aetna®

January 1, 2021

Changes coming to your plan's pharmacy drug lists

There will be changes to the **Aetna Small Group ACA Plan** drug list that applies to your plan starting on **January 1, 2021**. It's important that you review the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?
You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for an exception, talk with your prescriber. Or, you can call us at the toll-free number on your Member ID card.

We'll contact you and your prescriber with our decision. If we approve your exception, you will pay your plan copay or cost-share. But first you must meet any deductible or out-of-pocket requirements of your pharmacy plan.

How to find a preferred medicine that's right for you
You can visit the website that's shown on your member ID card. Then log in to your account. To better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

Key for table below

Changes apply if your plan includes the listed feature.* Refer to your plan documents.

Your pharmacy plan doesn't require preauthorization, step therapy, or limit quantities.

Generic expected - When a generic drug is expected, the generic drug will be covered in place of the brand-name drug. The brand-name drug is likely to become non-formulary or covered at a higher cost.

UPPER CASE = brand-name medication **lower case** = generic medication

Prescription Drug	Change(s)
abiraterone acetate	Preferred specialty drug
abiraterone acetate tab	Not covered
acamprosate calcium dr	Preauthorization required*; Quantity limits removed
ACCU-CHEK AVIVA	Preferred brand drug
ACCU-CHEK COMPACT PLUS CLEAR CONTROL SOLUTION (2 LEVELS)	Preferred brand drug
ACCU-CHEK FASTCLIX LANCETDEVICE KIT	Preferred brand drug; Quantity limits removed

Prescription Drug	Change(s)
ACCU-CHEK GUIDE CONTROL LEVEL1 / LEVEL2	Preferred brand drug
ACCU-CHEK MULTICLIX LANC ET DEVICE KIT	Preferred brand drug; Quantity limits removed
ACCU-CHEK SMARTVIEW CONTROL	Preferred brand drug
ACCU-CHEK SOFTCLIX LANCETDEVICE KIT	Preferred brand drug; Quantity limits removed
ACCUTREND GLUCOSE CONTROL	Preferred brand drug
acetaminophen / codeine	You can fill up to 90ml/ day
acitretin	Quantity limits removed
ACTIMMUNE	Preferred specialty drug
ACURA CONTROL SOLUTION	Preferred brand drug
ACUVAIL	Preferred brand drug
adapalene cre 0.1%	Preauthorization required*
adapalene gel 0.1%	Preferred generic drug; Preauthorization required*
adapalene gel 0.3%	Preauthorization required*; Step therapy removed
adapalene pump	Preauthorization required*; Step therapy removed
ADDERALL TAB 10MG	You can fill up to 3/ day
ADDERALL TAB 12.5MG	You can fill up to 3/ day
ADDERALL TAB 15MG	You can fill up to 2/ day
ADDERALL TAB 20MG	You can fill up to 2/ day
ADDERALL TAB 30MG	You can fill up to 1/ day
ADDERALL TAB 5MG	You can fill up to 3/ day
ADDERALL TAB 7.5MG	You can fill up to 3/ day
ADDERALL XR CAP 15MG	You can fill up to 1/ day
ADDERALL XR CAP 20MG	You can fill up to 1/ day
ADDERALL XR CAP 25MG	You can fill up to 1/ day
ADDERALL XR CAP 30MG	You can fill up to 1/ day
adefovir dipivoxil	Preferred specialty drug; Quantity limits removed
ADEMPAS	Step therapy removed
ADHANSIA XR	Preauthorization removed; Step therapy removed
ADVAIR HFA	Preferred brand drug; Step therapy removed
ADVANCE INTUITION CONTROL SOLUTION	Preferred brand drug
ADVANCE MICRO-DRAW CONTROL LEVEL 1-2	Preferred brand drug
ADVANCE MICRO-DRAW NORMAL CONTROL	Preferred brand drug
ADVANCED MOBILE LANCET 30G	Preferred brand drug

Prescription Drug	Change(s)
ADVOCATE CONTROL SOLUTIONHIGH	Preferred brand drug
ADVOCATE CONTROL SOLUTIONLOW	Preferred brand drug
ADVOCATE LANCING DEVICE	Preferred brand drug
ADVOCATE RAPID-SAFE LANCING DEVICE	Preferred brand drug
ADVOCATE REDI-CODE+ CONTROL SOLUTION HIGH	Preferred brand drug
ADVOCATE REDI-CODE+ CONTROL SOLUTION LOW	Preferred brand drug
AEROCHAMBER PLUS FLOW-VU	Preferred brand drug; Quantity limits removed
AFINITOR	Preferred specialty drug
AFINITOR DISPERZ	Preferred specialty drug; Preauthorization required*
AGAMATRIX CONTROL HIGH	Preferred brand drug
AGAMATRIX CONTROL NORMAL	Preferred brand drug
AGAMATRIX CONTROL NORMAL & HIGH	Preferred brand drug
AGAMATRIX CONTROL SOLUTION LEVEL 2	Preferred brand drug
AGAMATRIX CONTROL SOLUTION LEVEL 4	Preferred brand drug
AIMOVIG	Preferred brand drug; Preauthorization removed
AJOVY INJ 225 / 1.5	You must first try 1 antidepressant, antiepileptic, beta blocker*
AJOVY INJECT	Preauthorization removed
AKYNZEO	Preauthorization removed; Step therapy removed
ala-cort	Preferred generic drug; You can fill up to 120gm/ month*
albendazole	Non-preferred generic drug; You can fill up to 336 tabs/365 days*
ALBUSTIX	Preferred brand drug
albuterol neb 0.083%	Preferred generic drug; You can fill up to 5 boxes/ month*
albuterol neb 0.63mg / 3	You can fill up to 5 boxes/ month*
albuterol neb 1.25mg / 3	You can fill up to 5 boxes/ month*
albuterol sulfate	Preferred generic drug; You can fill up to 2 ml/ day*
albuterol sulfate hfa 18gm	You can fill up to 2 inhalers/30 days*
albuterol sulfate hfa 6.7gm	You can fill up to 2 inhalers/30 days*
albuterol sulfate hfa 8.5gm	You can fill up to 2 inhalers/30 days*
alclometasone dipropionate	You can fill up to 120gm/ month*
ALCOH-GLOVE CONTOURED PAD	Not covered
ALCOH-WIPE 12" X 12"	Not covered

Prescription Drug	Change(s)
alcohol pads	Not covered
alcohol prep pads	Not covered
ALCOHOL SWABSTICK	Preferred brand drug
ALDACTAZIDE	Preferred brand drug
ALECENSA	Preferred specialty drug; Preauthorization required*
alendronate sodium	Quantity limits removed
alendronate sodium solution	Preferred generic drug
ALFERON N	Preferred specialty drug
alfuzosin hcl er	Preferred generic drug; Quantity limits removed
aliskiren	Preferred generic drug; Quantity limits removed
almotriptan	Step therapy removed
almotriptan malate	Step therapy removed
alogliptin	You must first try metfomin/ XR*; Quantity limits removed
alosetron hcl	Preauthorization required*; Step therapy removed
alprazolam	You can fill up to 5/ day*
ALPRAZOLAM INTENSOL	Preferred brand drug; You can fill up to 10ml/ day*
alprazolam odt	Preferred generic drug; You can fill up to 5/ day*
amabelz	Preferred generic drug; Quantity limits removed
ambrisentan	You can fill up to 1/ day*
amcinonide cream	Step therapy removed; You can fill up to 120gm/ month*
amcinonide lotion	Step therapy removed; You can fill up to 120ml/ month*
AMITIZA	Preauthorization required*; Step therapy removed; Quantity limits removed
amitriptylin tab 10mg	You can fill up to 5/ day*
amitriptylin tab 25mg	You can fill up to 2/ day*
amitriptylin tab 50mg	You can fill up to 1/ day*
amitriptyline hcl	Preauthorization required*
amlodipine / olmesartan medoxomil	Quantity limits removed
amlodipine / valsartan / hctz	Quantity limits removed
amlodipine / valsartan / hydrochlorothiazide	Quantity limits removed
amlodipine besylate / atorvastatin calcium	Preferred generic drug; Quantity limits removed
amlodipine besylate / valsartan	Preferred generic drug; Quantity limits removed
ammonium lactate	Preferred generic drug
amnesteem	Quantity limits removed
amoxapine tab 100mg	You can fill up to 3/ day*
amoxapine tab 150mg	You can fill up to 2/ day*
amoxapine tab 25mg	You can fill up to 3/ day*
amoxapine tab 50mg	You can fill up to 3/ day*
amphet / dextr cap 10mg er	Preauthorization removed; Step therapy removed

Prescription Drug	Change(s)
amphet / dextr cap 15mg er	Preauthorization removed; Step therapy removed; You can fill up to 1/ day
amphet / dextr cap 20mg er	Preauthorization removed; Step therapy removed; You can fill up to 1/ day
amphet / dextr cap 25mg er	Preauthorization removed; Step therapy removed; You can fill up to 1/ day
amphet / dextr cap 30mg er	Preauthorization removed; Step therapy removed; You can fill up to 1/ day
amphet / dextr cap 5mg er	Preauthorization removed; Step therapy removed
amphet / dextr tab 10mg	You can fill up to 3/ day
amphet / dextr tab 12.5mg	You can fill up to 3/ day
amphet / dextr tab 15mg	You can fill up to 2/ day
amphet / dextr tab 20mg	You can fill up to 2/ day
amphet / dextr tab 30mg	You can fill up to 1/ day
amphet / dextr tab 5mg	You can fill up to 3/ day
amphet / dextr tab 7.5mg	You can fill up to 3/ day
amphetamine tab 10mg	You can fill up to 3/ day
amphetamine tab 12.5mg	You can fill up to 3/ day
amphetamine tab 15mg	You can fill up to 2/ day
amphetamine tab 20mg	You can fill up to 2/ day
amphetamine tab 30mg	You can fill up to 1/ day
amphetamine tab 5mg	You can fill up to 3/ day
amphetamine tab 7.5mg	You can fill up to 3/ day
ANADROL-50	Preauthorization required*
anagrelide hcl	Preferred generic drug
ANNOVERA	Non-preferred brand drug
ANORO ELLIPTA	Non-preferred brand drug
APADAZ	You can fill up to 168/ month
APLICARE ALCOHOL SWABSTICK	Preferred brand drug
APOKYN	Preferred specialty drug; Preauthorization required*
apraclonidine	Preferred generic drug
APTIOM	Preauthorization required*; Quantity limits removed
APTIVUS	Preferred brand drug
AQUA LANCE ADJUSTABLE LANCING DEVICE	Preferred brand drug
ARCALYST	Preferred specialty drug; You can fill up to 4 vials/ month*
aripiprazole	Quantity limits removed
aripiprazole odt	Quantity limits removed
armodafinil	Quantity limits removed
ARNUITY ELLIPTA	Preferred brand drug
asperflex maximum strength	Preferred generic drug; You can fill up to 1 patch/ day*
ASSURE LIQ	Preferred brand drug
AT LAST CONTROL SOLUTION	Preferred brand drug
atomoxetine	Preferred generic drug

Prescription Drug	Change(s)
atomoxetine cap 60mg	Preferred generic drug; You can fill up to 1/ day
atorvastatin calcium	Quantity limits removed
atropine sulfate	Not covered under pharmacy benefit
AUBAGIO	Preferred specialty drug; Step therapy removed
aug betamet cre 0.05%	Preferred generic drug; You can fill up to 120gm/ month*
aug betamet gel 0.05%	Preferred generic drug
aug betamet lot 0.05%	Preferred generic drug
AURORA LANCET SUPER THIN 30G	Preferred brand drug
AURORA LANCET THIN 23G	Preferred brand drug
AUTO-LANCET	Preferred brand drug
AUTO-LANCET MINI	Preferred brand drug
AUTOLET II CLINISAFE	Preferred brand drug; Quantity limits removed
AUTOLET LITE CLINISAFE	Preferred brand drug; Quantity limits removed
AUTOLET LITE STARTER PACK	Preferred brand drug; Quantity limits removed
AUTOLET MINI	Preferred brand drug
AUTOLET PLATFORMS	Preferred brand drug
AUTOLET PLUS	Preferred brand drug
avidoxy	Preferred generic drug
AZASAN	Non-preferred brand drug
AZASITE	Preferred brand drug
azelastine hcl	You can fill up to 60ml/30 days*
azelastine hydrochloride / fluticasone propionate	You can fill up to 1 package/ month*
azo tabs	Preferred generic drug
azo-standard	Preferred generic drug
b-6	Preferred generic drug
balsalazide disodium	Quantity limits removed
BARACLUDE SOLUTION	Non-preferred brand drug
BASAGLAR KWIKPEN	Preferred brand drug; Step therapy removed
BAXDELA	Non-preferred brand drug; Quantity limits removed
BAYER BREEZE LIQ	Preferred brand drug
BAYER MICROLET 2 LANCING DEVICE	Preferred brand drug
BD LANCET DEVICE	Preferred brand drug
BD SWABS SINGLE USE	Preferred brand drug
BD SWABS SINGLE USE BUTTERFLY	Preferred brand drug
BELSOMRA	Preauthorization required*; Step therapy removed
benzhydrocodone / acetaminophen	You can fill up to 168/ month

