

Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	Some plans may not cover this drug. Alternatives are available.
Expect Gen Expect Generic	Expect generic drugs to become available in the near future. When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the formulary exclusions list.
FE Formulary Exclusion	There is no copay for these drugs. These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion. You can still get these drugs but will need to pay the full cost of the drug.
HCR - Health Care Reform	There is no copay for these drugs.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	These drugs are not covered under your pharmacy benefit plan due to benefit exclusion. You can still get these drugs but will need to pay the full cost of the drug.
NPB/G Non-preferred brand or non-preferred generic drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
PA - Preauthorization (Precertification)	Preauthorization only applies if your plan includes precertification. This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2 nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1 st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	Quantity limits only applies if your plan includes preauthorization. Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
SE Safety edit	The drugs on this list require clinical checks for all plans. These drugs have the greatest potential for harm according to the U.S. Food and Drug Administration (FDA). Overuse and abuse of these drugs can have harmful side effects and they must be used within the guidelines set by the FDA.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	Step therapy only applies if your plan includes this option. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug. Step therapy protocol complies with all mandated requirements which include disclosing an exceptions request process to the enrollee; and disclosing an enrollee's expedited adverse determination appeal rights and independent review organization (IRO) rights for denials of exception requests.

On October 1, 2017, the following edits will be added to certain opioid drugs.

The following drugs will require pre-authorization for safety:

ARYMO ER	<i>fentanyl patch</i>	METHADOSE SF	<i>oxymorphone er tab</i>
AVINZA	FENTORA* (Expect Gen)	<i>morphine sulfate er cap</i>	<i>tramadol er</i>
BUTRANS	<i>hydromorphone er tab</i>	<i>morphine sulfate er tab</i>	ULTRAM ER
CONZIP	HYSINGLA ER (Expect Gen)	MS CONTIN	XTAMPZA ER
DOLOPHINE	KADIAN	NUCYNTA ER	ZOHYDRO ER
DURAGESIC	<i>methadone</i>	OPANA ER	
EMBEDA	METHADOSE	<i>oxycodone er tab</i>	
EXALGO	<i>methadose</i>	OXYCONTIN	

* Safety pre-authorization already applies, generic is expected.

The following drugs will have safety limits of 120 doses per 30 days supply:

<i>apap/caf/dihydro cap</i>	<i>hydrocod/ibu</i>	OXAYDO	<i>tramadol/apap</i>
<i>apap/caf/dihydro tab</i>	<i>hydromorphone tab</i>	<i>oxycod/apap</i>	<i>tramadol tab</i>
<i>apap/codeine</i>	IBUDONE	<i>oxycod/asa</i>	TREZIX
<i>ascomp/cod</i>	<i>ibudone</i>	<i>oxycod/ibu</i>	TYLENOL/COD
<i>but/apap/caf/cod</i>	<i>levorphanol</i>	<i>oxycodone cap</i>	ULTRACET
<i>but/asa/caf/cod</i>	<i>lorcet</i>	<i>oxycodone tab</i>	ULTRAM
<i>codeine tab</i>	<i>lorcet hd</i>	<i>oxymorphone tab</i>	<i>verdrocet</i>
DEMEROL TAB	<i>lorcet plus</i>	<i>pentaz/nalox</i>	<i>vicodin</i>
<i>dihydrocod/asa/caf</i>	<i>lortab</i>	PERCOCET	<i>vicodin es</i>
DILAUDID TAB	<i>meperidine tab</i>	PRIMLEV	<i>vicodin hp</i>
<i>endocet</i>	<i>morphine sulfate tab</i>	REPREXAIN	VICOPROFEN
FIORICET/COD	NORCO	<i>reprexain</i>	XARTEMIS XR
FIORINAL/COD	NUCYNTA	ROXICODONE	XODOL
<i>hydroco/apap</i>	OPANA	SYNALGOS-DC	

The following drugs will require step therapy:

AVINZA	DURAGESIC	KADIAN	MS CONTIN
BELBUCA	EXALGO		

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
October 1, 2017 Updates



Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
ACCOLATE	NPB/G	NPB/G		Add QL
<i>acetazolamide er cap</i>	PG	NPB/G	<i>acetazolamide tablets</i>	Add ST
ADRENALICK	NPB/G	NPB/G		Change QL
ADYPHREN AMP KIT	NPB/G	NPB/G		Change QL
ADYPHREN II KIT	NPB/G	NPB/G		Change QL
ADYPHREN KIT	NPB/G	NPB/G		Change QL
ALBENZA	NPB/G	NPB/G		Add QL
ALINIA	NPB/G	NPB/G		Add QL
ANDROGEL 1.62%	PB	PB		Expect Gen
ATROVENT HFA	NPB/G	NPB/G		Add QL
AXIRON	NPB/G	NPB/G		Expect Gen
BYETTA	NPB/G	NPB/G		Expect Gen
<i>calcipotriene-betamethasone dipropionate oint</i>	NPB/G	NPB/G		Add QL
CAPEX	NPB/G	NPB/G	<i>fluocinolone</i>	Add ST, Add QL
<i>clindamycin-tretinoin gel</i>	PG	NPB/G	<i>tretinoin</i> , EPIDUO	
COMBIVENT	PB	PB		Add QL
DIAMOX SEQUE	NPB/G	NPB/G	<i>acetazolamide tablets</i>	Add ST
DUREZOL	PB	PB		Expect Gen
EFFIENT	NPB/G	NPB/G		Expect Gen
EFUDEX CRM 5%	NPB/G	NPB/G	<i>fluorouracil 5% crm</i>	Add ST
ELMIRON	PB	PB		Add QL
<i>emverm</i>	PG	NPB/G		Add QL
ENSTILAR	NPB/G	NPB/G		Add QL
<i>epinephrine auto-injector</i>	PG	PG		Change QL
EPIPEN 2-PAK	PB	PB		Change QL
EPIPEN-JR	PB	PB		Change QL
EPISNAP KIT	NPB/G	NPB/G		Change QL
ERTACZO	NPB/G	NPB/G	<i>ketoconazole crm</i>	Add ST, Add QL
EXELDERM	NPB/G	NPB/G	<i>ketoconazole crm</i>	Add ST, Add QL
EXTINA	NPB/G	NPB/G	<i>ketoconazole crm</i>	Add ST, Add QL
FENTORA	NPB/G	NPB/G		Expect Gen
FLUOROPLEX CRM 1%	NPB/G	NPB/G	<i>fluorouracil 5% crm</i>	Add ST
<i>fluorouracil crm 0.5%</i>	PG	NPB/G	<i>fluorouracil 5% crm</i>	Add ST
FULYZAQ	NPB/G	NPB/G	<i>loperamide, diphenoxylate/ atropine, bismuth subsalicylate</i>	Add ST
HALOTIN	NPB/G	NC	<i>ketoconazole crm</i>	
INDERAL LA	NPB/G	NPB/G	<i>propranolol sr</i>	Add ST
<i>ketoconazole aerosol 2%</i>	PG	NPB/G	<i>ketoconazole crm</i>	Add ST, Add QL
<i>ketodan</i>	PG	NPB/G	<i>ketoconazole crm</i>	Add ST, Add QL
<i>k-sol 20%</i>	PG	NPB/G	<i>potassium chloride soln 10%</i>	

