



Preferred Drug List (Formulary)

2007 Abridged Formulary

We want you to know[®]

 **Aetna[®] Medicare**

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Coverage for prescription drugs continues to be one of the most important benefits in a health care plan. Your Medicare prescription drug coverage can be through a stand-alone Aetna Medicare RxSM Plan (PDP) or an Aetna Medicare Advantage Plan with Medicare prescription drug coverage (MA-PD).

Once you have enrolled in an Aetna Medicare Plan with prescription drug coverage, you can use the Centers for Medicare and Medicaid Services (CMS) approved 2007 Aetna Medicare Preferred Drug List to help you determine what medications will be covered. We have selected these drugs based on their effectiveness, quality, safety and value.

Translation of this material into another language may be available. For assistance, please call Member Services at 1-800-213-4599 (or 1-800-628-3323 TDD/TTY), Monday to Friday, 8 a.m. to 6 p.m. or visit our website at www.aetnamedicare.com.

Note to existing members:

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

This document includes the Aetna Medicare Plan's partial formulary as of October 2006. For a complete, updated formulary, please visit our website at www.aetnamedicare.com or call the toll-free number on the back of your Aetna Medicare member ID card, Monday to Friday, 8 a.m. to 6 p.m. TTY/TDD users should call 1-800-628-3323.

What is the Aetna Medicare Preferred Drug List (formulary)?

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

Can the formulary change?

Generally, if you are taking a drug on our 2007 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2007 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released.

Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or improve the safety of your drugs.

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

The enclosed formulary is current as of October 2006. To get updated information about the drugs covered by Aetna Medicare, please visit our website at www.aetnamedicare.com or call Aetna Medicare Service at 1-800-213-4599, Monday to Friday, 8 a.m. to 6 p.m. TTY/TDD users should call 1-800-628-3323.

How do I use the formulary?

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

■ Medical Condition

The formulary begins on page 13. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Heart, Blood Pressure and Cholesterol Drugs . If you know what your drug is used for, look for the category name in the list that begins on page 13. Then look under the category name for your drug.

■ Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 30. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Aetna Medicare covers both brand-name drugs and generic drugs. A generic drug has the same active ingredient as the brand name drug. Generic drugs usually cost less than brand name drugs and are approved by the Food and Drug Administration (FDA).

This document is a partial formulary and includes only some of the drugs covered by Aetna Medicare.

For a complete listing of all prescription drugs covered by Aetna Medicare, please visit our website at www.aetnamedicare.com or call toll-free number, 1-800-213-4599 Monday to Friday, 8 a.m. to 6 p.m. TTY/TDD users should call 1-800-628-3323.

Are there any restrictions on my coverage?

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

■ Precertification (or Prior Authorization)

Once you have enrolled for coverage through an Aetna Medicare Plan, you may be required to get precertification for certain medications. Precertification encourages the appropriate cost-effective use of medications by allowing coverage only when certain conditions are met.

There are several reasons why we require precertification of certain medications:

- Some are more likely to be taken incorrectly.
- Some may be prescribed for inappropriate reasons or used in amounts that exceed recommendations for dosage or length of treatment.
- Some are more expensive than other medications that have been shown to be clinically or therapeutically similar.
- The precertification program is based on current medical findings, FDA-approved manufacturer labeling information and cost and manufacturer rebate arrangements.
- For medications requiring precertification, your doctor must request authorization of coverage for the medication. If the request is approved, you and your doctor will be notified and the medication will then be covered at the applicable copay or coinsurance under your plan. If the request is denied, you and your doctor will be notified.
- The medications that require precertification are noted in the Aetna Medicare Preferred Drug List.

The medications requiring precertification are subject to change. Please refer to our website at www.aetnamedicare.com or contact an Aetna Medicare representative at 1-800-213-4599.

■ Quantity Limits

Quantity limits apply to certain medications as part of the precertification program and are designed to help promote appropriate and efficient medication use and enhance patient safety. Once you have enrolled in one of the Aetna Medicare Plans with prescription drug coverage, in order to receive coverage for amounts above the quantities on this drug list, your physician must obtain prior authorization.

Quantity Limits (continued)

Quantity limits are based on generally accepted pharmaceutical guidelines, efficient dosing regimens and dosing recommendations. Three types of quantity limits are in place. They are:

1. Dose Efficiency Edits: limits to coverage of prescriptions to one pill per dose or per day for medications that are approved for once-daily dosing.
2. Maximum Daily Dose: an information message is sent to the pharmacy if a prescription lies outside recommended minimum and maximum doses.
3. Quantity Limits Over Time: limits coverage of prescriptions to a specific number of units per a defined amount of time.

The medications that have quantity limits are subject to change. Please refer to our website at www.aetnamedicare.com or contact an Aetna representative at 1-800-213-4599.

■ Step Therapy

With step therapy, you must first try one or more “prerequisite” medications before a step therapy medication will be covered. Prerequisite medications and their corresponding step therapy medications are FDA-approved and are used to treat the same conditions. Step therapy does not apply to all medications, however.

If it is medically necessary, you can obtain coverage for 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, you and your doctor will be notified and the medication will then be covered at the applicable copay or coinsurance 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. The medications requiring step therapy are subject to change. Please refer to our website at www.aetnamedicare.com or contact an Aetna Medicare representative at 1-800-213-4599

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 13.

You can ask Aetna Medicare to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Aetna Medicare formulary?” on page 7 for information about how to request an exception.

Are there any other restrictions on coverage?

In accordance with Medicare coverage guidelines, the following medications are not covered in an Aetna Medicare Plan with prescription drug coverage.

- Agents when used for anorexia, weight loss, or weight gain.
- Agents when used to promote fertility.
- Agents when used for cosmetic purposes or hair growth.
- Agents when used for symptomatic relief of cough and colds.
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations.
- Non-prescription drugs
- Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.
- Barbiturates
- Benzodiazepines
- Agents when used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition, other than sexual or erectile dysfunction, for which the agents have been approved by the Food and Drug Administration.

What if my drug is not on the formulary?

If your drug is not included in this formulary, you should first contact Aetna Medicare Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so Aetna Medicare may cover your drug. You can contact Aetna Medicare at 1-800-213-4599, Monday to Friday, 8 a.m. to 6 p.m. TTY/TDD users should call 1-800-628-3323.

