



Non-Part D Supplemental Benefit Offered by your former employer

Your former employer purchased supplemental benefit coverage for certain categories of drugs not typically covered by Medicare Part D. The prescription drugs in this document are not covered by Medicare Part D and are not included in your formulary drug list.

Check your Schedule of Cost Sharing to find out how your plan covers Non-Part D Supplemental Benefits.

This Non-Part D Supplemental Benefit guide lists supplemental coverage by categories. Your Schedule of Cost Sharing will indicate the categories covered under this benefit. For example, if your plan includes coverage for “Vitamins and Minerals,” find the list titled “Vitamins and Minerals” in this guide to see what is covered.

You’ll pay the Initial Coverage Stage Tier 1 cost share for generic drugs. For brand name drugs, you’ll pay the cost share for the tier labeled “Preferred Brand” in the Initial Coverage Stage. Please see your Schedule of Cost Sharing for cost share information in the Catastrophic Coverage Stage.

Keep in mind, the amount you pay when you fill a prescription for these Non-Part D drugs does not count toward your total drug costs. (This amount does not help you qualify for catastrophic coverage.) In addition, you are unable to file a grievance or appeal for these drugs.

If you are receiving Extra Help to pay for your prescriptions, it will not apply for these supplemental benefits.

For more information, call the toll-free telephone number on your Aetna® ID card or contact Member Services at **1-866-241-0357**. We’re available to help you 24 hours a day, 7 days a week. **TTY users call 711.**

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations, and conditions of coverage. Plan features and availability may vary by service area. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

Key

Drug name	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	QL = Quantity Limit. For certain, drugs our plan limits the amount of the drug that we will cover.
<i>Lowercase italics</i> = Generic medications	PA = Prior Authorization. Our plan requires you or our provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

Drug name	Requirements/Limits
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COSMETIC

Cosmetic

ACUICYN ANTIMICROBIAL EY ELID &
EYELASH HYGIENE

ARNICA FLOWER

AVENOVA

benzoin compound tincture

BENZOIN TINCTURE

bimatoprost

blanche

BORIC ACID

BOTOX COSMETIC

DAXXIFY

DRYSOL SOLUTION 20%

EPICYN

finasteride

FINASTERIDE/MINOXIDIL

HYCLODEX

HYDROCORTISONE/HYDROQUINONE

HYDROCORTISONE/
HYDROQUINONE/TRETINOIN

HYDROQUINONE EMULSION

hydroquinone cream

HYPOCYN

Drug name	Requirements/Limits
HYPOCYN ANTIPRURITIC GEL SPRAY	
LATISSE	
LUSTRA	
<i>melquin hp</i>	
MINOXIDIL/PROGESTERONE	
OXOPOD	
PROPECIA	
PROSILK GEL	
REFISSA	
<i>remergent hq</i>	
RENOVA	
RENOVA PUMP	
<i>skin bleaching</i>	
SOFDRA	
<i>tl hydroquinone</i>	
<i>tretinoin emollient</i>	
TRI-LUMA	
VANIQA	
XERAC AC	

COUGH AND COLD

Cough and Cold

- benzonatate*
- biotuss*
- biotuss pediatric*
- bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml*
- EXACTUSS
- GILTUSS
- giltuss pediatric*
- guaifenesin/dextromethorphan sr*
- hydrocodone bitartrate/homatropine methylbromide*
- hydrocodone polistirex/chlorpheniramine polistirex suspension extended release 8mg/5ml; 10mg/5ml*
- hydromet*

Drug name	Requirements/Limits
<p>MUCINEX DM <i>nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml</i> <i>nortuss-de</i> <i>promethazine/codeine syrup 10mg/5ml; 6.25mg/5ml</i> <i>promethazine/dextromethorphan syrup 15mg/5ml; 6.25mg/5ml</i></p>	
RELHIST	
TESSALON PERLES	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG	
<i>tussigon</i>	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	
VIRAVAN-DM	
ZONATUSS	