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
October 1, 2017 Updates



Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
LEVULAN KERA	NPB/G	NPB/G		Add QL
LUZU	NPB/G	NPB/G	<i>ketoconazole crm</i>	Add ST, Add QL
MENOSTAR	NPB/G	NPB/G		Expect Gen
<i>metformin 1000mg er tab</i> (generic FORTAMET)	NPB/G	NPB/G	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
<i>metformin 1000mg er tab</i> (generic GLUMETZA)	PG	NPB/G	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
<i>metformin 500mg er tab</i> (generic FORTAMET)	NPB/G	NPB/G	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
<i>metformin 500mg er tab</i> (generic GLUMETZA)	PG	NPB/G	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
<i>methergine</i>	PG	PG		Add QL
<i>methylergonovine</i>	PG	PG		Add QL
MYTESI	NPB/G	NPB/G	<i>loperamide, diphenoxylate/ atropine, bismuth subsalcylate</i>	Add ST
<i>naftifine hcl crm 2%</i>	PG	NPB/G	<i>naftifine 1% crm</i>	Add ST, Add QL
NAFTIN	NPB/G	NPB/G	<i>naftifine 1% crm</i>	Add ST, Add QL, Expect Gen
NAMENDA XR	PB	PB		Expect Gen
NAPRELAN	NPB/G	NPB/G	<i>naproxen 275mg, 550mg</i>	Add ST
<i>naproxen sodium sr 24hr tab</i>	PG	NPB/G	<i>naproxen 275mg, 550mg</i>	Add ST
NASCOBAL	NPB/G	NPB/G	<i>cyanocobalamine inj</i>	Add ST
NEUPRO	NPB/G	NPB/G		Expect Gen
NUVARING	PB	PB		Expect Gen
<i>oxiconazole</i>	PG	NPB/G	<i>ketoconazole crm</i>	Add ST, Add QL
OXISTAT	NPB/G	NPB/G	<i>ketoconazole crm</i>	Add ST, Add QL
<i>pot chloride sol 20% sf</i>	PG	NPB/G	<i>potassium chloride soln 10%</i>	
PREPOPIK	NPB/G	NPB/G		Expect Gen
PROCTOCORT CRM 1%	NPB/G	NPB/G	<i>hydrocortisone rectal crm</i>	Add ST
PROVENTIL	NPB/G	NPB/G		Expect Gen
SABRIL	PS	PS		Expect Gen
SAFYRAL	NPB/G	NPB/G		Expect Gen

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
October 1, 2017 Updates



Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
<i>sodium sulfacetamide/ sulfur susp 10-5%</i>	PG	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
<i>sodium sulfacetamide/ sulfur susp 8-4%</i>	NPB/G	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
SORILUX	NPB/G	NPB/G		Add QL
SPRIX	NPB/G	NPB/G	<i>ketorolac tablets</i>	Add ST, Expect Gen
<i>sulfacleanse</i>	NPB/G	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
SUMAXIN TS	NPB/G	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
SYNAGEX	NPB/G	NC		
SYNATEK	NPB/G	NC		
SYPRINE	PS	PS		Expect Gen
TACLONEX OINT	NPB/G	NPB/G		Add QL
TACLONEX SUSP	NPB/G	NPB/G		Add QL
TOLAK	NPB/G	NPB/G	<i>fluorouracil 5% crm</i>	Add ST
TRACLEER	PS	PS		Expect Gen
TRAVATAN Z	PB	PB		Expect Gen
<i>triderm 0.1% crm</i>	PG	NC	<i>triamcinolone crm by other manufacturers</i>	
UCERIS	NPB/G	NPB/G		Expect Gen
VALTREX	NPB/G	NPB/G	<i>valacyclovir</i>	Add ST
VERDESO	NPB/G	NPB/G	<i>desonide</i>	Add QL
VIGAMOX	NPB/G	NPB/G		Expect Gen
XANAX	NPB/G	NPB/G	<i>alprazolam</i>	Add ST
XANAX XR	NPB/G	NPB/G	<i>alprazolam</i>	Add ST
XOLEGEL	NPB/G	NPB/G	<i>ketokonazole crm</i>	Add ST, Add QL
<i>xylon</i>	PG	NC	<i>hydrocodone/ ibuprofen by other manufacturers</i>	
<i>zafirlukast</i>	PG	PG		Add QL
ZELAPAR	NPB/G	NPB/G	<i>selegiline</i>	Add ST
<i>zileuton er</i>	NPB/G	NPB/G		Add QL
ZOVIRAX OINT	NPB/G	NPB/G	<i>acyclovir oint</i>	Add ST
ZYFLO	NPB/G	NPB/G		Add QL
ZYFLO CR	NPB/G	NPB/G		Add QL

UPPERCASE = brand-name drug; lower case *italics* = generic drug

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

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 receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty 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 your pharmacy plan, refer to your plan's website that is on your member ID card.

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 added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their 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 HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews 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 to receive preauthorization or step-therapy reviews 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.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, preauthorization, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are 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, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

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. For more information you can refer to your plan's website.

Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	Some plans may not cover this drug. Alternatives are available.
Expect Gen Expect Generic	Expect generic drugs to become available in the near future. When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the formulary exclusions list.
FE Formulary Exclusion	There is no copay for these drugs. These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion. You can still get these drugs but will need to pay the full cost of the drug.
HCR Health Care Reform	There is no copay for these drugs.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	These drugs are not covered under your pharmacy benefit plan due to benefit exclusion. You can still get these drugs but will need to pay the full cost of the drug.
NPB/G Non-preferred brand or non-preferred generic drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
PA - Preauthorization (Precertification)	Preauthorization only applies if your plan includes precertification. This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2 nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1 st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	Quantity limits only applies if your plan includes preauthorization. Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
SE Safety edit	The drugs on this list require clinical checks for all plans. These drugs have the greatest potential for harm according to the U.S. Food and Drug Administration (FDA). Overuse and abuse of these drugs can have harmful side effects and they must be used within the guidelines set by the FDA. These guidelines limit quantities for long-acting narcotics and require approvals for drugs that are used to treat substance abuse or used for cancer pain management or for attention deficit hyperactivity disorder (ADHD).
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	Step therapy only applies if your plan includes this option. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

Aetna Fully-Insured Commercial Plans
July 1, 2017 Updates



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
ABANEU-SL	NPB/G	NC		
ACTIVE FE	NPB/G	NC		
<i>airavite</i>	PG	NC		
AKTEN	NPB/G	NC		
<i>alphatrex</i>	PG	PG		Add QL
<i>ana-lex</i>	PG	NC		
ANIMI-3	NPB/G	NC		
APEXICON E	NPB/G	NPB/G	<i>augmented betamethasone (crm/oint/lot/gel)</i>	Add ST
ASTERO	NC	NC		Move to Benefit Exclusion
ATRALIN	NPB/G	NPB/G	<i>tretinoin</i> , EPIDUO	Change ST
<i>augmented betameth gel, lot, oint</i>	PG	PG		Add QL
AVODART	NPB/G	NPB/G	<i>dutasteride</i>	Add ST
<i>av-vite fb</i>	PG	NC		
<i>b6 folic acid</i>	PG	NC		
BIFERARX	NPB/G	NC		
BONIVA	NPB/G	NPB/G	<i>alendronate 70mg</i>	Add ST
BP VIT 3	NPB/G	NC		
BYSTOLIC	NPB/G	NPB/G	<i>metoprolol, atenolol, nadolol</i>	Add PA, Add ST
CEM-UREA	NPB/G	NC		
CENFOL	NPB/G	NC		
CENTRATEX	NPB/G	NC		
<i>clobetasol aer, shampoo, spray</i>	PG	PG		Add QL
<i>clobetasol cre,gel, lot, oint, sol</i>	NPB/G	NPB/G		Add QL
<i>clobetasol e cream</i>	NPB/G	NPB/G		Add QL
CLOBEX LOT, SHAMPOO	NPB/G	NPB/G		Add QL
CLOBEX SPRAY	PB	NPB/G		Add QL
<i>clodan shampoo</i>	PG	PG		Add QL
CORDRAN TAPE	NPB/G	NPB/G		Add QL
<i>cormax scalp</i>	NPB/G	NPB/G		Add QL
<i>corvita 150</i>	PG	NC		
CORVITE 150	NPB/G	NC		
<i>diclofenac gel 3%</i>	NPB/G	NPB/G		Change QL
<i>dihydroergotamine spray</i>	NPB/G	NPB/G	<i>rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
DIPROLENE LOT, OINT	NPB/G	NPB/G		Add QL
DIVISTA	NPB/G	NC		
<i>doxercalciferol cap</i>	PS	PG		Add QL, Remove SPB

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
July 1, 2017 Updates



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
<i>doxercalciferol inj</i>	PS	NC		Remove SPB
DRISDOL	HCR	NPB/G		
ED CYTE F	NPB/G	NC		
EPANED ORAL SOLN	NPB/G	NPB/G	<i>enalapril tablets</i>	Add PA, Add QL
EPANED PWD FOR ORAL SOLN	NPB/G	NPB/G	<i>enalapril tablets</i>	Add PA, Change QL
<i>ergocalciferol cap 50000unt</i>	HCR	PG		
<i>fa-b6-b12</i>	PG	NC		
<i>fabb</i>	PG	NC		
FE 90 PLUS	NPB/G	NC		
FERIVA	NPB/G	NC		
<i>ferocon</i>	PG	NC		
<i>ferottrinsic</i>	PG	NC		
FERRALET 90	NPB/G	NC		
FERRAPLUS 90	NPB/G	NC		
<i>ferrocite</i>	PG	NC		
FERRO-PLEX	NPB/G	NC		
FERROTRIN	NPB/G	NC		
<i>fluocinonide sol, - e cream</i>	PG	PG		Add QL
<i>fluocinonide cream, gel, oint</i>	NPB/G	NPB/G		Add QL
FOCALGIN DSS	NPB/G	NC		
<i>folbee</i>	PG	NC		
FOLGARD RX	NPB/G	NC		
FOLIVANE-F	NPB/G	NC		
FOLIVANE-PLS	NPB/G	NC		
<i>folplex 2.2</i>	PG	NC		
<i>foltrin</i>	PG	NC		
FUSION PLUS	NPB/G	NC		
<i>halobetasol cream, oint</i>	NPB/G	NPB/G		Add QL
HECTOROL CAP	NPS	NPB/G	<i>doxercalciferol and calcitriol</i>	Add ST, Add QL, Remove SPB
HECTOROL INJ	NPS	NC		Remove SPB
<i>hematinic pl</i>	PG	NC		
<i>hematinic/fa</i>	PG	NC		
<i>hematogen forte</i>	PG	NC		
HEMATOGEN FA	NPB/G	NC		
HEMETAB	NPB/G	NC		
<i>hemocyte tab plus</i>	PG	NC		
HEMOCYTE PLS CAP	NPB/G	NC		
<i>hemocyte-f</i>	PG	NC		
<i>hydrocort ac pow</i>	PG	NC		
<i>ibandronate tab 150mg</i>	NPB/G	NPB/G	<i>alendronate 70mg</i>	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
July 1, 2017 Updates