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

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

NOTE: Due to a change in Medicare, most Medicare Drug Plans will no longer cover erectile dysfunction (ED) drugs like Viagra, Cilais, Levitra, and Caverject starting January 1, 2007. Call your Medicare Drug Plan for more information.

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

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

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

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

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

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

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

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

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

Aetna Transition of Care Policy

In accordance with CMS guidance of April 4, 2006 Aetna will implement the following Transition of Coverage (TOC) policy for contract year 2007 (effective January 1, 2007). The Aetna TOC policy will be applied consistently to all PDP and MA-PD members, regardless of Individual or Group contract. Aetna's Pharmacy & Therapeutics committee will be responsible for reviewing and ensuring that the TOC policy remains up to date and consistent with current medical review procedures.

Aetna's TOC policy will consist of a first fill of up to 31 days, uninterrupted access during changes in setting of care and grandfathering for the remainder of the calendar year. Aetna will provide members impacted by TOC with a letter mailed within 72 hours of the first fill for the applicable prescription, notifying them of their need to contact their physician to either switch to a formulary drug or obtain prior authorization for the medication currently prescribed, unless the member is auto-grandfathered in which case the member will receive a grandfathering letter prior to their next fill informing them of their grandfathered status.

First Fill Policy

New Members – in any standalone PDP or MAPD will be allowed a one time fill for each prescription drug covered by Part D during the member's first 90 days of enrollment for up to a 31 day supply, without fulfilling utilization management criteria for new and existing prescriptions regardless of whether the drug is on the plan's formulary. Dual eligible enrollees will be allowed a maximum fill of 31 days for each prescription with one additional fill if they are unable to transition to a formulary drug during the initial fill period. If the member resides in a LTC facility, the maximum fill for each prescription will be 31 days with a maximum of three fills per prescription as long as all fills occur within the first 90 days.

Existing Members – in any standalone Aetna PDP or MAPD during 2006 will be excluded from the first fill policy as these members are expected to have first hand knowledge of Aetna's formulary and will have received regular notifications of formulary changes. Upon the effective date of a member's mapping/re-enrollment from any Part D product into any other Aetna Individual or Group standalone PDP or MAPD product, members with a history of a prior auth/grandfathered prescription for any drug will be auto-grandfathered for the new calendar year and will be notified of their grandfathered status prior to the end of the first month of the new calendar year. This policy also applies to residents of LTC facilities who are existing members.

Aetna Transition of Care Policy (continued)

Changes in Setting of Care

New Members – changing a setting of care during a member’s first 90 days of enrollment will be eligible for the first fill policy described above. Additionally, members fulfilling changes in setting of care requirements will be eligible for up to one additional ‘emergency’ fill during their first 90 days of enrollment with a fill maximum of 31 days, and a 31 day emergency fill for each prescription at any other time during the calendar year in which they experience a change in setting of care. Changes in setting of care requirements include any meaningful change in institutional residency (e.g., home to hospital/LTC/SNF/etc., hospital/LTC/SNF/etc. to home, and all other combinations).

Existing Members – changing a setting of care are eligible for up to a 31 day emergency supply for each prescription at any time during the calendar year.

Grandfathering

New Members – filling a prescription during or after their first 90 days of enrollment for drugs in certain therapeutic classes will be auto-grandfathered for each applicable prescription for the remainder of the calendar year and notified of their grandfathered status prior to their next scheduled fill of the applicable prescription.

Existing Members – filling a prescription for drugs in certain therapeutic classes will be auto-grandfathered for each applicable prescription for the remainder of the calendar year and notified of their grandfathered status prior to their next scheduled fill of the applicable prescription.

For more information

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

If you have questions about Aetna Medicare, please call Aetna Medicare at 1-800-213-4599, Monday to Friday, 8 a.m. to 6 p.m. TTY/TDD users should call 1-800-628-3323.) Or visit www.aetnamedicare.com.

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

How do you read the Aetna abridged formulary?

Aetna's 2007 abridged formulary is a condensed representative listing of Brand Name drugs highlighted from the thousands of drugs on Aetna's Medicare Open and Closed Formularies. If a Brand Name drug has a Generic equivalent, its name is listed to the right of the brand name. This is to assist you in determining if less expensive alternatives to drugs you may currently be taking are available. The drug name in **bold** print is the preferred medication and will always carry the lowest cost-share.

- For **closed formulary**, if a brand name drug has a generic equivalent listed, only the generic drug will be covered at the tier identified in the **Closed** column.
- For the **open formulary**, if a brand name drug has a generic equivalent, the generic drug will be covered at the tier identified in the **Open** column, and the non-preferred Brand Name drug (non-bolded) will be covered at Tier 3.

What is the difference between Aetna Medicare's open and closed formularies?

Aetna Medicare's **closed formulary** limits coverage of Medicare Part D medications to only those medications designated as covered on the Aetna Medicare Preferred Drug List. The copay tiers for covered prescription medications are listed below:

Copay Tier	Type of Drug
Tier 1 (<i>Lowest Copay Amount</i>)	Generic medications
Tier 2	Brand Name medications
Tier 3	Specialty medications (both Brand Name & Generic)

Aetna Medicare's **open formulary** covers all Medicare Part D medications. Non-preferred levels of copay apply to some medications on the Aetna Medicare Preferred Drug List. The copay tiers for covered prescription medication are listed below:

Copay Tier	Type of Drug
Tier 1 (<i>Lowest Copay Amount</i>)	Generic medications
Tier 2	Preferred Brand Name medications
Tier 3	Non-preferred Brand Name medications
Tier 4	Specialty medications (both Brand Name & Generic)

Preferred Drug List

Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
ADRENAL REGULATING DRUGS						
ARISTOCORT A	<i>triamcinolone</i>	1	1			
DEPO-MEDROL		2	3			
FLORINEF	<i>fludrocortisone acetate</i>	1	1			
CYTADREN		2	2			
LYSODREN		2	3		PR	
ALCOHOL, SMOKING DETERRENTS AND ANTIDOTES						
CAMPRAL		2	3			
KAYEXALATE	<i>sodium polystyrene sulfonate</i>	1	1			
NARCAN	<i>naloxone</i>	1	1			
NICOTROL INH		2	3		PR	
REVIA	<i>naltrexone</i>	1	1			
ALLERGY/ASTHMA/COPD DRUGS						
ACCOLATE		2	3			
ADVAIR DISKUS		2	2			
ALLEGRA	<i>fexofenadine</i>	1	1	QL	PR	
	<i>aminophylline</i>	1	1			
ASMANEX		2	2			
ATROVENT	<i>ipratropium bromide</i>	1	1		PR	
AZMACORT		2	2			
COMBIVENT		2	3			
FLOVENT HFA		2	2			
FORADIL		2	2			
INTAL INH		2	2			
MAXAIR AUTOHALER		2	2			
PROVENTIL HFA		2	2			

