

### Abbreviation Key

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

<b>*</b>	<b>Some plans may not cover this drug.</b> Alternatives are available.
<b>Expect Gen</b> Expect Generic	<b>Expect generic drugs to become available in the near future.</b> 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.
<b>FE - Formulary Exclusion</b>	<b>These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>HCR - Health Care Reform</b>	There is no copay for these drugs.
<b>Medical</b>	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
<b>NC - Not-Covered</b>	<b>These drugs are not covered under your pharmacy benefit plan due to benefit exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>NPB/G - Non-preferred brand or non-preferred generic drug</b>	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
<b>NPS - Non-preferred specialty drug</b>	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
<b>PA – Preauthorization (Precertification)</b>	<b>Preauthorization only applies if your plan includes precertification.</b> 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.
<b>PB</b> Preferred brand-name drug	These are brand-name drugs that are covered at your 2 <sup>nd</sup> Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>PS - Preferred specialty drugs</b>	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
<b>PG - Preferred generic</b>	These are generic drugs that are covered at your 1 <sup>st</sup> tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>QL - Quantity limits</b>	<b>Quantity limits only applies if your plan includes preauthorization.</b> 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.
<b>SE</b> Safety edit	<b>The drugs on this list require clinical checks for all plans.</b> 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.
<b>SPB</b> 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.
<b>ST - Step therapy</b>	<b>Step therapy only applies if your plan includes this option.</b> 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**

**Aetna Value Plus Plans**  
**October 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
ACCOLATE	NPB/G	NPB/G		Add QL
<i>acetazolamide er cap</i>	PG	NPB/G*	<i>acetazolamide tablets</i>	Add ST
ADRENALICK	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
ANDROGEL 1.62%	PB	PB		Expect Gen
ANDROGEL 1%	NPB/G	NPB/G*	ANDROGEL 1.62%	
ATROVENT HFA	NPB/G	NPB/G		Add QL
AXIRON	NPB/G*	NPB/G*		Expect Gen
BYETTA	NPB/G	NPB/G		Expect Gen
<i>calcipotriene-betamethasone dipropionate oint</i>	NPB/G	NPB/G*	<i>calcipotriene crm/oint, betamethasone crm/oint</i>	Add QL
CAPEX	NPB/G	NPB/G*	<i>fluocinolone</i>	Add ST, Add QL
CEFTIN SUSPENSION	PB	NPB/G	<i>cefaclor, cefprozil</i>	
<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	NPB/G*	<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	NPB/G*	<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	NPB/G*	<i>ketoconazole crm</i>	Add ST, Add QL
EXELDERM	PB	NPB/G*	<i>ketoconazole crm</i>	Add ST, Add QL
EXTINA	NPB/G	NPB/G*	<i>ketoconazole crm</i>	Add ST, Add QL
FLUOROPLEX CRM 1%	NPB/G	NPB/G*	<i>fluorouracil 5% crm</i>	Add ST
<i>fluorouracil crm 0.5%</i>	PG	NPB/G*	<i>fluorouracil 5% crm</i>	Add ST
FULYZAQ	NPB/G	NPB/G	<i>loperamide, diphenoxylate/atropine, bismuth subsalicylate</i>	Add ST

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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
HALOTIN	NPB/G	NC	<i>ketoconazole crm</i>	
INDERAL LA	NPB/G	NPB/G*	<i>propranolol sr</i>	Add ST
<i>ketoconazole aerosol 2%</i>	NPB/G	NPB/G*	<i>ketoconazole crm</i>	Add ST, Add QL
<i>ketodan aer</i>	NPB/G	NPB/G*	<i>ketoconazole crm</i>	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	NPB/G*	<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>	NPB/G*	NPB/G*	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
<i>metformin 500mg er tab (generic glumetza)</i>	NPB/G*	NPB/G*	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
<i>methergine</i>	PG	PG		Add QL
<i>methylergonovine</i>	PG	PG		Add QL
MYTESI	NPB/G	NPB/G	<i>loperamide, diphenoxylate/atropine, bismuth subsalicylate</i>	Add ST
<i>naftifine hcl crm 2%</i>	NPB/G	NPB/G*	<i>naftifine 1% crm</i>	Add ST, Add QL
NAFTIN	NPB/G	NPB/G*	<i>naftifine 1% crm</i>	Add ST, Add QL, Expect Gen
NAMENDA XR	PB	PB		Expect Gen
NAPRELAN	NPB/G	NPB/G*	<i>naproxen 275mg, 550mg</i>	Add ST
<i>naproxen sodium sr 24hr tab</i>	NPB/G	NPB/G*	<i>naproxen 275mg, 550mg</i>	Add ST
NASCOBAL	NPB/G	NPB/G*	<i>cyanocobalamine inj</i>	Add ST
NEUPRO	NPB/G	NPB/G		Expect Gen
NUVARING	PB	PB		Expect Gen
<i>oxiconazole</i>	PG	NPB/G*	<i>ketoconazole crm</i>	Add ST, Add QL
OXISTAT	NPB/G	NPB/G*	<i>ketoconazole crm</i>	Add ST, Add QL
PAXIL SUSPENSION	PB	NPB/G	<i>citalopram oral soln, escitalopram oral soln, fluoxetine oral soln</i>	
<i>potassium chloride sol 20% sf</i>	PG	NPB/G	<i>potassium chloride soln 10%</i>	
PRED-G OPTH SUSP	PB	NPB/G	<i>tobramycin-dexamethasone susp</i>	
PRED-G S.O.P	PB	NPB/G	<i>tobramycin-dexamethasone susp</i>	
PREPOIK	NPB/G	NPB/G		Expect Gen
PROCTOCORT CRM 1%	NPB/G	NPB/G*	<i>hydrocortisone rectal crm</i>	Add ST
PROVENTIL	NPB/G	NPB/G		Expect Gen
SABRIL	NPS	NPS		Expect Gen

