

Plan for your best health

2019 Aetna Pharmacy Drug Guide
Aetna Standard Plan



How to use this guide

Your guide includes a list of commonly used drugs covered on your pharmacy plan. The amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the prescription's price after you meet your deductible, if applicable. Generic drugs cost less. Preferred brand drugs will have a higher cost.

Your plan includes

- Brand and generic drugs that are hand-picked for their quality and effectiveness
- A specialty pharmacy fills specialty drug prescriptions (ones that are injected, infused or taken by mouth) — and provides services that include personal support, helpful resources and training, and free secure home delivery
- A home delivery pharmacy that delivers maintenance drugs to your home or wherever you choose (for drugs that are taken regularly to treat conditions like diabetes or asthma)

What you can expect to pay

With your pharmacy plan, the amount you pay depends on the drug your doctor prescribes. It's either a flat fee or a percentage of the drug's/medicine's price.

Each drug is grouped as a generic, a brand or a specialty drug. The preferred drugs within these groups will generally save you money compared to a non-preferred drug. Generic drugs are less expensive than brands.

Specialty prescription drugs typically include higher-cost drugs that require special handling, special storage or monitoring. These types of drugs may include, but are not limited to, drugs that are injected, infused, inhaled or taken by mouth.

You're covered for all types of medicine — some more expensive, and some less.

- **Generic:** the lowest cost
- **Brand:** a higher cost

For your exact coverage and cost, and to learn more about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit.
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ."

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC. See coverage policy 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. This directory is applicable to both Aetna Commercial and joint venture plans. Aetna and CVS Caremark® Mail Service Pharmacy are part of the CVS Health family of companies.

Specialty Pharmacy Network

An in-network specialty pharmacy can fill your prescriptions for specialty drugs. These are the types of drugs that may be injected, infused or taken by mouth. They often need special storage and handling. And they need to be delivered quickly. A nurse or pharmacist may monitor you during your treatment, if needed. With this type of pharmacy, you can get this medicine sent right to your mailbox.

How to get started with a specialty pharmacy

Ordering your prescriptions through our specialty pharmacy is easy. And we typically offer a 30-day medicine supply.

- **To transfer your prescription**, just call us toll-free at **1-866-353-1892**.
- **For a new prescription**, your doctor can send it to us in one of four ways:
 - 1. Electronically:** Through e-prescribe
 - 2. Fax: 1-866-FAX-ASRX (1-866-329-2779)**
 - 3. Phone: 1-866-782-ASRX (1-866-782-2779), option 2**

If you mail in your own prescription, please send it with a completed Patient Profile Form. To find this form, just visit the website that's on your member ID card, to search for the "Patient Profile Form."

CVS Caremark Mail Service Pharmacy®

You can have maintenance drugs sent right to your home or anywhere else you choose with CVS Caremark Mail Service Pharmacy. These are drugs that are taken regularly for chronic conditions like diabetes or asthma. Depending on your plan, you can get up to a 90-day supply of medicine for less cost. It's fast and convenient, and standard shipping is always free.

Get started right away

You can submit your order using one of these options:

- 1. Online** — Visit your secure member website and sign in to your account. There you can add or remove your prescriptions.
- 2. Phone** — Call us toll-free, 24/7 at **1-888-792-3862**. If you need the help of a telephone device for the deaf, call **1-877-833-2779**.
- 3. Mail** — Get a new prescription from your doctor. Then mail it to us with a completed order form. You can find the form on your secure member website. The mailing address is on the form.

Your doctor can submit your order using one of these options:

- 1. Online** — They can submit your prescriptions using the e-prescribe services on our provider website.
- 2. Fax** — They can fax your prescription to **1-877-270-3317**. Make sure they include your member ID number, date of birth and mailing address on the fax cover sheet. Only a doctor may fax a prescription.

Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Check to see if your plan includes our home delivery pharmacy service. Depending upon your plan, our home delivery service may save you money. For more information, visit the website on your member ID card and log in to your account.
- Remind your doctor to check your plan to make sure you get maximum coverage.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that your doctor needs to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.

What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered.

The prerequisite drugs are equally effective, have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug.

If you don't try the appropriate alternative drug first, you may need to pay full cost for the brand-name version.

What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- **Dose efficiency edits** — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- **Maximum daily dose** — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- **Quantity limits over time** — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements. And also for a drug that's not covered in your plan. If you ask for your request to be expedited, a coverage determination will be made within 24 hours of receiving it.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How can your provider request a medical exception?

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy Precertification Unit at **1-855-240-0535**.
- Fax the completed request form to **1-877-269-9916**.
- Mail the completed request form to:
Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

Can the formulary change during the year?

The formulary can change throughout the year. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less. See the “What are generic drugs?” section above for more information.

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

2019 Aetna Standard Plan drug list¹

This is a list of preferred drugs covered by your plan.