UPPERCASE = Brand name medications 1, 2, 3, 4 = Copay tier level ST = Step therapy NC = Not covered
 Lower case italics = Generic medications QL = Quantity limits PR = Pre-certification

Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
SINGULAIR		2	2			
SPIRIVA		2	2			
THEOCAP	<i>theophylline</i>	1	1			
TILADE		2	2			
TRACLEER		2	2		PR	
ZYRTEC		NC	3	QL	PR	
ALZHEIMER'S/ANTIDEMENTIA DRUGS						
ARICEPT		2	2			
EXELON		2	2			
HYDERGINE	<i>ergoloid mesylates</i>	1	1			
NAMENDA		2	2			
ANESTHETIC DRUGS						
EXACTACAIN AER	<i>butamben tetracaine benzocaine aerosol spray</i>	1	1			
LIDODERM		2	2			
ANTI-ANXIETY DRUGS						
BUSPAR	<i>buspirone</i>	1	1			
EFFEXOR	<i>venlafaxine</i>	1	1	QL		
EFFEXOR XR		2	2	QL		ST
EQUANIL	<i>meprobamate</i>	1	1		PR	
PAXIL	<i>paroxetine</i>	1	1	QL		
PAXIL SUSPENSION		2	3	QL		
ANTIBIOTICS						
AMIKIN	<i>amikacin sulfate</i>	1	1			
AMOXIL	<i>amoxicillin</i>	1	1			
AUGMENTIN	<i>amoxicillin and clavulanic acid</i>	1	1			
AVELOX		2	2		PR	

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
BACTRIM DS	<i>sulfamethoxazole and trimethoprim</i>	1	1			
CIPRO	<i>ciprofloxacin</i>	1	1		PR	
CLEOCIN	<i>clindamycin</i>	1	1			
DURICEF	<i>cefadroxil monohydrate</i>	1	1			
E-MYCIN	<i>erythromycin</i>	1	1			
FLAGYL	<i>metronidazole</i>	1	1			
FLOXIN	<i>ofloxacin</i>	1	1		PR	
GANTRISIN	<i>sulfisoxazole</i>	1	1			
GARAMYCIN	<i>gentamicin sulfate</i>	1	1			
INVANZ		2	3			
KEFLEX	<i>cephalexin</i>	1	1			
MINOCIN	<i>minocycline hydrochloride</i>	1	1		PR	
PRIMAXIN		2	3			
VIBRATAB	<i>doxycycline monohydrate</i>	1	1		PR	
ZITHROMAX	<i>azithromycin</i>	1	1			
ANTI-CANCER DRUGS						
ARIMIDEX		2	3			
AROMASIN		2	3			
EMCYT		2	2			
GLEEVEC		2	2			
LEUKERAN		2	3		PR	
NOVLADEX	<i>tamoxifen citrate</i>	1	1			
SUTENT		3	4			
TARGRETIN		2	2		PR	
VESANOID		2	2			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
ANTIDEPRESSANT DRUGS						
ASENDIN	<i>amoxapine</i>	1	1			
CELEXA	<i>citalopram</i>	1	1	QL		ST
CYMBALTA		2	2	QL		ST
DESYREL	<i>trazodone</i>	1	1			ST
ELAVIL	<i>amitriptyline</i>	1	1			
LUDIOMIL	<i>maprotiline</i>	1	1	QL		
NARDIL		2	2			
PARNATE	<i>tranylcypromine</i>	1	1			
PROZAC	<i>fluoxetine</i>	1	1	QL		ST
REMERON	<i>mirtazapine</i>	1	1	QL		
WELLBUTRIN XL		2	2	QL		ST
ZOLOFT	<i>sertraline</i>	1	1	QL		ST
ANTIFUNGAL DRUGS						
DIFLUCAN	<i>fluconazole</i>	1	1		PR	
LAMISIL		2	2		PR	
SPORANOX	<i>itraconazole</i>	1	1		PR	
ANTI-INFLAMMATORY DRUGS						
DECADRON	<i>dexamethasone</i>	1	1			
DELTASONE	<i>prednisone</i>	1	1			
NAPROSYN	<i>naproxen</i>	1	1			
VOLTAREN	<i>diclofenac sodium</i>	1	1			
ANTIPSYCHOTIC/BIPOLAR DRUGS						
ABILIFY		2	3	QL		ST
HALDOL	<i>haloperidol</i>	1	1			
LITHOBID	<i>lithium carbonate</i>	1	1			
PROLIXIN	<i>fluphenazine</i>	1	1			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
RISPERDAL		2	2	QL		
RISPERDAL M-TAB		2	2	QL		
SEROQUEL		2	2	QL		
ZYPREXA		2	2	QL		
ZYPREXA ZYDIS		2	2	QL		

ATTENTION DEFICIT DISORDER/NARCOLEPSY DRUGS

DEXEDRINE	<i>dextroamphetamine</i>	1	1	QL	PR	
PROVIGIL		2	3	QL	PR	
RITALIN	<i>methylphenidate</i>	1	1	QL		
STRATTERA		2	3	QL		ST

BLOOD PRODUCTS

AGGRENOX		2	2			
ARANESP		3	4		PR	
COUMADIN	<i>warfarin sodium</i>	1	1			
CYKLOKAPRON		2	3			
LOVENOX		3	4			
PERSANTINE	<i>dipyridamole</i>	1	1			
PLAVIX		2	3			
PLETAL	<i>cilostazol</i>	1	1			
PROCRIT		3	4		PR	

