

Abbreviation Key

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

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

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

The following drugs will require pre-authorization for safety:

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

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

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

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

The following drugs will require step therapy:

AVINZA	DURAGESIC	KADIAN	MS CONTIN
BELBUCA	EXALGO		

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

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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
ABSORICA	FE	FE		Change PA
ACCOLATE	NPB/G	NPB/G		Add QL
<i>acetazolamide er cap</i>	PG	FE	<i>acetazolamide tablets</i>	Add ST
ADRENACLICK	NPB/G	NPB/G		Change QL
ADYPHREN AMP KIT	NPB/G	NPB/G		Change QL
ADYPHREN II KIT	NPB/G	NPB/G		Change QL
ADYPHREN KIT	NPB/G	NPB/G		Change QL
ALBENZA	NPB/G	NPB/G		Add QL
ALINIA	NPB/G	NPB/G		Add QL
<i>amnesteem</i>	NPB/G	NPB/G		Change PA
ANDROGEL 1.62%	PB	PB		Expect Gen
ANDROGEL 1%	NPB/G	FE	ANDROGEL 1.62%	
ATROVENT HFA	NPB/G	NPB/G		Add QL
AXIRON	FE	FE		Expect Gen
BYETTA	NPB/G	NPB/G		Expect Gen
<i>calcipotriene-betamethasone dipropionate oint</i>	NPB/G	FE	<i>calcipotriene crm/oint, betamethasone crm/oint</i>	Add QL
CAPEX	NPB/G	FE	<i>fluocinolone</i>	Add ST, Add QL
CEFTIN SUSPENSION	PB	NPB/G	<i>cefaclor, cefprozil</i>	
<i>claravis</i>	PG	PG		Change PA
<i>clindamycin-tretinoin gel</i>	PG	NPB/G	<i>tretinoin , EPIDUO</i>	
COLY-MYCIN S	PB	NPB/G	<i>neomycin-polymyxin-hc otic soln</i>	
COMBIVENT	PB	PB		Add QL
CONDYLOX GEL	PB	NPB/G	<i>imiquimod 5% crm</i>	
CORTISPORIN OTIC SUSP	PB	NPB/G	<i>neomycin-polymyxin-hc otic soln</i>	
DIAMOX SEQUE	NPB/G	FE	<i>acetazolamide tablets</i>	Add ST
DIURIL SUSPENSION	PB	NPB/G	<i>chlorothiazide tablets</i>	
DUREZOL	PB	PB		Expect Gen
EFFIENT	NPB/G	NPB/G		Expect Gen
EFUDEX CRM 5%	NPB/G	FE	<i>fluorouracil 5% crm</i>	Add ST
ELMIRON	PB	PB		Add QL
<i>emverm</i>	NPB/G	NPB/G		Add QL
ENSTILAR	NPB/G	NPB/G		Add QL
<i>epinephrine auto-injector</i>	PG	PG		Change QL
EPIPEN 2-PAK	PB	PB		Change QL
EPIPEN-JR	PB	PB		Change QL
EPISNAP KIT	NPB/G	NPB/G		Change QL
ERTACZO	NPB/G	FE	<i>ketconazole crm</i>	Add ST, Add QL
EXELDERM	PB	FE	<i>ketconazole crm</i>	Add ST, Add QL
EXTINA	NPB/G	FE	<i>ketconazole crm</i>	Add ST, Add QL
FLUOROPLEX CRM 1%	NPB/G	FE	<i>fluorouracil 5% crm</i>	Add ST

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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
<i>fluorouracil crm 0.5%</i>	PG	FE	<i>fluorouracil 5% crm</i>	Add ST
FULYZAQ	NPB/G	NPB/G	<i>loperamide, diphenoxylate/atropine, bismuth subsalicylate</i>	Add ST
HALOTIN	NPB/G	NC	ketoconazole crm	
INDERAL LA	NPB/G	FE	<i>propranolol sr</i>	Add ST
<i>ketoconazole aerosol 2%</i>	NPB/G	FE	ketoconazole crm	Add ST, Add QL
<i>ketodan</i>	NPB/G	FE	ketoconazole crm	Add ST, Add QL
<i>k-sol 20%</i>	PG	NPB/G	<i>potassium chloride soln 10%</i>	
LEVULAN KERA	NPB/G	NPB/G		Add QL
LOCOID LOTION	PB	NPB/G	<i>hydrocortisone lotion</i>	
LUZU	NPB/G	FE	<i>ketoconazole crm</i>	Add ST, Add QL
MENOSTAR	NPB/G	NPB/G		Expect Gen
MESTINON SYRUP	PB	NPB/G	<i>pyridostigmine tablets</i>	
<i>metformin 1000mg er tab (generic glumetza)</i>	FE	FE	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
<i>metformin 500mg er tab (generic glumetza)</i>	FE	FE	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
<i>methergine</i>	PG	PG		Add QL
<i>methylergonovine</i>	PG	PG		Add QL
<i>myorisan</i>	NPB/G	NPB/G		Change PA
MYTESI	NPB/G	NPB/G	<i>loperamide, diphenoxylate/atropine, bismuth subsalicylate</i>	Add ST
<i>naftifine hcl crm 2%</i>	NPB/G	FE	<i>naftifine 1% crm</i>	Add ST, Add QL
NAFTIN	NPB/G	FE	<i>naftifine 1% crm</i>	Add ST, Add QL, Expect Gen
NAMENDA XR	PB	PB		Expect Gen
NAPRELAN	NPB/G	FE	<i>naproxen 275mg, 550mg</i>	Add ST
<i>naproxen sod sr 24hr tab</i>	NPB/G	FE	<i>naproxen 275mg, 550mg</i>	Add ST
NASCOBAL	NPB/G	FE	<i>cyanocobalamine inj</i>	Add ST
NEUPRO	NPB/G	NPB/G		Expect Gen
NUVARING	PB	PB		Expect Gen
<i>oxiconazole</i>	PG	FE	ketoconazole crm	Add ST, Add QL
OXISTAT	NPB/G	FE	ketoconazole crm	Add ST, Add QL
PAXIL SUSPENSION	PB	NPB/G	<i>citalopram oral soln, escitalopram oral soln, fluoxetine oral soln</i>	
<i>pot chloride sol 20% sf</i>	PG	NPB/G	<i>potassium chloride soln 10%</i>	
PRED-G OPPTH SUSP	PB	NPB/G	<i>tobramycin-dexamethasone susp</i>	

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PRED-G S.O.P	PB	NPB/G	<i>tobramycin-dexamethasone susp</i>	
PREPOPIK	NPB/G	NPB/G		Expect Gen
PROCTOCORT CRM 1%	NPB/G	FE	<i>hydrocortisone rectal crm</i>	Add ST
PROVENTIL	NPB/G	NPB/G		Expect Gen
SABRIL	NPS	NPS		Expect Gen
SAFYRAL	NPB/G	NPB/G		Expect Gen
<i>sodium sulfacetamide/sulfur susp 10-5%</i>	NPB/G	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
<i>sodium sulfacetamide/sulfur susp 8-4%</i>	NPB/G	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
SORILUX	FE	FE		Add QL
SPRIX	NPB/G	FE	<i>ketorolac tablets</i>	Add ST, Change QL, Expect Gen
<i>sulfacleanse</i>	NPB/G	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
SUMAXIN TS	NPB/G	NC	<i>topical metronidazole, sulfacetamide, tretinoin</i>	
SYNAGEX	NPB/G	NC		
SYNATEK	NPB/G	NC		
SYPRINE	NPS	NPS		Expect Gen
TACLONEX OINT	NPB/G	FE		Add QL
TACLONEX SUSP	NPB/G	NPB/G		Add QL
TESTIM GEL	NPB/G	FE	ANDROGEL 1.62%	
TOBRADEX OINT	PB	NPB/G	<i>tobramycin-dexamethasone susp</i>	
TOBRADEX ST	PB	NPB/G	<i>tobramycin-dexamethasone susp</i>	
TOBEX OPTH OINT	PB	NPB/G	<i>erythromycin oint, gentamicin oint</i>	
TOLAK	NPB/G	FE	<i>fluorouracil 5% crm</i>	Add ST
TRACLEER	PS	PS		Expect Gen
TRAVATAN Z	PB	PB		Expect Gen
<i>triderm 0.1% crm</i>	PG/LGC	NC	<i>triamcinolone crm by other manufacturers</i>	
TUSSICAPS	PB	NPB/G	<i>generic cough and cold products</i>	
UCERIS	NPB/G	NPB/G		Expect Gen
VALTREX	FE	FE	<i>valacyclovir</i>	Add ST
VERDESO	NPB/G	FE	<i>desonide</i>	Add ST, Add QL
VIBRAMYCIN SYRUP	PB	NPB/G	<i>doxycycline suspension</i>	
VIGAMOX	NPB/G	NPB/G		Expect Gen
VOGELXO GEL	NPB/G	FE	ANDROGEL 1.62%	

