

Abbreviation Key

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

*	Some plans may not cover this drug. Alternatives are available.
Expect Gen Expect Generic	Expect generic drugs to become available in the near future. When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions list.
FE Formulary Exclusions	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. There is no copay for these drugs.
HCR Health Care Reform	There is no copay for these drugs.
LGC Lowest generic copay	Lowest generic copay only applies if your plan has the Value Drug Program.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	These drugs are not covered under your pharmacy benefit plan due to a 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.
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.
NPL National Precertification List	Prior authorization (PA) is required for all plans. Your doctor must contact us to request approval for coverage.
PA Prior authorization or precertification	Prior authorization 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 2 nd 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 1 st 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 quantity limits. 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.
Select OTC Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	Step therapy only applies if your plan includes step-therapy. This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

**Aetna Premier Plus Plans with
Precertification and Step-Therapy
April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/2017	Formulary Alternative(s)	Notes
ADDERALL	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
ADDERALL XR	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
ADRENACLICK	NPB/G	NPB/G	EPIPEN, <i>epinephrine autoinjector</i>	Remove PA, Add QL
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
ASCENSIA AUTODISC	NPB/G	NPB/G		Add QL
BACTROBAN TOPICAL OINT, CRM	NPB/G	NPB/G		Add QL
BAYER BREEZE TEST DISC	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
COPAXONE 20mg	NPS	NPS*	<i>glatopa</i>	
CUVITRU	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
DEXEDRINE CAP	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
<i>dexedrine tab</i>	PG	PG	generic stimulant, STRATTERA, VYVANSE	Remove PA

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

**Aetna Premier Plus Plans with
Precertification and Step-Therapy
April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/2017	Formulary Alternative(s)	Notes
<i>dextroamphetamine</i>	PG	PG	generic stimulant, STRATTERA, VYVANSE	Remove PA
<i>diclofenac gel</i>	PG	PG		Change QL
<i>doxepin hcl cream</i>	PG	PG		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
<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
EPISNAP	NPB/G	NPB/G	EPIPEN, <i>epinephrine autoinjector</i>	Add QL
EVEKEO	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add PA
FERIVA TAB 21/7	HCR	NC		
FLEBOGAMMA	NPS	PS		
FOCALIN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
FOCALIN XR	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
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>	
HIZENTRA	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
HYLAFEM	NC	NC		Move to Benefit Exclusion

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

**Aetna Premier Plus Plans with
Precertification and Step-Therapy
April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/2017	Formulary Alternative(s)	Notes
HYQVIA	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
METADATE CD	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
METHYLIN CHEW	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
METHYLIN SOLN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
METOPROLOL/HCTZ SR	NPB/G	NPB/G*	<i>metoprolol/hctz,</i> <i>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
PRUDOXIN	NPB/G	NPB/G		Add QL
REVESTA	NPB/G	NC		
RITALIN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
RITALIN LA	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Remove PA
RYNODERM	NPB/G	NC		
THALAMUS	NC	NC		Move to Benefit Exclusion
TRAUMEEL	NC	NC		Move to Benefit Exclusion
TREXIMET	NPB/G	NPB/G*	<i>sumatriptan and</i> <i>naproxen</i>	Add QL
UTOPIC	NPB/G	NC		
VANATOL LQ	NPB/G	NPB/G*	<i>acetaminophen/</i> <i>butalbital/caffeine tab</i>	Add ST, Add QL
VIBERZI	PB	PB		Remove PA
VOLTAREN GEL	PB	PB		Change QL
ZAVARA	NPB/G	NC		
ZENZEDI 2.5MG, 7.5MG, 15MG, 20MG, 30MG	NPB/G	NPB/G*		Remove PA
<i>zenzedi 5mg, 10mg</i>	PG	PG		Remove PA

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

**Aetna Premier Plus Plans with
Precertification and Step-Therapy
April 1, 2017 Updates**



Drug Name	Current Tier	Tier as of 4/1/2017	Formulary Alternative(s)	Notes
ZIPSOR	NPB/G	NPB/G*	<i>diclofenac sodium tab,</i> <i>diclofenac potassium tab</i>	
ZOLATE	NPB/G	NC		
ZONALON	NPB/G	NPB/G		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.

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 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 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 you can refer to your plan's website.