Aetna Commercial Self-Insured and Fully-Insured Non-Standard Plans January 1, 2018 Updates

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 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 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.
NPL - National Precertification List	**Preauthorization (PA) is required for all plans.** Your doctor must contact us to request approval for coverage.
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.
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 2nd 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 1st 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 preauthorization.** 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 this option.** 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.

Aetna Safety Edits
January 1, 2018 Updates

The following drugs will require pre-authorization for safety:

apap/caf/dihydro	hydroco/apap	NUCYNTA	SYNALGOS-DC
apap/codeine	hydroco/ibu	OPANA	tramadol/apap
ascomp/cod	hydrocodone	OXAYDO	tramadol
but/apap/caf/cod	hydromorphone	oxycod/apap	TREZIX
but/asa/caf/cod	ibudone	oxycod/asa	TYLENOL/COD
butorphanol spray	IBUDONE	oxycod/ibu	ULTRACET
CAPITAL/COD	levorphanol	oxycodone	ULTRAM
codeine tab	lorcet	oxymorphone	verdrocet
DEMEROL	lorcet hd	pentaz/nalox	vicodin
dihydrocod/asa/caf	lorcet plus	PERCOCET	vicodin es
DILAUDID	lortab	PRIMLEV	vicodin hp
endocet	LORTAB	reprexain	VICOPROFEN
FIORICET/COD	meperidine	ROXICET	XARTEMIS XR
FIORINAL/COD	morphine sulfate	ROXICODONE	XODOL
HYCET	NORCO	SOLARAZE	ZAMICET

The following drugs will have changes to safety quantity Limits:
(Initial prescriptions used for acute pain will be covered up to a 7 day supply.)

apap/caf/dihydro	FIORICET/COD	MORPHABOND	ROXICODONE
apap/codeine	FIORINAL/COD	morphine sulfate	SYNALGOS-DC
ARYMO ER	HYCET	morphine sulfate er	tramadol/apap
ascomp/cod	hydroco/apap	MS CONTIN	tramadol
AVINZA	hydroco/ibu	NORCO	tramadol er
BELBUCA	hydrocodone	NUCYNTA	TREZIX
buprenorphine patch	hydromorphone	NUCYNTA ER	TYLENOL/COD
but/apap/caf/cod	HYDROMORPH ER	OPANA	ULTRACET
but/asa/caf/cod	HYSINGLA ER	OPANA ER	ULTRAM
butorphanol spray	ibudone	OXAYDO	ULTRAM ER
BUTRANS	IBUDONE	oxycod/apap	verdrocet
CAPITAL/COD	KADIAN	oxycod/asa	vicodin
codeine tab	levorphanol	oxycod/ibu	vicodin es
CONZIP	lorcet	oxycodone	vicodin hp
DEMEROL	lorcet hd	OXYCODONE ER	VICOPROFEN
dihydrocod/asa/caf	lorcet plus	OXYCONTIN	XARTEMIS XR
DILAUDID	lortab	oxymorphone	XODOL
DOLOPHINE	LORTAB	OXYMORPHONE ER	XTAMPZA ER
DURAGESIC	meperidine	pentaz/nalox	ZAMICET
EMBEDA	methadone	PERCOCET	ZOHYDRO ER
endocet	methadose	PRIMLEV	
EXALGO	METHADOSE	reprexain	
fentanyl patch	METHADOSE SF	ROXICET	