Category Drug Class	Generic medicine		Brand-name medicine	
Analgesics				
Cox-2 Inhibitors §	<i>celecoxib</i>			
Gout §	<i>allopurinol</i>	<i>colchicine tablet</i> <i>probenecid</i>	ULORIC	
NSAIDS §	<i>diclofenac sodium</i> <i>ibuprofen</i>	<i>meloxicam</i> <i>naproxen</i> ²		
NSAIDS, Combinations §	<i>diclofenac sodium-misoprostol</i>			
NSAIDS, Topical §	<i>diclofenac sodium gel 1% (except NDC[^] 69499031866)</i> <i>diclofenac sodium solution</i>			
Opioid Analgesics §	<i>codeine-acetaminophen</i> <i>fentanyl transdermal</i> <i>fentanyl transmucosal</i> <i>lozenge</i> <i>hydrocodone-</i> <i>acetaminophen</i> <i>hydromorphone</i> <i>hydromorphone ext-rel</i>	<i>methadone</i> <i>morphine</i> <i>morphine ext-rel</i> <i>morphine suppository</i> <i>oxycodone</i> <i>oxycodone-</i> <i>acetaminophen</i> <i>tramadol</i> <i>tramadol ext-rel</i>	ABSTRAL BELBUCA BUTRANS EMBEDA HYSINGLA ER	NUCYNTA NUCYNTA ER OXYCONTIN SUBSYS
Anti-Infectives				
Antibacterials Cephalosporins §	<i>cefdinir</i> <i>cefprozil</i>	<i>cefuroxime axetil</i> <i>cephalexin</i>	SUPRAX	
Antibacterials Erythromycins / Macrolides §	<i>azithromycin</i> <i>clarithromycin</i>	<i>clarithromycin ext-rel</i> <i>erythromycins</i>	DIFICID	
Antibacterials Fluoroquinolones §	<i>ciprofloxacin</i> <i>ciprofloxacin ext-rel</i>	<i>levofloxacin</i> <i>moxifloxacin</i>		
Antibacterials Penicillins §	<i>amoxicillin</i> <i>amoxicillin-clavulanate</i>	<i>dicloxacillin</i> <i>penicillin VK</i>		
Antibacterials Tetracyclines §	<i>doxycycline hyclate</i> <i>minocycline</i>	<i>tetracycline</i>		
Antifungals §	<i>fluconazole</i> <i>itraconazole</i>	<i>terbinafine tablet</i>		

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¹ Coverage for specialty drugs included on this list follow the Advanced Control Specialty Formulary™ and is being used with permission from CVS Caremark® and/or one of its affiliates.

Category Drug Class	Generic medicine		Brand-name medicine	
Antivirals Cytomegalovirus Agents §	valganciclovir			
Antivirals Herpes Agents §	acyclovir	valacyclovir		
Antivirals Influenza Agents §	oseltamivir		RELENZA	
Miscellaneous §	clindamycin ivermectin linezolid metronidazole	nitrofurantoin sulfamethoxazole- trimethoprim	EMVERM	XIFAXAN 550 MG
Antineoplastic Agents				
Hormonal Antineoplastic Agents Antiandrogens §	bicalutamide			
Miscellaneous §			VISTOGARD	
Cardiovascular				
Ace Inhibitors §	fosinopril lisinopril	quinapril ramipril		
Ace Inhibitor / Diuretic Combinations §	fosinopril-hydrochlorothiazide lisinopril-hydrochlorothiazide quinapril-hydrochlorothiazide			
Angiotensin II Receptor Antagonists / Diuretic Combinations §	candesartan / candesartan-hydrochlorothiazide eprosartan irbesartan / irbesartan-hydrochlorothiazide losartan / losartan-hydrochlorothiazide olmesartan / olmesartan-hydrochlorothiazide telmisartan / telmisartan-hydrochlorothiazide valsartan / valsartan-hydrochlorothiazide			
Angiotensin II Receptor Antagonist / Calcium Channel Blocker Combinations §	amlodipine-olmesartan amlodipine-telmisartan amlodipine-valsartan			
Angiotensin II Receptor Antagonist / Calcium Channel Blocker / Diuretic Combinations §	amlodipine-valsartan-hydrochlorothiazide olmesartan-amlodipine-hydrochlorothiazide			
Antiarrhythmics §	sotalol		MULTAQ	
Antilipemics Bile Acid Resins §	cholestyramine	colesevelam		
Antilipemics Cholesterol Absorption Inhibitors §	ezetimibe			
Antilipemics Fibrates	fenofibrate	fenofibric acid		
Antilipemics HMG-CoA Reductase Inhibitors / Combinations §	atorvastatin ezetimibe-simvastatin fluvastatin lovastatin	pravastatin rosuvastatin simvastatin		

Category Drug Class	Generic medicine		Brand-name medicine	
Antilipemics Niacins §	niacin ext-rel			
Antilipemics Omega-3 Fatty Acids §	omega-3 acid ethyl esters		VASCEPA	
Beta-Blockers §	atenolol carvedilol carvedilol phosphate ext-rel metoprolol succinate ext-rel	metoprolol tartrate nadolol pindolol propranolol propranolol ext-rel	BYSTOLIC	
Calcium Channel Blockers §	amlodipine diltiazem ext-rel ²	nifedipine ext-rel verapamil ext-rel		
Calcium Channel Blocker / Antilipemic Combinations §	amlodipine-atorvastatin			
Digitalis Glycosides §	digoxin			
Direct Renin Inhibitors / Diuretic Combinations			TEKTURNA/TEKTURNA HCT	
Diuretics §	amiloride furosemide hydrochlorothiazide metolazone	spironolactone- hydrochlorothiazide torsemide triamterene- hydrochlorothiazide		
Heart Failure			BIDIL CORLANOR	ENTRESTO
Nitrates §	nitroglycerin lingual spray	nitroglycerin sublingual		
Miscellaneous §	ranolazine ext-rel			

Central Nervous System

Antianxiety Benzodiazepines §	alprazolam clonazepam diazepam	lorazepam oxazepam		
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Category Drug Class	Generic medicine		Brand-name medicine	
Anticonvulsants §	carbamazepine carbamazepine ext-rel clobazam diazepam rectal gel divalproex sodium divalproex sodium ext-rel ethosuximide gabapentin lamotrigine lamotrigine ext-rel levetiracetam	levetiracetam ext-rel oxcarbazepine phenobarbital phenytoin phenytoin sodium extended primidone tiagabine topiramate valproic acid zonisamide	FYCOMPA OXTELLAR XR	TROKENDI XR VIMPAT
Antidementia §	donepezil galantamine galantamine ext-rel	memantine rivastigmine rivastigmine transdermal	NAMZARIC	
Antidepressants Selective Serotonin Reuptake Inhibitors (SSRIS) §	citalopram escitalopram fluoxetine	paroxetine HCl paroxetine HCl ext-rel sertraline	TRINTELLIX	VIIBRYD