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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
XANAX	NPB/G	FE	<i>alprazolam</i>	Add ST
XANAX XR	NPB/G	FE	<i>alprazolam</i>	Add ST
XOLEGEL	NPB/G	FE	<i>ketoconazole crm</i>	Add ST, Add QL
<i>xylon</i>	PG	NC	<i>hydrocodone/ibuprofen</i> by other manufacturers	
<i>zafirlukast</i>	PG	PG		Add QL
ZELAPAR	NPB/G	FE	<i>selegiline</i>	Add ST
<i>zenatane</i>	NPB/G	NPB/G		Change PA
<i>zileuton er</i>	NPB/G	NPB/G		Add QL
ZOVIRAX OINT	NPB/G	FE	<i>acyclovir oint</i>	Add ST
ZYFLO	NPB/G	NPB/G		Add QL
ZYFLO CR	NPB/G	NPB/G		Add QL

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

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website that is on your member ID card.

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

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, preauthorization, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

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

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information you can refer to your plan's website.

Abbreviation Key

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

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

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Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
ABANEU-SL	NPB/G	NC		
ABSORICA	FE	FE		Add ST
ACTIVE FE	NPB/G	NC		
<i>airavite</i>	PG	NC		
AKTEN	NPB/G	NC		
<i>alphatrex</i>	PG	PG		Add QL
ALVESCO	NPB/G	NPB/G		Add QL
<i>ana-lex</i>	PG	NC		
ANIMI-3	NPB/G	NC		
<i>aprepitant cap 125mg</i>	PG	PG		Add QL
<i>aprepitant cap 40mg, 80mg</i>	PG	PG		Change QL
ASTERO	NC	NC		Move to Benefit Exclusion
ATRALIN	FE	FE	<i>tretinoin</i> , EPIDUO	Add ST
<i>augmented betamethasone gel, lot, oint</i>	PG	PG		Add QL
<i>av-vite fb</i>	PG	NC		
<i>b6 folic acid</i>	PG	NC		
BIFERARX	NPB/G	NC		
BONIVA	FE	FE	<i>alendronate 70mg</i>	Add ST
BP VIT 3	NPB/G	NC		
<i>budesonide inh susp</i>	PG	PG		Add QL
BYSTOLIC	NPB/G	NPB/G	<i>metoprolol, atenolol, nadolol</i>	Add PA, Add ST
<i>carb/levo tab 10-100mg</i>	NPB/G	PG		
CEM-UREA	NPB/G	NC		
CENFOL	NPB/G	NC		
CENTRATX	PB	NC		
<i>clobetasol</i>	NPB/G	NPB/G		Add QL
<i>clobetasol e</i>	NPB/G	NPB/G		Add QL
CLOBEX LOT, SHAMPOO	FE	FE		Add QL
CLOBEX SPRAY	FE	FE		Add QL
<i>clodan</i>	NPB/G	NPB/G		Add QL
COLAZAL	FE	FE	<i>mesalamine DR</i> (generic ASACOL HD), DELZICOL, LIALDA, or PENTASA	Add ST
<i>cormax scalp</i>	NPB/G	NPB/G		Add QL
<i>corvita 150</i>	PG	NC		
CORVITE 150	NPB/G	NC		
<i>diclofenac gel 3%</i>	FE	FE		Change QL
<i>dihydroergotamine spray</i>	NPB/G	NPB/G	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST, Change QL
DIPROLENE LOT, OINT	FE	FE		Add QL

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DIVISTA	NPB/G	NC		
<i>doxercalciferol cap</i>	PG	PG		Add QL, Remove SPB
<i>doxercalciferol inj</i>	NPB/G	NC		Remove SPB
DRISDOL	HCR	FE		
ED CYTE F	NPB/G	NC		
EMEND CAP 125MG	NPB/G	NPB/G		Add QL
EMEND CAP 40MG, 80MG	NPB/G	NPB/G		Change QL
EPANED ORAL SOLN	NPB/G	NPB/G	<i>enalapril tablets</i>	Add PA, Add QL
EPANED PWD FOR ORAL SOLN	NPB/G	NPB/G	<i>enalapril tablets</i>	Add PA, Add QL
<i>ergocalciferol cap 50000unt</i>	HCR	PG		
<i>fa-b6-b12</i>	PG	NC		
<i>fabb</i>	PG	NC		
FE 90 PLUS	NPB/G	NC		
FERIVA	NPB/G	NC		
<i>ferocon</i>	PG	NC		
<i>ferotinsic</i>	PG	NC		
FERRALET 90	NPB/G	NC		
FERRAPLUS 90	NPB/G	NC		
<i>ferrocite</i>	PG	NC		
FERRO-PLEX	NPB/G	NC		
FERROTRIN	NPB/G	NC		
<i>finasteride</i>	PG	PG	<i>dutasteride</i>	Add PA
<i>fluocinonide soln, e-cream</i>	PG	PG		Add QL
<i>fluocinonide cream, gel, oint</i>	NPB/G	NPB/G		Add QL
FOCALGIN DSS	NPB/G	NC		
<i>folbee</i>	PG	NC		
FOLGARD RX	FE	NC		
FOLIVANE-F	NPB/G	NC		
FOLIVANE-PLS	NPB/G	NC		
<i>folplex 2.2</i>	PG	NC		
<i>foltrin</i>	PG	NC		
FUSION PLUS	NPB/G	NC		
<i>halobetasol</i>	NPB/G	NPB/G		Add QL
HECTOROL CAP	FE	FE	<i>doxercalciferol and calcitriol</i>	Add ST, Add QL, Remove SPB
HECTOROL INJ 2MCG/ML	NPB/G	NC		Remove SPB
HECTOROL INJ 4MCG/ML	FE	NC		Remove SPB
<i>hematinic pl</i>	PG	NC		
<i>hematinic/fa</i>	PG	NC		
<i>hematogen</i>	PG	NC		
HEMATOGEN FA	NPB/G	NC		
HEMETAB	NPB/G	NC		
<i>hemocyte</i>	PG	NC		

