



April 30, 2021

Changes to your plan's pharmacy drug list

Your plan's **High Value** 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(s)
High Cholesterol	VASCEPA 1 GRAM CAP	icosapent ethyl cap 1GM

Formulary additions

Disease state	Drug name(s)
Cancer	FIRMAGON, KANJINTI, LONSURF, RUXIENCE, TRAZIMERA, ZIRABEV

Formulary additions (continued)

Disease state	Drug name(s)
Central precocious puberty	SUPPRELIN LA KIT, TRIPTODUR SUSP
Diabetes	ACCU-CHEK BRAND TEST STRIPS AND KITS
Hemophilia	ADVATE, AFSTYLA, ELOCTATE, ESPEROCT
Hereditary Angioedema	icatibant injection
Immunoglobulin	CUTAQUIG SOLUTION
Iron Chelating agents	deferiprone, deferasirox tab, granules, deferoxamine injection
Metabolic/Enzyme Disorders	sapropterin tab, powder
Parkinson's disease	KYNMOBI
Psychiatric Disorders	asenapine maleate sublingual

Utilization Management changes

Disease state	Drug name(s)	Utilization Management
Cancer	FIRMAGON, KANJINTI, RUXIENCE, TRAZIMERA, ZIRABEV	Add Prior Authorization (SGM)
Cancer	LONSURF	Add Prior Authorization (SGM) and Quantity Limit
Central precocious puberty	SUPPRELIN LA KIT, TRIPTODUR SUSP	Add Prior Authorization (SGM)
Hemophilia	ADVATE, AFSTYLA, ELOCTATE, ESPEROCT	Add Prior Authorization (SGM)
Hereditary Angioedema	icatibant inj	Add Prior Authorization (SGM)
Immunoglobulin	CUTAQUIG SOLUTION	Add Prior Authorization (SGM)
Iron Chelating agents	deferaprone, deferasirox tab, granules, deferoxamine inj	Add Prior Authorization (SGM)
Metabolic/Enzyme Disorders	sapropterin tab, powder	Add Prior Authorization (SGM)
Parkinson's disease	KYNMOBI	Add Prior Authorization (SGM) and Quantity Limit
Skin disorders	ketoconazole shampoo 2%	Add Quantity Limit

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, dexamethylphenidate ext-rel, methylphenidate ext-rel
Cancer	COMETRIQ KIT	CAPRELSA
	HYCAMTIN	etoposide
	IDHIFA	Consult doctor
	NEXAVAR	For RCC: CABOMETYX, SUTENT, VOTRIENT; For HCC and DTC: LENVIMA

Formulary exclusions (continued)

Disease state	Drug name(s)	Alternative(s)
Cancer	XALKORI	ALECENSA, ALUNBRIG
	ZELBORAF	TAFINLAR
	ZYKADIA	ALECENSA, ALUNBRIG
Cough and cold	pseudoephedrine-chlorphen w/codeine (product discontinued)	codeine-promethazine, codeine-promethazine-phenylephrine, hydrocodone-homatropine
Endometriosis	LUPRON DEPOT INJ	SYNAREL
Eye disorders	FML S.O.P.	dexamethasone, loteprednol, prednisolone acetate 1%
Heartburn and Ulcer	PRIOSEC DEL-REL GRAULES	esomeprazole delayed-rel, lansoprazole delayed-rel, omeprazole delayed-rel, pantoprazole delayed-rel tablet
HIV	KALETRA	atazanavir, lopinavir-ritonavir solution, PREZCOBIX, PREZISTA
Miscellaneous	GLUCAGEN INJ	BAQSIMI, GLUCAGON EMERGENCY KIT, GVOKE
Pain	tramadol ext-rel capsule	tramadol ext-rel tablet
	carisoprodol 250mg tab	carisoprodol 350mg, chlorzoxazone 500mg, cyclobenzaprine (except 7.5 mg tablet), metaxalone, methocarbamol
Sedative/Hypnotic	zolpidem sublingual tab	doxepin, eszopiclone, ramelteon, zolpidem, zolpidem ext-rel
Skin Disorders	flurandrenolide cream & lotion	desonide, hydrocortisone
	halcinonide cream	desoximetasone (except desoximetasone ointment 0.05%), fluocinonide (except fluocinonide cream 0.1%)
	luliconazole 1% cream	ciclopirox, clotrimazole, econazole, ketoconazole cream 2%, miconazole, terbinafine, tolnaftate

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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TTY:711