Prescription Drug	Change(s)
BENZIQ	Preferred brand drug
BENZIQ LS	Preferred brand drug
BENZNIDAZOLE	Non-preferred brand drug; Quantity limits removed
betamethasone dipropionate	You can fill up to 120ml/ month*
betamethasone valerate	Step therapy removed
betamethasone valerate aerosol	You can fill up to 120gm/ month*
betamethasone valerate cream	Step therapy removed; You can fill up to 120gm/ month*
betamethasone valerate lotion	Step therapy removed; You can fill up to 120ml/ month*
BETASERON	Preferred specialty drug; Step therapy removed
BETOPTIC-S	Preferred brand drug
BEVESPI AEROSPHERE	Preferred brand drug
bicalutamide	Preferred generic drug; Quantity limits removed
bimatoprost	Step therapy removed
BIO-STATIN	Preferred brand drug
BLEPHAMIDE	Preferred brand drug
BLEPHAMIDE S.O.P.	Preferred brand drug
bosentan	You can fill up to 2/ day*
BOSULIF TAB 100MG	Preferred specialty drug; Step therapy removed; You can fill up to 3/ day*
BOSULIF TAB 400MG	Preferred specialty drug; Step therapy removed
BOSULIF TAB 500MG	Preferred specialty drug; Step therapy removed
bp wash	Preferred generic drug
BRILINTA	Preferred brand drug; Quantity limits removed
brimonidine tartrate	Preferred generic drug
BRIVIACT	Non-preferred brand drug; Preauthorization required*; Quantity limits removed
brompheniramine tannate	Preferred generic drug
budesonide	Preauthorization removed
budesonide sus 0.25mg / 2	Preauthorization removed
budesonide sus 1mg / 2ml	Preauthorization removed; You can fill up to 1 vial/ day*
bupropion hcl	Quantity limits removed
bupropion hydrochloride er (sr)	Quantity limits removed
bupropion hydrochloride er (xl)	Quantity limits removed
buspirone hcl	Preferred generic drug
butalbital / acetaminophen / caffeine	You can fill up to 48/ month*
butalbital / aspirin / caffeine	You can fill up to 48/ month*

Prescription Drug	Change(s)
butalbital / aspirin / caffeine / codeine	You can fill up to 48/ month
BYSTOLIC	Quantity limits removed
calcipotriene	Step therapy removed
calcipotriene / betamethasone dipropionate	Not covered
calcitonin-salmon	Preferred generic drug; Step therapy removed; Quantity limits removed
CALQUENCE	Non-preferred specialty drug; Preauthorization required*
candesartan cilexetil	Preferred generic drug; Quantity limits removed
candesartan cilexetil / hydrochlorothiazide	Preferred generic drug; Quantity limits removed
capecitabine tab 150mg	Preferred specialty drug; You can fill up to 4/ day*
capecitabine tab 500mg	Preferred specialty drug; You can fill up to 10/day*
CAPRELSA	Preferred specialty drug
captopril	Preferred generic drug
CARBAGLU	Preferred specialty drug
carbidopa	Preferred generic drug
CARDIOCOM LANCING DEVICE	Preferred brand drug
CARDIZEM LA	Non-preferred brand drug; Quantity limits removed
CARDURA XL	You must first try dutasteride, finasteride, tamsulosin, alfuzosin*; Quantity limits removed
CAREONE ADVANCED LANCING DEVICE	Preferred brand drug
CAREONE LANCET THIN	Preferred brand drug
CAREONE LANCET ULTRA THIN	Preferred brand drug
CARESENS CONTROL A SOLUTION	Preferred brand drug
CARETOUCH ALCOHOL PADS	Not covered
CARETOUCH ALCOHOL PREP PADS	Preferred brand drug
CARETOUCH CONTROL SOLUTION LEVEL 2	Preferred brand drug
CARETOUCH LANCING DEVICE WITH EJECTOR	Preferred brand drug
carisoprodol tab 250mg	Preferred generic drug; Preauthorization required*
carisoprodol tab 350mg	Preferred generic drug; Preauthorization required*
carteolol hcl	Preferred generic drug
cartia xt	Quantity limits removed
carvedilol phosphate	Non-preferred generic drug; Step therapy removed; Quantity limits removed
CAYSTON	Preferred specialty drug; Preauthorization required*

Prescription Drug	Change(s)
cefaclor	Preferred generic drug
cefixime	Preferred generic drug
celecoxib	Step therapy removed; Quantity limits removed
cevimeline hcl	Quantity limits removed
CHEK-STIX COMBO PAK URINALYSIS CONTROL	Preferred brand drug
CHEMSTRIP	Preferred brand drug
chlordiazepoxide hcl	You can fill up to 12/ day*
chlorpromazine hcl	Preferred generic drug
chlorzoxazon tab 500mg	Preferred generic drug; Preauthorization required*
chlorzoxazone	Preferred generic drug; Preauthorization required*
chorionic gonadotropin	Preferred specialty drug; Must be filled through a specialty network pharmacy
ciclopirox gel 0.77%	You can fill up to 120gm/ month*
ciclopirox nail lacquer	Preauthorization removed
ciclopirox olamine	Preferred generic drug; You can fill up to 120gm/ month*
ciclopirox sha 1%	You can fill up to 120gm/ month*
ciclopirox sus 0.77%	You can fill up to 120gm/ month*
cilostazol	Preferred generic drug
CIMDUO	Preferred brand drug
cimetidine	Preferred generic drug
cinacalcet hcl	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
cinacalcet tab 90mg	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
CIPRO	Non-preferred brand drug
CIPRODEX	Preferred brand drug
citalopram hydrobromide	Quantity limits removed
claravis	Quantity limits removed
clemastine fumarate	Preauthorization required*
CLEOCIN	Preferred brand drug
CLEVER CHOICE GLUCOSE CONTROL HIGH	Preferred brand drug
CLEVER CHOICE GLUCOSE CONTROL LOW	Preferred brand drug
CLIMARA PRO	Preferred brand drug; Quantity limits removed
clindamycin phosphate	Preferred generic drug
clindamycin phosphate 1%	Not covered
clindamycin phosphate gel	You can fill up to 75ml/ month*
clindamycin phosphate lotion	You can fill up to 60ml/ month*
clobazam	Preauthorization required*; Quantity limits removed
clobazam sus 2.5mg / ml	Preauthorization required*

Prescription Drug	Change(s)
clobetasol propionate	Step therapy removed
clobetasol propionate cream	Step therapy removed
clobetasol propionate lotion	Step therapy removed; You can fill up to 120ml/ month*
clobetasol propionate solution	Step therapy removed
clocortolone pivalate	You can fill up to 120gm/ month*
clocortolone pivalate pump	You can fill up to 120gm/ month*
clomipramine cap 25mg	You can fill up to 5/ day*
clomipramine cap 50mg	You can fill up to 5/ day*
clomipramine cap 75mg	You can fill up to 3/ day*
clopidogrel	Quantity limits removed
clorazepate dipotassium	Preferred generic drug; You can fill up to 6/ day*
CLOSERCARE	Preferred brand drug
clotrimazole / betamethasone dipropionate	You can fill up to 2 ml/ day*
clozapine	Quantity limits removed
clozapine odt	Preferred generic drug; Quantity limits removed
CODITUSSIN AC	Not covered under pharmacy benefit
colchicine	Quantity limits removed
COMBIGAN	Preferred brand drug
COMBISTIX	Preferred brand drug
COMETRIQ	Preferred specialty drug
CONCERTA TAB 36MG	You can fill up to 2/ day
CONCERTA TAB 54MG	You can fill up to 1/ day
CONTOUR HIGH CONTROL	Preferred brand drug
CONTOUR LOW CONTROL	Preferred brand drug
CONTOUR NEXT CONTROL LEVEL 1	Preferred brand drug
CONTOUR NEXT CONTROL LEVEL 2	Preferred brand drug
CONTOUR NORMAL CONTROL	Preferred brand drug
CONTROL SOLUTION NORMAL	Preferred brand drug
COOL CONTROL SOLUTION A	Preferred brand drug
COOL CONTROL SOLUTION B	Preferred brand drug
CORLANOR	Preferred brand drug; Preauthorization removed; Step therapy removed; Quantity limits removed
CORLANOR SOL 5MG / 5ML	Preferred brand drug; Quantity limits removed
cortisone acetate	Preferred generic drug
CORVITE 150	Not covered
CORVITE FE	Not covered
COSENTYX	Step therapy removed

Prescription Drug	Change(s)
COSENTYX SENSOREADY PEN	Step therapy removed
CREON	Preferred brand drug; Step therapy removed
CRINONE GEL 4% VAG	Preferred brand drug; Preauthorization removed
CRINONE GEL 8% VAG	Preferred brand drug; Preauthorization removed; Step therapy removed
CRIXIVAN	Preferred brand drug
cromolyn sodium	You can fill up to 2 boxes/ month*
CURITY ALCOHOL PREPS / MEDIUM 2 PLY	Preferred brand drug
CURITY ALCOHOL SWABS	Preferred brand drug
CUVPOSA	Preferred brand drug; Preauthorization removed
CVS LANCING DEVICE	Preferred brand drug
cvs lice treatment	Preferred generic drug
cvs pain relief maximum strength	Preferred generic drug; You can fill up to 1 patch/ day*
cvs permethrin	Preferred generic drug
CVS PREP PADS	Preferred brand drug
cvs ultra sleep	Preferred generic drug
cyclobenzapr tab 5mg	Preauthorization required*
cyclobenzaprine hcl	Not covered
cyclophosphamide	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
CYCLOSET	Quantity limits removed
CYSTADANE	Preferred specialty drug
dalfampridine er	Non-preferred specialty drug
DALIRESP	Step therapy removed; Quantity limits removed
DARAPRIM	Preauthorization required*
darifenacin hydrobromide er	Step therapy removed; Quantity limits removed
DENAVIR	Step therapy removed
DEPO-ESTRADIOL	Non-preferred brand drug
DEPO-PROVERA	Non-preferred brand drug
desipramine tab 100mg	Preferred generic drug; You can fill up to 1/ day*
desipramine tab 10mg	Preferred generic drug; You can fill up to 3/ day*
desipramine tab 150mg	Preferred generic drug; You can fill up to 1/ day*
desipramine tab 25mg	Preferred generic drug; You can fill up to 3/ day*
desipramine tab 50mg	Preferred generic drug; You can fill up to 3/ day*
desipramine tab 75mg	Preferred generic drug; You can fill up to 2/ day*
desloratadin tab 2.5 odt	Step therapy removed; Quantity limits removed
desloratadin tab 5mg odt	Step therapy removed
desloratadine	Preferred generic drug; Step therapy removed; Quantity limits removed
desmopressin acetate	Preferred generic drug
desonide cream	Step therapy removed; You can fill up to 120gm/ month*

