



Non-Part D Supplemental Benefit Offered by some former employer/union/trust plans

Your employer group/union/trust plan 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

FINAPID

FINAPODTAR

finasteride

FINASTERIDE/MINOXIDIL

FLYPROGPIDTAR

HYCLODEX

HYDROCORTISONE/HYDROQUINONE

HYDROCORTISONE/

HYDROQUINONE/TRETINOIN

Drug name	Requirements/Limits
HYDROQUINONE EMULSION	
<i>hydroquinone cream</i>	
HYPOCYN	
HYPOCYN ANTIPRURITIC GEL SPRAY	
JEUVEAU	
KATARAXAP	
KATARVIA	
KEVARAXAP	
KEVARTIA	
KOTARAXAP	
KUTAR	
KUTARVIA	
LATISSE	
LUSTRA	
<i>melquin hp</i>	
MINOXIDIL/PROGESTERONE	
OXOPIDAXIAQUP	
OXOPOD	
PIDPROGTAR	
PODOXIA	
PODTAR	
PROPECIA	
PROSILK GEL	
REFISSA	
<i>remergent hq</i>	
RENOVA	
RENOVA PUMP	
<i>skin bleaching</i>	
SOFDRA	
TETPIDTAR	
<i>tl hydroquinone</i>	
<i>tretinoin emollient</i>	
TRI-LUMA	
VANIQA	
YOKATAR	

Drug name

Requirements/Limits

COUGH AND COLD***Cough and Cold****benzonatate**biotuss**biotuss pediatric**bromfed dm syrup 2mg/5ml; 10mg/5ml;
30mg/5ml**codeine phosphate/guaifenesin*

CODITUSSIN AC

EXACTUSS

GILTUSS

*giltuss pediatric**guaiatussin ac**guaifenesin ac**guaifenesin/codeine**guaifenesin/dextromethorphan sr**hydrocodone bitartrate/homatropine
methylbromide**hydrocodone polistirex/chlorpheniramine
polistirex suspension extended release
8mg/5ml; 10mg/5ml**hydromet*

MUCINEX DM

*nohist-dm liquid 4mg/5ml; 15mg/5ml;
10mg/5ml**nortuss-de*

PHENERGAN -VC

*promethazine vc**promethazine/codeine syrup 10mg/5ml;
6.25mg/5ml**promethazine/dextromethorphan syrup
15mg/5ml; 6.25mg/5ml**promethazine/phenylephrine*

RELHIST

TESSALON PERLES

TUSS-ORNADE MODIFIED

Drug name	Requirements/Limits
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>ildenafil hydrochloride</i>	QL (6 EA per 30 days)
VIAGRA	QL (6 EA per 30 days)

FERTILITY

Fertility

CETROTIDE <i>clomiphene citrate</i>
ENDOMETRIN
FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT
FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT
FOLLISTIM AQ

Drug name	Requirements/Limits
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ganirelix acetate
 GONAL-F
 GONAL-F RFF
 GONAL-F RFF REDIJECT
 MENOPUR
 OVIDREL

MISCELLANEOUS

Miscellaneous

aero otic hc
 ALA-QUIN
 ALCORTIN A
 ALOQUIN
 ANALPRAM-HC
 ANALPRAM-HC SINGLES
anucort-hc
 ANUSOL-HC
arzol silver nitrate applicators
ascorbic acid injection 500mg/ml
benzoyl peroxide 8%
bpm/pse/dm
*bromfed dm syrup 2mg/5ml; 10mg/5ml;
 30mg/5ml*
 CETACAINE
 CORTANE-B
 CORTANE-B-OTIC
cortic-nd
covaryx
covaryx hs
cyotic
dermazene
 DONNATAL
 DRY SOL SOLUTION 20%
eemt
eemt hs
esterified estrogens/methyltestosterone
exactacain

Drug name	Requirements/Limits
<i>exotic-hc</i>	
FIRST-MOUTHWASH BLM	
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>	
<i>iodoquinol/hydrocortisone acetate/aloe</i>	
<i>polysaccharides</i>	
IODOSORB	
<i>isoxsuprine hcl</i>	
K-PHOS	
K-PHOS NEUTRAL	
LEVBID	
<i>lidocaine hcl/hydrocortisone acetate</i>	
<i>me/naphos/mb/hyo 1</i>	
MEZPAROX-HC FORTE	
NATURE-THROID	
NEOTUSS PLUS	
NITRO-TIME	
<i>nohist-dm liquid 4mg/5ml; 15mg/5ml;</i>	
<i>10mg/5ml</i>	
NOVACORT	
OTICIN HC NR	
<i>oto-end 10</i>	
<i>otomax-hc</i>	
PAZEO	
<i>phenazopyridine hydrochloride</i>	