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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
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	NPB/G*	NPB/G*		Add QL
SPRIX	NPB/G	NPB/G*	<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	NPB/G*	<i>calcipotriene crm/oint, betamethasone crm/oint</i>	Add QL
TACLONEX SUSP	NPB/G	NPB/G		Add QL
TESTIM	NPB/G	NPB/G*	ANDROGEL 1.62%	
TOBRADEX OINT	PB	NPB/G	<i>tobramycin- dexamethasone susp</i>	
TOBRADEX ST	PB	NPB/G	<i>tobramycin- dexamethasone susp</i>	
TOBREX OPTH OINT	PB	NPB/G	<i>erythromycin oint, gentamicin oint</i>	
TOLAK	NPB/G	NPB/G*	<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	NPB/G	NPB/G	<i>valacyclovir</i>	Add ST
VERDESO	NPB/G	NPB/G*	<i>desonide</i>	Add ST, Add QL
VIBRAMYCIN SYRUP	PB	NPB/G	<i>doxycycline suspension</i>	
VIGAMOX	NPB/G	NPB/G		Expect Gen
VOGELXO	NPB/G	NPB/G*	ANDROGEL 1.62%	
XANAX	NPB/G	NPB/G*	<i>alprazolam</i>	Add ST
XANAX XR	NPB/G	NPB/G*	<i>alprazolam</i>	Add ST
XOLEGEL	NPB/G	NPB/G*	<i>ketconazole crm</i>	Add ST, Add QL
<i>xylon</i>	PG	NC	<i>hydrocodone/ibuprofen by other manufacturers</i>	
<i>zafirlukast</i>	PG	PG		Add QL

**UPPERCASE = brand-name drug; lower case *itali* cs = generic drug**

**Aetna Value Plus Plans**  
**October 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
ZELAPAR	NPB/G	NPB/G*	<i>selegiline</i>	Add ST
<i>zileuton er</i>	NPB/G	NPB/G		Add QL
ZOVIRAX OINT	NPB/G	NPB/G*	<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 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.

### Abbreviation Key

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

<b>*</b>	<b>Some plans may not cover this drug.</b> Alternatives are available.
<b>Expect Gen</b> Expect Generic	<b>Expect generic drugs to become available in the near future.</b> 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.
<b>FE</b> Formulary Exclusion	<b>These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>FE</b> Formulary Exclusion	<b>These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>HCR - Health Care Reform</b>	There is no copay for these drugs.
<b>Medical</b>	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
<b>NC</b> Not-Covered	<b>These drugs are not covered under your pharmacy benefit plan due to a benefit exclusion.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>NPB/G</b> Non-preferred brand or non-preferred generic drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
<b>NPS</b> Non-preferred specialty drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
<b>PA - Preauthorization</b> (Precertification)	<b>Preauthorization only applies if your plan includes precertification.</b> 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.
<b>PB</b> Preferred brand-name drug	These are brand-name drugs that are covered at your 2 <sup>nd</sup> Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>PS</b> Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
<b>PG</b> Preferred generic	These are generic drugs that are covered at your 1 <sup>st</sup> tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>QL</b> Quantity limits	<b>Quantity limits only applies if your plan includes preauthorization.</b> 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.
<b>SE</b> Safety edit	<b>The drugs on this list require clinical checks for all plans.</b> 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).
<b>SPB</b> 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.
<b>ST</b> Step therapy	<b>Step therapy only applies if your plan includes this option.</b> This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.



**Aetna Value Plus Plans**  
**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
ABANEU-SL	NPB/G	NC		
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	NPB/G*	NPB/G*	<i>tretinoin</i> , EPIDUO	Add ST
<i>augmented betameth 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	NPB/G	NPB/G	<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
CEM-UREA	NPB/G	NC		
CENFOL	NPB/G	NC		
CENTRATAX	PB	NC		
<i>clobetasol</i>	NPB/G	NPB/G		Add QL
<i>clobetasol e</i>	NPB/G	NPB/G		Add QL
CLOBEX LOT, SHAMPOO	NPB/G	NPB/G		Add QL
CLOBEX SPRAY	PB	NPB/G		Add QL
<i>clodan</i>	NPB/G	NPB/G		Add QL
COLAZAL	NPB/G	NPB/G	<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>	NPB/G*	NPB/G*		Change QL
<i>dihydroergotamine spray</i>	NPB/G	NPB/G	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST, Change QL
DIPROLENE LOT, OINT	NPB/G	NPB/G		Add QL
DIVISTA	NPB/G	NC		
<i>doxercalciferol cap</i>	PS	PG		Add QL, Remove SPB
<i>doxercalciferol inj</i>	PS	NC		Remove SPB
DRISDOL	HCR	NPB/G		
ED CYTE F	NPB/G	NC		

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**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
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, Change 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 sol, 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	NPB/G	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 cream, oint</i>	NPB/G	NPB/G		Add QL
HECTOROL CAP	NPS	NPB/G	<i>doxercalciferol</i> and <i>calcitriol</i>	Add ST, Add QL, Remove SPB
HECTOROL INJ	NPS	NC		Remove SPB
<i>hematinic pl</i>	PG	NC		
<i>hematinic/fa</i>	PG	NC		
<i>hematogen cap forte</i>	PG	NC		
HEMATOGEN FA	NPB/G	NC		
HEMETAB	NPB/G	NC		
<i>hemocyte tab plus</i>	PG	NC		
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 SUPPOSITORY	PB	NPB/G	<i>indomethacin capsules</i>	
INDOCIN SUSPENSION	PB	NPB/G	<i>indomethacin capsules</i>	
INTEGRA F	NPB/G	NC		
INTEGRA PLUS	NPB/G	NC		