Prescription Drug	Change(s)
desonide lotion	Step therapy removed; You can fill up to 120ml/ month*
desonide ointment	Step therapy removed; You can fill up to 120gm/ month*
desoximetas oin 0.25%	Step therapy removed
desoximetasone	Step therapy removed; You can fill up to 120gm/ month*
desvenlafaxine er	Preauthorization removed; You must first try duloxetine, venlafaxine, mirtazapine, bupropion, citalopram, escitalopram, fluoxetine.*
DEXAMETHASONE INTENSOL	Preferred brand drug
DEXEDRINE CAP 15MG CR	You can fill up to 2/ day
DEXILANT	Preauthorization removed; You must first try esomeprazole, lansoprazole, pantoprazole, omeprazole, rabeprazole*
dexmethylph cap 15mg er	Preauthorization removed; Step therapy removed
dexmethylphenidate hcl	You can fill up to 2/ day
dexmethylphenidate hcl er	Preauthorization removed; Step therapy removed; You can fill up to 1/ day
dexmethylphenidate hcl er capsule	Preauthorization removed; Step therapy removed
dextroamphet cap 15mg er	You can fill up to 2/ day
dextroamphetamine sulfate	Preauthorization removed
DIABETIC SUPPLIES	Preferred brand drug
DIALYVITE	Not covered
DIASTIX	Preferred brand drug
DIATHRIVE GLUCOSE CONTROL SOLUTION	Preferred brand drug
DIATHRIVE LANCING DEVICE	Preferred brand drug
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 1	Preferred brand drug
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 2	Preferred brand drug
DIATRUE GLUCOSE CONTROL SOLUTION LEVEL 3	Preferred brand drug
diazepam intensol	You can fill up to 8ml/ day*
diazepam solution	You can fill up to 40ml/ day*
diazepam tab	You can fill up to 4/ day*
diclofenac potassium	Preferred generic drug
diclofenac sodium	Preferred generic drug; You can fill up to 300gm/ month*
diclofenac sodium / misoprostol	Preferred generic drug
diclofenac sodium er	Preferred generic drug
diclofenac sodium solution	Preferred generic drug
DIFICID	Preferred brand drug; Step therapy removed; Quantity limits removed
diflorasone diacetate	Step therapy removed; You can fill up to 120gm/ month*
diflunisal	Preferred generic drug
digoxin	Preferred generic drug

Prescription Drug	Change(s)
diltiazem cd	Quantity limits removed
diltiazem hcl cd	Quantity limits removed
diltiazem hcl er	Quantity limits removed
diltiazem hydrochloride er	Quantity limits removed
DIPENTUM	Preauthorization required*; Step therapy removed; Quantity limits removed
diphenhydramine hcl	Preferred generic drug; Preauthorization required*
dipyridamole	Preauthorization required*
disopyramide phosphate	Preferred generic drug
DIVIGEL	Preauthorization required*; Quantity limits removed
DIVIGEL GEL 1.25MG	Non-preferred brand drug; Preauthorization required*; Quantity limits removed
dofetilide	Preauthorization required*
donepezil hcl	Preauthorization removed
donepezil hydrochloride odt	Preauthorization removed
donepezil tab hcl 23mg	Preauthorization removed; Step therapy removed
dorzolamide hcl / timolol maleate	Preferred generic drug
DOVATO	Preferred brand drug; You can fill up to 1/ day*
doxepin hcl	Non-preferred generic drug
doxepin hcl cap 100mg	You can fill up to 1/ day*
doxepin hcl cap 10mg	You can fill up to 3/ day*
doxepin hcl cap 150mg	You can fill up to 1/ day*
doxepin hcl cap 50mg	You can fill up to 3/ day*
doxepin hcl cap 75mg	You can fill up to 2/ day*
doxepin hcl con 10mg / ml	You can fill up to 15ml/ day*
doxepin hydrochloride caps	You can fill up to 3/ day*
doxepin hydrochloride cream	You must first try 1 of betamethasone, clobetasol, fluocinolone, hydrocortisone AND 1 of tacrolimus, EUCRISA*
doxercalciferol	Quantity limits removed
doxycycline	Preferred generic drug
doxycycline hyclate dr	Preferred generic drug
doxycycline monohydrate	Preferred generic drug
dronabinol	Preauthorization removed; Step therapy removed
DROPLET LANCING DEVICE	Preferred brand drug
DROXIA	Preferred brand drug
DRUG MART ADJUSTABLE LANCING DEVICE	Preferred brand drug
DUANE READE LANCET ALTERNATE SITE 26G	Preferred brand drug
DUANE READE LANCET ULTRA THIN 28G	Preferred brand drug

Prescription Drug	Change(s)
DUAVEE	Preferred brand drug; Preauthorization removed; Step therapy removed; Quantity limits removed
DUO-CARE CONTROL SOLUTION	Preferred brand drug
dutasteride	Preferred generic drug; Step therapy removed; Quantity limits removed
dutasteride / tamsulosin hcl	Preferred generic drug
EASY COMFORT ALCOHOL PADS	Not covered
EASY LIQ	Preferred brand drug
ed-spaz	Preferred generic drug
EDARBI	You must first try 2 of generic ACE, ACE/ HCTZ combination, ACE/ CCB combination, ARB, ARB/ HCTZ combination, direct renin inhibitor*; Quantity limits removed
EDURANT	Preferred brand drug
effer-k	Preferred generic drug
ELEMENT COMPACT CONTROL SOLUTION LEVEL 2	Preferred brand drug
ELEMENT COMPACT CONTROL SOLUTION LEVEL 3	Preferred brand drug
ELEMENT HIGH CONTROL	Preferred brand drug
ELEMENT LOW CONTROL	Preferred brand drug
ELEMENT NORMAL CONTROL	Preferred brand drug
ELESTRIN	Preauthorization required*; Quantity limits removed
eletriptan hydrobromide	Step therapy removed
ELIGARD	Preferred specialty drug
ELIQUIS	Quantity limits removed
ELMIRON	Quantity limits removed
EMBRACE CONTROL SOLUTION LOW	Preferred brand drug
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 1	Preferred brand drug
EMBRACE EVO GLUCOSE CONTROL SOLUTION LEVEL 2	Preferred brand drug
EMBRACE GLUCOSE CONTROL SOLUTION HIGH	Preferred brand drug
EMBRACE PRO GLUCOSE CONTROL SOLUTION	Preferred brand drug
EMBRACE TALK GLUCOSE CONTROL SOLUTION HIGH	Preferred brand drug
EMBRACE TALK GLUCOSE CONTROL SOLUTION LOW	Preferred brand drug

Prescription Drug	Change(s)
EMCYT	Preferred specialty drug; Must be filled through a specialty network pharmacy
EMGALITY 100 MG	Preferred brand drug; You must first try sumatriptan, zolmitriptan*
EMGALITY 120 MG	Preauthorization removed
EMSAM	Quantity limits removed
EMTRIVA	Preferred brand drug
ENBREL	Step therapy removed
ENBREL MINI	Step therapy removed
ENBREL SURECLICK	Step therapy removed
enoxaparin sodium	Quantity limits removed
entacapone	Preferred generic drug
entecavir	Preferred specialty drug; Quantity limits removed
ENTRESTO	Preferred brand drug; Quantity limits removed
EPIDIOLEX	Step therapy removed
EPIDUO FORTE	Step therapy removed
eprosartan mesylate	Quantity limits removed
eq lidocaine pain relieviing maximum strength	Preferred generic drug; You can fill up to 1 patch/ day*
EQL ALCOHOL SWABS	Preferred brand drug
eql nighttime sleep aid	Preferred generic drug
ERIVEDGE	Preferred specialty drug
ERLEADA	Preferred specialty drug; Preauthorization required*
erlotinib hcl	Preferred specialty drug
erythromycin gel	You can fill up to 60gm/ month*
erythromycin solution	You can fill up to 60ml/ month*
escitalopram oxalate	Preferred generic drug
escitalopram oxalate tab	Preferred generic drug; Quantity limits removed
esomepra mag cap 40mg dr	Preauthorization removed; Step therapy removed
esomeprazole magnesium	Preferred generic drug
estradiol	Preauthorization required*; Quantity limits removed
estradiol / norethindrone acetate	Preferred generic drug; Quantity limits removed
estradiol tab	Preauthorization required*
estradiol valerate	Preferred generic drug
ESTROGEL	Preauthorization required*; Quantity limits removed
eszopiclone	Preferred generic drug; You can fill up to 15/ month*
EUCRISA	Non-preferred brand drug; You must first try betamethasone, fluocinolone, mometasone, halcinonide, triamcinolone*
EVAMIST	Preauthorization required*; Quantity limits removed
EVENCARE CONTROL SOLUTION	Preferred brand drug

Prescription Drug	Change(s)
EVENCARE G2 GLUCOSE CONTROL SOLUTION / LOW-HIGH	Preferred brand drug
EVENCARE G3 GLUCOSE CONTROL SOLUTION / LOW-HIGH	Preferred brand drug
EVENCARE MINI GLUCOSE CONTROL SOLUTION NORMAL	Preferred brand drug
EVOLUTION CONTROL SOLUTION NORMAL	Preferred brand drug
EVOTAZ	Preferred brand drug
EXELDERM	You must first try clotrimazole, econazole, ketoconazole, oxiconazole, sulconazole*
ezetimibe	Preferred generic drug; Quantity limits removed
ezetimibe / simvastatin	Step therapy removed; Quantity limits removed
famciclovir	Quantity limits removed
famotidine	Preferred generic drug
FARXIGA	You must first try metfomin/ XR*; Quantity limits removed
FARYDAK	Preferred specialty drug; Preauthorization required*; You can fill up to 6 caps/21 days*
febuxostat	Preferred generic drug; Quantity limits removed
felbamate	Preferred generic drug
felodipine er	Quantity limits removed
fenofibrate	Preferred generic drug; Quantity limits removed
fenofibrate capsule	Quantity limits removed
fenofibrate tablet	Quantity limits removed
fenofibric acid dr	Preferred generic drug; Quantity limits removed
fentanyl	Preauthorization removed
fentanyl citrate oral transmucosal	Preauthorization required*; Step therapy removed
FERRIPROX	Preferred specialty drug
FERRIPROX TWICE-A-DAY	Preferred specialty drug
FIFTY50 ALCOHOL PREP PADS	Preferred brand drug
FIFTY50 CONTROL SOLUTION 2.0	Preferred brand drug
FIFTY50 LANCING DEVICE	Preferred brand drug
FINACEA	Preferred brand drug
FINE 30	Preferred brand drug
FLEXICHAMBER ADULT MASK / SMALL	Preferred brand drug

Prescription Drug	Change(s)
floxuridine	Preferred generic drug
flunisolide	You can fill up to 75 ml / 30 days*
fluocinolone acetonide body	You can fill up to 120ml/ month*
fluocinolone acetonide cream	Step therapy removed; You can fill up to 120gm/ month*
fluocinolone acetonide ointment	Step therapy removed; You can fill up to 120gm/ month*
fluocinolone acetonide scalp	You can fill up to 120ml/ month*
fluocinolone acetonide solution	You can fill up to 120ml/ month*
fluocinonide	Step therapy removed
fluoxetine dr	Preferred generic drug; Quantity limits removed
fluoxetine hcl	Quantity limits removed
fluoxetine sol 20mg / 5ml	Preferred generic drug
fluphenazine hcl	Preferred generic drug
fluticasone propionate	Preferred generic drug
fluticasone propionate cream	Step therapy removed; You can fill up to 120gm/ month*
fluticasone propionate lotion	You can fill up to 120ml/ month*
fluticasone propionate ointment	Preferred generic drug; You can fill up to 120gm/ month*
fluticasone propionate spray	You can fill up to 1 (16gm) bottle / 30 days*
fluvastatin	Quantity limits removed
fluvastatin sodium er	Preferred generic drug; Quantity limits removed
fluvoxamine maleate	Preferred generic drug; Quantity limits removed
fluvoxamine maleate er	Preferred generic drug; Quantity limits removed
FML	Preferred brand drug
FML FORTE	Preferred brand drug
FOCALIN	You can fill up to 2/ day
FOCALIN XR	You can fill up to 1/ day
FOLBIC	Not covered under pharmacy benefit; Over-the-counter drug no longer covered by your plan
folic acid	Preferred generic drug
fondaparinux sodium	Quantity limits removed
FORA CONTROL SOLUTION HIGH	Preferred brand drug
FORA CONTROL SOLUTION LOW	Preferred brand drug
FORA CONTROL SOLUTION NORMAL	Preferred brand drug
FORA LANCING DEVICE	Preferred brand drug
FORACARE GDH CONTROL SOLUTION HIGH	Preferred brand drug