ERECTILE DYSFUNCTION

Erectile Dysfunction

BI-MIX	QL (6 EA per 30 days)
CAVERJECT	QL (6 EA per 30 days)
CAVERJECT IMPULSE	QL (6 EA per 30 days)
CIALIS	QL (6 EA per 30 days)
EDEX	QL (6 EA per 30 days)
LEVITRA	QL (6 EA per 30 days)
MUSE	QL (6 EA per 30 days)
QUAD-MIX	QL (6 EA per 30 days)
STAXYN	QL (6 EA per 30 days)
STENDRA	QL (6 EA per 30 days)
SUPER BI-MIX	QL (6 EA per 30 days)
SUPER QUAD-MIX	QL (6 EA per 30 days)
SUPER TRI-MIX	QL (6 EA per 30 days)
<i>tadalafil</i>	QL (6 EA per 30 days)
TRI-MIX	QL (6 EA per 30 days)
<i>varденаfil hydrochloride</i>	QL (6 EA per 30 days)
VIAGRA	QL (6 EA per 30 days)

Drug name

Requirements/Limits

FERTILITY

Fertility

CETROTIDE
clomiphene citrate
ENDOMETRIN
FIRST-PROGESTERONE VGS 100
COMPOUNDING KIT
FIRST-PROGESTERONE VGS 200
COMPOUNDING KIT
FOLLISTIM AQ
ganirelix acetate
GONAL-F
GONAL-F RFF
GONAL-F RFF REDIJECT
MENOPUR
OVIDREL

MISCELLANEOUS

Miscellaneous

ADDYI
aero otic hc
AKTEN
ALA-QUIN
ALCORTIN A
ALOQUIN
ANALPRAM-HC
ANALPRAM-HC SINGLES
anucort-hc
ANUSOL-HC
arzol silver nitrate applicators
ASCOR
ascorbic acid injection 15000mg/30ml, 500mg/ml
ASTERO
BENZALKONIUM CHLORIDE
benzoyl peroxide 8%
bpm/pse/dm

Drug name	Requirements/Limits
<i>bromfed dm syrup 2mg/5ml; 10mg/5ml; 30mg/5ml</i>	
CELACYN	
CETACAINE	
CORTANE-B	
CORTANE-B-OTIC	
<i>cortic-nd</i>	
<i>covaryx</i>	
<i>covaryx hs</i>	
<i>cyotic</i>	
<i>dermazene</i>	
DONNATAL	
DRYSOL SOLUTION 20%	
ECOZA	
<i>eemt</i>	
<i>eemt hs</i>	
ENTTY SPRAY	
<i>esterified estrogens/methyltestosterone</i>	
<i>exactacain</i>	
<i>exotic-hc</i>	
FIBERSOURCE HN	
FIRST-MOUTHWASH BLM	
FIRST-OMEPRAZOLE	
GILPHEX TR	
GILTUSS TR	
<i>grx hicort 25</i>	
<i>hemorrhoidal-hc</i>	
<i>hydrocodone polistirex/chlorpheniramine</i>	
<i>polistirex suspension extended release</i>	
<i>8mg/5ml; 10mg/5ml</i>	
<i>hydrocortisone acetate</i>	
<i>hydrocortisone acetate/pramoxine</i>	
<i>hydrocortisone/iodoquinol</i>	
HYOPHEN	
<i>hyoscyamine sulfate er</i>	
<i>hyosyne</i>	

Drug name	Requirements/Limits
<i>iodoquinol/hydrocortisone acetate/aloepolysaccharides</i>	
IODOSORB	
<i>isoxsuprine hcl</i>	
K-PHOS	
K-PHOS NEUTRAL	
K-PHOS NO 2	
LEVBID	
<i>lidocaine hcl/hydrocortisone acetate me/naphos/mb/hyo 1</i>	
MEZPAROX-HC FORTE	
NATURE-THROID	
NEOTUSS PLUS	
NITRO-TIME	
NITROMIST	
<i>nohist-dm liquid 4mg/5ml; 15mg/5ml; 10mg/5ml</i>	
NOVACORT	
OTICIN HC NR	
<i>oto-end 10</i>	
<i>otomax-hc</i>	
PAZEO	
<i>phenazopyridine hydrochloride</i>	
<i>phospha 250 neutral</i>	
POTABA	
PRAMOSONE	
PROCORT	
PROCTOCORT	
<i>promethazine hydrochloride/dextromethorphan hydrobromide</i>	
<i>promethazine vc/codeine</i>	
<i>promethazine/codeine solution 10mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/dextromethorphan solution 15mg/5ml; 6.25mg/5ml</i>	
<i>promethazine/phenylephrine/codeine</i>	