**UPPERCASE = brand-name drug; lower case *itali cs* = generic drug**

**Aetna Value Plus Plans**  
**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
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 cream tetracaine</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%+A162 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	NPB/G	NPB/G	<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		
MAXIDEX OP SUSP	PB	NPB/G	<i>dexamethasone ophthalmic solution</i>	
MEPHYTON	PB	PB		Add QL
MIGRANAL SPR	NPB/G*	NPB/G*	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Change QL
MULTIGEN, MULTIGEN FOLIC	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	NPS*	NPS	OMNITROPE	
NUCORT LOT	NPB/G	NPB/G*		
<i>nufol</i>	PG	NC		
NUTROPIN AQ	NPS*	NPS	OMNITROPE	
OLUX	NPB/G	NPB/G		Add QL
OLUX-E	NPB/G	NPB/G		Add QL
<i>omeprazole/bicarbonate cap, pow</i>	NPB/G*	NPB/G*		Add QL
<i>paricalcitol cap</i>	PS	PG		Remove SPB
<i>paricalcitol inj</i>	PS	NC		Remove SPB
PLIAGLIS	NPB/G	NPB/G		Add QL
PRED MILD	PB	NPB/G	<i>prednisolone acetate susp 1%</i>	
PRE-FOLIC	NPB/G	NC		

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**Aetna Value Plus Plans**  
**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
PROFERRIN	NPB/G	NC		
PROSCAR	NPB/G	NPB/G	<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	NPB/G	NPB/G		Add QL
PUREFE	PB	NC		
<i>purevit dual</i>	PG	NC		
RAVICTI	NPS	NPS	<i>phenylbutyrate</i> , BUPHENYL	Add ST
RAYALDEE	HCR	NPB/G		
REGRANEX	NPB/G	NPB/G	SANTYL	Add PA, Add QL
RETIN-A	NPB/G	NPB/G	tretinoin, Epiduo	Add ST
RETIN-A MICR	NPB/G	NPB/G	tretinoin, Epiduo	Change ST
SAIZEN	NPS*	NPS	OMNITROPE	
SANTYL	NPB/G	NPB/G		Add QL
<i>selenium sul sha 2.25%</i>	PG	NC		
SELRX	NPB/G*	NC		
SENSIPAR	NPS	NPB/G		Add QL, Remove SPB, Expect Gen
SEROSTIM	NPS*	NPS		
<i>se-tan plus</i>	PG	NC		
SOLARAZE	NPB/G*	NPB/G*		Change QL
SYMAX DUOTAB	NPB/G	NC	dicyclomine, glycopyrrolate	
SYNERA	NPB/G	NPB/G		Add QL
TANDEM F	NPB/G	NC		
TANDEM PLUS	NPB/G	NC		
TARON FORTE	NPB/G	NC		
TEMOVATE	NPB/G	NPB/G		Add QL
TEMOVATE E	NPB/G	NPB/G		Add QL
TERSI FOAM	NPB/G	NC		
<i>tl gard rx</i>	PG	NC		
<i>tl icon</i>	PG	NC		
TRETIN-X CREAM	NPB/G	NPB/G	<i>tretinoin</i> , EPIDUO	Add ST
<i>tricon</i>	PG	NC		
<i>trigels-f</i>	PG	NC		
ULTRAVATE	NPB/G	NPB/G		Add QL
URAMAXIN	NPB/G	NC		
UREA NAIL	NPB/G	NC		
VANOS	NPB/G*	NPB/G*		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 50000IU</i>	HCR	PG		

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**Aetna Value Plus Plans**  
**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
VITAMIN D (all OTC products greater than 1200IU, currently covered under HCR)	HCR	NC	OTC Vitamin D 400IU-1200IU	
ZEGERID CAP, POW	NPB/G*	NPB/G*		Add QL
ZEMPLAR CAP	NPS	NPB/G	<i>paricalcitol</i> and <i>calcitriol</i>	Add ST, Remove SPB
ZEMPLAR INJ	NPS	NC		Remove SPB
ZORBTIVE	NPS*	NPS		

UPPERCASE = brand-name drug; lower case *itali cs* = 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 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.

### Abbreviation Key

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

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

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
ADRENALIN INJ	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	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
CARIMUNE NF	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
CENTANY	NPB/G	NPB/G		Add QL
CIFEREX	NPB/G	NC		
COLCRYS	NPB/G	NPB/G*	<i>colchicine</i> , MITIGARE	Add ST
CONCERTA	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
COPAXONE 20mg	NPS	NPS*	<i>glatopa</i>	
CUVITRU	NPS	NPS	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 *itali cs* = generic drug**



Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
<i>dextroamphetamine</i>	PG	PG		Remove PA
<i>doxepin hcl cream</i>	NPB/G	NPB/G		Add QL
DURACHOL	NPB/G	NC		
DUTOPROL	NPB/G	NPB/G*	<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, <i>epinephrine autoinjector</i>	Add QL
EVEKEO	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add PA, Add ST
FERIVA TAB 21/7	HCR	NC		
FLEBOGAMMA	NPS	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	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAGARD SD	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAKED	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAPLEX	NPS	PS		
GAMUNEX-C	NPS	PS		
GLEEVEC	NPS	NPS*	<i>imatinib</i>	Add QL
HIZENTRA	NPS	NPS	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

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Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
LINZESS	NPB/G	PB		Remove ST
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	NPB/G*	<i>metoprolol/hctz, metoprolol er tabs, hctz</i>	Add ST, Add QL
MORCIN	NC	NC		Move to Benefit Exclusion
<i>mupirocin oint, crm</i>	PG	PG		Add QL
OCTAGAM	NPS	PS		
ORTHO D	NPB/G	NC		
PRIVIGEN	NPS	NPS	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 TAB 85-500MG	NPB/G	NPB/G*	<i>sumatriptan and naproxen</i>	Add ST
TREXIMET TAB 10-60MG	NPB/G	NPB/G*	<i>sumatriptan and naproxen</i>	Add ST, Add QL
UTOPIC	NPB/G	NC		
VANATOL LQ	NPB/G	NPB/G*	acetaminophen/ butalbital/caffeine tab	Add ST, Add QL
ZAVARA	NPB/G	NC		
ZENZEDI 2.5MG, 7.5MG, 15MG, 20MG, 30MG	NPB/G	NPB/G*		Remove PA, Add ST
<i>zenzedi 5mg, 10mg</i>	PG	PG		Remove PA
ZIPSOR	NPB/G	NPB/G*	<i>diclofenac sodium tab, diclofenac potassium tab</i>	

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**Aetna Value Plus Plans**  
**April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
ZOLATE	NPB/G	NC		
ZONALON	NPB/G	NPB/G		Add QL

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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.

