

# Better health – less cost

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## **For Advanced Control Plan members**

2021 Drug list for the Aetna Healthy Actions  
and Rx Savings Drug Class program



## Making it easy to manage your health and wallet

If you have a chronic health condition, it's important to take your medicine just how your doctor tells you. Doing so can help you reach your best health.

The Aetna Healthy Actions Rx Savings program (Care Engine) can help. With this program, your employer pays part of the cost for certain prescription medicine. So you can pay less.

This program applies to certain drugs that treat these conditions:

- Asthma
- Diabetes
- Hyperlipidemia
- Hypertension and heart disease

Depending on your pharmacy benefits plan design, you may get a discount for one or more eligible drugs. Eligible drugs are outlined below.

### April 1, 2021 – Aetna Healthy Actions<sup>SM</sup> and Rx Savings Drug Class<sup>®</sup> program for Advanced Control Plan members

#### Key

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

Category	Drug name		
ANTIASTHMATIC	ADVAIR HFA	FLOVENT DISKUS	PULMICORT FLEXHALER
	ARNUIITY ELLIPTA	FLOVENT HFA	QVAR REDIHALER
	<i>budesonide</i>		
ANTIDIABETIC	<i>acarbose</i>	GLYXAMBI	<i>pioglitazone hcl/metformin hcl</i>
	BASAGLAR KWIKPEN	GVOKE HYPOPEN 1-PACK	<i>pioglitazone hcl-glimepiride</i>
	BAQSIMI ONE PACK	GVOKE HYPOPEN 2-PACK	<i>pioglitazone</i>
	BAQSIMI TWO PACK	GVOKE PFS	<i>repaglinide</i>
	FARXIGA	HUMULIN R U-500	RYBELSUS
	FIASP products	JANUMET	SOLIQUA
	<i>glimepiride</i>	JANUMET XR	SYMLINPEN
	<i>glipizide</i>	JANUVIA	SYNJARDY
	<i>glipizide er</i>	JARDIANCE	SYNJARDY XR
	<i>glipizide xl</i>	LEVEMIR products	<i>tolbutamide</i>
	<i>glipizide/metformin</i>	<i>metformin</i>	TRIJARDY XR
	GLUCAGEN HYPOKIT	<i>metformin er</i>	TRESIBA products
	GLUCAGON EMERGENCY KIT	<i>miglitol</i>	TRULICITY
	<i>glyburide</i>	<i>nateglinide</i>	VICTOZA
	<i>glyburide micronized</i>	NOVOLIN products	XIGDUO XR
	<i>glyburide/metformin</i>	NOVOLOG products	XULTOPHY
		OZEMPIC	

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Category	Drug name		
<b>ANTIHYPERTENSIVE</b>	<i>amlodipine/benazepril</i> <i>amlodipine/valsartan</i> <i>amlodipine/olmesartan</i> <i>amlodipine/valsartan/hctz</i> <i>atenolol/chlorthalidone</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>enalapril</i> <i>enalapril/hctz</i>	<i>fosinopril</i> <i>fosinopril/hctz</i> <i>irbesartan</i> <i>irbesartan/hctz</i> <i>lisinopril</i> <i>lisinopril/hctz</i> <i>losartan</i> <i>losartan/hctz</i> <i>methyldopa/hctz</i> <i>metoprolol/hctz</i> <i>moexipril hcl</i> <i>olmesartan</i> <i>olmesartan/ amlodipine/hctz</i>	<i>olmesartan/hctz</i> <i>perindopril</i> <i>propranolol/hctz</i> <i>quinapril</i> <i>quinapril/hctz</i> <i>ramipril</i> <i>TEKTURNA HCT</i> <i>telmisartan</i> <i>telmisartan/amlodipine</i> <i>telmisartan/hctz</i> <i>trandolapril</i> <i>trandolapril/verapamil hcl er</i> <i>valsartan</i> <i>valsartan/hctz</i>
<b>ANTIHYPERTENSIVE</b>	<i>atorvastatin</i> <i>cholestyramine</i> <i>cholestyramine light</i> <i>colesevelam</i> <i>colestipol hcl</i> <i>ezetimibe</i> <i>ezetimibe/simvastatin</i> <i>fenofibrate</i>	<i>fenofibrate micronized</i> FENOFIBRIC ACID <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>prevalite</i> <i>rosuvastatin</i> <i>simvastatin</i> VASCEPA
<b>BETA BLOCKERS</b>	<i>acebutolol</i> <i>atenolol</i> <i>betaxolol hcl</i> <i>bisoprolol</i> <i>carvedilol</i> <i>labetalol</i>	<i>metoprolol er</i> <i>metoprolol</i> <i>nadolol</i> <i>pindolol</i> <i>propranolol</i>	<i>propranolol er</i> <i>sorine</i> <i>sotalol</i> <i>sotalol af</i> <i>timolol</i>
<b>CALCIUM BLOCKERS</b>	<i>amlodipine</i> <i>cartia xt</i> <i>diltiazem</i> <i>diltiazem er</i> <i>dilt-xr</i> <i>felodipine er</i>	<i>isradipine</i> <i>nicardipine hcl</i> <i>nifedipine</i> <i>nifedipine er</i> <i>nimodipine</i>	<i>nisoldipine er</i> <i>taztia xt</i> <i>verapamil</i> <i>verapamil er</i> <i>verapamil sr</i>
<b>DIURETICS</b>	<i>chlorthalidone</i> <i>hctz</i>	<i>indapamide</i> <i>metolazone</i>	
<b>MISCELLANEOUS CARDIOVASCULAR</b>	<i>amlodipine/atorvastatin calcium</i>		

Please remember that this is not a complete list of medications 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 that's on your member ID card and log in to your secure member website. If you don't have access to our website, call the Member Services number on your ID card.

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