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

**Aetna Funding Advantage
Small Group Value Plus Plans
July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
HEMOCYTE PLS	PB	NC		
<i>hemocyte-f</i>	PG	NC		
HORIZANT	NPB/G	NPB/G	<i>gabapentin</i>	Add PA, Add ST
<i>hydrocort ac pow</i>	PG	NC		
<i>ibandronate tab 150mg</i>	NPB/G	NPB/G	<i>alendronate 70mg</i>	Add ST
INDOCIN SUSPENSION	PB	NPB/G	<i>indomethacin capsules</i>	
INTEGRA F	NPB/G	NC		
INTEGRA PLUS	NPB/G	NC		
IROSPAN 24/6	NPB/G	NC		
IS 24/6	NPB/G	NC		
<i>k-tan plus</i>	PG	NC		
LANCETS (all Brands currently at Preferred Brand tier)	PB	NPB/G	<i>generic lancets</i>	
LDO PLUS	NC	NC		Move to Benefit Exclusion
<i>levorphanol</i>	NPB/G	NPB/G		Add QL, Add SE
<i>lidazone</i>	PG	NC		
<i>lidocaine cre tetracai</i>	PG	PG		Add QL
<i>lidocaine pad 5%</i>	PG	NPB/G	<i>gabapentin</i>	Add PA, Add ST
<i>lidocaine/hc cre 3%-0.5%</i>	PG	NC		
<i>lidocaine/hc kit 2-2%</i>	PG	NC		
<i>lidocaine/hc kit 3%-0.5% 2-2%</i>	PG	NC		
<i>lidocaine/hc kit 3%-1%</i>	PG	NC		
<i>lidocaine/hc kit 3-2.5%</i>	PG	NC		
LIDODERM	FE	FE	<i>gabapentin</i>	Add PA, Add ST
<i>lido-hydro gel 2.8-0.54</i>	PG	NC		
LIDOVIN	NPB/G	NC		
LIDOZOL	NPB/G	NC		
MAXARON	NPB/G	NC		
MAXFE	NPB/G	NC		
MEPHYTON	PB	PB		Add QL
MIGRANAL	FE	FE	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Change QL
MULTIGEN	NPB/G	NC		
MULTIGEN PLS	NPB/G	NC		
NEPHRON FA	NPB/G	NC		
NEURIN-SL	NPB/G	NC		
NITROSTAT	PB	NPB/G	NITROGLYCERN	Add ST
NORDITROPIN	FE	NPS	OMNITROPE	
NUCORT	NPB/G	FE		
<i>nufol</i>	PG	NC		
NUTROPIN AQ	FE	NPS	OMNITROPE	
OLUX	FE	FE		Add QL

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

**Aetna Funding Advantage
Small Group Value Plus Plans
July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
OLUX-E	FE	FE		Add QL
<i>omepra/bicar</i>	FE	FE		Add QL
ORFADIN CAPS	PS	NPS		
ORFADIN SUSP	NPS	NPS		Add PA
<i>paricalcitol cap</i>	PG	PG		Remove SPB
<i>paricalcitol inj</i>	PS	NC		Remove SPB
PLIAGLIS	NPB/G	NPB/G		Add QL
PRE-FOLIC	NPB/G	NC		
PROFERRIN	NPB/G	NC		
PROSCAR	FE	FE	<i>dutasteride</i>	Add PA
PROTECTIRON	NPB/G	NC		
PROVENTIL HFA	NPB/G	NPB/G	VENTOLIN HFA and PROAIR	Add ST, Expect Gen
PULMICORT SUSP	FE	FE		Add QL
PUREFE	PB	NC		
<i>purevit dual</i>	PG	NC		
RAVICTI	NPS	NPS	<i>phenylbutyrate , BUPHENYL</i>	Add ST
RAYALDEE	HCR	NPB/G		
REGRANEX	NPB/G	NPB/G	SANTYL	Add PA, Add QL
RETIN-A	FE	FE	<i>tretinoin , EPIDUO</i>	Add ST
RETIN-A MICR 0.08% GEL	NPB/G	NPB/G	<i>tretinoin , EPIDUO</i>	Change ST
RETIN-A MICR CR, GEL, PUMP	FE	FE	<i>tretinoin , EPIDUO</i>	Change ST
SAIZEN	FE	NPS	OMNITROPE	
SANTYL	NPB/G	NPB/G		Add QL
<i>selenium sulfide shampoo 2.25%</i>	PG	NC		
SELRX	FE	NC		
SENSIPAR	PB	NPB/G	<i>calcitriol</i>	Add QL, Remove SPB, Expect Gen
SEROSTIM	FE	NPS		
<i>se-tan plus</i>	PG	NC		
SOLARAZE	FE	FE		Change QL
SYMAX DUOTAB	NPB/G	NC	<i>dicyclomine, glycopyrrolate</i>	
SYNERA	NPB/G	NPB/G		Add QL
TANDEM F	NPB/G	NC		
TANDEM PLUS	NPB/G	NC		
TARON FORTE	NPB/G	NC		
TEMOVATE CREAM	NPB/G	NPB/G		Add QL
TEMOVATE GEL, OINT, SOLN	FE	FE		Add QL
TEMOVATE E	NPB/G	NPB/G		Add QL
TERSI FOAM	NPB/G	NC		

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

**Aetna Funding Advantage
Small Group Value Plus Plans
July 1, 2017 Updates**



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

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

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

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website that is on your member ID card.

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

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, preauthorization, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

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

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information you can refer to your plan's website.

Abbreviation Key

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

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

**Aetna Funding Advantage
Small Group Value Plus Plans
April 1, 2017 Updates**



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

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

**Aetna Funding Advantage
Small Group Value Plus Plans
April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
<i>dextroamphetamine</i>	PG	PG		Remove PA
<i>doxepin hcl cre</i>	PG	PG		Add QL
DURACHOL	NPB/G	NC		
DUTOPROL	NPB/G	FE	<i>metoprolol/hctz</i> , <i>metoprolol er tabs/hctz</i>	Add ST, Add QL
<i>econazole</i>	PG	PG		Add QL
EPISNAP	NPB/G	NPB/G	EPIPEN, epinephrine autoinjector	Add QL
EVEKEO	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add PA
FERIVA TAB 21/7	HCR	NC		
FLEBOGAMMA	FE	PS		
FOCALIN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
FOCALIN XR	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
GAMMAGARD	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OR OCTAGAM	Add ST
GAMMAGARD SD	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OR OCTAGAM	Add ST
GAMMAKED	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OR OCTAGAM	Add ST
GAMMAPLEX	FE	PS		
GAMUNEX-C	FE	PS		
GLEEVEC	FE	FE		Add QL
HIZENTRA	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
HYLAFEM	NC	NC		Move to Benefit Exclusion
HYQVIA	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
<i>imatinib mes</i>	PG	PG		Add QL
KAPVAY	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
LINZESS	NPB/G	PB		Remove ST

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**Aetna Funding Advantage
Small Group Value Plus Plans
April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
METADATE CD	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
METHYLIN CHEW	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
METHYLIN SOLN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
METOPROLOL/HCTZ SR	NPB/G	FE	metoprolol/hctz, metoprolol er tabs/hctz	Add ST, Add QL
MORCIN	NC	NC		Move to Benefit Exclusion
<i>mupirocin oint, crm</i>	PG	PG		Add QL
OCTAGAM	FE	PS		
ORTHO D	NPB/G	NC		
PRIVIGEN	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
PROCENTRA	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
PRUDOXIN	NPB/G	NPB/G		Add QL
REVESTA	NPB/G	NC		
RITALIN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
RITALIN LA	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
RYNODERM	NPB/G	NC		
THALAMUS	NC	NC		Move to Benefit Exclusion
TRAUMEEL	NC	NC		Move to Benefit Exclusion
TREXIMET 85-500mg	FE	FE	<i>sumatriptan and naproxen</i>	Add ST
TREXIMET 10-60mg	FE	FE	<i>sumatriptan and naproxen</i>	Add ST, Add QL
UTOPIC	NPB/G	NC		
VANATOL LQ	NPB/G	FE	acetaminophen/ butalbital/caffeine tablet	Add ST, Add QL
ZAVARA	NPB/G	NC		
ZENZEDI 2.5MG, 7.5MG, 15MG, 20MG, 30MG	FE	FE		Remove PA, Add ST
<i>zenzedi 5mg, 10mg</i>	PG	PG		Remove PA

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**Aetna Funding Advantage
 Small Group Value Plus Plans
 April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
ZIPSOR	NPB/G	FE	<i>diclofenac sodium tablet, diclofenac potassium tablet</i>	
ZOLATE	NPB/G	NC		
ZONALON	NPB/G	NPB/G		Add QL

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

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

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website that is on your member ID card.