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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 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.

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### Abbreviation Key

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

<b>*</b>	<b>Some plans may not cover this drug.</b> Alternatives are available.
<b>Expect Gen</b> Expect Generic	<b>Expect generic drugs to become available in the near future.</b> 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.
<b>HCR</b> Health Care Reform	There is no copay for these drugs.
<b>LGC</b> Lowest generic copay	Lowest generic copay only applies if your plan has the Value Drug Program.
<b>Medical</b>	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
<b>NC</b> Not-Covered	<b>These drugs are not covered under your pharmacy benefit plan.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>NPB/G</b> Non-preferred brand or non-preferred generic drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
<b>NPS</b> Non-preferred specialty drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
<b>NPL</b> National Precertification List	<b>Prior authorization (PA) is required for all plans.</b> Your doctor must contact us to request approval for coverage.
<b>PA</b> Prior authorization or precertification	<b>Prior authorization only applies if your plan includes precertification.</b> 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.
<b>PB</b> Preferred brand-name drug	These are brand-name drugs that are covered at your 2 <sup>nd</sup> Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>PS</b> Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
<b>PG</b> Preferred generic	These are generic drugs that are covered at your 1 <sup>st</sup> tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
<b>QL</b> Quantity limits	<b>Quantity limits only applies if your plan includes quantity limits.</b> 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.
<b>Select OTC</b> Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
<b>SPB</b> 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.
<b>ST</b> Step therapy	<b>Step therapy only applies if your plan includes step-therapy.</b> This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

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*	NPB/G*	EPIDUO	Add ST
<i>acid control tab</i>	PG/LGC	NC		Remove select OTC
<i>acid reducer tab</i>	PG/LGC	NC		Remove select OTC
<i>a-cillin</i>	PG	PG/LGC		
ACTICLATE	NPB/G	NPB/G		Add ST
ACTIQ	NPB/G	NPB/G	<i>morphine, hydrocodone, oxycodone, hydromorphone</i>	Add ST
ACZONE	NPB/G	NPB/G	EPIDUO	Add ST
ADOXA	NPB/G	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
AKYNZEO	NPB/G	NPB/G	<i>oral ondansetron tab</i>	Add PA, Add ST
<i>alavert</i>	PG/LGC	PG		
<i>alaway</i>	PG/LGC	PG		
<i>alaway child</i>	PG/LGC	PG		
ALINIA	NPB/G	NPB/G		Expect Gen
<i>allergy eye</i>	PG/LGC	PG		
<i>allergy relief</i>	PG/LGC	PG		
<i>allergy tab</i>	PG/LGC	PG		
<i>alosetron</i>	PG	PG	<i>diphenoxylate/atropine, loperamide</i>	Add ST
ALOXI	NC	NC		Remove NPL
ALSUMA	NPB/G	NPB/G	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
ALUVEA	NC	NC		
<i>ambitussin</i>	PG	NC		Remove select OTC
<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/hctz</i>	NPB/G	PG		
<i>amoxicillin</i>	PG	PG/LGC		
<i>amoxil</i>	PG	PG/LGC		
AMRIX	NPB/G	NPB/G	generic FLEXERIL	Add ST
ANALPRAM SNGL	NC	NC		
ANALPRAM-HC	NC	NC		
ANASPAZ	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>antihistamine eye drops</i>	PG/LGC	PG		
ANZEMET inj	NC	NC		Remove NPL

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<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	NPB/G	bupropion/xl, citalopram, escitalopram, fluoxetine, paroxetine, sertraline	Add ST
ARNUITY ELPT	NPB/G	NPB/G		Remove PA, Remove ST
ARRANON	NC	NC		Expect Gen
<i>aspirin</i>	PG	NC		Remove select OTC
ATIVAN	NPB/G	NPB/G	<i>lorazepam, alprazolam, clonazepam, diazepam</i>	Add ST
<i>avidoxy</i>	PG	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
AZILECT	PB	PB		Expect Gen
<i>azuphen mb</i>	NC	NC		
<i>banophen</i>	PG	NC		Remove select OTC
<i>beepen-vk</i>	PG	PG/LGC		
<i>betameth val</i>	PG	NPB/G	triamcinolone crm, oint, lot	
<i>bimatoprost</i>	NPB/G	NPB/G	<i>latanoprost</i> , TRAVATAN Z	Add ST
BINOSTO	NPB/G	NPB/G	<i>alendronate</i>	Add ST
BONIVA inj	NPS	NPS		Remove NPL
<i>bpm-dm-phen syrup</i>	PG	NC		Remove select OTC
BREO ELLIPTA	NPB/G	PB		
BRINTELLIX	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Add ST
<i>brodspec caps</i>	PG/LGC	PG		
BUNAVAIL	NPB/G	NPB/G	generic SUBOXONE SL TAB, SUBOXONE FILM	Add ST
<i>c/t/s solution</i>	PG	NPB/G	EPIDUO	
CADUET	NPB/G	NPB/G	<i>amlodipine, atorvastatin</i>	Add ST
CAMBIA	NPB/G	NPB/G	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
CAPCOF SYRUP	PG	NC		Remove select OTC
CARAC	NPB/G	NPB/G	<i>fluouracil crm</i>	Add ST
CARBAGLU	NPS	NPS		Expect Gen
CARDIZEM CD	NPB/G	NPB/G	<i>diltiazem er</i>	Add ST
<i>cephalexin</i>	PG	PG/LGC		
<i>cheratussin</i>	PG	NC		Remove select OTC