BOWEL DISEASE DRUGS

ANUSOL-HC	<i>hydrocortisone rectal cream</i>	1	1			
ASACOL		2	3	QL		
AZULFIDINE	<i>sulfasalazine</i>	1	1	QL		
CANASA		2	2	QL		
COLAZAL		2	2	QL		
COLOCORT	<i>hydrocortisone enema</i>	1	1			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
MIRALAX	<i>polyethylene glycol</i>	1	1			
DENTAL AND DRUGS FOR THE MOUTH						
EVOXAC		2	3			
PERIDEX	<i>chlorhexidine gluconate</i>	1	1			
DIABETES DRUGS						
ACTOPLUS MET		2	2			
ACTOS		2	2			
AMARYL	<i>glimepiride</i>	1	1			
APIDRA		2	2			
AVANDAMET		2	2			
AVANDARYL		2	2			
AVANDIA		2	2			
B-D INSULIN SYRINGES AND NEEDLES		2	2			
DIABETA	<i>glyburide</i>	1	1			
GLUCAGEN		2	2			
GLUCOPHAGE	<i>metformin</i>	1	1			
GLUCOTROL	<i>glipizide</i>	1	1			
GLUCOTROL XL	<i>glipizide er, xl</i>	1	1			
GLUCOVANCE	<i>glyburide and metformin</i>	1	1			
HUMALOG		2	2			
HUMULIN		2	2			
LANTUS		2	3			
LEVEMIR		2	2			
NOVOLIN		2	2			
NOVOLOG		2	2			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
PRANDIN		2	2			
PROGLYCEM		2	2			
STARLIX		2	2			
ENZYMES						
CYSTADANE		2	2			
CYSTAGON		2	2			
PANCRELIPASE	<i>amylase and lipase and protease</i>	1	1			
ULTRASE		2	2			
VIOKASE		2	2			
ESTROGENS, STEROID REPLACEMENT DRUGS (PROSTAGLANDINS)						
ANDRODERM		2	2			
ANDROGEL		2	2			
CASODEX		2	3			
CLIMARA	<i>estradiol patch</i>	1	1	QL		
CYTOTEC	<i>misoprostol</i>	1	1			
DEPO-PROVERA	<i>medroxyprogesterone acetate</i>	1	1			
NOR-QD	<i>norethindrone</i>	1	1			
OGEN	<i>estropipate</i>	1	1			
PREMARIN		2	3	QL		
PREMPHASE		2	3			
PREMPRO		2	3			
	<i>propylthiouracil</i>	1	1			
EYE AND EAR DRUGS						
ACULAR		2	2			
ACULAR LS		2	2			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
ALPHAGAN P		2	2			
ALREX		2	2			
AZOPT		2	2			
BETOPTIC-S		2	3			
COSOPT		2	2			
CROLOM	<i>cromolyn sodium</i>	1	1			
DERMOTIC		2	3			
FML LIQUIFLM	<i>fluorometholone</i>	1	1			
LOTEMAX		2	2			
LUMIGAN		2	2			
NEVANAC		2	2			
OPTIVAR		2	2			
RESTASIS		2	2			
TIMOPTIC	<i>timolol</i>	1	1			
TRAVATAN		2	2			
VOLTAREN		2	2			
XALATAN		2	2			
ZADITOR		2	3			
GOUT DRUGS						
BENEMID	<i>probenecid</i>	1	1			
COLBENEMID	<i>colchicine</i>	1	1			
ZYLOPRIM	<i>allopurinol</i>	1	1			
HEART, BLOOD PRESSURE AND CHOLESTEROL DRUGS						
ACCUPRIL	<i>quinapril hcl</i>	1	1	QL		
ALDACTONE	<i>spironolactone</i>	1	1			
ALDOMET	<i>methyldopa</i>	1	1			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
ALTACE		2	2	QL		
CALAN	<i>verapamil</i>	1	1	QL		
CALAN SR	<i>verapamil</i>	1	1	QL		
CAPOTEN	<i>captopril</i>	1	1			
CARDIZEM CD	<i>diltiazem hydrochloride/cd, er, sr, xt</i>	1	1	QL		
CARDIZEM LA		2	2	QL		
CARDURA	<i>doxazosin</i>	1	1			
CATAPRES	<i>clonidine</i>	1	1			
CORDARONE	<i>amiodarone</i>	1	1			
COREG		2	2			
COZAAR		2	2	QL		
CRESTOR		2	2	QL		
DIOVAN		2	2	QL		
DIOVAN HCT		2	2	QL		
HYDRODIURIL	<i>hydrochlorothiazide</i>	1	1			
HYTRIN	<i>terazosin</i>	1	1			
HYZAAR		2	2	QL		
IMDUR	<i>isosorbide mononitrate</i>	1	1			
INDERAL	<i>propranolol</i>	1	1			
LANOXIN	<i>digoxin</i>	1	1			
LASIX	<i>furosemide</i>	1	1			
LIPITOR		2	2	QL		
LOPID	<i>gemfibrozil</i>	1	1			
LOPRESSOR	<i>metoprolol tartrate</i>	1	1			
LOTENSIN	<i>benazepril</i>	1	1	QL		
LOTREL		2	2			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
MAXZIDE	<i>hydrochlorothiazide and triamterene</i>	1	1			
MEVACOR	<i>lovastatin</i>	1	1	QL		
NITROSTAT SL	<i>nitroglycerin sublingual</i>	1	1			
NORVASC		2	2	QL		
PRAVACHOL	<i>pravastatin</i>	1	1	QL		
PROCARDIA	<i>nifedipine</i>	1	1	QL		
RANEXA		2	2	QL	PR	ST
SECTRAL	<i>acebutolol</i>	1	1			
TENORMIN	<i>atenolol</i>	1	1			
TOPROL XL		2	2			
TRICOR		2	2			
TRIGLIDE	<i>fenofibrate</i>	1	1			
VASOTEC	<i>enalapril</i>	1	1	QL		
VYTORIN		2	2	QL		
ZEBETA	<i>bisoprolol fumarate</i>	1	1			
ZESTORETIC	<i>hydrochlorothiazide I and lisinopril</i>	1	1			
ZESTRIL	<i>lisinopril</i>	1	1	QL		
ZETIA		2	3	QL	PR	
ZOCOR	<i>simvastatin</i>	1	1	QL		
MIGRAINE DRUGS						
AMERGE		2	2	QL		
BLOCADREN	<i>timolol</i>	1	1			
IMITREX		2	2	QL		
INDERAL	<i>propranolol</i>	1	1			
MAXALT		2	2	QL		