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

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, precertification, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

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

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information you can refer to your plan's website

Abbreviation Key

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

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

**Aetna Funding Advantage
Small Group Value Plus Plans
January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ABSTRAL	NPB/G	NPB/G	<i>fentanyl lozenge, morphine, hydrocodone, oxycodone, hydromorphone</i>	Add ST
ACANYA	NPB/G	NC	EPIDUO	Add ST
acid control	PG/LGC	NC	otc ranitidine tablets	Remove select OTC
acid reducer	PG/LGC	NC	otc ranitidine tablets	Remove select OTC
<i>a-cillin</i>	PG	PG/LGC		
ACTICLATE	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
ACTIMMUNE	PS	NPS		
ACTIQ	NPB/G	NC	<i>morphine, hydrocodone, oxycodone, hydromorphone</i>	Add ST
ACZONE	NPB/G	NPB/G	EPIDUO	Add ST
ADAGEN	NPB/G	NPS		Add PA
ADOXA	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
ADOXA PAK TAB	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
AKYNZEO	NPB/G	NPB/G	oral <i>ondansetron</i> tab	Add PA, Add ST
<i>alavert tab</i>	PG/LGC	PG		
<i>alaway</i>	PG/LGC	PG		
<i>alaway child</i>	PG/LGC	PG		
ALDURAZYME	PS	NPS		
ALFERON N	NPB/G	NPS		
ALINIA	NPB/G	NPB/G		Expect Gen
ALKERAN	PB	NPB/G		
<i>allergy</i>	PG/LGC	PG		
<i>allergy eye drops</i>	PG/LGC	PG		
<i>allergy relief</i>	PG/LGC	PG		
<i>alosepron</i>	PG	PG	<i>diphenoxylate/atropine, loperamide</i>	Add ST
ALOXI	NPB/G	NPS		Remove NPL
ALSUMA	NPB/G	NC	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
ALUVEA	NC	NC		
<i>ambitussin</i>	PG	NC	otc cough & cold products	Remove select OTC

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>amcinonide cream</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>amlodipine/valsartan</i>	NPB/G	PG		Remove ST
<i>amlodipine/valsartan HCT</i>	NPB/G	PG		
AMMONUL	NPB/G	NPS		
<i>amoxicillin</i>	PG	PG/LGC		
<i>amoxil</i>	PG	PG/LGC		
<i>ampicillin</i>	NC	NPS		
<i>amp-sulbacta</i>	NC	NPS		
AMPYRA	NPB/G	PS		
AMRIX	NPB/G	NC	generic FLEXERIL	Add ST
ANALPRAM-HC	NC	NC	<i>hydrocortisone 1%/pramoxine 1% crm</i>	
ANALPRM SNGL	NC	NC	<i>hydrocortisone 1%/pramoxine 1% crm</i>	
<i>antihistamine drops</i>	PG/LGC	PG		
ANZEMET	NC	NPS		Add PA, Remove NPL
<i>apexicon</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
APIDRA	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Add ST
APLENZIN	NPB/G	NC	<i>bupropion/xl, citalopram, escitalopram, fluoxetine, paroxetine, sertraline</i>	Add ST
ARNUITY ELLIPTA	NPB/G	NPB/G		Remove PA, Remove ST
arth four aspirin tabs	PG	NC	otc aspirin	Remove select OTC
ARZERRA	NPS	NPS		Add PA
<i>aspirin</i>	PG	NC	otc aspirin	Remove select OTC
<i>aspirin m/s</i>	PG	NC	otc aspirin	Remove select OTC
ATIVAN	NPB/G	NC	<i>lorazepam, alprazolam, clonazepam, diazepam</i>	Add ST
ATRIPLA	PB	NPB/G	TRIUMEQ	
<i>avidoxy</i>	PG	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
AVONEX PEN	NPS	NPS	GLATOPA, REBIF, GILENYA	Add ST
AVONEX PREFL	NPS	NPS	GLATOPA, REBIF, GILENYA	Add ST
AZASAN	NPB/G	NPS	<i>azathioprine tablets</i>	
AZILECT	PB	PB		Expect Gen

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<i>azuphen mb</i>	NC	NC		
<i>banophen</i>	PG	NC	otc diphenhydramine	Remove select OTC
<i>bayer advanced</i>	PG	NC	otc aspirin	Remove select OTC
<i>bayer aspirin</i>	PG	NC	otc aspirin	Remove select OTC
<i>beepen-vk</i>	PG	PG/LGC		
BENLYSTA	NPB/G	NPS		
BENZACLIN	NPB/G	NC	EPIDUO	
BERINERT	NPB/G	NPS		
<i>betamethasone valerate</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>bexarotene</i>	PS	PG		Add PA
<i>bimatoprost</i>	NPB/G	NPB/G	<i>latanoprost , TRAVATAN Z</i>	Add ST
BINOSTO	NPB/G	NC	<i>alendronate</i>	Add ST
BONIVA	NPB/G	NC	<i>ibandronate</i>	Add ST, Remove NPL
BOTOX	NPB/G	NPS		
BOTOX COSMET	NPB/G	NPS		
<i>bpm-dm-phen</i>	PG	NC	otc cough & cold products	Remove select OTC
BRAVELLE	NPS	PS	BRAVELLE, GONAL F	
BREO ELLIPTA	NPB/G	PB		
BRINTELLIX	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Add ST
<i>brodspec</i>	PG/LGC	PG		
BUNAVAIL	NPB/G	NPB/G	generic SUBOXONE SL TAB, SUBOXONE FILM	Add ST
<i>c/t/s</i>	PG	NPB/G	EPIDUO	
CADUET	NPB/G	NC	<i>amlodipine, atorvastatin</i>	Add ST
CAMBIA	NPB/G	NC	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
CAMPTOSAR INJ 300/15ML	NPB/G	NPS		
CAPCOF	PG	NC	otc cough & cold products	Remove select OTC
CARAC	NPB/G	NC	<i>fluouracil crm</i>	Add ST
CARBAGLU	NPS	NPS		Expect Gen
CARDIZEM CD	NPB/G	NC	<i>diltiazem er</i>	Add ST
<i>cephalexin</i>	PG	PG/LGC		
CHENODAL	NPB/G	NPS		
<i>cheratussin</i>	PG	NC	otc cough & cold products	Remove select OTC
<i>chlorpropamide</i>	PG/LGC	PG		
<i>chlorthalidone</i>	PG/LGC	PG		
<i>chorionic gonadotropin</i>	NPS	PS		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>ciclodan solution</i>	PG	PG	<i>terbinafine, itraconazole, griseofulvin</i>	Add PA
<i>ciclopirox solution</i>	PG	PG	<i>terbinafine, itraconazole, griseofulvin</i>	Add PA
<i>cidofovir</i>	PG	PS		
<i>cimetidine</i>	PG/LGC	PG		
<i>ciprofloxacin</i>	PG	PG/LGC		
<i>claritin</i>	PG/LGC	PG		
<i>claritin eye drops</i>	PG/LGC	PG		
<i>c-lexin</i>	PG	PG/LGC		
CLIMARA PRO	NPB/G	NPB/G		Expect Gen
<i>clindamax</i>	PG	NPB/G	EPIDUO	
<i>clindamy/ben gel 1.2-5%</i>	NPB/G	NC	EPIDUO	
<i>clindamy/ben gel 1-5%</i>	NPB/G	NC	EPIDUO	
<i>clindamycin inj</i>	NPB/G	PS		
<i>clobetasol</i> <i>clobetasol e</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>clonidine</i>	NPB/G	NPB/G	<i>guanfacine er, amphetamine/dextroamphetamine/sr, dexmethylphenidate/sr, methylphenidate/sr, STRATTERA</i>	Add ST
COLCRYS	NPB/G	NPB/G	<i>colchicine</i> , MITIGARE	Add ST
<i>colistimeth</i>	PG	PS		
COMPLERA	PB	NPB/G	TRIUMEQ	
CONZIP	NPB/G	NC	generic ULTRAM/ER	Add ST
COPAXONE INJ 40MG	PB	PS	GLATOPA	Expect Gen
COREG CR	NPB/G	NPB/G	<i>carvedilol</i>	Expect Gen
<i>cormax</i> <i>cormax scalp</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
COVERA-HS	NPB/G	NPB/G		Expect Gen
CUPRIMINE	NPB/G	NPS	DEPEN	Add PA, Add ST, Add SPB
<i>cvs allergy drops</i>	PG/LGC	PG		
<i>cyclatet</i>	PG/LGC	PG		
CYSTAGON	PS	NPB/G	<i>cystagon</i>	
DANTRIUM IV	NC	NPS		
<i>deferoxamine</i>	PG	PS		
<i>delonide</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	
DEPEN TITRA	NPB/G	PS		Add PA, Add SPB
<i>desmopressin</i>	PG	PS		
<i>desonide</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>desoximetas 0.05%</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>desoximetas 0.25%</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
DETROL / LA	NPB/G	NC	<i>oxybutynin/er, tolterodine/er, trospium/er, MYRBETRIQ, VESICARE</i>	Add ST
DIBENZYLINE	NPB/G	NC	<i>phenoxybenzamine capsules</i>	Add PA, Add ST, Add SPB
<i>diclofenac gel</i>	PG	NC	<i>imiquimod crm</i>	Add QL
<i>diclofenac solution</i>	PG	NC	<i>oral diclofenac</i>	
DIFFERIN	NPB/G	NC	EPIDUO	
<i>diflorasone cream</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>diflorasone oint</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>dihistine</i>	PG	NC	otc cough & cold products	Remove select OTC
DIPENTUM	NPB/G	NPB/G	ASACOL/HD, DELZICOL, LIALDA, PENTASA	Add ST
<i>diphenhydramine</i>	PG	NC	otc diphenhydramine	Remove select OTC
DONNATAL	NC	NC		
DORYX	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
<i>doxercalciferol</i>	NPB/G	PG		
<i>doxycycline</i>	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
<i>doxycycline cap</i>	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
<i>doxycycline hxc tab 200mg dr</i>	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST

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<i>doxycycline hxc tab 50mg dr</i>	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
<i>doxycycline hyclate</i>	PG/LGC	PG		
<i>doxycycline hyclate dr</i>	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
<i>doxycycline monohydrate</i>	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
<i>doxy-d</i>	PG/LGC	PG		
DRYSOL	NC	NC		
DUAC	NPB/G	NC	EPIDUO	Add ST
DUEXIS	NPB/G	NC	<i>ibuprofen 800mg, famotidine</i>	Add ST
DYMISTA	NPB/G	NC	<i>azelastine , FLONASE OTC</i>	Add ST
DYNACIN	NPB/G	NC	generic DYNACIN caps, MINOCIN caps	
DYSPORT	NPB/G	NPS		
<i>econazole</i>	PG	NPB/G	<i>terbinafine, griseofulvin</i>	
ECOZA	NPB/G	NC	<i>terbinafine, griseofulvin</i>	Add ST
EDLUAR	NPB/G	NC	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
EGRIFTA	NPS	NC		Remove SPB
ELAPRASE	PS	NPS		
ELELYSO	NPB/G	NPS		
ELIGARD	NPB/G	NPS	<i>leuprolide</i>	Add PA
ELOCON	NPB/G	NC	<i>triamcinolone crm, oint, lot</i>	
EMLA	NPB/G	NPB/G		Add QL, Add SE
ENBREL	PB	PS		
ENBREL SRCLK	PB	PS		
<i>endacof-c</i>	PG	NC	otc cough & cold products	Remove select OTC
ENTYVIO	NPB/G	NPS	HUMIRA, ENBREL	Add ST
EPIDUO	NPB/G	PB		Remove ST, Expect Gen
EPIDUO FORTE	NPB/G	PB		Remove ST, Expect Gen
EPIPEN 2-PAK	PB	PB		Expect Gen
EPIPEN-JR	PB	PB		Expect Gen

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
EPIVIR HBV	NPB/G	PB	LAMIVUDINE	
EPOGEN	PS	NPS		
EPZICOM	PB	PB		Expect Gen
<i>eq itchy eye drops</i>	PG/LGC	PG		
<i>eridium</i>	PG/LGC	PG		
ESOMEPRAZOLE	NPB/G	NC	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	
<i>estropipate</i>	PG/LGC	PG		
<i>etoposide cap</i>	PS	PG		
<i>etoposide inj</i>	PS	NPS		
EVOTAZ	PB	NPB/G	TRIUMEQ	
EVZIO	PB	NC	NARCAN NASAL SPRAY	Add PA, Add ST
EXFORGE HCT	NPB/G	NPB/G	<i>amlodipine, candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	Remove ST
<i>eye itch relief</i>	PG/LGC	PG		
EYLEA	PS	NPS		Add PA, Add NPL
FABRAZYME	PS	NPS		
FARXIGA	NPB/G	NPB/G		Remove ST
FASLODEX	NPB/G	NPS		Add PA
FENOGLIDE	NPB/G	NC	generic ANTARA, LIPOFEN, LOFIBRA, TRICOR	Add ST
<i>fentanyl ot lozenge</i>	NPB/G	NPB/G	<i>morphine, hydrocodone, oxycodone, hydromorphone</i>	Add ST
FENTORA	NPB/G	NPB/G	<i>fentanyl lozenge, morphine, hydrocodone, oxycodone, hydromorphone</i>	Add ST
<i>ferrous sulfate</i>	HCR	NC		
FETZIMA	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Add ST
FIRMAGON	NPB/G	NPS	<i>leuprolide</i>	
FLECTOR	NPB/G	NC	<i>oral diclofenac</i>	Add ST
FLOLAN	NPB/G	NPS		

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<i>flonase allergy</i>	PG	PG		Add QL
FLOVENT DISK	NPB/G	NPB/G		Remove PA, Remove ST
FLOVENT HFA	NPB/G	NPB/G		Remove PA, Remove ST
<i>flunisolide</i>	PG	PG		Remove QL
<i>fluocinolone acetonide</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>fluocinonide 0.1%</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>fluocinonide cre -e 0.05%</i>	PG/LGC	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluocinonide cream 0.05%</i>	PG/LGC	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluocinonide oint, gel 0.05%</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluoxetine</i>	PG/LGC	PG		
<i>flurosyn</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>fluticasone cream</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
FOLLISTIM AQ	NPS	NPS	GONAL F	Add ST
FORFIVO XL	NPB/G	NC	<i>bupropion xl 300mg, bupropion xl 150mg</i>	Add ST
FORTAMET	NPB/G	NC	generic GLUCOPHAGE, GLUCOPHAGE XR	Add ST
FORTEO	NPS	NPS	<i>alendronate, risedronate</i>	Add ST
FUZEON	NPB/G	NPS	TRIUMEQ	
GABLOFEN	NC	NPS		
<i>ganciclovir</i>	PG	PS		
GEL-ONE	NPB/G	NPS	<i>euflexxa, orthovisc, monovisc</i>	Add ST
<i>gentamicin cream</i>	PG/LGC	PG		
GENVOYA	NPB/G	NPS	TRIUMEQ	Add PA, Add SPB
<i>gg/codeine</i>	PG	NC	otc cough & cold products	Remove select OTC
GIAZO	NPB/G	NPB/G	ASACOL/HD, DELZICOL, LIALDA, PENTASA	Add ST, Expect Gen

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GILENYA	PB	PS		
GLASSIA	NPB/G	NPS		
<i>glatopa</i>	PG	PS		
GLUCOSE TEST STRIPS (any brand except LIFESCAN and ABBOTT products)	NPB/G	NPB/G	LIFESCAN products (such as ONETOUCH), ABBOTT products (such as FREESTYLE)	Remove PA, Add ST
GLUMETZA	NPB/G	NC	generic GLUCOPHAGE, GLUCOPHAGE XR	Add ST
GONAL-F	NPS	PS		
GONAL-F RFF	NPS	PS		
<i>grafco silver</i>	NC	NC		
GRALISE, GRALISE STAR	NPB/G	NPB/G	generic NEURONTIN	Add ST
<i>guaiaatussin</i>	PG	NC	otc cough & cold products	Remove select OTC
<i>guaifenesin</i>	PG	NC	otc cough & cold products	Remove select OTC
<i>guiatuss dac</i>	PG	NC	otc cough & cold products	Remove select OTC
H.P. ACTHAR	NPB/G	NPS		
<i>halobetasol</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
HARVONI	PS	NPS	ZEPATIER	Add QL
<i>hc pramoxine</i>	NC	NC	<i>hydrocortisone 1%/pramoxine 1% crm</i>	
<i>heartburn</i>	PG/LGC	NC	otc ranitidine tablets	Remove select OTC
<i>hemmorex-hc</i>	NC	NC		
HETLIOZ	NPS	NPS		Add QL
HUMIRA	PB	PS		
HUMIRA PEDIA	PB	PS		
HUMIRA PEN	PB	PS		
HUMULIN, HUMULIN N	NPB/G	PB		
HYALGAN	NPS	NPS	EUFLEXXA, ORTHOVISC, MONOVISC	Add ST
HYDRO 35	NC	NC		
<i>hydroxyz hcl</i>	PG/LGC	PG		
<i>hyolev mb</i>	NC	NC		
<i>hyosyne</i>	NC	NC		
hypercare	NC	NC		
<i>ibandronate inj</i>	PG	PS	<i>ibandronate</i>	Add ST, Remove NPL
<i>indiomib mb</i>	NC	NC		
INTERMEZZO	NPB/G	NC	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST

