

# Chronic Medicine

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**Reduced out-of-pocket costs  
for the medicine you need**  
2021 Advanced Control Plan – Aetna

# Forget your deductible – just pay your copay or coinsurance when buying certain medication.

## Chronic Medicine List effective January 1, 2021

### Advanced Control Plan – Aetna

Key	
UPPERCASE	Brand-name medicine
<i>lowercase italics</i>	Generic medicine

Drug class	Drug name		
<b>ANTIANGINAL AGENTS</b>	<i>isosorbide dinitrate</i> <i>isosorbide dinitrate er</i>	<i>isosorbide mononitrate</i> <i>isosorbide mononitrate er</i>	<i>nitroglycerin</i> <i>ranolazine er</i>
<b>ANTIASTHMATIC</b>	ADVAIR DISKUS ADVAIR HFA <i>albuterol</i> <i>albuterol er</i> <i>albuterol hfa</i> ANORO ELLIPTA ARNUITY ELLIPTA BREO ELLIPTA BREZTRI AEROSPHERE <i>budesonide</i> <i>cromolyn</i> DALIRESP	FLOVENT DISKUS FLOVENT HFA INCRUSE ELLIPTA <i>ipratropium</i> <i>ipratropium/albuterol</i> <i>levalbuterol</i> <i>metaproterenol</i> <i>montelukast</i> PERFORMIST PULMICORT FLEXHALER QVAR QVAR REDIMALER	SPIRIVA HANDHALER SPIRIVA RESPIMAT STIOLTO RESPIMAT STRIVERDI RESPIMAT SYMBICORT <i>terbutaline</i> THEOCHRON <i>theophylline</i> <i>theophylline er</i> TRELEGY ELLIPTA YUPELRI <i>zafirlukast</i>
<b>ANTIDEPRESSANTS</b>	<i>amitriptyline</i> <i>amoxapine</i> <i>bupropion</i> <i>bupropion er (sr)</i> <i>bupropion er (xl)</i> <i>citalopram</i> <i>clomipramine</i> <i>desipramine</i> <i>desvenlafaxine er</i> <i>doxepin</i> <i>duloxetine</i>	<i>escitalopram</i> <i>fluoxetine</i> <i>fluoxetine dr</i> <i>fluvoxamine</i> <i>fluvoxamine er</i> <i>imipramine</i> <i>maprotiline</i> <i>mirtazapine</i> <i>mirtazapine odt</i> <i>nortriptylin</i> <i>paroxetine</i>	<i>paroxetine er</i> <i>phenelzine</i> <i>protriptyline</i> <i>sertraline</i> <i>tranlycypromine</i> <i>trazodone</i> TRINTELLIX <i>venlafaxine</i> <i>venlafaxine er</i>
<b>ANTIDIABETIC</b>	<i>acarbose</i> BAQSIMI BASAGLAR KWIKPEN <i>chlorpropamide</i> FARXIGA FIASP products <i>glimepiride</i> <i>glipizide</i> <i>glipizide er</i> <i>glipizide/metformin</i> GLUCAGEN HYPOKIT GLUCAGON EMERGENCY KIT <i>glucose</i> GLYXAMBI	GVOKE HYPOPEN 1-PACK GVOKE PFS HUMULIN products JANUMET JANUMET XR JANUVIA JARDIANCE LEVEMIR products <i>metformin</i> <i>metformin er</i> <i>miglitol</i> NOVOLIN products NOVOLOG products OZEMPIC <i>pioglitazone</i>	<i>pioglitazone-glimepiride</i> <i>pioglitazone/metformin</i> RYBELSUS SOLIQUA 100/33 SYMLINPEN 120 SYMLINPEN 60 SYNJARDY SYNJARDY XR TOUJEO products TRESIBA products TRIJARDY XR TRULICITY VICTOZA XIGDUO XR XULTOPHY