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
INDOCIN SUSPENSION	PB	NPB/G	<i>indomethacin capsules</i>	
INTEGRA F	NPB/G	NC		
INTEGRA PLUS	NPB/G	NC		
IROSPAN 24/6	NPB/G	NC		
IS 24/6	NPB/G	NC		
JUBLIA	NPB/G	NPB/G	<i>ciclopirox 8% solution</i>	Add PA
KERYDIN	NPB/G	NPB/G	<i>ciclopirox 8% solution</i>	Add PA
<i>k-tan plus</i>	PG	NC		
LANCETS (all brands currently at Preferred Brand tier)	PB	NPB/G	<i>generic lancets</i>	
LDO PLUS	NC	NC		Move to Benefit Exclusion
<i>levorphanol</i>	PG	NPB/G	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add QL, Add SE
<i>lidazone</i>	PG	NC		
<i>lidocaine cream tetracaine</i>	PG	PG		Add QL
<i>lidocaine pad 5%</i>	PG	NPB/G	<i>gabapentin</i>	Add PA, Add ST
<i>lidocaine/hc cre 3%-0.5%</i>	PG	NC		
<i>lidocaine/hc kit 2-2%</i>	PG	NC		
<i>lidocaine/hc kit 3%-0.5%+A22 2-2%</i>	PG	NC		
<i>lidocaine/hc kit 3%-1%</i>	PG	NC		
<i>lidocaine/hc kit 3-2.5%</i>	PG	NC		
LIDODERM	NPB/G	NPB/G	<i>gabapentin</i>	Add ST
<i>lido-hydro gel 2.8-0.54</i>	PG	NC		
LIDOVIN	NPB/G	NC		
LIDOZOL	NPB/G	NC		
MAXARON	NPB/G	NC		
MAXFE	NPB/G	NC		
MEPHYTON	PB	PB		Add QL
MULTIGEN, MULTIGEN FOLIC	NPB/G	NC		
MULTIGEN PLS	NPB/G	NC		
NEPHRON FA	NPB/G	NC		
NEURIN-SL	NPB/G	NC		
NITROSTAT	PB	NPB/G	NITROGLYCERN	Add ST
<i>nufol</i>	PG	NC		
OLUX	NPB/G	NPB/G		Add QL
OLUX-E	NPB/G	NPB/G		Add QL

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
July 1, 2017 Updates



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
<i>paricalcitol cap</i>	PS	PG		Add QL, Remove SPB
<i>paricalcitol inj</i>	PS	NC		Remove SPB
PENLAC	NPB/G	NPB/G	<i>ciclopirox 8% solution</i>	Add PA
PLIAGLIS	NPB/G	NPB/G		Add QL
PRE-FOLIC	NPB/G	NC		
PREVACID CAP 30MG	NPB/G	NPB/G		Add QL
PREVACID SOLUTAB	NPB/G	NPB/G		Add QL
PROFERRIN	NPB/G	NC		
PROSCAR	NPB/G	NPB/G	<i>dutasteride</i>	Add ST
PROTECTIRON	NPB/G	NC		
PROVENTIL HFA	NPB/G	NPB/G	VENTOLIN HFA and PROAIR	Add ST, Expect Gen
PUREFE	NPB/G	NC		
<i>purevit dual cap</i>	PG	NC		
<i>quetiapine tab 50mg er</i>	NPB/G	NPB/G		Change QL
RAVICTI	NPS	NPS	<i>phenylbutyrate , BUPHENYL</i>	Add ST
RAYALDEE	HCR	NPB/G		
REGRANEX	NPB/G	NPB/G	SANTYL	Add PA, Add QL
RETIN-A CREAM, GEL	NPB/G	NPB/G	<i>tretinoin , EPIDUO</i>	Add ST
RETIN-A MICR GEL 0.08%	PB	NPB/G	<i>tretinoin , EPIDUO</i>	Change ST
RETIN-A MICR GEL (all other strengths)	NPB/G	NPB/G	<i>tretinoin , EPIDUO</i>	Change ST
SANTYL	NPB/G	NPB/G		Add QL
<i>selenium sul shampoo 2.25%</i>	PG	NC		
SELRX	NPB/G	NC		
SENSIPAR	NPS	NPB/G		Add QL, Remove SPB, Expect Gen
SEROQUEL XR TAB 50MG	NPB/G	NPB/G		Change QL
<i>se-tan plus</i>	PG	NC		
SOLARAZE	NPB/G	NPB/G		Change QL
SYMAX DUOTAB	NPB/G	NC	<i>dicyclomine, glycopyrrolate</i>	
SYNERA	NPB/G	NPB/G		Add QL
TANDEM F	NPB/G	NC		
TANDEM PLUS	NPB/G	NC		
TARON FORTE	NPB/G	NC		
TEMOVATE CRM, GEL, OINT, SOL	NPB/G	NPB/G		Add QL
TEMOVATE E CREAM	NPB/G	NPB/G		Add QL
TERSI FOAM	NPB/G	NC		

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
July 1, 2017 Updates



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
<i>tl gard rx</i>	PG	NC		
<i>tl icon</i>	PG	NC		
TRETIN-X	NPB/G	NPB/G	<i>tretinoin</i> , EPIDUO	Add ST
<i>tricon</i>	PG	NC		
<i>trigels-f</i>	PG	NC		
ULTRAVATE CREAM, LOT, OINT	NPB/G	NPB/G		Add QL
URAMAXIN	NPB/G	NC		
UREA NAIL	NPB/G	NC		
VANOS	NPB/G	NPB/G		Add QL
VASCEPA	PB	PB		Add QL
VENIPUNCTURE CPI KIT	NPB/G	NC		
<i>vitamin D cap 50000IU</i>	HCR	PG	OTC Vitamin D 400IU-1200IU	
VITAMIN D (all OTC products greater than 1200IU, currently covered under HCR)	HCR	NC		
<i>virt-gard</i>	PG	NC		
<i>virt-vite</i>	PG	NC		
ZEMPLAR CAP	NPS	NPB/G	<i>paricalcitol</i> and <i>calcitriol</i>	Add ST, Add QL, Remove SPB
ZEMPLAR INJ	NPS	NC		Remove SPB

UPPERCASE = brand-name drug; lower case *italics* = generic drug

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

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 receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty 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 your pharmacy plan, refer to your plan's website that is on your member ID card.

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 added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their 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 HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews 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 to receive preauthorization or step-therapy reviews 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.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, preauthorization, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are 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, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

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. For more information you can refer to your plan's website.

Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	Some plans may not cover this drug. Alternatives are available.
Expect Gen Expect Generic	Expect generic drugs to become available in the near future. When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions list.
FE Formulary Exclusion	These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion. You can still get these drugs but will need to pay the full cost of the drug.
HCR Health Care Reform	There is no copay for these drugs.
LGC Lowest generic copay	Lowest generic copay only applies if your plan has the Value Drug Program.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	These drugs are not covered under your pharmacy benefit plan due to benefit exclusion. You can still get these drugs but will need to pay the full cost of the drug.
NPB/G Non-preferred brand or non-preferred generic drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
NPL National Precertification List	Prior authorization (PA) is required for all plans. Your doctor must contact us to request approval for coverage.
PA Prior authorization or precertification	Prior authorization only applies if your plan includes precertification. This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2 nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1 st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	Quantity limits only applies if your plan includes quantity limits. Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
Select OTC Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	Step therapy only applies if your plan includes step-therapy. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