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INTRON A	PS	NPB/G		
INVIRASE	PB	NPB/G	TRIUMEQ	
<i>iophen c-nr</i>	PG	NC	otc cough & cold products	Remove select OTC
<i>irinotecan</i>	PG	PS		
ISENTRESS	PB	NPB/G	TRIUMEQ	
<i>itchy eye</i>	PG/LGC	PG		
JAKAFI	NPS	NPS		Add QL
JARDIANCE	NPB/G	NPB/G		Remove ST
JENTADUETO / XR	NPB/G	PB		Remove ST
JEVTANA	NC	NPS		Add PA, Remove NPL
JUBLIA	NPB/G	NPB/G	<i>terbinafine, itraconazole, griseofulvin</i>	Add ST
KALBITOR	NPB/G	NPS		
<i>kaon-cl-10</i>	PG/LGC	PG		
KAPVAY	NPB/G	NPB/G	<i>guanfacine er, amphetamine/dextroamphetamine/sr, dexamethylphenidate/sr, methylphenidate/sr, STRATTERA</i>	Add ST
KEPIVANCE	NC	NPS		Add PA
KERALAC	NC	NC		
KERYDIN	NPB/G	NPB/G	<i>terbinafine, itraconazole, griseofulvin</i>	Add ST
<i>ketotif fum</i>	PG/LGC	PG		
KHEDEZLA	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Add PA, Add ST
<i>klofensaid</i>	PG	NC	<i>oral diclofenac</i>	
<i>klor-con 10</i>	PG/LGC	PG		
<i>klotrix</i>	PG/LGC	PG		
KOMBIGLYZE	PB	NPB/G	<i>alogliptin, JANUVIA, JANUMET/XR, TRADJENTA, JENTADUETO/XR</i>	Add ST
KRYSTEXXA	NPB/G	NPS		
<i>k-sol</i>	PG/LGC	PG		

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<i>lansoprazole</i>	PG	NC	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	
LANTUS	NPB/G	NPB/G	LEVEMIR	Add ST
LAZANDA	NPB/G	NPB/G	<i>fentanyl lozenge, morphine, hydrocodone, oxycodone, hydromorphone</i>	Add ST
<i>ledercill vk</i>	PG	PG/LGC		
LETAIRIS	PB	PS		
LEUKERAN	PB	PS		
LEUKINE	PS	NPS		
<i>leuprolide</i>	NPB/G	PS		
LEXIVA	PB	PB		Expect Gen
<i>lidocaine</i>	PG	PG		Add QL
<i>lidocaine oint</i>	NPB/G	NPB/G		Add QL, Add SE
<i>lidocaine/prilocaine</i>	PG	PG		Add QL, Add SE
<i>lidocaine-prilocaine cream</i>	PG	PG		Add QL, Add SE
LIDODERM	NPB/G	NC	<i>lidocaine patch</i>	Add QL
LIVALO	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	Add ST
<i>lohist-dm</i>	PG	NC	otc cough & cold products	Remove select OTC
<i>lokara</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	
<i>loratadine</i>	PG/LGC	PG		
LORZONE	NPB/G	NC	<i>chlorzoxazone 250mg, 500mg</i>	Add ST
LOTEMAX	PB	PB		Expect Gen
LUCENTIS	PS	NPS		Add PA, Add NPL
LUMIZYME	PS	NPS		
LUPANETA	NPB/G	NPS	<i>leuprolide</i>	Add PA
LUPR DEP-PED	NPB/G	NPS	<i>leuprolide</i>	Add PA
LUPRON DEPOT	NPS	NPS	<i>leuprolide</i>	Add PA
MACUGEN	NPB/G	NPS		Add PA, Add NPL
MAKENA	NPB/G	NPS		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
MAR-COF BP	PG	NC	otc cough & cold products	Remove select OTC
<i>m-clear wc</i>	PG	NC	otc cough & cold products	Remove select OTC
MEFOXIN	NPB/G	NPS		
<i>melphalan</i>	PG	NPS		
M-END PE	PG	NC	otc cough & cold products	Remove select OTC
<i>m-end wc</i>	PG	NC	otc cough & cold products	Remove select OTC
MENOPUR	NPS	PS	<i>menopur</i>	
<i>mesehist wc</i>	PG	NC	otc cough & cold products	Remove select OTC
MESNEX	PB	NPS		
MIACALCIN	NC	NPS	<i>alendronate, risedronate</i>	Add ST
MIGRANAL	NPB/G	NC	<i>dihydroergotamine spray, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
MINASTRIN 24	NPB/G	NPB/G		Expect Gen
<i>minocycline</i>	NPB/G	NC	generic DYNACIN caps, MINOCIN caps	
<i>minocycline tab 100mg</i>	NPB/G	NC	generic DYNACIN caps, MINOCIN caps	
<i>minocycline tab 50mg</i>	PG	NC	generic DYNACIN caps, MINOCIN caps	
MIRENA	NPB/G	NPB/G		Expect Gen
MITIGARE	NPB/G	PB		
MODERIBA PAK 600, 800, 1000, 1200/DAY	NPS	NPB/G		
<i>moderiba tab 200mg</i>	NPS	PG		
<i>mometasone</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>mondoxyne nl</i>	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
MONODOX	NPB/G	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>morgidox</i>	PG/LGC	PG		
MYLERAN	PB	NPB/G		
MYOZYME	PS	NPS		
mytussin dac	PG	NC	otc cough & cold products	Remove select OTC
NAGLAZYME	PS	NPS		
<i>naproxen sod</i>	PG/LGC	PG		
NARCAN	NPB/G	PB		
NASONEX	PB	NPB/G	<i>flunisolide, mometasone</i> , FLONASE OTC, NASACORT 24HR	Add ST
NATESTO	NPB/G	NC	ANDROGEL 1.62%	
NEBUPENT	PB	PS		
<i>neuac gel</i>	NPB/G	NC	EPIDUO	Add ST
NEUMEGA	NPB/G	NPS		
NEUPOGEN	PS	NPS		
NOTUSS-NX	PG	NC	otc cough & cold products	Remove select OTC
NOTUSS-NXD	PG	NC	otc cough & cold products	Remove select OTC
<i>novadyne</i>	PG	NC	otc cough & cold products	Remove select OTC
<i>novarel</i>	NPS	PS		
NOVOLIN NOVOLIN N NOVOLIN R NOVOLIN 70/30	PB	NPB/G	HUMULIN products, HUMALOG products	Add ST
NOVOLOG NOVOLOG MIX	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Add ST
NPLATE	NPB/G	NPS		
<i>nulev</i>	NC	NC		
NULOJIX	NPB/G	NPS		
<i>octreotide</i>	PG	PS		
<i>omeprazole</i>	PG/LGC	PG		
OMNITROPE	PB	PS		
ONEXTON	NPB/G	NC	EPIDUO	
ONGLYZA	PB	NPB/G	<i>alogliptin</i> , JANUVIA/JANUMET/XR, TRADJENTA/ JENTADUETO/XR	Add ST
OPSUMIT	PB	PS		
ORACEA	NPB/G	NC	<i>metronidazole gel</i>	Add ST