Drug name	Requirements/Limits
<i>phospha 250 neutral</i>	
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>	
<i>pyridoxine hcl injection 100mg/ml</i>	
QUINJA	
<i>rectacort-hc</i>	
RHINOLAR	
<i>sodium chloride</i>	
<i>sodium sulfacetamide/sulfur</i>	
<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>vilelev mb</i>	
VIRATAN-DM	
VYTONE	
WP THYROID	

VITAMINS AND MINERALS

Vitamins and Minerals

ACCRUFER

Drug name	Requirements/Limits
ACTIVE FE	
ADRENAL C FORMULA	
<i>airavite</i>	
ALBAFORT	
ANIMI-3	
ANIMI-3/VITAMIN D	
AP-ZEL	
AQUASOL A PARENTERAL	
ASCOR	
ASCORBIC ACID INJECTION 15000MG/30ML	
<i>ascorbic acid injection 500mg/ml</i>	
ASTAMED MYO	
AVAILNEX	
AXONA	
<i>b-complex 100</i>	
<i>b-plex</i>	
<i>b-plex plus</i>	
BACMIN	
<i>biocel</i>	
BIOTIN PLUS KERATIN	
BP VIT 3	
CENFOL	
CENTRATEX	
CENTRUM PERFORMANCE	
CEREFOLIN	
CEREFOLIN NAC	
CHOLECAL DF	
CHOLEXMAX	
CIFEREX	
<i>cod liver oil</i>	
<i>corvita 150</i>	
CORVITE 150	
CORVITE FE	
<i>corvite free</i>	
CYANOCOBALAMIN INJECTION 2000MCG/ ML	

Drug name	Requirements/Limits
<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	
EB-N3 DR	
ELFOLATE PLUS	
ENLYTE	
ERGOCAL	
<i>ergocalciferol</i>	
<i>fabb</i>	
FE 90 PLUS	
FERAHEME	
FERIVA 21/7	
FERIVAF	
<i>ferocon</i>	
<i>ferottrinsic</i>	
FERRALET 90	
FERRAPLUS 90	
FERRO-PLEX	
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 OS	
FOLGARD RX	

Drug name	Requirements/Limits
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	
<i>folplex 2.2</i>	
FOLTANX	
FOLTANX RF	
FOLTRATE	
<i>foltrin</i>	
FOLTX	
FORTAVIT	
FOVEX	
FUSION PLUS	
GABADONE	
GALAXTRA	
<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>	

Drug name	Requirements/Limits
<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	
LIMBREL	
LIPICHOL 540	
LISTER-V	
<i>lmthf/pyridoxine hcl/cyanocobalamin</i>	
<i>lysiplex plus</i>	
M.V.I. ADULT	
M.V.I. PEDIATRIC	
M.V.I.-12 WITHOUT VITAMIN K	
MEDACTIV	
MEPHYTON	
METAFOLBIC	
METAFOLBIC PLUS	
METAFOLBIC PLUS RF	
METANX	
METHYLCOBALAMIN	
MONOFERRIC	
<i>multi-b-plus</i>	
MULTIGEN	
MULTIGEN FOLIC	
MULTIGEN PLUS	

Drug name	Requirements/Limits
<i>myferon 150 forte</i>	
<i>mynephrocaps</i>	
NASCOBAL	
NATALVIRT FLT	
NEOKE BHB	
NEOPHE	
NEHPLEX RX	
NEPHRO-VITE RX	
NEPHRON FA	
<i>nephronex</i>	
NEUREPA	
NEURIN-SL	
NICOMIDE	
<i>nufol</i>	
NUTRICAP	
<i>nutrifac zx</i>	
NUTRIVIT	
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>	
POTABA	
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>	

Drug name	Requirements/Limits
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	
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>	

Drug name	Requirements/Limits
<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>	
XAQUIL XR	

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
<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

