



January 1, 2020

# Changes to your prescription drug coverage

There will be changes to the **Aetna Premier Plus Plan** drug list that start on **January 1, 2020**. It's important that you review and understand the changes in the chart below. Talk to your health care provider about how these changes might impact you.

### What if I need a prescription drug that requires a medical exception?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for a medical exception, speak directly with your prescriber or you can call us at the toll-free number on your Member ID card.

We'll contact you and your prescriber with our decision. If your exception is approved, you only need to pay your plan copay or cost-share. This amount is based on your pharmacy plan design.

### How to find a preferred medicine that's right for you

You can visit the website that's on your member ID card and sign in to your account. Your doctor can also request a medical exception if your drug has been removed from the formulary. If you have any questions, you can call us at the toll-free number on your member ID card.

The changes made to the prescription drugs in this chart are based on the plan information we have at the time this letter was sent.

**UPPER CASE** = brand-name medication

**lower case** = generic medication

\* Changes apply if your plan includes this feature.

Prescription Drug	Change(s)
ABILIFY	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ABSORICA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

<b>Prescription Drug</b>	<b>Change(s)</b>
ACCU-CHEK AVIVA PLUS	Preferred brand drug
ACCU-CHEK COMPACT PLUS	Preferred brand drug
ACCU-CHEK GUIDE	Preferred brand drug
ACCU-CHEK SMARTVIEW STRIPS	Preferred brand drug
ACTEMRA IV	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ACTEMRA SQ	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ACTEMRA SQ PEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
acyclovir	Preferred generic drug
ADVAIR DISKUS	Preferred brand drug
AFREZZA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
alendronate sodium	Preferred generic drug
allopurinol	Preferred generic drug
ALVESCO	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
AMITIZA	Preferred brand drug
amitriptyline	Preferred generic drug
amlodipine besylate/benazepril	If your plan has the Value Drug Program, you will now pay the lowest generic copay
amlodipine besylate/valsartan	If your plan has the Value Drug Program, you will now pay the lowest generic copay

<b>Prescription Drug</b>	<b>Change(s)</b>
amlodipine/atorvastatin	If your plan has the Value Drug Program, you will now pay the lowest generic copay
amlodipine/olmesartan	If your plan has the Value Drug Program, you will now pay the lowest generic copay
amlodipine/valsartan/hctz	If your plan has the Value Drug Program, you will now pay the lowest generic copay
amoxicillin	Preferred generic drug
APTIVUS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ARNUITY ELLIPTA	Preferred brand drug
ASMANEX HFA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ASMANEX TWISTHALER	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ASPIRIN LOW DOSE	If drug is covered by your plan, you will now pay a copay for this drug
atorvastatin	If your plan has the Value Drug Program, you will now pay the lowest generic copay
ATRIPLA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
AVONEX	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
AVONEX PEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
baclofen	Preferred generic drug

<b>Prescription Drug</b>	<b>Change(s)</b>
BALCOLTRA	No copay required
BASAGLAR KWIKPEN	Preferred brand drug
benazepril/ hctz	If your plan has the Value Drug Program, you will now pay the lowest generic copay
benztropine	Preferred generic drug
BEVESPI AEROSPHERE	Preferred brand drug
BIDIL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
BISACODYL brand and generic	If drug is covered by your plan, you will now pay a copay for this drug
BLOOD GLUCOSE TEST STRIPS	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
BOSULIF	Preferred specialty drug
BRAVELLE	Non-preferred specialty drug
BUFFERIN LOW DOSE	If drug is covered by your plan, you will now pay a copay for this drug
bupirone	Preferred generic drug
BYDUREON BCISE	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
BYDUREON PEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
BYETTA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
candesartan	If your plan has the Value Drug Program, you will now pay the lowest generic copay

<b>Prescription Drug</b>	<b>Change(s)</b>
candesartan/hctz	If your plan has the Value Drug Program, you will now pay the lowest generic copay
captopril	If your plan has the Value Drug Program, you will now pay the lowest generic copay
cephalexin	Preferred generic drug
CHANTIX	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
CHANTIX CONTINUING MONTH PAK	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
CIMZIA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
CIPRODEX	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ciprofloxacin	Preferred generic drug
COLYTE-FLAVOR PACKS	If drug is covered by your plan, you will now pay a copay for this drug
COSENTYX	Preferred specialty drug
cyclobenzaprine	Preferred generic drug
CYSTARAN	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
DALIRESP	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
DELZICOL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

