



## **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 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. Your cost share will remain the same regardless of your 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  
 DRY SOL  
 EPICYN  
 FINAPID  
 FINAPODTAR  
*finasteride*  
 FINASTERIDE/MINOXIDIL  
 FLYPROGPIDTAR  
 HYCLODEX  
 HYDROCORTISONE/HYDROQUINONE  
 HYDROCORTISONE/  
 HYDROQUINONE/TRETINOIN  
 HYDROQUINONE EMULSION  
*hydroquinone cream*  
 HYPOCYN  
 JEUVEAU

Drug name	Requirements/Limits
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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>	
TETPIDTAR	
<i>tl hydroquinone</i>	
<i>tretinoin emollient</i>	
TRI-LUMA	
VANIQA	
YOKATAR	

### COUGH AND COLD

#### ***Cough and Cold***

<i>benzonatate</i>	
<i>biotuss</i>	
<i>biotuss pediatric</i>	
<i>bromfed dm</i>	
<i>codeine phosphate/guaifenesin</i>	
CODITUSSIN AC	
EXACTUSS	

Drug name	Requirements/Limits
<i>guaiaatussin ac</i>	
<i>guaifenesin ac</i>	
<i>guaifenesin/codeine</i>	
GILPHEX TR	
GILTUSS	
<i>giltuss pediatric</i>	
GILTUSS TR	
<i>guaifenesin/dextromethorphan sr</i>	
<i>hydrocodone bitartrate/homatropine</i>	
<i>methylbromide</i>	
<i>hydrocodone polistirex/chlorpheniramine</i>	
<i>polistirex</i>	
<i>hydromet</i>	
MUCINEX DM	
<i>nohist-dm</i>	
<i>nortuss-de</i>	
PHENERGAN -VC	
<i>promethazine vc</i>	
PROMETHAZINE VC/CODEINE	
<i>promethazine/codeine</i>	
<i>promethazine/dextromethorphan</i>	
<i>promethazine/phenylephrine</i>	
RELHIST	
RHINOLAR	
TESSALON PERLES	
TUSS-ORNADE MODIFIED	
TUSSICAPS	
<i>tussigon</i>	
TUSSIONEX PENNKINETIC EXTENDED RELEASE	
TUXARIN ER	
TUZISTRA XR	
VIRAVAN-DM	
ZONATUSS	

## ERECTILE DYSFUNCTION

### *Erectile Dysfunction*

BI-MIX	QL (6 EA per 30 days)
CAVERJECT	QL (6 EA per 30 days)

Drug name	Requirements/Limits
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  
*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*

*aero otic hc*  
 ALA-QUIN  
 ALCORTIN A  
 ALOQUIN  
 ANALPRAM-HC

Drug name	Requirements/Limits
ANALPRAM-HC SINGLES	
<i>anucort-hc</i>	
ANUSOL-HC	
<i>arzol silver nitrate applicators</i>	
ASCOR	
<i>ascorbic acid</i>	
<i>benzoyl peroxide 8%</i>	
<i>bpm/pse/dm</i>	
<i>bromfed dm</i>	
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	
<i>eemt</i>	
<i>eemt hs</i>	
<i>esterified estrogens/methyltestosterone</i>	
<i>exactacain</i>	
<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</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/aloe polysaccharides</i>	
IODOSORB	
<i>isoxsuprine hcl</i>	
K-PHOS	
K-PHOS NEUTRAL	
LEVBID	
<i>lidocaine hcl/hydrocortisone acetate me/naphos/mb/hyo 1</i>	
MEZPAROX-HC FORTE	
NATURE-THROID	
NEOTUSS PLUS	
NITRO-TIME	
<i>nohist-dm</i>	
NOVACORT	
OTICIN HC NR	
<i>oto-end 10</i>	
<i>otomax-hc</i>	
PAZEO	
<i>phenazopyridine hcl</i>	
<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</i>	
<i>promethazine/dextromethorphan</i>	
<i>promethazine/phenylephrine/codeine</i>	
<i>pyridoxine hcl</i>	
QUINJA	
<i>rectacort-hc</i>	
RHINOLAR	
<i>sodium chloride</i>	
<i>sodium sulfacetamide/sulfur</i>	

Drug name	Requirements/Limits
<i>thiamine hcl</i>	
TUSSICAPS	
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	
VYSTONE	
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
- ASCOR
- ASCORBIC ACID INJECTION 15000MG/30ML
- ascorbic acid injection 500mg/ml*
- ASTAMED MYO
- AVAILNEX
- AXONA
- b-complex 100*
- b-plex*
- b-plex plus*
- BACMIN
- biocel*
- BIOTIN PLUS KERATIN
- BP VIT 3



Drug name	Requirements/Limits
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	
<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	
FERIVAFA	
<i>ferocon</i>	
<i>ferotrinsic</i>	
FERRALET 90	
FERRAPLUS 90	