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>chlorpropamide</i>	PG/LGC	PG		
<i>chlorthalidone</i>	PG/LGC	PG		
<i>cimetidine</i>	PG/LGC	PG		
<i>ciprofloxacin</i>	PG	PG/LGC		
<i>claritin</i>	PG/LGC	PG		
<i>claritin eye</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>clindamycin topical</i>	PG	NPB/G	EPIDUO	
<i>clobetasol</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>clobetasol e</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>clonidine er tab</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, MITIGARE</i>	Add ST
CONZIP	NPB/G	NPB/G	generic ULTRAM/ER	Add ST
COPAXONE 40mg	PS	PS		Expect Gen
COREG CR	NPB/G	NPB/G	<i>carvedilol</i>	Expect Gen
<i>cormax</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>cormax scalp</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
COVERA-HS	NPB/G	NPB/G		Expect Gen
<i>cvs allergy</i>	PG/LGC	PG		
<i>cyclatet</i>	PG/LGC	PG		
<i>delonide</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	
DERMA SILKRX	NPB/G	NC	<i>diclofenac tabs, ranitidine tabs, capsaicin crm (otc)</i>	
DERMACINRX KIT ANALGESIC	NPB/G	NC	<i>diclofenac tabs, LIDO-MEN-METHYL SAL PTCH KIT (otc)</i>	
DERMACINRX KIT PHARMAPAK	NPB/G	NC	<i>chlorhexidine 4% sol, mupirocin 2% cr, dimethicone 5% crm (otc)</i>	

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
DERMACINRX PAK INFLAMMATRAL	NPB/G	NC	<i>diclofenac tabs, ranitidine tabs, capsaicin cream (otc)</i>	
DERMACINRX PAK LEXITRAL	NPB/G	NC	<i>diclofenac tabs, capsaicin crm (otc)</i>	
<i>desonide</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	
<i>desoximetasone 0.05%</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>desoximetasone 0.25%</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
DETROL DETROL LA	NPB/G	NPB/G	<i>oxybutynin/er, tolterodine/er, trospium/er, MYRBETRIQ, VESICARE</i>	Add ST
<i>diclofenac 3% gel</i>	PG	NPB/G*	<i>generic nonsteroidal anti-inflammatory drug</i>	Add QL
<i>diclotral</i>	NPB/G	NC	<i>diclofenac tabs, capsaicin crm (otc)</i>	
DIFFERIN	NPB/G	NPB/G	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 liquid</i>	PG	NC		Remove select OTC
DIPENTUM	NPB/G	NPB/G	APRISO, ASACOL/HD, DELZICOL, LIALDA, PENTASA	Add ST
<i>diphenhydramine</i>	PG	NC		Remove select OTC
DONNATAL	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
DORYX	NPB/G	NPB/G		Add ST
<i>doxycycline cap 150mg</i>	NPB/G	NPB/G	<i>generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg</i>	Add ST
<i>doxycycline cap 75mg</i>	NPB/G*	NPB/G*	<i>generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg</i>	Add ST, Add QL
<i>doxycycline hyclate</i>	PG/LGC	PG		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>doxycycline hyclate dr</i>	NPB/G	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
<i>doxycycline monohydrate 100mg</i>	PG	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
<i>doxycycline monohydrate tab</i>	NPB/G	NPB/G	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
<i>doxy-d</i>	PG/LGC	PG		
DRYSOL	NC	NC		
DUAC	NPB/G	NPB/G*	EPIDUO	Add ST
DUEXIS	NPB/G	NPB/G	<i>ibuprofen 800mg, famotidine</i>	Add ST
DYMISTA	NPB/G*	NPB/G*	<i>azelastine, FLONASE OTC</i>	Add ST
<i>econazole</i>	PG	NPB/G	<i>terbinafine, griseofulvin</i>	
ECOZA	NPB/G	NPB/G	<i>terbinafine, griseofulvin</i>	Add ST
EDLUAR	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
EMLA	NPB/G	NPB/G		Add QL
<i>endacof-c</i>	PG	NC		Remove select OTC
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
EPZICOM	NPB/G	NPB/G		Expect Gen
<i>eq itchy eye</i>	PG/LGC	PG		
<i>eridium</i>	PG/LGC	PG		
<i>estropipate</i>	PG/LGC	PG		
EVZIO	PB	NPB/G*	NARCAN NASAL SPRAY	Add PA, Add ST
EXFORGE	NPB/G	NPB/G	<i>amlodipine, candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	Remove ST
EXFORGEH/10	NPB/G	NPB/G	<i>amlodipine, candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	Remove ST

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
EXFORGEH/5	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	NPS	NPS		Add NPL
FARXIGA	NPB/G	NPB/G		Remove ST
FENOGLIDE	NPB/G	NPB/G	generic ANTARA, LIPOFEN, LOFIBRA, TRICOR	Add ST
<i>fentanyl 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
FLECTOR	NPB/G	NPB/G	<i>oral diclofenac</i>	Add ST
<i>flonase allergy</i>	PG	PG		Add QL
FLOVENT DISK	NPB/G	NPB/G		Remove PA, Remove ST
FLOVENT DISK FLOVENT HFA	NPB/G	NPB/G		Remove PA, Remove ST
<i>flunisolide spray</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 cream 0.05%</i>	PG/LGC	NPB/G	betamethasone dipropionate crm, oint, lot	
<i>fluocinonide e cream 0.05%</i>	PG/LGC	PG	betamethasone dipropionate crm, oint, lot	