Prescription Drug	Change(s)
FORACARE GDH CONTROL SOLUTION LOW	Preferred brand drug
FORACARE GDH CONTROL SOLUTION NORMAL	Preferred brand drug
FORTISCARE CONTROL SOLUTIONS HIGH	Preferred brand drug
FORTISCARE CONTROL SOLUTIONS LOW	Preferred brand drug
FORTISCARE CONTROL SOLUTIONS NORMAL	Preferred brand drug
FOSAMAX PLUS D	You must first try generic bisphosphonate*; Quantity limits removed
FRAGMIN	Quantity limits removed
FREESTYLE CONTROL SOLUTION HIGH / LOW	Preferred brand drug
frovatriptan succinate	Step therapy removed
fulvestrant	Preferred specialty drug; Preauthorization required*; Must be filled through a specialty network pharmacy
furosemide	Preferred generic drug
FUZEON	Preferred specialty drug
fyavolv	Preferred generic drug
FYCOMPA	Preferred brand drug; Quantity limits removed
FYCOMPA SUS	Preferred brand drug
gabapentin	Quantity limits removed
galantamine hydrobromide	Preauthorization removed
galantamine hydrobromide er	Preauthorization removed
GE100 CONTROL SOLUTION NORMAL	Preferred brand drug
GENTEEL CONTACT TIPS / BLUE	Preferred brand drug
GENTEEL CONTACT TIPS / CLEAR	Preferred brand drug
GENTEEL CONTACT TIPS / GREEN	Preferred brand drug
GENTEEL CONTACT TIPS / ORANGE	Preferred brand drug
GENTEEL CONTACT TIPS / RAINBOW	Preferred brand drug
GENTEEL CONTACT TIPS / VIOLET	Preferred brand drug
GENTEEL CONTACT TIPS / YELLOW	Preferred brand drug

Prescription Drug	Change(s)
GENTEEL LANCING DEVICE / BUFF BLACK	Preferred brand drug
GENTEEL LANCING DEVICE / BUTTERFLY BLUE	Preferred brand drug
GENTEEL LANCING DEVICE / GLORIOUS GOLD	Preferred brand drug
GENTEEL LANCING DEVICE / PLAYFUL PURPLE	Preferred brand drug
GENTEEL LANCING DEVICE / PRECIOUS PLATINUM	Preferred brand drug
GENTEEL LANCING DEVICE / PRINCESS PINK	Preferred brand drug
GENTEEL LANCING DEVICE / STATELY SILVER	Preferred brand drug
GENTEEL LANCING DEVICE / WILLOWY WHITE	Preferred brand drug
GENTEEL LANCING KIT / BUTTERFLY BLUE	Preferred brand drug; Quantity limits removed
GENTEEL NOZZLES	Preferred brand drug
GENTLE-LET PLATFORMS 3.0MM	Preferred brand drug
GENVOYA	Preferred brand drug; Step therapy removed
glatiramer acetate	Preferred brand drug
glatopa	Preferred brand drug
GLEOSTINE	Preferred specialty drug; Preauthorization removed; Not covered at mail-order pharmacy
GLOBAL ALCOHOL PREP EASE PADS	Not covered
GLOBAL LANCING DEVICE	Preferred brand drug
GLUCAGEN HYPOKIT	Preferred brand drug; Quantity limits removed
GLUCAGON EMERGENCY KIT	Preferred brand drug; Quantity limits removed
GLUCOCARD LIQ	Preferred brand drug
GLUCOCOM HIGH CONTROL	Preferred brand drug
GLUCOCOM NORMAL CONTROL	Preferred brand drug
GLUCOSOURCE LANCET DEVICE	Preferred brand drug
GLYXAMBI	You must first try metfomin/ xr*; Quantity limits removed
GNP ALCOHOL SWABS	Preferred brand drug
GNP EASY TOUCH CONTROL SOLUTION HIGH / LOW	Preferred brand drug
gnp lidocaine pain relief	Preferred generic drug; You can fill up to 1 patch/ day*

Prescription Drug	Change(s)
gnp urinary pain relief	Preferred generic drug
GOJJI CONTROL SOLUTION NORMAL	Preferred brand drug
GOJJI LANCING DEVICE / CLEAR CAP	Preferred brand drug
GOLYTELY	Preferred brand drug
GOODSENSE LANCING DEVICE	Preferred brand drug
goodsense pain relief maximum strength	Preferred generic drug; You can fill up to 1 patch/ day*
granisetron hcl	You can fill up to 12 tabs/21 days*
GRASTEK	You must first try 1 oral antihistamine and 1 intranasal corticosteroid*
guanfacine er	You must first try amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*
H-E-B INCONTROL ADVANCED LANCING DEVICE	Preferred brand drug
H-E-B INCONTROL ALCOHOL PADS	Preferred brand drug
halobetasol propionate	Step therapy removed
haloperidol	Preferred generic drug
HARVONI	Preferred specialty drug
HEALTH CARE LANCING DEVICE	Preferred brand drug
HEALTHWISE LANCING PEN	Preferred brand drug
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	Preferred brand drug
HEMA-COMBISTIX	Preferred brand drug
hm lidocaine patch	Preferred generic drug; You can fill up to 1 patch/ day*
hm sleep aid	Preferred generic drug
HM STERILE ALCOHOL PREP PADS	Preferred brand drug
HOMATROPAIRE	Not covered under pharmacy benefit
homatropine hbr	Not covered under pharmacy benefit
HUMIRA	Step therapy removed
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	Step therapy removed
HUMIRA PEN	Step therapy removed
HUMIRA PEN-CD / UC / HS STARTER	Step therapy removed

Prescription Drug	Change(s)
HUMIRA PEN-PS / UV STARTER	Step therapy removed
HUMULIN 70 / 30	Step therapy removed
HUMULIN 70 / 30 KWIKPEN	Step therapy removed
HUMULIN N	Step therapy removed
HUMULIN N KWIKPEN	Step therapy removed
HUMULIN R	Step therapy removed
HUMULIN R U-500 (CONCENTRATED)	Preferred brand drug
HUMULIN R U-500 KWIKPEN	Preferred brand drug
hydrocodone / acetaminophen	You can fill up to 6/ day
hydrocodone / ibuprofen	Preferred generic drug
hydrocodone bitartrate / acetaminophen	You can fill up to 90ml/ day
hydrocodone polistirex / chlorpheniramine polistirex	Preferred generic drug; Quantity limits removed
hydrocort cre 2.5%	Preferred generic drug; You can fill up to 120gm/ month*
hydrocortisone butyrate cream	You can fill up to 120gm/ month*
hydrocortisone butyrate ointment	You can fill up to 120gm/ month*
hydrocortisone butyrate solution	Preferred generic drug; You can fill up to 120ml/ month*
hydrocortisone lotion	Preferred generic drug; You can fill up to 120ml/ month*
hydrocortisone ointment	You can fill up to 120gm/ month*
hydrocortisone valerate	You can fill up to 120gm/ month*
hydromorphone hydrochloride er	Preauthorization required*
hydroxyzine hcl	Preauthorization required*
hydroxyzine pamoate	Preauthorization required*
hyoscyamine sulfate	Preferred generic drug
hyoscyamine sulfate er	Preferred generic drug
hyoscyamine sulfate odt	Preferred generic drug
hyoscyamine sulfate sr	Preferred generic drug
HYPOLANCE AST LANCING KIT	Preferred brand drug; Quantity limits removed
HYQVIA	Preferred specialty drug; Step therapy removed
HYSINGLA ER	Non-preferred brand drug; Preauthorization removed
HYSINGLA ER TAB	Non-preferred brand drug
ibandronate sodium	Step therapy removed; Quantity limits removed
IBRANCE	Preferred specialty drug

Prescription Drug	Change(s)
icatibant acetate	Not covered
ICLUSIG	Preferred specialty drug
IDHIFA	Preferred specialty drug; Preauthorization required*; You can fill up to 1/ day*
ILEVRO	Preferred brand drug
imatinib mesylate	Preferred specialty drug
IMBRUVICA	Preferred specialty drug; Preauthorization required*
IMBRUVICA CAP 140MG	Preferred specialty drug; Preauthorization required*; You can fill up to 3/ day*
imipram hcl tab 10mg	You can fill up to 4/ day*
imipram hcl tab 25mg	You can fill up to 4/ day*
imipram hcl tab 50mg	You can fill up to 2/ day*
imipram pam cap 100mg	You can fill up to 1/ day*
imipram pam cap 125mg	Preauthorization required*
imipram pam cap 150mg	Preauthorization required*
imipram pam cap 75mg	You can fill up to 1/ day*
imiquimod	Quantity limits removed
IN TOUCH GLUCOSE CONTROL SOLUTION	Preferred brand drug
IN TOUCH LANCING DEVICE	Preferred brand drug
INCRELEX	Preferred specialty drug
INFINITY CONTROL SOLUTION HIGH	Preferred brand drug
INFINITY CONTROL SOLUTION LOW	Preferred brand drug
INFINITY CONTROL SOLUTION NORMAL	Preferred brand drug
INFINITY VOICE LEVEL 2	Preferred brand drug
INLYTA	Preferred specialty drug
INTELENCE	Preferred brand drug
INTRAROSA	Non-preferred brand drug; Quantity limits removed
INTRON A	Preferred specialty drug
INVIRASE	Preferred brand drug
ipratropium bromide	Preferred generic drug; Quantity limits removed
ipratropium bromide / albuterol sulfate	Preferred generic drug; You can fill up to 6 boxes/30 days*
ipratropium sol 0.02%inh	You can fill up to 5 boxes/25 days*
irbesartan	Quantity limits removed
irbesartan / hydrochlorothiazide	Quantity limits removed
isosorbide dinitrate	Not covered
isotretinoin	Step therapy removed; Quantity limits removed

Prescription Drug	Change(s)
itraconazole capsule	Step therapy removed; Quantity limits removed
itraconazole sol 10mg / ml	Preauthorization required*
JAKAFI	Preferred specialty drug
JANUMET	You must first try metfomin/ XR*; Quantity limits removed
JANUMET XR	You must first try metfomin/ XR*; Quantity limits removed
JANUVIA	You must first try metfomin/ XR*; Quantity limits removed
JARDIANCE	You must first try metfomin/ XR*; Quantity limits removed
JENTADUETO XR	You must first try metformin/ xr*; Quantity limits removed
jinteli	Preferred generic drug
JORNAY PM	Step therapy removed
JUBLIA	Step therapy removed
k-prime	Preferred generic drug
KALETRA	Preferred brand drug
KALYDECO	Preferred specialty drug
ketoprofen	Preferred generic drug
KETOSTIX	Preferred brand drug
KEVZARA	Preferred specialty drug; You can fill up to 2 inj/ month*; Must be filled through a specialty network pharmacy
KEVZARA INJ	Preferred specialty drug
KISQALI TAB 200DOSE	Preferred specialty drug; Preauthorization required*; You can fill up to 21/ 28 days*
KISQALI TAB 400DOSE	Preferred specialty drug; Preauthorization required*; You can fill up to 42/ 28 days*
KISQALI TAB 600DOSE	Preferred specialty drug; Preauthorization required*; You can fill up to 63/ 28 days*
klor-con / ef	Preferred generic drug
kls sleep aid	Preferred generic drug
KROGER AUTOLET LANCING DEVICE	Preferred brand drug
KROGER HEALTHPRO GLUCOSE CONTROL SOLUTION / HIGH / LOW	Preferred brand drug
LABSTIX	Preferred brand drug
lamotrigine er	Quantity limits removed
lamotrigine odt	Quantity limits removed
lamotrigine starter kit / blue	Preferred generic drug
lamotrigine starter kit / green	Preferred generic drug
lamotrigine starter kit / orange	Preferred generic drug
LANCET DEVICE WITH EJECTOR	Preferred brand drug
LANCETS	Preferred brand drug