Aetna Fully-Insured Commercial Plans
April 1, 2017 Updates



Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
ADDERALL	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
ADDERALL XR	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
ADRENALIN INJ	NPB/G	NC	EPIPEN, <i>epinephrine autoinjector</i>	Remove PA
ADYPHREN	NPB/G	NPB/G	EPIPEN, <i>epinephrine autoinjector</i>	Add QL
ADYPHREN II	NPB/G	NPB/G	EPIPEN, <i>epinephrine autoinjector</i>	Add QL
ALA-QUIN	NC	NC		Move to Benefit Exclusion
ALCORTIN A	NC	NC		Move to Benefit Exclusion
ALOQUIN	NC	NC		Move to Benefit Exclusion
AMITIZA	PB	PB		Remove ST
ASCENSIA AUTODISC	NPB/G	NPB/G		Add QL
BACTROBAN TOPICAL OINT, CRM	NPB/G	NPB/G		Add QL
BAYER BREEZE TEST DISC	NPB/G	NPB/G		Add QL
BENSAL HP	NC	NC		Move to Benefit Exclusion
BIVIGAM	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
CARIMUNE NF	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
CENTANY	NPB/G	NPB/G		Add QL
CIFEREX	NPB/G	NC		
COLCRYS	NPB/G	NPB/G	<i>colchicine</i> , MITIGARE	Add ST
CUVITRU	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
DEXEDRINE CAP	NPB/G	NPB/G		Remove PA
<i>dexedrine tab</i>	PG	PG		Remove PA
<i>dextroamphetamine</i>	PG	PG		Remove PA
<i>diclofenac gel</i>	PG	PG		Change QL
<i>doxepin hcl cream</i>	NPB/G	NPB/G		Add QL

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
April 1, 2017 Updates



Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
DURACHOL	NPB/G	NC		
DUTOPROL	NPB/G	NPB/G	<i>metoprolol/hctz</i> , <i>metoprolol er tabs, hctz</i>	Add ST, Add QL
<i>econazole</i>	PG	PG		Add QL
EPISNAP	NPB/G	NPB/G	EPIPEN, <i>epinephrine autoinjector</i>	Add QL
FERIVA TAB 21/7	NPB/G	NC		
FLEBOGAMMA	NPS	PS		
FOCALIN	NPB/G	NPB/G		Remove PA
FOCALIN XR	NPB/G	NPB/G		Remove PA
GAMMAGARD	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAGARD SD	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAKED	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAPLEX	NPS	PS		
GAMUNEX-C	NPS	PS		
HIZENTRA	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
HYLAFEM	NC	NC		Move to Benefit Exclusion
HYQVIA	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
LINZESS	NPB/G	PB		Remove ST
METADATE CD	NPB/G	NPB/G		Remove PA
METHYLIN CHEW	NPB/G	NPB/G		Remove PA
METHYLIN SOLN	NPB/G	NPB/G		Remove PA
METOPROLOL/HCTZ SR	NPB/G	NPB/G	<i>metoprolol/hctz</i> , <i>metoprolol er tabs, hctz</i>	Add ST, Add QL
MORCIN	NC	NC		Move to Benefit Exclusion
<i>mupirocin oint, crm</i>	PG	PG		Add QL
OCTAGAM	NPS	PS		

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
ORTHO D	NPB/G	NC		
PRIVIGEN	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
PRUDOXIN	NPB/G	NPB/G		Add QL
REVESTA	NPB/G	NC		
RITALIN	NPB/G	NPB/G		Remove PA
RITALIN LA	NPB/G	NPB/G		Remove PA
RYNODERM	NPB/G	NC		
THALAMUS	NC	NC		Move to Benefit Exclusion
TRAUMEEL	NC	NC		Move to Benefit Exclusion
TREXIMET	NPB/G	NPB/G	<i>sumatriptan and naproxen</i>	Add QL
UTOPIC	NPB/G	NC		
VANATOL LQ	NPB/G	NPB/G	<i>acetaminophen/ butalbital/caffeine tab</i>	Add ST, Add QL
VOLTAREN GEL	PB	PB		Change QL
ZAVARA	NPB/G	NC		
ZENZEDI 2.5MG, 7.5MG, 15MG, 20MG, 30MG	NPB/G	NPB/G		Remove PA
<i>zenzedi 5mg, 10mg</i>	PG	PG		Remove PA
ZOLATE	NPB/G	NC		
ZONALON	NPB/G	NPB/G		Add QL

UPPERCASE = brand-name drug; lower case *italics* = generic drug

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 Aetna Pharmacy Plan and Specialty 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.

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 receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty 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 your pharmacy plan, refer to your plan's website that is on your member ID card.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "preservice utilization review." It is not "verification" as defined by Texas law.

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 to receive precertification or step-therapy reviews 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 to receive precertification or step-therapy reviews 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.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, precertification, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are 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, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

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. For more information you can refer to your plan's website.

Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	Some plans may not cover this drug. Alternatives are available.
Expect Gen Expect Generic	Expect generic drugs to become available in the near future. When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions list.
HCR Health Care Reform	There is no copay for these drugs.
LGC Lowest generic copay	Lowest generic copay only applies if your plan has the Value Drug Program.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	These drugs are not covered under your pharmacy benefit plan. You can still get these drugs but will need to pay the full cost of the drug.
NPB/G Non-preferred brand or non-preferred generic drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	These drugs aren't preferred. You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
NPL National Precertification List	Prior authorization (PA) is required for all plans. Your doctor must contact us to request approval for coverage.
PA Prior authorization or precertification	Prior authorization only applies if your plan includes precertification. This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2 nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1 st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	Quantity limits only applies if your plan includes quantity limits. Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
Select OTC Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	Step therapy only applies if your plan includes step-therapy. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ACANYA	NPB/G	NPB/G	EPIDUO	Add ST
ACTICLATE	NPB/G	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
ACZONE	NPB/G	NPB/G	EPIDUO	Add ST
<i>adapalene</i>	NPB/G	NPB/G	EPIDUO	Add ST
ADOXA	NPB/G	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
ADOXA PAK	NPB/G	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
ADRENALICK	NPB/G	NPB/G		Remove PA
ALINIA	NPB/G	NPB/G		Expect Gen
<i>alosetron</i>	PG	PG	<i>diphenoxylate/atropine, loperamide</i>	Add ST
ALOXI	NC	NC		Remove NPL
ALSUMA	NPB/G	NPB/G	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
ALTOPREV	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	Remove ST
ALUVEA	NC	NC		
AMBIEN AMBIENT CR	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
<i>amcinonide cream</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
<i>amcinonide lotion</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
<i>amlodipine/valsarstan</i>	NPB/G	PG		Remove ST
<i>amlodipine/valsarstan HCT</i>	NPB/G	PG		Remove ST
AMRIX	NPB/G	NPB/G	generic FLEXERIL	Add ST
ANALPRAM-HC	NC	NC		
ANALPRM SNGL	NC	NC		
ANASPAZ	NC	NC		
ANZEMET inj	NC	NC		Remove NPL