Drug name	Requirements/Limits
<i>pyridoxine hcl injection 100mg/ml</i>	
QUAZEPAM	
QUINJA	
<i>rectacort-hc</i>	
RHINOLAR	
<i>sodium chloride</i>	
<i>sodium sulfacetamide/sulfur</i>	
SYMAX DUOTAB	
<i>thiamine hcl injection 100mg/ml</i>	
TUSSICAPS CAPSULE EXTENDED RELEASE 12 HOUR 8MG; 10MG	
TUXARIN ER	
TUZISTRA XR	
<i>urea</i>	
<i>uribel</i>	
<i>uro-458</i>	
<i>uro-mp</i>	
<i>ustell</i>	
<i>vilamit mb</i>	
<i>vilevev mb</i>	
VIRATAN-DM	
VYTONE	
WESTHROID	
WP THYROID	

VITAMINS AND MINERALS

Vitamins and Minerals

- ACCRUFER
- ACTIVE FE
- ADRENAL C FORMULA
- airavite*
- ALBAFORT
- ANIMI-3
- ANIMI-3/VITAMIN D
- AP-ZEL
- AQUASOL A PARENTERAL
- ascorbic acid injection 500mg/ml*

Drug name	Requirements/Limits
ASTAMED MYO	
AVAILNEX	
AXONA	
<i>b-6 folic acid</i>	
<i>b-complex 100</i>	
<i>b-plex</i>	
<i>b-plex plus</i>	
BACMIN	
<i>biocel</i>	
BP VIT 3	
CENFOL	
CENTRATEX	
CEREFOLIN	
CEREFOLIN NAC	
CHOLECAL DF	
CIFEREX	
<i>cod liver oil</i>	
<i>corvita 150</i>	
CORVITE 150	
CORVITE FE	
<i>corvite free</i>	
CYANOCOBALAMIN INJECTION 2000MCG/ ML	
<i>cyanocobalamin injection 1000mcg/ml</i>	
DEPLIN 15	
DEPLIN 7.5	
<i>dialyvite</i>	
DIALYVITE 3000	
DIALYVITE 5000	
DIALYVITE SUPREME D	
DIALYVITE/ZINC	
DRISDOL	
DURACHOL	
ELFOLATE PLUS	
ENLYTE	
ERGOCAL	

Drug name	Requirements/Limits
<i>ergocalciferol</i>	
<i>fabb</i>	
FE 90 PLUS	
FERAHEME	
FERIVA 21/7	
FERIVAFA	
<i>ferocon</i>	
<i>ferottrinsic</i>	
FERRALET 90	
FERRAPLUS 90	
FERRO-PLEX HEMATINIC	
<i>ferrocite plus</i>	
<i>ferrogels forte</i>	
FIBRIK	
<i>folbee</i>	
<i>folbee plus</i>	
<i>folbee plus cz</i>	
<i>folbic</i>	
FOLBIC RF	
FOLGARD RX	
FOLI-D	
<i>folic acid</i>	
<i>folic acid/cyanocobalamin/pyridoxine hydrochloride</i>	
<i>folic acid/vitamin b-6/vitamin b-12</i>	
FOLIKA-V	
FOLITE	
FOLIVANE-F	
FOLIVANE-PLUS	
FOLIXAPURE	
<i>folplex 2.2</i>	
FOLTANX	
FOLTANX RF	
FOLTRATE	
<i>foltrin</i>	
FOLTX	

Drug name	Requirements/Limits
FORTAVIT	
FOVEX	
FUSION PLUS	
GABADONE	
<i>hematinic plus complex</i>	
<i>hematinic plus vitamins/minerals</i>	
<i>hematinic/folic acid</i>	
<i>hematogen</i>	
HEMATOGEN FA	
<i>hematogen forte</i>	
HEMATRON-AF	
HEMENATAL OB + DHA	
HEMOCYTE PLUS	
<i>hemocyte-f</i>	
<i>hemocyte-plus</i>	
<i>hydroxocobalamin</i>	
HYPERTENSA	
ICAR-C PLUS	
<i>iferex 150 forte</i>	
<i>infed</i>	
<i>infuvite adult</i>	
<i>infuvite pediatric</i>	
INJECTAFER	
INTEGRA F	
INTEGRA PLUS	
IROSPAN 24/6	
<i>l-methyl-b6-b12</i>	
L-METHYL-MC	
L-METHYL-MC NAC	
<i>l-methylfolate</i>	
L-METHYLFOLATE CA ME-CBL NAC	
<i>l-methylfolate ca/p-5-p/me-cbl</i>	
<i>l-methylfolate calcium</i>	
L-METHYLFOLATE FORMULA 15	
L-METHYLFOLATE FORMULA 7.5	
L-METHYLFOLATE FORTE	