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>fluocinonide gel, oint 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>	
FORFIVO XL	NPB/G	NPB/G	<i>bupropion xl 300mg, bupropion xl 150mg</i>	Add ST
FORTAMET	NPB/G*	NPB/G*	generic GLUCOPHAGE, GLUCOPHAGE XR	Add ST
FREESTYLE TEST STRIPS	NPB/G	PB		Remove PA
<i>gentamicin cream</i>	PG/LGC	PG		
<i>gg/codeine syrup</i>	PG	NC		Remove select OTC
GIAZO	NPB/G	NPB/G	APRISO, ASACOL/HD, DELZICOL, LIALDA, PENTASA	Add ST, Expect Gen
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*	NPB/G*	generic GLUCOPHAGE, GLUCOPHAGE XR	Add ST
<i>grafco silver</i>	NC	NC		
GRALISE	NPB/G	NPB/G	generic NEURONTIN	Add ST
GRALISE STAR	NPB/G	NPB/G	generic NEURONTIN	Add ST
<i>guaiaatussin</i>	PG	NC		Remove select OTC
<i>guaifenesin</i>	PG	NC		Remove select OTC
<i>guiaatuss dac</i>	PG	NC		Remove select OTC
<i>halobetasol</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
HARVONI	PS	NPS	ZEPATIER	Add ST
<i>hc pramoxine</i>	NC	NC		
<i>heartburn tab</i>	PG/LGC	NC		Remove select OTC
<i>hemmorex-hc</i>	NC	NC		
HUMULIN	NPB/G	PB		
HUMULIN N	NPB/G	PB		
HYDRO 35	NC	NC		
<i>hydroxyz hcl</i>	PG/LGC	PG		
<i>hyolev mb</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>hyosyne</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>hypercare</i>	NC	NC		
<i>ibandronate inj</i>	PS	PS		Remove NPL
<i>indiomin mb</i>	NC	NC		
INTERMEZZO	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
<i>iophen c-nr liquid</i>	PG	NC		Remove select OTC
<i>itchy eye drops</i>	PG/LGC	PG		
JARDIANCE	NPB/G	NPB/G		Remove ST
JENTADUETO JENTADUETO XR	NPB/G	PB		Remove ST
JEVTANA	NC	NC		Remove NPL
JUBLIA	NPB/G	NPB/G	<i>terbinafine, itraconazole, griseofulvin</i>	Add ST
<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
KERALAC	NC	NC		
KERYDIN	NPB/G	NPB/G	<i>terbinafine, itraconazole, griseofulvin</i>	Add ST
<i>ketotifen fumarate</i>	PG/LGC	PG		
KHEDEZLA	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Add PA, Add ST
<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
<i>k-sol</i>	PG/LGC	PG		
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		
LEVVID	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEVSIN	NC	NC	<i>dicyclomine, glycopyrrolate</i>	

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
LEVSIN SL	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEXIVA	PB	PB		Expect Gen
<i>lidocaine oint</i>	NPB/G	NPB/G		Add QL
<i>lidocaine patch</i>	PG	PG		Add QL
<i>lidocaine/prilocaine cream</i>	PG	PG		Add QL
<i>lidocaine-pr cream</i>	PG	PG		Add QL
LIDODERM	NPB/G	NPB/G		Add QL
<i>lidopril</i>	PG	PG		Add QL
LIVALO	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	Add ST
<i>lohist-dm</i>	PG	NC		Remove select OTC
<i>lokara</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	
<i>loratadine</i>	PG/LGC	PG		
LORZONE	NPB/G	NPB/G	<i>chlorzoxazone 250mg, 500mg</i>	Add ST
LOTEMAX	PB	PB		Expect Gen
LUCENTIS	NPS	NPS		Add NPL
LUPR DEP-PED	PS	PS	<i>leuprolide</i>	Add PA
MACUGEN	NPS	NPS		Add NPL
MAR-COF BP LIQUID	PG	NC		Remove select OTC
<i>m-clear wc liquid</i>	PG	NC		Remove select OTC
M-END PE LIQUID	PG	NC		Remove select OTC
<i>m-end wc liquid</i>	PG	NC		Remove select OTC
<i>mesehist wc</i>	PG	NC		Remove select OTC
MIGRANAL	NPB/G	NPB/G	<i>dihydroergotamine spray, naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
MINASTRIN 24	NPB/G	NPB/G		Expect Gen
<i>minocycline tab 50mg</i>	PG	NPB/G	generic DYNACIN caps, MINOCIN caps	
MIRENA	NPB/G	NPB/G		Expect Gen
MITIGARE	NPB/G	PB		
<i>mometasone topical</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>mondoxyne nl</i>	NPB/G	NPB/G*	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
MONODOX	NPB/G	NPB/G*	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
<i>morgidox</i>	PG/LGC	PG		

**UPPERCASE = brand-name drug; lower case *itali cs* = generic drug**

**Aetna Value Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>mytussin dac</i>	PG	NC		Remove select OTC
<i>naproxen sodium</i>	PG/LGC	PG		
NARCAN	NPB/G	PB		
NASONEX	PB	NPB/G	<i>flunisolide, mometasone, FLONASE OTC, NASACORT 24HR</i>	Add ST
NATESTO GEL	NPB/G	NPB/G*	ANDROGEL 1.62%	
<i>neucac</i>	NPB/G	NPB/G*	EPIDUO	Add ST
NOTUSS-NX	PG	NC		Remove select OTC
NOTUSS-NXD	PG	NC		Remove select OTC
<i>novadyne</i>	PG	NC		Remove select OTC
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
<i>nulev</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>omeprazole</i>	PG/LGC	PG		
ONEXTON	NPB/G	NPB/G*	EPIDUO	
ONGLYZA	PB	NPB/G	<i>alogliptin, JANUVIA/ JANUMET/XR, TRADJENTA/ JENTADUETO/XR</i>	Add ST
ORACEA	NPB/G	NPB/G	<i>metronidazole gel</i>	Add ST
<i>ormir</i>	PG	NC		Remove select OTC
<i>ortho-est</i>	PG/LGC	PG		
<i>oscimin</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>oscimin sr</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
OTEZLA	NPS	PS		Remove ST
OXECTA	PB	PB		Add ST
<i>pamidronate</i>	PS	PS		Remove NPL
PATADAY	NPB/G	NPB/G		Expect Gen
<i>pc pen vk</i>	PG	PG/LGC		
<i>pc tet</i>	PG/LGC	PG		
<i>penicillin vk</i>	PG	PG/LGC		
PENLAC	NPB/G	NPB/G	<i>terbinafine, itraconazole, griseofulvin</i>	Add PA, Add ST
PENNSAID	NPB/G	NPB/G*	<i>generic nonsteroidal anti-inflammatory drug</i>	
<i>pen-vee k</i>	PG	PG/LGC		
PEXEVA	NPB/G	NPB/G	generic PAXIL	Add ST
<i>pharbedryl</i>	PG	NC		Remove select OTC