<b>Prescription Drug</b>	<b>Change(s)</b>
DENAVIR	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
DEPO-SUBQ PROVERA 104	No copay required
DESONATE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
DEXILANT	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
diclofenac sodium dr	Preferred generic drug
dicyclomine	Preferred generic drug
DILANTIN	Non-preferred brand drug
DILANTIN INFATABS	Non-preferred brand drug
DILANTIN SUSP	Non-preferred brand drug
DISALCID	Not covered under pharmacy benefit
DULERA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay; When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
DUREZOL	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
DYRENIUM	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
EMEND	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered

<b>Prescription Drug</b>	<b>Change(s)</b>
ENTYVIO	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
estradiol	Preferred generic drug
EXTAVIA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
famotidine	Preferred generic drug
FANAPT	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
FANAPT TITRATION PACK	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
FERRIPROX	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
FIASP	Preferred brand drug
FIASP FLEXTOUCH	Preferred brand drug
FIRAZYR	Preferred specialty drug
FLUORIDE brand and generic	If drug is covered by your plan, you will now pay a copay for this drug
fluticasone propionate/salmeterol diskus	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
folic acid	If drug is covered by your plan, you will now pay a copay for this drug
FOLLISTIM AQ	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
FORTEO	Preferred specialty drug

<b>Prescription Drug</b>	<b>Change(s)</b>
fosinopril sodium	If your plan has the Value Drug Program, you will now pay the lowest generic copay
fosinopril/hctz	If your plan has the Value Drug Program, you will now pay the lowest generic copay
FYCOMPA	Preferred brand drug
gavilyte-c	If drug is covered by your plan, you will now pay a copay for this drug
gavilyte-g	If drug is covered by your plan, you will now pay a copay for this drug
gavilyte-n/flavor pack	If drug is covered by your plan, you will now pay a copay for this drug
GENOTROPIN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
glipizide er	If your plan has the Value Drug Program, you will now pay the lowest generic copay
glipizide xl	If your plan has the Value Drug Program, you will now pay the lowest generic copay
glipizide/metformin	If your plan has the Value Drug Program, you will now pay the lowest generic copay
glyburide	If your plan has the Value Drug Program, you will now pay the lowest generic copay
gnp clearlax	If drug is covered by your plan, you will now pay a copay for this drug
GOLYTELY	If drug is covered by your plan, you will now pay a copay for this drug
HALOG	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
healthylax	If drug is covered by your plan, you will now pay a copay for this drug

Prescription Drug	Change(s)
HUMALOG	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMALOG JUNIOR KWIKPEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMALOG KWIKPEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMALOG MIX 50/50	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMALOG MIX 50/50 KWIKPEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMALOG MIX 75/25	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMALOG MIX 75/25 KWIKPEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMATROPE	Preferred specialty drug
HUMIRA	Preferred specialty drug
HUMIRA PEN INJ	Preferred specialty drug
HUMIRA PEN KIT	Preferred specialty drug
HUMULIN 70/30	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMULIN 70/30 KWIKPEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay

Prescription Drug	Change(s)
HUMULIN N	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMULIN N KWIKPEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
HUMULIN R	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ibuprofen	Preferred generic drug
ILUMYA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
INFLECTRA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
insulin lispro	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
insulin lispro kwikpen	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
INTUNIV	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
INVOKAMET	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
INVOKAMET XR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay

<b>Prescription Drug</b>	<b>Change(s)</b>
INVOKANA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
irbesartan	If your plan has the Value Drug Program, you will now pay the lowest generic copay
irbesartan/hctz	If your plan has the Value Drug Program, you will now pay the lowest generic copay
JADENU	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
JENTADUETO	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
JENTADUETO XR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
JUBLIA	Preferred brand drug
JUXTAPID	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
KALETRA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
KEVZARA	Preferred specialty drug
KINERET	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
KOMBIGLYZE XR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
lactulose	Preferred generic drug