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
RELPAK		2	2	QL		
MUSCLE RELAXERS						
FLEXERIL	<i>cyclobenzaprine</i>	1	1		PR	
ZANAFLEX	<i>tizanidine</i>	1	1			
MYESTHENIA GRAVIS DRUGS						
MESTINON TIMESPANULE		1	1			
GUANIDINE		2	3			
NAUSEA/VOMITING DRUGS						
ANTIVERT	<i>meclizine hydrochloride</i>	1	1			
PHENERGAN	<i>promethazine</i>	1	1			
ZOFRAN TABLETS		2	2	QL	PR	
OSTEOPOROSIS (BONE LOSS) DRUGS						
ACTONEL		2	2	QL		
ACTONEL WITH CALCIUM		2	2	QL		
EVISTA		2	2			
FOSAMAX		2	2	QL		
FOSAMAX PLUS D		2	2	QL		
PAIN DRUGS (ANALGESICS)						
DARVOCET-N	<i>acetaminophen and propoxyphene napsylate</i>	1	1		PR	
DURAGESIC	<i>fentanyl</i>	1	1	QL		
LORTAB	<i>acetaminophen and hydrocodone bitartrate</i>	1	1			
MOTRIN	<i>ibuprofen</i>	1	1			
PERCOCET	<i>acetaminophen and oxycodone hydrochloride</i>	1	1			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
ROXICET	<i>acetaminophen and oxycodone hydrochloride</i>	1	1			
TYLENOL/CODEINE	<i>acetaminophen and codeine phosphate</i>	1	1			
ULTRAM	<i>tramadol hcl</i>	1	1			
PARKINSON'S DRUGS						
COMTAN		2	2			
MIRAPEX		2	2			
REQUIP		2	2			
STALEVO		2	2			
SINEMET	<i>carbidopa and levodopa</i>	1	1			
DRUGS FOR THE TREATMENT OF PARASITES						
ELIMATE	<i>permethrin</i>	1	1			
KWELL	<i>lindane</i>	1	1			
LARIAM	<i>mefloquine</i>	1	1			
MEPRON		2	3			
MINTEZOL		2	3			
VERMOX	<i>mebendazole</i>	1	1			
PARATHYROID SUPPRESSANT DRUGS						
SENSIPAR		2	2			
PITUITARY DRUGS						
DDAVP nasal spray	<i>desmopressin nasal spray</i>	1	1			
DOSTINEX	<i>cabergoline</i>	1	1			
LUPRON	<i>leuprolide acetate</i>	1	1		PR	
NORDITROPIN		3	4		PR	
PARLODEL	<i>bromocriptine</i>	1	1			
PERMAX	<i>pergolide</i>	1	1			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
PLENAXIS		2	3		PR	
SAIZEN		3	4		PR	
SANDOSTATIN	<i>octreotide</i>	1	1			
TAPAZOLE	<i>methimazole</i>	1	1			
TEV-TROPIN		3	4		PR	
ZOLADEX		3	4		PR	
SEIZURE CONTROL DRUGS						
DEPAKOTE		2	2			
DEPAKOTE ER		2	2			
DIAMOX	<i>acetazolamide</i>	1	1			
DILANTIN	<i>phenytoin sodium</i>	1	1			
FELBATOL		2	3			
KEPPRA		2	2			
LAMICTAL		2	2			
NEURONTIN	<i>gabapentin</i>	1	1	QL		
TEGRETOL-XR		2	3			
ZARONTIN	<i>ethosuximide</i>	1	1			
ZONEGRAN	<i>zonisamide</i>	1	1			
DRUGS FOR SKIN CONDITIONS						
ALDARA		2	2			
CARMOL 40	<i>urea</i>	1	1			
CLARAVIS	<i>isotretinoin</i>	1	1		PR	
CONDYLOX	<i>podofilox</i>	1	1			
DIPROLENE	<i>augmented betamethasone</i>	1	1			
DRITHOCREME	<i>anthralin</i>	1	1			
LAC-HYDRIN	<i>lactic acid</i>	1	1			

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OXSORALEN ULTRA		2	2			
PODOCON	<i>podophyllin resin</i>	1	1			
REGRANEX		2	3			
SANTYL		2	2			
SELSUN	<i>selenium sulfide</i>	1	1			
SINEQUAN	<i>doxepin</i>	1	1			
TAZORAC		2	2			
TEMOVATE	<i>clobetasol propionate</i>	1	1			
SLEEP AIDS						
AMBIEN		2	2	QL		
SOMNOTE	<i>chloral hydrate</i>	1	1			
THERAPEUTIC SUPPLEMENTS						
HECTOROL		2	2			
KAON - CL	<i>potassium gluconate</i>	1	1			
K-DUR	<i>potassium chloride</i>	1	1			
MATERNITY TAB	<i>prenatal vitamin with selenium/iron/folic acid</i>	1	1			
LURIDE	<i>sodium fluoride</i>	1	1			
ZEMPLAR		2	2			
THYROID DRUGS						
CYTOMEL		2	3			
SYNTHROID	<i>levothyroxine</i>	1	1			
TUBERCULOSIS DRUGS						
	<i>dapsone</i>	1	1			
MYCOBUTIN		2	3			
RIFADIN	<i>rifampin</i>	1	1			

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RIFAMATE	<i>isoniazid</i>	1	1			
ULCER AND STOMACH DRUGS						
ACTIGALL	<i>ursodiol</i>	1	1			
BENTYL	<i>dicyclomine</i>	1	1			
CARAFATE	<i>sucralfate</i>	1	1			
CYTOTEC	<i>misoprostol</i>	1	1			
EMEND		2	2	QL	PR	
KRISTALOSE	<i>lactulose</i>	1	1			
LEVSIN	<i>hyoscyamine</i>	1	1		PR	
LOTRONEX		2	2		PR	
NEXIUM		2	2	QL	PR	
PEPCID	<i>famotidine</i>	1	1			
PREVACID		2	2	QL	PR	
PREVACID SOLUTAB		2	2	QL	PR	
PRILOSEC	<i>omeprazole</i>	1	1	QL	PR	
PROTONIX		2	2	QL	PR	
REGLAN	<i>metoclopramide</i>	1	1			
ZANTAC	<i>ranitidine</i>	1	1			
ZANTAC SYRUP		2	3			ST
ZELNORM		2	3			
URINARY AND PROSTATE DRUGS						
AVODART		2	2		PR	
DETROL		2	2			
DETROL LA		2	2			
DITROPAN	<i>oxybutynin</i>	1	1			
FLOMAX		2	2		PR	
FOSRENOL		2	2			