Drug name	Requirements/Limits
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	
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	
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	

Drug name	Requirements/Limits
<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	
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	

Drug name	Requirements/Limits
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	
NEOKE BHB	
NEOPHE	
NEHPLEX RX	
NEPHRO-VITE RX	
NEPHROCAPS	
NEPHRON FA	
<i>nephronex</i>	
NEUREPA	
NEURIN-SL	
NICADAN	
NICAZEL	
NICAZEL FORTE	
NICOMIDE	
<i>nufol</i>	
NUTRICAP	
<i>nutrifac zx</i>	
NUTRIVIT	
OCUVEL	
ORTHO-FOLIC	
PERCURA	
PHYSICIANS EZ USE B-12 COMPLIANCE KIT	
PHYTONADIONE	
PNV-VP-U	
PODIAPN	

Drug name	Requirements/Limits
<i>poly-iron 150 forte</i>	
<i>polysaccharide iron forte</i>	
POTABA	
PROTECTIRON	
PROTECT PLUS	
PROTEOLIN	
PULMONA	
PUREFE PLUS	
<i>purevit dualfe plus</i>	
PYRIDOXAL-5-PHOSPHATE	
<i>pyridoxine hcl</i>	
<i>renal caps</i>	
RENATABS	
RENATABS WITH IRON	
<i>rena-vite rx</i>	
<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</i>	
<i>tl gard rx</i>	
<i>tl icon</i>	
<i>tl-hem 150</i>	
TL-ICARE	
TOZAL	
TREPADONE	
<i>tricon</i>	

Drug name	Requirements/Limits
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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>
XAQUIL XR
<i>xyzbac</i>

<b>WEIGHT LOSS</b>	
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<b><i>Weight loss</i></b>	
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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

Drug name	Requirements/Limits
<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

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<i>folbic</i>	10	REDIJECT		<i>ergocalciferol</i>	9
FOLBIC RF	10	<i>grx hicort 25</i>	6	<i>esterified estrogens/</i>	6
FOLGARD OS	10	<i>guaiatussin ac</i>	4	<i>methyltestosterone</i>	
FOLGARD RX	10	<i>guaifenesin ac</i>	4	<i>exactacain</i>	6
<i>folic acid</i>	10	<i>guaifenesin/codeine</i>	4	EXACTUSS	3
<i>folic acid/</i>	10	<i>guaifenesin/</i>	4	<i>exotic-hc</i>	6
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FOLIXAPURE	10	HEMENATAL OB +	11	<i>ferrogels forte</i>	10
FOLLISTIM AQ	5	DHA		FERRO-PLEX	10
<i>folplex 2.2</i>	10	<i>hemocyte-f</i>	11	FERRO-PLEX	10
FOLTANX	10	<i>hemocyte-plus</i>	11	HEMATINIC	
FOLTANX RF	10	HEMOCYTE PLUS	11	FIBRIK	10
FOLTRATE	10	<i>hemorrhoidal-hc</i>	6	FINAPID	2
<i>foltrin</i>	10	HYCLODEX	2	FINAPODTAR	2
FOLT X	10	<i>hydrocodone</i>	4	<i>finasteride</i>	2
FORTAVIT	10	<i>bitartrate/</i>		FINASTERIDE/	2
		<i>homatropine</i>		MINOXIDIL	
		<i>methylbromide</i>			