<b>Prescription Drug</b>	<b>Change(s)</b>
LANTUS	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
LANTUS SOLOSTAR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
levothyroxine	Preferred generic drug
LO LOESTRIN FE	No copay required
loratadine	Preferred generic drug
MAGNESIUM CITRATE brand and generic	If drug is covered by your plan, you will now pay a copay for this drug
MAKENA	Preferred specialty drug
MAKENA SQ	Preferred specialty drug
MAVENCLAD	Non-preferred specialty drug
MAVYRET	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
MAYZENT	Preferred specialty drug
medroxyprogesterone acetate	Preferred generic drug
meloxicam	Preferred generic drug
metoclopramide	Preferred generic drug
MOTEGRITY	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
MYDAYIS	Preferred brand drug
naproxen	Preferred generic drug
naproxen dr	Preferred generic drug
NATAZIA	No copay required

<b>Prescription Drug</b>	<b>Change(s)</b>
nateglinide	If your plan has the Value Drug Program, you will now pay the lowest generic copay
NEXIUM	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
NORDITROPIN FLEXPEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
nortriptyline	Preferred generic drug
NOVOLIN 70/30	Preferred brand drug
NOVOLIN 70/30 FLEXPEN	Preferred brand drug
NOVOLIN N	Preferred brand drug
NOVOLIN R	Preferred brand drug
NOVOLOG	Preferred brand drug
NOVOLOG FLEXPEN	Preferred brand drug
NOVOLOG MIX 70/30	Preferred brand drug
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	Preferred brand drug
NOVOLOG PENFILL	Preferred brand drug
NULYTELY/FLAVOR PACKS	If drug is covered by your plan, you will now pay a copay for this drug
NUTROPIN AQ	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
NUVARING	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
NYMALIZE	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered



<b>Prescription Drug</b>	<b>Change(s)</b>
peg-3350/electrolytes	If drug is covered by your plan, you will now pay a copay for this drug
peg-3350/nacl/na bicarbonate/kcl	If drug is covered by your plan, you will now pay a copay for this drug
penicillin	Preferred generic drug
perindopril	If your plan has the Value Drug Program, you will now pay the lowest generic copay
PICATO	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
pioglitazone	If your plan has the Value Drug Program, you will now pay the lowest generic copay
pioglitazone/metformin	If your plan has the Value Drug Program, you will now pay the lowest generic copay
PLEGRIDY	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
POLY-PREP	If drug is covered by your plan, you will now pay a copay for this drug
POLYETHYLENE GLYCOL brand and generic	If drug is covered by your plan, you will now pay a copay for this drug
POMALYST	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
potassium chloride er	Preferred generic drug
PRADAXA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PRALUENT	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay

<b>Prescription Drug</b>	<b>Change(s)</b>
pravastatin	If your plan has the Value Drug Program, you will now pay the lowest generic copay
prednisone	Preferred generic drug
PROAIR HFA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PROAIR RESPICLICK	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
PULMICORT FLEXHALER	Preferred brand drug
qc natura-lax	If drug is covered by your plan, you will now pay a copay for this drug
quinapril	If your plan has the Value Drug Program, you will now pay the lowest generic copay
quinapril/hctz	If your plan has the Value Drug Program, you will now pay the lowest generic copay
ramipril	If your plan has the Value Drug Program, you will now pay the lowest generic copay
ranitidine	Preferred generic drug
RELION 70/30 FLEXPEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
RENFLEXIS	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
repaglinide	If your plan has the Value Drug Program, you will now pay the lowest generic copay
RINVOQ	Preferred specialty drug
rosuvastatin	If your plan has the Value Drug Program, you will now pay the lowest generic copay

Prescription Drug	Change(s)
SAIZEN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
salsalate	Not covered under pharmacy benefit
SAPHRIS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
SAVAYSA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
SAXENDA	Preferred brand drug
SEEBRI NEOHALER	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
SEGLUROMET	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
SEROQUEL XR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
SILIQ	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
SIMBRINZA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
SIMPONI	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
SKYRIZI	Preferred specialty drug
sm clearlax	If drug is covered by your plan, you will now pay a copay for this drug