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>apexicon</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
APIDRA	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Remove PA, Add ST
ARNUITY ELPT	NPB/G	NPB/G		Remove PA, Remove ST
ARRANON	NC	NC		Expect Gen
ATACAND	NPB/G	NPB/G	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	Add ST
ATACAND HCT	NPB/G	NPB/G	<i>candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	Add ST
AVAPRO	NPB/G	NPB/G	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	Add ST
<i>avidoxy</i>	PG	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
AZILECT	PB	PB		Expect Gen
<i>azuphen mb</i>	NC	NC		
BENZACLIN	NPB/G	NPB/G	EPIDUO	Add ST
<i>betamethasone valerate</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	Add ST
<i>bimatoprost</i>	PG	NPB/G	<i>latanoprost, TRAVATAN Z</i>	Add ST
BONIVA inj	NPS	NPS		Remove NPL
BREO ELLIPTA	NPB/G	PB		Remove ST
<i>c/t/s solution</i>	PG	NPB/G	EPIDUO	Add ST
CADUET	NPB/G	NPB/G	amlodipine, atorvastatin	Add ST
CAMBIA	NPB/G	NPB/G	naratriptan, rizatriptan, sumatriptan, zolmitriptan	Add ST
CARBAGLU	NPS	NPS		Expect Gen
<i>ciclodan</i>	PG	PG		Remove PA
<i>ciclopirox</i>	PG	PG		Remove PA

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
CLEOCIN-T	NPB/G	NPB/G	EPIDUO	Add ST
CLIMARA PRO	NPB/G	NPB/G		Expect Gen
CLINDAGEL	NPB/G	NPB/G	EPIDUO	Add ST
<i>clindamax</i>	PG	NPB/G	EPIDUO	Add ST
<i>clindamy/ben gel 1.2-5%</i>	PG	NPB/G	EPIDUO	Add ST
<i>clindamy/ben gel 1-5%</i>	PG	NPB/G	EPIDUO	Add ST
<i>clindamycin gel, lotion, solution 1%</i>	PG	NPB/G	EPIDUO	Add ST
<i>clobetasol</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
<i>clobetasol e</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
<i>clobetasol lotion</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
COLCRYS	NPB/G	NPB/G	<i>colchicine</i> , MITIGARE	Add ST
CONZIP	NPB/G	NPB/G	generic ULTRAM/ER	Add ST
COPAXONE 40mg	PS	PS		Expect Gen
COREG CR	NPB/G	NPB/G	<i>carvedilol</i>	Add ST, Expect Gen
<i>cormax</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
<i>cormax scalp</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
COVERA-HS	NPB/G	NPB/G		Expect Gen
COZAAR	NPB/G	NPB/G	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	Add ST
CYCLOCORT	NPB/G	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
<i>delonide</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	Add ST
<i>desonide</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	Add ST
DESOWEN	NPB/G	NPB/G	<i>aclometasone crm, oint</i>	Add ST
<i>desoximetasone 0.05%</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>desoximetasone 0.25%</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
<i>diclofenac gel</i>	PG	PG		Add QL
<i>diclotral</i>	NPB/G	NC	<i>diclofenac tabs, capsaicin crm (otc)</i>	
DIFFERIN	NPB/G	NPB/G	EPIDUO	Add ST
<i>diflorasone cream</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
<i>diflorasone oint</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
DIOVAN	NPB/G	NPB/G	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	Add ST
DIOVAN HCT	NPB/G	NPB/G	<i>candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	
DONNATAL	NC	NC		
DORYX	NPB/G	NPB/G		Add ST
<i>doxycycline cap 150mg</i>	PG	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
<i>doxycycline cap 75mg</i>	PG	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
<i>doxycycline hxc tab</i>	NPB/G	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
<i>doxycycline hyclate tab</i>	PG	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>doxycycline monohydrate</i>	PG	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
DRYSOL	NC	NC		
DUAC	NPB/G	NPB/G	EPIDUO	Add ST
DYMISTA	NPB/G	NPB/G	<i>azelastine</i> , FLONASE OTC	Add ST
DYNACIN	NPB/G	NPB/G	generic DYNACIN caps, MINOCIN caps	Add ST
<i>econazole</i>	PG	NPB/G	<i>terbinafine, griseofulvin</i>	
ECOZA	NPB/G	NPB/G	<i>terbinafine, griseofulvin</i>	Add ST
EDLUAR	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
ELOCON	NPB/G	NPB/G	<i>triamcinolone crm, oint, lot</i>	Add ST
EMLA	NPB/G	NPB/G		Add QL
EPIDUO	NPB/G	PB		Remove ST, Expect Gen
EPIDUO FORTE	PB	PB		Remove ST, Expect Gen
EPIPEN 2-PAK	PB	PB		Expect Gen
EPIPEN-JR	PB	PB		Expect Gen
EPZICOM	NPB/G	NPB/G		Expect Gen
ESOMEPRAZOLE	NPB/G	NPB/G	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	Add ST
EVZIO	PB	NPB/G	NARCAN NASAL SPRAY	Add PA, Add ST
EYLEA	NPS	NPS		Add NPL
FARXIGA	NPB/G	NPB/G		Remove ST
FLECTOR	PB	PB	<i>oral diclofenac</i>	Add ST
FLORONE	NPB/G	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
FLOVENT DISK	NPB/G	NPB/G		Remove PA, Remove ST
FLOVENT HFA	NPB/G	NPB/G		Remove PA, Remove ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>fluocinolone acetonide</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
<i>fluocinonide 0.1%</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>fluocinonide cream 0.05%</i>	PG	NPB/G	betamethasone dipropionate crm, oint, lot	
<i>fluocinonide cream 0.05%</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluocinonide gel, oint 0.05%</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
<i>flurosyn</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
<i>fluticasone cream</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	Add ST
FORFIVO XL	NPB/G	NPB/G	<i>bupropion xl 300mg, bupropion xl 150mg</i>	Add ST
FREESTYLE TEST STRIPS	NPB/G	PB		Remove PA, Remove ST
GIAZO	NPB/G	NPB/G		Expect Gen
GLUCOSE TEST STRIPS (any brand except LIFESCAN and ABBOTT products)	NPB/G	NPB/G	LIFESCAN products (such as ONETOUCH), ABBOTT products (such as FREESTYLE)	Remove PA, Add ST
<i>grafco silver</i>	NC	NC		
GRALISE	NPB/G	NPB/G	generic NEURONTIN	Remove PA
GRALISE STAR	NPB/G	NPB/G	generic NEURONTIN	Remove PA
<i>halobetasol</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
HARVONI	PS	NPS	ZEPATIER	Add ST
<i>hc pramoxine</i>	NC	NC		
<i>hemmorex-hc</i>	NC	NC		
HUMULIN HUMULIN N HUMULIN R	NPB/G	PB		
HYDRO 35	NC	NC		
<i>hyolev mb</i>	NC	NC		
<i>hyosyne</i>	NC	NC		