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Aetna Commercial Self-Insured and Fully-Insured Non-Standard Plans
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Drug Name	Current Tier	Tier as of 1/1/18	Formulary Alternative(s)	Notes
ABSORICA	NPB/G	NPB/G	Does not apply to this change	Remove PA, Remove QL, Add SE
ABSTRAL	NPB/G	NPB/G	Does not apply to this change	Expect Gen
ACANYA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
ACIPHEX	NPB/G	NPB/G	Does not apply to this change	Change ST
ACIPHEX SPR	NPB/G	NPB/G	Does not apply to this change	Change ST, Expect Gen
ACTEMRA	NPS	NPS	Does not apply to this change	Change ST
ACZONE	NPB/G	NPB/G	Does not apply to this change	Add QL
ADCIRCA	NPS	NPS	Does not apply to this change	Expect Gen
ADLYXIN	NPB/G	NPB/G	VICTOZA, TRULICITY	Add PA, Change ST
ADVAIR DISKUS	PB	PB	Does not apply to this change	Expect Gen
ALKERAN	PB	NPB/G	melphalan	Add ST
ALOXI	NC	NC	Does not apply to this change	Expect Gen
ALTOPREV	NPB/G	NPB/G	Does not apply to this change	Expect Gen
AMITIZA	PB	NPB/G	LINZESS, MOVANTIK, TRULANCE	Add ST
amnesteem	PG	PG	Does not apply to this change	Remove PA, Remove QL, Add SE
AMPYRA	NPS	NPS	Does not apply to this change	Expect Gen
ANDROGEL GEL 1.62%	PB	PB	Does not apply to this change	Expect Gen
ANTARA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
APRISO	PB	PB	Does not apply to this change	Expect Gen
APTENSIO XR CAP 60MG	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add PA
ARYMO ER	NPB/G	NPB/G	Does not apply to this change	Remove PA, Add SE
ASMANEX 7, 14, 30, 60, 120	PB	PB	Does not apply to this change	Add QL, Expect Gen
ASMANEX HFA	PB	PB	Does not apply to this change	Add QL
AUBAGIO	NPS	PS	Does not apply to this change	Remove ST
avar cleanse	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
AVAR LS LIQ 10-2%	NPB/G	NC	topical metronidazole, sulfacetamide, tretinoin	
avar-e emoll avar-e green	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
AVAR-E LS CRE 10-2%	NPB/G	NC	topical metronidazole, sulfacetamide, tretinoin	

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AVONEX AVONEX PEN AVONEX PREFL	NPS	PS	Does not apply to this change	Remove ST
AZASITE	PB	PB	Does not apply to this change	Expect Gen
BEPREVE	NPB/G	NPB/G	Does not apply to this change	Expect Gen
BETASERON	NPS	PS	Does not apply to this change	Remove ST
bexarotene	PS	PS	Does not apply to this change	Add PA
bp 10-1	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
BYDUREON/BYDUREON PEN	NPB/G	NPB/G	TRULICITY, VICTOZA	Add PA, Add ST
BYETTA	NPB/G	NPB/G	TRULICITY, VICTOZA	Add PA, Add ST
CABOMETYX	NPS	PS	Does not apply to this change	
CAMBIA	NPB/G	NPB/G	Generic NSAIDs	Add ST
CANASA	PB	PB	Does not apply to this change	Expect Gen
capecitabine	PS	PG	Does not apply to this change	
cerisa wash	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
chlordiaz/clidin	PG	PG	dicyclomine, omeprazole, famotidine, antibiotics	Add PA
CIALIS	NC	NC	Does not apply to this change	Expect Gen
CIMZIA/CIMZIA PREFL	NPS	NPS	Does not apply to this change	Change ST
CINRYZE	PS	NPS	HAEGARDA	Change ST
CIPRODEX	PB	PB	Does not apply to this change	Expect Gen
claravis	PG	PG	Does not apply to this change	Remove PA, Remove QL, Add SE
CLARIFOAM EF	NPB/G	NC	topical metronidazole, sulfacetamide, tretinoin	
CLOZARIL	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
CONCERTA TAB 36MG	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
CORTIFOAM	NPB/G	NPB/G	hydrocortisone enema	Add ST, Add QL
COSENTYX/COSENTYX PEN	NPS	NPS	Does not apply to this change	Change ST
darifenacin	PG	PG	Does not apply to this change	Add QL
DELZICOL	PB	PB	Does not apply to this change	Expect Gen
DETROL LA	NPB/G	NPB/G	Does not apply to this change	Add QL
DITROPAN XL	NPB/G	NPB/G	Does not apply to this change	Add QL
ELIDEL	PB	PB	Does not apply to this change	Expect Gen
ELLA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
EMSAM	NPB/G	NPB/G	Does not apply to this change	Expect Gen

