

April 1, 2020

Changes to your prescription drug coverage

There will be changes to the **Aetna Funding Advantage Small Group Value Plus Plan** drug list that start on **April 1, 2020**. It's important that you review and understand the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for a medical exception, speak directly with your prescriber or you can call us at the toll-free number on your Member ID card.

We'll contact you and your prescriber with our decision. If your exception is approved, you only need to pay your plan copay or cost-share. This amount is based on your pharmacy plan design.

How to find a preferred medicine that's right for you

You can visit the website that's on your member ID card and sign in to your account. Your doctor can also request a medical exception if your drug has been removed from the formulary. If you have any questions, you can call us at the toll-free number on your member ID card.

The changes made to the prescription drugs in this chart are based on the plan information we have at the time this letter was sent.

UPPER CASE = brand-name medication

lower case = generic medication

* Changes apply if your plan includes this feature.

Prescription Drug	Change(s)
ACCU-CHEK FASTCLIX LANCET	Preferred brand drug
DEVICE KIT	
ACCU-CHEK FASTCLIX	Preferred brand drug
LANCETS	
ACCU-CHEK MULTICLIX	Preferred brand drug
LANCET DEVICE KIT	
ACCU-CHEK MULTICLIX	Preferred brand drug
LANCETS	

Prescription Drug	Change(s)
ACCU-CHEK SAFE-T-PRO	Preferred brand drug
LANCETS	
ACCU-CHEK SAFE-T-PRO PLUS	Preferred brand drug
LANCETS	
ACCU-CHEK SOFT TOUCH	Preferred brand drug
LANCETS	
ACCU-CHEK SOFTCLIX LANCET	Preferred brand drug
DEVICE KIT	
ACCU-CHEK SOFTCLIX	Preferred brand drug
LANCETS	
acyclovir cream	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay
BOSULIF	You can fill up to 3/ day*
capecitabine tab 150mg	You can fill up to 4/ day*
capecitabine tab 500mg	You can fill up to 10/ day*
COAGUCHEK LANCETS	Preferred brand drug
codeine sulfate	You can fill up to 6 tabs per day for 7 days
CORLANOR	Preferred brand drug; Preauthorization has been removed; Step
	therapy has been removed; Quantity limits have been removed
CUTAQUIG	Step therapy has been removed
CUVITRU	Step therapy has been removed
cyclobenzaprine 7.5 mg	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay
dexchlorpheniramine syrup	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay
diclofenac gel 1%	You can fill up to 300gm/ month
DILAUDID	You can fill up to 6 tabs per day for 7 days
DOLOPHINE	You can fill up to 3/ day
EMFLAZA	You can fill up to 1/ day*
EMFLAZA SUSP	You can fill up to 52ml/ month*
ENLITE CONTINUOUS	Not covered for plans with Formulary Exclusions. For plans without
GLUCOSE MONITORING	this program, you will pay the non-preferred copay; You must first
SYSTEM	try DEXCOM*
FARYDAK	You can fill up to 6/ 21 days*
FOSRENOL	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay
FREESTYLE LIBRE	Not covered for plans with Formulary Exclusions. For plans without
CONTINUOUS GLUCOSE	this program, you will pay the non-preferred copay; You must first
MONITORING SYSTEM	try DEXCOM*

Prescription Drug	Change(s)
FULPHILA	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay; You must first
	try NEULASTA, UDENYCA*; You can fill up to 2 inj/ month*
GUARDIAN CONNECT	Not covered for plans with Formulary Exclusions. For plans without
CONTINUOUS GLUCOSE	this program, you will pay the non-preferred copay; You must first
MONITORING SYSTEM	try DEXCOM*
hydromorphone 2 mg	You can fill up to 6 tabs per day for 7 days
HYQVIA	Step therapy has been removed
IMBRUVICA 140 MG CAP	You can fill up to 3/ day*
ketoprofen er	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay
lanthanum carbonate	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay
methadone 5 mg	You can fill up to 3/ day
NEULASTA	Preferred specialty drug; Step therapy has been removed; You can
	fill up to 2 inj/ month*
NEULASTA ONPRO KIT	Preferred specialty drug; Step therapy has been removed; You can
	fill up to 2 inj/ month*
NICOMIDE	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay
PARADIGM REAL-TIME	Not covered for plans with Formulary Exclusions. For plans without
STARTER KIT	this program, you will pay the non-preferred copay; You must first
	try DEXCOM*
REVLIMID	You can fill up to 21/ month*
SOF-SENSOR	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay; You must first
	try DEXCOM*
SPRYCEL	You can fill up to 1/ day*
TAKHZYRO	You must first try HAEGARDA*
VENCLEXTA	You can fill up to 4/ day*
VOLTAREN GEL 1%	You can fill up to 300gm/ month
XELODA TAB 150MG	You can fill up to 4/ day*
XELODA TAB 500MG	You can fill up to 10/ day*
ZONTIVITY	Not covered for plans with Formulary Exclusions. For plans without
	this program, you will pay the non-preferred copay
ZYTIGA	You can fill up to 2/ day*

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and their affiliates (Aetna).

