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Flovent ∞	<b>2</b>	
Flovent Rotadisk	<b>2</b>	
Floxin <b>PR &lt; 10 yr old</b>	<b>3</b>	<i>ofloxacin</i> <b>PR &lt; 10 yr old</b>
Floxin Otic	<b>2</b>	
<i>fluconazole</i> <b>PR QL</b>	<b>1</b>	
<i>fluoxetine</i> <b>QL</b>	<b>1</b>	
<i>fluvoxamine</i> <b>QL</b>	<b>1</b>	
FML-S	<b>3</b>	<i>bacitracin, erythromycin, gentamicin, neomycin/polymyxin/gramicidin, sulfacetamide, tobramycin</i>
Focalin <b>QL ST</b>	<b>3</b>	<i>amphetamine/dextroamphetamine</i> <b>QL</b> , <i>dextroamphetamine</i> <b>QL</b> , <i>methylin</i> <b>ER QL</b> , <i>methylphenidate</i> <b>QL</b> , <i>methylphenidate</i> <b>SR QL</b> , <i>Adderall XR</i> <b>QL</b> , <i>Metadate CD</i> <b>QL</b> , <i>Metadate ER</i> <b>QL</b>
Follistim	<b>2</b>	
Follistim AQ <b>SI</b>	<b>2</b>	
Foradil	<b>2</b>	
Fortamet	<b>3</b>	<i>glipizide, glyburide, glyburide micronized, glyburide/metformin, metformin, metformin SR, Actos, Avandamet, Avandia, Prandin, Starlix</i>
Forteo <b>SI</b>	<b>2</b>	
Fortovase	<b>2</b>	
Fosamax <b>QL</b>	<b>2</b>	
Frova <b>QL</b>	<b>3</b>	<i>Amerge</i> <b>QL</b> , <i>Imitrex</i> <b>QL</b> , <i>Maxalt</i> <b>QL</b> , <i>Maxalt MLT</i> <b>QL</b>
Genotropin <b>SI PR</b>	<b>3</b>	<i>Humatrope</i> <b>SI PR</b> , <i>Nutropin</i> <b>SI PR</b> , <i>Nutropin AQ</i> <b>SI PR</b> , <i>Protropin</i> <b>SI PR</b>
Geocillin	<b>3</b>	<i>amoxicillin, ampicillin</i>
Geodon <b>QL</b>	<b>3</b>	<i>Risperdal</i> <b>QL</b> , <i>Seroquel</i> <b>QL</b> , <i>Zyprexa</i> <b>QL</b> , <i>Zyprexa Zydis</i> <b>QL</b>
Gleevec <b>PR</b>	<b>2</b>	
Glucophage <b>ST</b>	<b>3</b>	<i>metformin</i>
Glucophage XL <b>ST</b>	<b>3</b>	<i>metformin SR</i>

## 2005 3-Tier Copay Preferred Drug Guide

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Drug	Copay Level	Suggested Alternative(s)
Glucovance	3	<i>glipizide, glyburide, glyburide micronized, glyburide/metformin, metformin, metformin SR, Actos, Avandamet, Avandia, Prandin, Starlix</i>
Glyset	3	<i>glipizide, glyburide, glyburide micronized, glyburide/metformin, metformin, metformin SR, Actos, Avandamet, Avandia, Prandin, Starlix</i>
Golytely	3	<i>lactulose, PEG/electrolyte solution, Kristalose</i>
Gonal-F <b>SI</b>	2	
Gynazole-1	3	<i>any generic or OTC vaginal antifungal, fluconazole <b>QL 150 mg</b></i>
Gynodiol <b>QL</b>	3	
Halog	3	<i>augmented betamethasone dipropionate, betamethasone, clobetasol crm/oint/gel/emol, fluocinonide crm/oint/gel/soln, hydrocortisone, triamcinolone</i>
Halog E	3	<i>augmented betamethasone dipropionate, betamethasone, clobetasol crm/oint/gel/emol, fluocinonide crm/oint/gel/soln, hydrocortisone, triamcinolone</i>
Helidac <b>QL</b>	3	Prevpac <b>QL</b>
Helixate FS <b>SI PR</b>	3	
Hemofil M <b>SI PR</b>	3	
Hepsera	2	
Hexalen	2	
Hivid	2	
HMS Liquifilm	3	<i>fluorometholone, Lotemax</i>
Humalog Mix 75/25 vial/pen	2	
Humalog vial/pen	2	
Humate-P <b>SI PR</b>	3	
Humatrope <b>SI PR</b>	2	
Humulin 50/50	2	
Humulin 70/30 vial/pen	2	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Humulin L	<b>2</b>	
Humulin N vial/pen	<b>2</b>	
Humulin R	<b>2</b>	
Humulin U Ultralente	<b>2</b>	
Hyate:C <b>SI PR</b>	<b>3</b>	
<i>hydroxychloroquine</i> <b>PR</b>	<b>1</b>	
Hyzaar <b>QL</b>	<b>2</b>	
Imdur	<b>3</b>	<i>isosorbide mononitrate</i>
Imitrex <b>QL</b>	<b>2</b>	
Inspra	<b>3</b>	<i>spironolactone</i>
insulin syringes — all brands except BD	<b>3</b>	BD insulin syringes
Intal	<b>3</b>	Advair Diskus, Flovent ∞, Flovent Rotadisk, Pulmicort Respules only
Invirase	<b>2</b>	
Iopidine	<b>3</b>	<i>dipivefrin, epinephrine</i>
Iressa <b>PR</b>	<b>2</b>	
Isoptin SR <b>QL</b>	<b>3</b>	<i>verapamil CR/ER/SR</i> <b>QL</b>
Isoptin <b>ST</b>	<b>3</b>	<i>verapamil</i>
Isopto Carbachol	<b>3</b>	<i>pilocarpine</i>
<i>isotretinoin</i> <b>PR</b>	<b>1</b>	
IV Immune Globulin (IVIG) <b>PR</b>	<b>3</b>	
<i>jolivette</i>	<b>3</b>	Ortho-Micronor
<i>junel 1.5/30</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
<i>junel 1/20</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
<i>junel FE 1.5/30</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
<i>junel FE 1/20</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Kadian CR	<b>2</b>	
Kaletra ∞	<b>2</b>	
kariva	<b>3</b>	Ortho-Novum 10/11
Keppra	<b>2</b>	
Kerlone	<b>3</b>	<i>acebutolol, atenolol, bisoprolol, metoprolol, nadolol, pindolol, propranolol, timolol</i>
<i>ketoprofen SR</i>	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
<i>ketorolac QL</i>	<b>1</b>	
Klaron	<b>3</b>	<i>sulfacetamide/sulfur lotion, Plexion ∞, Plexion SCT ∞, Plexion TS ∞</i>
Klonopin wafer tab	<b>3</b>	<i>clonazepam</i>
Koate-DVI <b>SI PR</b>	<b>3</b>	
Kogenate FS <b>SI PR</b>	<b>3</b>	
Kristalose	<b>2</b>	
Ku-Zyme	<b>3</b>	<i>amylase/lipase/protease, Creon, Ultrase, Ultrase MT, Viokase</i>
Ku-Zyme HP	<b>3</b>	<i>amylase/lipase/protease, Creon, Ultrase, Ultrase MT, Viokase</i>
Kytril <b>QL</b>	<b>3</b>	<i>metoclopramide, prochlorperazine, promethazine, trimethobenzamide, Zofran <b>QL</b>, Zofran ODT <b>QL</b></i>
Lamisil tab <b>PR</b>	<b>2</b>	
lancets — all brands except BD	<b>3</b>	BD lancets

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Lariam <b>PR</b>	<b>3</b>	<i>chloroquine PR, hydroxychloroquine PR, mefloquine PR, primaquine PR</i>
Lescol <b>QL</b>	<b>2</b>	
Lescol XL	<b>2</b>	
<i>lessina</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Leukeran	<b>2</b>	
Levaquin <b>PR &lt; 10 yr old</b>	<b>3</b>	<i>ciprofloxacin PR &lt; 10 yr old, ofloxacin PR &lt; 10 yr old, Avelox PR &lt; 10 yr old, Cipro XR PR &lt; 10 yr old</i>
Levatol	<b>3</b>	<i>acebutolol, atenolol, bisoprolol, metoprolol, nadolol, pindolol, propranolol, timolol</i>
Leven	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
LevLite	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
<i>levora</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
<i>levothroid</i>	<b>3</b>	<i>levothyroxine, Levoxyl ∞</i>
Levoxyl ∞	<b>2</b>	
Lexapro <b>QL ST</b>	<b>3</b>	<i>bupropion QL, bupropion SR QL, fluoxetine QL, mirtazapine, paroxetine QL, trazodone, Effexor XR PR ST, Paxil CR ST, Wellbutrin XL ST</i>
Lexiva	<b>2</b>	
Lexxel	<b>3</b>	Lotrel
Lidoderm	<b>2</b>	
Lipex	<b>3</b>	<i>cholestyramine pkt or canister, fenofibrate, gemfibrozil, lovastatin QL, Advicor QL, Lescol QL, Lescol XL, Niaspan ER ∞, Tricor ∞, Welchol, Zocor QL</i>