Prescription Drug	Change(s)
LANOXIN	Preferred brand drug
lansoprazole cap 15mg dr	Preferred generic drug; You can fill up to 1/ day*
lansoprazole cap 30mg dr	Preferred generic drug
LANZO	Preferred brand drug
LASTACAFT	Preferred brand drug
latanoprost	Preferred generic drug
LATUDA TAB 120MG	Preauthorization required*; Step therapy removed; Quantity limits removed
LATUDA TAB 60MG	Preauthorization required*; Step therapy removed
LATUDA TABLET	Preauthorization required*; Step therapy removed; Quantity limits removed
leflunomide	Quantity limits removed
LENVIMA 10 MG DAILY DOSE	Preferred specialty drug; You can fill up to 1/ day*
LENVIMA 12MG DAILY DOSE	Preferred specialty drug
LENVIMA 14 MG DAILY DOSE	Preferred specialty drug; You can fill up to 2/ day*
LENVIMA 18 MG DAILY DOSE	Preferred specialty drug; You can fill up to 3/ day*
LENVIMA 20 MG DAILY DOSE	Preferred specialty drug; You can fill up to 2/ day*
LENVIMA 24 MG DAILY DOSE	Preferred specialty drug; You can fill up to 3/ day*
LENVIMA 4 MG DAILY DOSE	Preferred specialty drug
LENVIMA 8 MG DAILY DOSE	Preferred specialty drug; You can fill up to 2/ day*
letrozole	Preferred generic drug
leucovorin calcium	Preferred generic drug
LEUKERAN	Preferred brand drug
levalbuterol	You can fill up to 45ml/ month*
levalbuterol hcl	You can fill up to 10ml/ day*
levalbuterol tartrate hfa	Step therapy removed; You can fill up to 2 inh/ month*
levetiracetam er	Preferred generic drug; Quantity limits removed
levocetirizi sol 2.5 / 5ml	Preferred generic drug; Step therapy removed
levocetirizi tab 5mg	Preferred generic drug; Step therapy removed; Quantity limits removed
levofloxacin	Preferred generic drug
LEXIVA	Preferred brand drug
LIBERTY CONTROL SOLUTION HIGH	Preferred brand drug
LIBERTY CONTROL SOLUTION NORMAL	Preferred brand drug
LIBERTY GLUCOSE CONTROL LEVEL 1	Preferred brand drug
LIBERTY GLUCOSE CONTROL LEVEL 2	Preferred brand drug
LIBERTY GLUCOSE CONTROL MID	Preferred brand drug
LIBERTY GLUCOSE CONTROL NORMAL	Preferred brand drug
lidocaine hcl gel 2%	You can fill up to 2 ml/ day*

Prescription Drug	Change(s)
lidocaine hcl solution	Preferred generic drug
lidocaine maximum strength 24 hours	Preferred generic drug; You can fill up to 1 patch/ day*
lidocaine pad	Preferred generic drug; Preauthorization required*
lidocaine pain relief patch	Preferred generic drug; You can fill up to 1 patch/ day*
lidocaine sol 4%	Preferred generic drug
linezolid	Quantity limits removed
LINZESS	Preferred brand drug; Step therapy removed; Quantity limits removed
LINZESS CAP 72MCG	Preferred brand drug; Step therapy removed
LITE TOUCH LANCING PEN	Preferred brand drug
LIVE BETTER ADVANCED LANCING DEVICE	Preferred brand drug
LIVE BETTER LANCET ULTRA THIN 28G	Preferred brand drug
loperamide hcl	Preferred generic drug
lopreeza	Preferred generic drug; Quantity limits removed
lorazepam concentrate	Preferred generic drug; You can fill up to 5ml/day*
lorazepam tab	You can fill up to 5/ day*
LORBRENA	Non-preferred specialty drug; Preauthorization required*
losartan potassium	Quantity limits removed
lovastatin	Quantity limits removed
LUMIGAN	Preferred brand drug; You must first try latanoprost, travoprost*
LUPRON DEPOT-PED	Preferred specialty drug
LYNPARZA	Preferred specialty drug; Preauthorization required*
LYSODREN	Preferred brand drug
maprotiline hcl	Quantity limits removed
MATULANE	Preferred brand drug
matzim la tab	Quantity limits removed
MAXIDEX	Preferred brand drug
MAXIMA CONTROL SOLUTION	Preferred brand drug
MAXIMA CONTROL SOLUTION / NORMAL	Preferred brand drug
meclizine hcl	Preferred generic drug
meclofenamate sodium	Preferred generic drug
MEDICHOICE SAFETY LANCET NORMAL	Preferred brand drug
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-LOW,1-MED,1 HIGH	Preferred brand drug

Prescription Drug	Change(s)
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL	Preferred brand drug
MEDISENSE HIGH / MID / LOW CONTROL SOLUTION	Preferred brand drug
MEDISENSE MID CONTROL SOLUTION	Preferred brand drug
MEDLANCE / EXTRA	Preferred brand drug
MEDLANCE / LITE	Preferred brand drug
MEDLANCE / UNIVERSAL	Preferred brand drug
MEDLANCE PLUS / LITE 25G	Preferred brand drug
MEDLANCE PLUS SUPERLITE 30G	Preferred brand drug
MEDLANCE PLUS SUPERLITE 30G / COMFORT MAX	Preferred brand drug
MEDROL	Preferred brand drug
mefenamic acid	Non-preferred generic drug
MEIJER ALCOHOL SWABS EXTRA-THICK	Preferred brand drug
MEKINIST	Preferred specialty drug
melphalan	Preferred generic drug
MENEST	Preauthorization required*
MENTAX	You can fill up to 60gm/ month*
meperidine hcl tab	You can fill up to 18/ month
meperidine sol 50mg / 5ml	You can fill up to 90ml/ month
meprobamate	Preferred generic drug
mesalamine	Preferred generic drug
mesalamine dr	Preferred generic drug; Quantity limits removed
mesalamine dr tablet	Quantity limits removed
mesalamine ene 4gm	Preferred generic drug
mesalamine er	Quantity limits removed
mesalamine sup 1000mg	Quantity limits removed
MESNEX	Preferred specialty drug
metaxalone	Preferred generic drug; Preauthorization required*
metaxalone tab 800mg	Preauthorization required*
methadone con 10mg / ml	You can fill up to 1ml/ day
methadone tab 40mg	You can fill up to 9/ month*
METHADOSE CON 10MG / ML	You can fill up to 1ml/ day
METHADOSE SUGAR-FREE	You can fill up to 1ml/ day
methadose tab 40mg	You can fill up to 9/ month*
methamphetamine hcl	Preauthorization removed; Step therapy removed
methenamine hippurate	Preferred generic drug

Prescription Drug	Change(s)
methocarbamol	Preauthorization required*
methocarbamol tablet	Preferred generic drug; Preauthorization required*
methoxsalen	Preferred generic drug
methscopolamine bromide	Preauthorization required*
methylphenidate hcl tablet	You can fill up to 3/ day
methylphenidate hydrochloride er 36mg tab	You can fill up to 2/ day
methylphenidate hydrochloride er 54mg tab	You can fill up to 1/ day
methyltestosterone	Preauthorization required*
metoprolol succinate er	Quantity limits removed
mexiletine hcl	Preferred generic drug
miconazole 3	Preferred generic drug
MICRODOT CONTROL SOLUTIONHIGH / LOW	Preferred brand drug
MICROLET NEXT	Preferred brand drug
miglitol	Preferred generic drug
mimvey	Preferred generic drug; Quantity limits removed
MINI LANCING DEVICE	Preferred brand drug
minocycline hcl	Preferred generic drug
mirtazapine	Quantity limits removed
mirtazapine odt	Quantity limits removed
MIRVASO	Step therapy removed
MM LANCING DEVICE	Preferred brand drug
modafinil	Step therapy removed; Quantity limits removed
mometasone cream	Step therapy removed; You can fill up to 120gm/ month*
mometasone ointment	Step therapy removed; You can fill up to 120gm/ month*
mometasone solution	You can fill up to 120ml/ month*
mometasone spray	Preferred generic drug; You can fill up to 34 gm/ 30 days*
MONOJECTOR OPD END CAPS	Preferred brand drug
montelukast sodium	Quantity limits removed
morphine sul cap 100mg er	Preferred generic drug; Step therapy removed
morphine sul cap 120mg er	Preferred generic drug; Preauthorization required*; Step therapy removed
morphine sul tab 60mg er	Preauthorization required*
morphine sulfate	Preferred generic drug
morphine sulfate er	Preferred generic drug; Step therapy removed
morphine sulfate er cap	Preferred generic drug; Preauthorization removed; Step therapy removed
morphine sulfate er tab	Preauthorization required*
MOVANTIK	Preferred brand drug; Quantity limits removed
MPD SAFETY LANCET 21G / 1.8MM	Preferred brand drug

Prescription Drug	Change(s)
MPD SAFETY LANCET 28G / 1.8MM	Preferred brand drug
MPD SAFETY LANCET 30G / 1.8MM	Preferred brand drug
MULTAQ	Preauthorization required*; Quantity limits removed
MULTI-LANCET DEVICE 2	Preferred brand drug; Quantity limits removed
MULTISTIX	Preferred brand drug
MYALEPT	Preferred specialty drug
MYGLUCOHEALTH CONTROL LOW / NORMAL / HIGH	Preferred brand drug
myorisan	Quantity limits removed
nadolol	Preferred generic drug
naftifine hcl	Step therapy removed
naftifine hcl cream	Step therapy removed; You can fill up to 60gm/ month*
NAMENDA XR TITRATION PACK	Preferred brand drug
NARCAN	You can fill up to 4 sprays/ 180 days*
NATACYN	Preferred brand drug
neomycin / polymyxin / bacitracin / hydrocortisone	Preferred generic drug
NEPHPLEX RX	Not covered
NEULASTA	You can fill up to 2 inj/ month*
NEULASTA ONPRO KIT	You can fill up to 2 inj/ month*
NEUPRO	Preferred brand drug; Step therapy removed; Quantity limits removed
NEUTEK 2TEK CONTROL SOLUTIONS	Preferred brand drug
NEVANAC	Preferred brand drug
NEXAVAR	Preferred specialty drug
NEXGEN NORMAL CONTROL	Preferred brand drug
NEXIUM 24HR	Not covered under pharmacy benefit; Generic expected
nicardipine hcl	Preferred generic drug
nifedipine er	Quantity limits removed
NIFEREX	Not covered
nilutamide	Preferred generic drug
nimodipine	Preferred generic drug
nisoldipine er	Quantity limits removed
NITRO-DUR	Preferred brand drug
nitrofurantoin	Preauthorization required*
nitrofurantoin macrocrystals	Preauthorization required*
nitrofurantoin monohydrate / macrocrystals	Preauthorization required*
NORPACE CR	Preferred brand drug

Prescription Drug	Change(s)
nortriptylin cap 10mg	You can fill up to 5/ day*
nortriptylin cap 25mg	You can fill up to 2/ day*
nortriptylin cap 50mg	You can fill up to 1/ day*
nortriptylin solution	You can fill up to 750ml/ month*
nortriptyline hcl	Preauthorization required*
NORVIR	Preferred brand drug
NOVA MAX PLUS GLU / KET CONTROL SOLUTION-MID	Preferred brand drug
NOVA SUREFLEX LANCING DEVICE	Preferred brand drug
NOVOLIN 70 / 30 FLEXPEN RELION	Not covered
NOVOLIN N RELION	Not covered
NOVOLIN R FLEXPEN RELION	Not covered
NOVOLIN R RELION	Not covered
NOXAFIL	Preferred brand drug; Step therapy removed
NOZIN NASAL SANITIZER	Preferred brand drug
NOZIN SANITIZER	Not covered
NUBEQA	Preferred specialty drug; Preauthorization required*
NUCALA	Preferred specialty drug
NUCYNTA	Preauthorization removed; Step therapy removed
NUCYNTA ER TAB	Preauthorization removed; Step therapy removed
NUEDEXTA	Quantity limits removed
NUFERA	Not covered
nulev	Preferred generic drug
nyamyc	You can fill up to 120gm/ month*
nyata	You can fill up to 120gm/ month*
nystatin	You can fill up to 120gm/ month*
nystatin / triamcinolone	You can fill up to 2gm/ day*
nystop	You can fill up to 120gm/ month*
octreotide inj 1000 / 5ml	You can fill up to 225 ml /30 days*
octreotide inj 1000mcg	You can fill up to 45 ml /30 days*
octreotide inj 100mcg	You can fill up to 90 ml /30 days*
octreotide inj 200mcg	You can fill up to 225 ml /30 days*
octreotide inj 5000 / 5ml	You can fill up to 45 ml /30 days*
octreotide inj 500mcg	You can fill up to 90 ml /30 days*
octreotide inj 50mcg / ml	You can fill up to 90 ml /30 days*
OCUVEL	Not covered
ODEFSEY	Preferred brand drug
ODOMZO	Preferred specialty drug
ofloxacin	Preferred generic drug
ofloxacin tab 300mg	Quantity limits removed

