

Better health — less cost

For Premier and Premier Plus plan members

2018 Drug List for the Aetna Healthy ActionsSM
and Rx Savings Drug Class program

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Making it easy to manage your health and wallet

If you have a chronic health condition, it's important to take your medicine just how your doctor tells you. Doing so can help you reach your best health.

The Aetna Healthy Actions Rx Savings program can help. With this program, your employer pays part of the cost for certain prescription medicine. So you can pay less.

This applies to certain drugs that treat the following conditions:

- Asthma
- Diabetes
- Hyperlipidemia
- Hypertension and heart disease

Category	Generic medicine	Brand-name medicine	
Angiotensin-converting enzyme (ACE) inhibitors and combinations (hypertension and diabetes)	<i>benazepril</i> <i>benazepril/hydrochlorothiazide (HCTZ)</i> <i>captopril</i> <i>captopril/HCTZ</i> <i>enalapril</i> <i>enalapril/HCTZ</i> <i>fosinopril</i> <i>fosinopril/HCTZ</i>	<i>lisinopril</i> <i>lisinopril/HCTZ</i> <i>moexipril</i> <i>moexipril/HCTZ</i> <i>perindopril</i> <i>quinapril</i> <i>quinapril/HCTZ</i> <i>ramipril</i> <i>trandolapril</i> <i>trandolapril/verapamil</i>	NONE ELIGIBLE
Angiotensin II receptor antagonists/ combinations (hypertension)	<i>amlodipine besylate/valsartan</i> <i>amlodipine/olmesartan</i> <i>amlodipine/valsartan/HCTZ</i> <i>candesartan</i> <i>candesartan/HCTZ</i> <i>eprosartan</i> <i>irbesartan</i> <i>irbesartan/HCTZ</i>	<i>losartan</i> <i>losartan/HCTZ</i> <i>olmesartan</i> <i>olmesartan/amlodipine/HCTZ</i> <i>olmesartan/HCTZ</i> <i>telmisartan</i> <i>telmisartan/amlodipine</i> <i>telmisartan/HCTZ</i> <i>valsartan</i> <i>valsartan/HCTZ</i>	NONE ELIGIBLE
Beta blockers (hypertension)	<i>acebutolol</i> <i>atenolol</i> <i>atenolol/chlorthalidone</i> <i>betaxolol</i> <i>bisoprolol</i> <i>bisoprolol/HCTZ</i> <i>carvedilol</i> <i>labetalol</i> <i>metoprolol</i> <i>metoprolol ER</i> <i>metoprolol/HCTZ</i>	<i>nadolol</i> <i>nadolol/bendroflumethiazide</i> <i>pindolol</i> <i>propranolol</i> <i>propranolol ER</i> <i>propranolol/HCTZ</i> <i>sorine</i> <i>sotalol</i> <i>sotalol AF</i> <i>timolol</i>	BYSTOLIC

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Category	Generic medicine	Brand-name medicine		
Calcium channel blockers and combinations (heart disease, hypertension)	<i>afeditab CR</i> <i>amlodipine</i> <i>amlodipine/benazepril</i> <i>cartia XT</i> <i>diltiazem</i> <i>diltiazem CD/ER/XR</i> <i>dilt-XR</i> <i>felodipine ER</i> <i>isradipine</i> <i>matzim LA</i>	<i>nicardipine</i> <i>nifedical XL</i> <i>nifedipine</i> <i>nifedipine ER</i> <i>nimodipine</i> <i>nisoldipine</i> <i>nisoldipine ER</i> <i>taztia XT</i> <i>verapamil</i> <i>verapamil ER</i>	NONE ELIGIBLE	
Diuretics — thiazide (hypertension)	<i>chlorothiazide</i> <i>chlorthalidone</i> <i>HCTZ</i>	<i>indapamide</i> <i>methyclothiazide</i> <i>metolazone</i>	NONE ELIGIBLE	
Antihyperlipidemia medicine				
HMG-CoA reductase inhibitors (statins)/ miscellaneous (high cholesterol)	<i>atorvastatin</i> <i>ezetimibe</i> <i>ezetimibe-simvastatin</i> <i>fluvastatin</i>	<i>lovastatin</i> <i>pravastatin</i> <i>rosuvastatin</i> <i>simvastatin</i>	NONE ELIGIBLE	
Bile acid sequestrants/fibric acids/miscellaneous	<i>cholestyramine</i> <i>colestipol</i> <i>fenofibrate</i> <i>fenofibric</i> <i>fenofibric DR</i>	<i>gemfibrozil</i> <i>niacin ER</i> <i>omega-3 acid</i> <i>prevalite</i>	VASCEPA	
Respiratory anti-inflammatory (asthma)	<i>budesonide</i> <i>fluticasone/salmeterol</i>		ADVAIR DISKUS ADVAIR HFA ASMANEX HFA ASMANEX TWISTHALER	FLOVENT DISKUS FLOVENT HFA QVAR
Antidiabetic orals/ injectables	<i>acarbose</i> <i>alogliptin</i> <i>alogliptin/metformin</i> <i>alogliptin/pioglitazone</i> <i>chlorpropamide</i> <i>glimepiride</i> <i>glipizide</i> <i>glipizide ER</i> <i>glipizide XL</i> <i>glipizide/metformin HCl</i> <i>glyburide</i> <i>glyburide micronized</i> <i>glyburide/metformin HCl</i>	<i>metformin HCl</i> <i>metformin HCl ER</i> <i>migliitol</i> <i>nateglinide</i> <i>pioglitazone HCl</i> <i>pioglitazone HCl/metformin</i> <i>pioglitazone HCl/glimepiride</i> <i>repaglinide</i> <i>repaglinide/metformin</i> <i>tolazamide</i> <i>tolbutamide</i>	ACTOS AVANDIA CYCLOSET GLYXAMBI INVOKAMET INVOKAMET XR INVOKANA JANUMET JANUMET XR JANUVIA JARDIANCE JENTADUETO JENTADUETO XR	KOMBIGLYZE XR ONGLYZA SOLIQUA SYMLINPEN SYNJARDY SYNJARDY XR TRADJENTA TRULICITY VICTOZA XULTOPHY
Insulins (diabetes)	None		HUMALOG products HUMULIN products LANTUS LANTUS SOLOSTAR LEVEMIR	LEVEMIR FLEXPEN LEVEMIR FLEXTOUCH TOUJEO SOLOSTAR TRESIBA

Please remember that this is not a complete list of medications covered under your plan. Because there are thousands of medications included in your pharmacy benefit, we only list the most common ones. Certain drugs such as those for smoking cessation or vitamins may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan. If you have any questions about your pharmacy benefits, please visit aetna.com and log in to your member website. If you don't have access to our website, call the Member Services number on your ID card.

To check coverage and copay information for a specific medicine, visit aetna.com and log in to your secure member website. For more details, please call the toll-free number on your member ID card.

Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

This is not an inclusive list. Products that are not represented on this list may be subject to plan-specific copayment or coinsurance. Void where prohibited by law.

Specific prescription benefits plan design may not cover certain categories or may be subject to additional charges or restrictions, regardless of their appearance in this document.

Aetna may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information. Information is believed to be accurate as of the production date; however, it is subject to change. For questions, please call the toll-free number on your member ID card.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAG 01, HO HGrpPol 01.

Policy forms issued in Oklahoma include: HMO OK COG-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23, GR-29/GR-29N.