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

Drug	Copay Level	Suggested Alternative(s)
Lipitor <b>QL ST</b>	<b>3</b>	<i>lovastatin</i> <b>QL</b> , Lescol <b>QL</b> , Lescol XL, Zocor <b>QL</b>
Livostin	<b>3</b>	<i>cromolyn</i> , Alomide, Optivar, Patanol, Zaditor
Lodine XL	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Loestrin 1.5/30	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Loestrin 1/20	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Loestrin FE 1.5/30	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Loestrin FE 1/20	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Lofibra	<b>3</b>	<i>fenofibrate, gemfibrozil, Tricor</i> ∞
Lo-Ovral	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Lopressor HCT	<b>3</b>	<i>bisoprolol/hctz, metoprolol and hctz</i>
Loprox ∞	<b>2</b>	
Loprox shampoo	<b>2</b>	
Loprox TS	<b>2</b>	
Lorabid	<b>2</b>	
Lorcet <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>
Lorcet HD <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>
Lorcet Plus <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>
Lortab <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Lotemax	<b>2</b>	
Lotensin <b>ST</b>	<b>3</b>	<i>benazepril, captopril, enalapril, lisinopril, moexipril, quinapril, Altace</i>
Lotensin HCT <b>ST</b>	<b>3</b>	<i>benazepril/hctz, captopril/hctz, enalapril/hctz, fosinopril/hctz, lisinopril/hctz</i>
Lotrel	<b>2</b>	
Lotrisone	<b>3</b>	<i>clotrimazole/betamethasone</i>
Lotronex <b>PR</b>	<b>3</b>	<i>diphenoxylate/atropine, loperamide cap (OTC)</i>
<i>lovastatin</i> <b>QL</b>	1	
<i>low-ogestrel</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Lumigan	<b>2</b>	
Lupron <b>SI</b>	<b>2</b>	
Luvox <b>QL ST</b>	<b>3</b>	<i>fluvoxamine</i> <b>QL</b>
Luxiq	<b>2</b>	
Macrobid	<b>3</b>	<i>nitrofurantoin</i>
Malarone <b>PR</b>	<b>3</b>	<i>chloroquine</i> <b>PR</b> , <i>hydroxychloroquine</i> <b>PR</b> , <i>mefloquine</i> <b>PR</b> , <i>primaquine</i> <b>PR</b>
<i>maprotiline</i> <b>QL</b>	<b>1</b>	
Matulane	<b>2</b>	
Mavik	<b>3</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, Altace</i>
Maxair Autohaler	<b>2</b>	
Maxalt <b>QL</b>	<b>2</b>	
Maxalt MLT <b>QL</b>	<b>2</b>	
Maxaquin <b>PR &lt; 10 yr old</b>	<b>3</b>	<i>ciprofloxacin</i> <b>PR &lt; 10 yr old</b> , <i>ofloxacin</i> <b>PR &lt; 10 yr old</b> , Avelox <b>PR &lt; 10 yr old</b> , Cipro XR <b>PR &lt; 10 yr old</b>
Maxidone	<b>2</b>	
<i>mefloquine</i> <b>PR</b>	<b>1</b>	
Menest	<b>2</b>	
Mepergan Fortis <b>ST</b>	<b>3</b>	<i>meperidine/promethazine</i>
Mephyton	<b>2</b>	
Mepron	<b>2</b>	

## 2005 3-Tier Copay Preferred Drug Guide

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<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Mestinon	<b>2</b>	
Metadate CD <b>QL</b>	<b>2</b>	
Metadate ER <b>QL</b>	<b>2</b>	
Metaglip	<b>3</b>	<i>glipizide, glyburide, glyburide micronized, glyburide/metformin, metformin, metformin SR, Actos, Avandamet, Avandia, Prandin, Starlix</i>
<i>metaproterenol</i>	<b>3</b>	<i>albuterol inhaler, ipratropium inhalation soln, Combivent inhaler, Duoneb, Maxair Autohaler, Proventil HFA ∞</i>
<i>methylin ER QL</i>	<b>1</b>	
<i>methylphenidate QL</i>	<b>1</b>	
<i>methylphenidate SR QL</i>	<b>1</b>	
<i>metipranolol</i>	<b>3</b>	<i>carteolol, levobunolol, timolol, timolol GFS</i>
Metrocream ∞	<b>2</b>	
Metrogel oral	<b>2</b>	
Metrogel Vaginal	<b>3</b>	<i>metronidazole</i>
Metro lotion	<b>2</b>	
Mevacor <b>QL ST</b>	<b>3</b>	<i>lovastatin QL, Lescol QL, Lescol XL, Zocor QL</i>
Miacalcin nasal	<b>3</b>	<i>Actonel QL, Evista, Fosamax QL</i>
Micardis <b>QL</b>	<b>3</b>	<i>Cozaar QL, Diovan QL</i>
Micardis HCT <b>QL</b>	<b>3</b>	<i>Diovan HCT QL, Hyzaar QL</i>
<i>microgestin 1.5/30</i>	<b>3</b>	<i>Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50</i>
<i>microgestin 1/20</i>	<b>3</b>	<i>Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50</i>
<i>microgestin FE 1.5/30</i>	<b>3</b>	<i>Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50</i>
<i>microgestin FE 1/20</i>	<b>3</b>	<i>Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50</i>

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Migranal <b>QL</b>	<b>3</b>	Amerge <b>QL</b> , Imitrex <b>QL</b> , Maxalt <b>QL</b> , Maxalt MLT <b>QL</b>
Minocin <b>PR ≤ 8 yr old</b>	<b>3</b>	<i>minocycline PR ≤ 8 yr old</i>
<i>minocycline PR ≤ 8 yr old</i>	<b>1</b>	
Miralax	<b>3</b>	<i>lactulose, PEG/electrolyte solution, Kristalose</i>
Mirapex	<b>2</b>	
Mircette	<b>3</b>	Ortho-Novum 10/11
Mobic <b>ST</b>	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Modicon	<b>1</b>	
Monarc-M <b>SI PR</b>	<b>3</b>	
Monoclate-P <b>SI PR</b>	<b>3</b>	
Monodox <b>PR ≤ 8 yr old</b>	<b>3</b>	<i>doxycycline PR ≤ 8 yr old</i>
<i>mononessa</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Mononine <b>SI PR</b>	<b>3</b>	
Monopril	<b>3</b>	<i>benazepril, captopril, enalapril, lisinopril, moexipril, Altace</i>
Monopril HCT <b>ST</b>	<b>3</b>	<i>benazepril/hctz, captopril/hctz, enalapril/hctz, lisinopril/hctz, quinapril/hctz</i>
Monurol	<b>3</b>	<i>amoxicillin, ampicillin, sulfamethoxazole/trimethoprim</i>
Myambutol	<b>2</b>	
Myleran	<b>2</b>	
<i>nabumetone</i>	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>

## 2005 3-Tier Copay Preferred Drug Guide

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Drug	Copay Level	Suggested Alternative(s)
Naftin	3	<i>econazole, ketoconazole, Loprox ∞, Loprox TS</i>
Namenda	2	
Naprelan <b>ST</b>	2	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Nasacort AQ	3	<i>flunisolide spray, Flonase ∞, Nasonex</i>
Nasonex	2	
Nebupent	2	
<i>necon .5/35</i>	3	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
<i>necon 1/35</i>	3	Ortho-Novum 1/35
<i>necon 1/50</i>	3	Ortho-Novum 1/50
<i>necon 10/11</i>	3	Ortho-Novum 10/11
<i>necon 7/7/7</i>	3	Ortho-Novum 7/7/7
<i>nefazodone <b>ST</b></i>	3	<i>bupropion <b>QL</b>, bupropion SR <b>QL</b>, fluoxetine <b>QL</b>, mirtazapine, paroxetine <b>QL</b>, trazodone, Effexor XR <b>PR ST</b>, Paxil CR <b>ST</b>, Wellbutrin XL <b>ST</b></i>
<i>nelova .5/35E</i>	3	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
<i>nelova 1/35E</i>	3	Ortho-Novum 1/35
<i>nelova 1/50M</i>	3	Ortho-Novum 1/50
<i>nelova 10/11</i>	3	Ortho-Novum 10/11
Neulasta <b>SI</b>	2	
Neurontin <b>QL</b>	3	
Nexium <b>PR QL ST</b>	3	AcipHex <b>PR QL</b> , Prevacid <b>PR QL</b> , Prilosec OTC
Niaspan ER ∞	2	

Drug	Copay Level	Suggested Alternative(s)
<i>nifedical XL</i> <b>QL</b>	<b>1</b>	
<i>nifedipine CR/ER</i> <b>QL</b>	<b>1</b>	
Nilandron	<b>2</b>	
Nimotop $\infty$	<b>2</b>	
Nitro-Bid oint	<b>3</b>	<i>nitroglycerin oint</i>
Nitro-Dur	<b>3</b>	<i>nitroglycerin patch</i>
Nitrostat SL	<b>2</b>	
<i>nora-be</i>	<b>3</b>	Ortho-Micronor
Norco <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>
Nordette	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Norditropin <b>SI PR</b>	<b>3</b>	Humatrope <b>SI PR</b> , Nutropin <b>SI PR</b> , Nutropin AQ <b>SI PR</b> , Protropin <b>SI PR</b>
<i>norethin 1/35</i>	<b>3</b>	Ortho-Novum 1/35
<i>norethin 1/50M</i>	<b>3</b>	Ortho-Novum 1/50
Norinyl 1/35	<b>3</b>	Ortho-Novum 1/35
Norinyl 1/50	<b>3</b>	Ortho-Novum 1/50
Noritate	<b>3</b>	Metrocream $\infty$ , <i>metronidazole cream</i> , Rozex emulsion
Noroxin <b>PR &lt; 10 yr old</b>	<b>3</b>	<i>ciprofloxacin PR &lt; 10 yr old</i> , <i>ofloxacin PR &lt; 10 yr old</i> , Avelox <b>PR &lt; 10 yr old</b> , Cipro XR <b>PR &lt; 10 yr old</b>
Nor-QD	<b>3</b>	Ortho-Micronor
<i>nortrel .5/35</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
<i>nortrel 1/35</i>	<b>3</b>	Ortho-Novum 1/35
<i>nortrel 7/7/7</i>	<b>3</b>	Ortho-Novum 7/7/7
Norvasc <b>QL</b>	<b>3</b>	<i>nifedipine, nifedipine, nifedipine CR/ER</i> <b>QL</b>
Norvir	<b>2</b>	
Novolin 70/30 vial/pen <b>ST</b>	<b>3</b>	Humulin 70/30 vial/pen
Novolin N vial/pen <b>ST</b>	<b>3</b>	Humulin N vial/pen
Novolin R vial/pen <b>ST</b>	<b>3</b>	Humulin R