Prescription Drug	Change(s)
olanzapine	Preferred generic drug; Quantity limits removed
olanzapine odt	Quantity limits removed
olmesartan medoxomil	Quantity limits removed
olmesartan medoxomil / amlodipine / hydrochlorothiazide	Quantity limits removed
olmesartan medoxomil / hydrochlorothiazide	Quantity limits removed
olopatadine hcl	Preferred generic drug
olopatadine spr 0.6%	You can fill up to 1 container / 30 days*
omega-3-acid ethyl esters	Preauthorization required*; Quantity limits removed
omeprazole	Preferred generic drug; You can fill up to 90 caps/365 days*
omeprazole otc	You can fill up to 90 caps/365 days*
OMNARIS	You must first try generic nasal steroid*; You can fill up to 1 inhaler / 30 days*
OMNIPOD	Preferred brand drug
ON CALL LIQ	Preferred brand drug
ONCASPAR	Preferred specialty drug; Preauthorization required*; Must be filled through a specialty network pharmacy
ondansetron hcl	You can fill up to 18 tabs/21 days*
ondansetron odt	You can fill up to 18 tabs/21 days*
ondansetron solution	You can fill up to 200ml/21days*
ondansetron tab	You can fill up to 2 tabs/21days*
ONETOUCH COMBO PACK	Preferred brand drug
ONETOUCH DELICA LANCING DEVICE	Preferred brand drug
ONETOUCH DELICA PLUS LANCING DEVICE	Preferred brand drug
ONETOUCH SURESOFT LANCING DEVICE / 18G	Preferred brand drug
ONETOUCH ULTRA CONTROL	Preferred brand drug
ONETOUCH VERIO CONTROL SOLUTION HIGH	Preferred brand drug
ONETOUCH VERIO MID CONTROL SOLUTION	Preferred brand drug
OPTICHAMBER FACE MASK / LARGE	Preferred brand drug; Quantity limits removed
OPTUMRX GLUCOSE CONTROL LEVEL 1 / 2	Preferred brand drug
ORAVIG	Step therapy removed
ORENITRAM	Preferred specialty drug
ORFADIN	Preferred specialty drug

Prescription Drug	Change(s)
ORILISSA	Preferred brand drug; Preauthorization removed; Quantity limits removed
orphenadrine citrate er	Preferred generic drug; Preauthorization required*
oscimin	Preferred generic drug
oscimin sr	Preferred generic drug
OSPHENA	Preferred brand drug; Preauthorization removed; Step therapy removed; Quantity limits removed
OTEZLA	Step therapy removed
oxandrolone	Non-preferred generic drug; Preauthorization required*
oxazepam	Preferred generic drug; You can fill up to 4/ day*
oxiconazole nitrate	Not covered
oxybutynin chloride	Quantity limits removed
oxybutynin chloride er	Preferred generic drug; Step therapy removed; Quantity limits removed
oxycodone / aspirin	Preferred generic drug
oxycodone hcl	Preferred generic drug
oxycodone hcl er	Preferred generic drug
oxycodone hcl er tab	Preferred generic drug; Preauthorization required*
OXYCONTI TAB CR 10MG / 15MG / 20MG / 30MG	Non-preferred brand drug
OXYCONTIN TAB CR 40MG / 60MG / 80MG	Non-preferred brand drug; Preauthorization required*
oxymorphone hcl	Preauthorization removed; Step therapy removed
oxymorphone hcl tab	Preferred generic drug; Preauthorization removed; Step therapy removed
oxymorphone hydrochloride er tab	Preauthorization removed; Step therapy removed
OZEMPIC	Preauthorization removed; Quantity limits removed
pain relieving lidocaine patch	Preferred generic drug; You can fill up to 1 patch/ day*
paliperidone er	Quantity limits removed
paricalcitol	Quantity limits removed
paromomycin sulfate	Preferred generic drug
paroxetine hcl	Quantity limits removed
paroxetine hcl er	Step therapy removed; Quantity limits removed
PAZEO	Preferred brand drug
PCP 100	Not covered under pharmacy benefit
PEDIATRIC PANDA MASK	Preferred brand drug
peg 3350	Preferred generic drug
PEGASYS	Preferred specialty drug
PEGINTRON	Non-preferred specialty drug; Preauthorization removed
PENLET II AUTOMATIC BLOODSAMPLER	Preferred brand drug; Quantity limits removed
PENLET II REPLACEMENT CAPS	Preferred brand drug
PERFOROMIST	Preauthorization removed; Step therapy removed

Prescription Drug	Change(s)
PHARMACIST CHOICE ALCOHOL PRED PADS	Not covered
PHARMACIST CHOICE ALCOHOLPREP PADS	Not covered
phenergan	Preferred generic drug
phenobarbital / belladonna alkaloids	Not covered under pharmacy benefit
phenoxybenzamine hcl	Preauthorization required*
phenylephrine hcl	Preferred generic drug
PHOSLYRA	Preferred brand drug
physiolyte	Preferred generic drug
physiosol irrigation	Preferred generic drug
phytonadione	Quantity limits removed
PICATO	Non-preferred brand drug; Quantity limits removed
pilocarpine hcl	Preferred generic drug
pioglitazone hcl	Quantity limits removed
pioglitazone hcl / metformin hcl	Quantity limits removed
pioglitazone hcl-glimepiride	Quantity limits removed
POCKETCHEM EZ CONTROL LEVEL 1	Preferred brand drug
POMALYST	Preferred specialty drug; You can fill up to 21 caps/28 days*
posaconazole dr	Non-preferred generic drug; Preauthorization required*; Quantity limits removed
potassium chloride	Preferred generic drug
PRADAXA	Step therapy removed; Quantity limits removed
PRALUENT	Preferred specialty drug; Step therapy removed
pramipexole dihydrochloride er	Quantity limits removed
prasugrel	Preauthorization removed; Quantity limits removed
pravastatin sodium	Quantity limits removed
praziquantel	You can fill up to 24 tabs/365 days*
PRECISION GLUCOSE / KETONE CONTROL SOLUTIONS 1-HI 1-LO	Preferred brand drug
PRECISION GLUCOSE CONTROL	Preferred brand drug
PRECISION GLUCOSE CONTROLSOLUTION (TRI-LEVEL / HI / LO / NORMAL)	Preferred brand drug

Prescription Drug	Change(s)
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH	Preferred brand drug
PRECISION ULTRA LANCET	Preferred brand drug
PRED MILD	Preferred brand drug
prednicarbate	You can fill up to 120gm/ month*
PREDNISONE INTENSOL	Preferred brand drug
pregabalin	Preauthorization removed; You must first try gabapentin*; Quantity limits removed
PREMARIN	Preauthorization required*
PRESSURE ACTIVATED SAFETYLANCET 21G	Preferred brand drug
PREZCOBIX	Preferred brand drug
PREZISTA	Preferred brand drug
PRIFTIN	Preferred brand drug
primaquine phosphate	Preferred generic drug
PRIMSOL	Preferred brand drug
PRO COMFORT PADS	Not covered
PRODIGY CONTROL SOLUTION HIGH	Preferred brand drug
PRODIGY CONTROL SOLUTION LOW	Preferred brand drug
PRODIGY LANCING DEVICE	Preferred brand drug
progesterone	Quantity limits removed
PROLIA	Preferred specialty drug; Step therapy removed
promethazine / phenylephrine	Preferred generic drug
promethazine hcl	Preauthorization required*
promethazine hcl plain	Preauthorization required*
promethegan	Preferred generic drug
propafenone hydrochloride er	Quantity limits removed
propranolol hcl er	Preferred generic drug
propranolol hydrochloride er	Preferred generic drug
protriptylin tab 10mg	You can fill up to 2/ day*
protriptylin tab 5mg	You can fill up to 3/ day*
PSS SELECT PLATFORMS	Preferred brand drug
PTS PANELS KETONE TEST	Preferred brand drug
PURE COMFORT ALCOHOL PREPPADS	Preferred brand drug
PX LANCET AUTO INJECTOR	Preferred brand drug
pyrazinamide	Preferred generic drug
pyridoxine hcl	Preferred generic drug

Prescription Drug	Change(s)
QC ADVANCED LANCING DEVICE	Preferred brand drug
QC ALCOHOL SWABS	Preferred brand drug
qc azo	Preferred generic drug
qc lidocaine pain relief	Preferred generic drug; You can fill up to 1 patch/ day*
qc urinary pain relief	Preferred generic drug
quetiapine fumarate	Quantity limits removed
quetiapine fumarate er	Quantity limits removed
QUICKTEK CONTROL SOLUTION	Preferred brand drug
quinidine sulfate	Preferred generic drug
QUINTET GLUCOSE CONTROL / HIGH / NORMAL	Preferred brand drug
RA ALCOHOL SWABS	Preferred brand drug
RA LANCING DEVICE	Preferred brand drug
ra lice treatment	Preferred generic drug
ra lidocaine pain relieving patches maximum strength	Preferred generic drug; You can fill up to 1 patch/ day*
ra pain relieving patch maximum strength	Preferred generic drug; You can fill up to 1 patch/ day*
ra sleep aid	Preferred generic drug
ra urinary pain relief	Preferred generic drug
rabeprazole sodium	Preferred generic drug
ramelteon	Preferred generic drug; You can fill up to 15/ month*
ranolazine er	You must first try 1 of atenolol, metoprolol, carvedilol AND 1 of diltiazem, amlodipine, verapamil, isosorbide, nitroglycerin*; Quantity limits removed
rasagiline mesylate	Preferred generic drug; Quantity limits removed
rasagiline mesylate tablet	Quantity limits removed
REALITY SWABS	Preferred brand drug
RECTIV	Quantity limits removed
REFUAH PLUS GLUCOSE CONTROL SOLUTION	Preferred brand drug
REGRANEX	Preauthorization required*; Quantity limits removed
relafen	Not covered
RELENZA DISKHALER	Preferred brand drug; You can fill up to 2 inhalers/90 days*
RELION 2-IN-1 LANCET DEV ICES 30G	Preferred brand drug
RELION 2-IN-1 LANCING DEVICE 25G	Preferred brand drug
RELION 2-IN-1 LANCING DEVICE 30G	Preferred brand drug
RELION KETONE	Preferred brand drug

Prescription Drug	Change(s)
RELION KETONE TEST STRIPS	Preferred brand drug
RELION LANCING DEVICE	Preferred brand drug
RELION LANCING DEVICE KIT	Preferred brand drug; Quantity limits removed
RELION N	Not covered
REMODULIN	Non-preferred specialty drug
REPATHA	Not covered
RESTASIS	Preauthorization required*; You can fill up to 2/ day*
RESTASIS MULTIDOSE	Preauthorization required*; You can fill up to 1 bottle/ 21 days*
REVLIMID	Preferred specialty drug
REVLIMID CAP	Preferred specialty drug; You can fill up to 21/ month*
REXULTI	Preauthorization removed; Quantity limits removed
REYATAZ	Preferred brand drug
ribavirin	Preauthorization required*
ribavirin inh	Preferred generic drug
RIFAMATE	Preferred brand drug
RIFATER	Preferred brand drug
RIGHTEST GC300 HIGH CONTROL	Preferred brand drug
RIGHTEST GC300 NORMAL CONTROL	Preferred brand drug
RIGHTEST GD-L500 ALTERNATE SITE ADAPTER	Preferred brand drug
RIGHTEST GD500 LANCING DEVICE	Preferred brand drug
riluzole	Preauthorization removed
rimantadine hcl	Preferred generic drug
risedronate sodium	Step therapy removed; Quantity limits removed
risedronate sodium dr	Quantity limits removed
risperidone	Quantity limits removed
risperidone odt	Preferred generic drug; Quantity limits removed
risperidone tab 0.25 odt	Preferred generic drug
RITALIN	You can fill up to 3/ day
rosuvastatin calcium	Preferred generic drug; You must first try atorvastatin, simvastatin*; Quantity limits removed
rosuvastatin tab 20mg	Preferred generic drug; Step therapy removed; Quantity limits removed
rosuvastatin tab 40mg	Preferred generic drug; Step therapy removed; Quantity limits removed
RYDAPT	Non-preferred specialty drug; Preauthorization required*; You can fill up to 8/day*; Must be filled through a specialty network pharmacy
SAFE-T-LANCE LOW FLOW 25G	Preferred brand drug
SAFE-T-LANCE NORMAL FLOW 21G	Preferred brand drug