Drug name	Requirements/Limits
LIMBREL	
LIPICHOL 540	
LISTER-V	
<i>Imthf/pyridoxine hcl/cyanocobalamin</i>	
<i>lysiplex plus</i>	
M.V.I. ADULT	
M.V.I. PEDIATRIC	
M.V.I.-12 WITHOUT VITAMIN K	
MEPHYTON	
METAFOLBIC	
METAFOLBIC PLUS	
METAFOLBIC PLUS RF	
METANX	
<i>methionine/inositol/choline/cyanocobalamin</i>	
METHYLCOBALAMIN	
MONOFERRIC	
<i>multi-b-plus</i>	
MULTIGEN	
MULTIGEN FOLIC	
MULTIGEN PLUS	
<i>myferon 150 forte</i>	
<i>mynephrocaps</i>	
NASCOBAL	
NATALVIRT FLT	
NEPHPLEX RX	
NEPHRO-VITE RX	
NEPHROCAPS	
NEPHRON FA	
<i>nephronex</i>	
NEUREPA	
NEURIN-SL	
NICADAN	
NICAZEL	
NICAZEL FORTE	
NICOMIDE	
<i>nufol</i>	

Drug name	Requirements/Limits
NUTRICAP	
<i>nutrifac zx</i>	
NUTRIVIT	
OCUVEL	
ORTHO-FOLIC	
PERCURA	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	
PHYTONADIONE	
PNV-VP-U	
PODIAPN	
<i>poly-iron 150 forte</i>	
<i>polysaccharide iron forte</i>	
PROTECT PLUS	
PROTECTIRON	
PROTEOLIN	
PULMONA	
PUREFE PLUS	
<i>purevit dualfe plus</i>	
PYRIDOXAL-5-PHOSPHATE	
<i>pyridoxine hcl injection 100mg/ml</i>	
<i>rena-vite rx</i>	
<i>renal caps</i>	
RENATABS	
RENATABS WITH IRON	
<i>reno caps</i>	
REQ 49+	
REVESTA	
<i>se-tan plus</i>	
SENTRA AM	
SENTRA PM	
SIDEROL	
<i>sodium ferric gluconate complex/sucrose</i>	
STROVITE FORTE	
STROVITE ONE	
SUPERVITE	
SUPPORT	

Drug name	Requirements/Limits
SUPPORT-500	
TANDEM PLUS	
THERAMINE	
<i>thiamine hcl injection 100mg/ml</i>	
<i>tl gard rx</i>	
<i>tl icon</i>	
<i>tl-hem 150</i>	
TL-ICARE	
TOZAL	
TREPADONE	
<i>tricon</i>	
TRIFERIC	
<i>trigels-f forte</i>	
<i>triphrocaps</i>	
UDAMIN SP	
<i>v-c forte</i>	
VASCAZEN	
VENOFER	
<i>vic-forte</i>	
<i>vicap forte</i>	
<i>virt-caps</i>	
<i>virt-vite</i>	
<i>virt-vite forte</i>	
<i>virt-vite plus</i>	
<i>vita s forte</i>	
<i>vita-min</i>	
<i>vitacel</i>	
VITAL-D RX	
<i>vitamin b-complex 100</i>	
<i>vitamin d</i>	
VITAMIN K1	
VITAROCA PLUS	
<i>vol-care rx</i>	
VP-GSTN	
VP-ZEL	
<i>wheat germ</i>	

Drug name	Requirements/Limits
XAQUIL XR xyzbac	

WEIGHT LOSS
Weight loss

ADIPEX-P	PA
APPTRIM	PA
APPTRIM-D	PA
<i>benzphetamine hcl</i>	PA
CONTRAVE	PA
<i>diethylpropion hcl</i>	PA
<i>diethylpropion hcl er</i>	PA
LOMAIRA	PA
MEDACTIV	PA
<i>phendimetrazine tartrate</i>	PA
<i>phendimetrazine tartrate er</i>	PA
<i>phentermine hcl</i>	PA
<i>phentermine hydrochloride</i>	PA
QSYMIA	PA
SAXENDA	PA
WEGOVY	PA
XENICAL	PA
ZEPBOUND	PA

