



April 30, 2021

Changes to your plan’s pharmacy drug list

Your plan’s **Advanced Control Formulary** drug list is changing on **July 1, 2021**. It’s important that you review the changes in the chart below. Talk to your health care provider about how these changes might impact you.

What if I need a prescription drug that requires a medical exception?

If you’d like to ask for an exception, talk with your prescriber first. You or your prescriber can request a medical exception to the changes in this letter. To do so, just call us at the number on your member ID card.

We’ll contact you and your prescriber with our decision. If we approve your exception, you will pay a plan copay or cost-share. But first you must meet any deductible requirements of your pharmacy plan.

How to find a preferred medicine that’s right for you

You can visit the website listed on your member ID card. Then log in to your account.

Key for table below

Check your plan documents to find out if your plan has formulary exclusions, prior authorization, quantity limits or if you must first try certain drug(s) before another drug will be covered.

The changes made to the prescription drugs in this chart are from the plan information we have for you. It is current as of the date of this letter.

UPPER CASE = brand-name medication

lower case = generic medication

*Multi-source Brand Product

Adding products that demonstrate enhanced clinical efficacy, provide more convenient dosage forms or may cost less than other available options or moving those products to a lower tier.

Tier 1 strategy

Disease state	Drug name	Excluded generic
High Cholesterol	VASCEPA 1 GRAM CAP	icosapent ethyl cap 1GM

Formulary additions

Disease state	Drug name(s)
Cancer	KANJINTI, RUXIENCE, TRAZIMERA, ZIRABEV
Depression	APLENZIN TAB
Diabetes	ACCU-CHEK BRAND TEST STRIPS AND KITS
Eye disorders	DUREZOL EMU
Gastrointestinal Disorders	TRULANCE
Hemophilia	ELOCTATE INJ, ESPEROCT INJ
Immunoglobulin	CUTAQUIG SOLUTION
Male Hormone Replacement	NATESTO GEL
Miscellaneous	TRIPTODUR SUSPENSION
Parkinson's disease	KYNMOBI
Weight Loss	QSYMIA CAP

Non-preferred to preferred tier

Disease state	Drug name(s)
Cancer	FIRMAGON INJ, LONSURF TAB, STIVARGA TAB
Hemophilia	ADVATE INJ, AFSTYLA KIT
Miscellaneous	SUPPRELIN LA KIT

Removing products that may have less convenient dosage forms, more side effects or cost more than other available options or moving those products to a higher tier.

Formulary exclusions

Disease state	Drug name(s)	Alternative(s)
ADHD	methylphenidate tab ext-rel (osmotic release not AB rated to Concerta)	amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), dexamethylphenidate ext-rel, methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE
Asthma	THEO-24 CAP	ipratropium inhalation solution, PERFOROMIST, SPIRIVA, STRIVERDI RESPIMAT, YUPELRI
Cancer	AVASTIN	ZIRABEV
	HERCEPTIN	KANJINTI, TRAZIMERA
	RITUXAN	RUXIENCE
	TRELSTAR MIX, ZOLADEX 10.8MG IMPLANT	ELIGARD, FIRMAGON
	ZOLADEX 3.6MG IMPLANT	ELIGARD, FIRMAGON, ORLISSA

Formulary exclusions (continued)

Disease state	Drug name(s)	Alternative(s)
Cardiovascular	NORPACE*	disopyramide
Central precocious puberty	LUPRON DEPOT PEDIATRIC (1 MONTH, 3 MONTH)	SUPPRELIN LA, TRIPTODUR
Contraception	SEASONIQUE*	ethinyl estradiol-drospirenone, ethinyl estradiol-drospirenone-levomefolate, ethinyl estradiol-levonorgestrel, ethinyl estradiol-norethindrone acetate, ethinyl estradiol-norethindrone acetate-iron
Endometriosis	LUPRON DEPOT	ORIAHNN, ORLISSA
Eye Disorders	BETIMOL SOLUTION	timolol maleate solution
	BROMSITE DROPS	bromfenac, diclofenac, ketorolac
	FLAREX SUSP, FML OINT, INVELTYS SUSP	dexamethasone, loteprednol, prednisolone acetate 1%, DUREZOL
Female Hormone Replacement	PROMETRIUM*	medroxyprogesterone; progesterone, micronized
Fungal Infection	CRESEMBA	itraconazole
Gastrointestinal Disorders	LIBRAX CAP*	dicyclomine
	LACTOJEN*	Consult doctor
Heartburn and Ulcer	PRILOSEC DEL-REL GRAULES	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet, DEXILANT
HIV	APTIVUS	Consult doctor
	INVIRASE, LEXIVA*, VIRACEPT TABLET	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
Iron Chelating agents	DEFERAL*, EXJADE*, FERPRX, FERRIPROX, JADENU*	deferasirox, deferiprone, deferoxamine
Kidney/Bladder Disorders	ELMIRON, LITHOSTAT, THIOLA, EC TABS	Consult doctor
Metabolic/Enzyme Disorders	KUVAN*	sapropterin
Pain	carisoprodol 250mg tab	carisoprodol 350 mg, chlorzoxazone 500 mg (except NDC 73007001303), cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg), metaxalone 800 mg, methocarbamol (except NDCs 69036091010, 69036093090, 70868090190)
	tramadol capsule ext-rel	tramadol (except NDC 52817019610), tramadol ext-rel tablet
Parkinson's disease	RYTARY	carbidopa-levodopa, carbidopa-levodopa ext-rel
Prenatal Vitamins	Branded prenatal vitamins	generic prenatal vitamins, CITRANATAL
Sedative/Hypnotic	zolpidem sublingual tab	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel

Formulary exclusions (continued)

Disease state	Drug name(s)	Alternative(s)
Skin Disorders	flurandrenolide cream & lotion halcinonide cream	desonide, hydrocortisone desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%), BRYHALI
	luliconazole 1% cream	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, oxiconazole (except NDCs 00168035830, 51672135902)
Thyroid Disorders	NATURE THYROID, WESTHROID TAB, WP THYROID	levothyroxine, liothyronine

Preferred to non-preferred

Disease State	Drug name(s)	Alternative(s)
Hereditary Angioedema	FIRAZYR	icatibant, RUCONEST
HIV	KALETRA	atazanavir, lopinavir-ritonavir solution, EVOTAZ, PREZCOBIX, PREZISTA
Psychiatric Disorders	SAPHRIS	aripiprazole, asenapine, clozapine, olanzapine, quetiapine, quetiapine ext-rel, risperidone, ziprasidone, LATUDA, VRAYLAR

We're here to help

If you have questions, or if you'd like to better understand how your plan's pharmacy benefits work, call us at the number on your member ID card.

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. The drugs on the Pharmacy Drug Guide (formulary), Formulary Exclusions, Precertification, Quantity Limit and Step Therapy Lists are subject to change.

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Hawaiian	No ka wala'au 'ana me ka lawelawe 'olelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei.
Hindi	बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिए नंबर पर कॉल करें।
Hmong	Yuav kom tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID.
Igbo	Inweta enyemaka asụsụ na akwughi ụgwọ obụla, kpọọ nọmba nọ na kaadi njirimara gi
Ilocano	Tapno maakses dagiti serbisio ti pagsasao nga awanan ti bayadna, awagan ti numero nga adda ayan ti ID kardmo.
Indonesian	Untuk mengakses layanan bahasa tanpa dikenakan biaya, silakan hubungi nomor telepon di kartu asuransi Anda.
Italian	Per accedere ai servizi linguistici senza alcun costo per lei, chiami il numero sulla tessera identificativa.
Japanese	無料の言語サービスは、IDカードにある番号にお電話ください。
Karen	လၢတၢ်ကမၤန့ၢ်ကိၣ်တၢ်မၤစၢအတၢ်ဖဲးတၢ်မၤတဖၣ် လၢတၢ်အိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အိၣ်အကီၢ်,ကိးဘၣ်လီၤတဲၣ်နီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၤ (ID) အလီၤန့ၣ်တက့ၢ်.
Korean	무료 다국어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오.
Kru-Bassa	I nyuu kosna mahola ni language services ngui nsaa wogui wo, sebel i nsinga i ye ntilga i kat yong matibla
Kurdish	بو دەسپێرێ ئاگهیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بو تو، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໂທຫາເບີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डावरील क्रमांकावर फोन करा.
Marshallese	Ñan bōk jipañ kōn kajin ilo an ejjeļok wōñean ñan kwe, kwōn kallok nōmba eo ilo kaat in ID eo am.
Micronesian-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើបណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo búáh ílínígóó naaltsoos bee atah níłjigo nanitinígíí bee néého'dółzinígíí béésh bee hane'í biká'ígíí áají' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të kɔɔr yin ran de wëër de thokic ke cìn wëu kor keek tënɔŋ yin. Ke yin cɔl ran ye koc kuɔny në namba de abac tɔ në ID kard duɔn de tīt de nyin de panakim kōu.
Norwegian	For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt.
Pennsylvanian-Dutch	Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart.

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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