



July 1, 2019

## Changes to your prescription drug coverage

There will be changes to the **Aetna Premier Plus Plan** drug list that start on **July 1, 2019**. 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?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements. And also for a prescription drug that's not covered in your plan.

We'll contact you or your prescriber with our decision. If your exception is approved, you only need to pay the copay after the deductible. 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 you're currently a member of at the time this letter was sent. These changes apply to all plans unless noted.

**UPPER CASE** = brand-name medication

**lower case** = generic medication

\* Changes apply if your plan includes this feature.

Prescription Drug	Change(s)
ACIPHEX	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ACIPHEX SPRINKLE	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ADEMPAS	Must be filled through a specialty network pharmacy

<b>Prescription Drug</b>	<b>Change(s)</b>
ADZENYS XR-ODT	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
AIMOVIG	Preferred brand drug
AJOVY	Preferred brand drug
ALUNBRIG	Must be filled through a specialty network pharmacy
AMPYRA	Must be filled through a specialty network pharmacy
ARALAST NP	Must be filled through a specialty network pharmacy
ARCALYST	Must be filled through a specialty network pharmacy
AUBAGIO	Must be filled through a specialty network pharmacy
AUSTEDO	Must be filled through a specialty network pharmacy
AVONEX	Must be filled through a specialty network pharmacy
AVONEX PEN	Must be filled through a specialty network pharmacy
BELBUCA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
BERINERT	Must be filled through a specialty network pharmacy
BETASERON	Must be filled through a specialty network pharmacy
BIVIGAM	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered; Must be filled through a specialty network pharmacy
CABOMETYX	Must be filled through a specialty network pharmacy
chorionic gonadotropin	Must be filled through a specialty network pharmacy
CINRYZE	Must be filled through a specialty network pharmacy
CODITUSSIN AC	Preauthorization required; You can fill up to 60ml/day over 5 days in a 30 day period
COPAXONE INJ 20MG/ML	Must be filled through a specialty network pharmacy

<b>Prescription Drug</b>	<b>Change(s)</b>
COPAXONE INJ 40MG/ML	Must be filled through a specialty network pharmacy
CUVITRU	Must be filled through a specialty network pharmacy
D-PENAMINE	Non-preferred specialty drug
dalfampridine er	Must be filled through a specialty network pharmacy
DEPEN TITRATABS	Non-preferred specialty drug
DYMISTA	Preferred brand drug
ELELYSO	Must be filled through a specialty network pharmacy
EMGALITY	Preferred brand drug
epoprostenol sodium	Must be filled through a specialty network pharmacy
ESBRIET	Must be filled through a specialty network pharmacy
EVZIO	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
EXTAVIA	Must be filled through a specialty network pharmacy
FARESTON	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
FINACEA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
FLEBOGAMMA DIF	Must be filled through a specialty network pharmacy
FLOLAN	Must be filled through a specialty network pharmacy
GAMMAPLEX	Must be filled through a specialty network pharmacy
GANIRELIX ACETATE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
GATTEX	Must be filled through a specialty network pharmacy
GILENYA	Must be filled through a specialty network pharmacy

Prescription Drug	Change(s)
glatiramer acetate	Must be filled through a specialty network pharmacy
glatopa	Must be filled through a specialty network pharmacy
H.P. ACTHAR	Must be filled through a specialty network pharmacy
HAEGARDA	Must be filled through a specialty network pharmacy
IDHIFA	Must be filled through a specialty network pharmacy
ILARIS	Must be filled through a specialty network pharmacy
INCRELEX	Must be filled through a specialty network pharmacy
IRESSA	Must be filled through a specialty network pharmacy
JAKAFI	Must be filled through a specialty network pharmacy
KALBITOR	Must be filled through a specialty network pharmacy
KANUMA	Must be filled through a specialty network pharmacy
KOMBIGLYZE XR	Non-preferred brand drug
KORLYM	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
KUVAN	Must be filled through a specialty network pharmacy
lansoprazole odt	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
LILETTA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
LONSURF	Must be filled through a specialty network pharmacy
LYNPARZA	Must be filled through a specialty network pharmacy
MEBOLIC	Not covered under pharmacy benefit
MEKTOVI	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

Prescription Drug	Change(s)
miglustat	Must be filled through a specialty network pharmacy
MINOLIRA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
NAGLAZYME	Must be filled through a specialty network pharmacy
NAMENDA XR TITRATION PACK	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
NATAZIA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
NATPARA	Must be filled through a specialty network pharmacy
NEOPHE	Not covered under pharmacy benefit
NERLYNX	Must be filled through a specialty network pharmacy
NEXIUM 24HR CLEAR MINIS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
NEXIUM 24HR OTC 20MG	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
NICAPRIN	Not covered under pharmacy benefit
NOCTIVA	Non-preferred brand drug
NORTHERA	Must be filled through a specialty network pharmacy
novarel	Must be filled through a specialty network pharmacy
NPLATE	Must be filled through a specialty network pharmacy
NUPLAZID	Must be filled through a specialty network pharmacy
OICALIVA	Must be filled through a specialty network pharmacy
OCTAGAM	Must be filled through a specialty network pharmacy