Index of Drugs

Drug name	Page	Drug name	Page	Drug name	Page
ACCRUFER	8	ASTAMED MYO	9	CENFOL	9
ACTIVE FE	8	ASTERO	5	CENTRATEX	9
ACUICYN	2	AVAILNEX	9	CEREFOLIN	9
ANTIMICROBIAL EY ELID & EYELASH HYGIENE		AVENOVA	2	CEREFOLIN NAC	9
ADDYI	5	AXONA	9	CETACAINE	6
ADIPEX-P	15	<i>b-6 folic acid</i>	9	CETROTIDE	5
ADRENAL C FORMULA	8	BACMIN	9	CHOLECAL DF	9
<i>aero otic hc</i>	5	<i>b-complex 100</i>	9	CIALIS	4
<i>airavite</i>	8	BENZALKONIUM CHLORIDE	5	CIFEREX	9
AKTEN	5	<i>benzoin compound</i>	2	<i>clomiphene citrate</i>	5
ALA-QUIN	5	<i>tincture</i>		<i>cod liver oil</i>	9
ALBAFORT	8	BENZOIN TINCTURE	2	CONTRAVE	15
ALCORTIN A	5	<i>benzonatate</i>	3	CORTANE-B	6
ALOQUIN	5	<i>benzoyl peroxide 8%</i>	5	CORTANE-B-OTIC	6
ANALPRAM-HC	5	<i>benzphetamine hcl</i>	15	<i>cortic-nd</i>	6
ANALPRAM-HC SINGLES	5	<i>bimatoprost</i>	2	<i>corvita 150</i>	9
ANIMI-3	8	BI-MIX	4	CORVITE 150	9
ANIMI-3/VITAMIN D	8	<i>biocel</i>	9	CORVITE FE	9
<i>anucort-hc</i>	5	<i>biotuss</i>	3	<i>corvite free</i>	9
ANUSOL-HC	5	<i>biotuss pediatric</i>	3	<i>covaryx</i>	6
APPTRIM	15	<i>blanche</i>	2	<i>covaryx hs</i>	6
APPTRIM-D	15	BORIC ACID	2	<i>cyanocobalamin</i>	9
AP-ZEL	8	BOTOX COSMETIC	2	CYANOCOBALAMIN	9
AQUASOL A	8	<i>b-plex</i>	9	<i>cyotic</i>	6
PARENTERAL		<i>b-plex plus</i>	9	DAXXIFY	2
ARNICA FLOWER	2	<i>bpm/pse/dm</i>	5	DEPLIN 7.5	9
<i>arzol silver nitrate</i>	5	BP VIT 3	9	DEPLIN 15	9
<i>app licators</i>		<i>bromfed dm</i>	3, 6	<i>dermazene</i>	6
ASCOR	5	CAVERJECT	4	<i>dialyvite</i>	9
<i>ascorbic acid</i>	5, 8	CAVERJECT IMPULSE	4	DIALYVITE 3000	9
		CELACYN	6	DIALYVITE 5000	9
				DIALYVITE SUPREME	9
				D	