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ORFADIN	NPS	NPS		Add PA
<i>ormir</i>	PG	NC	otc diphenhydramine	Remove select OTC
<i>ortho-est</i>	PG/LGC	PG		
<i>oscimin</i>	NC	NC		
<i>oscimin sr</i>	NC	NC		
OTEZLA	NPS	PS		Remove ST
OTREXUP	NPS	NPS	<i>methotrexate</i>	Add ST
OTREXUP INJ 7.5/0.4	NPS	NPS	<i>methotrexate</i>	Add ST
OXECTA	NPB/G	NC		Add ST
<i>pamidronate</i>	NPS	PS		Remove NPL
<i>paricalcitol</i>	NPB/G	PG		
PATADAY	NPB/G	NPB/G		Expect Gen
<i>pc pen vk</i>	PG	PG/LGC		
<i>pc tet</i>	PG/LGC	PG		
PEGASYS	NPS	PB		
PEGINTRON	NPS	NPB/G		
PEG-INTRON	NPS	NPB/G		
<i>penicillin vk</i>	PG	PG/LGC		
PENLAC	NPB/G	NC	<i>terbinafine, itraconazole, griseofulvin</i>	Add PA, Add ST
PENNSAID	NPB/G	NC	<i>oral diclofenac</i>	
<i>pen-vee k</i>	PG	PG/LGC		
PEXEVA	NPB/G	NC	generic PAXIL	Add ST
<i>pharbedryl</i>	PG	NC	otc diphenhydramine	Remove select OTC
<i>phenazopyrid</i>	PG/LGC	PG		
PHENHIST DH	PG	NC	otc cough & cold products	Remove select OTC
<i>phenohydro</i>	NC	NC		
<i>phenoxybenza</i>	PG	PS		Add PA, Add SPB
<i>phenylbutyra</i>	NPS	PS		
PLEGRIDY	NPB/G	NPS		
<i>polymox</i>	PG	PG/LGC		
POLY-TUSSIN	PG	NC	otc cough & cold products	Remove select OTC
POLY-TUSSIND	PG	NC	otc cough & cold products	Remove select OTC
<i>potassium chloride</i>	PG/LGC	PG		
<i>prazosin hcl</i>	PG/LGC	PG		
PRECISION	NPB/G	PB		Remove PA
PRECISION PT	NPB/G	PB		Remove PA
<i>prednicen-m</i>	PG/LGC	PG		
<i>prednisone</i>	PG/LGC	PG		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>pregnyl</i>	NPS	PS		
PREVACID	NPB/G	NC	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	
PREVIDENT	NC	NC		
PRIALT	NPB/G	NPS		
PRILOSEC	NPB/G	NC	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	
PRILOSEC OTC	PG/LGC	PG		
PRISTIQ	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Add PA, Add ST, Expect
PRO-CLEAR AC	PG	NC	otc cough & cold products	Remove select OTC
PROCORT CREAM	NPB/G	NC	<i>hydrocortisone 1%/pramoxine 1% crm</i>	
PROGRAF	NPB/G	NPS		
PROLIA	NPS	NPS	<i>zoledronic acid</i>	Add ST
PRO-RED AC	PG	NC	otc cough & cold products	Remove select OTC
PRVDNT 5000	NC	NC		
<i>pyridiate</i>	PG/LGC	PG		
<i>ra aspirin</i>	PG	NC	otc aspirin	Remove select OTC
<i>rabeprazole</i>	NPB/G	PG		Remove PA
<i>ranitidine</i>	PG/LGC	NC	otc ranitidine tablets	Remove select OTC
RASUVO	NPS	NPS	<i>methotrexate</i>	Add ST
REBETOL SOL 40MG/ML	NPS	NPB/G		
REBIF	PB	PS		
REBIF REBIDO	PB	PS		
REBIF TITRTN	PB	PS		
RECLAST	NPS	NC	<i>zoledronic acid</i>	Add ST, Remove NPL
<i>relcof c</i>	PG	NC	otc cough & cold products	Remove select OTC

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
RELION 70/30 RELION N RELION R	PB	NPB/G	HUMULIN products, HUMALOG products	Add ST
RELPAK	NPB/G	NPB/G		Expect Gen
REMODULIN	NPB/G	NPS	OPSUMIT, TRACLEER, LETARIS	
RESCRIPTOR	PB	NPB/G	TRIUMEQ	
RETIN-A MICR GEL 0.08%	NPB/G	NPB/G	EPIDUO	Add ST
REVATIO INJ	NPB/G	NPS	sildenafil	
REVATIO SUS	NPS	NPS	sildenafil	Expect Gen
REYATAZ	PB	NPB/G	TRIUMEQ	Expect Gen
RIBAPAK	NPS	NPB/G		
<i>ribapak</i>	NPS	NPB/G		
<i>ribasphere cap 200mg</i>	PS	PG		
<i>ribasphere tab 200mg</i>	PS	PG		
<i>ribasphere tab 400mg</i>	PS	NPB/G		
<i>ribasphere tab 600mg</i>	PS	NPB/G		
<i>ribatab</i>	NPS	NPB/G		
<i>ribavirin</i>	PS	PG		
RITUXAN	NPS	NPS	ARIA, HUJIRA, ENBREL, SIMPONI	Add ST
RIXUBIS	PS	NPS		
<i>robitet</i>	PG/LGC	PG		
RYDEX	PG	NC	otc cough & cold products	Remove select OTC
<i>salicylic</i>	NC	NC		
SALIVAMAX	NC	NC		
SANCTURA	NPB/G	NPB/G	<i>oxybutynin/er,</i> <i>tolterodine/er,</i> <i>trospium/er,</i> MYRBETRIQ, VESICARE	Add ST
SANCTURA XR	NPB/G	NPB/G	<i>oxybutynin/er,</i> <i>tolterodine/er,</i> <i>trospium/er,</i> MYRBETRIQ, VESICARE	Add ST
SANDOSTATIN LAR	NPS	NPS	OCTREOTIDE	Add PA, Expect Gen
SAVELLA	NPB/G	NPB/G	<i>duloxetine,</i> LYRICA	Add ST
SELRX	NPB/G	NC	<i>selenium sulfide</i>	Add ST
SIMPONI	NPS	NPS	HUMIRA, ENBREL	Add ST
SITAVIG	NPB/G	NC	<i>oral acyclovir tabs, caps</i>	Add ST
<i>sod sul/sulf</i>	NPB/G	NC	EPIDUO	

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>sodium chloride</i>	PG	NC	otc sodium chloride nebs	Remove select OTC
SOLARAZE	NPB/G	NC	<i>imiquimod crm</i>	Add QL
SOLODYN	NPB/G	NC	generic DYNACIN caps, MINOCIN caps	Add ST
SOMA	NPB/G	NC	<i>carisoprodol 350mg</i>	Add ST
SOMAVERT	NPS	NPS		Expect Gen
SORILUX	NPB/G	NC	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
SOVALDI	PS	NPS	ZEPATIER	
STATUSS	PG	NC	otc cough & cold products	Remove select OTC
STELARA	PB	PS		
STRATTERA	PB	PB		Expect Gen
STRIBILD	PB	NPS	TRIUMEQ	Add PA, Add SPB
STRIVERDI	NPB/G	NPB/G	SEREVENT	Add PA, Add ST
SUBOXONE	NPB/G	NPB/G		Expect Gen
SUMADAN WASH	NPB/G	NC	EPIDUO	
SUMAVEL DOSE	NPB/G	NC	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
SUMAXIN WASH	NPB/G	NC	EPIDUO	
<i>sumycin</i>	PG/LGC	PG		
SUPARTZ	NPS	NPS	EUFLEXXA, ORTHONORVISC, MONOVISC	Add ST
SUPPRELIN LA	PS	PS		Add PA
SUSTIVA	PB	NPB/G	TRIUMEQ	Expect Gen
<i>symax-sl</i>	NC	NC		
<i>symax-sr</i>	NC	NC		
SYNAREL	PB	NPS		Add PA
SYNJARDY	NPB/G	NPB/G		Remove ST
SYNRIBO	NPS	NPS	IMATINIB	Add ST
SYNVISC	NPS	NPS	EUFLEXXA, ORTHONORVISC, MONOVISC	Add ST
SYNVISC ONE	NPS	NPS	EUFLEXXA, ORTHONORVISC, MONOVISC	Add ST
SYPRINE	NPB/G	NPS	DEPEN	Add PA, Add ST, Add SPB