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Drug Name	Current Tier	Tier as of 1/1/18	Formulary Alternative(s)	Notes
ENABLEX	NPB/G	NPB/G	Does not apply to this change	Add QL
entecavir	PS	PG	Does not apply to this change	
ENTYVIO	NPS	PS	Does not apply to this change	Change ST
EPIVIR HBV SOL 5MG/ML	PB	PB	Does not apply to this change	Expect Gen
epoprostenol	PS	PG	Does not apply to this change	
FAZACLO	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
FINACEA GEL 15%	NPB/G	NPB/G	Does not apply to this change	Expect Gen
FLECTOR	PB	PB	Does not apply to this change	Expect Gen
FORFIVO XL	NPB/G	NPB/G	Does not apply to this change	Expect Gen
FORTEO	NPS	NPS	TYMLOS	Change ST
GANIRELIX AC	NPS	NPS	Does not apply to this change	Expect Gen
GEODON	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
GLUCAGON KIT	PB	PB	Does not apply to this change	Add QL
HIZENTRA	NPS	PS	Does not apply to this change	Remove ST
HUMIRA HUMIRA PEDIA HUMIRA PEN	PS	NPS	XELJANZ, XELJANZ XR, SIMPONI, TREMFYA, STELARA, ENBREL, OTEZLA	Change ST
INFLECTRA	NPS	PS	Does not apply to this change	Change ST
INTRON A	PS	PS	Does not apply to this change	Add PA, Remove NPL
INVEGA	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
ISTALOL	NPB/G	NPB/G	Does not apply to this change	Expect Gen
KALETRA	PB	PB	Does not apply to this change	Expect Gen
KAZANO	NPB/G	NPB/G	Does not apply to this change	Change ST
KEVZARA	NPS	NPS	Does not apply to this change	Change ST
KINERET	NPS	NPS	Does not apply to this change	Change ST
KRISTALOSE	NPB/G	NPB/G	Does not apply to this change	Add QL
LETAIRIS	PS	PS	Does not apply to this change	Expect Gen
leuprolide inj	PS	PG	Does not apply to this change	
LEVITRA	NC	NC	Does not apply to this change	Expect Gen
LEXIVA	PB	PB	Does not apply to this change	Expect Gen
LIBRAX	NPB/G	NPB/G	dicyclomine, omeprazole, famotidine, antibiotics	Add PA
LILETTA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
MAKENA	NPS	NPS	Does not apply to this change	Expect Gen
MINIVELLE	NPB/G	NPB/G	Does not apply to this change	Expect Gen
MIRVASO	NPB/G	NPB/G	topical metronidazole	Add PA, Add ST