Prescription Drug	Change(s)
SAFE-T-LANCE PLUS SAFETY LANCET HIGH FLOW	Preferred brand drug
SAFE-T-LANCE PLUS SAFETY LANCET LOW FLOW	Preferred brand drug
SAFE-T-LANCE PLUS SAFETY LANCET NORMAL FLOW	Preferred brand drug
SAMSCA	Preferred specialty drug; Quantity limits removed
SANCUSO	Preferred brand drug
SANDIMMUNE	Non-preferred brand drug
SAPHRIS	Preauthorization removed; You must first try clozapine, quetiapine, loxapine, olanzapine*; Quantity limits removed
SAPS CARE ALCOHOL PREP PADS	Not covered
SAPS HEALTH ALCOHOL PADS	Not covered
SAPS HEALTH ALCOHOL PREP PADS	Preferred brand drug
SAPS HEALTH CARE ALCOHOL PREP PADS	Not covered
SAVELLA	You must first try gabapentin, pregabalin, duloxetine, amitriptyline*; Quantity limits removed
SAVELLA TITRATION PACK	You must first try gabapentin, pregabalin, duloxetine, amitriptyline*; Quantity limits removed
SB ALCOHOL PREP PADS	Preferred brand drug
scopolamine	Preferred generic drug
SELECT-LITE DEVICE / LANCETS	Preferred brand drug; Quantity limits removed
SELECT-LITE LANCING DEVICE	Preferred brand drug
selenium sulfide	Preferred generic drug
SELZENTRY	Preferred brand drug
SEMGLEE	Not covered
sertraline con 20mg / ml	Preferred generic drug
sertraline hcl	Quantity limits removed
sevelamer carbonate	Preferred generic drug
SHOPKO ALCOHOL SWABS	Preferred brand drug
SHOPKO AUTOLET LANCING DEVICE	Preferred brand drug
SIDE BUTTON SAFETY LANCET21G	Preferred brand drug
sildenafil citrate	Preferred specialty drug
SIMBRINZA	Preferred brand drug

Prescription Drug	Change(s)
SIMPLE DIAGNOSTICS LANCING DEVICE	Preferred brand drug
SIMPONI	Non-preferred specialty drug
simvastatin	Quantity limits removed
SINGLE-LET	Preferred brand drug
sirolimus	Preferred generic drug
SIRTURO	Quantity limits removed
SKLICE	You must first try permethrin 1%*
SKYRIZI	Preferred specialty drug
sleep-aid	Preferred generic drug
SLYND	Non-preferred brand drug
SM ALCOHOL PREP PADS	Preferred brand drug
sm lice treatment	Preferred generic drug
sm sleep aid	Preferred generic drug
SM TRUEDRAW LANCING DEVICE	Preferred brand drug
SMART DIABETES VANTAGE LANCING DEVICE	Preferred brand drug
SMARTEST CONTROL SOLUTIONMEDIUM	Preferred brand drug
sodium chloride	Preferred generic drug
SOLARTEK GLUCOSE CONTROL SOLUTIONS	Preferred brand drug
solifenacin succinate	Quantity limits removed
SOLIQUA 100 / 33	Preferred brand drug; You must first try metfomin/ XR*; Quantity limits removed
SOLUS V2 CONTROL HIGH	Preferred brand drug
SOLUS V2 CONTROL LOW	Preferred brand drug
SOLUS V2 LANCING DEVICE	Preferred brand drug
SOMATULINE DEPOT	Preferred specialty drug; You can fill up to 1 injection/28 days*
SOMAVERT	Preferred specialty drug; You can fill up to 1 vial/day*
SOVALDI	You must first try EPCLUSA, HARVONI, VOSEVI*
SOVALDI TAB 400MG	Non-preferred specialty drug; You must first try EPCLUSA, HARVONI, VOSEVI*
SPIRIVA HANDIHALER	Preferred brand drug; Step therapy removed
SPIRIVA RESPIMAT	Preferred brand drug; Step therapy removed
SPRYCEL	Preferred specialty drug; Step therapy removed
SPRYCEL TAB 20MG	Preferred specialty drug; Step therapy removed
SPRYCEL TAB 50MG	Preferred specialty drug; Step therapy removed; You can fill up to 1/ day*
SPRYCEL TAB 70MG	Preferred specialty drug; Step therapy removed; You can fill up to 1/ day*
SPRYCEL TAB 80MG	Preferred specialty drug; Step therapy removed; You can fill up to 1/ day*
STELARA	Step therapy removed

Prescription Drug	Change(s)
STERILANCE PA	Preferred brand drug
STERILANCE TL	Preferred brand drug
STIVARGA	Preferred specialty drug; You can fill up to 3/ day*
STRATTERA	You can fill up to 1/ day
SUBLOCADE	Preferred specialty drug; Not covered at mail-order pharmacy; Must be filled through a specialty network pharmacy
SUCRAID	Non-preferred brand drug; Preauthorization required*; You can fill up to 354ml/ month*
sulfasalazine	Quantity limits removed
sumatriptan / naproxen sodium	Non-preferred generic drug; You must first try sumatriptan AND naproxen*
SUPRAX	Preferred brand drug
SUPRAX SUS 500 / 5ML	Preferred brand drug
SUPREME II HIGH / LOW CONTROL SOLUTION	Preferred brand drug
SURE COMFORT ALCOHOL PREP PADS	Preferred brand drug
SURE COMFORT LANCING PEN	Preferred brand drug
SURE-PEN	Preferred brand drug
SURE-PREP ALCOHOL PREP PADS	Not covered
SURESTEP LIQ	Preferred brand drug
SUTENT	Preferred specialty drug; You can fill up to 1/ day*
SUTENT CAP	Preferred specialty drug
symax-sl	Preferred generic drug
SYMFI	Preferred brand drug
SYMFI LO	Preferred brand drug
SYMLINPEN 120	Preauthorization removed; You must first try metfomin/ XR*; Quantity limits removed
SYMLINPEN 60	Preauthorization removed; You must first try metfomin/ XR*
SYNJARDY	You must first try metfomin/ XR*; Quantity limits removed
SYNJARDY XR	You must first try metfomin/ XR*; Quantity limits removed
SYNTHROID	Preferred brand drug
TABLOID	Preferred brand drug
tacrolimus	Step therapy removed
tadalafil	Preferred generic drug; Preauthorization required*; You can fill up to 1/ day*
tadalafil tab 20mg	Non-preferred specialty drug
tadalafil tab 5mg	Step therapy removed
TAFINLAR	Preferred specialty drug
TAI DOC CONTROL	Preferred brand drug
TALTZ	Preferred specialty drug

Prescription Drug	Change(s)
TARGRETIN	Preferred specialty drug
tazarotene	Step therapy removed
TAZORAC	Preferred brand drug; Step therapy removed
taztia xt	Quantity limits removed
TECFIDERA	Preferred specialty drug; Step therapy removed
TECFIDERA CAP 120MG	Preferred specialty drug; Step therapy removed; You can fill up to 14/ 28 days*
TECFIDERA STARTER PACK	Preferred specialty drug; Step therapy removed
TELCARE GLUCOSE CONTROL SOLUTION LEVEL 1 / 2	Preferred brand drug
telmisartan	Quantity limits removed
telmisartan / amlodipine	Step therapy removed; Quantity limits removed
telmisartan / hydrochlorothiazide	Quantity limits removed
temazepam	You can fill up to 15/ month*
TEMIXYS	Preferred brand drug
temozolomide	Preferred specialty drug
testosterone	Quantity limits removed
testosterone cypionate	Preauthorization required*
testosterone enanthate	Preferred generic drug; Preauthorization required*
TGT ADVANCED LANCING DEVICE	Preferred brand drug
TGT LANCET ALTERNATE SITE	Preferred brand drug
TGT LANCET MICRO THIN 33G	Preferred brand drug
TGT LANCET THIN 23G	Preferred brand drug
TGT LANCET THIN 26G	Preferred brand drug
TGT LANCET ULTRA THIN 28G	Preferred brand drug
TGT LANCET ULTRA THIN 30G	Preferred brand drug
TGT LANCING DEVICE	Preferred brand drug
THALOMID CAP 100MG	Preferred specialty drug; You can fill up to 1/ day*
THALOMID CAP 150MG	Preferred specialty drug; You can fill up to 2/ day*
THALOMID CAP 200MG	Preferred specialty drug; You can fill up to 2/ day*
THALOMID CAP 50MG	Preferred specialty drug; You can fill up to 1/ day*
theophylline	Preferred generic drug
theracare pain relief maximum strength	Preferred generic drug; You can fill up to 1 patch/ day*
THINLETS LANCET	Preferred brand drug

Prescription Drug	Change(s)
tiadylt er	Quantity limits removed
tiagabine hcl	Preferred generic drug; Quantity limits removed
tiagabine tab 2mg	Quantity limits removed
TICE BCG	Preferred brand drug
timolol maleate	Preferred generic drug
tis-u-sol	Preferred generic drug
TOBRADEX	Preferred brand drug
TOBRADEX ST	Preferred brand drug
tobramycin	Preferred specialty drug; Preauthorization required*
TODAYS HEALTH ADVANCED LANCING DEVICE	Preferred brand drug
tolmetin sodium	Preferred generic drug
tolterodine tartrate	Preferred generic drug; Step therapy removed
tolterodine tartrate er	Step therapy removed; Quantity limits removed
topiramate	Preferred generic drug; Quantity limits removed
TOVIAZ	You must first try oxybutynin, solifenacin, tolterodine*; Quantity limits removed
TRACLEER	Preferred specialty drug; You can fill up to 4/ day*
tramadol hcl	You can fill up to 1/ day
tramadol hcl er	Preauthorization required*
tramadol hydrochloride / acetaminophen	Preferred generic drug; You can fill up to 40/ month
trandolapril / verapamil hcl er	Preferred generic drug
tranexamic acid	Quantity limits removed
TRECATOR	Preferred brand drug
TRELEGY ELLIPTA	Preferred brand drug
TREMFYA	Preferred specialty drug
TRESIBA	Step therapy removed
TRESIBA FLEXTOUCH	Step therapy removed
tretinoin microsphere	Preferred generic drug; Preauthorization required*
tretinoin microsphere pump	Preferred generic drug; Preauthorization required*
triamcinolon aer 55mcg / ac	Step therapy removed
triamcinolone acetonide	Preferred generic drug
triamcinolone acetonide cream	You can fill up to 120gm/ month*
triamcinolone acetonide lotion	You can fill up to 120ml/ month*
triamcinolone acetonide ointment	You can fill up to 120gm/ month*
triamterene	Preferred generic drug
triazolam	Preferred generic drug; You can fill up to 10/ 30 days*
TRIKAFTA	Preferred specialty drug