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Drug	Copay Level	Suggested Alternative(s)
Novolog Mix vial/pen	2	
Novolog vial/pen	2	
Novoseven <b>SI PR</b>	3	
Nulytely	3	<i>lactulose, PEG/electrolyte solution, Kristalose</i>
Nutropin AQ <b>SI PR</b>	2	
Nutropin <b>SI PR</b>	2	
NuvaRing	3	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
<i>ofloxacin</i> <b>PR &lt; 10 yr old</b>	1	
<i>ogestrel</i>	3	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Olux	2	
<i>omeprazole (10 mg)</i> <b>PR QL</b>	1	
Omnicef	2	
OneTouch Basic/Profile/ OneTouch II test strips	2	
OneTouch FastTake test strips	2	
OneTouch SureStep test strips	2	
OneTouch Ultra test strips	2	
Optipranolol	3	<i>carteolol, levobunolol, timolol, timolol GFS</i>
Optivar	2	
Orapred ∞	2	
Orfadin <b>PR</b>	2	
Ortho Evra (3 pack only)	2	
Ortho-Cept	1	
Ortho-Cyclen	1	
Ortho-Micronor	1	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Ortho-Novum 1/35	<b>1</b>	
Ortho-Novum 1/50	<b>1</b>	
Ortho-Novum 10/11	<b>1</b>	
Ortho-Novum 7/7/7	<b>1</b>	
Ortho-Prefest	<b>2</b>	
Ortho-Tri-Cyclen	<b>1</b>	
Ortho-Tri-Cyclen Lo	<b>2</b>	
Orudis	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Oruvail	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Ovace crm/gel	<b>3</b>	<i>sulfacetamide/sulfur lotion, Plexion ∞, Plexion SCT ∞, Plexion TS ∞</i>
Ovcon-35	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Ovcon-50	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Ovral	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Ovrette	<b>3</b>	Ortho-Micronor
oxaprozin	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Oxistat	<b>3</b>	<i>econazole, ketoconazole, Loprox ∞, Loprox TS</i>
Oxycet <b>ST</b>	<b>3</b>	<i>oxycodone/acetaminophen</i>
<i>oxycodone SR QL</i>	<b>1</b>	
Oxycontin CR ∞ <b>QL</b>	<b>2</b>	
Oxyfast	<b>2</b>	
Oxytrol	<b>2</b>	
Palgic	<b>3</b>	<i>carbinoxamine</i>
Panixine Disperdose	<b>3</b>	<i>cefadroxil, cephalixin, cephradine</i>
Pannaz	<b>3</b>	<i>carbinoxamine/pseudoephedrine</i>
Panretin gel	<b>2</b>	
<i>paroxetine QL</i>	<b>1</b>	
Patanol	<b>2</b>	
Paxil <b>QL ST</b>	<b>3</b>	<i>bupropion QL, bupropion SR QL, fluoxetine QL, mirtazapine, paroxetine QL, trazodone, Effexor XR PR ST, Paxil CR ST, Wellbutrin XL ST</i>
Paxil CR <b>ST</b>	<b>2</b>	
PCE	<b>3</b>	<i>erythromycin, Biaxin ∞, Biaxin XL ∞, Zithromax ∞</i>
Pegasys <b>SI PR</b>	<b>2</b>	
<i>pemoline QL ST</i>	<b>3</b>	<i>amphetamine/dextroamphetamine QL, dextroamphetamine QL, methylin ER QL, methylphenidate QL, methylphenidate SR QL, Adderall XR QL, Metadate CD QL, Metadate ER QL</i>
Penlac Nail Lacquer <b>PR</b>	<b>3</b>	<i>Lamisil tab PR</i>
Pentasa <b>QL ST</b>	<b>3</b>	<i>sulfasalazine QL, Asacol QL</i>
Pepcid 40 mg <b>ST</b>	<b>3</b>	<i>famotidine</i>
Percoctet <b>ST</b>	<b>3</b>	<i>oxycodone/acetaminophen</i>
Percodan <b>ST</b>	<b>3</b>	<i>oxycodone/aspirin</i>
Pergonal <b>SI</b>	<b>2</b>	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Pexeva <b>QL ST</b>	<b>3</b>	<i>bupropion <b>QL</b>, bupropion SR <b>QL</b>, fluoxetine <b>QL</b>, mirtazapine, paroxetine <b>QL</b>, trazodone, Effexor XR <b>PR ST</b>, Paxil CR <b>ST</b>, Wellbutrin XL <b>ST</b></i>
Phospholine	<b>3</b>	<i>brimonidine tartrate, dipivefrin, epinephrine, pilocarpine</i>
Pilopine HS	<b>3</b>	<i>pilocarpine</i>
Plaquenil <b>PR</b>	<b>3</b>	<i>chloroquine <b>PR</b>, hydroxychloroquine <b>PR</b>, mefloquine <b>PR</b>, primaquine <b>PR</b></i>
Plavix ∞	<b>2</b>	
Plendil <b>QL</b>	<b>3</b>	<i>nicardipine, nifedipine, nifedipine CRI/ER <b>QL</b></i>
Pletal ∞	<b>2</b>	
Plexion ∞	<b>2</b>	
Plexion SCT ∞	<b>2</b>	
Plexion TS ∞	<b>2</b>	
Poly Pred	<b>3</b>	<i>bacitracin, erythromycin, gentamicin, neomycin/polymyxin/gramicidin, sulfacetamide, tobramycin</i>
Ponstel <b>ST</b>	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
<i>portia</i>	<b>3</b>	<i>Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50</i>
Prandin	<b>2</b>	
Pravachol <b>QL ST</b>	<b>3</b>	<i>lovastatin <b>QL</b>, Lescol <b>QL</b>, Lescol XL, Zocor <b>QL</b></i>
Pravigard <b>QL ST</b>	<b>3</b>	<i>lovastatin <b>QL</b>, Lescol <b>QL</b>, Lescol XL, Zocor <b>QL</b></i>
Precision Q-I-D test strips	<b>2</b>	
Precision Sof-Tact test strips	<b>2</b>	
Precision Xtra Ketone strips	<b>2</b>	
Precision Xtra test strips	<b>2</b>	

## 2005 3-Tier Copay Preferred Drug Guide

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Drug	Copay Level	Suggested Alternative(s)
Precose	3	<i>glipizide, glyburide, glyburide micronized, glyburide/metformin, metformin, metformin SR, Actos, Avandamet, Avandia, Prandin, Starlix</i>
Pred G	3	<i>bacitracin, erythromycin, gentamicin, neomycin/polymyxin/gramicidin, sulfacetamide, tobramycin</i>
Pred G SOP	3	<i>bacitracin, erythromycin, gentamicin, neomycin/polymyxin/gramicidin, sulfacetamide, tobramycin</i>
Premarin <b>QL</b>	3	Cenestin <b>QL</b> , Menest <b>QL</b>
Prevacid NapraPAC <b>PR</b>	3	<i>naproxen and Prevacid <b>PR</b></i>
Prevacid <b>PR QL</b>	2	
<i>previfem</i>	3	Ortho-Cyclen
Prevpac <b>QL</b>	2	
Prilosec (10 mg and 40 mg) <b>PR QL ST</b>	3	AcipHex <b>PR QL</b> , Prevacid <b>PR QL</b> , Prilosec OTC
<i>primaquine <b>PR</b></i>	1	
Prinivil <b>ST</b>	3	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, Altace</i>
Prinzide <b>ST</b>	3	<i>benazepril/hctz, captopril/hctz, enalapril/hctz, lisinopril/hctz, quinapril/hctz</i>
ProAmatine	3	<i>midodrine</i>
Procardia <b>ST</b>	3	<i>nifedipine</i>
Procardia XL <b>QL ST</b>	3	<i>nifedipine CR/ER <b>QL</b></i>
Profilnine <b>SI PR</b>	3	
Proglycem	2	
Prograf	2	
Prometrium	2	
Proplex T <b>SI PR</b>	3	
Proscar	3	<i>doxazosin, terazosin, Flomax</i>
Protonix <b>PR QL ST</b>	3	AcipHex <b>PR QL</b> , Prevacid <b>PR QL</b> , Prilosec OTC
Protopic	2	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Protoprin <b>SI PR</b>	<b>2</b>	
Proventil HFA $\infty$	<b>2</b>	
Provigil <b>PR QL</b>	<b>3</b>	<i>amphetamine/dextroamphetamine QL, dextroamphetamine QL, methylin ER QL, methylphenidate QL, methylphenidate SR QL, Adderall XR QL, Metadate CD QL, Metadate ER QL</i>
Prozac <b>QL ST</b>	<b>3</b>	<i>fluoxetine QL</i>
Prozac — weekly <b>QL ST</b>	<b>3</b>	<i>bupropion QL, bupropion SR QL, fluoxetine QL, mirtazapine, paroxetine QL, trazodone, Effexor XR PR ST, Paxil CR ST, Wellbutrin XL ST</i>
Pulmicort Respules only	<b>2</b>	
Pulmicort Turbuhaler	<b>3</b>	Advair Diskus, Flovent $\infty$ , Flovent Rotadisk, Pulmicort Respules only
Pulmozyme	<b>2</b>	
Questran	<b>3</b>	<i>cholestyramine pkt or canister</i>
Questran Light	<b>3</b>	<i>cholestyramine pkt or canister</i>
Quixin	<b>3</b>	<i>ciprofloxacin ophthalmic, ofloxacin ophthalmic, Vigamox, Zymar</i>
Qvar	<b>3</b>	Advair Diskus, Flovent $\infty$ , Flovent Rotadisk, Pulmicort Respules only
Ranidlor	<b>3</b>	<i>cefaclor</i>
Rebif <b>PR</b>	<b>3</b>	Avonex <b>SI</b> , Betaseron <b>SI</b> , Copaxone <b>SI</b>
Recombinate <b>SI PR</b>	<b>3</b>	
Refacto <b>SI PR</b>	<b>3</b>	
Relafen	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Relenza <b>QL</b>	<b>3</b>	<i>amantadine, rimantidine hydrochloride</i>
Relion 70/30 <b>ST</b>	<b>3</b>	Humulin 70/30 vial/pen
Relion N <b>ST</b>	<b>3</b>	Humulin N vial/pen