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<b>Drug class</b>	<b>Drug name</b>		
<b>ANTIHYPERTENSIVE</b>	<i>atorvastatin</i> <i>cholestyramine</i> <i>cholestyramine light</i> <i>colesevelam</i> <i>colestipol</i> <i>ezetimibe</i> <i>ezetimibe/simvastatin</i> <i>fenofibrate</i>	<i>fenofibrate micronized</i> <i>fenofibric acid dr</i> <i>fluvastatin</i> <i>fluvastatin er</i> <i>gemfibrozil</i> <i>lovastatin</i> NEXLETOL	NEXLIZET <i>niacin er</i> <i>omega-3-acid ethyl esters</i> <i>pravastatin</i> <i>rosuvastatin</i> <i>simvastatin</i> VASCEPA
<b>ANTIHYPERTENSIVE</b>	<i>aliskiren</i> <i>amlodipine/benazepril</i> <i>amlodipine/valsartan</i> <i>amlodipine/valsartan/hctz</i> <i>benazepril</i> <i>benazepril/hctz</i> <i>bisoprolol/hctz</i> <i>candesartan</i> <i>candesartan/hctz</i> <i>captopril</i> <i>captopril/hctz</i> <i>clonidine</i> <i>doxazosin</i> <i>enalapril</i> <i>enalapril/hctz</i> <i>fosinopril</i>	<i>fosinopril/hctz</i> <i>guanfacine</i> <i>hydralazine</i> <i>irbesartan</i> <i>irbesartan/hctz</i> <i>lisinopril</i> <i>lisinopril/hctz</i> <i>losartan</i> <i>losartan/hctz</i> <i>methyl dopa</i> <i>methyl dopa/hctz</i> <i>metoprolol/hctz</i> <i>minoxidil</i> <i>moexipril</i> <i>moexipril/hctz</i> <i>olmesartan</i>	<i>olmesartan/hctz</i> <i>phenoxybenzamine</i> <i>prazosin</i> <i>propranolol/hctz</i> <i>quinapril</i> <i>quinapril/hctz</i> <i>ramipril</i> TEKTRUNA HCT <i>telmisartan</i> <i>telmisartan/hctz</i> <i>terazosin</i> <i>trandolapril</i> <i>trandolapril/verapamil er</i> <i>valsartan</i> <i>valsartan/hctz</i>
<b>ANTIPSYCHOTICS</b>	ABILIFY MAINTENA <i>aripiprazole</i> <i>chlorpromazine</i> <i>clozapine</i> <i>clozapine odt</i> <i>compro</i> <i>fluphenazine</i> <i>haloperidol</i> LATUDA	<i>lithium</i> <i>lithium er</i> <i>loxapine</i> <i>olanzapine</i> <i>olanzapine odt</i> <i>perphenazine</i> PERSERIS <i>prochlorperazine</i> <i>quetiapine</i>	<i>risperidone</i> <i>risperidone odt</i> SAPHRIS <i>thioridazine</i> <i>thiothixene</i> <i>trifluoperazine</i> VRAYLAR <i>ziprasidone</i>
<b>BETA BLOCKERS</b>	<i>acebutolol</i> <i>atenolol</i> <i>betaxolol</i> <i>bisoprolol</i> <i>carvedilol</i>	<i>labetalol</i> <i>metoprolol</i> <i>metoprolol er</i> <i>nadolol</i> <i>pindolol</i>	<i>propranolol</i> <i>propranolol er</i> <i>sotalol</i> <i>sotalol af</i> <i>timolol</i>
<b>CALCIUM BLOCKERS</b>	<i>amlodipine</i> <i>diltiazem</i> <i>diltiazem er</i> <i>felodipine er</i>	<i>isradipine</i> <i>nicardipine</i> <i>nifedipine er</i> <i>nimodipine</i>	<i>nisoldipine er</i> <i>verapamil</i> <i>verapamil er</i> <i>verapamil sr</i>
<b>CARDIOTONICS</b>	<i>digoxin</i>		
<b>DIABETIC DIAGNOSTIC PRODUCTS and SUPPLIES</b>	BD INSULIN SYRINGES AND PEN NEEDLES LANCETS, LANCET DEVICES ONETOUCH BLOOD GLUCOSE TEST STRIPS		
<b>DIURETICS</b>	<i>acetazolamide</i> <i>amiloride</i> <i>amiloride/hctz</i> <i>bumetanide</i> <i>chlorothiazide</i> <i>chlorthalidone</i>	<i>furosemide</i> <i>hctz</i> <i>indapamide</i> <i>methazolamide</i> <i>methyclothiazide</i> <i>metolazone</i>	<i>spironolactone</i> <i>spironolactone/hctz</i> <i>toremide</i> <i>triamterene</i> <i>triamterene/hctz</i>

Drug class	Drug name
MISCELLANEOUS CARDIOVASCULAR	BIDIL CORLANOR ENTRESTO
MISCELLANEOUS PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS	<i>perphenazine/amitriptyline</i>

Please remember that this is not a complete list of drugs covered under your plan. Products may be subject to plan-specific copayment or coinsurance, additional charges or other restrictions. Certain drugs, such as those for infertility, erectile dysfunction, weight loss, smoking cessation or vitamins, may not be covered by your particular pharmacy plan. Diabetic supplies may be covered under your medical plan.

To check coverage and copay information for a specific drug, please visit the website on your member ID card and log in to your member website. If you don't have access to our website, call the toll-free number on your member ID card.

Information is believed to be accurate as of the production date; however, it is subject to change.

**Policy forms issued in Missouri include:** AL HGrpPol 01R5, HI HGrpAG 05, HO HGrpPol 04.

**Policy forms issued in Oklahoma include:** AL COC00010, HC COC00010.

