

Self-insured

Summary of change list
2021 High Value Plan

High Value Plan – January 1, 2021 updates

There will be changes to the High Value Plan drug list that applies to your plan starting January 1, 2021. It's important that you review and understand 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?

You or your prescriber can request a medical exception to the changes in this letter. If you would like to ask for a medical exception, speak directly with your prescriber or you can call us at the toll-free number on your member ID card.

We'll contact you and your prescriber with our decision. If your exception is approved, you only need to pay your plan copay or cost-share. This amount is based on your pharmacy plan design.

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

You can visit the website that's on your member ID card and sign into your account.

Key

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

Drugs moving from not covered to covered status

Disease state	Drug name
Asthma / COPD	SPIRIVA
Autoimmune -RA	KEVZARA
Cancer	ALUNBRIG, NINLARO, PERJETA, PHESGO, VELCADE, XOSPATA
Contraceptives	ANNOVERA
Diabetic Supplies	ONETOUCH ULTRA STRIPS AND KITS, ONETOUCH VERIO STRIPS AND KITS
GI	CLENPIQ
Growth Hormone	NORDITROPIN, NORDIPEN
Hematologic	DOPTELET, ZIEXTENZO
Menopause	INVEXXY
Migraine	EMGALITY
Pain	DUROLANE, EUFLEXXA
Parkinson Disease	INBRIJA
Psoriasis	DUOBRII, ENSTILAR, TACLONEX
Rosacea	ORACEA

Drugs adding Utilization Management edits

Disease state	Drug name	UM edit(s)
Infection	<i>voriconazole</i> , VFEND	Add Prior Authorization

Drugs moving from covered to not covered status

Disease state	Drug name	Alternative(s)
Acromegaly	SOMAVERT	<i>octreotide</i> , Somatuline Depot
Asthma / COPD	INCRUSE	SPIRIVA, YUPELRI
Cardiovascular - Angina	<i>isosorbide dinitrate 40 mg TABS</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate, isosorbide mononitrate ext-rel</i>
Diabetic Supplies	ACCU-CHEK TEST STRIPS AND KITS	ONETOUCH ULTRA TEST STRIPS AND KITS, ONETOUCH VERIO TEST STRIPS AND KITS
Eye Disorders	COMBIGAN	<i>brimonidine WITH timolol maleate solution</i>
GI	SUPREP	<i>PEG 3350/electrolytes</i> , CLENPIQ
	TRULANCE	LINZESS
Growth Hormone	HUMATROPE, HUMATROPEN	NORDITROPIN
Hematological	NEULASTA, UDENYCA	ZIEXTENZO
Menopause	OSPHENA	<i>estradiol</i>
Muscle Relaxants	METAXOLONE	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
Pain - Opioids	<i>oxymorphone HCLTAB ER</i>	<i>fentanyl transdermal, hydrocodone ER, hydromorphone ER, methadone, morphine ER; XTAMPZA ER</i>
Pain - Viscosupplement	GEL-ONE, VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
Psoriasis	<i>Calcipotriene – betamethasone Oint</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%)</i> , BRYHALI
Skin Disorders, Psoriasis	<i>Calcipotriene – betamethasone Susp</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%)</i> , BRYHALI
Skin Disorders, Rosacea	<i>Doxycycline (rosacea) delayed release cap 40mg</i>	ORACEA
Vitamins / Minerals	AZESCO, ZALVIT	<i>prenatal vitamins</i> , CITRANATAL
	PROVAD, ZELAC	Consult Doctor

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, and its affiliates (Aetna).

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna HealthAssurance Pennsylvania Inc., Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

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.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract.

Aetna is part of the CVS Health family of companies.