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moderiba	PS	PG	Does not apply to this change	
MOVIPREP	PB	PB	Does not apply to this change	Expect Gen
mycophenolate tab/ cap/ susp	PS	PG	Does not apply to this change	
mycophenolic acid tab	PS	PG	Does not apply to this change	
myorisan	PG	PG	Does not apply to this change	Remove PA, Remove QL, Add SE
MYRBETRIQ	PB	PB	Does not apply to this change	Add QL
NESINA	NPB/G	NPB/G	Does not apply to this change	Change ST
NEXIUM	NPB/G	NPB/G	Does not apply to this change	Expect Gen
NORVIR	PB	PB	Does not apply to this change	Expect Gen
NUVARING	PB	PB	Does not apply to this change	Expect Gen
octreotide	PS	PG	Does not apply to this change	
ONEXTON	NPB/G	NPB/G	Does not apply to this change	Expect Gen
ONFI	NPB/G	NPB/G	Does not apply to this change	Expect Gen
ORENCIA/ORENCIA CLCK	NPS	NPS	Does not apply to this change	Change ST
OSENI	NPB/G	NPB/G	Does not apply to this change	Change ST
oxybutynin, oxybutynin er	PG	PG	Does not apply to this change	Add QL
PEGASYS	PS	PS	Does not apply to this change	Add PA,
PEG-INTRON	NPS	NPS	Does not apply to this change	Add PA, Remove NPL
PLEGRIDY/PLEGRIDY PEN	NPS	PS	Does not apply to this change	Remove ST
PLEXION CLTH PAD 9.8-4.8% PLEXION CRE 9.8-4.8% PLEXION LIQ 9.8-4.8% PLEXION LOT 9.8-4.8%	NPB/G	NC	topical metronidazole, sulfacetamide, tretinoin	
PRESTALIA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
PREVACID SOLUTAB	NPB/G	NPB/G	Does not apply to this change	Change ST
PROAIR HFA	PB	PB	Does not apply to this change	Expect Gen
PROCTOFOAM AER HC 1%	NPB/G	NPB/G	hydrocortisone acetate w pramoxine rectal cream	Add ST, Add QL
PROVENTIL HFA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
PYLERA	PB	PB	Does not apply to this change	Expect Gen
QVAR	PB	PB	Does not apply to this change	Add QL
RAPAFLO	PB	PB	Does not apply to this change	Expect Gen
REMODULIN	NPS	NPS	Does not apply to this change	Expect Gen
RENFLEXIS	NPS	PS	Does not apply to this change	Change ST
RESCULA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
RESTASIS/RESTASIS MUL	PB	PB	Does not apply to this change	Expect Gen
ribasphere	PS	PG	Does not apply to this change	
ribavirin	PS	PG	Does not apply to this change	

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Aetna Commercial Self-Insured and Fully-Insured Non-Standard Plans
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Drug Name	Current Tier	Tier as of 1/1/18	Formulary Alternative(s)	Notes
RISPERDAL/RISPERDAL M	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
rosanil	PG	NC	topical metronidazole,	
rosula pad 10-5%	PG	NC	topical metronidazole,	
RYTARY	NPB/G	NPB/G	Does not apply to this change	Expect Gen
SAMSCA	PS	PS	Does not apply to this change	Expect Gen
SAPHRIS	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
SEROQUEL	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
SEROQUEL XR	PB	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA, Add ST
sildenafil	PS	PG	Does not apply to this change	
SILIQ	NPS	NPS	Does not apply to this change	Change ST
SIMPONI	NPS	PS	Does not apply to this change	
sirolimus	PS	PG	Does not apply to this change	
sod sul/sulf cre 10-2%	PG	NC	topical metronidazole,	
sod sul/sulf cre 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf cre 9.8-4.8%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf emu 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf liq 10-2%	PG	NC	topical metronidazole,	
sod sul/sulf liq 9.8-4.8%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf lot 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf lot 9.8-4.8%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf pad 10-4%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
sod sul/sulf pad 10-5%	PG	NC	topical metronidazole, sulfacetamide, tretinoin	
SOLIQUA	NPB/G	PB	Does not apply to this change	Change ST
SOLODYN 65MG, 115MG	NPB/G	NPB/G	Does not apply to this change	Expect Gen
ss 10-2	PG	NC	topical metronidazole,	
SSS 10-5 AER 10-5%	NPB/G	NC	topical metronidazole, sulfacetamide, tretinoin	
sss cre 10%-5%	PG	NC	topical metronidazole,	

