Aetna Value Plus Plans
July 1, 2018 Updates

Abbreviation Key

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

*	**Some plans may not cover this drug.** Alternatives are available.
30 Day Supply 30 day maximum supply	**These drugs are not covered for a 90 day supply.** You can still get these drugs for 30 day supply per fill.
Expect Gen Expect generic	**Expect generic drugs to become available in the near future.** When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions List.
FE Formulary exclusion	**These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.** You can still get these drugs but will need to pay the full cost of the drug.
HCR Health Care Reform	There is no copay for these drugs.
Medical	These drugs are not covered under your pharmacy benefit but may be covered under your Medical benefit**.**
MOD Exclusion Mail order delivery exclusion	**These drugs are not covered at mail order pharmacy.** You can still get these drugs at retail pharmacies.
NC Not-covered	**These drugs are not covered under your pharmacy benefit plan due to benefit exclusion.** You can still get these drugs but will need to pay the full cost of the drug.
NPB/G - Non-preferred brand or non-preferred generic drug	**These drugs aren't preferred**. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPL National precertification list	**Preauthorization (PA) is required for all plans.** Your doctor must contact us to request approval for coverage.
NPS - Non-preferred specialty drug	**These drugs aren't preferred.** You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
PA – Preauthorization (Precertification)	**Preauthorization only applies if your plan includes precertification.** This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	**Quantity limits only applies if your plan includes preauthorization.** Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
Spc Network Applies Specialty network applies	**These drugs are not covered at mail order pharmacy.** You can still get these drugs at certain specialty network pharmacies.
ST Step therapy	**Step therapy only applies if your plan includes this option.** This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug. Step therapy protocol complies with all mandated requirements which include disclosing an exceptions request process to the enrollee; and disclosing an enrollee's expedited adverse determination appeal rights and independent review organization (IRO) rights for denials of exception requests.

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Drug Name	Current Tier	Tier as of 7/1/18	Formulary Alternative(s)	Notes
ACANYA	NPB/G*	NPB/G*	Does not apply to this change	Expect Gen
ADVAIR DISKU	NPB/G	NPB/G	Does not apply to this change	Expect Gen
ALUNBRIG 30mg	NPS	NPS	Does not apply to this change	Change QL (4 tabs per day)
AMPYRA	NPS	NPS	Does not apply to this change	Expect Gen
ANDROGEL 1.62%	PB	PB	Does not apply to this change	Expect Gen
ASMANEX TWISTHALER	PB	PB	Does not apply to this change	Expect Gen
ASTAGRAF XL	NPS	NPS	Does not apply to this change	Expect Gen
AZASITE	NPB/G	NPB/G	Does not apply to this change	Expect Gen
BUPHENYL	NPS	NPS	Does not apply to this change	Add QL (40 tabs per day)
BYETTA	NPB/G*	NPB/G*	Does not apply to this change	Expect Gen
CANASA	PB	PB	Does not apply to this change	Expect Gen
CIALIS	NC	NC	Does not apply to this change	Expect Gen
CUPRIMINE	NPS	NPS	Does not apply to this change	Expect Gen
DEMSER	NPB/G	NPS	phenoxybenzamine or prazosin or terazosin or doxazosin AND propranolol	Add ST, Add SPB, Moved to NPS
DIBENZYLINE	NPS	NPS	Does not apply to this change	Remove PA, Add QL (12 caps per day), Spc Network Does Not Apply, Add MOD Exclusion
DUREZOL	PB	PB	Does not apply to this change	Expect Gen
ELIDEL	NPB/G	NPB/G	Does not apply to this change	Expect Gen
EMEND INJ	NC	NC	Does not apply to this change	Remove NPL
EPIVIR HBV SOL	NPB/G	NPB/G	Does not apply to this change	Expect Gen
EVZIO	NPB/G*	NPB/G*	Does not apply to this change	Add MOD Exclusion, 30 Day Supply
FENTORA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
FINACEA GEL	NPB/G	NPB/G	Does not apply to this change	Expect Gen
FLECTOR	NPB/G*	NPB/G*	Does not apply to this change	Expect Gen
GLEOSTINE	NPB/G	NPB/G	Does not apply to this change	Add PA
GRANIX	NPS	NPS	ZARXIO	Add ST
INVANZ	NC	NC	Does not apply to this change	Expect Gen
KALETRA TAB	PB	PB	Does not apply to this change	Expect Gen
LETAIRIS	PS	PS	Does not apply to this change	Expect Gen
LEVITRA	NC	NC	Does not apply to this change	Expect Gen
LOTEMAX GEL	PB	PB	Does not apply to this change	Expect Gen
MINIVELLE	NPB/G	NPB/G	Does not apply to this change	Expect Gen
MOVIPREP	HCR	HCR	Does not apply to this change	Expect Gen
MOXEZA	NPB/G	NPB/G	Does not apply to this change	Expect Gen