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OXYTROL		2	2			
PHOSLO		2	2			
PROSCAR	<i>finasteride</i>	1	1		PR	
RENAGEL		2	2			
UROXATRAL		2	2		PR	
VESICARE		2	2			
VACCINES AND IMMUNOLOGY DRUGS						
AVONEX		3	4			
BETASERON		3	4			
CELLCEPT		2	2		PR	
COPAXONE		3	4			
ENBREL		3	4			
HAVRIX		2	2		PR	
HUMIRA		3	4			
M-M-R II INJ LIVE		2	2			
NEORAL		2	3		PR	
PEGASYS		3	4		PR	
PEG-INTRON		3	4		PR	
REBIF		3	4			
SANDIMMUNE		2	3		PR	
VIRAL INFECTION DRUGS						
AGENERASE		2	3			
COMBIVIR		2	3			
COPEGUS	<i>ribavirin</i>	1	1		PR	
CYTOVENE	<i>ganciclovir</i>	1	1			
DENAVIR		2	3			

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Covered Brand Drug	Covered Generic Drug	Closed Formulary	Open Formulary	Quantity Limits	Precert	Step Therapy
EPIVIR		2	3			
EPZICOM		2	3			
FAMVIR		2	2			
FLUMADINE	<i>rimantadine</i>	1	1			
FOSCAVIR	<i>foscarnet sodium</i>	1	1			
FUZEON		3	4			
LEXIVA		2	2			
RETROVIR	<i>zidovudine</i>	1	1			
REYATAZ		2	2			
SUSTIVA		2	3			
SYMMETREL	<i>amantadine hydrochloride</i>	1	1			
TRIZIVIR		2	3			
VALTREX		2	2			
VIDEX		2	3			
VIDEX EC		2	3			
VIRAMUNE		2	3			
ZERIT		2	3			
ZIAGEN		2	3			

Aetna Medicare Pre-Enrollment Preferred Drug List

Alphabetical Listing

ABILIFY	16	AMARYL	18
ACCOLATE	13	AMBIEN	26
ACCUPRIL	20	AMERGE	22
<i>acebutolol</i>	22	<i>amikacin sulfate</i>	14
<i>acetaminophen and codeine phosphate</i>	24	AMIKIN	14
<i>acetaminophen and hydrocodone bitartrate</i>	23	<i>aminophylline</i>	13
<i>acetaminophen and oxycodone hydrochloride</i>	24	<i>amiodarone</i>	21
<i>acetaminophen and oxycodone hydrochloride</i>	23	<i>amitriptyline</i>	16
<i>acetaminophen and propoxyphene napsylate</i>	23	<i>amoxapine</i>	15
<i>acetazolamide</i>	25	<i>amoxicillin</i>	14
ACTIGALL	27	<i>amoxicillin and clavulanic acid</i>	14
ACTONEL	23	AMOXIL	14
ACTONEL WITH CALCIUM	23	<i>amylase and lipase and protease</i>	19
ACTOPLUS MET	18	ANDRODERM	19
ACTOS	18	ANDROGEL	19
ACULAR	19	<i>anthralin</i>	25
ACULAR LS	19	ANTIVERT	23
ADVAIR DISKUS	13	ANUSOL-HC	17
AGENERASE	28	APIDRA	18
AGGRENEX	17	ARANESP	17
ALDACTONE	20	ARICEPT	14
ALDARA	25	ARIMIDEX	15
ALDOMET	20	ARISTOCORT A	13
ALLEGRA	13	AROMASIN	15
<i>allopurinol</i>	20	ASACOL	17
ALPHAGAN P	20	ASENDIN	16
ALREX	20	ASMANEX	13
ALTACE	21	<i>atenolol</i>	22
<i>amantadine hydrochloride</i>	29	ATROVENT	13

<i>augmented betamethasone</i>	25	CARAFATE	27
AUGMENTIN	14	<i>carbidopa and levodopa</i>	24
AVANDAMET	18	CARDIZEM CD	21
AVANDARYL	18	CARDIZEM LA	21
AVANDIA	18	CARDURA	21
AVELOX	14	CARMOL 40	25
AVODART	27	CASODEX	19
AVONEX	28	CATAPRES	21
<i>azithromycin</i>	15	<i>cefadroxil monohydrate</i>	15
AZMACORT	13	CELEXA	16
AZOPT	20	CELLCEPT	28
AZULFIDINE	17	<i>cephalexin</i>	15
BACTRIM DS	15	<i>chloral hydrate</i>	26
B-D INSULIN SYRINGES AND NEEDLES	18	<i>chlorhexidine gluconate</i>	18
<i>benazepril</i>	21	<i>cilostazol</i>	17
BENEMID	20	CIPRO	15
BENTYL	27	<i>ciprofloxacin</i>	15
BETASERON	28	<i>citalopram</i>	16
BETOPTIC-S	20	CLARAVIS	25
<i>bisoprolol fumarate</i>	22	CLEOCIN	15
BLOCADREN	22	CLIMARA	19
<i>bromocriptine</i>	24	<i>clindamycin</i>	15
<i>butamben tetracaine benzocaine</i>	14	<i>clobetasol propionate</i>	26
BUSPAR	14	<i>clonidine</i>	21
<i>bupirone</i>	14	COLAZAL	17
<i>cabergoline</i>	24	COLBENEMID	20
CALAN	21	<i>colchicine</i>	20
CALAN SR	21	COLOCORT	17
CAMPRAL	13	COMBIVENT	13
CANASA	17	COMBIVIR	28
CAPOTEN	21	COMTAN	24
<i>captopril</i>	21	CONDYLOX	25