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**Aetna Value Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>phenazopyridine</i>	PG/LGC	PG		
PHENHIST DH	PG	NC		Remove select OTC
phenohydro	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>polymox</i>	PG	PG/LGC		
POLY-TUSSIN	PG	NC		Remove select OTC
POLY-TUSSIND	PG	NC		Remove select OTC
<i>potassium chloride</i>	PG/LGC	PG		
<i>prazosin hcl</i>	PG/LGC	PG		
PRECISION	NPB/G	PB		
PRECISION PT	NPB/G	PB		
<i>prednicen-m</i>	PG/LGC	PG		
<i>prednisone</i>	PG/LGC	PG		
PREIDENT	NC	NC	<i>fluoride tablets</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 Gen
PRO-CLEAR AC	PG	NC		Remove select OTC
PROCORT CREAM	NPB/G	NC		
PRO-RED AC	PG	NC		Remove select OTC
<i>pyridiate</i>	PG/LGC	PG		
<i>rabeprazole</i>	NPB/G	PG		Remove PA
<i>ranitidine</i>	PG/LGC	NC		Remove select OTC
RAYOS	NPB/G	NPB/G*	<i>prednisone</i>	
RECLAST	NPS	NPS		Remove NPL
<i>relcof c</i>	PG	NC		Remove select OTC
RELION N RELION R RELION 70/30	PB	NPB/G	HUMULIN products, HUMALOG products	Add ST
RELPAK	NPB/G	NPB/G		Expect Gen
RETIN-A MICRO	NPB/G	NPB/G	EPIDUO	Add ST
REVATIO SUS	NPS	NPS		Expect Gen
REYATAZ	PB	PB		Expect Gen
<i>robitet</i>	PG/LGC	PG		
ROZEREM	NPB/G	NPB/G		
RYDEX	PG	NC		Remove select OTC
<i>salicylic acid foam 6%</i>	NC	NC		
SALIVAMAX	NC	NC		
SANCTURA SANCTURA XR	NPB/G	NPB/G	<i>oxybutynin/er, tolterodine/er, trospium/er, MYRBETRIQ, VESICARE</i>	Add ST
SANDOSTATIN	NPS	NPS		Expect Gen
SAVELLA	NPB/G	NPB/G	<i>duloxetine, LYRICA</i>	Add ST

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**Aetna Value Plus Plans**  
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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
SELRX	NPB/G	NPB/G	<i>selenium sulfide</i>	Add ST
SITAVIG	NPB/G	NPB/G	<i>oral acyclovir tabs, caps</i>	Add ST
<i>sod chloride nebs</i>	PG	NC		Remove select OTC
SOLARAZE	NPB/G	NPB/G*	<i>imiquimond</i>	Add QL
SOLODYN	NPB/G	NPB/G		Add ST
SOMA 250mg	NPB/G	NPB/G	<i>carisoprodol 350mg</i>	Add ST
SOMAVERT	NPS	NPS		Expect Gen
SORILUX	NPB/G	NPB/G	augmented betamethasone crm, oint, lot, gel	Add ST
SOVALDI	PS	NPS	ZEPATIER	Add ST
STATUSS	PG	NC		Remove select OTC
STRATTERA	PB	PB		Expect Gen
STRIVERDI	NPB/G	NPB/G	SEREVENT	Add PA, Add ST
SUBOXONE FILM	NPB/G	NPB/G		Expect Gen
<i>sulfacetamide sodium with sulfur</i>	NPB/G	NC	EPIDUO	
<i>sulfacetamide sodium with sulfur liquid wash</i>	NPB/G	NC		
SUMADAN WASH	NPB/G	NC	EPIDUO	
SUMAVEL DOSE	NPB/G	NPB/G	<i>naratriptan, rizatriptan, sumatriptan, zolmitriptan</i>	Add ST
SUMAXIN WASH LIQUID 9-4%	NPB/G	NC		
<i>sumycin</i>	PG/LGC	PG		
<i>sure result</i>	NPB/G	NC	<i>diclofenac tabs, capsaicin crm (otc)</i>	
SUSTIVA	PB	PB		Expect Gen
<i>symax-sl</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>symax-sr</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
SYNJARDY	NPB/G	NPB/G		Remove ST
<i>tacrolimus oint</i>	NPB/G	NPB/G	<i>fluticasone propionate, betamethasone dipropionate/augmented, triamcinolone acetonide</i>	Add ST
TAMIFLU	NPB/G	NPB/G		Expect Gen
<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		
TIKOSYN	NPB/G	NPB/G		Expect Gen
TOPICORT SPRAY	NPB/G	NPB/G*	<i>augmented betamethasone crm, oint, lot, gel</i>	Add ST
TOUJEO SOLOSTAR	NPB/G	NPB/G		Remove PA, Remove QL