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

Drug	Copay Level	Suggested Alternative(s)
Relion R <b>ST</b>	<b>3</b>	Humulin R
Relpax <b>QL</b>	<b>3</b>	Amerge <b>QL</b> , Imitrex <b>QL</b> , Maxalt <b>QL</b> , Maxalt MLT <b>QL</b>
Remeron <b>ST</b>	<b>3</b>	<i>bupropion QL, bupropion SR QL, fluoxetine QL, mirtazapine, paroxetine QL, trazodone, Effexor XR PR ST, Paxil CR ST, Wellbutrin XL ST</i>
Remeron Soltab <b>ST</b>	<b>3</b>	<i>bupropion QL, bupropion SR QL, fluoxetine QL, mirtazapine, paroxetine QL, trazodone, Effexor XR PR ST, Paxil CR ST, Wellbutrin XL ST</i>
Reminyl	<b>3</b>	Exelon, Namenda
Renagel	<b>2</b>	
Renax	<b>2</b>	
Requip	<b>2</b>	
Rescula	<b>3</b>	Lumigan, Travatan
Retin-A Micro gel <b>PR ≥ 36 yr old</b>	<b>2</b>	
Retrovir	<b>2</b>	
Rhinocort AQ	<b>3</b>	<i>flunisolide spray, Flonase ∞, Nasonex</i>
Ridaura	<b>3</b>	<i>azathioprine, hydroxychloroquine PR, methotrexate, sulfasalazine</i>
Risperdal <b>QL</b>	<b>2</b>	
Ritalin LA <b>QL ST</b>	<b>3</b>	<i>amphetamine/dextroamphetamine QL, dextroamphetamine QL, methylin ER QL, methylphenidate QL, methylphenidate SR QL, Adderall XR QL, Metadate CD QL, Metadate ER QL</i>
Ritalin <b>QL ST</b>	<b>3</b>	<i>methylphenidate QL</i>
Ritalin SR <b>QL ST</b>	<b>3</b>	<i>methylphenidate SR QL</i>
Rosac	<b>3</b>	<i>sulfacetamide/sulfur lotion, Plexion ∞, Plexion SCT ∞, Plexion TS ∞</i>
Rowasa enema	<b>2</b>	
Roxicet <b>ST</b>	<b>3</b>	<i>oxycodone/acetaminophen</i>
Rozex emulsion	<b>2</b>	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Saizen <b>SI PR</b>	<b>3</b>	Humatrope <b>SI PR</b> , Nutropin <b>SI PR</b> , Nutropin AQ <b>SI PR</b> , Protropin <b>SI PR</b>
Sarafem <b>QL ST</b>	<b>3</b>	Paxil CR <b>ST</b>
Seasonale	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Sebizon	<b>3</b>	<i>sulfacetamide/sulfur lotion</i> , Plexion ∞, Plexion SCT ∞, Plexion TS ∞
Semprex-D <b>PR QL</b>	<b>3</b>	<i>brompheniramine/pseudoephedrine SR, carbinoxamine/pseudoephedrine, chlorpheniramine/pseudoephedrine, Alavert D (OTC), Claritin D (OTC)</i>
Serentil <b>QL</b>	<b>3</b>	Risperdal <b>QL</b> , Seroquel <b>QL</b> , Zyprexa <b>QL</b> , Zyprexa Zydis <b>QL</b>
Serevent Diskus	<b>2</b>	
Seroquel <b>QL</b>	<b>2</b>	
Serostim <b>SI PR</b>	<b>3</b>	Humatrope <b>SI PR</b> , Nutropin <b>SI PR</b> , Nutropin AQ <b>SI PR</b> , Protropin <b>SI PR</b>
Singular	<b>2</b>	
Skelaxin	<b>2</b>	
Skelid	<b>3</b>	Actonel <b>QL</b> , Evista, Fosamax <b>QL</b>
<i>solia</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Sonata ∞	<b>2</b>	
Sotret <b>PR</b>	<b>3</b>	<i>isotretinoin PR</i>
Spectracef	<b>2</b>	
Spectrobid	<b>3</b>	<i>amoxicillin, ampicillin</i>
Spiriva	<b>3</b>	<i>albuterol inhaler, ipratropium inhalation soln, Combivent inhaler, Duoneb, Maxair Autohaler, Proventil HFA ∞</i>
Sporanox <b>PR</b>	<b>3</b>	<i>fluconazole PR</i> , Lamisil tab <b>PR</b>
<i>sprintec</i>	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Stadol NS <b>QL</b>	<b>3</b>	<i>butorphanol nasal QL</i>

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

Drug	Copay Level	Suggested Alternative(s)
Stalevo	3	<i>carbidopa/levodopa, pergolide mesylate, COMTan, Mirapex, Requip</i>
Starlix	2	
Strattera <b>QL ST</b>	3	<i>amphetamine/dextroamphetamine <b>QL</b>, dextroamphetamine <b>QL</b>, methylin ER <b>QL</b>, methylphenidate <b>QL</b>, methylphenidate SR <b>QL</b>, Adderall XR <b>QL</b>, Metadate CD <b>QL</b>, Metadate ER <b>QL</b></i>
Striant <b>ST</b>	3	Androderm
Strovite Advance	2	
Strovite Forte	2	
Strovite Plus	2	
Sular <b>QL</b>	3	<i>nifedipine, nifedipine, nifedipine CRI/ER <b>QL</b></i>
Sulfacet-R	3	<i>sulfacetamide/sulfur lotion, Plexion ∞, Plexion SCT ∞, Plexion TS ∞</i>
<i>sulfasalazine <b>QL</b></i>	1	
Sulfoxyl	3	<i>benzoyl peroxide (OTC) and sulfur preparations (OTC)</i>
Suprax	3	<i>cefprozime, Omnicef, Spectracef</i>
Sustiva	2	
Symax SL	3	<i>hyoscyamine sulfate</i>
Symax SR	3	<i>hyoscyamine sulfate</i>
Symbyax <b>QL</b>	3	<i>Zyprexa <b>QL</b> or Zyprexa Zydis <b>QL</b> and fluoxetine <b>QL</b></i>
Synalgos – DC <b>ST</b>	3	<i>dihydrocodeine/acetaminophen/caffeine</i>
Synarel	2	
Tagamet <b>ST</b>	3	<i>cimetidine</i>
Talacen <b>ST</b>	3	<i>pentazocine/acetaminophen</i>
Tamiflu <b>QL</b>	3	<i>amantadine, rimantidine hydrochloride</i>
Tao	3	<i>erythromycin, Biaxin ∞, Biaxin XL ∞, Zithromax ∞</i>
Tapazole	3	<i>methimazole, propylthiouracil</i>

