

### Abbreviation Key

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

<b>*</b>	<b>Some plans may not cover this drug.</b> Alternatives are available.
<b>Expect Gen</b> Expect Generic	<b>Expect generic drugs to become available in the near future.</b> 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.
<b>FE</b> Formulary Exclusion	<b>These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>HCR - Health Care Reform</b>	There is no copay for these drugs.
<b>Medical</b>	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
<b>NC</b> Not-Covered	<b>These drugs are not covered under your pharmacy benefit plan due to a benefit exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>NPB/G</b> Non-preferred brand or non-preferred generic drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
<b>NPS</b> Non-preferred specialty drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
<b>PA - Preauthorization</b> (Precertification)	<b>Preauthorization only applies if your plan includes precertification.</b> 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.
<b>PB</b> Preferred brand-name drug	These are brand-name drugs that are covered at your 2 <sup>nd</sup> Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>PS</b> Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
<b>PG</b> Preferred generic	These are generic drugs that are covered at your 1 <sup>st</sup> tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>QL</b> Quantity limits	<b>Quantity limits only applies if your plan includes preauthorization.</b> 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.
<b>SE</b> Safety edit	<b>The drugs on this list require clinical checks for all plans.</b> 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.
<b>SPB</b> 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.
<b>ST</b> Step therapy	<b>Step therapy only applies if your plan includes this option.</b> 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	

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

**Aetna Premier Plus Plans**  
**October 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 10/1/2017	Formulary Alternative(s)	Notes
<i>acetazolamide er cap</i>	PG	PG*	<i>acetazolamide tablets</i>	
ANDROGEL 1.62%	PB	PB		Expect Gen
ANDROGEL 1%	NPB/G	NPB/G*	ANDROGEL 1.62%	
AXIRON	NPB/G*	NPB/G*		Expect Gen
BETOPTIC-S	PB	NPB/G	<i>betaxolol</i>	
BYETTA	NPB/G	NPB/G		Expect Gen
<i>calcipotriene-betamethasone dipropionate ointment</i>	PG	PG*	<i>calcipotriene crm/oint, betamethasone crm/oint</i>	
CAPEX	NPB/G	NPB/G*	<i>fluocinolone</i>	
DIAMOX SEQUE	NPB/G	NPB/G*	<i>acetazolamide tablets</i>	
DIFFERIN GEL 0.3%	PB	NPB/G	<i>adapalene</i>	
DUREZOL	PB	PB		Expect Gen
EFFIENT	PB	PB		Expect Gen
EFUDEX CREAM 5%	NPB/G	NPB/G*	<i>fluorouracil 5% crm</i>	
ERTACZO	NPB/G	NPB/G*	<i>ketoconazole crm</i>	
EXELDERM	NPB/G	NPB/G*	<i>ketoconazole crm</i>	
EXTINA	NPB/G	NPB/G*	<i>ketoconazole crm</i>	
FLUOROPLEX CREAM 1%	NPB/G	NPB/G*	<i>fluorouracil 5% crm</i>	
<i>fluorouracil cream 0.5%</i>	PG	PG*	<i>fluorouracil 5% crm</i>	
HALOTIN	NPB/G	NC	<i>ketoconazole crm</i>	
INDERAL LA	NPB/G	NPB/G*	<i>propranolol sr</i>	
<i>ketoconazole aerosol 2%</i>	PG	PG*	<i>ketoconazole crm</i>	
<i>ketodan</i>	PG	PG*	<i>ketoconazole crm</i>	
LUZU	NPB/G	NPB/G*	<i>ketoconazole crm</i>	
MENOSTAR	NPB/G	NPB/G		Expect Gen
<i>naftifine hcl cream 2%</i>	PG	PG*	<i>naftifine 1% crm</i>	
NAFTIN	NPB/G	NPB/G*	<i>naftifine 1% crm</i>	Expect Gen
NAMENDA XR	PB	PB		Expect Gen
NAPRELAN	NPB/G	NPB/G*	<i>naproxen 275mg, 550mg</i>	
<i>naproxen sod sr 24hr tab</i>	PG	PG*	<i>naproxen 275mg, 550mg</i>	
NASCOBAL	NPB/G	NPB/G*	<i>cyanocobalamine inj</i>	
NEUPRO	NPB/G	NPB/G		Expect Gen
NUVARING	PB	PB		Expect Gen
<i>oxiconazole</i>	PG	PG*	<i>ketoconazole crm</i>	
OXISTAT	NPB/G	NPB/G*	<i>ketoconazole crm</i>	
PREPOPIK	NPB/G	NPB/G		Expect Gen
PROCTOCORT CREAM 1%	NPB/G	NPB/G*	<i>hydrocortisone rectal crm</i>	
PROVENTIL	NPB/G	NPB/G		Expect Gen
SABRIL	NPS	NPS		Expect Gen
SAFYRAL	NPB/G	NPB/G		Expect Gen
<i>sodium sulfacetamide/sulfur susp 10-5%</i>	PG	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
<i>sodium sulfacetamide/sulfur susp 8-4%</i>	PG	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	