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**Aetna Value Plus Plans**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
TRACLEER	PS	PS		Expect Gen
TRADJENTA	NPB/G	PB		Remove ST
<i>trazodone</i>	PG	PG/LGC		
TRESIBA FLEX	NPB/G	PB		Remove ST
TREXIMET	NPB/G	NPB/G	<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
<i>tusnel c</i>	PG	NC		Remove select OTC
URAMAXIN	NC	NC		
URAMAXIN GT	NC	NC		
<i>uramit mb</i>	NC	NC		
<i>ure-k</i>	NC	NC		
<i>urolet mb</i>	NC	NC		
UTOPIC CREAM 41%	NPB/G	NC		
VANOS	NPB/G	NPB/G*		
VASOTEC	NPB/G	NPB/G	<i>enalapril</i>	Add ST
<i>veetids</i>	PG	PG/LGC		
VELCADE	NC	NC		Expect Gen
VELTIN	NPB/G	NPB/G		
VIBERZI	NPB/G	PB		Remove ST
VIMOVO	NPB/G	NPB/G	<i>naproxen, omeprazole, pantoprazole, esomeprazole, lansoprazole</i>	Add ST
VIREAD	PB	PB		Expect Gen
<i>virtussin</i>	PG	NC		Remove select OTC
<i>virtussin ac</i>	PG	NC		Remove select OTC
VISUDYNE	NPS	NPS		Expect Gen
VIVITROL	NPS	NPB/G		Remove SPB
VYTORIN	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin, ZETIA</i>	Add ST, Expect Gen
VYTORIN TAB 10-80MG	NPB/G	NPB/G		Expect Gen
<i>wal-itin</i>	PG/LGC	PG		
<i>wal-itin chl</i>	PG/LGC	PG		
<i>wal-vert</i>	PG/LGC	PG		
<i>wal-zan</i>	PG/LGC	NC		Remove select OTC
<i>wal-zyr</i>	PG/LGC	PG		
WELLBUTRIN	NPB/G	NPB/G	<i>bupropion xl, citalopram, escitalopram, fluoxetine, paroxetine, sertraline</i>	Add ST
<i>wincillin-vk</i>	PG	PG/LGC		
<i>wymox</i>	PG	PG/LGC		

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**Aetna Value Plus Plans**  
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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
XIFAXAN	PB	PB	<i>lactulose, diphenoxylate/atropine, loperamide (otc)</i>	Add PA
XIGDUO XR	NPB/G	NPB/G		Remove ST
<i>x-viate</i>	NC	NC		
ZADITOR	PG/LGC	PG		
ZANTAC	PG/LGC	NC		Remove select OTC
<i>zartan</i>	PG	PG/LGC		
ZEGERID 40-1100 CAP	NPB/G	NPB/G	<i>omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole</i>	Add ST
<i>zencia liquid 9-4%</i>	NPB/G	NC		
ZEPATIER	NPS	PS		Remove ST
ZODRYL AC	PG	NC		Remove select OTC
ZODRYL DAC	PG	NC		Remove select OTC
ZODRYL DEC	PG	NC		Remove select OTC
ZOHYDRO ER	NPB/G	NPB/G	BUTRANS, HYSINGLA ER, OXYCONTIN	Add ST
<i>zoledronic acid inj</i>	PS	PS		Remove NPL
<i>zolpidem tar sl</i>	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
ZOLPIMIST	NPB/G	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	Add ST
ZOMETA	NPS	NPS		Remove NPL
ZONTIVITY	NPB/G	NPB/G	<i>clopidogrel</i>	Add PA, Add QL
Z-TUSS AC	PG	NC		Remove select OTC
ZUPLENZ	NPB/G	NPB/G	<i>oral ondansetron tab</i>	Add ST
ZYCLARA	NPB/G	NPB/G	generic ALDARA	Add ST
ZYCLARA PUMP	NPB/G	NPB/G	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](http://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](http://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'doowoł doo bááh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dółzinígíí 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 ያለከፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ። (Amharic)

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

Անվճար լեզվական ծառայություններին 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 မပေးရဲဘဲ 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 lengguãhi ni dibåtde para hãgu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

Ⴀႃႃႃ Ⴀႃႃႃႃ Ⴀႃႃႃႃ Ⴀ Ⴀႃႃ Ⴀႃႃႃႃ Ⴀႃ, Ⴀႃႃႃႃ Ⴀႃႃ Ⴀႃႃ Ⴀႃႃႃ Ⴀႃႃႃ Ⴀႃႃႃ Ⴀႃႃႃ Ⴀႃႃႃ. (Cherokee)

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

Tajaajjiiloota 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 કોઈ 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 gasi asụsụ n'efu, kpọọ nọmba no na kaadi ID gi. (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)

လၢတၢ်ကမၤန့ၢ်ကျိၣ်အတၢ်မၤစၢၤအတၢ်ဖဲးတၢ်မၤစတၢ်လၢတအိၣ်ဒီးအပ္ပၤလၢနကဘၣ်ဟ့ၣ်အိၣ်ဘၣ်န့ၣ်.ကိးဘၣ်လိတဖီခိၣ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤခိၣ် (ID)  
အခးလိၣ်တကၢ် (Karen)

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

M dyi wudu-dù kà kò dò bě dyi móuń nì pídyi ní, níí, dǎ nòbà nià nì ID káàò kǝ. (Kru-Bassa)

بۆ دەسپێر اگەشتن بە خزمەتگوزاری زمان بەی تێچوون بۆ تۆ، پەيوەندی بکە بە ژمارەى 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, kirllok 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 kɔɔr yīn wěēr de thokic ke cīn wěu kɔr keek tēnɔŋ yīn. Ke cɔl kɔc ye kɔc kuɔny ně nɔmba de abac tǝ  
ně ID kard du kǝu. (Nilotic-Dinka)

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

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

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

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

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

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

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

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





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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](mailto:CRCoordinator@aetna.com).

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

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