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Targretin	<b>2</b>	
Tarka	<b>3</b>	Lotrel
Tasmar	<b>3</b>	<i>carbidopa/levodopa, pergolide mesylate, COMTan, Mirapex, Requip</i>
Tazorac	<b>2</b>	
<i>taztia xt</i> <b>QL</b>	<b>1</b>	
Temodar	<b>2</b>	
Tequin <b>PR &lt; 10 yr old</b>	<b>3</b>	<i>ciprofloxacin PR &lt; 10 yr old, ofloxacin PR &lt; 10 yr old, Avelox PR &lt; 10 yr old, Cipro XR PR &lt; 10 yr old</i>
Terazol	<b>3</b>	<i>any generic or OTC vaginal antifungal, fluconazole QL 150 mg</i>
Testim <b>ST</b>	<b>3</b>	Androderm
Testoderm <b>ST</b>	<b>3</b>	Androderm
<i>tetracycline PR ≤ 8 yr old</i>	<b>1</b>	
Teveten <b>QL</b>	<b>3</b>	Cozaar <b>QL</b> , Diovan <b>QL</b>
Teveten HCT	<b>3</b>	Diovan HCT <b>QL</b> , Hyzaar <b>QL</b>
Theo-24	<b>3</b>	<i>theophylline CR, Uniphyl ∞</i>
<i>thyroid desiccated</i>	<b>3</b>	<i>levothyroxine, Levoxyl ∞</i>
Thyrolar	<b>3</b>	<i>levothyroxine, Levoxyl ∞</i>
Tiazac <b>QL</b>	<b>3</b>	<i>diltiazem extended release beads SR QL</i>
Tilade	<b>3</b>	Advair Diskus, Flovent ∞, Flovent Rotadisk, Pulmicort Respules only
Timolide	<b>3</b>	<i>bisoprolol/hctz, timolol and hctz</i>
<i>timolol GFS</i>	<b>1</b>	
Tobradex	<b>3</b>	<i>bacitracin, erythromycin, gentamicin, neomycin/polymyxin/gramicidin, sulfacetamide, tobramycin</i>
Tolectin	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
<i>tolmetin</i>	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Toprol XL	<b>3</b>	<i>acebutolol, atenolol, bisoprolol, metoprolol, nadolol, pindolol, propranolol, timolol, Coreg</i>
Toradol <b>QL</b>	<b>3</b>	<i>ketorolac <b>QL</b></i>
Tornalate	<b>3</b>	<i>albuterol inhaler, ipratropium inhalation soln, Combivent inhaler, Duoneb, Maxair Autohaler, Proventil HFA ∞</i>
Tracleer <b>PR</b>	<b>2</b>	
Transderm Scopolamine	<b>3</b>	<i>metoclopramide, prochlorperazine, promethazine, trimethobenzamide, Dramamine (OTC)</i>
Travatan	<b>2</b>	
<i>tretinoin <b>PR</b> ≥ 36 yr old</i>	<b>1</b>	
Trexall	<b>3</b>	<i>methotrexate</i>
Triaz 3%, 6%, and 9%	<b>3</b>	<i>benzoyl peroxide (OTC)</i>
Tricor ∞	<b>2</b>	
Trileptal	<b>2</b>	
Tri-Levlen	<b>3</b>	Ortho-Novum 7/7/7, Ortho-Tri-Cyclen, Ortho-Tri-Cyclen Lo
Trinalin	<b>3</b>	<i>brompheniramine/pseudoephedrine SR, carbinoxamine/pseudoephedrine, chlorpheniramine/pseudoephedrine, Alavert D (OTC), Claritin D (OTC)</i>
<i>trinessa</i>	<b>3</b>	Ortho-Tri-Cyclen
Tri-Norinyl	<b>3</b>	Ortho-Novum 7/7/7, Ortho-Tri-Cyclen, Ortho-Tri-Cyclen Lo
Trinsicon	<b>2</b>	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Triphasil	<b>3</b>	Ortho-Novum 7/7/7, Ortho-Tri-Cyclen, Ortho-Tri-Cyclen Lo
<i>tri-previfem</i>	<b>3</b>	Ortho-Tri-Cyclen
<i>tri-sprintec</i>	<b>3</b>	Ortho-Tri-Cyclen
<i>trivora</i>	<b>3</b>	Ortho-Novum 7/7/7, Ortho-Tri-Cyclen, Ortho-Tri-Cyclen Lo
Trusopt	<b>2</b>	
Tussionex susp	<b>2</b>	
Tylenol #3 <b>ST</b>	<b>3</b>	<i>codeine/acetaminophen</i>
Tylox <b>ST</b>	<b>3</b>	<i>oxycodone/acetaminophen</i>
Ultracet	<b>3</b>	<i>acetaminophen (OTC) and tramadol</i>
Ultram	<b>3</b>	<i>tramadol</i>
Ultrase	<b>2</b>	
Ultrase MT	<b>2</b>	
Ultravate	<b>3</b>	<i>betamethasone, clobetasol crm/oint/gell/emoll, fluocinonide crm/oint/gell/soln, hydrocortisone, mometasone ointment, triamcinolone</i>
Uniphyll ∞	<b>2</b>	
Uniretic	<b>3</b>	<i>benazepril/hctz, captopril/hctz, enalapril/hctz, lisinopril/hctz, quinapril/hctz</i>
Unithroid	<b>3</b>	<i>levothyroxine, Levoxyll ∞</i>
Univasc <b>ST</b>	<b>3</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, Altace</i>
Urelle	<b>3</b>	<i>methenamine combinations</i>
Urex	<b>3</b>	<i>methenamine combinations</i>
Urispas	<b>3</b>	<i>oxybutynin, Detrol, Detrol LA, Oxytrol</i>
Uroxatral	<b>3</b>	<i>doxazosin, terazosin, Flomax</i>
Urso 250	<b>2</b>	
Uta	<b>3</b>	<i>methenamine combinations</i>
Valcyte	<b>2</b>	
Valtrex	<b>2</b>	
Vantin	<b>3</b>	<i>cefepodoxime, Omnicef, Spectracef</i>

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Vaseretic <b>ST</b>	<b>3</b>	<i>benazepril/hctz, captopril/hctz, enalapril/hctz, lisinopril/hctz, quinapril/hctz</i>
Vasotec <b>ST</b>	<b>3</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, Altace</i>
<i>velivet</i>	<b>3</b>	Ortho-Novum 7/7/7, Ortho-Tri-Cyclen, Ortho-Tri-Cyclen Lo
Ventolin HFA	<b>3</b>	Proventil HFA ∞
<i>verapamil CR/ER/SR QL</i>	<b>1</b>	
Verelan <b>QL ST</b>	<b>3</b>	<i>verapamil CR/ER/SR QL</i>
Verelan PM <b>QL</b>	<b>3</b>	<i>verapamil CR/ER/SR QL</i>
Vesanoid	<b>2</b>	
Vexol	<b>3</b>	<i>fluorometholone, Lotemax</i>
Vfend <b>PR</b>	<b>3</b>	<i>amphotericin B, fluconazole PR</i>
VibraTab <b>PR ≤ 8 yr old</b>	<b>3</b>	<i>tetracycline PR ≤ 8 yr old</i>
Vicodin ES <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>
Vicodin HP <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>
Vicon Forte	<b>2</b>	
Vicoprofen <b>ST</b>	<b>3</b>	<i>hydrocodone/ibuprofen</i>
Videx	<b>2</b>	
Videx EC	<b>2</b>	
Vigamox	<b>2</b>	
Viokase	<b>2</b>	
Viracept	<b>2</b>	
Viramune	<b>2</b>	
Visicol	<b>3</b>	
Vitafol	<b>2</b>	<i>lactulose, PEG/electrolyte solution, Kristalose</i>
Vitafol-OB	<b>2</b>	
Vitafol-PN	<b>2</b>	
Vivelle <b>QL</b>	<b>2</b>	

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Vivelle DOT <b>QL</b>	<b>2</b>	
Vivotif Bernia EC <b>PR</b>	<b>3</b>	
Voltaren ophthalmic	<b>2</b>	
Voltaren XR	<b>3</b>	<i>choline magnesium trisalicylate, diclofenac potassium, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen &gt; 200 mg, indomethacin, indomethacin SR, ketoprofen, naproxen, naproxen EC, naproxen sodium (strengths &gt; 220 mg), piroxicam, salsalate, sulindac</i>
Welchol	<b>2</b>	
Wellbutrin <b>QL ST</b>	<b>3</b>	<i>bupropion <b>QL</b>, bupropion SR <b>QL</b>, fluoxetine <b>QL</b>, mirtazapine, paroxetine <b>QL</b>, trazodone, Effexor XR <b>PR ST</b>, Paxil CR <b>ST</b>, Wellbutrin XL <b>ST</b></i>
Wellbutrin SR <b>QL ST</b>	<b>3</b>	<i>bupropion <b>QL</b>, bupropion SR <b>QL</b>, fluoxetine <b>QL</b>, mirtazapine, paroxetine <b>QL</b>, trazodone, Effexor XR <b>PR ST</b>, Paxil CR <b>ST</b>, Wellbutrin XL <b>ST</b></i>
Wellbutrin XL <b>ST</b>	<b>2</b>	
Wygesic <b>ST</b>	<b>3</b>	<i>propoxyphene hcl/acetaminophen</i>
Xalatan	<b>3</b>	Lumigan, Travatan
Xanax XR	<b>3</b>	<i>alprazolam</i>
Xeloda	<b>2</b>	
Xopenex	<b>3</b>	<i>albuterol inhaler, ipratropium inhalation soln, Combivent inhaler, Duoneb, Maxair Autohaler, Proventil HFA ∞</i>
Xyrem <b>PR</b>	<b>3</b>	
Yasmin	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Zaditor	<b>2</b>	
Zagam <b>PR &lt; 10 yr old</b>	<b>3</b>	<i>ciprofloxacin <b>PR &lt; 10 yr old</b>, ofloxacin <b>PR &lt; 10 yr old</b>, Avelox <b>PR &lt; 10 yr old</b>, Cipro XR <b>PR &lt; 10 yr old</b></i>
Zantac <b>ST</b>	<b>3</b>	<i>ranitidine</i>
Zantac syrup	<b>2</b>	
Zavesca <b>PR</b>	<b>3</b>	

## 2005 3-Tier Copay Preferred Drug Guide

All generically available oral prescription products covered under the prescription benefits plan are on Aetna's Preferred Drug list, unless otherwise identified as tier three.