Prescription Drug	Change(s)
OFEV	Must be filled through a specialty network pharmacy
OMNIVEX	Not covered under pharmacy benefit
ONGLYZA	Non-preferred brand drug
OPSUMIT	Must be filled through a specialty network pharmacy
ORENITRAM	Must be filled through a specialty network pharmacy
OTREXUP	Must be filled through a specialty network pharmacy
OVIDREL	Must be filled through a specialty network pharmacy
OZEMPIC	Preferred brand drug
PLEGRIDY	Must be filled through a specialty network pharmacy
PLEGRIDY STARTER PACK	Must be filled through a specialty network pharmacy
pregnyl w/diluent benzyl alcohol/nacl	Must be filled through a specialty network pharmacy
PREVACID CAP 30MG DR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PREVACID SOLUTAB	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PRILOSEC CAP 10MG	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PRILOSEC CAP 40MG	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PRIVIGEN	Must be filled through a specialty network pharmacy
PROLASTIN-C	Must be filled through a specialty network pharmacy
PROLENSA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

<b>Prescription Drug</b>	<b>Change(s)</b>
PROLEVA	Not covered under pharmacy benefit
PROTEOLIN	Not covered under pharmacy benefit
PROTEOLIN DS	Not covered under pharmacy benefit
PROTONIX PAK	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PROTONIX TAB 20MG	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PROTONIX TAB 40MG	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PURIXAN	Must be filled through a specialty network pharmacy
RASUVO	Must be filled through a specialty network pharmacy
RAVICTI	Must be filled through a specialty network pharmacy
REBIF	Must be filled through a specialty network pharmacy
REBIF REBIDOSE	Must be filled through a specialty network pharmacy
REBIF REBIDOSE TITRATION PACK	Must be filled through a specialty network pharmacy
REBIF TITRATION PACK	Must be filled through a specialty network pharmacy
REMODULIN	Must be filled through a specialty network pharmacy
RUBRACA	Must be filled through a specialty network pharmacy
RUCONEST	Must be filled through a specialty network pharmacy
SABRIL	Must be filled through a specialty network pharmacy
SAMSCA	Must be filled through a specialty network pharmacy
SAVELLA	Non-preferred brand drug
SAVELLA TITRATION PACK	Non-preferred brand drug

<b>Prescription Drug</b>	<b>Change(s)</b>
STAXYN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay if this drug is a covered benefit
STELARA	Must be filled through a specialty network pharmacy
STENDRA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay if this drug is a covered benefit
STRIVERDI RESPIMAT	Preferred brand drug
TAGRISSO	Must be filled through a specialty network pharmacy
TAKHZYRO	Must be filled through a specialty network pharmacy
TARGRETIN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
TARGRETIN GEL 1%	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
TECFIDERA	Must be filled through a specialty network pharmacy
TECFIDERA STARTER PACK	Must be filled through a specialty network pharmacy
TEKTURN HCT	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
tetrabenazine	Must be filled through a specialty network pharmacy
TOLAK	Preferred brand drug
treprostinil	Must be filled through a specialty network pharmacy
TUSSICAPS	Preauthorization required; You can fill up to 2/ day; max 20 in 30 days
TYVASO	Must be filled through a specialty network pharmacy
TYVASO REFILL	Must be filled through a specialty network pharmacy
TYVASO STARTER	Must be filled through a specialty network pharmacy

<b>Prescription Drug</b>	<b>Change(s)</b>
UPTRAVI	Must be filled through a specialty network pharmacy
VASCULERA	Not covered under pharmacy benefit
VELETRI	Must be filled through a specialty network pharmacy
VENTAVIS	Must be filled through a specialty network pharmacy
VIAGRA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay if this drug is a covered benefit
vigabatrin	Must be filled through a specialty network pharmacy
vigadrone	Must be filled through a specialty network pharmacy
VIMIZIM	Must be filled through a specialty network pharmacy
VITRAKVI	Must be filled through a specialty network pharmacy
VUSION	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
XALKORI	Must be filled through a specialty network pharmacy
XENAZINE	Must be filled through a specialty network pharmacy
XTANDI	Must be filled through a specialty network pharmacy
XYZBAC	Not covered under pharmacy benefit
ZAVESCA	Must be filled through a specialty network pharmacy
ZEMAIRA	Must be filled through a specialty network pharmacy
ZYDELIG	Must be filled through a specialty network pharmacy
ZYKADIA	Must be filled through a specialty network pharmacy
ZYVEXOL	Not covered under pharmacy benefit
ZYVIT	Not covered under pharmacy benefit

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

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 its 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 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.

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](mailto: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).

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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 ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك 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)



M̈ dyi wuḍu-dù kà kò dò bě dyi móuñ nì píd̈yi ní, nìí, dǎ nòbà nǎ nì ID káàò kǝ. (Kru-Bassa)

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

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໂທຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (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, 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)

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 nē nɔmba de abac tǝ  
nē 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)

Lati wonú awon isẹ̀ èdè l'ọfẹ fun ọ, pe nomba ori káádí idánimọ rẹ. (Yoruba)