



May 2014

Addressee
Addressee's Title
Company Name
Street Address
City, State, Zip+4

Dear Plan Sponsor:

As of July 1, 2014, changes will impact your members' prescription drug coverage

On July 1, Aetna Pharmacy Management (APM) will update the Preferred Drug (formulary) List. At that time, drug coverage reviews like precertification and step therapy will also begin to apply to some drugs. Please review the attached list to see which drugs are affected by these changes. For a complete list of formulary changes, please visit www.aetna.com/formulary.

Changes are based on the latest medical findings as well as information from the U.S. Food and Drug Administration (FDA) and drug makers. The goal is always to help connect members to cost-effective care. The upcoming changes impact members in Commercial fully-insured plans only.

Notifying your members

We'll notify your impacted members of the upcoming changes either by e-mail or mail. Members receive an e-mail if they've registered their e-mail address through our Aetna Navigator® secure member website. Otherwise, members receive a letter.

Why some drugs are preferred

We call drugs preferred because members will typically pay less out-of-pocket when they use one of these drugs. Members can always use our online Price-A-DrugSM tool to estimate what they can expect to pay for their medicine. To use this tool, members can log in to www.aetnavigator.com, click "Aetna Pharmacy" from the top of the page, and then click, "Get Drug Prices."

Learn more now

Please let me know if you have questions about these upcoming changes. To discuss this further, please call me directly at 555-555-5555

Sincerely,

Jane Smith
Account Manager

Enclosure

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.



July 1, 2014 Changes to Preferred Drug (formulary), Precertification and Step-Therapy Lists for Commercial fully-insured members with Precertification and/or Step-Therapy benefits

Medicines to be removed from the Preferred Drug (formulary) List (only applies if your plan includes the Preferred Drug List
FE = formulary excluded in closed formulary plans NP = non-preferred in open formulary plans)

LANTUS ^{FE,NP} NOVOLOG products ^{FE,NP}

Medicines added to the Precertification List (only applies if your plan includes precertification)

APIDRA	LANTUS SOLOSTAR	RELION products
APIDRA SOLOSTAR	NOVOLIN products	
LANTUS	NOVOLOG products	

Medicines added to the Step-Therapy List (only applies if your plan includes step-therapy)

APIDRA	LANTUS	NOVOLOG products
APIDRA SOLOSTAR	LANTUS SOLOSTAR	

Brand name drugs expected to become available generically in the future - After the generic drug becomes available, the brand name drug may be covered at higher non-preferred copay and/ or added to the Formulary Exclusion List. The brand-name drug may also be subject to precertification and/or step therapy. The effective dates of such changes will be posted on aetna.com.

ACTONEL	EVISTA	SIMCOR
ADVICOR	EXELON solution	TAZORAC
ATELVIA	LUMIGAN 0.03%	VIRACEPT
COPAXONE	NEXIUM	VOLTAREN gel
EXFORGE	PROTOPIC	XELODA
EXFORGE HCT	RENVELA	

UPPER CASE = brand name medicine

Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Preferred Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and 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. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com.

(Over)

The drugs on the Precertification and Step Therapy Lists are subject to change. The step therapy drug coverage review program is not available in all service areas. For example, step therapy programs do not apply to fully-insured members in Indiana. Step therapy does not apply to fully-insured members in New Jersey. However, this program is available to self-funded plans.

In accordance with state law, fully-insured Commercial California HMO members (except Federal Employee Health Benefit Plan 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. In accordance with state law, fully-insured Commercial Connecticut PPO members (except Federal Employee Health Benefit Plan 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 prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. 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.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com. ©2014 Aetna Inc.