Category Drug Class	Generic medicine	Brand-name medicine		
Antidepressants Serotonin Norepinephrine Reuptake Inhibitors (SNRIS) §	<i>desvenlafaxine ext-rel duloxetine</i>	<i>venlafaxine venlafaxine ext-rel capsule</i>		
Antidepressants Miscellaneous Agents §	<i>bupropion bupropion ext-rel</i>	<i>mirtazapine trazodone</i>		
Antiparkinsonian Agents	<i>amantadine carbidopa-levodopa carbidopa- levodopa ext-rel carbidopa- levodopa-entacapone</i>	<i>entacapone pramipexole pramipexole ext-rel rasagiline ropinirole ropinirole ext-rel selegiline</i>	NEUPRO	
Antipsychotics Atypicals §	<i>aripiprazole clozapine olanzapine</i>	<i>quetiapine quetiapine ext-rel risperidone ziprasidone</i>	ABILIFY MAINTENA ARISTADA ARISTADA INITIO	LATUDA VRAYLAR
Attention Deficit Hyperactivity Disorder §	<i>amphetamine-dextroam- phetamine mixed salts amphetamine- dextroamphetamine mixed salts ext-rel</i>	<i>atomoxetine guanfacine ext-rel methylphenidate methylphenidate ext-rel</i>	MYDAYIS	VYVANSE
Fibromyalgia			LYRICA	
Hypnotics Nonbenzodiazepines §	<i>eszopiclone zolpidem</i>	<i>zolpidem ext-rel zolpidem sublingual</i>	BELSOMRA	
Hypnotics Tricyclics			SILENOR	
Migraine Ergotamine Derivatives §	<i>ergotamine-caffeine</i>			
Migraine Monoclonal Antibodies			AJOVY	EMGALITY
Migraine Selective Serotonin Agonists §	<i>eletriptan naratriptan rizatriptan</i>	<i>sumatriptan zolmitriptan</i>	ONZETRA XSAIL ZEMBRACE SYMTOUCH	ZOMIG NASAL SPRAY
Migraine Selective Serotonin Agonist / Nonsteroidal Anti-Inflammatory Drug (NSAID) Combinations			TREXIMET	
Musculoskeletal Therapy Agents §	<i>cyclobenzaprine</i>			
Narcolepsy §	<i>armodafinil</i>			
Postherpetic Neuralgia (PHN)			GRALISE	
Psychotherapeutic - Miscellaneous Opioid Antagonists §	<i>naloxone injection</i>		NARCAN NASAL SPRAY	

Category Drug Class	Generic medicine		Brand-name medicine	
Psychotherapeutic - Miscellaneous Partial Opioid Agonist / Opioid Antagonist Combinations §	<i>buprenorphine-naloxone sublingual</i>		ZUBSOLV	
Psychotherapeutic - Miscellaneous Pseudobulbar Affect Agents			NUEDEXTA	
Psychotherapeutic - Miscellaneous Vasomotor Symptom Agents §	<i>paroxetine mesylate</i>			
Endocrine And Metabolic				
Androgens §	<i>testosterone gel</i>	<i>testosterone solution</i>	ANDRODERM	
Antidiabetics Amylin Analogs			SYMLINPEN	
Antidiabetics Biguanides §	<i>metformin</i>	<i>metformin ext-rel</i>		
Antidiabetics Biguanide / Sulfonylurea Combinations §	<i>glipizide-metformin</i>			
Antidiabetics Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			JANUVIA	
Antidiabetics Dipeptidyl Peptidase-4 (DPP-4) Inhibitor / Biguanide Combinations			JANUMET JANUMET XR	
Antidiabetics Incretin Mimetic Agents			OZEMPIC TRULICITY	VICTOZA
Antidiabetics Incretin Mimetic Agent / Insulin Combinations			SOLIQUA	
Antidiabetics Insulins			BASAGLAR FIASP HUMULIN R U-500 LEVEMIR NOVOLIN 70/30	NOVOLIN N NOVOLIN R NOVOLOG NOVOLOG MIX 70/30 TRESIBA
Antidiabetics Insulin Sensitizers §	<i>pioglitazone</i>			
Antidiabetics Insulin Sensitizer / Biguanide Combinations §	<i>pioglitazone-metformin</i>			
Antidiabetics Insulin Sensitizer / Sulfonylurea Combinations §	<i>pioglitazone-glimepiride</i>			
Antidiabetics Meglitinides §	<i>nateglinide</i>	<i>repaglinide</i>		