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
Z-Clinz	<b>3</b>	<i>benzoyl peroxide (OTC), benzoyl peroxide/erythromycin gel, clindamycin soln, erythromycin gel/oint/soln</i>
Zebeta	<b>3</b>	<i>bisoprolol</i>
Zelnorm <b>PR</b>	<b>3</b>	<i>bisacodyl (OTC), lactulose, Milk of Magnesia (OTC)</i>
Zerit	<b>2</b>	
Zestoretic <b>ST</b>	<b>3</b>	<i>benazepril/hctz, captopril/hctz, enalapril/hctz, lisinopril/hctz, quinapril/hctz</i>
Zestril <b>ST</b>	<b>3</b>	<i>benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, Altace</i>
Zetia <b>PR QL</b>	<b>3</b>	<i>cholestyramine pkt or canister, fenofibrate, gemfibrozil, lovastatin <b>QL</b>, Advicor <b>QL</b>, Lescol <b>QL</b>, Lescol XL, Niaspan ER <math>\infty</math>, Tricor <math>\infty</math>, Welchol, Zocor <b>QL</b></i>
Ziagen	<b>2</b>	
Zithromax $\infty$	<b>2</b>	
Zocor <b>QL</b>	<b>2</b>	
Zoderm	<b>3</b>	<i>benzoyl peroxide (OTC), benzoyl peroxide/erythromycin gel, clindamycin soln, erythromycin gel/oint/soln</i>
Zofran <b>QL</b>	<b>2</b>	
Zofran ODT <b>QL</b>	<b>2</b>	
Zoloft <b>PR QL ST</b>	<b>3</b>	<i>bupropion <b>QL</b>, bupropion SR <b>QL</b>, fluoxetine <b>QL</b>, mirtazapine, paroxetine <b>QL</b>, trazodone, Effexor XR <b>PR ST</b>, Paxil CR <b>ST</b>, Wellbutrin XL <b>ST</b></i>
Zomig <b>QL</b>	<b>3</b>	<i>Amerge <b>QL</b>, Imitrex <b>QL</b>, Maxalt <b>QL</b>, Maxalt MLT <b>QL</b></i>
Zomig ZMT <b>QL</b>	<b>3</b>	<i>Amerge <b>QL</b>, Imitrex <b>QL</b>, Maxalt <b>QL</b>, Maxalt MLT <b>QL</b></i>
zovia 1/35	<b>3</b>	<i>Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50</i>

<b>Drug</b>	<b>Copay Level</b>	<b>Suggested Alternative(s)</b>
zovia 1/50	<b>3</b>	Modicon, Ortho Evra (3 pack only), Ortho-Cept, Ortho-Cyclen, Ortho-Novum 1/35, Ortho-Novum 1/50
Zydone <b>ST</b>	<b>3</b>	<i>hydrocodone/acetaminophen</i>
Zymar	<b>2</b>	
Zyprexa <b>QL</b>	<b>2</b>	
Zyprexa Zydys <b>QL</b>	<b>2</b>	
Zyrtec <b>PR QL</b>	<b>3</b>	<i>brompheniramine, carbinoxamine, chlorpheniramine (OTC), clemastine (OTC), cyproheptadine, diphenhydramine (OTC), hydroxyzine hcl, Alavert (OTC), Claritin (OTC)</i>
Zyrtec-D <b>PR QL</b>	<b>3</b>	<i>brompheniramine/pseudoephedrine SR, carbinoxamine/pseudoephedrine, chlorpheniramine/pseudoephedrine, Alavert D (OTC), Claritin D (OTC)</i>
Zyvox <b>PR</b>	<b>2</b>	



## Quantity Limit List

- If your plan includes quantity limits, the following medications will be covered up to a certain quantity. In order to receive coverage for amounts in excess of the quantities listed below, your physician must obtain precertification.
- Quantity limits are included as part of our precertification program to promote appropriate medication use for patient safety. Quantity limits are based on generally accepted pharmaceutical guidelines and dosing recommendations found on FDA-approved manufacturer labeling.

The medications that have quantity limits are subject to change.

Visit [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.

## 2005 Quantity Limit List

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)
Antihistamines and Decongestants	Allegra <b>PR</b>	30 mg and 60 mg = 2 tablets/day 180 mg = 1 tablet/day
	Allegra-D <b>PR</b>	2 tablets/day
	Clarinet <b>PR</b>	5 mg = 1 tablet/day
	Semprex-D <b>PR</b>	4 capsules/day
	Zyrtec <b>PR</b>	5 mg and 10 mg = 1 tablet/day
	Zyrtec-D <b>PR</b>	2 tablets/day
Blood Pressure and Heart Failure	Adalat CC <b>ST</b> <i>nifedical XL</i> <i>nifedipine CR/ER</i> Procardia XL <b>ST</b>	30 mg = 1 tablet/day 60 mg = 2 tablets/day
	Atacand <b>ST</b>	4 mg, 8 mg, and 16 mg = 1 tablet/day
	Atacand HCT <b>ST</b>	16-12.5 mg = 1 tablet/day
	Avalide <b>ST</b>	150-12.5 mg = 1 tablet/day
	Avapro <b>ST</b>	75 mg and 150 mg = 1 tablet/day
	Benicar	5 mg and 20 mg = 1 tablet/day
	Benicar HCT	20-12.5 mg = 1 tablet/day
	Calan SR <b>ST</b> Isoptin SR <b>ST</b>	120 mg = 1 tablet/day 180 mg = 2 tablets/day
	Cardizem CD <b>ST</b> Cardizem LA <b>ST</b> <i>cartia xt</i> Dilacor XR <b>ST</b> <i>diltia XT</i> <i>diltiazem CD/CR/ER/XT</i> <i>diltiazem extended release beads SR</i> <i>taztia xt</i> Tiazac <b>ST</b>	120 mg = 1 capsule/day 180 mg = 3 capsules/day
	Covera HS <b>ST</b>	180 mg = 2 tablet/day
	Cozaar	25 mg and 50 mg = 1 tablet/day
	Diovan	40 mg , 80 mg, and 160 mg = 1 capsule or tablet/day
	Diovan HCT	80-12.5 mg = 1 tablet/day
	Hyzaar	50-12.5 mg = 1 tablet/day

# 2005 Quantity Limit List

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)
<b>Blood Pressure and Heart Failure (continued)</b>	Micardis	40 mg = 1 tablet/day
	Micardis HCT	40-12.5 mg = 1 tablet/day
	Norvasc Plendil	2.5 mg and 5 mg = 1 tablet/day
	Sular	10 mg = 1 tablet/day 20 mg = 1 tablet/day 30 mg = 2 tablets/day
	Teveten	400 mg = 2 tablets/day
	<i>verapamil CRIER/SR</i> Verelan <b>ST</b>	120 mg = 1 capsule or tablet/day 180 mg = 2 capsules or tablets/day
	Verelan PM	100 mg = 1 capsule/day 200 mg = 2 capsules/day
<b>Cholesterol Lowering</b>	Advicor	All strengths = 2 tablets/day
	Altoprev <b>ST</b>	10 mg and 20 mg = 1 tablet/day 40 mg = 2 tablets/day
	Caduet <b>ST</b>	All strengths = 1 tablet/day
	Crestor <b>ST</b>	5 mg, 10 mg and 20 mg = 1 tablet/day
	Lescol	20 and 40 mg = 2 tablets/day
	Lipitor <b>ST</b>	10 mg, 20 mg, and 40 mg = 1 tablet/day
	<i>lovastatin</i> Mevacor <b>ST</b>	10 and 20 mg = 2 tablets/day
	Pravachol <b>ST</b>	10 mg, 20 mg and 40 mg = 1 tablet/day
	Pravigard <b>ST</b>	all strengths = 1 tablet/day
	Zetia <b>PR</b>	10 mg = 1 tablet/day
	Zocor	5 mg, 10 mg, 20 mg and 40 mg = 1 tablet/day
<b>Colon/Rectal</b>	Asacol	400 mg = 6 tablets/day
	Azulfidine <i>sulfasalazine</i>	500 mg = 8 tablets/day
	Canasa Fiv-ASA	500 mg = 3 suppositories/day
	Colazal <b>ST</b>	750 mg = 9 capsules/day

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)
<b>Colon/Rectal (continued)</b>	Dipentum	250 mg = 4 capsules/day
	Pentasa <b>ST</b>	250 mg = 16 capsules/day
<b>Depression</b>	<i>bupropion</i> Wellbutrin <b>ST</b>	75 mg and 100 mg = 6 tablets/day
	<i>bupropion SR</i> Wellbutrin SR <b>ST</b>	100 mg, 150 mg and 200 mg = 2 tablets/day
	Celexa <b>ST</b>	10 mg, 20 mg and 40 mg = 1 tablet/day
	Effexor <b>ST</b>	25 mg and 100 mg = 3 tablets/day 37.5 mg = 4 tablets/day 50 mg = 6 tablets/day 75 mg = 5 tablets/day
	<i>fluoxetine</i> Prozac <b>ST</b>	10 mg, 20 mg and 40 mg = 1 tablet/day Liquid 20 mg/5 ml = 10 ml/day Weekly = 4 tablets/28 day supply increments
	<i>fluvoxamine</i> Luvox <b>ST</b>	25 and 50 mg = 1 tablet/day 100 mg = 3 tablets/day
	Lexapro <b>ST</b>	5 mg, 10 mg, and 20 mg = 1 tablet/day 5 mg/5 ml solution = 20 ml/day
	<i>maprotiline</i>	25 mg = 1 tablet/day 50 mg = 2 tablets/day 75 mg = 3 tablets/day
	<i>paroxetine</i> Paxil <b>ST</b> Pexeva <b>ST</b>	10 mg and 20 mg = 1 tablet/day 30 mg and 40 mg = 2 tablets/day Suspension 10 mg /5 ml = 30 ml/day
	Zoloft <b>PR ST</b>	25 mg and 50 mg = 1 tablet/day 100 mg = 2 tablets/day Liquid = 10 ml/day
<b>Estrogen/ Combinations</b>	Alora Combipatch Esclim Estraderm Vivelle Vivelle DOT	All strengths = 8 patches/28 day supply increments
	Climara Climara Pro weekly <i>estradiol patch</i>	All strengths = 4 patches/28 day supply increments