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>hypercare</i>	NC	NC		
<i>ibandronate inj</i>	PS	PS		Remove NPL
<i>indiomin mb</i>	NC	NC		
INTERMEZZO	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
JARDIANCE	NPB/G	NPB/G		Remove ST
JENTADUETO	NPB/G	PB		Remove ST
JENTADUETO XR	NPB/G	PB		Remove ST
JEVTANA	NC	NC		Remove NPL
JUBLIA	NPB/G	NPB/G	<i>terbinafine, itraconazole, griseofulvin</i>	Add ST
KERALAC	NC	NC		
KERYDIN	NPB/G	NPB/G	<i>terbinafine, itraconazole, griseofulvin</i>	Add ST
KOMBIGLYZE	PB	NPB/G	<i>alogliptin, JANUVIA/JANUMET/XR, TRADJENTA/JENTADUETO/XR</i>	Add ST
LANTUS	NPB/G	NPB/G	LEVEMIR	Add ST
LEVBIID	NC	NC		
LEVSIN	NC	NC		
LEVSIN/SL	NC	NC		
LEXIVA	PB	PB		Expect Gen
LIDEX	NPB/G	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
<i>lidocaine oint</i>	PG	PG		Add QL
<i>lidocaine pad</i>	PG	PG		Add QL
<i>lidocaine-prilocaine cream</i>	PG	PG		Add QL
LIDODERM	NPB/G	NPB/G		Add QL
<i>lidopril</i>	PG	PG		Add QL
<i>lokara</i>	PG	NPB/G	<i>acemetasone crm, oint</i>	Add ST
LORZONE	NPB/G	NPB/G	<i>chlorzoxazone 250mg, 500mg</i>	Add ST
LOTEMAX	PB	PB		Expect Gen
LUCENTIS	NPS	NPS		Add NPL
LUNESTA	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
LUPR DEP-PED	PS	PS	<i>leuprolide</i>	Add PA
MACUGEN	NPS	NPS		Add NPL

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
MAXIFLOR	NPB/G	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
MICARDIS	NPB/G	NPB/G	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	Add ST
MICARDIS HCT	NPB/G	NPB/G	<i>candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	Add ST
MINASTRIN 24	NPB/G	NPB/G		Expect Gen
<i>minocycline</i>	PG	NPB/G	generic DYNACIN caps, MINOCIN caps	Add ST
<i>minocycline tab</i>	PG	NPB/G	generic DYNACIN caps, MINOCIN caps	Add ST
MIRENA	NPB/G	NPB/G		Expect Gen
MITIGARE	NPB/G	PB		Remove PA, Remove ST
<i>mometasone</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	Add ST
<i>mondoxylene nl</i>	PG	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
MONODOX	NPB/G	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
NARCAN	NPB/G	PB		
NASONEX	PB	NPB/G	<i>flunisolide, mometasone, FLONASE OTC, NASACORT 24HR</i>	Add ST
<i>neuac</i>	PG	NPB/G	EPIDUO	Add ST
NEXIUM	NPB/G	NPB/G	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
NOVOLIN NOVOLIN N NOVOLIN R NOVOLIN 70/30	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Remove PA, Add ST
NOVOLOG	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Remove PA, Add ST
NOVOLOG MIX	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Remove PA, Add ST
<i>nulev</i>	NC	NC		
ONEXTON	NPB/G	NPB/G	EPIDUO	Add ST
ONGLYZA	PB	NPB/G	<i>alogliptin</i> , JANUVIA/JANUMET/XR, TRADJENTA/ JENTADUETO/XR	Add ST
ORACEA	PB	PB	<i>metronidazole gel</i>	Add ST
<i>oscimin</i>	NC	NC		
<i>oscimin sr</i>	NC	NC		
OSENI	NPB/G	NPB/G		Remove PA
OTEZLA	NPS	PS		Remove ST
OXECTA	PB	PB		Add ST
<i>pamidronate</i>	PS	PS		Remove NPL
PATADAY	NPB/G	NPB/G		Expect Gen
PENLAC	NPB/G	NPB/G	<i>terbinafine, itraconazole, griseofulvin</i>	Add ST
<i>phenohygro</i>	NC	NC		
PRAVACHOL	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	Add ST
PRECISION PT TEST STRIPS	NPB/G	PB		Remove PA, Remove ST
PRECISION TEST STRIPS	NPB/G	PB		Remove PA, Remove ST
PREVACID	NPB/G	NPB/G	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	Add ST
PREVIDENT	NC	NC		
PREVIDENT 5000	NC	NC		