Prescription Drug	Change(s)
trimipramine cap 100mg	You can fill up to 1/ day*
trimipramine cap 25mg	You can fill up to 2/ day*
trimipramine cap 50mg	You can fill up to 2/ day*
TRINTELLIX	Preauthorization removed; You must first try generic SSRI*; Quantity limits removed
tropicamide	Preferred generic drug
trospium chloride	Quantity limits removed
trospium chloride er	Step therapy removed; Quantity limits removed
TRUE COMFORT ALCOHOL PREP PADS	Preferred brand drug
TRUE METRIX CONTROL SOLUTION LEVEL 1	Preferred brand drug
TRUE METRIX CONTROL SOLUTION LEVEL 2	Preferred brand drug
TRUE METRIX CONTROL SOLUTION LEVEL 3	Preferred brand drug
TRUECONTROL GLUCOSE CONTROL LEVEL 0	Preferred brand drug
TRUECONTROL GLUCOSE CONTROL LEVEL 1	Preferred brand drug
TRUEDRAW LANCING DEVICE	Preferred brand drug
TRUETEST GLUCOSE CONTROL LEVEL 1	Preferred brand drug
TRUETEST GLUCOSE CONTROL LEVEL 2	Preferred brand drug
TRUETEST GLUCOSE CONTROL LEVEL 3	Preferred brand drug
TRULICITY	Preauthorization removed; You must first try metfomin/ xr*; Quantity limits removed
TRUVADA	Preferred brand drug; If drug is covered by your plan, you will now pay a copay for this drug
TUZISTRA XR	Non-preferred brand drug
TYBOST	Preferred brand drug
TYKERB	Preferred specialty drug
TYMLOS	Step therapy removed
TYVASO STARTER	Preferred specialty drug
UDENYCA	You can fill up to 2 inj/ month*
ULTI-LANCE AUTOMATIC / CLEAR TIP	Preferred brand drug
ULTICARE ALCOHOL SWABS	Preferred brand drug
ULTILET ALCOHOL SWABS	Preferred brand drug
ULTRA-CARE ALCOHOL PADS	Not covered

Prescription Drug	Change(s)
ULTRA-CARE ALCOHOL PREP PADS	Preferred brand drug
ULTRA-THIN II AUTO LANCET	Preferred brand drug
ULTRACET	You can fill up to 40/ month
ULTRALANCE	Preferred brand drug
ULTRATRAK PRO CONTROL SOLUTION 2 LEVELS	Preferred brand drug
ULTRATRAK PRO NORMAL CONTROL	Preferred brand drug
ULTRATRAK ULTIMATE CONTROL SOLUTION 2 LEVELS	Preferred brand drug
UNILET COMFORTOUCH LANCET	Preferred brand drug
UNILET EXCELITE	Preferred brand drug
UNILET EXCELITE II	Preferred brand drug
UNILET G.P. LANCET	Preferred brand drug
UNILET G.P. SUPERLITE LANCET	Preferred brand drug
UNILET GP 28 ULTRA THIN	Preferred brand drug
UNILET LANCET	Preferred brand drug
UNILET SUPERLITE LANCET	Preferred brand drug
UNISTRIP LIQ	Preferred brand drug
UPTRAVI TAB 200MCG	Preferred specialty drug; You can fill up to 5/ day*
UPTRAVI TABLET	Preferred specialty drug
URISTIX	Preferred brand drug
URISTIX 4	Preferred brand drug
V-GO	Preferred brand drug
valsartan	Preferred generic drug; Quantity limits removed
valsartan / hydrochlorothiazide	Preferred generic drug; Quantity limits removed
VALUMARK LANCET SUPER THIN 30G	Preferred brand drug
VALUMARK LANCET ULTRA THIN 28G	Preferred brand drug
vancomycin hcl	You can fill up to 80 caps/10 days*
VARUBI	Preferred brand drug; Quantity limits removed
VASCEPA	Preferred brand drug; Quantity limits removed
VEMLIDY	Non-preferred brand drug
VENCLEXTA STARTING PACK	Preferred specialty drug; Preauthorization required*; Quantity limits removed
VENCLEXTA TAB 100MG	Preferred specialty drug; Preauthorization required*

Prescription Drug	Change(s)
VENCLEXTA TAB 10MG	Preferred specialty drug; Preauthorization required*; You can fill up to 4/ day*
VENCLEXTA TAB 50MG	Preferred specialty drug; Preauthorization required*; You can fill up to 4/ day*
venlafaxine hcl	Quantity limits removed
venlafaxine hcl er	Quantity limits removed
VENLAFAXINE HCL ER tab	Non-preferred brand drug; Quantity limits removed
venlafaxine hydrochloride er	Quantity limits removed
VENTAVIS	Preferred specialty drug; You can fill up to 9 amps/day*
verapamil hcl er	Quantity limits removed
verapamil hydrochloride er	Quantity limits removed
VERASENS GLUCOSE CONTROL LEVEL 1	Preferred brand drug
VICTORY CONTROL LEVEL 1 / 2	Preferred brand drug
VICTOZA	Non-preferred brand drug; Preauthorization removed; You must first try metformin/ xr AND OZEMPIC OR TRULICITY*; Quantity limits removed
VIDEX EC	Preferred brand drug
VIDEX PEDIATRIC	Preferred brand drug
VIIBRYD	You must first try citalopram, escitalopram, fluoxetine*; Quantity limits removed
VIMPAT	Quantity limits removed
VIMPAT SOL 10MG / ML	Non-preferred brand drug; Quantity limits removed
VIOKACE	Preferred brand drug; Step therapy removed
VIRACEPT	Preferred brand drug
VIREAD	Preferred brand drug
virt-vite forte	Preferred generic drug
VITAL-D RX	Not covered
vitamin b 6	Preferred generic drug
vitamin b-6	Preferred generic drug
VITRAKVI	Non-preferred specialty drug; Preauthorization required*
VIVAGUARD INO CONTROL SOLUTION	Preferred brand drug
VIVAGUARD LANCING DEVICE	Preferred brand drug
VIVITROL	Preferred specialty drug; Preauthorization required*; You can fill up to 1 vial/ month*; Must be filled through a specialty network pharmacy
voriconazole	Non-preferred generic drug; Preauthorization required*
VOTRIENT	Preferred specialty drug
VYVANSE CAP 10MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*

Prescription Drug	Change(s)
VYVANSE CAP 20MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*
VYVANSE CAP 30MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*
VYVANSE CAP 40MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*; You can fill up to 1/ day
VYVANSE CAP 50MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*; You can fill up to 1/ day
VYVANSE CAP 60MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*; You can fill up to 1/ day
VYVANSE CAP 70MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*; You can fill up to 1/ day
VYVANSE CHW 10MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*
VYVANSE CHW 20MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*
VYVANSE CHW 30MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*
VYVANSE CHW 40MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*; You can fill up to 1/ day
VYVANSE CHW 50MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*; You can fill up to 1/ day
VYVANSE CHW 60MG	Preauthorization removed; You must first try 3 of generic amphetamine, amphetamine/dextroamphetamine, dexmethylphenidate, dextroamphetamine, methamphetamine, methylphenidate*; You can fill up to 1/ day

Prescription Drug	Change(s)
wal-som	Preferred generic drug
WEBCOL ALCOHOL PREP LARGE 2 PLY	Preferred brand drug
WEBCOL ALCOHOL PREP MEDIUM 2 PLY	Preferred brand drug
WESTAB MAX	Preferred generic drug
XALKORI	Preferred specialty drug
XARELTO	Quantity limits removed
XARELTO STARTER PACK	Quantity limits removed
XELJANZ	Step therapy removed
XELJANZ XR	Step therapy removed
XIFAXAN TAB	Preferred brand drug
XIFAXAN TAB 550MG	Preferred brand drug; Quantity limits removed
XIGDUO XR	You must first try metfomin/ XR*; Quantity limits removed
XOLAIR INJ 150MG / ML	You can fill up to 4 inj/ month*
XOLAIR INJ 75 / 0.5	You can fill up to 2 inj/ month*
XOLAIR SOL 150MG	You can fill up to 6 vials/ month*
XTAMPZA ER	Preauthorization required*
XTANDI	Preferred specialty drug; Step therapy removed
XULTOPHY INJ 100 / 3.6	Non-preferred brand drug; You must first try metfomin/ XR*; Quantity limits removed
XYREM	You can fill up to 540ml/ month*
YONSA	Preferred specialty drug
YOSPRALA	Non-preferred brand drug; Quantity limits removed
zafirlukast	Quantity limits removed
ZEJULA	Preferred specialty drug
ZELBORAF	Preferred specialty drug
zenatane	Quantity limits removed
ZENPEP	Preauthorization required*
ZENZEDI TAB 15MG	You can fill up to 2/ day
ZENZEDI TAB 20MG	You can fill up to 2/ day
ZENZEDI TAB 30MG	You can fill up to 1/ day
zileuton er	Quantity limits removed
ziprasidone hcl	Quantity limits removed
ZOLINZA	Preferred specialty drug
zolmitriptan	Preferred generic drug; Step therapy removed
zolmitriptan odt	Preferred generic drug; Step therapy removed
zolpidem tartrate er	Step therapy removed; You can fill up to 15/ month*
ZOMIG SPRAY	Step therapy removed
ZONTIVITY	Preauthorization removed; Quantity limits removed
ZORTRESS	Preferred brand drug
ZUBSOLV	Preferred brand drug

Prescription Drug	Change(s)
ZUBSOLV SUB 11.4-2.9	Preferred brand drug
ZUBSOLV SUB 8.6-2.1	Preferred brand drug
ZYDELIG	Preferred specialty drug
ZYKADIA	Preferred specialty drug
ZYTIGA	Preferred specialty drug

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 drug lists. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota, Pennsylvania and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for drugs that are added or removed from the Pharmacy Drug Guide and Specialty Drug List will continue to have those drugs 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, certain fully insured commercial California members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of drugs that are later added to the Preauthorization or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those drugs covered, for as long as the treating in-network provider continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition. Aetna reserves the right to periodically request clinical information from your provider to assess your medical condition and the appropriateness of your ongoing treatment. Failure to provide clinical information could result in subsequent denial of coverage for this medication.

In accordance with state law, fully insured commercial Connecticut preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) covered under a policy and using a drug for treatment of a chronic illness prior to the drug's removal from the Pharmacy Drug Guide will continue to have the medication covered, provided the prescriber states in writing that the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna is part of the CVS Health family of companies.

Policy forms issued in Oklahoma include: AL COC00010, HC COC00010.
Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPOLAmend 2020 01, HI SG GrpAgAmend 2020 01.

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

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

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

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

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

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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 bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í bikáá’ áajı̨’ 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፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

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

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

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

আপনাকে 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 မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား 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 lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

ᏩᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ ᎢᏬᎾᏝᏛᏁᏗ Ꮭ ᎪᎱᏍᏗ ᏗᏣᎬᏩᏔᏁᏗ ᏱᎩ, ᏬᎰᎯᏏᏔᏜᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏕᎦᏰᏡ ᎤᎾᎢ ID ᏗᏂᏱᏍᏗ ᏣᏤᏪᎢ. (Cherokee)

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

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

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

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

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

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

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

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

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

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na kaadị ID gị. (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)

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတအိဉ်ဒီးအပှ့ၤလၢနကဘဉ်ဟ့ဉ်အီၤဘဉ်နှဉ်,ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢအိဉ်လၢနတၢ်ဂီၤခိဉ် (ID) အခးလိၤနှဉ်တက့ၢ် (Karen)

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

M̀ dyi wuɖu-dù kà kò ɖò ɓě dyi mɔ́uń nì pídyi ní, nìí, ɖá nɔ́ɓà nìà nì ID káàɔ̀ kɔ̃ɛ. (Kru-Bassa)

بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
(Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (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)

Të kɔɔr yïn wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ̈ në ID kard du kɔ̈u. (Nilotic-Dinka)

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

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

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)

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

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

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

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

ܟܝ ܡܨܝܬܘܢ ܬܠܒܘܢ ܥܠ ܝܠܦܢܘܬܐ ܕܡܬܪܓܡܢܘܬܐ ܒܠܫܢܐ ܡܓܢܐܝܬ، ܩܪܘܢ ܡܢܝܢܐ ܥܠ ܦܬܩܐ ܡܫܘܕܥܢܘܬܐ ܕܝܠܟܘܢ. (Syriac-Assyrian)

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

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

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

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

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

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

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبرپر بات کریں۔ (Urdu)

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

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

Lati wọnú awọn isẹ èdè l’ọfẹ fun ọ, pe nọmba ori káádi idánimọ rẹ. (Yoruba)