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Drug Name	Current Tier	Tier as of 10/1/2017	Formulary Alternative(s)	Notes
SPRIX	NPB/G	NPB/G*	<i>ketorolac tablets</i>	Expect Gen
<i>sulfacleanse</i>	PG	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	NPS	NPS		Expect Gen
TACLONEX OINT	NPB/G	NPB/G*	<i>calcipotriene crm/oint, betamethasone crm/oint</i>	
TESTIM GEL 1%	NPB/G	NPB/G*	ANDROGEL 1.62%	
TOLAK	NPB/G	NPB/G*	<i>fluorouracil 5% crm</i>	
TRACLEER	PS	PS		Expect Gen
TRAVATAN Z	PB	PB		Expect Gen
<i>triderm 0.1% crm</i>	PG/LGC	NC	<i>triamcinolone crm</i> by other manufacturers	
UCERIS	NPB/G	NPB/G		Expect Gen
VERDESO	NPB/G	NPB/G*	<i>desonide</i>	
VIGAMOX	NPB/G	NPB/G		Expect Gen
VOGELXO	NPB/G	NPB/G*	ANDROGEL 1.62%	
XANAX	NPB/G	NPB/G*	<i>alprazolam</i>	
XANAX XR	NPB/G	NPB/G*	<i>alprazolam</i>	
XOLEGEL	NPB/G	NPB/G*	<i>ketoconazole crm</i>	
<i>xylon</i>	PG	NC	<i>hydrocodone/ibuprofen</i> by other manufacturers	
ZELAPAR	NPB/G	NPB/G*	<i>selegiline</i>	
ZOVIRAX OINT	NPB/G	NPB/G*	<i>acyclovir oint</i>	

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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**

<b>*</b>	<b>Some plans may not cover this drug.</b> Alternatives are available.
<b>Expect Gen</b> Expect Generic	<b>Expect generic drugs to become available in the near future.</b> 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.
<b>FE</b> <b>Formulary Exclusion</b>	<b>These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>HCR</b> Health Care Reform	There is no copay for these drugs.
<b>Medical</b>	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
<b>NC</b> Not-Covered	<b>These drugs are not covered under your pharmacy benefit plan due to a benefit exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>NPB/G</b> Non-preferred brand or non-preferred generic drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
<b>NPS</b> Non-preferred specialty drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
<b>PA - Preauthorization</b> (Precertification)	<b>Preauthorization only applies if your plan includes precertification.</b> 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.
<b>PB</b> Preferred brand-name drug	These are brand-name drugs that are covered at your 2 <sup>nd</sup> Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>PS</b> Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
<b>PG</b> Preferred generic	These are generic drugs that are covered at your 1 <sup>st</sup> tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>QL</b> Quantity limits	<b>Quantity limits only applies if your plan includes preauthorization.</b> 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.
<b>SE</b> Safety edit	<b>The drugs on this list require clinical checks for all plans.</b> 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).
<b>SPB</b> 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.
<b>ST</b> Step therapy	<b>Step therapy only applies if your plan includes this option.</b> This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