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

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 or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are removed from the Pharmacy Drug Guide (formulary) or added to the Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. Due to system constraints, drugs that are added to the Pharmacy Drug Guide (formulary) or moved to a lower tier during the plan year will also continue to be covered at the same benefit level until the plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In accordance with state law, fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of medications that are later added to the Precertification or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those medications covered, for as long as the plan's prescriber 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 preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage under the current policy for medications that are later added to the Precertification or Step Therapy Lists will continue to have those medications covered for as long as the plan's prescriber continues prescribing them, provided the prescriber states in writing that 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. Aetna is part of the CVS Health family of companies.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPOLAmend 2019 01, HI SG GrpAgAmend 2019 01.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779), 1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務, 請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílítigo nanitinígíí bee néého'dólzinígíí béésh bee hane'í bikáá' áaji' hólne'. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገል ግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ፡፡ (Amharic)

Անվձար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով։ (Armenian)

Kugira uronke serivisi z'indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্য ভাষা পরিষেবা পেতে হলে আপনার পরিচ্যুপত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားပန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ် တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ် ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d'identificació. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

GУФЛ \$QhAФЛ TФӨLOЛЛ L AГФЛ JGEGWЛЛ ЉУ, ФÞАЬWOЪ ӨФУ J4ФЛ hSAQP ОӨТ ID ThfodJ GVPT. (Cherokee)

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla kvt chi holisso iskitini holhtena takanli ma I paya. (Choctaw)

Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa duugda waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bel het nummer op uw ID-kaart. (Dutch)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στην κάρτα σας προνομίων μέλους. (Greek)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, તમારા આઇડી કાર્ડ ઉપરના નંબરને કોલ કરો. (Gujarati)

No ka wala'au 'ana me ka lawelawe 'ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. (Hmong)

Iji nwetaòhèrè na oru gasi asusu n'efu, kpoo nomba no na kaadi ID gi. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idiay ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

လာတါကမၤနာ်ကျိဉ်အတာမ်ာစားအတာဖြဲးတာမ်ာတဖဉ်လာတအိဉ်ဒီးအပူးလာနကဘဉ်ဟဉ်အီးဘာဉ်နာဉ်,ကိုးဘာဉ်လီတဲစိနီးဂ်ာ်လာအိဉ်လာနတာဂ်ီးခိဉ် (ID) အခးလီးနှဉ်တက္နာ် (Karen)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

Mì dyi wudu-dù kà kò dò bě dyi móuń nì pídyi ní, nìí, dá nòbà nìà nì ID káàò kõe. (Kru-Bassa)

بۆ دەسپێږ اگەيشتن بە خزمەتگوز ارى زمان بەبئى تێچوون بۆ تۆ، پەيوەندى بكە بە ژمارەى سەر ئاى دى(ID) كارتى خۆت. (Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ, ໃຫ້ໂທຫາເບີ່ໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही श्ल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, त्मच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am. (Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. (Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់ លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःश्ल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्न्होस् । (Nepali)

Të koor yin wëër de thokic ke cin wëu kor keek tënon yin. Ke col koc ye koc kuony në nomba de abac tö në ID kard du kou. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare. (Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей карточке участника плана. (Russian)

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le numera I luga o lau pepa ID. (Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

Heeba a nasta jangirde djey wolde, apelou lamba djey do windi ha dereji Maada. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. (Swahili)

کیriac-) . منبقہ خل بیلجقے مخبنہ منبقہ دلیت کیکہ باہ منبعث کے دمنت کے دمنت کے درخت کے درخت کے درخت کے درخت کے (Assyrian

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati. (Tongan)

Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікайній картці. (Ukrainian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

(Yiddish) צוטריט שפּראַך באַדינונגען אין קיין פּרייַז צו איר, רופן די נומער אויף דיין שייַן קאָרט.

Lati wonú awon ise èdè l'ofe fun o, pe nomba ori káádi idánimo re. (Yoruba)