# 2005 Quantity Limit List

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)	
<b>Estrogen/Combinations (continued)</b>	Cenestin Estrace <i>estradiol</i> Gynodiol Menest Premarin	All strengths = 1 tablet/day	
	<b>Flu</b>	Relenza	2 treatments (units)/year
		Tamiflu	2 treatments (20 capsules)/year
	<b>Mania and Psychosis</b>	Abilify	All strengths = 1 tablet/day
		<i>clozapine</i> Clozaril Fazaclo	12.5 mg = 1 tablet/day 25 mg = 3 tablets/day 100 mg = 9 tablets/day
Geodon		All strengths = 2 capsules/day	
Risperdal		4 mg = 4 tablets/day All other strengths = 2 tablets/day	
Serentil		10 mg = 4 tablets/day 25 mg = 3 tablets/day 50 mg = 3 tablets/day 100 mg = 4 tablets/day	
Seroquel		25 mg = 6 tablets/day 100 mg = 3 tablets/day 200 mg = 4 tablets/day 300 mg = 2 tablets/day	
Symbyax		All strengths = 1 tablet/day	
Zyprexa Zyprexa Zydys		2.5 mg = 2 tablets/day All other strengths = 1 tablet/day	
Amerge		Total quantity any strength = 9 tablets/30 day supply increments	
<b>Migraine</b>		Axert	All strengths = 6 tablets/30 day supply increments
	Frova	2.5 mg = 9 tablets/30 day supply increments	
	Imitrex	Nasal = 6 sprays/30 day supply increments Injection = 4 kits/30 days or 10 vials/ 30 day supply increments Tablets (all strengths) = 18 tablets/ 30 day supply increments	

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)
<b>Migraine (continued)</b>	Maxalt Maxalt MLT	Total quantity any strength = 12 tablets/30 day supply increments
	Migranal	4 kits (each kit = 4 mg/ml)/30 day supply increments
	Relpax	20 mg = 12 tablets/30 day supply increments 40 mg = 6 tablets/30 day supply increments
	Zomig Zomig ZMT	2.5 mg = 12 tablets/30 day supply increments 5 mg = 6 tablets/30 day supply increments Nasal = 6 sprays/30 day supply increments
<b>Nausea/Vomiting</b>	Anzemet	Total quantity any strength = 5 tablets/30 day supply increments
	Emend	80 mg and 125 mg = 5 tab/30 day supply increments 125 mg/80 mg = 2 pkgs (6 tabs)/30 day supply increments
	Kytril	1 mg = 10 tablets/30 day supply increments Liquid = 5 bottles (50 ml)/30 day supply increments
	Zofran Zofran ODT	4 mg and 8 mg strengths = 12 tablets/30 day supply increments 24 mg = 5 tablets/30 day supply increments Liquid = 1 bottle (50 ml)/ 30 day supply increments
<b>Obsessive Compulsive Disorder</b>	<i>fluvoxamine</i> Luvox <b>ST</b>	25 mg and 50 mg = 1 tablet/day 100 mg = 3 tablets/day
<b>Osteoporosis/Paget's Disease</b>	Actonel	35 mg tablet = 4 tablet/28 day supply increments
	Fosamax	70 mg tablet = 4 tablet/28 day supply increments 70 mg/75 ml solution = 4 doses (75 ml each)/28 day supply increments

# 2005 Quantity Limit List

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)
<b>Pain (Analgesics) and Inflammation</b>	Actiq	All strengths = 4 lollipops/day
	Bextra <b>PR</b>	10 mg = 30 tablets/30 day supply increments 20 mg = 10 tablets/ 30 day supply increments 70 mg/75 ml solution = 4 doses (75 ml each/28 day supply increments)
	<i>butorphanol nasal</i> Stadol NS	2 vials/30 day supply increments
	Celebrex <b>PR</b>	100 mg = 60 capsules/30 day supply increments 200 mg = 30 capsules/30 day supply increments 400 mg = 60 capsules/30 day supply increments
	Duragesic	20 patches/30 day supply increments
	<i>ketorolac</i> Toradol	20 tablets/30 day supply increments
	<i>oxycodone SR 80 mg</i> Oxycontin CR $\infty$	Quantities up to a total dosage of 320 mg/day or 120 tablets/30 day supply increments
<b>Premenstrual Dysphoric Disorder</b>	Sarafem <b>QL</b>	10 mg and 20 mg = 1 tablet/day
<b>Sedatives and Hypnotics</b>	Ambien	5 mg = 2 tablets/day 10 mg = 1 tablet/day
	Sonata	5 mg = 4 tablets/day 10 mg = 2 tablets/day
<b>Seizures</b>	Neurontin	All strengths = 180 tablets/30 day supply increments
<b>Stimulants/Attention Deficit</b>	Adderall <i>amphetamine/ dextroamphetamine</i>	5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg, and 40 mg = 2 tablets/day 20 mg = 3 tablets/day
	Adderall XR	All strengths = 2 capsules/day
	Concerta <b>ST</b>	18 mg = 3 tablets/day 27 mg, 36 mg, and 54 mg = 2 tablets/day
	Cylert <b>ST</b> <i>pemoline ST</i>	37.5 mg and 75 mg = 1 tablet/day
	Desoxyn <b>ST</b>	All strengths = 4 tablets/day

# 2005 Quantity Limit List

Therapeutic Class	Quantity Limit Drug	Quantity Limit(s)
<b>Stimulants/Attention Deficit (continued)</b>	<i>dextroamphetamine</i> Dexedrine Dextrostat	All strengths = 4 tablets/day
	Focalin <b>ST</b>	5 mg and 10 mg = 2 tablets/day
	Metadate CD	10 mg = 1 capsule/day 20 mg = 3 capsules/day 30 mg = 2 capsules/day
	Provigil <b>PR</b>	100 mg and 200 mg = 2 tablets/day
	Ritalin LA <b>ST</b>	20 mg, 30 mg and 40 mg = 2 capsules/day
	Metadate ER <i>methylin ER</i> <i>methylphenidate</i> <i>methylphenidate SR</i> Ritalin SR <b>ST</b> Ritalin <b>ST</b>	5 mg, 10 mg and 20 mg = 3 tablets/day
	Strattera <b>ST</b>	All strengths = 2 capsules/day
<b>Ulcer/Heartburn/Reflux</b>	AcipHex <b>PR</b> Nexium <b>PR ST</b> <i>omeprazole (10 mg)</i> <b>PR</b> Prevacid <b>PR</b> Prilosec (10 mg and 40 mg) <b>PR ST</b> Protonix <b>PR ST</b>	All strengths = 1 tablet or capsule/day
	Helidac	1 pack/day for 14 days
	Prevpac	1 pack/day for 14 days
<b>Vaginal Anti-Infectives</b>	Diflucan <b>PR</b> <i>fluconazole</i> <b>PR</b>	150 mg only: 1 dose/30 day supply increments



## Step-Therapy List

- If your plan includes our step-therapy program, you need to try one or more “prerequisite” medications first before the “step-therapy” medication will be covered under your pharmacy benefit.
- Prerequisite medications and their corresponding step-therapy medications are FDA-approved and are used to treat the same conditions.
- If it is medically necessary, you can obtain coverage for a step-therapy medication without trying a prerequisite medication first. In this case, your doctor must request coverage for a step-therapy medication as a medical exception. If the request is approved, your doctor will be notified and the medication will then be covered at the applicable copay under your plan. If the request is denied, you and your doctor will be notified.
- Step-therapy is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.
- For information on whether step-therapy applies to your plan, please refer to your plan documents or call the Member Services number on your ID card.
- The medications requiring step-therapy are subject to change.

Visit [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.