**Aetna Premier Plus Plans**  
**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/2017	Formulary Alternative(s)	Notes
ABANEU-SL	NPB/G	NC		
ACTIVE FE	NPB/G	NC		
<i>airavite</i>	PG	NC		
AKTEN GEL	NPB/G	NC		
<i>ana-lex</i>	PG	NC		
ANIMI-3	NPB/G	NC		
ASTERO	NC	NC		Moved to Benefit Exclusion
<i>av-vite fb</i>	PG	NC		
<i>b6 folic acid</i>	PG	NC		
BIFERARX	NPB/G	NC		
BP VIT 3	NPB/G	NC		
CEM-UREA	NPB/G	NC		
CENFOL	NPB/G	NC		
CENTRATEX	NPB/G	NC		
CLOBEX SPRAY	PB	NPB/G		
<i>corvita 150</i>	PG	NC		
CORVITE 150	NPB/G	NC		
DIVISTA	NPB/G	NC		
<i>doxercalciferol cap</i>	PS	PG		Remove SPB
<i>doxercalciferol inj</i>	PS	NC		Remove SPB
DRISDOL	HCR	NPB/G		
ED CYTE F	NPB/G	NC		
<i>ergocalciferol cap 50000unt</i>	HCR	PG		
<i>fa-b6-b12</i>	PG	NC		
<i>fabb</i>	PG	NC		
FARYDAK	NPS	NPS		Add PA
FE 90 PLUS	NPB/G	NC		
FERIVA	NPB/G	NC		
<i>ferocon</i>	PG	NC		
<i>ferotrinic</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		
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		

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**Aetna Premier Plus Plans**  
**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/2017	Formulary Alternative(s)	Notes
HECTOROL CAP	NPS	NPB/G	<i>doxercalciferol</i> and <i>calcitriol</i>	Remove SPB
HECTOROL INJ	NPS	NC		Remove SPB
<i>hematinic pl</i>	PG	NC		
<i>hematinic/fa</i>	PG	NC		
<i>hematogen</i>	PG	NC		
HEMATOGEN FA	NPB/G	NC		
HEMETAB	NPB/G	NC		
<i>hemocyte</i>	PG	NC		
HEMOCYTE PLS	NPB/G	NC		
<i>hemocyte-f</i>	PG	NC		
<i>hydrocort ac pow</i>	PG	NC		
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		
<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		Moved to Benefit Exclusion
<i>levorphanol</i>	PG	PG		Add QL, Add SE
<i>lidazone</i>	PG	NC		
<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%t 2-2%</i>	PG	NC		
<i>lidocaine/hc kit 3%-1%</i>	PG	NC		
<i>lidocaine/hc kit 3-2.5%</i>	PG	NC		
<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		
MULTIGEN	NPB/G	NC		
MULTIGEN PLS	NPB/G	NC		
NEPHRON FA	NPB/G	NC		
NEURIN-SL	NPB/G	NC		
NITROSTAT	PB	NPB/G	NITROGLYCERN	
NORDITROPIN	NPS*	NPS	OMNITROPE	
NUCORT	NPB/G	NPB/G*		
<i>nufol</i>	PG	NC		
NUTROPIN AQ	NPS*	NPS	OMNITROPE	

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**Aetna Premier Plus Plans**  
**July 1, 2017 Updates**



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<i>paricalcitol cap</i>	PS	PG		Remove SPB
<i>paricalcitol inj</i>	PS	NC		Remove SPB
PRE-FOLIC	NPB/G	NC		
PROFERRIN	NPB/G	NC		
PROTECTIRON	NPB/G	NC		
PROVENTIL HFA	NPB/G	NPB/G	VENTOLIN HFA and PROAIR	Expect Gen
PUREFE	NPB/G	NC		
<i>purevit dual</i>	PG	NC		
RAYALDEE	HCR	NPB/G		
SAIZEN	NPS*	NPS	OMNITROPE	
<i>selenium sul shampoo 2.25%</i>	PG	NC		
SELRX	NPB/G	NC		
SENSIPAR	NPS	NPB/G		Remove PA, Remove SPB, Expect Gen
SEROSTIM	NPS*	NPS		
<i>se-tan plus</i>	PG	NC		
SYMAX DUOTAB	NPB/G*	NC	<i>dicyclomine, glycopyrrolate</i>	
TANDEM F	NPB/G	NC		
TANDEM PLUS	NPB/G	NC		
TARON FORTE	NPB/G	NC		
TERSI FOAM	NPB/G	NC		
<i>tl gard rx</i>	PG	NC		
<i>tl icon</i>	PG	NC		
<i>tricon</i>	PG	NC		
<i>trigels-f</i>	PG	NC		
URAMAXIN	NPB/G	NC		
UREA NAIL	NPB/G	NC		
VENIPUNCTURE CPI KIT	NPB/G	NC		
<i>virt-gard</i>	PG	NC		
<i>virt-vite</i>	PG	NC		
VITAMIN D (all OTC products greater than 1200IU, currently covered under HCR)	HCR	NC	OTC Vitamin D 400IU-1200IU	
ZEMPLAR CAP	NPS	NPB/G	<i>paricalcitol</i> and <i>calcitriol</i>	Remove SPB
ZEMPLAR INJ	NPS	NC		Remove SPB
ZORBTIVE	NPS*	NPS		

