

### 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>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>Preauthorization (PA) is required for all plans.</b> Your doctor must contact us to request approval for coverage.
<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 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>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 step-therapy.</b> This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

**Aetna Performance Plan**  
**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
<i>alphatrex</i>	PG	PG		Add QL
ALVESCO	NC	NC		Add QL
<i>ana-lex</i>	PG	NC		
<i>aprepitant cap</i>	NC	NC		Add QL
ASTERO	NC	NC		Move to Benefit Exclusion
<i>augmented betameth gel, lot, oint</i>	PG	PG		Add QL
BONIVA	NC	NC	<i>alendronate 70mg</i>	Remove PA, Remove SPB
<i>budesonide inh susp</i>	PG	PG		Add QL
BYSTOLIC	PB	NC	<i>metoprolol, atenolol, nadolol</i>	
BYVALSON	PB	NC		
<i>clobetasol</i>	PG	PG		Add QL
<i>clobetasol e</i>	PG	PG		Add QL
CLOBEX LOT, SHAMPOO	NC	NC		Add QL
CLOBEX SPRAY	NC	NC		Add QL
<i>clodan</i>	PG	PG		Add QL
CORDRAN TAPE	NC	NC		Add QL
<i>cormax scalp</i>	PG	PG		Add QL
<i>diclofenac gel 3%</i>	NC	NC		Change QL
DIPROLENE LOT, OINT	NC	NC		Add QL
<i>doxercalciferol cap</i>	PG	PG		Add QL
DRISDOL	HCR	NC	OTC Vitamin D 400IU-1200IU	
EMEND CAP	NC	NC		Add QL
EPANED ORAL SOLN	NC	NC		Add QL
EPANED PWD FOR ORAL SOLN	NC	NC		Add QL
<i>ergocalciferol cap 50000unt</i>	HCR	PG		
<i>finasteride</i>	PG	PG	<i>dutasteride</i>	Add PA
<i>fluocinonide, fluocinonide-e</i>	PG	PG		Add QL
<i>halobetasol</i>	PG	PG		Add QL
HECTOROL CAP	NC	NC	<i>doxercalciferol</i> and <i>calcitriol</i>	Add QL, Remove SPB
<i>ibandronate tab 150mg</i>	PG	NC	<i>alendronate 70mg</i>	Remove PA
LANCETS (all brands currently on Preferred Brand tier)	PB	NC	<i>generic lancets</i>	
LDO PLUS	NC	NC		Move to Benefit Exclusion
<i>levorphanol</i>	PG	PG		Add QL, Add SE
<i>lidazone</i>	PG	NC		
<i>lidocaine cream tetracaine</i>	NC	NC		Add QL
<i>lidocaine pad 5%</i>	PG	PG	<i>gabapentin</i>	Add PA
<i>lidocaine/hc cre 3%-0.5%</i>	PG	NC		
<i>lidocaine/hc kit 2-2%</i>	PG	NC		
<i>lidocaine/hc kit 3%-0.5% 2-2%</i>	PG	NC		

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

**Aetna Performance Plan**  
**July 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
<i>lidocaine/hc kit 3%-1%</i>	PG	NC		
<i>lidocaine/hc kit 3-2.5%</i>	PG	NC		
<i>lido-hydro gel 2.8-0.54</i>	PG	NC		
MEPHYTON	NC	NC		Add QL
<i>nitroglycerin sub</i>	NC	PG		
OLUX	NC	NC		Add QL
OLUX-E	NC	NC		Add QL
<i>omeprazole/bicarbonate cap, pow</i>	PG	PG		Add QL
<i>paricalcitol cap</i>	PG	PG		Remove SPB
<i>paricalcitol inj</i>	NC	NC		Remove SPB
PLIAGLIS	NC	NC		Add QL
PROVENTIL HFA	NC	NC	VENTOLIN HFA and PROAIR	Expect Gen
PULMICORT SUSP	NC	NC		Add QL
RAYALDEE	HCR	NC	<i>calcitriol</i>	
REGRANEX	NC	NC		Add QL
SANTYL	NC	NC		Add QL
<i>selenium sul shampoo 2.25%</i>	PG	NC		
SENSIPAR	NPB/G	NPB/G		Add QL, Remove SPB, Expect Gen
SOLARAZE	NC	NC		Change QL
SYNERA	NC	NC		Add QL
TEMOVATE	NC	NC		Add QL
TEMOVATE E	NC	NC		Add QL
ULTRAVATE	NC	NC		Add QL
<i>vitamin D cap 50000IU</i>	HCR	PG		
VITAMIN D (all OTC products greater than 1200IU, currently covered under HCR)	HCR	NC	OTC Vitamin D 400IU-1200IU	
VANOS	NC	NC		Add QL
VASCEPA	NC	NC		Add QL
ZEGERID CAP, POW	NC	NC		Add QL
ZEMPLAR CAP	NC	NC	<i>paricalcitol</i> and <i>calcitriol</i>	Remove SPB
ZEMPLAR INJ	NC	NC		Remove SPB

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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.

