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## 2015 Aetna Pharmacy Plan Drug List Three Tier Open Individual Plan

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## Do you have questions?

Call the toll-free number on your member ID card. Or visit [www.aetna.com/formulary](http://www.aetna.com/formulary) for the most up-to-date information.

### Dear Member:

To help you know how drugs are covered by your plan, we are pleased to provide you with a copy of our 2015 Aetna Pharmacy Plan Drug List.

This guide provides helpful information about your pharmacy benefits plan. You may want to take this guide with you when you see your doctor to talk about what is covered under your plan and what you can expect to pay for your medicine.

Many commonly prescribed drugs are listed in this guide. Please remember this is not a complete list of drugs covered under your plan. Because thousands of drugs are included in your pharmacy benefits plan, we only list the most commonly prescribed ones.



### What pharmacy benefits plan do I have?

**You are enrolled in the Aetna Three Tier Open Individual plan.**

Here's what that means to you:

Think of **tier** as a level. **Three Tier** means you could pay three different amounts, depending on the drug you take.

A **formulary** is a list of generic and brand-name drugs that your health plan covers. An **open formulary** means your plan covers most prescription drugs. But it may not cover some others.

### What can I expect to pay?

With this health benefits and health insurance plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percent of the prescription's price.

### What you pay falls into one of these tiers or levels:

**Tier One: Generics** – You pay the **lowest cost** for drugs in this level. Your plan may include an additional benefit where some Tier 1 drugs would be provided at an even lower cost to you. These are considered Value Drugs/Tier 1a and include generics and some over-the-counter brand and generic products. These would be available at the lowest cost share indicated in your plan materials.

**Tier Two: Preferred Brands** – You pay a **slightly higher cost** for drugs in this level.

**Tier Three: Non-Preferred Brands** – You pay the **highest cost** for drugs in this level.

### To find your exact costs

Check your Plan Design and Benefits summary. This should be in your enrollment kit.

Your pharmacy benefits plan may include a program that encourages you to choose a generic drug over a brand-name drug, in order to help reduce what you pay. This means that if you fill a brand-name drug when a generic is available, that in addition to your standard copay or coinsurance, you must also pay the difference in cost between the brand-name and generic drug.

For a summary of your pharmacy benefits plan, including out-of-pocket costs, visit [www.aetna.com](http://www.aetna.com) and log in to Aetna Navigator. Or call the toll-free number on your member ID card.

## Where can I find more formulary information?

You and your doctor can search for a drug, find out if it's covered and see what tier it falls under. You can also see if there are alternatives that cost less. **Make sure your doctor knows that you pay more for two and three tier drugs.** He or she can consider this before writing a prescription.

### Take these steps:

1. Visit [www.aetna.com/formulary](http://www.aetna.com/formulary). You arrive at a page that says "Medication Search."
2. This is where you can learn more about the types of drug coverage reviews your drug requires: things like precertification, step therapy or quantity limits. You will arrive at a menu page where you can view various drug lists, including your Aetna Pharmacy Plan Drug List and more.

## How is the formulary developed?

Aetna's Pharmacy and Therapeutics (P&T) Committee meets regularly to review new drugs and new information about drugs that are already on the market. It reviews available information concerning safety, effectiveness and current use in therapy. The P&T Committee reviews scientific evidence, including relevant findings of federal, government agencies, pharmaceutical manufacturers, medical professional associations, national commissions and peer-reviewed journals.

Our P&T Committee includes licensed pharmacists and doctors, including those who are currently in practice and others who are Aetna employees. All committee members must tell us if they are in a situation that can create a conflict of interest or if they have a financial stake that might affect their decisions.

Once the P&T Committee completes its clinical review, we also consider overall value (including cost and manufacturer rebate arrangements) and other factors before adding or removing a drug from the formulary. Aetna Pharmacy Plan Drug List shows you recent changes to the guide. For example, it could show what drugs started requiring coverage reviews like precertification, step therapy or quantity limits. Or which drugs no longer do. The P&T Committee can make recommendations to change the tier level of a drug or to place it on our Formulary Exclusions List, designating it as a drug that is no longer covered.

## Why is the formulary subject to change?

We may add or remove drugs for certain reasons. We might also move a drug from one coverage tier to another.

Here are some reasons why.

- As brand-name drugs lose their patents and generic versions become available, the brand-name may be covered at a higher out-of-pocket cost while the generic may be covered at a lower out-of-pocket cost.
- The Food and Drug Administration (FDA) approves many new drugs throughout the year.
- Drugs can be withdrawn from the market or may become available without a prescription.

Our website, [www.aetna.com/formulary](http://www.aetna.com/formulary), reflects the most up-to-date formulary information – so please visit it often.

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

This drug coverage review encourages appropriate and cost-effective use of prescription drugs by allowing coverage only when certain conditions are met.

Reasons for precertification include:

- Compliance with dosing guidelines
- Avoiding duplicate therapies
- Helping health care providers check that a drug is being used based on generally accepted medical criteria

The precertification program is based upon current medical findings, FDA-approved manufacturer labeling information, and cost and manufacturer rebate arrangements.

If your plan requires precertification, you will find a list of drugs that are subject to precertification with this guide. Please keep the following in mind:

- Your doctor must contact Aetna to request approval of coverage for these drugs.
- If we approve the request, we will notify your doctor. The drug will then be covered at the applicable out-of-pocket cost under your plan. You will also be notified of approvals where the state requires notification to members.

If the request is denied, you and your doctor will be notified. You can still purchase the drug, but for the full price.

