

2009 Aetna Preferred Drug List Information


insulin detemir (rDNA origin) injection


insulin aspart (rDNA origin) injection


70% insulin aspart protamine suspension and
30% insulin aspart injection, (rDNA origin)

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

Commercial California members: In accordance with state law, California HMO members who are receiving coverage for medications added to the Formulary Exclusions list, Precertification or Step-Therapy lists will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. The Aetna companies that offer, underwrite or administer benefits coverage include Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Life Insurance Company, Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Administrators, LLC, Cofinity, and Strategic Resource Company. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. (Aetna)

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This card may not be used after 12/31/09.

LEVEMIR® (*insulin detemir [rDNA origin] injection*)

NOVOLOG® (*insulin aspart [rDNA origin] injection*)

NOVOLOG® MIX 70/30
(*70% insulin aspart protamine suspension and 30% insulin aspart injection, [rDNA origin]*)

continue to be available on the Aetna Preferred Drug List for Commercial plans.*

UPPERCASE -- Brand-name medication
lowercase *italics* -- Generic medication

***Commercial plans = Non-Medicare plans**

To submit medical exception or precertification requests for prescription medications:

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

To submit requests online:

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

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

2009 Aetna Medicare Preferred Drug List Information

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NOVOLOG® MIX 70/30
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are available on the Aetna Medicare Preferred Drug List.

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

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

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

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

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Current drug information is available online at https://www.aetnamedicare.com/plan_choices/rx_find_prescriptions.jsp