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<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
ALA-QUIN	NC	NC		Move to Benefit Exclusion
ALCORTIN A	NC	NC		Move to Benefit Exclusion
ALOQUIN	NC	NC		Move to Benefit Exclusion
BACTROBAN TOPICAL OINT, CRM	NC	NC		Add QL
BENSAL HP	NC	NC		Move to Benefit Exclusion
CENTANY	NC	NC		Add QL
DEXEDRINE CAP	NC	NC		Remove PA
<i>dexedrine tab</i>	PG	PG		Remove PA
<i>dextroamphetamine</i>	PG	PG		Remove PA
<i>diclofenac gel</i>	NC	PG		
<i>doxepin hcl cre</i>	PG	PG		Add QL
<i>econazole</i>	PG	PG		Add QL
<i>epinephrine inj 0.15mg</i>	PG	PG		Add QL
<i>epinephrine inj 0.3mg</i>	PG	PG		Add QL
EPIPEN 2-PAK	PB	PB		Add QL
EPIPEN-JR	PB	PB		Add QL
FERIVA TAB 21/7	HCR	NC		
FLEBOGAMMA	NC	PS		
GAMMAPLEX	NC	PS		
GAMUNEX-C	NC	PS		
HIZENTRA	NPB/G	NC	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	
HYLAFEM	NC	NC		Move to Benefit Exclusion
<i>imatinib mes</i>	PG	PG		Add QL
MORCIN	NC	NC		Move to Benefit Exclusion
<i>mupirocin oint, crm</i>	PG	PG		Add QL
OCTAGAM	NC	PS		
PRUDOXIN	NC	NC		Add QL
THALAMUS	NC	NC		Move to Benefit Exclusion
TRAUMEEL	NC	NC		Move to Benefit Exclusion
VOLTAREN GEL	PB	NC		
ZENZEDI 2.5MG, 7.5MG, 15MG, 20MG, 30MG	NC	NC		Remove PA

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**Aetna Performance Plan**  
**April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
zenzedi 5mg, 10mg	PG	PG		Remove PA
ZONALON	NC	NC		Add QL

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

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

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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.

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**January 1, 2017 Updates**



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<i>a-cillin</i>	PG	PG/LGC		
ALUVEA	NC	NC		
<i>amoxicillin</i>	PG	PG/LGC		
<i>amoxil</i>	PG	PG/LGC		
ANALPRAM SNGL	NC	NC		
ANALPRAM-HC	NC	NC		
ANASPAZ	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
AZILECT	PB	PB		Expect Gen
<i>azuphen mb</i>	PB	NC		
<i>beepen-vk</i>	PG	PG/LGC		
<i>brodspec</i>	PG/LGC	PG		
<i>cephalexin</i>	PG	PG/LGC		
<i>chlorpropamide</i>	PG/LGC	PG		
<i>cimetidine</i>	PG/LGC	PG		
<i>ciprofloxacin</i>	PG	PG/LGC		
<i>c-lexin</i>	PG	PG/LGC		
COLCRYS	PB	NC	<i>colchicine, MITIGARE</i>	
COPAXONE 40mg	PS	PS		Expect Gen
<i>cyclatet</i>	PG/LGC	PG		
<i>diclofenac 3% gel</i>	PG	NC	<i>generic nonsteroidal anti-inflammatory drug</i>	Add QL
DONNATAL	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>doxycycline cap 75mg</i>	PG	PG	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add QL
<i>doxycycline hyclate</i>	PG/LGC	PG		
<i>doxy-d</i>	PG/LGC	PG		
DRYSOL	NC	NC		
EPIPEN 2-PAK	PB	PB		Expect Gen
EPIPEN-JR	PB	PB		Expect Gen
EPZICOM	PB	PB		Expect Gen
<i>eridium</i>	PG/LGC	PG		
<i>estropipate tab</i>	PG/LGC	PG		
<i>ferrous sulf</i>	HCR	PG		
<i>flunisolide spray</i>	PG	PG		Remove QL
<i>fluocinonide cream 0.05%</i>	PG/LGC	PG	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluocinonide cream-e 0.05%</i>	PG/LGC	PG	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluoxetine</i>	PG/LGC	PG		
FREESTYLE	NC	PB		