Drug name	Page	Drug name	Page	Drug name	Page
DIALYVITE/ZINC	9	FIBERSOURCE HN	6	FOLTANX RF	10
<i>diethylpropion hcl</i>	15	FIBRIK	10	FOLTRATE	10
<i>diethylpropion hcl er</i>	15	<i>finasteride</i>	2	<i>foltrin</i>	10
DONNATAL	6	FINASTERIDE/	2	FOLTIX	10
DRISDOL	9	MINOXIDIL		FORTAVIT	11
DRYSOL	2, 6	FIRST-MOUTHWASH	6	FOVEX	11
DURACHOL	9	BLM		FUSION PLUS	11
ECOZA	6	FIRST-OMEPRAZOLE	6	GABADONE	11
EDEX	4	FIRST-	5	<i>ganirelix acetate</i>	5
<i>eemt</i>	6	PROGESTERONE		<i>gilltuss pediatric</i>	3
<i>eemt hs</i>	6	VGS 100		GILPHEX TR	6
ELFOLATE PLUS	9	COMPOUNDING KIT		GILTUSS	3, 6
ENDOMETRIN	5	FIRST-	5	GILTUSS TR	6
ENLYTE	9	PROGESTERONE		GONAL-F	5
ENTTY SPRAY	6	VGS 200		GONAL-F RFF	5
EPICYN	2	COMPOUNDING KIT		GONAL-F RFF	5
ERGOCAL	9	<i>folbee</i>	10	REDIJECT	
<i>ergocalciferol</i>	10	<i>folbee plus</i>	10	<i>grx hicort 25</i>	6
<i>esterified estrogens/ methyltestosterone</i>	6	<i>folbee plus cz</i>	10	<i>guaifenesin/ dextromethorphan sr</i>	3
<i>exactacain</i>	6	<i>folbic</i>	10	<i>hematinic/folic acid</i>	11
EXACTUSS	3	FOLBIC RF	10	<i>hematinic plus</i>	11
<i>exotic-hc</i>	6	FOLGARD RX	10	<i>complex</i>	
<i>fabb</i>	10	<i>folic acid</i>	10	<i>hematinic plus vitamins/minerals</i>	11
FE 90 PLUS	10	<i>folic acid/ cyanocobalamin/ pyridoxine hydrochloride</i>	10	<i>hematogen</i>	11
FERAHEME	10	<i>folic acid/vitamin</i>	10	HEMATOGEN FA	11
FERIVA 21/7	10	<i>b-6/vitamin b-12</i>		<i>hematogen forte</i>	11
FERIVAFA	10	FOLI-D	10	HEMATRON-AF	11
<i>ferocon</i>	10	FOLIKA-V	10	HEMENATAL OB +	11
<i>ferotrinsic</i>	10	FOLITE	10	DHA	
FERRALET 90	10	FOLIVANE-F	10	<i>hemocyte-f</i>	11
FERRAPLUS 90	10	FOLIVANE-PLUS	10	<i>hemocyte-plus</i>	11
<i>ferrocite plus</i>	10	FOLIXAPURE	10	HEMOCYTE PLUS	11
<i>ferrogels forte</i>	10	FOLLISTIM AQ	5	<i>hemorrhoidal-hc</i>	6
FERRO-PLEX	10	<i>folplex 2.2</i>	10	HYCLODEX	2
HEMATINIC		FOLTANX	10		

Drug name	Page	Drug name	Page	Drug name	Page
<i>hydrocodone</i>	3	INJECTAFER	11	L-METHYL-MC NAC	11
<i>bitartrate/</i>		INTEGRA F	11	<i>lmthf/pyridoxine hcl/</i>	12
<i>homatropine</i>		INTEGRA PLUS	11	<i>cyanocobalamin</i>	
<i>methylbromide</i>		<i>iodoquinol/</i>	7	LOMAIRA	15
<i>hydrocodone</i>	3, 6	<i>hydrocortisone</i>		LUSTRA	3
<i>polistirex/</i>		<i>acetate/aloe</i>		<i>lysiplex plus</i>	12
<i>chlorpheniramine</i>		<i>polysaccharides</i>		MEDACTIV	15
<i>polistirex</i>		IODOSORB	7	<i>melquin hp</i>	3
<i>hydrocortisone</i>	6	IROSPAN 24/6	11	<i>me/naphos/mb/hyo</i>	7
<i>acetate</i>		<i>isoxsuprine hcl</i>	7	1	
<i>hydrocortisone</i>	6	K-PHOS	7	MENOPUR	5
<i>acetate/pramoxine</i>		K-PHOS NEUTRAL	7	MEPHYTON	12
HYDROCORTISONE/	2	K-PHOS NO 2	7	METAFOLBIC	12
HYDROQUINONE		LATISSE	3	METAFOLBIC PLUS	12
HYDROCORTISONE/	2	LEVVID	7	METAFOLBIC PLUS	12
HYDROQUINONE/		LEVITRA	4	RF	
TRETINOIN		<i>lidocaine hcl/</i>	7	METANX	12
<i>hydrocortisone/</i>	6	<i>hydrocortisone</i>		<i>methionine/</i>	12
<i>iodoquinol</i>		<i>acetate</i>		<i>inositol/choline/</i>	
<i>hydromet</i>	3	LIMBREL	12	<i>cyanocobalamin</i>	
<i>hydroquinone cream</i>	2	LIPICHOL 540	12	METHYLCOBALA-	12
HYDROQUINONE	2	LISTER-V	12	MIN	
EMULSION		<i>l-methyl-b6-b12</i>	11	MEZPAROX-HC	7
<i>hydroxocobalamin</i>	11	<i>l-methylfolate</i>	11	FORTE	
HYOPHEN	6	<i>l-methylfolate</i>	11	MINOXIDIL/	3
<i>hyoscyamine sulfate</i>	6	<i>calcium</i>		PROGESTERONE	
<i>er</i>		L-METHYLFOLATE	11	MONOFERRIC	12
<i>hyosyne</i>	6	CA ME-CBL NAC		MUCINEX DM	4
HYPERTENSA	11	<i>l-methylfolate ca/p-</i>	11	<i>multi-b-plus</i>	12
HYPOCYN	2, 3	<i>5-p/me-cbl</i>		MULTIGEN	12
HYPOCYN	3	L-METHYLFOLATE	11	MULTIGEN FOLIC	12
ANTIPRURITIC GEL		FORMULA 7.5		MULTIGEN PLUS	12
SPRAY		L-METHYLFOLATE	11	MUSE	4
ICAR-C PLUS	11	FORMULA 15		M.V.I.-12 WITHOUT	12
<i>iferex 150 forte</i>	11	L-METHYLFOLATE	11	VITAMIN K	
<i>infed</i>	11	FORTE		M.V.I. ADULT	12
<i>infuvite adult</i>	11	L-METHYL-MC	11	M.V.I. PEDIATRIC	12
<i>infuvite pediatric</i>	11				