Category Drug Class	Generic medicine		Brand-name medicine	
Antidiabetics Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors			FARXIGA	JARDIANCE
Antidiabetics Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Biguanide Combinations			SYNJARDY SYNJARDY XR	XIGDUO XR
Antidiabetics Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor Combinations			GLYXAMBI	QTERN
Antidiabetics Sulfonylureas §	<i>glimepiride</i>	<i>glipizide glipizide ext-rel</i>		
Antidiabetics Supplies			ACCU-CHEK AVIVA PLUS STRIPS AND KITS ³ ACCU-CHEK COMPACT PLUS STRIPS AND KITS ³ ACCU-CHEK GUIDE STRIPS AND KITS ³ ACCU-CHEK SMARTVIEW STRIPS AND KITS ³ BD ULTRAFINE INSULIN SYRINGES AND NEEDLES DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM OMNIPOD INSULIN INFUSION PUMP V-GO INSULIN INFUSION PUMP	
Antiobesity Injectable			SAXENDA	
Antiobesity Oral			BELVIQ	BELVIQ XR
Calcium Regulators Bisphosphonates §	<i>alendronate</i>	<i>ibandronate risedronate</i>		
Calcium Regulators Calcitonins §	<i>calcitonin-salmon</i>			
Carnitine Deficiency Agents §	<i>levocarnitine</i>			
Contraceptives Monophasic §	<i>ethinyl estradiol-drospirenone ethinyl estradiol-drospirenone-levomefolate ethinyl estradiol-norethindrone acetate ethinyl estradiol-norethindrone acetate-iron</i>		SAFYRAL	
Contraceptives Biphasic			LO LOESTRIN FE	
Contraceptives Triphasic §	<i>ethinyl estradiol-norgestimate</i>			
Contraceptives Four Phase			NATAZIA	
Contraceptives Extended Cycle §	<i>ethinyl estradiol-levonorgestrel</i>			
Contraceptives Transdermal §	<i>ethinyl estradiol-norelgestromin</i>			

Category Drug Class	Generic medicine		Brand-name medicine	
Contraceptives Vaginal			NUVARING	
Endometriosis			ORLISSA	
Estrogens Oral §	<i>estradiol</i>		PREMARIN	
Estrogens Transdermal §	<i>estradiol</i>		DIVIGEL	EVAMIST
Estrogens Vaginal §	<i>estradiol</i>		ESTRING	PREMARIN CREAM
Estrogen / Progestins Oral §	<i>estradiol-norethindrone</i>		PREMPHASE	PREMPRO
Estrogen / Progestins Transdermal §			CLIMARA PRO	COMBIPATCH
Estrogen / Selective Estrogen Receptor Modulator Combinations			DUAVEE	
Glucocorticoids §	<i>dexamethasone fludrocortisone hydrocortisone</i>	<i>methylprednisolone prednisolone solution prednisone</i>		
Glucose Elevating Agents			GLUCAGEN HYPOKIT	GLUCAGON EMERGENCY KIT
Phosphate Binder Agents §	<i>calcium acetate</i>	<i>lanthanum carbonate sevelamer carbonate</i>	PHOSLYRA	VELPHORO
Potassium-Removing Agents			LOKELMA	VELTASSA
Progestins Oral §	<i>medroxyprogesterone megestrol acetate progesterone, micronized</i>			
Progestins Vaginal			CRINONE	ENDOMETRIN
Selective Estrogen Receptor Modulators §	<i>raloxifene</i>		OSPHENA	
Thyroid Supplements §	<i>levothyroxine</i>	<i>liothyronine</i>	SYNTHROID	
Gastrointestinal				
Antiemetics §	<i>dronabinol granisetron meclizine metoclopramide</i>	<i>ondansetron prochlorperazine promethazine trimethobenzamide</i>	DICLEGIS SANCUSO	VARUBI
Antispasmodics §	<i>dicyclomine</i>			
H2 Receptor Antagonists §	<i>ranitidine</i>			
Inflammatory Bowel Disease Oral Agents §	<i>balsalazide budesonide capsule budesonide ext-rel</i>	<i>sulfasalazine sulfasalazine delayed-rel</i>	APRISO	PENTASA
Inflammatory Bowel Disease Rectal Agents §	<i>hydrocortisone enema mesalamine suppository</i>	<i>mesalamine rectal suspension</i>	CORTIFOAM	
Irritable Bowel Syndrome §	<i>alosetron</i>		AMITIZA LINZESS	VIBERZI

Category Drug Class	Generic medicine		Brand-name medicine	
Laxatives §	<i>lactulose</i>	<i>peg 3350-electrolytes</i>	SUPREP	
Opioid-Induced Constipation			MOVANTIK	
Pancreatic Enzymes			CREON VIOKACE	ZENPEP
Proton Pump Inhibitors §	<i>esomeprazole</i> <i>lansoprazole</i>	<i>omeprazole</i> <i>pantoprazole</i>	DEXILANT	
Steroids, Rectal §			PROCTOFOAM-HC	
Ulcer Therapy Combinations §			PYLERA	
Genitourinary				
Benign Prostatic Hyperplasia §	<i>alfuzosin ext-rel</i> <i>doxazosin</i> <i>dutasteride</i> <i>dutasteride-tamsulosin</i>	<i>finasteride</i> <i>silodosin</i> <i>tamsulosin</i> <i>terazosin</i>		
Erectile Dysfunction Alprostadil Agents			MUSE	
Erectile Dysfunction Phosphodiesterase Inhibitors	<i>sildenafil</i>	<i>tadalafil</i>		
Urinary Antispasmodics §	<i>darifenacin ext-rel</i> <i>oxybutynin</i> <i>oxybutynin ext-rel</i> <i>solifenacin</i>	<i>tolterodine</i> <i>tolterodine ext-rel</i> <i>trospium</i> <i>trospium ext-rel</i>	MYRBETRIQ	TOVIAZ
Hematologic				
Anticoagulants §	<i>warfarin</i>		ELIQUIS	XARELTO
Platelet Aggregation Inhibitors §	<i>clopidogrel</i> <i>dipyridamole ext-rel-aspirin</i> <i>prasugrel</i>		BRILINTA	
Immunologic Agents				
Allergenic Extracts			GRASTEK	RAGWITEK
Nutritional / Supplements				
Electrolytes §	<i>potassium chloride liquid</i>			
Vitamins And Minerals Folic Acid / Combinations §	<i>folic acid</i>			
Vitamins and Minerals Prenatal Vitamins §	<i>prenatal vitamins</i>		CITRANATAL	
Respiratory				
Anaphylaxis Treatment Agents §	<i>epinephrine auto-injector</i>		EPIPEN	EPIPEN JR
Anticholinergics §	<i>ipratropium inhalation solution</i>		INCRUSE ELLIPTA	SPIRIVA
Anticholinergic / Beta Agonist Combinations Long Acting			ANORO ELLIPTA BEVESPI AEROSPHERE	STIOLTO RESPIMAT