COPAXONE	28	DESYREL	16
COPEGUS	28	DETROL	27
CORDARONE	21	DETROL LA	27
COREG	21	<i>dexamethasone</i>	16
COSOPT	20	DEXEDRINE	17
COUMADIN	17	<i>dextroamphetamine</i>	17
COZAAR	21	DIABETA	18
CRESTOR	21	DIAMOX	25
CROLOM	20	<i>diclofenac sodium</i>	16
<i>cromolyn sodium</i>	20	<i>dicyclomine</i>	27
<i>cyclobenzaprine</i>	25	DIFLUCAN	16
CYKLOKAPRON	17	<i>digoxin</i>	21
CYMBALTA	16	DILANTIN	25
CYSTADANE	19	<i>diltiazem hydrochloride/cd, er, sr, xt</i>	21
CYSTAGON	19	DIOVAN	21
CYTADREN	13	DIOVAN HCT	21
CYTOMEL	26	DIPROLENE	25
CYTOTEC	19	<i>dipyridamole</i>	17
CYTOTEC	27	DITROPAN	27
CYTOVENE	28	DOSTINEX	24
<i>dapsone</i>	26	<i>doxazosin</i>	21
DARVOCET-N	23	<i>doxepin</i>	26
DDAVP nasal spray	24	<i>doxycycline monohydrate</i>	15
DECADRON	16	DRITHOCREME	25
DELTASONE	16	DURAGESIC	23
DENAVIR	28	DURICEF	15
DEPAKOTE	25	EFFEXOR	14
DEPAKOTE ER	25	EFFEXOR XR	14
DEPO-MEDROL	13	ELAVIL	16
DEPO-PROVERA	19	ELIMATE	24
DERMOTIC	20	EMCYT	15
<i>desmopressin nasal spray</i>	24	EMEND	27

E-MYCIN	15	<i>fluoxetine</i>	16
<i>enalapril</i>	27	<i>fluphenazine</i>	16
ENBREL	28	FML LIQUIFLM	20
EPIVIR	29	FORADIL	13
EPZICOM	29	FOSAMAX	23
EQUANIL	14	FOSAMAX PLUS D	23
<i>ergoloid mesylates</i>	14	<i>foscarnet sodium</i>	29
<i>erythromycin</i>	15	FOSCAVIR	29
<i>estradiol patch</i>	19	FOSRENOL	27
<i>estropipate</i>	19	<i>furosemide</i>	21
<i>ethosuximide</i>	25	FUZEON	29
EVISTA	23	<i>gabapentin</i>	25
EVOXAC	18	<i>ganciclovir</i>	28
EXACTACAIN AER	14	GANTRISIN	15
EXELON	14	<i>garamycin</i>	15
<i>famotidine</i>	27	<i>gemfibrozil</i>	21
FAMVIR	29	<i>gentamicin sulfate</i>	15
FELBATOL	25	GLEEVEC	15
<i>fenofibrate</i>	22	<i>glimepiride</i>	18
<i>fentanyl</i>	23	<i>glipizide</i>	18
<i>fexofenadine</i>	13	<i>glipizide er, xl</i>	18
<i>finasteride</i>	28	GLUCAGEN	18
FLAGYL	15	GLUCOPHAGE	18
FLEXERIL	22	GLUCOTROL	18
FLOMAX	27	GLUCOTROL XL	18
FLORINEF	13	GLUCOVANCE	18
FLOVENT HFA	13	<i>glyburide</i>	18
FLOXIN	15	<i>glyburide and metformin</i>	18
<i>fluconazole</i>	16	<i>guanidine</i>	23
<i>fludrocortisone acetate</i>	13	HALDOL	16
FLUMADINE	29	<i>haloperidol</i>	16
<i>fluorometholone</i>	20	HAVRIX INJ 1440UNIT	28

HECTOROL	26	KWELL	24
HUMALOG	18	LAC-HYDRIN	26
HUMIRA	28	<i>lactic acid</i>	26
HUMULIN	18	<i>lactulose</i>	27
HYDERGINE	14	LAMICTAL	25
<i>hydrochlorothiazide</i>	21	LAMISIL	16
<i>hydrochlorothiazide and lisinopril</i>	22	LANOXIN	21
<i>hydrochlorothiazide and triamterene</i>	22	LANTUS	18
<i>hydrocortisone enema</i>	17	LARIAM	24
<i>hydrocortisone rectal cream</i>	17	LASIX	21
HYDRODIURIL	21	LEUKERAN	15
<i>hyoscyamine</i>	27	<i>leuprolide acetate</i>	24
HYTRIN	21	LEVEMIR	18
HYZAAR	21	<i>levothyroxine</i>	26
<i>ibuprofen</i>	23	LEVSIN	27
IMDUR	21	LEXIVA	29
IMITREX	22	LIDODERM	14
INDERAL	21	<i>lindane</i>	24
INDERAL	22	LIPITOR	21
INTAL INH	13	<i>lisinopril</i>	22
INVANZ	15	<i>lithium carbonate</i>	16
<i>ipratropium bromide</i>	13	LITHOBID	16
<i>isoniazid</i>	27	LOPID	21
<i>isosorbide mononitrate</i>	21	LOPRESSOR	21
<i>isotretinoin</i>	25	LORTAB	23
<i>itraconazole</i>	16	LOTEMAX	20
KAON - CL	26	LOTENSIN	21
KAYEXALATE	13	LOTREL	21
K-DUR	26	LOTRONEX	27
KEFLEX	15	<i>lovastatin</i>	22
KEPPRA	25	LOVENOX	17
KRISTALOSE	27	LUDIOMIL	16

LUMIGAN	20	MOTRIN	23
LUPRON	24	MYCOBUTIN	26
LURIDE	26	<i>naloxone</i>	13
LYSODREN	13	<i>naltrexone</i>	13
<i>maprotiline</i>	16	NAMENDA	14
MATERNITY TAB	26	NAPROSYN	16
MAXAIR AUTOHALER	13	<i>naproxen</i>	16
MAXALT	22	NARCAN	13
MAXZIDE	22	NARDIL	16
<i>mebendazole</i>	24	NEORAL	28
<i>meclizine hydrochloride</i>	23	NEURONTIN	25
<i>medroxyprogesterone acetate</i>	19	NEVANAC	20
<i>mefloquine</i>	24	NEXIUM	27
<i>meprobamate</i>	14	NICOTROL INH	13
MEPRON	24	<i>nifedipine</i>	22
MESTINON TIMESPANULE	23	<i>nitroglycerin sublingual</i>	22
<i>metformin</i>	18	NITROSTAT SL	22
<i>methimazole</i>	25	NORDITROPIN	24
<i>methyldopa</i>	20	<i>norethindrone</i>	19
<i>methylphenidate</i>	17	NOR-QD	19
<i>metoclopramide</i>	27	NORVASC	22
<i>metoprolol tartrate</i>	21	NOVLADEX	15
<i>metronidazole</i>	15	NOVOLIN	18
MEVACOR	22	NOVOLOG	18
MINOCIN	15	<i>octreotide</i>	25
<i>minocycline hydrochloride</i>	15	<i>ofloxacin</i>	15
MINTEZOL	24	OGEN	19
MIRALAX	18	<i>omeprazole</i>	27
<i>mirtazapine</i>	16	OPTIVAR	20
<i>misoprostol</i>	27	OXSORALEN ULTRA	26
<i>misoprostol</i>	19	<i>oxybutynin</i>	27
M-M-R II INJ LIVE	28	OXYTROL	28