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<i>hydrocodone</i>	4, 6	IROSPAN 24/6	11	LOMAIRA	14
<i>polistirex/</i>		<i>isoxsuprine hcl</i>	7	LUSTRA	3
<i>chlorpheniramine</i>		JEUVEAU	2	<i>lysiplex plus</i>	11
<i>polistirex</i>		KATARAXAP	3	MEDACTIV	11, 14
<i>hydrocortisone</i>	6	KATARVIA	3	<i>melquin hp</i>	3
<i>acetate</i>		KEVARAXAP	3	<i>me/naphos/mb/hyo 1</i>	7
<i>hydrocortisone</i>	6	KEVARTIA	3	MENOPUR	5
<i>acetate/pramoxine</i>		KOTARAXAP	3	MEPHYTON	11
HYDROCORTISONE/	2	K-PHOS	7	METAFOLBIC	11, 12
HYDROQUINONE		K-PHOS NEUTRAL	7	METAFOLBIC PLUS	12
HYDROCORTISONE/	2	KUTAR	3	METAFOLBIC PLUS	12
HYDROQUINONE/		KUTARVIA	3	RF	
TRETINOIN		LATISSE	3	METANX	12
<i>hydrocortisone/</i>	6	LEVVID	7	<i>methionine/</i>	12
<i>iodoquinol</i>		LEVITRA	5	<i>inositol/choline/</i>	
<i>hydromet</i>	4	<i>lidocaine hcl/</i>	7	<i>cyanocobalamin</i>	
<i>hydroquinone cream</i>	2	<i>hydrocortisone</i>		METHYLCOBALAMIN	12
HYDROQUINONE	2	<i>acetate</i>		MEZPAROX-HC	7
EMULSION		LIMBREL	11	FORTE	
<i>hydroxocobalamin</i>	11	LIPICHOL 540	11	MINOXIDIL/	3
HYOPHEN	6	LISTER-V	11	PROGESTERONE	
<i>hyoscyamine sulfate</i>	6	<i>l-methyl-b6-b12</i>	11	MONOFERRIC	12
<i>er</i>		<i>l-methylfolate</i>	11	MUCINEX DM	4
<i>hyosyne</i>	6	<i>l-methylfolate</i>	11	<i>multi-b-plus</i>	12
HYPERTENSA	11	<i>calcium</i>		MULTIGEN	12
HYPOCYN	2	L-METHYLFOLATE	11	MULTIGEN FOLIC	12
ICAR-C PLUS	11	CA ME-CBL NAC		MULTIGEN PLUS	12
<i>iferex 150 forte</i>	11	<i>l-methylfolate ca/p-</i>	11	MUSE	5
<i>infed</i>	11	<i>5-p/me-cbl</i>		M.V.I.-12 WITHOUT	11
<i>infuvite adult</i>	11	L-METHYLFOLATE	11	VITAMIN K	
<i>infuvite pediatric</i>	11	FORMULA 7.5		M.V.I. ADULT	11
INJECTAFER	11	L-METHYLFOLATE	11	M.V.I. PEDIATRIC	11
INTEGRA F	11	FORMULA 15		<i>myferon 150 forte</i>	12
INTEGRA PLUS	11	L-METHYLFOLATE	11	<i>mynephrocaps</i>	12
<i>iodoquinol/</i>	7	FORTE		NASCOBAL	12
<i>hydrocortisone</i>		L-METHYL-MC	11	NATALVIRT FLT	12
<i>acetate/aloe</i>		L-METHYL-MC NAC	11	NATURE-THROID	7
<i>polysaccharides</i>		<i>lmthf/pyridoxine hcl/</i>	11	NEOKE BHB	12
IODOSORB	7	<i>cyanocobalamin</i>			

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

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<i>sodium ferric gluconate complex/sucrose</i>	13	TUSSIONEX	4	<i>vita s forte</i>	14
<i>sodium sulfacetamide/sulfur</i>	7	PENNKINETIC EXTENDED RELEASE		<i>vol-care rx</i>	14
STAXYN	5	TUSS-ORNADE	4	VP-GSTN	14
STENDRA	5	MODIFIED		VP-ZEL	14
STROVITE FORTE	13	TUXARIN ER	4, 8	VYSTONE	8
STROVITE ONE	13	TUZISTRA XR	4, 8	WEGOVY	15
SUPER BI-MIX	5	UDAMIN SP	14	<i>wheat germ</i>	14
SUPER QUAD-MIX	5	<i>urea</i>	8	WP THYROID	8
SUPER TRI-MIX	5	<i>uribel</i>	8	XAQUIL XR	14
SUPERVITE	13	<i>uro-458</i>	8	XENICAL	15
SUPPORT	13	<i>uro-mp</i>	8	<i>xyzbac</i>	14
SUPPORT-500	13	<i>ustell</i>	8	YOKATAR	3
<i>tadalafil</i>	5	VANIQA	3	ZONATUSS	4
TANDEM PLUS	13	<i>vardenafil hydrochloride</i>	5		
TESSALON PERLES	4	VASCAZEN	14		
TETPIDTAR	3	<i>v-c forte</i>	14		
THERAMINE	13	VENOFER	14		
<i>thiamine hcl</i>	8, 13	VIAGRA	5		
<i>tl gard rx</i>	13	<i>vicap forte</i>	14		
<i>tl-hem 150</i>	13	<i>vic-forte</i>	14		
<i>tl hydroquinone</i>	3	<i>vilamit mb</i>	8		
TL-ICARE	13	<i>vilevev mb</i>	8		
<i>tl icon</i>	13	VIRATAN-DM	8		
TOZAL	13	VIRAVAN-DM	4		
TREPADONE	13	<i>virt-caps</i>	14		
<i>tretinoin emollient</i>	3	<i>virt-vite</i>	14		
<i>tricon</i>	13	<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	5	<i>vita-min</i>	14		
<i>triphrocaps</i>	14	<i>vitamin b-complex 100</i>	14		
TUSSICAPS	4, 8	<i>vitamin d</i>	14		
<i>tussigon</i>	4	VITAMIN K1	14		
		VITAROCA PLUS	14		

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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