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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**

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

Drug Name	Current Tier	Tier as of 4/1/2017	Formulary Alternative(s)	Notes
ADRENALIN INJ	NPB/G	NC	EPIPEN, <i>epinephrine autoinjector</i>	
ALA-QUIN	NC	NC		Move to Benefit Exclusion
ALCORTIN A	NC	NC		Move to Benefit Exclusion
ALOQUIN	NC	NC		Move to Benefit Exclusion
BENSAL HP	NC	NC		Move to Benefit Exclusion
CIFEREX	NPB/G	NC		
COLCRYS	NPB/G	NPB/G*	<i>colchicine</i> , MITIGARE	
COPAXONE 20mg	NPS	NPS*	<i>glatopa</i>	
DURACHOL	NPB/G	NC		
DUTOPROL	NPB/G	NPB/G*	<i>metoprolol/hctz</i> , <i>metoprolol er tabs, hctz</i>	
FERIVA TAB 21/7	HCR	NC		
FLEBOGAMMA	NPS	PS		
GAMMAPLEX	NPS	PS		
GAMUNEX-C	NPS	PS		
GLEEVEC	NPS	NPS*	<i>imatinib</i>	
HYLAFEM	NC	NC		Move to Benefit Exclusion
METOPROLOL/HCTZ SR	NPB/G	NPB/G*	<i>metoprolol/hctz</i> , <i>metoprolol er tabs, hctz</i>	
MORCIN	NC	NC		Move to Benefit Exclusion
OCTAGAM	NPS	PS		
ORTHO D	NPB/G	NC		
REVESTA	NPB/G	NC		
RYNODERM	NPB/G	NC		
THALAMUS	NC	NC		Move to Benefit Exclusion
TRAUMEEL	NC	NC		Move to Benefit Exclusion
UTOPIC	NPB/G	NC		
VANATOL LQ	NPB/G	NPB/G*	<i>acetaminophen/</i> <i>butalbital/caffeine tab</i>	
ZAVARA	NPB/G	NC		
ZIPSOR	NPB/G	NPB/G*	<i>diclofenac sodium tab</i> , <i>diclofenac potassium tab</i>	
ZOLATE	NPB/G	NC		

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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.

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### Abbreviation Key

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

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

**Aetna Premier Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
<i>acid control tab</i>	PG/LGC	NC		Remove select OTC
<i>acid reducer tab</i>	PG/LGC	NC		Remove select OTC
<i>a-cillin</i>	PG	PG/LGC		
<i>alavert</i>	PG/LGC	PG		
<i>alaway</i>	PG/LGC	PG		
<i>alaway child</i>	PG/LGC	PG		
ALINIA	NPB/G	NPB/G		Expect Gen
<i>allergy eye drops</i>	PG/LGC	PG		
<i>allergy relief</i>	PG/LGC	PG		
<i>allergy tab</i>	PG/LGC	PG		
ALOXI	NC	NC		Remove NPL
ALUVEA	NC	NC		
<i>ambitussin</i>	PG	NC		Remove select OTC
<i>amoxicillin</i>	PG	PG/LGC		
<i>amoxil</i>	PG	PG/LGC		
ANALPRAM-HC	NC	NC		
ANALPRM SNGL	NC	NC		
ANASPAZ	NC	NC	<i>dicyclomine,</i> <i>glycopyrrolate</i>	
<i>antihistamine drops</i>	PG/LGC	PG		
ANZEMET inj	NC	NC		Remove NPL
ARRANON	NC	NC		Expect Gen
<i>aspirin</i>	PG	NC		Remove select OTC
AZILECT	PB	PB		Expect Gen
<i>azuphen mb</i>	NC	NC		
<i>banophen</i>	PG	NC		Remove select OTC
<i>beepen-vk</i>	PG	PG/LGC		
BONIVA inj	NPS	NPS		Remove NPL
<i>bpm-dm-phen syrup</i>	PG	NC		Remove select OTC
<i>brodspec caps</i>	PG/LGC	PG		
CAPCOF SYRUP	PG	NC		Remove select OTC
CARBAGLU	NPS	NPS		Expect Gen
<i>cephalexin</i>	PG	PG/LGC		
<i>cheratussin</i>	PG	NC		Remove select OTC
<i>chlorpropamine</i>	PG/LGC	PG		
<i>chlorthalidone</i>	PG/LGC	PG		
<i>cimetidine</i>	PG/LGC	PG		
<i>ciprofloxacin</i>	PG	PG/LGC		
<i>claritin eye drops</i>	PG/LGC	PG		
<i>claritin solution</i>	PG/LGC	PG		
<i>c-lexin</i>	PG	PG/LGC		
CLIMARA PRO	NPB/G	NPB/G		Expect Gen
COLCRYS	PB	NPB/G	<i>colchicine, MITIGARE</i>	
COPAXONE 40mg	PS	PS		Expect Gen
COVERA-HS	NPB/G	NPB/G		Expect Gen
<i>cvs allergy drops</i>	PG/LGC	PG		