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<i>homatropine</i>		<i>iodoquinol/</i>	7	L-METHYLFOLATE	12
<i>methylbromide</i>		<i>hydrocortisone</i>		FORMULA 15	
<i>hydrocodone</i>	4, 7	<i>acetate/aloe</i>		L-METHYLFOLATE	12
<i>polistirex/</i>		<i>polysaccharides</i>		FORTE	
<i>chlorpheniramine</i>		IODOSORB	7	L-METHYL-MC	12
<i>hydrocortisone</i>	7	IROSPAN 24/6	12	L-METHYL-MC NAC	12
<i>acetate</i>		<i>isoxsuprine hcl</i>	7	<i>lmthf/pyridoxine hcl/</i>	12
<i>hydrocortisone</i>	7	JEUVEAU	3	<i>cyanocobalamin</i>	
<i>acetate/pramoxine</i>		KATARAXAP	3	LOMAIRA	15
HYDROCORTISONE/	2	KATARVIA	3	LUSTRA	3
HYDROQUINONE		KEVARAXAP	3	<i>lysiplex plus</i>	12
HYDROCORTISONE/	2	KEVARTIA	3	MEDACTIV	12
HYDROQUINONE/		KOTARAXAP	3	<i>melquin hp</i>	3
TRETINOIN		K-PHOS	7	<i>me/naphos/mb/hyo</i>	7
<i>hydrocortisone/</i>	7	K-PHOS NEUTRAL	7	<i>1</i>	
<i>iodoquinol</i>		KUTAR	3	MENOPUR	6
<i>hydromet</i>	4	KUTARVIA	3	MEPHYTON	12
<i>hydroquinone cream</i>	3	LATISSE	3	METAFOLBIC	12
HYDROQUINONE	3	LEVBIID	7	METAFOLBIC PLUS	12
EMULSION		LEVITRA	5	METAFOLBIC PLUS	12
<i>hydroxocobalamin</i>	11	<i>lidocaine hcl/</i>	7	RF	
HYOPHEN	7	<i>hydrocortisone</i>		METANX	12
<i>hyoscyamine sulfate</i>	7	<i>acetate</i>		METHYLCOBALA-	12
<i>er</i>		LIMBREL	12	MIN	
<i>hyosyne</i>	7	LIPICHOL 540	12	MEZPAROX-HC	7
HYPERTENSA	11	LISTER-V	12	FORTE	
HYPOCYN	3	<i>l-methyl-b6-b12</i>	12	MINOXIDIL/	3
HYPOCYN	3	<i>l-methylfolate</i>	12	PROGESTERONE	
ANTIPRURITIC				MONOFERRIC	12
				MUCINEX DM	4