## Why do some drugs have quantity limits?

This drug coverage review limits coverage of quantities for certain drugs. These limits help your doctor and pharmacist check that your prescribed drug is used correctly and safely.

We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose Efficiency Edits** – Limit coverage of prescriptions to one dose per day for drugs that are approved for once-daily dosing.
- **Maximum Daily Dose** – A message is sent to the pharmacy if a prescription is less than the minimum or higher than the maximum allowed dose.
- **Quantity Limits Over Time** – Limit coverage of prescriptions to a specific number of units in a defined amount of time.

## What is step therapy?

This drug coverage review promotes the appropriate use of equally effective but lower-cost drugs first. Prerequisite drugs are FDA-approved and treat the same condition as the corresponding step therapy drugs.

## What is therapeutic duplication?

Therapeutic duplication means that two or more drugs of the same type are prescribed at the same time. This can occur when two doctors prescribe similar drugs or when your doctor switches from one drug to another drug in the same class without cancelling the first prescription.

It is rare that you should ever need two drugs from the same class to treat a medical condition. Since serious side effects may occur, we help bring such duplications to your pharmacist's and doctor's attention.

## Learn more about drug coverage reviews

If you have a medical need for a drug that requires precertification, quantity limits or step therapy, your doctor can ask for a medical exception. The list of drugs requiring precertification, quantity limits or step therapy is subject to change. Find the most up-to-date information at [www.aetna.com/formulary](http://www.aetna.com/formulary).

## You may be able to save with generic drugs

Generic drugs are approved by the U.S. Food and Drug Administration (FDA) and proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name products. The difference is that generics may be a different color, shape or size.

When appropriate, your doctor may decide to prescribe or allow substitution with a generic drug. Please talk to your doctor to find out if a generic is right for you.

## Saving on prescriptions

Here are some other tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Ask your doctor to consider prescribing drugs that are on the Aetna Pharmacy Plan Drug List.
- Check to see if your plan includes our mail-order pharmacy service. Depending upon your plan, mail order may save you money. See Aetna Rx Home Delivery<sup>SM</sup> in this guide for details.
- Remind your doctor to check your plan to make sure you get maximum coverage.

## What is Aetna Rx Home Delivery?

Check your plan documents to see if your plan includes our Aetna Rx Home Delivery mail-order pharmacy. It fills prescriptions for maintenance medicine. This type of medicine is used regularly, to treat conditions like arthritis, asthma, diabetes or high cholesterol. If you need this type of drug, you can get up to a 90-day supply, or the maximum supply allowed by your plan, and free delivery right to your mailbox.

You also get:

- Quick, confidential service
- Free standard shipping
- Pharmacists who check all prescriptions for accuracy and can answer questions any time

### It's easy and fast to order – choose one of these ways:

- 1. Mail** – Get a new prescription from your doctor. Mail your new prescription to Aetna Rx Home Delivery with a completed order form. You can access the form online. Visit [www.aetna.com](http://www.aetna.com) and log in to Aetna Navigator, your secure member website. Or you can go right to [www.aetnavigators.com](http://www.aetnavigators.com). Once logged in, click the link to "Aetna Pharmacy".
- 2. Fax** – Give your doctor the Aetna Rx Home Delivery fax number: 1-377-270-3317. Your doctor can fax in the prescription. Make sure your doctor includes your member ID number, your date of birth and your mailing address on the fax cover sheet. Only a doctor may fax a prescription.
- 3. Phone** – To help make it easy to get started, you can also choose to use our Aetna Rx Courtesy Start<sup>SM</sup> program. Call the toll-free number on your member ID card. Ask us to reach out to your doctor. We can request a new 90-day prescription on your behalf. If your doctor may need you to schedule a visit before he or she will write you a new prescription. After we reach out to your doctor, please allow time (up to 7 days) for us to receive a reply. To help this process move quickly, please alert your doctor to expect our call.

If your prescription is for a controlled medicine, a written prescription from your doctor may be needed.

Generally, if your order is complete, you will receive your medication within 10-14 days from when Aetna Rx Home Delivery receives your order. You can request expedited delivery for an additional charge.

## What is Aetna Specialty Pharmacy?

Aetna Specialty Pharmacy is Aetna's in-house specialty pharmacy. It can fill your prescription specialty medicine. These types of drugs may be injected, infused or taken by mouth. Specialty medicine often needs special storage and handling. It must be delivered quickly. And a nurse or pharmacist should monitor you during your treatment. Use Aetna Specialty Pharmacy to get this medicine sent right to your mailbox. You also get:

- Free delivery that is reliable, secure and sent anywhere you choose
- Extra help when you need it – like injection training and side effect monitoring
- Proactive outreach to confirm your refills
- Free standard supplies
- Nurses and pharmacists who can help you 24 hours a day, every day

### It's easy and fast to order – choose one of these ways:

- **Fax** – Your doctor may fax your prescription to **1-866-FAX-ASRX (1-866-329-2779)**.
- **Mail** – You or your doctor may mail your prescription order to: Aetna Specialty Pharmacy, 503 Sunport Lane, Orlando, FL 32809. If you mail in your own prescription, please send it along with a completed Patient Profile Form. To access this form, visit [www.AetnaSpecialtyRx.com](http://www.AetnaSpecialtyRx.com) and click "Specialty pharmacy: How to enroll."
- **Phone** – Your doctor may also call and speak to one of our registered pharmacists at **1-866-782-ASRX (1-866-782-2779)** during normal business hours of 8 a.m. until 7 p.m. ET.

To transfer an existing prescription order to be filled by Aetna Specialty Pharmacy, call toll-free at **1-866-353-1892**.

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