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**Aetna Premier Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
<i>cyclatet</i>	PG/LGC	PG		
<i>diclofenac gel</i>	PG	PG*	<i>generic nonsteroidal anti-inflammatory drug</i>	
<i>dihistine liquid</i>	PG	NC		Remove select OTC
<i>diphenhydramine</i>	PG	NC		Remove select OTC
DONNATAL	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>doxycycline hyclate</i>	PG/LGC	PG		
<i>doxy-d</i>	PG/LGC	PG		
DRYSOL	NC	NC		
DUAC	NPB/G	NPB/G*	EPIDUO	
EMEND	PB	NPB/G	<i>oral ondansetron tab</i>	
<i>endacof-c</i>	PG	NC		Remove select OTC
EPIDUO	PB	PB		Expect Gen
EPIDUO FORTE	PB	PB		Expect Gen
EPIPEN 2-PAK	PB	PB		Expect Gen
EPIPEN-JR	PB	PB		Expect Gen
EPZICOM	NPB/G	NPB/G		Expect Gen
<i>eq itchy eye drops</i>	PG/LGC	PG		
<i>eridium</i>	PG/LGC	PG		
<i>estropipate</i>	PG/LGC	PG		
EVZIO	PB	NPB/G*	NARCAN NASAL SPRAY	
EXFORGE	PB	NPB/G	<i>amlodipine, candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	
EXFORGE HCT	PB	NPB/G	<i>amlodipine, candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	
<i>eye itch relief</i>	PG/LGC	PG		
EYLEA	NPS	NPS		Add NPL
<i>ferrous sulfate</i>	HCR	NC		
<i>fluocinonide cream 0.05%</i>	PG/LGC	PG	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluocinonide cream -e 0.05%</i>	PG/LGC	PG	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluoxetine</i>	PG/LGC	PG		
<i>gentamicin cream</i>	PG/LGC	PG		
<i>gg/codeine syrup</i>	PG	NC		Remove select OTC

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**Aetna Premier Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
GIAZO	NPB/G	NPB/G	APRISO, ASACOL/HD, DELZICOL, LIALDA, PENTASA	Expect Gen
GLUCOSE TEST STRIPS (any brand except LIFESCAN and ABBOTT products)	NPB/G	NPB/G*	LIFESCAN products (such as ONETOUGH), ABBOTT products (such as FREESTYLE)	
<i>grafco silver</i>	NC	NC		
<i>guaiaatussin</i>	PG	NC		Remove select OTC
<i>guaifenesin</i>	PG	NC		Remove select OTC
<i>guiatuss dac</i>	PG	NC		Remove select OTC
HARVONI	PS	NPS	ZEPATIER	
<i>hc pramoxine</i>	NC	NC		
<i>heartburn tab</i>	PG/LGC	NC		Remove select OTC
<i>hemmorex-hc</i>	NC	NC		
HUMULIN	NPB/G	PB		
HUMULIN N	NPB/G	PB		
HUMULIN R	NPB/G	PB		
HYDRO 35	NC	NC		
<i>hydroxyzine hcl</i>	PG/LGC	PG		
<i>hyolev mb</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>hyosyne</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>hypercare</i>	NC	NC		
<i>ibandronate inj</i>	PS	PS		Remove NPL
<i>indiomine mb</i>	NC	NC		
<i>iophen c-nr liquid</i>	PG	NC		Remove select OTC
<i>itchy eye drops</i>	PG/LGC	PG		
JEVTANA	NC	NC		Remove NPL
<i>kaon-cl-10</i>	PG/LGC	PG		
KERALAC	NC	NC		
<i>ketotifen fumarate drops</i>	PG/LGC	PG		
<i>klor-con 10</i>	PG/LGC	PG		
<i>klotrix</i>	PG/LGC	PG		
<i>k-sol</i>	PG/LGC	PG		
<i>ledercill vk</i>	PG	PG/LGC		
LEVBIID	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEVSIN	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEVSIN/SL	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEXIVA	PB	PB		Expect Gen
<i>lohist-dm</i>	PG	NC		Remove select OTC
<i>loratadine</i>	PG/LGC	PG		