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

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Drug Name	Current Tier	Tier as of 7/1/18	Formulary Alternative(s)	Notes
NARCAN	PB	PB	Does not apply to this change	Add MOD Exclusion, 30 Day Supply
NEUPOGEN	NPS	NPS	ZARXIO	Add ST
NEXIUM 24HR OTC TABLET	PG	PG	Does not apply to this change	Expect Gen
NORVIR CAP	PB	PB	Does not apply to this change	Expect Gen
OMNARIS	NPB/G	NPB/G	Does not apply to this change	Expect Gen
ONFI SUS	NPB/G	NPB/G	Does not apply to this change	Expect Gen
phenoxybenzamine	PS	PS	Does not apply to this change	Remove PA, Add QL (12 caps per day),
PRESTALIA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
PROAIR HFA	PB	PB	Does not apply to this change	Expect Gen
PYLERA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
QUILLIVANT XR	NPB/G	NPB/G	Does not apply to this change	Expect Gen
RAPAFLO	PB	PB	Does not apply to this change	Expect Gen
RESCULA	NPB/G	NPB/G	Does not apply to this change	Expect Gen
RESTASIS	PB	PB	Does not apply to this change	Expect Gen
SAMSCA	PS	PS	Does not apply to this change	Expect Gen
sodium phenylbutyrate	PS	PS	Does not apply to this change	Add QL (40 tabs per day)
SOLTAMOX	NPB/G	NPB/G	Does not apply to this change	Expect Gen
SPRIX	NPB/G*	NPB/G*	Does not apply to this change	Expect Gen
TORISEL	NC	NC	Does not apply to this change	Expect Gen
TRACLEER (FILM-COATED TABLET)	PS	PS	Does not apply to this change	Expect Gen
TRAVATAN Z	PB	PB	Does not apply to this change	Expect Gen
TRISENOX	NC	NC	Does not apply to this change	Expect Gen
VELCADE	NC	NC	Does not apply to this change	Expect Gen
ZARXIO	NPS	PS	Does not apply to this change	Moved to PS
ZAVESCA	NPS	NPS	Does not apply to this change	Expect Gen
ZORTRESS	NPS	NPS	Does not apply to this change	Expect Gen
ZYPREXA RELP	NC	NC	Does not apply to this change	Expect Gen
ZYTIGA	PS	PS	Does not apply to this change	Expect Gen

UPPERCASE = brand-name drug; lower case = 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.

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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 bą́ąh ílínígóó naaltsoos bee atah nílį́įgo nanitinígíí bee nééhoʼdólzinígíí béésh bee hane’í bikáá’ áajį’ hólne’. (Navajo)

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

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

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

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

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

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

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

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

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

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

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

ᏩᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ ᎢᏅᎾᏓᏛᏁᏗ Ꮭ ᎪᎱᏍᏗ ᏗᏣᎬᏩᎳᏁᏗ ᏱᎩ, ᏫᏥᎯᏏᎳᏛᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏦᎦᎪᏪᎵ ᎤᎾᎢ ID ᏆᏂᏂᏍᏗ ᏣᏤᎵᎢ. (Cherokee)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပ့ၤလၢနကဘၣ်ဟ့ၣ်အီၤဘၣ်န့ၣ်, ကိးဘၣ်လီတဲစိနီၢ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤခိၣ် (ID) အခးလိၤန့ၣ်တက့ၢ် (Karen)

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

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

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

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

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

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

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

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]. (Assyrian Syriac-)

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

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

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

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

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

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

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

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

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

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

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

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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.

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