<b>Prescription Drug</b>	<b>Change(s)</b>
SODIUM PHOSPHATES - ENEMA brand and generic	If drug is covered by your plan, you will now pay a copay for this drug
SOVALDI	Non-preferred specialty drug
SPRYCEL	Preferred specialty drug
STEGLATRO	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
STELARA IV	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
sulfamethoxazole/trimethoprim	Preferred generic drug
SUNOSI	Non-preferred brand drug
sw clearlax	If drug is covered by your plan, you will now pay a copay for this drug
SYNDROS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
SYNRIBO	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
TALTZ	Preferred specialty drug
tamsulosin	Preferred generic drug
TASIGNA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
TAYTULLA	No copay required
TAZORAC	Preferred brand drug
telmisartan	If your plan has the Value Drug Program, you will now pay the lowest generic copay

<b>Prescription Drug</b>	<b>Change(s)</b>
telmisartan/amlodipine	If your plan has the Value Drug Program, you will now pay the lowest generic copay
telmisartan/hctz	If your plan has the Value Drug Program, you will now pay the lowest generic copay
THALOMID	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
TOUJEO MAX SOLOSTAR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
TOUJEO SOLOSTAR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
TOVIAZ	Preferred brand drug
TRADJENTA	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
trandolapril	If your plan has the Value Drug Program, you will now pay the lowest generic copay
TRAVATAN Z	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
trazodone	Preferred generic drug
triamcinolone topical	Preferred generic drug
trihexyphenidyl	Preferred generic drug
trilyte	If drug is covered by your plan, you will now pay a copay for this drug
TRINTELLIX	Preferred brand drug
TROKENDI XR	Preferred brand drug
TRULANCE	Non-preferred brand drug

<b>Prescription Drug</b>	<b>Change(s)</b>
TRUVADA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
TUDORZA PRESSAIR	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ULESFIA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
UTIBRON NEOHALER	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
valsartan	If your plan has the Value Drug Program, you will now pay the lowest generic copay
valsartan/hctz	If your plan has the Value Drug Program, you will now pay the lowest generic copay
VASCEPA	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
VESICARE	Preferred brand drug
VIEKIRA PAK	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
VIIBRYD	Preferred brand drug
VIMPAT	Preferred brand drug
VIOKACE	Preferred brand drug
VRAYLAR	Preferred brand drug
VRAYLAR CAP 1.5-3MG	Preferred brand drug
wixela inhub	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay

Prescription Drug	Change(s)
ZEPATIER	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ZOMACTON	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ZONEGRAN	Not covered for plans with Formulary Exclusions. For plans without this program, you will pay the non-preferred copay
ZORTRESS	When a generic drug is available, the brand-name drug may be covered at a higher copay, require drug coverage reviews, or not be covered
ZUBSOLV	Preferred brand drug

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

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

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

Aetna or its affiliate(s) may receive rebates from drug manufacturers. Rebates may reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change. In certain states, including Arkansas, Colorado, Connecticut, Delaware, Georgia, Illinois, Louisiana, Maryland, Minnesota, North Dakota and Texas, step therapy programs do not apply to fully insured members utilizing prescription drugs for the treatment of stage-four advanced, metastatic cancer.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are removed from the Pharmacy Drug Guide (formulary) or added to the Precertification, Quantity Limits or Step-Therapy Lists during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. Due to system constraints, drugs that are added to the Pharmacy Drug Guide (formulary) or moved to a lower tier during the plan year will also continue to be covered at the same benefit level until the 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 members (except Federal Employee Health Benefit Plan members) who obtained approval from an Aetna plan for coverage of medications that are later added to the Precertification or Step Therapy Lists or removed from the Pharmacy Drug Guide will continue to have those medications covered, for as long as the plan's prescriber 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 preferred provider organization (PPO) members (except Federal Employee Health Benefit Plan members) who are receiving coverage under the current policy for medications that are later added to the Precertification or Step Therapy Lists will continue to have those medications covered for as long as the plan's prescriber continues prescribing them, provided the prescriber states in writing that the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

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

**Policy forms issued in Oklahoma include:** AL COC00010, HC COC00010.

**Policy forms issued in Missouri include:** AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPOLAmend 2019 01, HI SG GrpAgAmend 2019 01.