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**Aetna Premier Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
LOTEMAX	PB	PB		Expect Gen
LUCENTIS	NPS	NPS		Add NPL
LUPR DEP-PED	PS	PS	<i>leuprolide</i>	Add PA
MACUGEN	NPS	NPS		Add NPL
MAR-COF BP LIQUID	PG	NC		Remove select OTC
<i>m-clear wc liquid</i>	PG	NC		Remove select OTC
M-END PE LIQUID	PG	NC		Remove select OTC
<i>m-end wc liquid</i>	PG	NC		Remove select OTC
<i>mesehist wc</i>	PG	NC		Remove select OTC
MINASTRIN 24	NPB/G	NPB/G		Expect Gen
MIRENA	NPB/G	NPB/G		Expect Gen
MITIGARE	NPB/G	PB		
<i>morgidox</i>	PG/LGC	PG		
<i>mytussin dac</i>	PG	NC		Remove select OTC
<i>naproxen sod</i>	PG/LGC	PG		
NARCAN	NPB/G	PB		
NASONEX	PB	NPB/G	<i>flunisolide, mometasone, FLONASE OTC, NASACORT 24HR</i>	
NATESTO GEL	NPB/G	NPB/G*	ANDROGEL 1.62%	
<i>neuac</i>	PG	PG*	EPIDUO	
NOTUSS-NX	PG	NC		Remove select OTC
NOTUSS-NXD	PG	NC		Remove select OTC
<i>novadyne</i>	PG	NC		Remove select OTC
NOVOLOG	PB	NPB/G	HUMULIN products, HUMALOG products	
NOVOLOG MIX				
<i>nulev</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>omeprazole</i>	PG/LGC	PG		
<i>ormir</i>	PG	NC		Remove select OTC
<i>ortho-est</i>	PG/LGC	PG		
<i>oscimin</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>oscimin sr</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
OTEZLA	NPS	PS		
<i>pamidronate</i>	PS	PS		Remove NPL
PATADAY	PB	PB		Expect Gen
<i>pc pen vk</i>	PG	PG/LGC		
<i>pc tet</i>	PG/LGC	PG		
<i>penicillin vk</i>	PG	PG/LGC		
PENNSAID	NPB/G	NPB/G*	<i>generic nonsteroidal anti-inflammatory drug</i>	
<i>pen-vee k</i>	PG	PG/LGC		
<i>pharbedryl</i>	PG	NC		Remove select OTC
<i>phenazopyridine</i>	PG/LGC	PG		