Category Drug Class	Generic medicine		Brand-name medicine	
Anticholinergic / Beta Agonist Combinations Short Acting §	<i>ipratropium-albuterol inhalation solution</i>		COMBIVENT RESPIMAT	
Anticholinergic / Beta Agonist / Steroid Inhalant Combinations			TRELEGY ELLIPTA	
Antihistamines § Low Sedating	<i>levocetirizine</i>			
Antitussives	<i>benzonatate</i> (except NDC# 69499032915)			
Beta Agonists, Inhalants Long Acting / Hand-held Active Inhalation			SEREVENT	STRIVERDI RESPIMAT
Beta Agonists, Inhalants Long Acting / Nebulized Passive Inhalation			PERFOROMIST	
Beta Agonists, Inhalants Short Acting §	<i>albuterol inhalation solution</i> <i>albuterol sulfate CFC-free aerosol</i>	<i>levalbuterol tartrate CFC-free aerosol</i>	PROAIR HFA	PROAIR RESPICLICK
Leukotriene Modulators §	<i>montelukast</i>	<i>zafirlukast</i> <i>zileuton ext-rel</i>		
Nasal Antihistamines §	<i>azelastine</i>	<i>olopatadine</i>		
Nasal Steroids / Combinations §	<i>flunisolide</i> <i>fluticasone</i>	<i>mometasone</i> <i>triamcinolone</i>	DYMISTA	
Phosphodiesterase-4 Inhibitors			DALIRESP	
Steroid / Beta Agonist Combinations			ADVAIR DISKUS ADVAIR HFA	BREO ELLIPTA SYMBICORT
Steroid Inhalants §	<i>budesonide inhalation suspension</i>		ARNUITY ELLIPTA ASMANEX FLOVENT DISKUS FLOVENT HFA	PULMICORT FLEXHALER QVAR QVAR REDIHALER
Topical				
Dermatology Acne §	<i>adapalene</i> <i>benzoyl peroxide</i> <i>clindamycin solution</i> <i>clindamycin-benzoyl peroxide</i>	<i>erythromycin solution</i> <i>erythromycin-benzoyl peroxide</i> <i>tretinoin</i>	EPIDUO	RETIN-A MICRO TAZORAC
Dermatology Actinic Keratosis §	<i>fluorouracil cream 5%</i> <i>fluorouracil solution</i>	<i>imiquimod</i>	PICATO TOLAK	ZYCLARA
Dermatology Antibiotics §	<i>gentamicin</i>	<i>mupirocin ointment</i>		
Dermatology Antifungals §	<i>ciclopirox</i> <i>clotrimazole</i> <i>econazole</i>	<i>luliconazole</i> <i>ketoconazole</i> <i>nystatin</i>	JUBLIA	NAFTIN

Category Drug Class	Generic medicine		Brand-name medicine	
Dermatology Antipsoriatics §	<i>acitretin</i>	<i>calcipotriene ointment, solution methoxsalen</i>		
Dermatology Atopic Dermatitis §	<i>tacrolimus</i>		ELIDEL	EUCRISA
Dermatology Corticosteroids High Potency §	<i>desoximetasone</i>	<i>fluocinonide⁷</i>		
Dermatology Corticosteroids Low Potency §	<i>desonide</i>	<i>hydrocortisone</i>		
Dermatology Corticosteroids Medium Potency §	<i>clocortolone hydrocortisone butyrate</i>	<i>mometasone triamcinolone</i>		
Dermatology Corticosteroids Very High Potency §	<i>clobetasol cream, foam, gel, lotion, ointment, shampoo</i>			
Dermatology Local Anesthetics §	<i>lidocaine-prilocaine</i>			
Dermatology Rosacea §	<i>doxycycline monohydrate delayed-rel capsule</i>	<i>metronidazole</i>	FINACEA FOAM	SOOLANTRA
Mouth / Throat / Dental Agents Protectants			EPISIL	
Ophthalmic Antiallergics §	<i>azelastine</i>	<i>cromolyn sodium olopatadine</i>	LASTACAPT	PAZEO
Ophthalmic Anti-Infectives §	<i>ciprofloxacin erythromycin gentamicin levofloxacin</i>	<i>moxifloxacin ofloxacin sulfacetamide tobramycin</i>	BESIVANCE CILOXAN OINTMENT	MOXEZA
Ophthalmic Anti-Infective / Anti-Inflammatory Combinations §	<i>neomycin-polymyxin B-bacitracin-hydrocortisone neomycin-polymyxin B-dexamethasone tobramycin-dexamethasone</i>		TOBRADEX OINTMENT TOBRADEX ST	ZYLET
Ophthalmic Anti-Inflammatories Nonsteroidal §	<i>bromfenac diclofenac</i>	<i>ketorolac</i>	ACUVAIL ILEVRO	NEVANAC
Ophthalmic Anti-Inflammatories Steroidal §	<i>dexamethasone</i>	<i>prednisolone acetate 1%</i>	DUREZOL FLAREX FML FORTE	FML S.O.P. MAXIDEX PRED MILD
Ophthalmic Beta-Blockers Nonselective §	<i>timolol maleate solution</i>		BETIMOL	
Ophthalmic Beta-Blockers Selective §			BETOPTIC S	
Ophthalmic Carbonic Anhydrase Inhibitors §	<i>dorzolamide</i>		AZOPT	