Drug name	Page	Drug name	Page	Drug name	Page
<i>myferon 150 forte</i>	12	<i>phenazopyridine</i>	7	PROTECTIRON	13
<i>mynephrocaps</i>	12	<i>hydrochloride</i>		PROTECT PLUS	13
NASCOBAL	12	<i>phendimetrazine</i>	15	PROTEOLIN	13
NATALVIRT FLT	12	<i>tartrate</i>		PULMONA	13
NATURE-THROID	7	<i>phendimetrazine</i>	15	PUREFE PLUS	13
NEOTUSS PLUS	7	<i>tartrate er</i>		<i>purevit dualfe plus</i>	13
NEPHPLEX RX	12	<i>phentermine hcl</i>	15	PYRIDOXAL-5-	13
NEPHROCAPS	12	<i>phentermine</i>	15	PHOSPHATE	
<i>nephronex</i>	12	<i>hydrochloride</i>		<i>pyridoxine</i>	8, 13
NEPHRON FA	12	<i>phospha 250 neutral</i>	7	QSYMIA	15
NEPHRO-VITE RX	12	PHYSICIANS EZ USE	13	QUAD-MIX	4
NEUREPA	12	B-12 COMPLIANCE		QUAZEPAM	8
NEURIN-SL	12	KIT		QUINJA	8
NICADAN	12	PHYTONADIONE	13	<i>rectacort-hc</i>	8
NICAZEL	12	PNV-VP-U	13	REFISSA	3
NICAZEL FORTE	12	PODIAPN	13	RELHIST	4
NICOMIDE	12	<i>poly-iron 150 forte</i>	13	<i>remergent hq</i>	3
NITROMIST	7	<i>polysaccharide iron</i>	13	<i>renal caps</i>	13
NITRO-TIME	7	<i>forte</i>		RENATABS	13
<i>nohist-dm</i>	4, 7	POTABA	7	RENATABS WITH	13
<i>nortuss-de</i>	4	PRAMOSONE	7	IRON	
NOVACORT	7	PROCORT	7	<i>rena-vite rx</i>	13
<i>nufol</i>	12	PROCTOCORT	7	<i>reno caps</i>	13
NUTRICAP	13	<i>promethazine/</i>	4, 7	RENOVA	3
<i>nutrifac zx</i>	13	<i>codeine</i>		RENOVA PUMP	3
NUTRIVIT	13	<i>promethazine/</i>	4, 7	REQ 49+	13
OCUVEL	13	<i>dextromethorphan</i>		REVESTA	13
ORTHO-FOLIC	13	<i>promethazine</i>	7	RHINOLAR	8
OTICIN HC NR	7	<i>hydrochloride/</i>		SAXENDA	15
<i>oto-end 10</i>	7	<i>dextromethorphan</i>		SENTRA AM	13
<i>otomax-hc</i>	7	<i>hydrobromide</i>		SENTRA PM	13
OVIDREL	5	<i>promethazine/</i>	7	<i>se-tan plus</i>	13
OXOPOD	3	<i>phenylephrine/</i>		SIDEROL	13
PAZEO	7	<i>codeine</i>		<i>skin bleaching</i>	3
PERCURA	13	<i>promethazine vc/</i>	7	<i>sodium chloride</i>	8
		<i>codeine</i>			
		PROPECIA	3		
		PROSILK GEL	3		