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Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
PHENHIST DH	PG	NC		Remove select OTC
<i>phenohygro</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>polymox</i>	PG	PG/LGC		
POLY-TUSSIN	PG	NC		Remove select OTC
POLY-TUSSIND	PG	NC		Remove select OTC
<i>potassium chloride</i>	PG/LGC	PG		
<i>prazosin hcl</i>	PG/LGC	PG		
<i>prednicen-m</i>	PG/LGC	PG		
<i>prednisone</i>	PG/LGC	PG		
PREVIDENT	NC	NC	<i>fluoride tablets</i>	
PRIOSEC OTC	PG/LGC	PG		
PRISTIQ	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Expect Gen
PRO-CLEAR AC	PG	NC		Remove select OTC
PROCORT CREAM	NPB/G	NC		
PRO-RED AC	PG	NC		Remove select OTC
<i>pyridiate</i>	PG/LGC	PG		
<i>ranitidine</i>	PG/LGC	NC		Remove select OTC
RAYOS	NPB/G	NPB/G*	<i>prednisone</i>	
RECLAST	NPS	NPS		Remove NPL
<i>relcof c</i>	PG	NC		Remove select OTC
RELPAK	NPB/G	NPB/G		Expect Gen
REVATIO SUS	NPS	NPS		Expect Gen
REYATAZ	PB	PB		Expect Gen
<i>robitet</i>	PG/LGC	PG		
RYDEX	PG	NC		Remove select OTC
<i>salicylic acid 6% foam</i>	NC	NC		
SALIVAMAX	NC	NC		
SANDOSTATIN	NPS	NPS		Expect Gen
<i>sod chloride nebs</i>	PG	NC		Remove select OTC
SOLARAZE	NPB/G	NPB/G*	<i>imiquimod</i>	
SOMAVERT	NPS	NPS		Expect Gen
SOVALDI	PS	NPS	ZEPATIER	
STAUSS	PG	NC		Remove select OTC
STRATTERA	PB	PB		Expect Gen
SUBOXONE FILM	NPB/G	NPB/G		Expect Gen
<i>sulfacetamide sodium with sulfur</i>	PG	NC	EPIDUO	
<i>sulfacetamide sodium with sulfur liquid wash</i>	PG	NC		
SUMADAN WASH	NPB/G	NC	EPIDUO	
SUMAXIN WASH LIQUID 9-4%	NPB/G	NC		
<i>sumycin</i>	PG/LGC	PG		
SUSTIVA	PB	PB		Expect Gen

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

**Aetna Premier Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
<i>symax-sl</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>symax-sr</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
TAMIFLU	NPB/G	NPB/G		Expect Gen
TAZORAC	NPB/G	PB		
<i>teline</i>	PG/LGC	PG		
<i>ten-k</i>	PG/LGC	PG		
<i>tetracycline</i>	PG/LGC	PG		
<i>tetram</i>	PG/LGC	PG		
TIKOSYN	NPB/G	NPB/G		Expect Gen
TRACLEER	PS	PS		Expect Gen
<i>trazodone</i>	PG	PG/LGC		
TRESIBA FLEX	NPB/G	PB		
<i>triaminic</i>	PG/LGC	PG		
<i>trimox</i>	PG	PG/LGC		
TROKENDI XR	NPB/G	NPB/G		Expect Gen
<i>tusnel c</i>	PG	NC		Remove select OTC
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		
<i>veetids</i>	PG	PG/LGC		
VELCADE	NC	NC		Expect Gen
VIBERZI	NPB/G	PB		
VIMOVO	PB*	NPB/G*		
VIREAD	PB	PB		Expect Gen
<i>virtussin</i>	PG	NC		Remove select OTC
<i>virtussin ac</i>	PG	NC		Remove select OTC
VISUDYNE	NPS	NPS		Expect Gen
VIVITROL	NPS	NPB/G		Remove SPB
VYTORIN	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, ZETIA</i>	Expect Gen
<i>wal-itin</i>	PG/LGC	PG		
<i>wal-itin chl</i>	PG/LGC	PG		
<i>wal-vert</i>	PG/LGC	PG		
<i>wal-zan</i>	PG/LGC	NC		Remove select OTC
<i>wal-zyr</i>	PG/LGC	PG		
<i>wincillin-vk</i>	PG	PG/LGC		
<i>wymox</i>	PG	PG/LGC		
<i>x-viate</i>	NC	NC		
ZADITOR	PG/LGC	PG		

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

**Aetna Premier Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/2017	Formulary Alternative(s)	Notes
ZANTAC	PG/LGC	NC		Remove select OTC
<i>zartan</i>	PG	PG/LGC		
<i>zencia liquid 9-4%</i>	PG	NC		
ZEPATIER	NPS	PS		
ZIANA	NPB/G	PB		
ZODRYL AC	PG	NC		Remove select OTC
ZODRYL DAC	PG	NC		Remove select OTC
ZODRYL DEC	PG	NC		Remove select OTC
<i>zoledronic acid inj</i>	PS	PS		Remove NPL
ZOMETA	NPS	NPS		Remove NPL
Z-TUSS AC	PG	NC		Remove select OTC
<i>zyrtec itchy drops</i>	PG/LGC	PG		

**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](http://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](http://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)

የድንጋጌ አገልግሎቶችን ያለከፍያ 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)

Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃ Ⴄႃႃ Ⴄႃႃႃ Ⴄႃႃ, Ⴄႃႃႃႃႃ Ⴄႃႃ Ⴄႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ. (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.ကိးဘၣ်လိတဖီနီၣ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤဆိ (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](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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