Drug name	Page	Drug name	Page	Drug name	Page
<i>multi-b-plus</i>	12	OVIDREL	6	<i>promethazine</i>	8
MULTIGEN	12	OXOPIDAXIAQUP	3	<i>hydrochloride/</i>	
MULTIGEN FOLIC	12	OXOPOD	3	<i>dextromethorphan</i>	
MULTIGEN PLUS	12	PAZEO	7	<i>hydrobromide</i>	
MUSE	5	PERCURA	13	<i>promethazine/</i>	4, 8
M.V.I.-12 WITHOUT	12	<i>phenazopyridine</i>	7	<i>phenylephrine</i>	
VITAMIN K		<i>hydrochloride</i>		<i>promethazine/</i>	8
M.V.I. ADULT	12	<i>phendimetrazine</i>	15	<i>phenylephrine/</i>	
M.V.I. PEDIATRIC	12	<i>tartrate</i>		<i>codeine</i>	
<i>myferon 150 forte</i>	13	<i>phendimetrazine</i>	15	<i>promethazine vc</i>	4, 8
<i>mynephrocaps</i>	13	<i>tartrate er</i>		PROMETHAZINE VC/	8
NASCOBAL	13	PHENERGAN -VC	4	CODEINE	
NATALVIRT FLT	13	<i>phentermine hcl</i>	15	PROPECIA	3
NATURE-THROID	7	<i>phentermine</i>	15	PROSILK GEL	3
NEOKE BHB	13	<i>hydrochloride</i>		PROTECTIRON	13
NEOPHE	13	<i>phospha 250 neutral</i>	8	PROTECT PLUS	13
NEOTUSS PLUS	7	PHYSICIANS EZ USE	13	PROTEOLIN	13
NEPHPLEX RX	13	B-12 COMPLIANCE		PULMONA	13
<i>nephronex</i>	13	KIT		PUREFE PLUS	13
NEPHRON FA	13	PHYTONADIONE	13	<i>purevit dualfe plus</i>	13
NEPHRO-VITE RX	13	PIDPROGTAR	3	PYRIDOXAL-5-	13
NEUREPA	13	PNV-VP-U	13	PHOSPHATE	
NEURIN-SL	13	PODIAPN	13	<i>pyridoxine</i>	8, 13
NICOMIDE	13	PODOXIA	3	QSYMIA	15
NITRO-TIME	7	PODTAR	3	QUAD-MIX	5
<i>nohist-dm</i>	4, 7	<i>poly-iron 150 forte</i>	13	QUINJA	8
<i>nortuss-de</i>	4	<i>polysaccharide iron</i>	13	<i>rectacort-hc</i>	8
NOVACORT	7	<i>forte</i>		REFISSA	3
<i>nufol</i>	13	POTABA	13	RELHIST	4
NUTRICAP	13	PRAMOSONE	8	<i>remergent hq</i>	3
<i>nutrifac zx</i>	13	PROCORT	8	<i>renal caps</i>	13
NUTRIVIT	13	PROCTOCORT	8	RENATABS	14
ORTHO-FOLIC	13	<i>promethazine/</i>	4, 8	RENATABS WITH	14
OTICIN HC NR	7	<i>codeine</i>		IRON	
<i>oto-end 10</i>	7	<i>promethazine/</i>	4, 8	<i>rena-vite rx</i>	13
<i>otomax-hc</i>	7	<i>dextromethorphan</i>		<i>reno caps</i>	14
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REQ 49+	14	<i>tl icon</i>	14	VIRATAN-DM	8
REVESTA	14	TOZAL	14	VIRAVAN-DM	5
RHINOLAR	8	TREPADONE	14	<i>virt-caps</i>	14
SAXENDA	15	<i>tretinoin emollient</i>	3	<i>virt-vite</i>	14, 15
SENTRA AM	14	<i>tricon</i>	14	<i>virt-vite forte</i>	15
SENTRA PM	14	TRIFERIC	14	<i>virt-vite plus</i>	15
<i>se-tan plus</i>	14	<i>trigels-f forte</i>	14	<i>vitacel</i>	15
SIDEROL	14	TRI-LUMA	3	VITAL-D RX	15
<i>skin bleaching</i>	3	TRI-MIX	5	<i>vita-min</i>	15
<i>sodium chloride</i>	8	<i>triphrocaps</i>	14	<i>vitamin b-complex</i>	15
<i>sodium ferric</i>	14	TUSSICAPS	5, 8	<i>100</i>	
<i>gluconate complex/ sucrose</i>		<i>tussigon</i>	5	<i>vitamin d</i>	15
<i>sodium</i>	8	TUSSIONEX	5	VITAMIN K1	15
<i>sulfacetamide/sulfur</i>		PENNKINETIC EXTENDED RELEASE		VITAROCA PLUS	15
SOFDRA	3	TUSS-ORNADE	4	<i>vita s forte</i>	15
STAXYN	5	MODIFIED		<i>vol-care rx</i>	15
STENDRA	5	TUXARIN ER	8	VP-GSTN	15
STROVITE FORTE	14	TUZISTRA XR	8	VP-ZEL	15
STROVITE ONE	14	UDAMIN SP	14	VYSTONE	8
SUPER BI-MIX	5	<i>urea</i>	8	WEGOVI	15
SUPER QUAD-MIX	5	<i>uribel</i>	8	<i>wheat germ</i>	15
SUPER TRI-MIX	5	<i>uro-458</i>	8	WP THYROID	8
SUPERVITE	14	<i>uro-mp</i>	8	XAQUIL XR	15
SUPPORT	14	<i>ustell</i>	8	XENICAL	15
SUPPORT-500	14	VANIQA	3	YOKATAR	3
<i>tadalafil</i>	5	<i>vardefafil</i>	5	ZEPBOUND	15
TANDEM PLUS	14	<i>hydrochloride</i>		ZONATUSS	5
TESSALON PERLES	4	VASCAZEN	14		
TETPIDTAR	3	<i>v-c forte</i>	14		
THERAMINE	14	VENOFER	14		
<i>thiamine hcl</i>	8, 14	VIAGRA	5		
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<i>tl-hem 150</i>	14	<i>vic-forte</i>	14		
<i>tl hydroquinone</i>	3	<i>vilamit mb</i>	8		

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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 panggagamot. 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 Italiano 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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