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Drug Name	Current Tier	Tier as of 1/1/18	Formulary Alternative(s)	Notes
STAXYN	NC	NC	Does not apply to this change	Expect Gen
SUMAXIN PAD 10-4%	NPB/G	NC	topical metronidazole, sulfacetamide, tretinoin	
SUPRENZA	NC	NC	Does not apply to this change	Expect Gen
tacrolimus cap	PS	PG	Does not apply to this change	
TALTZ	NPS	NPS	Does not apply to this change	Change ST
TANZEUM	NPB/G	NPB/G	VICTOZA, TRULICITY	Add PA, Add ST
TARGRETIN	NPS	NPS	Does not apply to this change	Add PA
TAZORAC	PB	NPB/G	EPIDUO	
TECFIDERA	NPS	PS	Does not apply to this change	Remove ST
TEMODAR	NPS	NPS	temozolomide	Add ST
temozolomide	PS	PG	Does not apply to this change	
THALOMID	NPS	NPS	Does not apply to this change	Expect Gen
TIVORBEX	NPB/G	NPB/G	Generic NSAIDs	Add PA, Add ST
TOLAK	NPB/G	NPB/G	Does not apply to this change	Expect Gen
tolterodine	PG	PG	Does not apply to this change	Add QL
TORISEL	NC	NC	Does not apply to this change	Expect Gen
TOVIAZ	NPB/G	NPB/G	Does not apply to this change	Add QL
TREMFYA	NPS	PS	Does not apply to this change	Change ST
tretinoin	PS	PG	Does not apply to this change	
TREXIMET	NPB/G	NPB/G	Does not apply to this change	Expect Gen
trospium chl er cap	PG	PG	Does not apply to this change	Add QL
trospium cl cap	PG	PG	Does not apply to this change	Add QL
TRULANCE	NPB/G	PB	Does not apply to this change	Remove PA, Remove
TRULICITY	PB	PB	metformin, metformin ER (generic GLUCOPHAGE,	Add PA, Add ST
TYMLOS	NPS	PS	Does not apply to this change	
valganciclovir tab/ sol	PS	PG	Does not apply to this change	
VELTASSA	NPS	NPB/G	Does not apply to this change	Remove SPB
VERSACLOZ	NPB/G	NPB/G	clozapine, quetiapine,	Add PA
VESICARE	PB	PB	Does not apply to this change	Add QL
VIBERZI	PB	PB	Does not apply to this change	Add PA
VICTOZA	PB	PB	metformin, metformin ER	Add PA, Add ST
VIVLODEX	NPB/G	NPB/G	Generic NSAIDs	Add PA
VRAYLAR	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
XELJANZ / XELJANZ XR	NPS	PS	Does not apply to this change	Change ST
XENAZINE	NPS	NPS	tetrabenazine	Add ST
ZAVESCA	NPS	NPS	Does not apply to this change	Expect Gen

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ZEGERID 40-1100	NPB/G	NPB/G	Does not apply to this change	Change ST
zenatane	PG	PG	Does not apply to this change	Remove PA, Remove QL, Add SE
ZORVOLEX	NPB/G	NPB/G	Generic NSAIDs	Add PA, Add ST
ZYPREXA / ZYPREXA ZYDIS	NPB/G	NPB/G	clozapine, quetiapine, risperidone, LATUDA	Add PA
ZYTIGA	PS	PS	Does not apply to this change	Expect Gen

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

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

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

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

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

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

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

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

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

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

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).

TTY: 711

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

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

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

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

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

T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í bikáá’ áajı̨’ hólne’. (Navajo)

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

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

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

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

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

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

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။ (Burmese)

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

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

ᏣᎩᏍᏗ ᏜᏯᏂᎯᏍᏗ ᎢᏬᎾᏓᏛᏁᏗ Ꮭ ᎠᎱᏍᏗ ᏗᏟᎬᏣᎳᏁᏗ ᏱᎩ, ᏫᏥᎯᏏᏔᏛᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏚᎪᏪᎵ ᎤᎾᎢ ID ᏆᏂᏲᏍᏗ ᏣᏤᏢᎢ. (Cherokee)

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

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

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

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

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

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

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

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

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

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

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idiay ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。 (Japanese)

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပ့ၤလၢနကဘၣ်ဟ့ၣ်အီၤဘၣ်နၣ်,ကိးဘၣ်လီတဲစိနီၢ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤခိၣ် (ID) အခးလိၤန့ၣ်တက့ၢ် (Karen)

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

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

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

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]. (Syriac-Assyrian)

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

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

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

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

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

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

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

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

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

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