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
PRILOSEC	NPB/G	NPB/G	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	Add ST
PRISTIQ	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Expect Gen
PROCORT CREAM	NPB/G	NC		
PROTONIX	NPB/G	NPB/G	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	Add ST
PROTOPIC	NPB/G	NPB/G	<i>fluticasone propionate, betamethasone dipropionate/augmented, triamcinolone acetonide</i>	Add ST
PSORCON CREAM	NPB/G	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
PSORCON OINT	NPB/G	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
RECLAST	NPS	NPS		Remove NPL
RELION N RELION R RELION 70/30	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Add ST
RELPAZ	NPB/G	NPB/G		Expect Gen
RETIN-A MICR	NPB/G	NPB/G	EPIDUO	Add ST
RETIN-A MICR GEL 0.08%	PB	PB	EPIDUO	Add ST
REVATIO SUS	NPS	NPS		Expect Gen
REYATAZ	PB	PB		Expect Gen
RILUTEK	NPB/G	NPB/G		Remove ST
<i>salicylic acid</i>	NC	NC		
SALIVAMAX	NC	NC		
SANDOSTATIN	NPS	NPS		Expect Gen
SELRX	NPB/G	NPB/G	<i>selenium sulfide</i>	Add ST
SOLARAZE	NPB/G	NPB/G		Add QL
SOLODYN	NPB/G	NPB/G		Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
SOMA	NPB/G	NPB/G	<i>carisoprodol 350mg</i>	Add ST
SOMAVERT	NPS	NPS		Expect Gen
SONATA	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
SOVALDI	PS	NPS	ZEPATIER	Add ST
STRATTERA	PB	PB		Expect Gen
SUBOXONE	NPB/G	NPB/G		Expect Gen
<i>sulfacetamide sodium with sulfur</i>	NPB/G	NC	EPIDUO	
<i>sulfacetamide sodium with sulfur liquid wash</i>	NPB/G	NC		
SUMADAN WASH	NPB/G	NC	EPIDUO	
SUMAVEL DOSE	NPB/G	NPB/G	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
SUMAXIN WASH LIQUID 9-4%	NPB/G	NC		
SUSTIVA	PB	PB		Expect Gen
<i>symax-sl</i>	NC	NC		
<i>symax-sr</i>	NC	NC		
SYNALAR	NPB/G	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
SYNEMOL	NPB/G	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
SYNJARDY	NPB/G	NPB/G		Remove ST
<i>tacrolimus</i>	NPB/G	NPB/G	<i>fluticasone propionate, betamethasone dipropionate/augmented, triamcinolone acetonide</i>	Add ST
TAMIFLU	NPB/G	NPB/G		Expect Gen
TEMOVATE	NPB/G	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
TEMOVATE E	NPB/G	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
TIKOSYN	NPB/G	NPB/G		Expect Gen
TOPICORT 0.05%	NPB/G	NPB/G	<i>triamcinolone crm, oint, lot</i>	Add ST
TOPICORT 0.25%	NPB/G	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
TOPICORT LP	NPB/G	NPB/G	<i>triamcinolone crm, oint, lot</i>	Add ST
TOPICORT SPRAY	NPB/G	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
TOPROL XL	NPB/G	NPB/G	<i>metoprolol er</i>	Add ST
TOUJEO SOLO	NPB/G	NPB/G		Remove PA
TRACLEER	PS	PS		Expect Gen
TRADJENTA	NPB/G	PB		Remove ST
TRESIBA FLEX	NPB/G	PB		Remove ST
TRIDESILON	NPB/G	NPB/G	<i>aclometasone crm, oint</i>	Add ST
TROKENDI XR	NPB/G	NPB/G		Expect Gen
ULTRAVATE	NPB/G	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
URAMAXIN	NC	NC		
URAMAXIN GT	NC	NC		
<i>uramit mb</i>	NC	NC		
<i>ure-k</i>	NC	NC		
<i>urolet mb</i>	NC	NC		
UTOPIC CREAM 41%	NPB/G	NC		
VALISONE	NPB/G	NPB/G	<i>triamcinolone crm, oint, lot</i>	Add ST
VELCADE	NC	NC		Expect Gen
VIBERZI	NPB/G	PB		Remove ST
VIREAD	PB	PB		Expect Gen
VISUDYNE	NPS	NPS		Expect Gen
VIVITROL	NPS	NPB/G		Remove SPB
VYTORIN	NPB/G	NPB/G		Expect Gen
VYTORIN TAB 10-80MG	NPB/G	NPB/G		Expect Gen
XIGDUO XR	NPB/G	NPB/G		Remove ST
<i>x-viate</i>	NC	NC		
<i>zencia liquid 9-4%</i>	NPB/G	NC		
ZEPATIER	NPS	PS		Remove ST
ZOCOR	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	Add ST
<i>zoledronic acid inj</i>	PS	PS		Remove NPL
<i>zolpidem er</i> <i>zolpidem tar</i>	PG	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Fully-Insured Commercial Plans
January 1, 2017 Updates



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ZOLPIMIST	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
ZOMETA	NPS	NPS		Remove NPL
ZUBSOLV	NPB/G	NPB/G	generic SUBOXONE SL TAB, SUBOXONE FILM	Add ST
ZUPLENZ	NPB/G	NPB/G	<i>oral ondansetron tab</i>	Add ST
ZYCLARA	NPB/G	NPB/G	generic ALDARA	Add ST
ZYCLARA PUMP	NPB/G	NPB/G	generic ALDARA	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

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 Aetna Pharmacy Plan and Specialty 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.

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 receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty 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**.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "preservice utilization review." It is not "verification" as defined by Texas law.

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 to receive precertification or step-therapy reviews 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 to receive precertification or step-therapy reviews 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.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, precertification, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are 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, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor; Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

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. For more information about Aetna plans, refer to **www.aetna.com**.

TTY: 711

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 níłjigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í bikáá' áají' 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 አገልግሎቶችን ያለከፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقةك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններին 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 বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে 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 မပေးရဲဘဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (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 lengguãhi ni dibåtde para hãgu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

Gʏᵛᵒᵐ ᖃᵛᕈᕆᕔᵒᵐ ᵗᵒᵇᵘᶀᵓᵐ ᱚ ᱠᱦᵒᵐ ᱢᱤᱫᱽᱞᱽᱯ ᱡᵑ, ᱮᱰᱪᱩᱨᱟᱥ ᱙ᱚ ᱙ᱚ ᱢᱤᱫᱽᱞᱽᱯ ᱠᱚᱴᱚᱸᱰ
᱙ᱟᱜ ᱢᱤ ᱢᕐᱠᱚ ᱢᱚᱰᱚᱲ. (Cherokee)

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

Tajaajjiiloota 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 કોઈ 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 ọrụ gasi asụsụ n'efu, kpọọ nọmba 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)

လၢတၢ်ကမၤန့ၢ်ကျိၣ်အတၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤစတၢ်လၢတအိၣ်ဒီးအပ္ပၤလၢနကဘၣ်ဟ့ၣ်အိၣ်ဘၣ်န့ၣ်.ကိးဘၣ်လိတဲစီၣ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤဆိ (ID)
အခးလိၣ်တကၢ် (Karen)

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

M dyi wudu-dù kà kò dò bě dyi móuń nì pídyi ní, níí, dǎ nòbà nià nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى سەر ئای دی (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທິບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirllok 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)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Tě kɔɔr yīn wěēr de thokic ke cīn wěu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny ně nɔmba de abac tǝ
ně ID kard du kǝu. (Nilotic-Dinka)

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

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

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

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)

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).