English	To access language services at no cost to you, call the number on your ID card.
Albanian	Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit.
Amharic	የ ቋንቋ አገልግሎትችን ያለክፍያ ለማግኘት፣ በመታወቂያዎች ላይ ያለውን ቁጥር ይደውሉ፡ ፡
Arabic	للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقة اشتراكك.
Armenian	Ձեր նախընտրած լեզվով ավելճար խորհրդատվություն ստանալու համար գանգահարէք ձեր բժշկական ապահովագրության քարտի վրա նշված հեռախոսահամարով
Bantu-Kirundi	Kugira uronke serivisi z'indimi ata kiguzi, hamagara inomero iri ku karangamuntu kawe
Bengali	আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন।
Burmese	သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပါတ်အား ခေါ်ဆိုပါ။
Catalan	Per accedir a serveis lingüístics sense cap cost per a vostè, telefoni al número indicat a la seva targeta d’identificació.
Cebuano	Aron maakses ang mga serbisyo sa lengguwahe nga wala kay bayran, tawagi ang numero nga anaa sa imong kard sa ID.
Chamorro	Para un hago' i setbision lenggua'hi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion.
Cherokee	ᄆᄃᄇᄀ ᄅᄃᄏᄃᄇᄀ ᄆᄃᄃᄆᄀ ᄆ ᄆᄆᄇᄀ ᄆᄆᄆᄆᄆᄀ ᄆᄃ, ᄆᄃᄃᄆᄆᄆ ᄆᄆᄃ ᄆᄆᄇᄀ ᄏᄆᄆᄆᄆ ᄆᄆᄆᄀ ᄆᄆᄆᄀ ᄆᄆᄆᄀ ᄆᄆᄆᄀ.
Chinese Traditional	如欲使用免費語言服務，請撥打您健康保險卡上所列的電話號碼
Choctaw	Anumpa tosholi i toksvli ya peh pillá ho ish i payahinla kv́t chi holisso kallo iskitini holhtena takanli ma i payah
Chuukese	Ren omw kopwe angei anininisin eman chon awewei (ese kamé), kopwe kééri ewe nampa mei mak won noum ena katen ID
Cushitic-Oromo	Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa fuula waraaqaa eenyummaa (ID) kee irraa jiruun bilbili.
Dutch	Voor gratis taaldiensten, bel het nummer op uw ziekteverzekeringskaart.
French	Pour accéder gratuitement aux services linguistiques, veuillez composer le numéro indiqué sur votre carte d'assurance santé.
French Creole (Haitian)	Pou ou jwenn sèvis gratis nan lang ou, rele nimewo telefòn ki sou kat idantifikasyon asirans sante ou.
German	Um auf den für Sie kostenlosen Sprachservice auf Deutsch zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an.
Greek	Για πρόσβαση στις υπηρεσίες γλώσσας χωρίς χρέωση, καλέστε τον αριθμό στην κάρτα ασφάλισής σας.
Gujarati	તમારે કોઇ પણ જાતના ખર્ચ વિના ભાષા સેવાઓ મેળવવા માટે, તમારા આઈડી કાર્ડ પર રહેલ નંબર પર કૉલ કરવો.

Hawaiian	No ka wala'au 'ana me ka lawelawe 'ōlelo 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 ugwo obula, kpoo nomba no 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	လၢတၢ်ကမၤန့ၣ်ကိၣ်တၢ်မၤစၢအတၢ်ဖဲတၢ်မၤတဖၣ် လၢတအိၣ်ဒီးအပူၤလၢနကတၢ်ဟ့ၣ်အီၤအဂီၢ်,ကိးဘၣ်လိတဝ်စီနီၣ်ဂံၢ်လၢအအိၣ်လၢနခိၣ်ဂီၢ် (ID) အလိၤန့ၣ်တက့ၢ်.
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	بۆ دەستگیر ئەگەریتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی (ID) کارتێ خۆت.
Lao	ເພື່ອເຂົ້າເຖິງບໍລິການພາສາທີ່ບໍ່ເສຍຄ່າ, ໃຫ້ໃບຫາເປີໂທຢູ່ໃນບັດປະຈຳຕົວຂອງທ່ານ.
Marathi	आपल्याला कोणत्याही शुल्काशिवाय भाषा सेवांपर्यंत पोहोचण्यासाठी, आपल्या ID कार्डवरील क्रमांकावर फोन करा.
Marshallese	Nan bōk jipañ kōn kajin ilo an ejjelōk wōṇean ñan kwe, kwōn kallok nōm̃ba eo ilo kaat in ID eo am̃.
Micronesia-Ponapean	Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID.
Mon-Khmer, Cambodian	ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរសព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។
Navajo	T'áá ni nizaad k'ehjí bee níká a'doowoł doo bááh ílínígóó naaltsoos bee atah nílíggo nanitinígíí bee néého'dółzinígíí béesh bee hane'í biká'ígíí áaji' hólne'.
Nepali	भाषासम्बन्धी सेवाहरूमाथि निःशुल्क पहुँच राख्न आफ्नो कार्डमा रहेको नम्बरमा कल गर्नुहोस्।
Nilotic-Dinka	Të koor yin ran de wëër de thokic ke cîn wëu kor keek tēnɔŋ yin. Ke yin col ran ye koc kuony 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.

[illegible]

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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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