PANCRELIPASE	19	PREMPHASE	19
PARLODEL	24	PREMPRO	19
PARNATE	16	PRENATAL VITAMIN with selenium/iron/folic acid	26
<i>paroxetine</i>	14	PREVACID	27
PAXIL	14	PREVACID SOLUTAB	27
PAXIL SUSPENSION	14	PRILOSEC	27
PEGASYS	28	PRIMAXIN	15
PEG-INTRON	28	<i>probenecid</i>	20
PEPCID	27	PROCARDIA	22
PERCOCET	23	PROCRIT	17
<i>pergolide</i>	24	PROGLYCEM	19
PERIDEX	17	PROLIXIN	16
PERMAX	24	<i>promethazine</i>	23
<i>permethrin</i>	24	<i>propranolol</i>	21
PERSANTINE	17	<i>propranolol</i>	22
PHENERGAN	23	<i>propylthiouracil</i>	19
<i>phenytoin sodium</i>	25	PROSCAR	28
PHOSLO	28	PROTONIX	27
PLAVIX	17	PROVENTIL HFA	13
PLENAXIS	25	PROVIGIL	17
PLETAL	17	PROZAC	16
PODOCON	26	<i>quinapril hcl</i>	20
<i>podofilox</i>	25	RANEXA	22
<i>podophyllin resin</i>	26	<i>ranitidine</i>	27
<i>polyethylene glycol</i>	18	REBIF	28
<i>potassium chloride</i>	26	REGLAN	27
<i>potassium gluconate</i>	26	REGRANEX	26
PRANDIN	19	RELPAK	23
PRAVACHOL	22	REMERON	16
<i>pravastatin</i>	22	RENAGEL	28
<i>prednisone</i>	16	REQUIP	24
PREMARIN	19	RESTASIS	20

RETROVIR	29	STALEVO	24
REVIA	13	STARLIX	19
REYATAZ	29	STRATTERA	17
<i>ribavirin</i>	28	<i>sucralfate</i>	27
RIFADIN	26	<i>sulfamethoxazole and trimethoprim</i>	15
RIFAMATE	27	<i>sulfasalazine</i>	17
<i>rifampin</i>	26	<i>sulfisoxazole</i>	15
<i>rimantadine</i>	29	SUSTIVA	29
RISPERDAL	17	SUTENT	15
RISPERDAL M-TAB	17	SYMMETREL	29
RITALIN	17	SYNTHROID	26
ROXICET	24	<i>tamoxifen citrate</i>	15
SAIZEN	25	TAPAZOLE	25
SANDIMMUNE	28	TARGETIN	15
SANDOSTATIN	25	TAZORAC	26
SANTYL	26	TEGRETOL-XR	25
SECTRAL	22	TEMOVATE	26
<i>selenium sulfide</i>	26	TENORMIN	22
SELSUN	26	<i>terazosin</i>	21
SENSIPAR	24	TEV-TROPIN	25
SEROQUEL	17	THEOCAP	14
<i>sertraline</i>	16	<i>theophylline</i>	14
<i>simvastatin</i>	22	TILADE	14
SINEMET	24	TIMESPANOL	23
SINEQUAN	26	<i>timolol</i>	20, 22
SINGULAIR	14	TIMOPTIC	20
<i>sodium fluoride</i>	26	<i>tizanidine</i>	23
<i>sodium polystyrene sulfonate</i>	13	TOPROL XL	22
SOMNOTE	26	TRACLEER	14
SPIRIVA	14	<i>tramadol hcl</i>	24
<i>spironolactone</i>	20	<i>tranylcypromine</i>	16
SPORANOX	16	TRAVATAN	20

<i>trazodone</i>	16	ZANTAC	27
<i>triamcinolone</i>	13	ZANTAC SYRUP	27
TRICOR	22	ZARONTIN	25
TRIGLIDE	22	ZEBETA	22
TRIZIVIR	29	ZELNORM	27
TYLENOL/CODEINE	24	ZEMPLAR	26
ULTRAM	24	ZERIT	29
ULTRASE	19	ZESTORETIC	22
<i>urea</i>	25	ZESTRIL	22
UROXATRAL	28	ZETIA	22
<i>ursodiol</i>	27	ZIAGEN	29
VALTREX	29	<i>zidovudine</i>	29
VASOTEC	22	ZITHROMAX	15
<i>venlafaxine</i>	14	ZOCOR	22
<i>verapamil</i>	21	ZOFRAN TABLETS	23
<i>verapamil</i>	21	ZOLADEX	25
VERMOX	24	ZOLOFT	16
VESANOID	15	ZONEGRAN	25
VESICARE	28	<i>zonisamide</i>	25
VIBRATAB	15	ZYLOPRIM	20
VIDEX	29	ZYPREXA	17
VIDEX EC	29	ZYPREXA ZYDIS	17
VIOKASE	19	ZYRTEC	14
VIRAMUNE	29		
VOLTAREN	16		
VOLTAREN	20		
VYTORIN	22		
<i>warfarin sodium</i>	17		
WELLBUTRIN XL	16		
XALATAN	20		
ZADITOR	20		
ZANAFLEX	23		

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Benefits coverage is provided by Aetna Life Insurance Company, a Medicare Prescription Drug Plan sponsor with a Medicare contract. Benefits, limitations, service areas, and premiums are subject to change on January 1 of each year.

See plan documents for a complete description of benefits, exclusions, limitations, and conditions of coverage. Plan features are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Pharmacy clinical programs such as pre-certification, step therapy, and quantity limits may apply to your prescription drug coverage.

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

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