# 2005 Step-Therapy List

Therapeutic Class	Step-Therapy Drug	Required Prerequisite Drug(s)
<b>Androgens</b>	Androgel	Androderm
	First Testosterone	
	Striant	
	Testim	
	Testoderm	
<b>Blood Pressure and Heart Failure</b>	Accupril	<i>quinapril</i>
	Accuretic	<i>quinapril/hctz</i>
	Adalat	<i>nifedipine</i>
	Procardia	
	Adalat CC <b>QL</b>	<i>nifedipine extended release QL</i>
	Procardia XL <b>QL</b>	
	Atacand <b>QL</b>	Cozaar <b>QL</b> and Diovan <b>QL</b>
	Avapro <b>QL</b>	
	Atacand HCT <b>QL</b>	Diovan HCT <b>QL</b> and Hyzaar <b>QL</b>
	Avalide <b>QL</b>	
	Cardene	<i>nicardipine</i>
	Cardizem	<i>diltiazem</i>
	Dilacor	
	Cardizem CD <b>QL</b>	<i>diltiazem extended release QL</i>
	Cardizem LA <b>QL</b>	
	Dilacor XR <b>QL</b>	
	Tiazac <b>QL</b>	
	Calan	<i>verapamil</i>
	Isoptin	
	Calan SR <b>QL</b>	<i>verapamil extended release QL</i>
	Covera HS <b>QL</b>	
	Isoptin SR <b>QL</b>	
Verelan <b>QL</b>		
Capoten	<i>captopril</i>	
Capozide	<i>captopril/hctz</i>	
Lotensin	<i>benazapril</i>	
Lotensin HCT	<i>benazapril/hctz</i>	
Monopril	<i>fosinopril</i>	
Prinivil	<i>lisinopril</i>	
Zestril		
Prinzide	<i>lisinopril/hctz</i>	
Zestoretic		

## 2005 Step-Therapy List

Therapeutic Class	Step-Therapy Drug	Required Prerequisite Drug(s)
<b>Blood Pressure and Heart Failure (continued)</b>	Univasc	<i>moexipril</i>
	Vaseretic	<i>enalapril/hctz</i>
	Vasotec	<i>enalapril</i>
<b>Cholesterol Lowering</b>	Altprev <b>QL</b> Caduet <b>QL</b> Crestor <b>QL</b> Lipitor <b>QL</b> Mevacor <b>QL</b> Pravachol <b>QL</b> Pravigard <b>QL</b>	Maximum doses of Lescol <b>QL</b> /Lescol <b>XL</b> and/or Zocor <b>QL</b>
<b>Colon/Rectal</b>	Colazal <b>QL</b> Pentasa <b>QL</b>	<i>sulfasalazine QL</i> or <i>Asacol QL</i>
<b>Depression</b>	Celexa <b>QL</b> Desyrel Effexor <b>QL</b> Effexor XR <b>PR</b> Lexapro <b>QL</b> Luvox <b>QL</b> <i>nefazodone</i> Paxil <b>QL</b> Paxil CR Pexeva <b>QL</b> Prozac <b>QL</b> Prozac weekly <b>QL</b> Remeron Remeron Soltab Serzone Wellbutrin <b>QL</b> Wellbutrin SR <b>QL</b> Wellbutrin XL Zoloft <b>PR QL</b>	any 1 of : <i>bupropion QL, bupropion SR QL, fluoxetine QL, fluvoxamine QL, mirtazapine, paroxetine QL, trazodone</i>
<b>Diabetes — Oral</b>	Glucophage	<i>metformin</i>
	Glucophage XL	<i>metformin SR</i>
<b>Diabetes — Insulin</b>	Novolin 70/30 vial/pen Relion 70/30	Humulin 70/30
	Novolin N vial/pen Relion N	Humulin N
	Novolin R vial/pen Relion R	Humulin R
<b>Miscellaneous Endocrine</b>	DDAVP (Nasal Spray and Injectable)	<i>desmopressin</i>

<b>Therapeutic Class</b>	<b>Step-Therapy Drug</b>	<b>Required Prerequisite Drug(s)</b>
<b>Obsessive Compulsive Disorder</b>	Luvox <b>QL</b>	<i>fluvoxamine QL</i>
<b>Pain (Analgesics) and Inflammation</b>	Anexsia Lorcet Lorcet HD Lorcet Plus Lortab Norco Vicodin ES Vicodin HP Zydone	<i>hydrocodone/acetaminophen</i>
	Mobic Naprelan	any two (2) preferred <i>generic</i> NSAIDs
	Capital/Codeine Tylenol #3	<i>codeine/acetaminophen</i>
	Darvocet-N	<i>propoxyphene-n/acetaminophen</i>
	Darvon Darvon Compound	<i>propoxyphene/aspirin/caffeine</i>
	Fioricet/Codeine <i>caffeine/codeine</i>	<i>butalbital/acetaminophen/</i>
	Fiorinal/Codeine	<i>butalbital/aspirin/caffeine/codeine</i>
	Mepergan Fortis	<i>mepredine/promethazine</i>
	Percocet Roxicet Tylox Oxycet	<i>oxycodone/acetaminophen</i>
	Percodan	<i>oxycodone/aspirin</i>
	Synalgos – DC <i>caffeine</i>	<i>dihydrocodeine/acetaminophen/</i>
	Talacen	<i>pentazocine/acetaminophen</i>
	Vicoprofen	<i>hydrocodone/ibuprofen</i>
	Wygesic	<i>propoxyphene hcl/acetaminophen</i>
<b>Premenstrual Dysphoric Disorder</b>	Sarafem <b>QL</b>	Paxil CR

## 2005 Step-Therapy List

Therapeutic Class	Step-Therapy Drug	Required Prerequisite Drug(s)
Psoriasis	Dovonex	Tazorac
Stimulants/ Attention Deficit	Concerta <b>QL</b> Cylert <b>QL</b> Desoxyn <b>QL</b> Focalin <b>QL</b> <i>pemoline</i> <b>QL</b> Ritalin <b>QL</b> Ritalin LA <b>QL</b> Ritalin SR <b>QL</b> Strattera <b>QL</b>	Any one of: <i>methylphenidate</i> <b>QL</b> , <i>methylphenidate</i> SR <b>QL</b> , Adderall XR <b>QL</b> , Metadate CD <b>QL</b> , Metadate ER <b>QL</b>
Ulcer/Heartburn/Reflux	Axid	<i>nizatidine</i>
	Nexium <b>PR QL</b> Prilosec (10 mg and 40 mg) <b>PR QL</b> Protonix <b>PR QL</b>	Prevacid <b>PR QL</b> and AcipHex <b>PR QL</b>
	Pepcid 40 mg	<i>famotidine</i>
	Tagamet	<i>cimetidine</i>
	Zantac	<i>ranitidine</i>
Urinary/Spasm	Ditropan XL	Any one of: Detrol, Detrol LA, Oxytrol

For members in Texas, denials of medication coverage may be appealed to Aetna. Nonmedical necessity-related appeals will be addressed by an appeal panel. Medical necessity-related appeals will be reviewed by a Texas-licensed physician. Denials based on formulary exclusions are considered medical necessity-related appeals.

Aetna participates in the Texas Independent Review Organization (IRO) process, which allows further appeal of medical necessity denials to an IRO through the Texas Department of Insurance. Members may request IRO review of medical necessity denials after exhausting the internal appeal process, except where a life-threatening condition exists. Members in self-funded plans may also appeal other pharmacy benefit denials through Aetna's External Review Organization (ERO) process, provided at least \$500 is at issue.

Aetna's Texas HMO members may access the Office of Ombudsman, which was established as part of a comprehensive agreement with the Texas Attorney General. This office was established to serve and help members by acting as their advocate, representative and voice within Aetna. No other HMO in Texas currently has such an office. Texas HMO members may contact the office by calling the toll-free number: 1-877-368-8299.

The office also serves as an advocate for HMO members who need assistance obtaining medically necessary care that is a covered benefit. If requested, the Office of Ombudsman will assist during internal appeals, IRO proceedings and external reviews. Aetna will remind members having the right to appeal that this assistance is offered.

However, the Office of Ombudsman is not intended to replace Aetna's Member Services department. The Office of Ombudsman cannot make medical necessity or coverage decisions. If members have basic questions (status of a claim or a network provider, information about their benefits, how to obtain a new ID card, etc.), they should call Member Services first at the number on their ID card. Additionally, information regarding the appeal process is available by calling Member Services, by accessing our website at [www.aetna.com](http://www.aetna.com) or by reviewing the Certificate of Coverage. Members may also call the Texas Department of Insurance for further information about appeal rights and the IRO procedures.

For residents of all other states, please refer to your Certificate of Coverage for specific information about your plan benefits and specific appeal rights.

Not all programs, for example step-therapy, precertification and quantity limits, are available in all service areas.

This material is for informational purposes only and does not dictate or control physicians' clinical decisions regarding the appropriate care of patients.. All patient care and related decisions are the sole responsibility of the physician.

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\*Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a subsidiary of Aetna Inc., which is a licensed pharmacy providing mail-order prescription services.

Many medications on the Preferred Drug list are subject to manufacturer rebate arrangements between Aetna and the manufacturer of those medications. If your pharmacy benefits plan has copay levels based on a percentage of Aetna's contracted rate with the participating pharmacy, the contracted rate does not include or reflect any manufacturer rebate arrangements between Aetna and the manufacturer of those medications. In prescription plans with copayment or coinsurance tiers, use of preferred drugs generally will result in lower costs to members. However, where the prescription plan utilizes copayments or coinsurance calculated on a percentage basis, there could be some circumstances in which a preferred drug would cost the member more than a non-preferred drug because (i) the negotiated pharmacy payment rate for the preferred drug may be more than the negotiated pharmacy payment rate for the non-Preferred Drug, and (ii) rebates received by Aetna from drug manufacturers are not reflected in the cost of a prescription drug obtained by a member. The Preferred Drug list is subject to change.

This material is for informational purposes only and contains only a partial, general description of plan benefits or programs and does not constitute a contract. Consult the plan documents (Schedule of Benefits, Certificate of Coverage, Evidence of Coverage, Group Agreement, Group Insurance Certificate, Booklet, Booklet Certificate, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to the plan. Aetna does not provide health care services and, therefore, cannot guarantee any results or outcomes. The availability of a plan or program may vary by geographic service area. Some benefits are subject to limitations or visit maximums. With the exception of Aetna Rx Home Delivery, all participating physicians, hospitals and other health care providers are independent contractors in private practice and are neither employees nor agents of Aetna. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. Aetna's negotiated reimbursement rates with Aetna Rx Home Delivery may be higher than Aetna Rx Home Delivery's cost of purchasing drugs and providing mail-order pharmacy services. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. Notice of the change shall be provided in accordance with applicable state law. While this material is believed to be accurate as of the print date, it is subject to change.

We want you to know<sup>SM</sup>