Drug name	Page	Drug name	Page	Drug name	Page
<i>sodium ferric gluconate complex/sucrose</i>	13	<i>triphrocaps</i>	14	<i>vitamin d</i>	14
<i>sodium sulfacetamide/sulfur</i>	8	TUSSICAPS	4, 8	VITAMIN K1	14
SOFDRA	3	<i>tussigon</i>	4	VITAROCA PLUS	14
STAXYN	4	TUSSIONEX	4	<i>vita s forte</i>	14
STENDRA	4	PENNKINETIC EXTENDED RELEASE		<i>vol-care rx</i>	14
STROVITE FORTE	13	TUXARIN ER	8	VP-GSTN	14
STROVITE ONE	13	TUZISTRA XR	8	VP-ZEL	14
SUPER BI-MIX	4	UDAMIN SP	14	VYSTONE	8
SUPER QUAD-MIX	4	<i>urea</i>	8	WEGOVI	15
SUPER TRI-MIX	4	<i>uribel</i>	8	WESTHROID	8
SUPERVITE	13	<i>uro-458</i>	8	<i>wheat germ</i>	14
SUPPORT	13, 14	<i>uro-mp</i>	8	WP THYROID	8
SUPPORT-500	14	<i>ustell</i>	8	XAQUIL XR	15
SYMAX DUOTAB	8	VANIQA	3	XENICAL	15
<i>tadalafil</i>	4	<i>vardenafil hydrochloride</i>	4	XERAC AC	3
TANDEM PLUS	14	VASCAZEN	14	<i>xyzbac</i>	15
TESSALON PERLES	4	<i>v-c forte</i>	14	ZEPBOUND	15
THERAMINE	14	VENOFER	14	ZONATUSS	4
<i>thiamine</i>	8, 14	VIAGRA	4		
<i>tl gard rx</i>	14	<i>vicap forte</i>	14		
<i>tl-hem 150</i>	14	<i>vic-forte</i>	14		
<i>tl hydroquinone</i>	3	<i>vilamit mb</i>	8		
TL-ICARE	14	<i>vilevev mb</i>	8		
<i>tl icon</i>	14	VIRATAN-DM	8		
TOZAL	14	VIRAVAN-DM	4		
TREPADONE	14	<i>virt-caps</i>	14		
<i>tretinoin emollient</i>	3	<i>virt-vite</i>	14		
<i>tricon</i>	14	<i>virt-vite forte</i>	14		
TRIFERIC	14	<i>virt-vite plus</i>	14		
<i>trigels-f forte</i>	14	<i>vitacel</i>	14		
TRI-LUMA	3	VITAL-D RX	14		
TRI-MIX	4	<i>vita-min</i>	14		
		<i>vitamin b-complex</i>	14		
		100			

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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call the number on your ID card.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al número que figura en su tarjeta de identificación.

注意：如果您使用中文，您可以免費獲得語言援助服務。請撥打您的會員身分卡上的電話號碼。

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Other Pharmacies are available in our network. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The typical number of business days after the mail order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail order delivery. If your mail order drugs do not arrive within the estimated time frame, please contact us toll-free at **1-866-241-0357**, 24 hours a day, 7 days a week. TTY users call 711.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-241-0357. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-241-0357. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-241-0357。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-241-0357。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0357. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-241-0357. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-241-0357 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0357. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0357번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-241-0357. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-241-0357. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-241-0357 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-241-0357. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-241-0357. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-241-0357. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-241-0357. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-241-0357にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻa ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā be. He pōmaikaʻi manuahi kēia.

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