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<i>gentamicin cream</i>	PG/LGC	PG		
<i>gg/codeine syrup</i>	PG	NC		Remove select OTC
<i>grafco silver</i>	PB	NC		
HARVONI	PS	NC	ZEPATIER	
<i>hc pramoxine</i>	NC	NC		
<i>hemmorex-hc</i>	NC	NC		
HYDRO 35	NC	NC		
<i>hydroxyzine hcl</i>	PG/LGC	PG		
<i>hyolev mb</i>	PB	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>hyosyne</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>hypercare</i>	NC	NC		
<i>indiomin mb</i>	NC	NC		
<i>kaon-cl-10</i>	PG/LGC	PG		
KERALAC	NC	NC		
<i>klor-con 10</i>	PG/LGC	PG		
<i>klotrix</i>	PG/LGC	PG		
<i>ledercill vk</i>	PG	PG/LGC		
LEVVID	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEVSIN	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEVSIN SL	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
LEXIVA	PB	PB		Expect Gen
<i>lidocaine oint</i>	PG	PG		Add QL
<i>lidocaine patch</i>	PG	PG		Add QL
<i>lidocaine/prilocaine cream</i>	PG	PG		Add QL
<i>lidopril cream</i>	PG	PG		Add QL
LOTEMAX	PB	PB		Expect Gen
MIRENA	HCR	HCR		Expect Gen
MITIGARE	NC	PB		
<i>mondoxylene nl</i>	PG	PG	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add QL
<i>morgidox</i>	PG/LGC	PG		
<i>naproxen sodium</i>	PG/LGC	PG		
<i>nulev</i>	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<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>	

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

**Aetna Performance Plan**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>pamidronate</i>	PG	PG		Remove NPL
PATADAY	PB	PB		Expect Gen
<i>pc pen vk</i>	PG	PG/LGC		
<i>pc tet</i>	PG/LGC	PG		
<i>penicillin vk</i>	PG	PG/LGC		
<i>pen-vee k</i>	PG	PG/LGC		
<i>phenazopyridine</i>	PG/LGC	PG		
phenohydro	NC	NC	<i>dicyclomine, glycopyrrolate</i>	
<i>polymox</i>	PG	PG/LGC		
<i>potassium chloride</i>	PG/LGC	PG		
<i>prazosin hcl</i>	PG/LGC	PG		
PRECISION	NC	PB		
PRECISION PT	NC	PB		
<i>prednicen-m</i>	PG/LGC	PG		
<i>prednisone pak</i>	PG/LGC	PG		
PREVIDENT	NC	NC	<i>fluoride tablets</i>	
<i>pyridiate</i>	PG/LGC	PG		
<i>rabeprazole</i>	PG	PG		Remove PA
<i>ranitidine</i>	PG/LGC	NC		Remove select OTC
REYATAZ	PB	PB		Expect Gen
<i>robitet</i>	PG/LGC	PG		
<i>salicylic acid foam 6%</i>	PB	NC		
SALIVAMAX	NC	NC		
<i>sod sulfacetamide/sulfur liq</i>	NPB/G	NC	EPIDUO	
<i>sodium chloride nebs</i>	PG	NC		Remove select OTC
<i>sodium sulfacetamide with sulfur liquid wash</i>	PG	NC		
SOVALDI	PS	NC	ZEPATIER	
STRATTERA	PB	PB		Expect Gen
<i>sumycin</i>	PG/LGC	PG		
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>	
<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		
<i>trazodone</i>	PG	PG/LGC		
TRESIBA FLEX	NC	PB		
<i>trimox</i>	PG	PG/LGC		
URAMAXIN	NC	NC		
URAMAXIN GT	NC	NC		
<i>uramit mb</i>	PB	NC		

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**Aetna Performance Plan**  
**January 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>ure-k</i>	NC	NC		
<i>urolet mb</i>	PB	NC		
<i>veetids</i>	PG	PG/LGC		
VIBERZI	NC	PB		
VIREAD	PB	PB		Expect Gen
VIVITROL	NC	NC		
<i>wincillin-vk</i>	PG	PG/LGC		
<i>wymox</i>	PG	PG/LGC		
<i>x-viate</i>	NC	NC		
<i>zartan</i>	PG	PG/LGC		
<i>zencia liquid 9-4%</i>	PG	NC		
ZEPATIER	NC	PS		Add PA, Add QL

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

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

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

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقةك 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)

Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃ Ⴄႃႃ Ⴄႃႃႃ Ⴄႃႃ, Ⴄႃႃႃႃႃ Ⴄႃႃ Ⴄႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ Ⴄႃႃႃ. (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)



M̈ dyi wuḍu-dù kà kò dò bě dyi móuń nì píd̈yi ní, níí, ḍá nòbà nìà nì ID káàò kǝ. (Kru-Bassa)

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

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,  
ໃຫ້ໃຫຫາເບີໂທທົບອກໄວ້ໃນບັດປະຈຳຕວຂອງທ່ານ. (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 សូមហៅទូរស័ព្ទទៅកាន់ដ  
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 nē nomba de abac tō  
nē ID kard du kōu. (Nilotic-Dinka)

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

Um Schprooch Services zu 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)



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

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

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

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

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),  
1-800-648-7817, TTY: 711,

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