Category Drug Class	Generic medicine	Brand-name medicine	
Ophthalmic Carbonic Anhydrase Inhibitor / Beta-Blocker Combinations §	<i>dorzolamide-timolol</i>		
Ophthalmic Carbonic Anhydrase Inhibitor / Sympathomimetic Combinations		SIMBRINZA	
Ophthalmic Dry Eye Disease		RESTASIS	XIIDRA
Ophthalmic Prostaglandins §	<i>latanoprost</i>	LUMIGAN	TRAVATAN Z
Ophthalmic RHO Kinase Inhibitors		RHOPRESSA	
Ophthalmic Sympathomimetics §	<i>brimonidine</i>	ALPHAGAN P	
Ophthalmic Sympathomimetic / Beta-Blocker Combinations		COMBIGAN	
Otic Anti-Infective / Anti-Inflammatory Combinations §		CIPRODEX	

Quick reference drug list. This is an alphabetical list of preferred drugs covered by your plan.

A

ABILIFY MAINTENA
ABSTRAL
ACCU-CHEK AVIVA
PLUS STRIPS AND KITS⁶
ACCU-CHEK COMPACT
PLUS STRIPS AND KITS⁶
ACCU-CHEK GUIDE STRIPS
AND KITS⁶
ACCU-CHEK SMARTVIEW
STRIPS AND KITS⁶
acitretin
ACUVAIL
acyclovir
adapalene
ADVAIR DISKUS
ADVAIR HFA
AJOVY
albuterol inhalation solution
albuterol sulfate CFC-free aerosol
alendronate
alfuzosin ext-rel
allopurinol
alosetron
ALPHAGAN P
alprazolam
amantadine
amiloride
AMITIZA
amlodipine
amlodipine-atorvastatin
amlodipine-olmesartan
amlodipine-telmisartan
amlodipine-valsartan
*amlodipine-valsartan-
hydrochlorothiazide*
amoxicillin
amoxicillin-clavulanate
*amphetamine-
dextroamphetamine*
mixed salts
*amphetamine-
dextroamphetamine*
mixed salts ext-rel
ANDRODERM
ANORO ELLIPTA
APRISO
aripiprazole
ARISTADA
ARISTADA INITIO
armodafinil
ARNUITY ELLIPTA
ASMANEX
atenolol
atomoxetine
atorvastatin
azelastine
azithromycin
AZOPT

B

balsalazide
BASAGLAR
BD ULTRAFINE
INSULIN SYRINGES
AND NEEDLES
BELBUCA
BELSOMRA
BELVIQ
BELVIQ XR
benzonatate (except
NDCs[^] 69336012615,
69499032915)
benzoyl peroxide
BESIVANCE
BETIMOL
BETOPTIC S
BEVESPI AEROSPHERE
bicalutamide
BIDIL
BREO ELLIPTA
BRILINTA
brimonidine
bromfenac
budesonide capsule
budesonide ext-rel
budesonide
inhalation suspension
buprenorphine-naloxone
sublingual
bupropion
bupropion ext-rel
BUTRANS
BYSTOLIC
C
calcipotriene ointment, solution
calcitonin-salmon
calcium acetate
candesartan
candesartan-hydrochlorothiazide
carbamazepine
carbamazepine ext-rel
carbidopa-levodopa
carbidopa-levodopa ext-rel
carbidopa-levodopa-entacapone
carvedilol
carvedilol phosphate ext-rel
cefдинir
cefprozil
cefuroxime axetil
celecoxib
cephalexin
cholestyramine
ciclopirox
CILOXAN OINTMENT
CIPRODEX
ciprofloxacin
ciprofloxacin ext-rel
citalopram
CITRANATAL
clarithromycin
clarithromycin ext-rel

CLIMARA PRO
clindamycin
clindamycin solution
clindamycin-benzoyl peroxide
clobazam
*clobetasol cream, foam, gel,
lotion, ointment, shampoo*
clocortolone
clonazepam
clopidogrel
clotrimazole
clozapine
codeine-acetaminophen
colchicine tablet
colesevelam
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
CORLANOR
CORTIFOAM
CREON
CRINONE
cromolyn sodium
cyclobenzaprine
D
DALIRESP
darifenacin ext-rel
desonide
desoximetasone
desvenlafaxine ext-rel
dexamethasone
DEXCOM CONTINUOUS
GLUCOSE MONITORING
SYSTEM
DEXILANT
diazepam
diazepam rectal gel
DICLEGIS
diclofenac
diclofenac sodium
*diclofenac sodium gel 1%
(except NDC[^] 69499031866)*
diclofenac sodium solution
diclofenac sodium-misoprostol
dicloxacillin
dicyclomine
DIFICID
digoxin
diltiazem ext-rel 4
dipyridamole ext-rel-aspirin
divalproex sodium
divalproex sodium ext-rel
DIVIGEL
donepezil
dorzolamide
dorzolamide-timolol
doxazosin
doxycycline hyclate
doxycycline monohydrate
delayed-rel capsule
dronabinol
DUAVEE