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>tacrolimus</i>	NPB/G	NPB/G	<i>fluticasone propionate, betamethasone dipropionate/augmented, triamcinolone acetonide</i>	Add ST
TAMIFLU	NPB/G	NPB/G		Expect Gen
TARGRETIN CAP 75MG	NPS	NC	BEXAROTENE	Add PA
TARGRETIN GEL 1%	NPS	NPS	BEXAROTENE	Add PA
<i>teline</i>	PG/LGC	PG		
<i>ten-k</i>	PG/LGC	PG		
<i>tetracycline</i>	PG/LGC	PG		
<i>tetram</i>	PG/LGC	PG		
THIOLA	PB	NPS	DEPEN	Add PA, Add ST, Add SPB
THYMOGLOBULN	NPB/G	NPS		
TIKOSYN	NPB/G	NPB/G		Expect Gen
TIVICAY	PB	NPB/G	TRIUMEQ	
TOBI PODHALR	NPS	PS		
<i>tobramycin</i>	PG	PS	<i>tobramycin</i>	
TOPICORT SPRAY	NPB/G	NC	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
TOUJEO SOLO	NPB/G	NPB/G		Remove PA, Remove Q
TRACLEER	PB	PS		Expect Gen
TRADJENTA	NPB/G	PB		Remove ST
<i>trazodone</i>	PG	PG/LGC		
TRELSTAR	NPB/G	NPS	<i>leuprolide</i>	Add PA
TRELSTAR MIX	NPB/G	NPS	<i>leuprolide</i>	Add PA
TRESIBA FLEX	NPB/G	PB		Remove ST
TREXIMET	NPB/G	NC	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
<i>triaminic</i>	PG/LGC	PG		
<i>trimox</i>	PG	PG/LGC		
TROKENDI XR	NPB/G	NPB/G		Expect Gen
TRUVADA	PB	NPB/G	TRIUMEQ	Add PA
<i>tusnel c</i>	PG	NC	otc cough & cold products	Remove select OTC
TYBOST	PB	NPB/G	TRIUMEQ	
URAMAXIN	NC	NC		
URAMAXIN GT	NC	NC		
<i>uramit mb</i>	NC	NC		

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<i>ure-k</i>	NC	NC		
<i>urolet mb</i>	NC	NC		
UTOPIC	NPB/G	NC		
<i>valganciclov</i>	PG	PS		
VANOS	NPB/G	NC	<i>fluocinonide cream, augmented betamethasone crm, oint, lot, gel</i>	
VANTAS	NPB/G	NPS	<i>leuprolide</i>	Add PA
VASOTEC	NPB/G	NC	<i>enalapril</i>	Add ST
<i>veetids</i>	PG	PG/LGC		
VELETRI	NPB/G	NPS		
VENOFER	NPB/G	NPS		
VENOMIL MIX	NPB/G	NPS		
VIBERZI	NPB/G	PB		Remove ST
VIEKIRA PAK	NPS	NPS		Add QL
VIMOVO	NPB/G	NC	<i>naproxen, omeprazole, pantoprazole, esomeprazole, lansoprazole</i>	Add ST
VIRACEPT	PB	NPB/G	TRIUMEQ	
VIRAMUNE	PB	NPB/G	NEVIRAPINE	
VIREAD	PB	NPB/G	TRIUMEQ	Expect Gen
<i>virtussin</i>	PG	NC	otc cough & cold products	Remove select OTC
<i>virtussin ac</i>	PG	NC	otc cough & cold products	Remove select OTC
VISUDYNE	NPB/G	NPS		Expect Gen
VITEKTA	PB	NPB/G	TRIUMEQ	
VIVITROL	NPB/G	NPB/G		Remove SPB
VORAXAZE	NPB/G	NPS		
VYTORIN	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, ZETIA</i>	Add ST, Expect Gen
<i>wal-itin</i>	PG/LGC	PG		
<i>wal-itin children's</i>	PG/LGC	PG		
<i>wal-vert</i>	PG/LGC	PG		
<i>wal-zan</i>	PG/LGC	NC	otc ranitidine tablets	Remove select OTC
<i>wal-zyr</i>	PG/LGC	PG		

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WELLBUTRIN	NPB/G	NC	<i>bupropion xl, citalopram, escitalopram, fluoxetine, paroxetine, sertraline</i>	Add ST
<i>wincillin-vk</i>	PG	PG/LGC		
<i>wymox</i>	PG	PG/LGC		
XEOMIN	NPB/G	NPS		
XIFAXAN	PB	PB	<i>lactulose, diphenoxylate/atropine, loperamide (otc)</i>	Add PA
XIGDUO XR	NPB/G	NPB/G		Remove SPB
XURIDEN	PS	NPS		
<i>x-viate</i>	NC	NC		
ZALTRAP	NC	NPS		Add PA
ZANAFLEX	NPB/G	NC	<i>tizanidine tablets</i>	
ZANTAC	PG/LGC	NC	<i>otc ranitidine tablets</i>	Remove select OTC
<i>zantac 150 tabs</i>	PG/LGC	NC	<i>ranitidine 300mg tablets</i>	Remove select OTC
<i>zartan</i>	PG	PG/LGC		
ZARXIO	NPS	PS		
ZEGERID	NPB/G	NC	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	Add ST
<i>zencia</i>	NPB/G	NC	EPIDUO	
ZEPATIER	NPS	PS		Remove ST
ZODRYL AC	PG	NC	<i>otc cough & cold products</i>	Remove select OTC
ZODRYL DAC	PG	NC	<i>otc cough & cold products</i>	Remove select OTC
ZODRYL DEC	PG	NC	<i>otc cough & cold products</i>	Remove select OTC
ZOHYDRO ER	NPB/G	NPB/G	BUTRANS, HYSINGLA ER, OXYCONTIN	Add ST
ZOLADEX	NPB/G	NPS	<i>leuprolide</i>	Add PA
<i>zoledronic</i>	PG	PS	<i>alendronate</i>	Add ST, Remove NPL
<i>zolpidem tartrate</i>	NPB/G	NC	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
ZOLPIMIST	NPB/G	NC	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
ZOMETA INJ	NPS	NC	<i>zoledronic acid</i>	Remove NPL

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ZOMETA INJ 4MG/100	NPS	NPS	<i>zoledronic acid</i>	Add ST, Remove NPL
ZONTIVITY	NPB/G	NPB/G	<i>clopidogrel</i>	Add PA, Add QL
Z-TUSS AC	PG	NC	otc cough & cold products	Remove select OTC
ZUPLENZ	NPB/G	NC	<i>oral ondansetron tab</i>	Add ST
ZYCLARA	NPB/G	NC	generic ALDARA	Add ST
ZYCLARA PUMP	NPB/G	NC	generic ALDARA	Add ST
<i>zyrtec itchy drops</i>	PG/LGC	PG		

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

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

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, precertification, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

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

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information about Aetna plans, refer to www.aetna.com.

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T'áá ni nizaad k'ehjí bee níká a' doowól doo bááh ílínígóó naaltsos bee atah níljigo 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፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

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

Անվճար լեզվական ծառայություններին 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 móuń nì pídyi ní, níí, dǎ nòbà nià nì ID káàò kǒε. (Kru-Bassa)

پۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون پۆ تو، پەيوەندی بکە بە ژمارە ی سەر ئای دی (ID) کارتی خۆت.
(Kurdish)

ເພື່ອຂໍ້ໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທິບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am.
(Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
(Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

Tě kwoj yin wěēr de thokic ke cīn wèu kōr keek tēncōj yīn. Ke cōl kōc ye kōc kuōny nē nōmba de abac tō
nē ID kard du kōu. (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)

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

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

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

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

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

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).