

Self-insured

Summary of change lists

2021 Aetna Standard Plan

Aetna Standard Plan – January 1, 2021 updates

There will be changes to the Aetna Standard 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
Antipsychotic	PERSERIS
Cancer	PHESGO
CNS	LAMICTAL, LAMICTAL ODT, LAMICTAL XR
Diabetes	TOUJEO
Diabetes Supplies	ONETOUCH ULTRA, ONETOUCH VERIO
Growth Hormone	NORDITROPIN
Hematologic	DOPTELET, ZIEXTENZO
Ophthalmic	FLAREX
Pain	DUROLANE, EUFLEXXA

Drugs moving from non-preferred to preferred (Tier 3 to Tier 2) status

Disease state	Drug name
Cancer	ALECENSA, ALUNBRIG, ERIVEDGE, NINLARO, PERJETA, VELCADE
Cardiovascular	NEXLETOL, NEXLIZET
CNS	INBRIJA, NAYZILAM, VALTOCO, XCOPRI
Contraceptive	ANNOVERA
Endocrine	IMVEXXY
Gastrointestinal	CLENPIQ
Multiple Sclerosis	OCREVUS
Ophthalmic	ZIOPTAN
Respiratory	BREZTRI
Rosacea	ORACEA

Drugs moving from preferred to non-preferred (Tier 2 to Tier 3) status

Disease state	Drug name	Alternative(s)
Antipsychotic	RISPERDAL INJ	ABILIFY MAINTENA, PERSERIS
Nausea	VARUBI	<i>aprepitant</i>
Schizophrenia	ARISTADA	ABILIFY MAINTENA, PERSERIS

Drugs moving from covered to not covered status

Disease state	Drug name	Alternative(s)
Acne	AZELEX, DIFFERIN, FABIOR	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON</i>
Acne / Psoriasis	TAZORAC	<i>adapalene, benzoyl peroxide, clindamycin gel (except NDC[^] 68682046275), clindamycin solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin, EPIDUO, ONEXTON; calcipotriene ointment, calcipotriene solution</i>
Angina	<i>isosorbide dinitrate 40mg</i>	<i>isosorbide dinitrate (except isosorbide dinitrate 40 mg), isosorbide mononitrate</i>
Cancer	BORTEZOMIB, KYPROLIS	NINLARO, VELCADE
CNS	ADZENYS, APTENSIO, DAYTRANA	<i>amphetamine-dextroamphetamine mixed salts ext-rel (excluding certain NDCs), methylphenidate ext-rel (excluding certain NDCs), MYDAYIS, VYVANSE</i>
	APOKYN	INBRIJA
Contraceptive	NUVARING	<i>ethinyl estradiol-etonogestrel, ANNOVERA</i>
Depression	PAXIL, PAXIL CR, PEXEVA, VIIBRYD	<i>citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine HCl, paroxetine HCl ext-rel, sertraline, TRINTELLIX</i>
Diabetes Supplies	ACCU-CHEK	ONETOUCH ULTRA, ONETOUCH VERIO
Endocrine	ESTRING, FEMRING, INTRAROSA, PREMARIN VAG CREAM	<i>estradiol, IMVEXXY</i>
	MENEST, OSPHENA, PREMARIN	<i>estradiol</i>
	SIGNIFOR, SOMAVERT	SOMATULINE DEPOT
Gastrointestinal	GOLYTELY, SUPREP	<i>peg 3350-electrolytes, CLENPIQ</i>
Growth Hormone	HUMATROPE	NORDITROPIN
Hematologic	NEULASTA, UDENYCA	ZIEXTENZO
IBS	AMITIZA	LINZESS, MOVANTIK, SYMPROIC
	TRULANCE	LINZESS
Malaria	DARAPRIM	<i>pyrimethamine</i>
Multiple Sclerosis	TECFIDERA	<i>dimethyl fumarate delayed-rel, glatiramer, AUBAGIO, BETASERON, COPAXONE, GILENYA, KESIMPTA, MAYZENT, OCREVUS, REBIF, TYSABRI, VUMERITY, ZEPOSIA</i>
Ophthalmic	BEPREVE	<i>azelastine, cromolyn sodium, olopatadine, LASTACAPT, PAZEO</i>
	LACRISERT	RESTASIS, XIIDRA
	PROLENSA	<i>bromfenac, diclofenac, ketorolac, ACUVAIL, ILEVRO, NEVANAC</i>
	ZIRGAN	<i>trifluridine</i>
Otic	CIPRO HC, CIPRODEX	<i>ciprofloxacin-dexamethasone, ofloxacin otic</i>
PAH	TRACLEER	<i>ambrisentan, bosentan, OPSUMIT</i>
Pain	GEL-ONE, VISCO-3	DUROLANE, EUFLEXXA, GELSYN-3, SUPARTZ FX
	<i>metaxolone</i>	<i>cyclobenzaprine (except cyclobenzaprine tablet 7.5 mg)</i>
	<i>oxymorphone</i>	<i>fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, NUCYNTA ER, XTAMPZA ER</i>
Psoriasis	<i>calcipotriene / betamethasone</i>	<i>calcipotriene ointment or calcipotriene solution WITH desoximetasone, fluocinonide (except fluocinonide cream 0.1%) or BRYHALI</i>

Drugs moving from covered to not covered status

Disease state	Drug name	Alternative(s)
Respiratory	ARALAST, GLASSIA	PROLASTIN-C
	BEVESPI	ANORO ELLIPTA, STIOLTO RESPIMAT
	INCRUSE	SPIRIVA, YUPELRI
Rosacea	MIRVASO	<i>azelaic acid gel, metronidazole, FINACEA FOAM, SOOLANTRA</i>

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