duloxetine
DUREZOL
dutasteride
dutasteride-tamsulosin
DYMISTA

E

econazole
eletriptan
ELIDEL
ELIQUIS
EMBEDA
EMGALITY
EMVERM
ENDOMETRIN
entacapone
ENTRESTO
EPIDUO
epinephrine auto-injector
EPIPEN
EPIPEN JR
EPISIL
eprosartan
ergotamine-caffeine
erythromycin
erythromycin solution
erythromycin-benzoyl peroxide
erythromycins
escitalopram
esomeprazole
estradiol
estradiol-norethindrone
ESTRING
eszopiclone
ethinyl estradiol-drospirenone
*ethinyl estradiol-drospirenone-
levomefolate*
ethinyl estradiol-levonorgestrel
ethinyl estradiol-norelgestromin
ethinyl estradiol-norethindrone
acetate
ethinyl estradiol-norethindrone
acetate-iron
ethinyl estradiol-norgestimate
ethosuximide
EUCRISA
EVAMIST
ezetimibe
ezetimibe-simvastatin
F
FARXIGA
*fenofibrate*³
fenofibric acid
fentanyl transdermal
fentanyl transmucosal lozenge
FIASP
FINACEA FOAM
finasteride
FLAREX
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fludrocortisone

Quick reference drug list. This is an alphabetical list of preferred drugs covered by your plan.

flunisolide
fluocinonide⁷
fluorouracil cream 5%
fluorouracil solution
fluoxetine
fluticasone
fluvastatin
FML FORTE
FML S.O.P.
folic acid
fosinopril
fosinopril-hydrochlorothiazide
furosemide
FYCOMPA

G

gabapentin
galantamine
galantamine ext-rel
gentamicin
glimepiride
glipizide
glipizide ext-rel
glipizide-metformin
GLUCAGEN HYPOKIT
GLUCAGON EMERGENCY KIT
GLYXAMBI
GRALISE
granisetron
GRASTEK
guanfacine ext-rel

H

HUMULIN R U-500
hydrochlorothiazide
hydrocodone-acetaminophen
hydrocortisone
hydrocortisone butyrate
hydrocortisone enema
hydromorphone
hydromorphone ext-rel
HYSINGLA ER

I

ibandronate
ibuprofen
ILEVRO
imiquimod
INCRUSE ELLIPTA
ipratropium
inhalation solution
ipratropium-albuterol
inhalation solution
irbesartan
irbesartan-hydrochlorothiazide
itraconazole
ivermectin

J

JANUMET
JANUMET XR
JANUVIA
JARDIANCE
JUBLIA

K

ketoconazole
ketorolac

L

lactulose solution
lamotrigine
lamotrigine ext-rel
lansoprazole
lanthanum carbonate
LASTACFT
latanoprost
LATUDA
levalbuterol tartrate
CFC-free aerosol
LEVEMIR
levetiracetam
levetiracetam ext-rel
levocarnitine
levocetirizine
levofloxacin
levothyroxine
lidocaine-prilocaine
linezolid
LINZESS
liothyronine
lisinopril
lisinopril-hydrochlorothiazide
LO LOESTRIN FE
LOKELMA
lorazepam
losartan
losartan-hydrochlorothiazide
lovastatin
luliconazole
LUMIGAN
LYRICA

M

MAXIDEX
meclizine
medroxyprogesterone
megestrol acetate
meloxicam
memantine
mesalamine suppository
mesalamine suspension
metformin
metformin ext-rel 5
methadone
methoxsalen
methylphenidate
methylphenidate ext-rel
methylprednisolone
metoclopramide
metolazone
metoprolol succinate ext-rel
metoprolol tartrate
metronidazole
minocycline
mirtazapine
mometasone
montelukast
morphine

morphine ext-rel
morphine suppository
MOVANTIK
MOXEZA
moxifloxacin
MULTAQ
mupirocin ointment
MUSE
MYDAYIS
MYRBETRIQ

N

nadolol
NAFTIN
naloxone injection
NAMZARIC
naproxen²
naratriptan
NARCAN NASAL SPRAY
NATAZIA
nateglinide
neomycin-polymyxin
B-bacitracin-hydrocortisone
neomycin-polymyxin
B-dexamethasone
NEUPRO
NEVANAC
niacin ext-rel
nifedipine ext-rel
nitrofurantoin
nitroglycerin lingual spray
nitroglycerin sublingual
NOVOLIN 70/30
NOVOLIN N
NOVOLIN R
NOVOLOG
NOVOLOG MIX 70/30
NUCYNTA
NUCYNTA ER
NUEDEXTA
NUVARING
nystatin

O

ofloxacin
olanzapine
olmesartan
olmesartan-amlodipine-
hydrochlorothiazide
olmesartan-hydrochlorothiazide
olopatadine
omega-3 acid ethyl esters
omeprazole
OMNIPOD INSULIN
INFUSION PUMP
ondansetron
ONZETRA XSAIL
ORILISSA
oseltamivir
OSPHENA
oxazepam
oxcarbazepine
OXTELLAR XR
oxybutynin

oxybutynin ext-rel
oxycodone
oxycodone-acetaminophen
OXYCONTIN
OZEMPIC

P

pantoprazole
paroxetine HCl
paroxetine HCl ext-rel
paroxetine mesylate
PAZEO
peg 3350-electrolytes
penicillin VK
PENTASA
PERFOROMIST
phenobarbital
phenytoin
phenytoin sodium extended
PHOSLYRA
PICATO
pindolol
pioglitazone
pioglitazone-glimepiride
pioglitazone-metformin
potassium chloride liquid
pramipexole
pramipexole ext-rel
prasugrel
pravastatin
PRED MILD
prednisolone acetate 1%
prednisolone solution
prednisone
PREMARIN
PREMARIN CREAM
PREMPHASE
PREMPRO
prenatal vitamins
primidone
PROAIR HFA
PROAIR RESPICLICK
probenecid
prochlorperazine
PROCTOFOAM-HC
progesterone, micronized
promethazine
propranolol
propranolol ext-rel
PULMICORT FLEXHALER
PYLERA

