

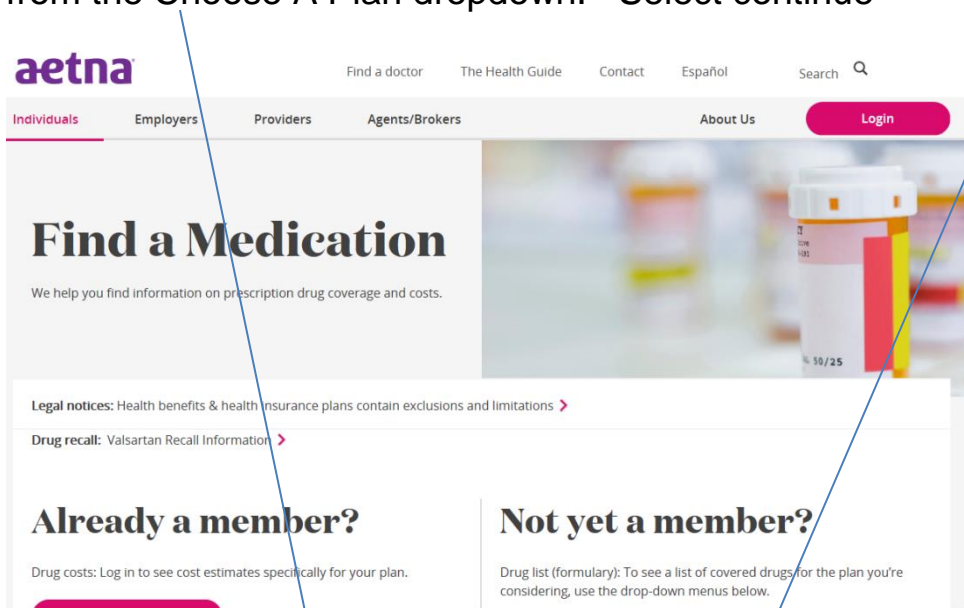


Aetna Prescription Drug Formulary

You can access the Aetna drug formulary list prior to being a member with the following link:

<https://www.aetna.com/individuals-families/find-a-medication.html>

Enter “2020” under Choose a Plan Year. Select “Aetna Standard Plans” from the Choose A Plan dropdown. Select continue



Choose your plan:

If you have an Aetna plan, your pharmacy plan type is on your Summary of Benefits and Coverage (SBC).







If you're considering an Aetna plan, ask your employer's HR benefits office for the pharmacy plan type.

* CHOOSE A PLAN YEAR

* CHOOSE A PLAN

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Use the Definition of Status table to identify which copay tier the medication aligns with.

Icon	Status	Definition	Traditional Plan Copay Retail*/Mail Order**
	G	Generic: the lowest cost	\$25 / \$62.50
	PB	Preferred Brand: a slightly higher cost	\$80 / \$200
	NPB	Non-Preferred Brand : a higher cost	\$110 / \$275
	PSP	Preferred specialty: lower cost for specialty drugs	175
	NPSP	Non-preferred specialty: higher cost for non-preferred specialty drugs	175
	FE	Formulary Excluded	

*30 day supply for Retail

**90 day supply for Mail Order

Please take note of additional note definitions that may appear with some medications.

Icon	Restriction	Definition
	CE	Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.
	IBC	Indication Based Coverage
	LGC	Lowest Generic Copay Applies
	SPC	Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.