Q

QTERN
quetiapine
quetiapine ext-rel
quinapril
quinapril-hydrochlorothiazide
QVAR
QVAR REDIHALER

R

RAGWITEK
raloxifene
ramipril

Quick reference drug list. This is an alphabetical list of preferred drugs covered by your plan.

ranitidine
 ranolazine ext-rel
 rasagiline
 RELENZA
 repaglinide
 RESTASIS
 RETIN-A MICRO
 RHOPRESSA
 risedronate
 risperidone
 rivastigmine
 rivastigmine transdermal
 rizatriptan
 ropinirole
 ropinirole ext-rel
 rosuvastatin

S

SAFYRAL
 SANCUSO
 SAXENDA
 selegiline
 SEREVENT
 sertraline
 sevelamer carbonate
 sildenafil
 SILENOR
 silodosin
 SIMBRINZA
 simvastatin
 solifenacin
 SOLIQUA
 SOOLANTRA
 sotalol
 SPIRIVA

spironolactone-
 hydrochlorothiazide
 STIOLTO RESPIMAT
 STRIVERDI RESPIMAT
 SUBSYS
 sulfacetamide
 sulfamethoxazole-trimethoprim
 sulfasalazine
 sulfasalazine delayed-rel
 sumatriptan
 SUPRAX
 SUPREP
 SYMBICORT
 SYMLINPEN
 SYNJARDY
 SYNJARDY XR
 SYNTHROID

T

tacrolimus
 tadalafil
 tamsulosin
 TAZORAC
 TEKTURNA
 TEKTURNA HCT
 telmisartan
 telmisartan-hydrochlorothiazide
 terazosin
 terbinafine tablet
 testosterone gel
 testosterone solution
 tetracycline
 tiagabine
 timolol maleate solution
 TOBRADEX OINTMENT
 TOBRADEX ST
 tobramycin

tobramycin-dexamethasone
 TOLAK
 tolterodine
 tolterodine ext-rel
 topiramate
 torsemide
 TOVIAZ
 tramadol
 tramadol ext-rel
 TRAVATAN Z
 trazodone
 TRELEGY ELLIPTA
 TRESIBA
 tretinoin
 TREXIMET
 triamcinolone
 triamterene-hydrochlorothiazide
 trimethobenzamide
 TRINTELLIX
 TROKENDI XR
 trospium
 trospium ext-rel
 TRULICITY

U

ULORIC

V

valacyclovir
 valganciclovir
 valproic acid
 valsartan
 valsartan-hydrochlorothiazide
 VARUBI
 VASCEPA
 VELPHORO
 VELTASSA
 venlafaxine

venlafaxine ext-rel capsule
 verapamil ext-rel
 V-GO INSULIN
 INFUSION PUMP
 VIBERZI
 VICTOZA
 VIIBRYD
 VIMPAT
 VIOKACE
 VISTOGARD
 VRAYLAR
 VYVANSE

W

warfarin

X

XARELTO
 XIFAXAN 550 MG
 XIGDUO XR
 XIIDRA

Z

zafirlukast
 ZEMBRACE SYMTOUCH
 ZENPEP
 zileuton ext-rel
 ziprasidone
 zolmitriptan
 zolpidem
 zolpidem ext-rel
 zolpidem sublingual
 ZOMIG NASAL SPRAY
 zonisamide
 ZUBSOLV
 ZYCLARA
 ZYLET

Commercial 1557 Nondiscrimination Notice

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' doowól doo bááh ílínígóó naaltsos bee atah nííígo nanitinígíí bee néého' dólzinígíí béésh bee hane'í bikáá' áají' hólne'. (Navajo)

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

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

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

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

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնուրույն (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 ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။ (Burmese)

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

Para un hago' i setbision lengguâhi ni dibâtde para hâgu, âgang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

M dyi wuḍu-dù kà kò dò bě dyi móuñ nì pídyi ní, nìí, dǎ nòbà nìà nì ID káàò kǝ. (Kru-Bassa)

یۆ دەسپێز اگەشتن بە خزمەتگوزاری زمان بەی تێچوون یۆ تو، پەییوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
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 yin wëër de thokic ke cïn wëu kɔr keek tənɔŋ yin. Ke cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ
në ID kard du kɔu. (Nilotic-Dinka)

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

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

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

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

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

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

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

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

Remember to visit the website on your member ID card. Then sign in to your account for the most up-to-date information.

§ Generics are available in this class and should be considered the first line of prescribing.

¹ Coverage for specialty drugs included on this list follow the Advanced Control Specialty Formulary™ and is being used with permission from CVS Caremark® and/or one of its affiliates.

² Listing does not include generic CARDIZEM LA.

³ An ACCU-CHEK blood glucose meter may be provided at no charge by the manufacturer to those individuals currently using a meter other than ACCU-CHEK. For more information on how to obtain a blood glucose meter, call: 1-877-418-4746.

⁴ ACCU-CHEK brand test strips are the only preferred options.

⁵ BD ULTRAFINE syringes and needles are the only preferred options.

⁶ Listing reflects the authorized generics for TESTIM and VOGELXO.

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

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Preferred Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

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 may receive rebates from certain drug manufacturers. Generally, such rebates do not directly reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug (formulary) Guide, Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. Coverage for specialty drugs follows the CVS Caremark Advanced Control Specialty Formulary™ and is being used with permission from CVS Caremark® and/or one of its affiliates. The quantity limits and drug coverage review programs are not available in all service areas.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Pharmacy Drug (formulary) Guide, Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is subject to change. Aetna and CVS Caremark Mail Service Pharmacy are part of the CVS Health family of companies.

